

# INDONESIA MULTISECTORAL RESPONSE PLAN TO COVID-19 FINAL REPORT



May 2021

## Table of Contents

Table of Contents .....	2
Executive Summary.....	3
I. Introduction .....	5
I.1. Background .....	5
I.2. Objectives of the MSRP.....	5
I.3. Coordination in the MSRP.....	6
II. Overall Achievements .....	6
II.1. Innovation and evidence-based research.....	6
II.2. Sector-wide coordination and collaboration in various levels .....	7
II.3. Nation-wide coverage to reach the most vulnerable .....	7
III. Detail Achievements .....	8
III.1. Description of Achievements per Priority Areas.....	8
i. Health.....	8
ii. Risk Communication and Community Engagement (RCCE) .....	9
iii. Logistics .....	9
iv. Food Security.....	9
v. Mitigating the socio-economic impact of COVID-19.....	10
vi. Providing critical services to affected people .....	10
vii. Addressing the needs of the most vulnerable people .....	10
III.2. Detailed Achievements by Priority Area .....	11
i. Priority Area 1: Health.....	11
ii. Priority Area 2: Risk Communication and Community Engagement (RCCE).....	20
iii. Priority Area 3: Logistics .....	25
iv. Priority Area 4: Food Security and Agriculture.....	29
v. Priority Area 5: Mitigate the socioeconomic impact of the crisis .....	30
vi. Priority Area 6: Provide critical services to affected people .....	34
vii. Priority Area 7: Addressing the needs of the most vulnerable people .....	42
IV. Funding .....	48
IV.1. Funding Per Priority Area.....	48
IV.2. Funding Per Priority Area and Agency .....	49

## Executive Summary

The Humanitarian Country Team (HCT) and the United Nations Country Team (UNCT) Multisectoral Response Plan to COVID-19 was developed with the objective to support the Government of Indonesia in its efforts to prepare and respond to the pandemic. The Plan was developed with an understanding of the multiple impact of the COVID-19 pandemic in the health, social and economic spheres of society. The MSRP was initially implemented from April to September 2020, with a focus on life-saving and early recovery activities. Having recognized the need for adaptation to the challenges of responding to COVID-19, HCT and UNCT members decided to extend the implementation of activities under the MSRP until December 2020.

The development, implementation, and monitoring of the MSRP posed challenges that were never seen before, given that the pandemic has affected all aspects of life and people has to adjust in new ways of working, including through virtual coordination. Under the leadership of the UN Resident Coordinator and supported by OCHA, HCT and UNCT members held regular joint meetings, during which the strategic direction of the MSRP response and key updates on the status of the implementation of the MSRP were discussed. More operational and technical discussions were carried out through the Inter-Cluster Coordination Group (ICCG) meetings.

From April 2020 to December 2020, the Indonesia COVID-19 response under the MSRP managed to gather more than 94 million USD and brought together 21 humanitarian and development organizations. Coordination and collaboration were established and strengthened with multiple government agencies, whereas at least 20 government agencies at the national level and 34 other organizations (CSOs/ NGOs, professional associations, universities, corporations, and media) were involved. The responses were delivered at all levels from national to the local level, building capacities of key stakeholders at the national, provincial, and local levels and reaching millions of people and communities across Indonesia. There were specific programs that targeted the most at-risk groups, including children, the elderly, women (including pregnant and lactating mother and adolescence girls), people with chronic illness, people with disabilities, prisoners, and refugees.

The activities under the MSRP cover a wide range of topics from health services and health promotion, to mental health, nutrition, waste management, water sanitation and personal hygiene, risk communication and community engagement, food security, gender-based violence, education, livelihood, protection, logistics, as well as disaster preparedness.

A wide range of interventions were carried out including the development of new guidelines and policies, strengthening capacity of frontline and essential workers, building a monitoring and surveillance system, raising awareness and educating the general public for behavior change and COVID-19 health protocols, establishing new coordination and collaboration and strengthening existing partnerships, improving protection mechanisms for the most vulnerable, and distributing essential humanitarian aid through in-kind materials as well as cash assistance. Furthermore, the plan also delivered awareness raising and public outreach activities that reached millions of Indonesians.

New ways and strategies were applied to ensure that programs have better targeting and can reach to larger number of beneficiaries. Achievements of the MSRP include: 4,271,710 people that received sanitation and personal hygiene supplies and services, 46,095,817 children supported by distance learning / home-based learning, 19,028,466 people and children that had access to nutrition and messaging

services, 14,210,158 people that reached in Risk Communication and Community Engagement actions, and 7,942,941 households affected by COVID-19 which received humanitarian multi-sector cash assistance to meet basic needs. At least 50 research, assessments, and surveys were recorded covering a wide range of issues from public knowledge, attitude, and practices, as well as to understand concerns, expectations, and ideas from communities in relation to the pandemic situation.

New tools, guidelines, and mechanisms have been introduced to address the health risks of COVID-19 as well as to reduce the socio-economic impact in the communities affected by the pandemic situation. Chatbots, websites, assessment and monitoring tools, and new mobile applications were developed and disseminated to ensure communities are better informed, people have access to information and can provide feedback, as well as to ensure government officials and key stakeholders have evidence to help them in making decisions and create policies.

All of these activities that were implemented under the MSRP were developed with the objective to support the Government of Indonesia in its efforts to contain the transmission of the COVID-19 and decrease morbidity and mortality, and also reduce the social impact from the deterioration of human assets and rights, social cohesion and livelihoods, as well as protecting, assisting and advocating for groups who are most at-risk or most vulnerable.

## I. Introduction

### I.1. Background

In January 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the 2019-nCoV outbreak a Public Health Emergency of International Concern, and called for preventing the spread of the virus around the world, strengthening countries preparation for active surveillance, early detection, isolation, case management, contact tracing and mitigation of the spread of the COVID-19 virus.

The first COVID-19 case in Indonesia was detected in early March; this was followed by the further identification of cases in other parts of the country. By 10 April 2020, all 34 provinces in Indonesia had reported confirmed infection cases.

*Table 1. Pandemic Timeline in Indonesia*

28 Jan	Declaration in Indonesia of the emergency status for corona virus outbreak (BNPB Letter no. 9A / 2020), valid until 29 May but was superseded by Pres. Decree 12/2020 on 13 April.
30 Jan	Global declaration of the 2019-nCoV outbreak as a Public health emergency of International Concern, by WHO.
11 Mar	COVID-19 Pandemic declaration, whilst 166 countries reported 205,000 cases and 8,648 deaths.
13 Mar	Establishment of Task Force for the Acceleration of the COVID-19 Response (Pres. Decree 7/2020 and amended by Pres. Decree 9/2020).
31 Mar	Declaration of COVID-19 as a public health emergency (Pres. Decree 11/2020).
31 Mar	PSBB - Large Scale Social Restriction measure (Govt. Reg. 21/2020).
13 Apr	Declaration of COVID-19 as a non-natural national disaster (Pres. Decree 12/2020).
20 Jul	Establishment of the Committee for the handling of COVID-19 and National Economic Recovery, or PC-PEN with the aim at integrating the health and economy measures in a balanced manner. (Pres. Reg. 82/2020).

The Plan was developed with the objective to support the Government of Indonesia in its efforts to prepare and respond to the pandemic. The Plan was developed with an understanding of the multiple impacts of COVID-19 pandemic, including diminished social services, economic activities, financial resources and exacerbated people's existing vulnerabilities. The Plan aimed at targeting people in most need, such as low-income households with limited or no access to critical healthcare services and lack of safe and nutritious as well as affordable food, women, children, the elderly, people with disabilities, refugees without access to cash assistance and with limited livelihoods, migrant and informal sector workers, prisoners and other marginalized communities.

### I.2. Objectives of the MSRP

The Plan implementation was guided by three objectives:

1. Containing the spread of the COVID-19 pandemic and decreasing morbidity and mortality.
2. Decreasing the deterioration of human assets and rights, social cohesion and livelihoods.

3. Protecting, assisting and advocating for particularly vulnerable groups, such as refugees, pregnant women, people with disabilities, elderly, internally displaced people, migrants and host communities.

The MSRP was initially implemented from April to September 2020, with a focus on life-saving and early recovery activities. Having recognized the need for adaptation to the challenges of responding to COVID-19, HCT and UNCT decided to extend the implementation of activities under the MSRP until December 2020, adjusting the work as needs evolved and new ones appeared. During the implementation of the plan, three MSRP progress updates were prepared: in July, September and November, which highlighted key achievements in each priority area.

### **I.3. Coordination in the MSRP**

The challenge of coordination under COVID-19 was greater than ever, given that the pandemic has affected all aspects of life. New ways of virtual coordination initially posed challenges, and at the same time created opportunities to strengthen and enlarge participation. Even though the MSRP started in April 2020, information sharing and discussions on the COVID-19 response started weeks earlier. On 12 February 2020, the Humanitarian Country Team met and discussed updates on the coronavirus outbreak, and the HCT initial activities for coronavirus response and preparedness. Realizing that the response required was not limited to the humanitarian sphere, the Humanitarian Country Team and the UN Country Team agreed to develop a joint plan. Under the leadership of the UN Resident Coordinator and supported by OCHA, both teams held regular joint meetings, during which the strategic direction of the HCT response and key updates on the status of implementation of the MSRP were provided. More operational and detailed discussions were carried out through the Inter-Cluster Coordination Group (ICCG) meetings.

The COVID-19 response has provided an opportunity for OCHA to continue to support the strengthening of coordination through the national cluster mechanism, which was first established in Indonesia in 2014. OCHA has been playing a key role in maintaining the energy and spirit of coordination through this time, paying attention to data compilation, analysis, and dissemination. During the pandemic, OCHA also supported and facilitated the role of the Coordinating Ministry for Human Development and Culture that plays the role of national inter-cluster coordinator, and with the Ministry of Social Affairs that leads the Displacement and Protection Cluster, in order to build systematic coordination. Achievements resulted from the implementation of MSRP were consistently conveyed to the ministries, which play crucial roles in the National Task Force for COVID-19 Response.

## **II. Overall Achievements**

This section discussed the analysis on the achievements of the MSRP in containing the spread of the COVID-19 pandemic and decreasing morbidity and mortality, as well as decreasing the deterioration of human assets and rights, social cohesion, and livelihood, including protecting, assisting and advocating groups that are more at-risk to the impact of COVID-19 pandemic.

### **II.1. Innovation and evidence-based research**

The COVID-19 response has triggered an unprecedented number of studies. At least 50 research, assessments, and surveys were recorded covering a wide range of issues from public knowledge, attitude,

and practices, as well as to understand concerns, expectations, and ideas from communities in relation to the pandemic situation. These studies were also being done in collaboration with academic institutions, think tanks, universities, professional associations, and leading experts and conducted across Indonesia as well as in targeted communities, for example in high-risk areas, migrant communities, education stakeholders, and many others.

The results of these studies were subsequently used to inform policy makers in developing relevant tools, mechanisms, and policies. The results also guided and strengthened innovative tools such as the development of applications for people to provide feedback, strengthening training modules for health workers, social workers, and volunteers, and also the development of information, education, and communication materials to amplify reach to the wider communities and create an evidence-based, targeted, and more effective campaigns.

## **II.2. Sector-wide coordination and collaboration in various levels**

Various government agencies were involved in the response. The Ministry of Health, the National Disaster Management Authority (or BNPB) as the leading agency for the COVID-19 Response Task Force, and the Ministry of Social Affairs were involved in many initiatives and activities, with regular updates to the Coordinating Ministry for Human Development and Cultural Affairs. In addition, at least 16 other government agencies at the national level had been working together as part of activities under the MSRP, including the Ministry of Women Empowerment and Child Protection, Ministry of Agriculture, Ministry of Finance, National Development Planning Agency (or Bappenas), the National Population and Family Planning Agency (or BKKBN), the Meteorology, Climatology, and Geophysical Agency (or BMKG), National Search and Rescue Agency (or BASARNAS), Statistic Agency (or BPS), and National Institute of Aeronautics and Space (or LAPAN).

Furthermore, the response was delivered at the national, provincial, and local levels. Activities related to awareness raising and public outreach reached millions of people in Indonesia as part of the efforts to communicate risk, educate the community, and promote behavioral change. Collaboration at the local level has been an important part of the response - examples of this are the pandemic field assessments that were conducted in 15 major provinces in Indonesia, the development of COVID-19 response plans in five provinces, surveillances in eight of the most high-risk provinces, and studies reaching in all 34 provinces in Indonesia. Agencies involved in the MSRP were also active in providing technical assistance and delivering trainings to local governments, volunteers, and other stakeholders to strengthen capacity in the sector of COVID-19 health protocols, safety and security, coordination, shelter, WASH, nutrition, camp coordination and camp management, education, and protection to vulnerable groups. In several interventions, the activities also involved actors from outside Indonesia, for example webinars related to Search and Rescue operations during COVID-19 that invited resource persons from China, Russia, and Singapore.

## **II.3. Nation-wide coverage to reach the most vulnerable**

The MSRP has also been designed to support the nation-wide response for COVID-19. Humanitarian and development actors in the MSRP conducted interventions at the national scale as well as areas that are most at-risk. This includes support for provinces with high transmission of COVID-19 surges, such as North Sumatra, Riau Island, Banten, DKI Jakarta, East Java, Bali, South Sulawesi, and North Sulawesi as well as provinces that are still recovering from disaster such as in Central Sulawesi and West Nusa Tenggara.

New ways and strategies were applied to ensure that programs have better targeting and can reach to larger number of beneficiaries. Some of the notable achievements in this regard were 63,429 health care providers trained in surveillance, rapid response, referral and proper management of COVID-19 cases, 4,013 laboratory technicians were trained on the protocol for COVID-19 PCR testing and biosafety and security from nine provinces. Over 15,000 volunteers (health professional students) were recruited and trained on surveillance and contact tracing, and more than 1,156,395 individuals (with almost 400,000 were children) received various mental health and psychosocial support (MHPSS) activities on parenting, mental health and psychosocial support.

More than 20 technical guidelines, training modules, and bulletins were developed to strengthen the capacity of government officials, NGO staff, social workers, and community representatives. Roll out and dissemination using virtual/ online methods have reached hundreds of thousands of health workers, technical specialists, teachers, volunteers, community workers, and local facilitators. The programs under the MSRP have also reached the most vulnerable and most at-risk from the impact of COVID-19, including programs specifically targeting children, elderly, women (including pregnant and lactating mother and adolescence girls), people with chronic illnesses, people with disabilities, prisoners, and refugees. Awareness raising, capacity strengthening, essential services, and aid assistance were provided for these groups, including distribution of PPEs, online trainings and public outreach, trainings for the caregivers, and cash assistance to meet basic needs.

### III. Detail Achievements

#### III.1. Description of Achievements per Priority Areas

##### i. Health

**Health** activities under the Plan were guided by the WHO Operational Planning Guidelines<sup>1</sup>, which enabled the UNCT and HCT to play strategic and complementary roles in support the Government's response to the pandemic. The Government of Indonesia's COVID-19 Response Operational Plan became the main reference in mobilizing resources within the health sector, as well as supporting the work in other sectors.

The massive challenges brought by the unprecedented COVID-19 pandemic required a fully collaborative and coordinated response. In July 2020, WHO introduced the 'Operational Planning Guidelines to support COVID-19 Preparedness and Response' at a multiple stakeholders meeting convened by MoH. These guidelines served as the basis for the MoH and key stakeholders to reflect on challenges, provide insights as well as jointly plan for the COVID-19 response. In addition, WHO was also promoting the WHO Essential Supplies Forecasting Tool (ESFT) that was adapted by the MoH into an online dashboard to forecast essential supplies. Subsequently, MoH has been regularly updating the ESFT and is using the data as basis for COVID-19 response planning.

WHO supported the MoH to conduct a comprehensive and multisectoral Intra-Action Review (IAR) for the COVID-19 response. The IAR is a valuable mechanism to identify gaps and opportunities for learning and improvement to better respond to the COVID-19 outbreak. In November 2020, WHO and MoH convened a multiple stakeholder meeting to monitor the implementation of recommendations resulting from the

---

<sup>1</sup> <https://www.who.int/publications/i/item/draft-operational-planning-guidance-for-un-country-teams>  
*Final Report - Indonesia Multisectoral Response Plan to COVID-19*



IAR. The meeting offered new recommendations to further strengthen the COVID-19 response, including intensifying community engagement, improving coordination of different COVID-19 information hotlines, and promoting information-sharing between points of entry and provincial health office. In early December 2020, the MoH Secretary General signed the revised National COVID-19 Response Plan based on the IAR recommendations that focused on nine areas: command and coordination, risk communication and community engagement, logistics and operational support, infection-prevention and control, case management, surveillance, laboratory, points of entry, and essential health services.

Ensuring a robust surveillance system that extends from the national level right down to the community level has been WHO's driving objective in supporting Indonesian health authorities to combat COVID-19. At the national level, WHO provided technical assistance to MoH for field investigation of suspected COVID-19 cases and contact tracing. On 16 March 2020, WHO's technical protocol for contact tracing was adopted in the national COVID-19 guidance.

In collaboration with the Directorate of Surveillance of the MoH, WHO participated in regular virtual meetings with surveillance officers from the subnational level to strengthen the use of the Early Warning and Alert Response System (EWARS) to improve early detection of local COVID-19 outbreaks. With WHO's support, MoH has expanded the laboratory network for COVID-19 testing from 13 laboratories at the start of the pandemic to 612 laboratories as of 22 January 2021.

To ensure the continuity of essential health services alongside the pandemic response, WHO supported the development of new national guidance for continuing immunization services during the COVID-19 response which was endorsed by the National Technical Advisory Group on Immunization, and the Indonesian Pediatric Association and was disseminated to all provinces and districts. The surveillances of polio (acute flaccid paralysis), measles, rubella and diphtheria have also been ramped up. The continuity of essential services of tuberculosis, malaria, dengue, HIV/AIDS, hepatitis and leprosy have been supported by WHP and health partners through various activities and programme.

## ii. Risk Communication and Community Engagement (RCCE)

The **Risk Communication and Community Engagement (RCCE)** work was facilitated by UNICEF and the IFRC, who have supported national coordination under this area, developed and broadcasted a wide range of IEC content on COVID-19 through various media, engaged different communities on specific COVID-19 issues, delivered media briefings, and documented and shared analysis and stories that enable people to get involved in COVID-19 in their circle of influence.

## iii. Logistics

On **logistics**, the MSRP implementation focused on strengthening the capacity of emergency logistics in Indonesia to respond to COVID-19 by assisting the BNPB-led National Logistics Cluster in i) coordinating organizations, including the private sector, ii) providing information management support through dedicated national and international information portals, and iii) strengthening the capacity of logistics stakeholders and humanitarian communities on improving COVID-19-related logistics process.

## iv. Food Security

Under the umbrella of the MSRP, several COVID-19 impact assessments on **Food Security** and Nutrition were conducted, which served as material for further advocacy and technical assistance to related government institutions both at the national and local levels. A roadmap for "Monitoring and influencing

the impact of COVID-19 on Food Systems in Indonesia" was finalized in collaboration with the UN Rome-Based Agencies and key Ministries, and is being implemented through the FAO Technical Cooperation Program on COVID-19 and Food Systems; this work will continue until December 2022. WFP produced and widely shared four Bulletins on the COVID-19 Implications for Indonesia, with overviews of the pandemic's impact on the economy, food security, and livelihoods, the Government's social protection support to vulnerable groups, changes in macroeconomic indicators, trends in food security and challenges in food supply chains, and the extent of the socio-economic impact of the pandemic on Indonesian women in particular. In going forward, further investments in social protection to protect the most vulnerable groups from the economic impact of the COVID-19 pandemic, and the development of long-term strategies to strengthen the country's resilience to future crises will be important.

#### **v. Mitigating the socio-economic impact of COVID-19**

The MSRP contributed to a better understanding of the **socio-economic impact** of the pandemic thanks to information gathered through various surveys, including household level surveys, MSMEs, Gender based violence (GBV) and unpaid worker surveys and Innovative financing analysis for social protection. UNDP also supported Post Disaster Needs Assessments, implemented under the coordination and guidance of BNPB and BPBDs (Local Agency for Disaster Management) in eight priority provinces.

Under the United Nations COVID-19 Response and Recovery Multi-Partner Trust Fund, UN Women and Indosat Ooredoo launched a survey on the socio-economic impact of the COVID-19 pandemic on women and men, and the SDGs achievements in Indonesia. Data collected revealed how COVID-19 is exposing women's vulnerabilities to economic shocks and deepening the pre-existing inequalities in Indonesia. Another study on "Leveraging Digitalization to cope with COVID-19: An Indonesia case study on women-owned micro and small businesses" provided a better understanding of the extent to which COVID-19 has affected women entrepreneurs and women-owned MSBs in Indonesia, with a focus on those in the food and beverage sector, and examined the gender differentials in outcomes and coping strategies employed by women and men-owned micro and small businesses in response to the pandemic, paying particular attention to the use of digital platforms as survival mechanisms.

#### **vi. Providing critical services to affected people**

**Critical services on camp coordination and management, shelter, WASH, nutrition and education** have enhanced key Ministries and stakeholders' capacity to support regular coordination meetings. Various guidelines to prevent and mitigate the COVID-19 pandemic under these areas of work have been developed and disseminated. Support in the area of Education included the assistance and guidance to schools reopening, policy support and advocacy and technical assistance to remote learning. Through the MSRP, more than four million people enjoyed access to hand washing with soap (HWWS) facilities. Advocacy efforts on HWWS especially to Government counterparts, the private sector and schools were strengthened through the monitoring of results of safe behavior initiatives. In the area of nutrition, activities contributed to the prevention and treatment of severe wasting, the provision of quality essential nutrition services, and infant and young child feeding (IYCF) practices.

#### **vii. Addressing the needs of the most vulnerable people**

**Addressing the needs of the most vulnerable people** is a particular area of emphasis in the MSRP. Among other activities, implementing agencies have strengthened the capacity of health providers to undertake the clinical management of rape, have provided cash allowances and essential items to assist LGBT and

refugees in Indonesia, assisted vulnerable children through a series of mental health and psychosocial messages, and supported prisons and drug treatment facilities to ensure their compliance with the COVID-19 health protocol.

MSRP entities, including UN Women, UNDP, UNICEF, and WFP have supported institutional and intersectoral coordination of social protection activities led by the National COVID-19 Task Force. This includes UNFPA's efforts to enhance the work of the Ministry of Women Empowerment and Child Protection (MoWECP) in strengthening essential services for women and children who experience violence during COVID-19 as part of a comprehensive social protection package. The support has focused on three key areas of work: (1) the successful development of umbrella guidelines and protocol for protecting the rights of women and children in the COVID-19 response and recovery, including promoting economic recovery and resilience, responding to GBV, and addressing stigmatization and discrimination against women of marginalized groups; (2) increased capacity for the provision of prevention and response to GBV, including essential services in the COVID-19 context, and (3) the establishment of civil society engagement mechanisms, including with NGOs and women organizations, to provide feedback to the delivery of services and outreach, including social protection activities in response to COVID-19.

Humanitarian Forum Indonesia (HFI) successfully conducted a study on localization in the context of the COVID-19 response, which will be the first document to provide an overview of HFI members' capacities, practices and recommendations for the localization of the humanitarian response. HFI has successfully created a Joint Response Plan to COVID-19 in Indonesia for the HFI family, that documents the amount of funding needed and available resources including financial, tools and equipment, and personnel. This document is not only included in the MSRP, but has also been used to provide the government with an overview of HFI members' capacities and resources to complement the government's COVID-19 Response. Finally, HFI has managed to facilitate dialogues, sharing learning and experiences, and fostered capacity development for its members and other humanitarian actors by jointly organizing 14 online discussions/events, for a total of 1.611 participants from Indonesia and other countries in the Asia Pacific region.

## III.2. Detailed Achievements by Priority Area

### i. Priority Area 1: Health

In priority area 1, multiple organisations are supporting the Government of Indonesia to suppress the human-to-human transmission of COVID-19, provide care and support for patients affected by COVID-19 and their families, as well as ensuring the continuity of health services during the pandemic, including strengthening the resilience of health systems at provincial and district level.

5,219,061 health staff equipped with Personal Protective Equipment.

169 ventilators are provided to hospitals.

63,429 health care providers trained in surveillance, rapid response, referral and proper management of COVID-19 cases.

4,013 laboratory staff trained on guidance for COVID-19 testing.

1,140,558 children, parents and primary caregivers received community-based mental health and psychosocial support.

## 1. Capacity Strengthening

- 1) WHO has enhanced the skills of surveillance officers on contact tracing, field investigation, infection prevention and control (IPC) and case management.
- 2) WHO has vastly improved case finding and contact tracing throughout the country. For example, 15,000 volunteers (health professional students) recruited and trained on surveillance and contact tracing); 4901 tracers were recruited from 10 priority provinces and registered in the system.
- 3) WHO has strengthened capacities through promotion and translation of OpenWHO Courses:
  - a. 3716 participants participated in Introduction to COVID-19; methods for detection, prevention and response planning
  - b. 7918 participants participated in Infection and prevention control
  - c. 574 participants participated in COVID 19 management in long-term care facilities
  - d. 6515 participants participated in eProtect respiratory infection
  - e. 1274 participants participated in Management of SARI
  - f. 1223 participants participated in SARI treatment facility designs
- 4) WHO conducted capacity building of national COVID-19 reference laboratory for quality assurance conducted, including mentoring subnational laboratory staff
- 5) WHO has trained health staff related to Polymerase chain reaction testing
- 6) Around 13,000 participants attended the training on the medical waste management system organized by WHO
- 7) Water, sanitation and hygiene (WASH) strengthened in healthcare facilities to enhance quality of care and patient safety during the COVID-19 pandemic. This was achieved through capacity building activities applying WHO's "Water, Sanitation and Hygiene for Health Facility Improvement Tools (WASH FIT)"
- 8) WHO assisted the Ministry of Health (MoH) Directorate of Health Services with refresher training for referral hospital staff on 13-14 October, which was attended by 529 participants
- 9) WHO and MoH conducted webinars to address challenges and find solutions to the maintenance of essential health programmes alongside the COVID-19 response, for instance maternal and child health, immunization, tuberculosis, HIV and noncommunicable diseases. WHO supported programme analysis and provided inputs into national guidance on the continuity of essential health services
- 10) WHO and MoH conducted a rapid response team training for all 34 provinces. The training covered surveillance, public health indicators, field investigation, contact tracing, influenza like illnesses (ILI) and severe acute respiratory infection (SARI) sentinel surveillance, laboratory diagnostics, IPC, recording and reporting. The provinces shared lessons learned, best practices, gaps and challenges faced during field investigations
- 11) On 1 October, the Jakarta Province Health Office conducted a training for volunteers to strengthen contact tracing efforts. The volunteers were recruited by the USAID LINKAGES project. WHO presented the basic principles to reduce COVID-19 transmission, effective communication for contact tracing and steps in conducting contact tracing, including appropriate use of personal

protective equipment. A total of 100 participants from LINKAGES, representatives of health centres in Jakarta, partners, and representatives from the Directorate General of Disease Prevention and Control participated in the training. Given that these efforts successfully enhance contact tracing, the training programme would be scaled up to more provinces and involve larger numbers of volunteers

- 12) Following the MoH letter on the inclusion of refugees to access COVID-19 mitigation measures, IOM held virtual coordination meetings with health departments and local community clinics to enhance the management and referral mechanism for COVID-19 within the refugee communities
- 13) IOM trained 170 multi-sectoral health workers and front-line officers at 13 Point of Entry for enhanced and coordinated COVID-19 response.
- 14) The National Search and Rescue Cluster, led by BASARNAS, conducted a series of discussions on SAR operations during COVID-19, including on the Management of the Dead on 15 September and 13 October. The webinars have been supported by SAR teams from China, Singapore and Russia, ICRC, PMI and OCHA.
- 15) UNICEF and partners supported a series of capacity-building exercises for immunization, HIV, MNCH, malaria, youth health, which have reached 49,434 health care workers across 34 provinces.
- 16) UNICEF provided technical support in developing primary health care capacity related to school re-opening, updating the reproductive health technical guidelines on emergency response and preparedness, as well as the development of the module of health workers' capacity for under-fives childcare at primary health care level. More than 52,000 health workers have been trained in various aspects linked to the COVID-19 response and maintenance of essential health services.
- 17) UNICEF enhanced sub-national capacity through its network of 7 regional offices across Indonesia, where embedded staff have been supporting the provincial COVID-19 Task Forces in reviewing and implementing protocols and guidelines; surveillance and epidemiologic investigation; supporting improved data and information flows; supporting the establishment and monitoring of isolation centers and capacity building of health care workers; designing and disseminating risk communication and community engagement content; and locally adapting IEC materials. In selected provinces, UNICEF supported local health authorities with the monitoring of MNCH, immunization and malaria services to ensure the continued provision of quality services. UNICEF provided support around access to local government budget allocations as well as understanding the overall fiscal space in the health sector.
- 18) Coordinated with the MoH, UNFPA facilitated a capacity building seminar for health workers and programme managers, disseminating guidelines through virtual, video, and face to face, for the provision of maternal, newborn health and contraceptive services. BKKBN and UNFPA trained 1,303 health practitioners and government officers on how to ensure contraceptives' availability during crisis including COVID-19 situation.
- 19) UNDP and People with Disabilities Organizations conducted a series of training programmes for People with Disabilities (PwD) and their caregivers on the coronavirus, prevention measures and tips to reduce the risk of exposure. More than 90 PwDs and caregivers in five locations increased their awareness of the threats of COVID-19.
- 20) HFI, in partnership with ICRC in Indonesia and Timor-Leste delegation, organized a two-day Certified Workshop on Management of the COVID-19 Dead webinar on 22 & 23 September 2020. This workshop series was attended by 432 participants, who learned about procedures and

protocols on the management of the dead particularly from the perspective of Islam and Confucianism and its Risks and Stigma during Pandemic, and the coordination and lessons learned from the cases of management of the dead.

- 21) HFI together with other organizations that are supporting Psychosocial Support Sub Cluster, such as UNICEF, Faculty of Psychology of University of Indonesia, Faculty of Psychology of Catholic University of Atma Jaya, and Tearfund, organized the third Online Training Series of National Cluster on Displacement and Protection on Protection in Disaster Preparedness and COVID-19 Pandemic under topic of Psychosocial Support and Child Protection Minimum Standard on 10 and 18 December 2020. This two-day training covered basic concepts of psychosocial support, introduction to child protection minimum standard, and psychosocial first aid for affected children. Participants were also given group tasks that would be mentored by each facilitator. This training was attended by 135 participants for the first day and 57 for the second day.
- 22) The National Disaster Risk Reduction Platform (Planas PRB) supported BNPB, the COVID-19 Behavior Change Task Force, The National Population and Family Planning Agency, and the Ministry of Health, in building household-level disaster resilience on COVID-19 risks of transmission. This program specifically targets women headed households, housewives, young women, women entrepreneurs, and members of the PKK / Dharma Wanita / TNI / Polri Wife Association. The training module that builds awareness, knowledge and skills was tested and the program expanded through facilitators and front liners in 34 provinces.

## **2. Studies, assessments, and research**

- 1) COVID-19 pandemic field assessment finalized in 15 provinces with WHO's support.
- 2) Population-based age-stratified sero-epidemiological investigation for COVID-19 infection launched in Indonesia.
- 3) Risk assessment for health care workers conducted. Participants came from 200 hospitals that care for COVID-19 patients. The response rate was 88%.
- 4) UNICEF, WHO and the Indonesian Pediatrics Association conducted a detailed analysis of epidemiological data to inform potential mitigation strategies.
- 5) In October, UNICEF launched an independent safe-behaviour monitoring platform that uses networks of volunteers to conduct real-time assessments of handwashing, mask-use and safe distancing at public spaces (markets, transport hubs, places of worship). Nationally, levels are at 37%, 74% and 63% respectively, well below the 80% targets, particularly for handwashing.
- 6) In collaboration with the Ministry of Health, the Directorate General of Immigration, the National Border Management Agency (BNPP), and the National Agency for the Protection of Indonesian Migrant Workers (BP2MI), IOM assessed 10 prioritized Points of Entry (POE) nationwide to identify opportunities for increased COVID-19 mitigation measures.
- 7) Oxygen Survey is currently ongoing to establish a comprehensive overview of oxygen needs versus availability of several training workshops for oxygen survey have been conducted to accelerate the implementation of the survey. Oxygen therapy capacity surveys that support the treatment of COVID-19 patients are ongoing. As of 20 September, 43 out of 826 hospitals (5%) have completed the survey. The survey itself is expected to be finalized in February 2021.
- 8) Under the leadership of BAPPENAS and the MoH, a rapid situational assessment on the immediate impact of COVID-19 on reproductive health services was conducted and the results were shared in August by BAPPENAS.

- 9) UNICEF and partners supported MOH and the National Immunization Technical Advisory Group to conduct a COVID-19 acceptance survey, reaching over 115,000 people across all 34 provinces in the country. Nearly two-thirds of the respondents indicated that they would accept a vaccine, with 28% expressing hesitancy and the remaining 8% refusing the vaccine.

### **3. Development of tools, guidelines, and response plans**

- 1) Silacak application (DHIS2 platform) developed for contact tracing data entry and daily monitoring, 2 handbooks on data management for contact tracing, and training material as well as series of refresher training.
- 2) Promoted and translated the following courses under OpenWHO courses in Indonesia: Introduction to COVID-19; methods for detection, prevention and response planning.
- 3) COVID-19 national guidelines were updated in-line with WHO interim guidelines available.
- 4) On the medical waste management system, WHO supported the MoH to develop video tutorials and pocket books of waste management and WASH. These IEC materials have been disseminated widely to healthcare facilities at the provincial and district levels during virtual trainings in June to July for all 34 provinces.
- 5) In Makassar, IOM launched “SEHAT: Self Health Assessment Tool” for refugees to monitor their health conditions with IOM health teams through an online health survey that is available in refugees’ native languages.
- 6) IOM has enhanced procedures for refugee resettlement and movement support, including phone triage before refugees visit migration health assessment centers, screening before entering health premises (whether clinics or hospitals), pre-departure observation, and final assessments conducted at the airport before embarkation.
- 7) Tutorial videos on Psychological First Aid (PFA) for the COVID-19 outbreak are being developed in response to the urgent need for training on how to support people to reduce initial distress caused by the pandemic and to foster short- and long-term adaptive functioning caused by the pandemic. It is expected that the local government, NGOs/INGOs, academia, community leaders, health care workers will access these videos to conduct PFA activities for the public during the time of a COVID-19 response. The MoH will disseminate these videos in virtual workshops.
- 8) To improve the responsiveness of the health system, UNICEF supported the update of technical protocols on hospital data, with socialization to 834 hospitals across all 34 provinces.
- 9) UNICEF supported the MoH in the development of the ‘new normal’ guidance for health care facilities, for which field testing and piloting were completed.
- 10) The MoH and UNICEF finalized guidance on the resumption of routine services by hospitals. UNICEF also supported the development of a dashboard to visualize COVID-19 hospital data which was introduced to all referral hospitals in Indonesia, starting from October 2020.
- 11) To further highlight the importance of continuing HIV/AIDS services, UNICEF provided close technical support to MoH in development of IEC materials.
- 12) UNICEF also supported the MoH to update guidelines for maternal and newborn health.
- 13) UNDP strengthened GBV reporting services in Jakarta by adjusting nine SOPs for handling cases of Violence against Women and Children, to comply with COVID-19 measures, and deployed service provider personnel (194 women and 84 men) to handle cases related to COVID-19. In mid-October, support was expanded to ‘hard to reach’ areas, covering 9 cities, 5 provinces targeting 3,000 people, involving front line police staff and other local officials.

- 14) WHO assistance on COVID-19 and mental health includes the development of COVID-19 mental health and psychosocial national guidelines, MHPSS guidelines and protocols disseminated, formation of the MHPSS task force, family-based MHPSS interventions, PFA skills at the Puskesmas and Hospital settings; development of Psychosocial and mental health guidelines for teenagers in the COVID-19 era, and dissemination to 34 provinces.
- 15) WHO also developed video tutorial for life skills developed and disseminated to 34 provinces; revitalization of “Sehat Jiwa” mobile app: the application has been launched and has a chat on line feature which allows the users to communicate with psychologist and psychiatrist on COVID 19 related stress. A mhGAP mobile application for Puskesmas was developed.
- 16) Technical assistance was provided by WHO for the development of COVID-19 response plans in selected provinces. The provincial response plans for Papua, West Papua, North and South Sulawesi and North Maluku have been formalized.
- 17) WHO provided technical assistance in applying the COVID-19 Vaccine Country Readiness Assessment Tool (VIRAT), developing a vaccination roadmap for COVID-19 vaccine deployment, and on training modules and micro-planning at district and sub-district levels.
- 18) UNFPA, with the MoH’s Family Health Directorate as Coordinator of Reproductive Health Sub Cluster, developed awareness and educational videos for health providers and pregnant mothers for the continuation of Sexual Reproductive Health and Family Planning services.
- 19) UNFPA supported the development of related guidelines on Sexual Reproductive Health, Family Planning and Elderly care in Crisis situations including the COVID-19 pandemic; 1) Technical guidelines on contraceptive services during health crisis situations (disaster and Pandemic situations), and 2) Minimum Health Services for Older Persons in Health Crisis Situations (natural disaster and Pandemic Situations).
- 20) UNDP provided technical assistance to government institutions including the Ministry of Health on COVID-19 data management improvement between health services in national and sub-national level to support data sharing for multiple systems.
- 21) UNDP in partnership with the Ministry of Health expanded the use of UNDP’s SMILE application to improve the vaccine logistics supply chain and bolster immunization. UNDP has supported an electronic logistics system where a web interface for data storage and a temperature logger helps monitor storage temperature of vaccines to ensure that quality vaccines are delivered timely and as required. The digitization process was completed in six provinces and there was a reduction in the number of stockouts and overstock. The system had continued, unhindered during the COVID-19 pandemic.

#### **4. Coordination, collaboration, and partnerships**

- 1) IFRC and WHO collaborated for community surveillance in a number of high-risk provinces (North Sumatra/Medan; Riau Island; Banten; DKI Jakarta; East Java/Surabaya; South Sulawesi/Makassar; Bali; North Sulawesi/Manado).
- 2) The International Day of Older Persons on 22 September was commemorated through the launching of the National Action Plan on Elderly Health 2020-2024 by MoH with support from universities, hospitals, puskesmas, professional associations, CSOs and WHO. The National Action Plan is aligned with the Decade of Healthy Ageing (2020–2030).



- 3) 113 hospitals of Humanitarian Forum Indonesia (HFI) members (79 Muhammadiyah, 22 Nahdlatul Ulama and 12 YAKKUM) have treated tens of thousands of confirmed cases and supported patients under surveillance and people under observation.
- 4) Refugees, with IOM and community groups' support, led initiatives to voluntarily produce cloth masks for distribution to fellow refugees and local neighboring communities in Kupang, Makassar, Tanjung Pinang, Batam, Pekanbaru, Medan. Volunteers made more than 3,660 masks in May alone.
- 5) Baznas supported the 70 'Corona Responsive Village' program implemented in 23 provinces, with activities of disinfection, hand washing facilities, PPE distribution, nutritious food, and health services.
- 6) PMI has managed 2,100 plasma convalescent donations that are used for COVID-19 curative therapy.
- 7) IFRC concluded the signing of a tripartite agreement between Bogor Hospital, LIPI Laboratories and PT Satu to support financial coverage and logistics for PCR testing arrangements for patients using the hospital's services.
- 8) The COVID-19 pandemic field assessment was finalized in 15 provinces. Among others, the assessment looked at planning and coordination, the availability of guidelines and tools, surveillance and infection prevention and control.
- 9) Advocacy for the continuity of essential reproductive health services, including for the availability of safe blood products, services for high-risk pregnant women and childbirth, the availability of contraceptives, and the availability of antiretroviral treatments for those who need it.
- 10) UNDP and the MoH worked jointly to expand tele-health services to ensure greater access to affordable and reliable health services for millions of Indonesians including those impacted by GBV.
- 11) UNDP also worked with Spirita Foundation to connect with the tele-medicine provider Halodoc to support people living with HIV to access health services during the COVID-19 pandemic.
- 12) UNDP supported ATENSI (Indonesia Telemedicine Association) in mapping out the existing situation of telemedicine status and situation, and strengthening capacity of the association.
- 13) UNFPA, Yayasan Pulih and Indonesia Midwives Association facilitated the Clinical Management of Rape survivor for 165 midwives from COVID19 red areas and facilitated the GBV/Mental Health Psychosocial Support 50 first responders from P2TP2A and 65 case managers from LPSK.
- 14) UNFPA and Yayasan Siklus Indonesia provided online and offline sexual and reproductive health consultations to young people through 46 health service providers, and continued implementation of the UNALA model with modification.
- 15) Coordinated with MoSA, HFI, UNICEF, the Faculty of Psychology of University of Indonesia, Faculty of Psychology of Catholic University of Atma Jaya, and Tearfund are advising and supporting the coordination of Psychosocial Support Sub Cluster or known as The Strategic Advisory Group of Psychosocial Support Sub Cluster (SAG). During 2020, there were two coordination meetings convened as well as to engage with MoHA and MoEC on the issue of mental health and psychosocial support in the education cluster. The SAG contributed inputs to the drafting of Guidance on MHPSS Support in the COVID-19 Pandemic, Guidance for Humanitarian Workers and Volunteers in COVID-19 Pandemic and also Guidance on Disaster Management in COVID-19 Pandemic both by National Cluster on Displacement and Protection. SAG is also supporting WFP

and MoSA in strengthening the capacity of psychosocial support at the series of online training for TAGANA in 9 provinces.

- 16) Since March 2020, MPBI (Indonesian Disaster Management Society) has been supporting the National Task Force on COVID-19 Response in managing about 31,000 medical and non-medical volunteers. Currently the volunteers share their profiles on the SIMR website.
- 17) The Government of Indonesia signed an MOU with UNICEF Supply Division on 16 September to support procurement related to the COVAX facility. The MOU allows procurement of potential COVID-19 vaccine through the Advance Market Commitment mechanism. UNICEF has been requested to support COVAX-related risk communication; real-time monitoring; supply chain support and capacity development of health workers. The government regularly received cross-ministerial briefings by Gavi and UNICEF around the COVAX Facility and ACT Accelerator.
- 18) Using the RapidPro platform, UNICEF worked closely with the MoH team for a national assessment of the cold chain for COVID-19 vaccine distribution. UNICEF provided close technical assistance for malaria surveillance to monitor the increase of malaria cases during COVID-19 pandemic in Indonesia.

## **5. Provision of essential items and services**

- 1) Polymerase chain reaction testing capacity greatly improved across the country, including procurement of equipment and consumables (real-time PCR test kits, personal protective equipment) by WHO.
- 2) WHO procured 4 incinerators and 4 autoclaves to reduce the risk of infection and improve the management of healthcare waste.
- 3) WHO procured 69 ventilators and personal protective equipment for health facilities.
- 4) UNFPA provided 1,125 PPEs to 100 midwifery Clinics in Depok, Tangerang and South Jakarta through the Indonesia Midwives Association (IBI). It provided 600 Dignity Kits to pregnant women, post-delivery and newborns through the Clinics. Additional PPE provisions were made to other clinics in DKI Jakarta, Banten and West Java and East Java Provinces, bringing a total of 412 Midwifery clinics.
- 5) IBI, DOCTORSHARE and UNFPA helped distribute 20,000 PPEs purchased by BNPB/BKKBN to selected midwifery clinics.
- 6) UNFPA also distributed essential logistics support for 132 pregnant mothers in Central Sulawesi in April-August 2020 in collaboration with Libu Perempuan, Yayasan Kelompok Pejuang Kesetaraan Perempuan Sulawesi Tengah, and Yayasan Kerti Praja.
- 7) IOM also provided PPE, cloth masks, and other supplies for frontline officers and returning Indonesian migrant workers at points of entry and transit shelters for returned migrant workers
- 8) IOM and the District Health Forum produced more than 400 bottles of hand-sanitizer (60mL) for distribution to refugees and underprivileged community members in six villages in Semarang.
- 9) In July, IOM delivered ventilators, PPE for health care workers, X-ray viewers, defibrillators, and hospital beds, and other essential items to the COVID-19 task force and health providers across Indonesia. While in August, IOM delivered 1 mobile X ray, 12 hospital beds, 1,300 N95 masks and other supplies to some places in Tangerang.
- 10) IOM delivered essential medical equipment and supplies to 67 health facilities across 20 cities in the country, benefiting around 700 health workers.

- 11) Human Initiative provided PPEs and medical supplies to 130 hospitals, while Caritas Indonesia provided PPE to 163 hospitals across the country.
- 12) UNDP donated 500,000 medical masks to the Ministry of Foreign Affairs (MoFA) and BNPB.
- 13) UNDP worked with MoH for the provision of 30 VG70-type ventilators.
- 14) WHO and UNDP procured four incinerators and four autoclaves, worth US\$ 900,000, to reduce the potential hazard posed by healthcare waste to health and the environment and minimize the risk of the coronavirus transmission. From 31 August to 10 September, MoH, UNDP and WHO visited eight locations in six provinces (Bali, Central Java, East Java, Jakarta, West Sumatra and Yogyakarta) in preparation for the deployment of the equipment.
- 15) Save the Children distributed 257,979 PPE through 62 community health centers and its networks
- 16) Oxfam distributed 100,000 mask, 89 PPE packages to 5 hospitals and 33 community health services in Central Sulawesi.
- 17) With the earmarked contribution from various state governments and UNAIDS, UNHCR distributed 50,000 surgical masks, 20,000 N95 masks and over 5,000 bottles of hand sanitizers to 15 hospitals and 12 puskesmas in Jakarta and its greater areas as well as for refugees.
- 18) UNICEF procured 177,667 units of critical health supplies and handed these over to the MoH. Other key equipment such as syringe pumps and biomedical deep freezers was also procured.
- 19) PMI provided ambulance services (45 PMI branches in 17 provinces) and implemented the management of dead bodies across 21 PMI branches. ICRC supported ambulances allocated for PMI in South Jakarta, Central Jakarta, Tangerang, Bandung, Denpasar, Makassar, Malang and Tabanan, while IFRC ambulances were allocated in six PMI branches in West Jakarta, Surabaya, Sidoarjo, Solo, Medan, and Buleleng.
- 20) PMI distributed 251 body bags, and 30 units of ventilators, while Rumah Zakat delivered 40 ventilators and 4,590 PPE for medical workers to some hospitals.
- 21) PMI provided ambulance services for 562 positive and suspected cases of COVID-19 as well as supported the transportation of 319 corpses that had tested positive for COVID-19.
- 22) PMI provided psychosocial support services through the delivery of debriefing sessions for 150 national taskforce members, partners and volunteers. The debriefing sessions were conducted by a professional psychologist. Mental health counselors and psychosocial support services have been provided by PMI.
- 23) PMI provided health promotion services that have reached over 6 million people in 31 provinces located in 241 districts and cities
- 24) IFRC procured eight units of High Efficiency Particulate Air filters to support PMI's Bogor Hospital to upgrade its isolation rooms for COVID-19 patients.
- 25) UNOPS procured oxygen respirators, PCR test machines, mobile labs for COVID-19 testing, respirator/ventilators and an ambulance without sound pressure function, as well as thermal imaging cameras for Jakarta LRT station funds, with support from KOICA (\$3.4 M). It also procured PCR test machines, ambulances, ventilators, reaction kits, packaging boxes, and medicines with funds from the Japan Ministry of Foreign Affairs (\$4 M). The medical equipment was handed over through BNPB / MoH.
- 26) Wahana Visi Indonesia reached 2,000 children with Mental Health and Psychosocial Support services (MHPSS).
- 27) Wahana Visi Indonesia distributed around 250,000 masks, provided over 4,700 PPE packages for medical personnel, and assisted 180 medical facilities.

## 6. Awareness raising and public outreach

- 1) In July, mental health and psychosocial support (MHPSS) reached an estimated additional 392,414 individuals through messages related to awareness and tips on mental health broadcast through both traditional and social media channels, webinars and other activities organized by UNICEF and partners. A total of 1,090,695 (364,438 children; 726,257 adults and caregivers) received messages on mental health and psychosocial through a range of platforms.
- 2) Since the beginning of the pandemic, PMI psychosocial services reached 34,562 people, health services reached about 1,8 million people, and 1 million health and cleaning kits were handed over.
- 3) WHO and UNICEF published a joint press release to commemorate World Breastfeeding Week. The statement called on the government and stakeholders to safeguard and promote access to services that support mothers to continue breastfeeding during the COVID-19 pandemic.
- 4) Since the beginning of the COVID-19 response, UNICEF and partners engaged 1,156,395 individuals (394,652 children) through various mental health and psychosocial support (MHPSS) activities on parenting, mental health and psychosocial support. Life-skill learning series on mental health for adolescents were organized in Aceh, Central and East Java, and South Sulawesi Provinces, with at least 49 children with disability engaged in the talks including 5 adolescents with disability as speakers. CSO partners continued to provide online counseling services and reached 452 people (including 187 girls and 173 boys).

## ii. Priority Area 2: Risk Communication and Community Engagement (RCCE)

Priority area 2 aims to build public trust in national authorities, provide an RCCE guiding framework, and ensuring all RCCE approaches, messages, and materials shared at all levels and in all phases of the response are based on technically accurate medical and public health science. In this pillar, multiple organisations also promoted and facilitated participatory community engagement to improve people's knowledge, motivate action, reduce stigma and create an enabling environment for change to contain the spread of virus as well as scaling up RCCE approaches at national and sub-national levels to promote and sustain critical behaviors during the various phases of the response: RESPOND – RECOVER – RESTORE.

14,210,158 people are involved in Risk Communication and Community Engagement actions on COVID-19

200 million people reached with COVID-19 messaging on prevention and services.

10,000+ girls and adolescents received Sexual Reproductive Health information and services during the COVID19 situation through the online youth engagement platform

## 1. Capacity Strengthening

- 1) UNICEF and Aliansi Jurnalis Independen (AJI) journalists facilitated training for spokesperson from Aceh, East Java, Central Java, South Sulawesi, Maluku, East Nusa Tenggara, West Nusa Tenggara, Papua, and West Papua provinces.
- 2) IFRC and PMI participated in the COVID-19 Prevention in Community Markets Webinar in collaboration with FAO, and the Ministry of Agriculture—there were 90 participants and 24 online media coverages.

- 3) WHO and Wahana Visi Indonesia conducted a series of RCCE webinars for health workers in those provinces between 06 October and 16 November. WHO provided technical support in the development of training modules and information, education and communication (IEC) materials produced for the provinces with specific target groups such as parents with children under five years old and teenagers.
- 4) UNFPA, BKKBN and Fatayat NU facilitated an education session on continuation of SRH services, prevention and management of Gender Based Violence and prevention of COVID-19 transmission to 7,761 member of faith based organization and religious leaders; and awareness session on SRH reached 11,527 people.

## **2. Studies, assessments, and research**

- 1) The Indonesian Red Cross (PMI) and the IFRC shared the results of their Community Perceptions of COVID-19 study conducted in mid-May, and gathered responses from 19 provinces.
- 2) WHO and Wahana Visi Indonesia conducted a rapid assessment in July to gain insight on community receptiveness and information needs as well as identify appropriate communication strategies in 16 districts of East Nusa Tenggara, North Maluku, Papua and West Kalimantan provinces.
- 3) HFI conducted a study on the localization of HFI members on COVID-19 response. The study includes the localization practices and lessons learnt from the members and secretariat from national to sub-national staff, and their beneficiaries. The study results were published on 29 December 2020.
- 4) The first edition of Suara Komunitas (Community Voices) included 28 surveys and studies conducted between February and June by 18 organizations and issued in mid-August.
- 5) Since March 2020, over 52,000 respondents participated in U-Report polls across all 34 provinces on several aspects of the impact of COVID-19.

## **3. Development of tools, guidelines, and response plans**

- 1) UNICEF completed an RCCE guidance package for the Task Force, as part of the overall cross sectoral guidance package designed for the sub-national leaderships.
- 2) The RCCE team worked to communicate messages effectively on the MoH 5th revision of the National Guidelines on COVID-19 prevention and control. New terminologies and definitions introduced in the revised guidelines are explained in FAQs
- 3) WHO translated its guidance on various topics, including strategic planning, surveillance, IPC, case management, laboratory testing and RCCE, to Indonesian as well as supporting the government to develop information education and communication (IEC) materials for disseminating important health messages to the public. Moreover, selected WHO video material was made available in Indonesian, such as operational planning guidelines and COVID-19; clinical management of severe acute respiratory illness; health and safety briefing for respiratory diseases; infection prevention and control; emerging respiratory viruses, including COVID-19; design of severe acute respiratory infection treatment facility.
- 4) HFI produced Guidelines for COVID-19 Preparedness Village and disseminated it among its members and network.

- 5) IOM disseminated information on COVID-19 to returning Indonesian migrant workers in cooperation with the Ministry of Women Empowerment and Child Protection and the Ministry of Social Affairs through multimedia information materials.

#### **4. Coordination, collaboration, and partnership**

- 1) Embedded in the Government's COVID-19 Task Force, the UNICEF team provided direct support to national authorities on all aspects of RCCE. Achievements include facilitation of more than 720 daily national press briefings with 500+ experts and responded to daily inquiries from international media, support for the Government's COVID-19.go.id website which reached more than 27.7 million users, with 85.9 million pageviews since 17 March, and the design of SMS on COVID-19 related messages that reached 200 million people, through an agreement with Mobile Network Operators.
- 2) In May 2020, CARE signed an MoU with the COVID-19 Task Force to assist them in preparing risk communication materials.
- 3) The Community Engagement Working Group (CEWG) met weekly to address various community engagement and accountability issues in the context of COVID-19 crisis. The Group engaged with similar CEWG collaboration in Central Sulawesi, Bali, East Nusa Tenggara, and Yogyakarta.
- 4) As mandated in the Joint Response Plan to COVID-19, HFI produced situation reports compiled from the members and other essential information. The situation reports can be as reference to other humanitarian stakeholders on what the members and secretariat have been doing for COVID-19 prevention and response, and in natural disaster responses. HFI also created an inventory of HFI members' response to COVID-19 in cloud saving storage and a dedicated website to provide information on the COVID-19 prevention and response has been done by the members and secretariat
- 5) To ensure continuity of the provision of comprehensive sexuality education during the pandemic, UNFPA supported the MOH to include Comprehensive Sexuality Education (CSE) into school health programming. As a result of intensive advocacy of the BERANI programme, CSE is included as priority in the grand design of school health programmes by the Ministry of Education. The module for teachers to integrate CSE into teaching was updated with distance learning actions.
- 6) IFRC and WHO conducted risk communication and community engagement in a number of high-risk provinces (North Sumatra, Riau Islands, Banten, Jakarta, East Java, South Sulawesi, Bali, and North Sulawesi). Between February and September, PMI received total 805 pieces of feedback with details as follow: 61 direct; 62 radio; 272 social medias; 112 Hotline, mainly related to health services and WASH.
- 7) Oxfam in Indonesia, Pujiono Center and MDMC along with 26 networks organizations initiated SEJAJAR, local CSO Networks by disseminating information on COVID-19, its challenges and how the CSO could participate in battling Covid-19 through weekly online platform started in March to December 2020.

#### **5. Provision of essential items and services**

- 1) CARE had prepared and distributed in 6 provinces risk communication materials, which focused on health protocols and GBV prevention, and 3 Forms of the materials were: 5 posters (27.598 printed), 5 stickers (96.991 printed), 44 banners. The posters and stickers were printed in

Indonesia language, and local languages (Sunda and Dawan). In NTT, CARE also held radio talk shows with resource persons from the Regional Health Offices to socialize COVID-19 protocol.

- 2) As of mid-June, 522,712 people received information about COVID-19 prevention and 35,433 Information, Education and Communication (IEC) materials were printed and distributed by Wahana Visi Indonesia.

## **6. Awareness raising and public outreach**

- 1) IOM continued cooperation with MoSA and other national actors, including the National Agency for the Protection of Indonesian Migrant Workers (BP2MI) to increase awareness on COVID-19 among returning Indonesian migrant workers and their families. In July, community engagement in this realm extended to West Sumba and South West Sumba of East Nusa Tenggara, where IOM distributed COVID-19 prevention and mitigation posters and brochures to the migrant workers.
- 2) In collaboration with the Ministry of Women Empowerment and Child Protection, IOM developed a public video campaign to address the stigma against returning Indonesian migrant workers. A video series, titled "Avoid the Virus, not the Person," was posted on government websites and distributed through civil society partners and migrant advocacy groups.
- 3) UNICEF managed Forum Kemisan (Thursday Forum) where partners discussed topics related to behavior change.
- 4) UNFPA regularly promoted youth leadership in addressing the COVID-19 crisis through online public discussions, online gatherings, and counseling for young people affected by the pandemic
- 5) As part of a mental health initiative with the Association of Medical Students to provide psychosocial support on mental well-being during COVID-19, four live-streamed sessions have been held for and with young people so far, reaching over 6,000 views.
- 6) Facilitated by UNFPA, 9,067 young people have received sexual and reproductive health (SRH) risk communications through social media platforms. Online SRH services for young people were provided by health providers in Yogyakarta.
- 7) The digital campaign #COVID19Diaries provided a platform for young people to share their experience during COVID-19. The campaign has reached 186 million people and engaged 5.6 million on social media through 1,490 submissions shared by young people.
- 8) UNFPA launched an online health campaign involving 26 influencers and young creative digital content producers.
- 9) A series of online media briefings covering various aspects of the impact of COVID-19 on children was launched following the release of a Policy Brief on the socio-economic challenges facing children. Each media briefing brings together experts to discuss a specific aspect of COVID-19 and its impact on children and advocate for child-friendly policies. Seven media briefings were held, which were attended by over 1,200 journalists and participants, leading to over 250 articles in national and international media.
- 10) UNICEF continued to develop and broadcast a wide range of IEC content on COVID-19 to raise awareness among at-risk groups. Since March 2020, digital content has reached more than 50 million people and generated over 11 million engagements on its social media platforms; UNICEF Indonesia's COVID-19 website pages reached 900,000 visitors with information such as personal hygiene tips, home education guides and physical and mental health tips; the Chatbot has provided up-to-date information on ways to protect against COVID-19 as well as information on hoaxes to more than 400,000 people.

- 11) Since March 2020, 13 prominent public figures have recorded video PSAs on key COVID-19 messages for UNICEF, and a partnership with 150 micro and nano digital influencers has amplified COVID-19 messaging to 1.6 million highly targeted audiences. Contents on Facebook & Twitter have reached over 47 million people.
- 12) Radio Public Service Announcements on 'pray at home,' immunization, and "do not travel home after Ramadan" aired on state-run RRI (Radio Republik Indonesia) and 55 private radio stations, reaching 13 million people.
- 13) WHO regularly shared and translated important health information messages on its website and social media platforms in English and Indonesian. Public engagement is ensured through regular health messaging and myth busters; with 40+ videos, 500+ infographics and guidance have been published as of December 2020.
- 14) IOM teams facilitated 356 risk communication activities, including engagement from local government and civil society groups. Refugee and community-led RCCE actions continued to broaden awareness about COVID-19 prevention measures, coping with social restrictions, addressing stigma, and expressing solidarity in the global efforts to combat the virus.
- 15) IOM provided on-the-spot and online targeted information sessions for nearly 8,000 refugees under IOM care on COVID-19 prevention and mitigation measures in their native languages, including to the newly arrived Rohingya women, men, and children in Aceh.
- 16) Yakkum developed and shared education packages on COVID-19 which reached about 200,000 people.
- 17) On youth awareness, UNDP teamed up with online media Katadata, National Geographic and Magdalene to provide information on the risks and impact of COVID-19 with specific themes on gender violence, environment and rights for disabled communities. With those media partners, UNDP held a series virtual discussion, reaching over 2000 attendants.
- 18) At least 5,352 youth received support on Adolescent Sexual Reproductive Health through youth health lines in Indonesia facilitated by UNALA Clinics and supported by UNFPA. Online interactive comprehensive sexuality education (CSE) as structured psychosocial support sessions during the pandemic benefitted 4,176 (71.9% girls) young people were conducted. 1, 510 young people (77% girls) utilized UNALA clinics (online and offline) for their sexual and reproductive health needs.
- 19) In July, UNDP's monthly SDG Talks series featured a panel discussion on Gender Based Violence (GBV) during the COVID-19 pandemic and the situation that victims have faced. Furthermore, UNDP and partners conducted a series of events raising awareness of GBV and reporting channels to approximately 2,644 people including youth, teachers, village and health cadre, scout groups, and religious leaders.
- 20) UNFPA formed a community of practice of digital sexual and reproductive health content creators and supported them to reach over 200,000 young people by improving their capacities in content creation.
- 21) Indonesia National Children's Day activities on the theme of COVID-19 include a live TV show on national television during which children 'took over' the studio, produced the show and linked with children around the country.
- 22) In October-December, UNICEF rolled out an integrated website campaign 'Keep Safe, Keep Learning', which provides practical tips to families on how to keep their children safe and learning during COVID-19. The campaign aims to reach 167 million people through TV stations, 41 million people through radio stations and 5 million people through digital promotion nationwide.



- 23) UNICEF initiated and maintained ‘Wednesday Talkshows’ with the Indonesia Community Radio Network (JRKI - Jaringan Radio Komunitas Indonesia) since September.
- 24) PMI participated in monthly broadcasting interactive call-in radio talk shows with KBR radio network with themes focusing on the implementation of COVID-19 protocol in community. Guest speakers from PMI Nusa Tenggara Timur and UNICEF Jakarta have featured on the show. In September-October, 116 articles that covered PMI’s activities and services were published. A total of 111 articles published by online media and 5 articles published by printed media
- 25) With UNICEF’s support, NU, Muhammadiyah and three community-based organizations mobilized 4,500 community volunteers in 94 districts since April 2020, which reached 1.7 million people with awareness and behavior change interventions through the use of mobile vehicles ("COVID-19 cars"), disseminating messages through interpersonal communication in public places and communities, and included installation of simple hand washing facilities. These include Muhammadiyah’s RCCE actions that reached more than 430,000 people (240,381 male; 189,756 female), disseminated over 28,000 brochures and 13,000 posters, and conducted over 5,600 public campaign events in markets, schools, places of worship, streets and other places in 22 districts and cities across Indonesia.
- 26) In December, IOM launched a peer-to-peer risk communication campaign with Indonesian migrant workers in East Java, Central Java, and East Nusa Tenggara – provinces that are significant areas of origin of migrant workers. The migrant-led messaging campaign will engage migrant worker communities and their family members on COVID-19 presentation measures, combating misinformation, reducing stigma against migrant workers in their communities, and sharing information on safe migration procedures amid the evolving procedural landscape during the pandemic

### iii. Priority Area 3: Logistics

In this priority, support was provided through the Government-led National Logistics Cluster’s coordination aiming to minimize duplication of efforts, provide a platform to identify and address common challenges, ensure effective engagement with key inter-agency and/or cross-sector forums, promote sharing of technical expertise, and engage in advocacy to highlight operational challenges. A logistics’ Concept of Operations was developed based on existing logistics gaps and capacities, aimed to improve efficiency and effectiveness of emergency logistics operations, and ensure alignment with the Government’s Operational Plan as well as support was provided for the Government and humanitarian community in facilitating the private sector’s engagement to ensure the necessary logistics services can be made available and are accessible to all stakeholders.

Seven provincial logistics clusters assisted (North Sulawesi, Gorontalo, Central Sulawesi, South Sulawesi, Southeast Sulawesi and South Kalimantan Provinces).

376 organizations involved in the National Logistics Cluster.

1,521 TAGANA volunteers in 10 provinces (Banten, West Java, Central Java, Yogyakarta, East Java, South Kalimantan, Central Sulawesi, East Nusa Tenggara, Banten, Lampung, and South Sumatra) trained on health, safety, and security principles in responding to COVID-19.

## 1. Capacity Strengthening

- 1) As part of the knowledge sharing mechanism, WFP conducted a number of training and webinars to wider humanitarian communities. In June, in collaboration with the NLC and NGO coalition SEJAJAR, WFP facilitated a humanitarian logistics operation training for 477 community-based volunteers from UNS Surakarta who were involved in community services in Central Java. The session aimed to strengthen the capacity of local NGOs, community groups, and volunteers involved in downstream logistics operation and relief distribution process to communities affected by COVID-19.
- 2) WFP and BNPB led the 'Strategic Humanitarian Supply Chain during COVID-19 pandemic in Indonesia' webinar in July. It had 169 attendants from NGOs, government agencies, academics, and logistics companies. The objective of the webinar was to increase knowledge of the supply chain challenges during the pandemic and facilitate exchange of critical views on the health supply chain disruptions so far. Panelists included representatives from the Ministry of Health, Indonesian Logistics Association (ALI), Indonesian Medical Devices Manufacturers Association (ASPAKI), and Centre for Transportation & Logistics Studies UGM (Pustral). Webinar participants recommended that PPE and medical equipment price regulation, quality standardisation, and domestic production capacity to be considered by the MoH as part of future strategies to anticipate supply chain disruptions.
- 3) Strengthened COVID-19 response capacity of TAGANA, which are MOSA-managed community volunteers. In partnership with six other organisations (WHO, UNICEF, IOM, RedR, IFRC, and TearFund), WFP hosted virtual training sessions for total 1,521 TAGANA volunteers, representing 154 regencies/cities in 10 provinces (Banten, West Java, Central Java, East Java, South Kalimantan, East Nusa Tenggara, Banten, Lampung, South Sumatra, Central Sulawesi and Yogyakarta). The objective of the training series was to increase TAGANAs' knowledge on health, safety, and security principles in responding to COVID-19. It included basic humanitarian logistics and support in the context of a pandemic. The first batch of the training (delivered to 5 provinces) received positive feedback from the Director of Social Protection for Victims of Natural Disaster (PSKBA) of MOSA, which resulted in its expansion to three more provinces in October-December. WFP and MOSA are likely expanding the training to at least two more provinces with high cases of COVID-19 in 2021.

## 2. Studies, assessments, and research

- 1) In August, WFP conducted a rapid commercial Logistics Capacity Assessments (LCA) to map available resources of three major national private sector entities: Indonesian Logistics & Forwarders Association (ALFI), Indonesian Express Delivery, Post and Logistics Service Companies' Association (ASPERINDO), and the national postal service provider in Indonesia PT Pos Indonesia Persero. The assessment looked at 14 priority provinces with high cases of COVID-19: East Java, South Sulawesi, West Java, Central Java, South Kalimantan, West Sumatra, North Sumatra, DI Yogyakarta, Papua, Banten, West Nusa Tenggara, Central Sulawesi, DKI Jakarta and Bali. It provides accessible information and reference useful in planning long-term COVID-19 cold chain logistics operations, and allows more evidence-based decision-making process by the sub-national government in regard to receiving support from commercial resources in COVID-19 response.

- 2) In light of an anticipated surge demand for cold chain logistics of COVID-19 vaccinations, WFP through the NLC carried out the second logistics capacity mapping at the national level, specifically looked at cold chain infrastructures and services (cold storage, refrigerated trucks, and reefer/refrigerator containers) available by Indonesia Cold Chain Association (ARPI). Completed in October 2020, the cold chain mapping assessment results were shared and discussed with WHO, UNICEF, and relevant stakeholders who have indicated potential cold chain and logistics challenges. The report recommends the use of this capacity should the Government (or the cluster) need. The report is available on the GLC Indonesia-specific portal.
- 3) Responding to the shortage of PPEs in the beginning of COVID-19 pandemic, a medical logistics mapping was conducted to identify producers and NLC partners who were looking to procure good quality PPEs. On behalf of the NLC, WFP engaged Indonesian Medical Devices Manufacturers Association (ASPAKI) and 300 PPE producers and suppliers in the mapping, and connected all suppliers with the cluster members, the MoH, and Ministry of Trade.

### **3. Development of tools, guidelines, and research**

- 1) Developed SOP to access rush handling support and import duty relief for organisations dealing with COVID-19-related international cargo in partnership with BNPB, Directorate General of Customs and Excise (Bea Cukai) Ministry of Finance, and Indonesia Logistics Forwarder Association (ALFI).
- 2) WFP took a role as the NLC focal point to provide logistics information on available services (including custom clearance, handling, storage, distribution) to the humanitarian community.
- 3) WFP launched an Indonesia-specific portal within the Global Logistics Cluster (GLC) platform to store information related to COVID-19 humanitarian operations relevant for international communities, accessed 570 times to date. This includes Concept of Operations (ConOps), NLC meeting minutes, reports on the commercial rapid LCA, and other relevant documents. Another internal platform for the NLC members was developed separately, hosting information in Bahasa Indonesia and English.
- 4) WFP has disseminated a proposal of national strategies of commercial supply chain on essential commodities that have been shifted in priority due to COVID-19 pandemic. The strategies have been informed through 23 FGDs, webinars, and intensive consultations in close partnership with the Coordinating Ministry for Human Development and Cultural Affairs involving more than 1,000 people from 289 national and sub-national government bodies, non-ministerial, business associations, private sectors, and academics across over 50 cities and regencies. The case study looked closer into three essential commodities: eggs, orange fruits and hand sanitizer. The team mapped the national supply chains of these commodities and identified critical points within the supply chain which were exacerbated by COVID-19. Actionable strategies and suggestions to minimize those supply chain critical points is expected to minimize supply chain disruptions in the future and utilized to advocate the policy makers through policy briefs and articles in the media.
- 5) In April and within the NLC, WFP worked with BNPB and Indonesia Logistics Forwarder Association (ALFI) in developing a guideline to access temporary import duty relief and rush handling service for humanitarian organisations and other stakeholders dealing with COVID-19 international cargo. This emergency SOP was issued by Directorate General of Customs and Excise (Bea Cukai) of the Ministry of Finance, and supported by ALFI on the ground. The service ended in June when the government invoked the rush handling regulations.

#### **4. Coordination, collaboration, and partnerships**

- 1) WFP continued to provide coordination support to the Government-led National Logistics Cluster (NLC), by facilitating regular, bilateral and technical coordination meetings involving members and partners of the cluster. A total 376 organisations took part in the coordination, including national and sub-national government agencies, multilateral organisations, non-profits, academic institutions, business associations and companies with activities:
  - a. provided emergency logistics services to humanitarian community,
  - b. utilised the logistics services provided by the NLC members
  - c. received information on logistics services (custom clearance, handling, storage/warehouse, distribution) or connected to service providers through the NLC.
- 2) Logistics resources of some cluster's members being jointly utilised for COVID-19 emergency response by BNPB and/or other cluster partners .
- 3) 300 local PPEs producers connected to MoH and Ministry of Trade who then assisted them on licensing, quality check, and connecting with users, among many others.
- 4) At sub-national level, WFP worked closely with BNPB and Regional Disaster Management Agency (BPBD) in assisting the provincial logistics cluster. WFP was involved in re-initiating the formal establishment of Provincial Logistics Clusters (PLCs) in South Kalimantan and engaged with more than 100 stakeholders in the Sulawesi region to activate the coordination mechanism in 6 provinces on the island. This came in the light of initiating a regional hub in Sulawesi.
- 5) WFP also continued to engage the private sector to support the government's emergency response. In March to May 2020, private companies that are connected to NLC provided a range of services to the humanitarian community as a response to COVID-19. For example, business association ALFI facilitated customs clearance and rush handling process pro bono at key entry points, as well as worked with WFP, BNPB, and the Directorate General of Customs and Excise within the Ministry of Finance to put together an SOP outlining clear guidelines to access the above-mentioned services and import duty relief. ALFI and another business association ASPERINDO also distributed COVID-19 related relief and goods to different areas in the country, in coordination with National COVID-19 Task Force and BNPB. PT Pos Indonesia was involved in relief distribution and cash-based assistance, supporting MOSA.
- 6) WFP and WHO provided inputs on medical logistics operations to the MoH's COVID-19 Operational Plans in September.
- 7) WFP assisted BNPB as the NLC lead in the formal officiation of the Cluster. A small team of the cluster's key members, including WFP, supported BNPB in putting together a Decree of the National Logistics Cluster Companion / Supporting Team which was officiated in July. The BNPB Regulation was enacted, which provides legal basis for the NLC development. Both legal documents formally strengthen the position of the NLC with the national disaster response mechanism.

#### **5. Awareness raising and public outreach**

- 1) WFP worked with a communication consultant PREDIKT to develop: i) four communication tools to support MOSA in advocating some ministry's disaster management programs; ii) three audio-visual materials for BNPB to raise awareness of the National Logistics Cluster including the cluster's experience in COVID-19 response, and iii) a video to support Coordinating Ministry for

Human Development and Cultural Affairs in advocating steps to avoid further commercial supply chain disruptions of essential goods caused by COVID-19.

#### iv. Priority Area 4: Food Security and Agriculture

In priority area 4, the Government of Indonesia received support through an updated and real-time analysis of the impact of COVID-19 on overall food security and food-system livelihoods in Indonesia. In addition, support was provided to Government institutions' efforts to ensure continuous availability and accessibility of food commodities by identifying the possible actions to mitigate the impacts of the COVID-19 outbreak in three topics related to food security: (a) institutional responsibilities; (b) continuity of food production; (c) continuity of supply/value chains.

Four bulletins on the impact of COVID-19 on the Economy and Food Security for Indonesia have been published in collaboration with the Ministry of Agriculture, BMKG, BNPB and LAPAN

Policy support on Food Systems and COVID-19, focusing on logistics of food commodities and agriculture inputs has been provided.

#### 1. Studies, assessments, and research

- 1) In cooperation with the Food Security Agency (BKP) of the MOA, WFP initiated and implemented a feasibility study on utilization of a WFP's mobile Vulnerability Assessments and Monitoring (mVAM). The system allows collecting data on early warning and monitoring the situation in remote locations, where conducting similar exercise is costly and hard to implement.
- 2) WFP initiated a research study on the creation of protocols to ameliorate the impact of climate change and other hazards, including pandemics, on vulnerable communities.
- 3) Initiated by the Regional Office of FAO, WFP, UNICEF, and WHO, country offices of these organizations have conducted a remote survey on the status and determinants of food insecurity and undernutrition in poor urban areas in Jakarta, to find out the impact of COVID-19 on their livelihoods, food security, and nutrition. Data collection and analysis was carried out in September and October 2020. The report was released at the end of January 2021
- 4) WFP, national partners and academia undertook a research study designed to strengthen the food security early warning and surveillance system of the Food Security Agency of the MoA.

#### 2. Development of tools, guidelines, and response plans

- 1) BAPPENAS, FAO, the International Fund for Agricultural Development (IFAD), and WFP supported the development of a roadmap for the 'Mitigation of the Impact of COVID-19 and Policy Measures in the Food Systems in Indonesia'. The roadmap sets the frame for the Government of Indonesia's short-term response to the most immediate effects of the pandemic on food systems, especially on logistics of food commodities and agriculture inputs.
- 2) FAO, IFAD, and WFP's roadmap of impact of COVID-19 on resilience of food systems was finalized and the Technical Cooperation Programme was prepared to support the GoI in addressing the immediate consequences of the pandemic on the food systems.

#### 3. Provision of essential items and services

- 1) Assistance was provided by 19 NGOs and UN agencies to food gardening households, farmers, and agricultural and fishery infrastructure facilities, in the form of food aid and non-cash assistance, for a total of around 9 billion rupiah in funding.
- 2) Dompot Dhuafa started the 'Food for Dhuafa' programme in April, benefitting 30,000 poor households.
- 3) Rumah Zakat provided 24,710 food packages and 11,401 ready to eat meals to targeted poor people. PMI has delivered 85,867 food packages. Muhammadiyah distributed about 500,000 food packages, ready-to-eat meals to over 61,000 people. CARE also provided food packages to 5,400 households in Gresik of East Java, Makassar of South Sulawesi and Palu of Central Sulawesi.
- 4) On food assistance, Wahana Visi Indonesia distributed food commodities, vouchers and provided direct transfer to 5,744 people. Meanwhile 1,961 households received cash and voucher assistance from Save the Children.

#### 4. Awareness raising and public outreach

- 1) Four bulletins on COVID-19 Economic and Food Security implications for Indonesia were issued by WFP in collaboration with the Ministry of Agriculture, BMKG, BNPB, and LAPAN.
- 2) A joint WFP, FAO and UN Women bulletin on the impact of the pandemic on the economy and food security was published in November 2020.

### v. Priority Area 5: Mitigate the socioeconomic impact of the crisis

Priority area 5 aims to provide effective and timely support to the Government at the national and sub-national levels in addressing socio-economic impact of COVID-19, with particular emphasis of vulnerable groups and households.

This also includes provision of advice to the Government of Indonesia on effective policies and adjustment of existing as well as new social protection measures to ensure that vulnerable people are able to better withstand the immediate and secondary effects of the COVID-19 crisis, support to key stakeholders, especially the business community and small-medium scale enterprises, particularly those led by women, to implement adequate measures for immediate response and recovery, to mitigate the immediate impact and secondary impact of the COVID-19 crisis, and sustain their business and the jobs they create, and direct support to Indonesia's most vulnerable population, particularly women, children, people with disabilities and marginalized groups to safeguard them from the socio-economic impact of the COVID-19 crisis.

7,942,941 households affected by COVID-19 received humanitarian multi-sector cash assistance to meet basic needs

#### 1. Capacity Strengthening

- 1) IOM held training on ethical recruitment and the International Recruitment Integrity System (IRIS) for private recruitment agencies of Indonesian migrant workers. The training aims to introduce the international legal framework on ethical recruitment as well as to promote the ethical recruitment process to the recruitment agencies, particularly during the pandemic by adhering

the worker rights, implement a transparency and accountability on the migration fee and cost, as well as enhanced social protection for migrant worker through health and social insurances.

- 2) WHO, the Indonesia Global Compact Network (IGCN), ILO and UNDP conducted an Executive Roundtable Dialogue in July, to be followed by five webinars on 'Business Unusual in the New Normal', until September. The webinars aimed to facilitate the dialogue between UN agencies, governments, business associations, the private sector and workers regarding the needs, concerns and challenges for health and safety standards for businesses during the COVID-19 pandemic.

## **2. Studies, assessments, and research**

- 1) Between April and July, UNDP mapped the capacity gap on crisis response coordination in seven provinces. The results triggered the provision of technical personnel and other resources to strengthen cross-sectoral coordination capacity.
- 2) UNDP conducted innovative financing analysis for social protection with LPEM FEB UI, targeting seven provinces. The study explored opportunities and challenges in leveraging innovative finance to strengthen government social protection system and facilitate the involvement of the private sector and philanthropy in ensuring social protection for most affected people, including households, MSMEs, informal workers, and vulnerable groups.
- 3) UNDP conducted a Survey activity framework for MSMEs with LPEM UI and in coordination with the Ministry of Cooperative and SME, targeting 1100 MSMEs. Key findings revealed that the majority of MSMEs surveyed report experiencing the negative impacts of the pandemic. Cost reduction is one of their mechanisms to deal with the impact. Some of the practices employed included laying off of employees (30% of respondents) and selling their products via e-commerce platforms (38% of respondents) in a bid to cut utility and transport expenses. 78% respondents sought direct assistance from the government, mainly for product distribution. Only a few MSMEs applied for working capital credit as they were reluctant about scaling up operations. Final report was published in November in partnership with the University of Indonesia.
- 4) UNDP, through its Youth Co Lab, and in partnership with UNICEF conducted a survey among 756 young entrepreneurs to identify the challenges and most needed support with most respondents coming from West Java, Central Java, East Java, North Sumatera. The survey results show 79% of youth entrepreneurs reported that COVID-19 brought negative impact to their business where 21% of youth entrepreneurs had to close their business.
- 5) UNDP and UNICEF conducted household surveys with SMERU and BPS by using Susenas database, covering 12,200 respondents that are national representatives. The survey was continued with three round phone interactive surveys, which focus on household access to social protection and welfare status. UNDP and UNICEF also conducted a household rapid survey in NTB & Central Sulawesi survey to assess the social economy impact of COVID-19 in the area that previously experienced a big earthquake. This study focuses on the double disaster burden. The findings revealed that loss of income was one of the largest impacts (47% of respondents) with food insecurity also marking a significant impact.
- 6) UNICEF worked with the Ministry of Finance and National Bureau of Statistics with INDOMOD projections to simulate the impact of government spending on COVID-19 safety net programmes and to identify priority programs for children for secured financing in the 2021 Annual Budget

- 7) WVI conducted Rapid assessment of early recovery needs for the COVID-19 pandemic; respond (900 families and 943 children).
- 8) UNDP conducted a study on zakat for social protection acceleration and women empowerment with CEDS UNPAD. This study examined how the Islamic social fund program from Rumah Zakat Indonesia focusing on the women empowerment program of Village Empowering Program (Program Desa Berdaya) supports the government social protection program Program Keluarga Harapan (PKH) to accelerate poverty graduation. It also looked at the role of both programs in the COVID-19 pandemic situation.
- 9) UNFPA facilitated a situation analysis on the impact of large scale social distancing measures on the experiences of youth during the COVID-19 pandemic under the leadership of the Coordinating Minister for Human Development and Cultural Affairs (Kemenko PMK), MoH's Family Health Directorate, the report was published in September.
- 10) UNIDO Indonesia conducted an online survey on the socio-economic impact of SMEs. The findings highlight the industrial sector operating at under-capacity and supply chains disrupted, thereby limiting cash flow for the concerned SMEs in the sector.
- 11) UNDP and JPAL SEA conducted Gender based violence (GBV) and unpaid worker surveys that combined quantitative surveys of targeted 1,000 respondents and in-depth interviews of targeted 200 respondents. The results found that although pandemic induces positive changes on family-bonding, there is a negative side of staying at home during the COVID-19 pandemic. The study participants mentioned that conflicts among family members are evident as they have less space for keeping a distance from one another.
- 12) A joint data collection exercise with IOM and the GoI, through the Ministry of Social Affairs, the National Agency for the Protection of Indonesian Migrant Workers (BP2MI), and the Indonesian Migrant Workers Union (SBMI) continued to obtain key data on the socio-economic impact of COVID-19 and the challenges experienced by Indonesian migrant workers upon their return to the country. A standardized survey was conducted from October – December 2020 to more than 2,000 migrant workers returnees in 22 provinces and 142 districts. The survey report was published in January 2021.
- 13) The Cash Assistance working group conducted a Joint Market Assessment for twelve commodities in 47 districts / cities of 14 provinces in April and May, which was participated by 32 organizations.

### **3. Development of tools, guidelines, and response plans**

- 1) UNDP supported the Jitu Pasma (PDNA - Post Disaster Needs Assessment) implementation under BNPB (National Agency for Disaster Management) and BPBD (Local Agency for Disaster Management) coordination and guidance to identify damage losses and recovery needs due to the COVID-19 pandemic in eight provinces. The support in eight priority provinces included coordination strategy for recovery processes and identification potential innovative funding for recovery.
- 2) UNDP supported the Ministry of Administrative and Bureaucracy Reform to improve its citizen reporting platform, LAPOR! allowing it to support COVID-19 awareness and reporting. Currently, UNDP supports the adjustment of the program operation, and development of a framework for synergizing the reporting system between the regional and National Government.
- 3) UNDP supported the handling of the social protection (Bantuan Sosial or Bansos) system and aims to achieve the following targets: improving and adding to the LAPOR! application to accelerate



and monitor the handling of BANSOS complaints; and developing a uniform process of handling Bansos complaints towards an integrated process.

- 4) UNDP and UNICEF supported BAPPENAS on the Grand Design of Socioeconomic Registration for Social Protection and DTKS updating.
- 5) UNICEF assisted in developing guidelines for increasing coverage and benefits of unconditional cash transfers of a poverty-focused child grant program during COVID-19.
- 6) UNICEF supported the Ministry of Village and Disadvantaged Region in designing a monitoring and evaluation system for social protection programs under village fund scheme called BLT (unconditional cash transfer) and Padat Karya Tunai Desa (cash for work program). UNICEF advocated the expansion of vulnerability criteria by including girls, women-headed household, elderly women, and pregnant women.
- 7) UNDP and UNICEF supported the Ministry of Village (MoV) and MoSA on data synchronization mechanism for cash assistance schemes provided by both ministries. UNDP supported MoV for the formulation of a monitoring system for distribution of village funds for labor-intensive activities as part of social protection to strengthen community economic security.
- 8) UNDP, UNICEF, UN Women together with BAPPENAS developed a specific approach to update the unified database for social protection to target homeless people who are not registered in the civil registration system and promoting the role of village forum in determining the beneficiaries of social assistance programmes for households (PKH).

#### **4. Coordination, collaboration, and partnerships**

- 1) UNDP and UNOCHA through the Connecting Business (CBI) initiative, together with UNICEF and Indonesian Global Compact Network (IGCN) formulated a framework for the participation of the private sector in disaster management.
- 2) UNDP through Youth Co: Lab modified its Ideathonesia, an initiative to gather innovative ideas from young entrepreneurs, to an online platform and added a criterion for social entrepreneurship that support the COVID-19 response. In total 90 enterprises from 6 provinces in Eastern Indonesia were selected and gained access to workshops, tutoring, tools, and modules to help grow their business.

#### **5. Provision of essential items and services**

- 1) CARE Indonesia implemented four cash-for-work and voucher assistance interventions; 1. for 100 laid-off female garment workers in Sukabumi and Purwakarta Districts of West Java, 2. the Multi-Purpose Cash Assistance for 200 women in the same locations, 3. Cash for Labour Intensive benefitting 160 people in NTT, and 4. Cash Assistance that will target 2,971 low-income households with pregnant and lactating mothers, children under 5 years, people with disability and elderly, in Serang District of Banten and Bone District of South Sulawesi.
- 2) UNDP and partners continued agricultural support for farmers in NTT.
- 3) Oxfam implemented a cash transfer programme in Banten and Bogor in West Java Province, targeting 2,300 beneficiaries, and working with the Red Cross Indonesia and PT Pos Indonesia. Main target group is the communities affected by flash floods in early 2020.
- 4) Wahana Visi Indonesia supported 2,557 households through cash and voucher assistance for livelihood activities.

## vi. Priority Area 6: Provide critical services to affected people

Under priority area 6, multiple organisations provided support to ensure infection-free, continuity, and safety of critical services, including health, water and sanitation, nutrition, food and non-food items, shelter, protection, and education for at-risks population and groups most exposed and vulnerable to the pandemic. Furthermore, support was provided for the coordination of government and non- government actors sectoral response at national and sub-national level in the context of COVID-19, including through the provision of Information Management materials and tools to enable evidence-based humanitarian decision making based on the evolving scale of the pandemic in the country, needs, and support required in ensuring the delivery of critical multi-sectoral services.

Additional support was also provided to deliver multi-sectoral COVID-19 assistance to vulnerable population whose conditions are exacerbated due to COVID-19, including internally displaced persons (IDPs), refugees and asylum seekers, migrants, survivors of gender-based violence, children, people with disabilities, older persons, people of concern and host population groups who are particularly vulnerable. Advocacy on measures to be in place to address COVID-19 pandemic in camps and camp-like settings and the surrounding host communities as well as provision of information management platforms and training available for responders to identify and coordinate the multi-sectoral responses were provided.

46,095,817 children supported by distance learning / home-based learning  
19,028,466 people and children had access to nutrition and messaging services.  
4,271,710 people received sanitation and personal hygiene supplies and services.  
1,428 schools in 10 provinces supported the safe school protocol.

### 1. Capacity Strengthening

- 1) IOM continued facilitating regular meetings of the National Displacement and Protection cluster and its camp management / camp coordination that are led by the Ministry of Social Affairs (MOSA). Main topics discussed included the prevention of COVID-19 transmission during emergency disaster responses and displacement events.
- 2) In collaboration with the Government of Makassar City, IOM held a webinar on multi-sector integrated data management during the pandemic. A total of 1,148 participants attended online, with speakers from BAPPENAS, the Ministry of Health, the University of Oslo (Norway), and Hasanuddin University in Makassar.
- 3) HFI, with support from IOM, convened a webinar namely “Localisation of Camp Coordination and Camp Management in Indonesia” on 12th of August 2020. This webinar was attended by 54 participants. This Webinar is organized as part of peer-to-peer learning exchange of the members, with other humanitarian colleagues in Indonesia. With MoSA, BNPB, IOM, Caritas Papua, and LPBI Nahdlatul Ulama, this webinar discussed the theory and practice of CCCM standard in Indonesia, camp management in Indonesia when disaster happens, and the challenges in camp management in disaster affected areas and during pandemic situations.
- 4) In collaboration with IOM, UNFPA, PREDIKT, WFP, RedR Indonesia, YAKKUM Emergency Unit, HFI convened the first online training of National Displacement and Protection Cluster on the theme of protection on disaster preparedness and COVID-19 pandemic under topic of “Camp Coordination and Camp Management and Protection against Gender Based Violence” on 12 November 2020. This training was attended by 126 participants.

- 5) To strengthen coordination and knowledge sharing, HFI, in collaboration with Human Initiative and CRS, organized the Webinar on “Dignified Housing and Settlements for Disaster Areas and The Implementation During the COVID-19 Pandemic in Indonesia” on 16 September 2020. This webinar was attended by 64 participants. Together with MOSA, CRS, Human Initiative, and Habitat for Humanity Indonesia, this webinar discussed update on the guidance for shelter assistance, options in shelter programming, the implementation of shelter assistance during COVID-19, Homes & Communities initiative, experience on shelter programming in Central Sulawesi with cash and voucher assistance, lessons learned from permanent house programming, and local perspective on human rights for shelter programs.
- 6) Trained 230 TAGANA volunteers from 8 provinces (East Java, South Kalimantan, Central Java, West Java, Banten, Lampung, South Sumatera, and Central Sulawesi) on safe shelter and sheltering during COVID-19 in relation with the above-mentioned guidelines. The SCST would continue in 2021 with West Nusa Tenggara and East Nusa Tenggara TAGANA teams.
- 7) To date, capacity building activities on the impact of COVID-19 on children’s education retention for district and village stakeholders in 200 districts have taken place and organised by UNICEF, followed by data collection processes in selected villages of these districts.
- 8) UNICEF and MoEC conducted a series of webinars aimed at teachers’ capacity building with a focus on the topics related to both safe school reopening and continuation of home-based learning. More than 8,000 teachers across the country have attended the webinar series.
- 9) UNICEF built capacity for teachers to support the Continuity of Learning Activities.
- 10) UNICEF trained 10 WASH Cluster partners and will hold subsequent trainings for collaborating partners based on the national hygiene monitoring system that presents the latest behavioral data from over 13,000 observations across 6,000 public places in eight high-priority provinces. The recording of disaggregated data regarding availability of HWWS facilities (currently at 50%) and compliance of HWWS practices (very low at 25%) across different districts.
- 11) WHO supported the MoH with webinars on waste management. As of 6 July, 9,684 participants have been trained from 20 provinces. The Ministry of Environment and Forestry (MoEF), the MoH

#### **The response to the North Luwu flashfloods**

On 13 July a major flashflood hit North Luwu District of South Sulawesi. The flashflood caused 36 people died, 40 missing, 58 injured and more than 3,600 households (14,000 people) displaced. The local government provided relief assistance with surge capacity from provincial and national governments. A BNPB study concluded that the flashflood was triggered with high intensity of rainfall, land conversion, and tectonic faults in the upstream that resulted in weak formation of soil conditions.

The North Luwu District Health Cluster and its Reproductive Health (RH) Sub-cluster were activated to coordinate responses. UNFPA supported the RH Sub cluster coordination and distributed 120 dignity kits to the affected women, while CARE provided hygiene kits and masks to 990 IDPs (273 households). IOM facilitated an integrated needs assessment in September, including the preparatory training of 20 TAGANA volunteers and 12 BAZNAS volunteers on data collection and information management during COVID-19. The assessment results were well received by the local government and MOSA for further actions.

and WHO presented current policies on solid and liquid waste management, water, sanitation and hygiene as well as the use of incinerators and autoclaves.

- 12) UNICEF supported 11 trainings for health care centres and trained 405 health facility staff to operationalize sub-national protocols for WASH and Infection Prevention and Control.
- 13) On Reopening of Schools agenda, UNICEF supported two webinars convened by the Directorate of Senior Secondary Schools of the MoEC and the Directorate of Madrasah of the MoRA to disseminate HWWS guidance to 5,000 madrasah and schoolteachers across Indonesia. The Early Childhood Development (ECD) Teachers' Association and UNICEF supported national dissemination of WASH in ECD and HWWS guidance to 1,700 ECD teachers.
- 14) UNICEF continued to support the implementation of subnational protocols for WASH and IPC and conducted 108 trainings for 1946 health and community workers and subnational health officers.
- 15) In nine provinces, the Government health officers, health workers and community frontline workers were trained on a severe wasting treatment protocol.
- 16) The MoH and UNICEF regularly organized webinars on nutrition topics such as nutrition in emergency, adolescent nutrition, infant and young child feeding, and maternal nutrition, that were participated by some 20,000 national and sub-national stakeholders.
- 17) UNICEF continued advocacy to the national and sub-national governments on the essential nutrition services in the context of COVID-19 pandemic, with intensive coaching and capacity building workshops to accelerate implementation. It developed online training materials for frontline workers and caregivers to improve access and quality of counselling services during COVID-19.

## **2. Studies, assessments, and research**

- 1) Rapid assessments on quarantine facilities were initiated by IOM to support the National Cluster on Displacement and Protection and local governments in ensuring the maintenance of standards and availability of multi-sectoral services for quarantined individuals, including services such as WASH, food and nutrition, protection, and the overall management of quarantine facilities.
- 2) IOM and the Government counterparts conducted a study on places which are used as quarantine for Indonesian migrant workers coming back from Tanjung Pinang and Jakarta based on the parameter of the guideline formulated by the National Cluster.
- 3) UNICEF has supported the MoEC on the monitoring of school reopening including development of systematic data collection, analysis and visualization mechanisms. Findings have indicated around 400 out of 514 districts and cities from all risk zones have already initiated preparation for school reopening, applying necessary health and safety protocols.
- 4) A survey on the wider effectiveness of learning from home was launched by MoEC and UNICEF targeting parents and students across Indonesia, which includes a specific focus on learners in remote rural areas of Papua. In Mid-2020, the online survey was conducted to capture adolescents views and perceptions on home-based learning and school reopening, and participated by more than 4,000 students in all 34 provinces. The survey results demonstrate the majority of students were eager to return to school; about two-thirds (66 per cent) said they felt uncomfortable studying from home and a majority (87 per cent) wanted to go back to school soon.
- 5) Nation-wide assessments were conducted to monitor the effectiveness of off-line learning through TV broadcasts of the MoEC by using UNICEF's RapidPro platform. The results were

produced weekly and shared through national systems. A survey on the wider effectiveness of learning from home was conducted targeting parents and students across Indonesia, with a specific focus in Papua remote areas.

- 6) In July-August 2020, a rapid assessment of home-based learning among children with disabilities was conducted with UNICEF's support, to know more about their needs, challenges and recommendations. The results informed the development of guidance on learning from home for children with disabilities.
- 7) To identify the impact of COVID-19 on children's education retention, UNICEF with the Ministry of Villages is implementing a nation-wide post-COVID-19 monitoring of school enrolment in order to identify children who have dropped out or are at risk of dropping out due to the pandemic. This monitoring initiative covers 415 districts with a focus on disadvantaged families with school-age children in rural, remote areas.
- 8) UNICEF and WHO assessed WASH conditions in 48 HCFs across 4 districts in Papua province by using the WASH-FIT tool. The findings were used to develop plans to improve WASH conditions
- 9) A safely managed sanitation service continuity assessment conducted in 18 provinces, which show disruptions to wastewater and desludging service provision (more than 40%) and budget cuts (25%).
- 10) UNICEF supported assessments of essential nutrition services and Infant and Young Child Feeding; and the development and dissemination of guidance on re-opening of essential nutrition services.

### **3. Development of tools, guidelines, and response plans**

- 1) IOM distributed a series of operational guidelines for COVID-19 mitigation in displacement camps and camplike settings to government and non-government humanitarian actors in Indonesia, including Inter-Agency Standing Committee (IASC) guidance on the scaling up of COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations and IOM's practical guidelines for virus prevention and control during CCCM operations.
- 2) IOM translated and disseminated the Interim Guidelines for Improving Preparedness and the Operation of the COVID-19 Outbreak Response in Humanitarian Situations.
- 3) In collaboration with MoSA, IOM developed the TAGANA Multi-sector E-Learning platform and response plan and manual handbook to support and enhance the capacity of TAGANA in dealing with the COVID-19 response.
- 4) IOM assisted government and non-government stakeholders in the development and adoption of the following related guidelines: 1) Camp Coordination and Camp Management Operational Guidelines during COVID-19) for National Cluster for Displacement and Protection; 2) Guidelines on disaster management during pandemic COVID-19; 3) Guidelines on national cluster for displacement and protection; 4) Guideline for the development of response plan for COVID-19 Tagana first responders.
- 5) HFI and MPBI formulated and designed a SOP on camp management in COVID-19 pandemic situation for humanitarian workers and volunteers. This document is already consulted with humanitarian workers and volunteers, and with the focal points of national clusters/sub clusters/working groups on 17 December 2020 to gather inputs on the context, content, readability, inclusivity, user-friendliness, and design format.
- 6) SHIRIN - System and Hub for Information on the Response for Covid Nineteen was developed. The WhatsApp-based information system provides 11 menus of information ranging from news

related to COVID-19, daily cases update, referral hospitals and the COVID-19 task force information and more than 2000+ COVID-related inventory files. SHIRIN also extended the information on daily meetings schedule, workshops and trainings, contributed by OCHA. 1000+ users accessed this dashboard information. SHIRIN can be access in [bit.ly/HaiShirin](https://bit.ly/HaiShirin) or +62 812 930 111 64

- 7) Support MOSA to develop and disseminate guidelines related COVID-19:
  - a. Guideline for Community Based Shelter Facility for Quarantine and Isolation in Relation to COVID-19 Situation, that is available is in Bahasa Indonesia and English version, supported by OCHA. The guideline is available at: <https://www.sheltercluster.org/indonesia/documents/guideline-community-based-shelter-facility-quarantine-and-isolation-relation-0>
  - b. Guideline for Humanitarian Workers and Volunteers in The New Normal, that is available in Bahasa Indonesia and English version, supported by OCHA. The guideline is available at: <https://www.sheltercluster.org/indonesia/documents/guideline-humanitarian-workers-and-volunteers-new-normal-era-covid-19-pandemic-0>
  - c. Safe reconstruction during COVID-19; this guideline endorsed by the task force of the Ministry of Public Work and Housing for accelerating the reconstruction work in Central Sulawesi. The guideline is available at: <https://sites.google.com/view/klasterppsulteng/klaster-pp/hunian-shelter/sulawesi-tengah>
- 8) UNICEF and partners supported MoEC in developing guidance on Learning from Home during COVID-19 pandemic which was disseminated through government networks.
- 9) UNICEF assisted MoRA with an offline materials repository platform, and MOEC on the development of an inventory of printed learning materials for students from pre-primary to upper secondary school
- 10) UNICEF supported the development of guidelines for the 2020/2021 academic calendar year and school reopening, which were endorsed by the MoEC, MoH, MoRA and Ministry of Home Affairs. Initially only schools in the “green” districts at low COVID-19 risk could reopen for face-to-face learning. However, recent guideline revisions as of 7 August 2020 allow greater numbers of schools to reopen in both green and yellow districts if schools fulfil the safety requirements. This would allow 49% of schools to re-open while other schools continued distance learning.
- 11) UNICEF developed and provided home-learning packages for the most disadvantaged children in rural and remote areas.
- 12) UNICEF assisted MOEC with the development of a Teacher Capacity Building Action Planning.
- 13) The Education Sector Response Plan was completed, and the support was continued with its implementation.
- 14) UNICEF supported the development of guidelines on triggering methods for the Community-Based Total Sanitation programme in the context of the COVID-19. Working with the Directorate of Environment Health of the MoH, UNICEF supported the hand washing with soap guidance dissemination nationwide and placed it in public places and institutions. A guidance document on waste management for households and communities was developed with UNICEF support.

- 15) A guidance on providing sustained WASH services for the local government and service providers was developed with UNICEF support.
- 16) UNICEF supported the national digital platform assessing the 'new normal' guidelines which includes real-time independent monitoring system of handwashing, safe distancing, and mask-usage. The system was piloted in Jakarta before national rollout by end of August in conjunction with over 30,000 national volunteers. As part of WASH advocacy and technical support to provincial and district governments in Papua, and as part of the Reopening of Schools Protocol, UNICEF has developed a WASH data analysis and costing tool to assess the gap in WASH services in schools and funding requirements. UNICEF has supported the Handwashing Technical Guidance for schools and public places and institutions, which were endorsed by the Ministry of Education and Culture (MOEC) and the MoH and disseminated to all 514 districts in 34 provinces.
- 17) Key nutrition and social behaviour change communication messages, materials and tools disseminated through online and offline platforms by UNICEF have reached more than 15.8 million people.
- 18) Requested by the MoEC, UNICEF and WFP developed a series of innovative nutrition education materials targeting school-age children, which would be disseminated to millions of children through the government's digital platforms.
- 19) In response to the increased child deaths due to severe wasting in Papua and Aceh provinces, UNICEF supported the government in developing a comprehensive strategy to prevent and treat child wasting in the context of COVID-19 pandemic. The strategy was reviewed and endorsed by the MOH following consultations with various stakeholders.
- 20) The digital counselling service using chatbot benefitted more than 350 mothers and caregivers of severely wasted children in NTT province.
- 21) A nationwide chatbot was developed to facilitate online counselling of mothers and caregivers of malnourished children while minimizing the risk of coronavirus infection.

#### **4. Coordination, collaboration, and partnerships**

- 1) IOM facilitated meetings with the Social Affairs Office of Bogor District to support COVID-19 multi-sectoral coordination and responses between government and non-government actors, modelling effective coordination practices undertaken through the national cluster system. It also continued supporting collaboration in post disaster response settings in Central Sulawesi, Lombok and some other locations.
- 2) Twenty two shelter sub-cluster coordination meetings were organized virtually during the pandemic situation in conjunction with the community with COVID-19, hosted by MOSA, facilitated by the IFRC and participated by 30-50 organizations/individuals. Various officials from ministries, Presidential Staff Office, private sectors, NGOs, and WHO were speakers of these coordination meetings. This includes: IM support to track the changing nature of needs and agency response, shelter technical support to analyse needs and help design appropriate strategies/guidelines for response, as well as communications support to assist in social media management and community engagement. A Strategic and Technical Advisory Group (STAG) was maintained to represent sub-cluster partners and provided ongoing advice to MOSA.
- 3) Seconded district shelter focal points in Central Sulawesi continued to provide support to sub-national level coordination. Sub-cluster partners continued to finalize housing recovery

reconstruction and relocation programs in both Lombok and Central Sulawesi. This includes sharing lessons and best practices related with shelter programs.

- 4) Support to MOSA to updating 3W matrix at national level, and 5W matrix at provincial level  
The emergence of the COVID-19 Pandemic through the first few months of 2020 has created a dramatic change in the context in which Shelter Coordination Team Support (SCST) is operating. The SCST continued supporting MOSA on coordination support for both the Palu and Lombok responses, along with additional support for coordination of the shelter sector in the COVID-19 response. The regular update information provides by agencies are available in link below:
  - a. 3W COVID-19: [bit.ly/pemetaan3WshelterCOVID19](https://bit.ly/pemetaan3WshelterCOVID19); 60+ agencies updated their information.
  - b. 5W Central Sulawesi: [bit.ly/InfoShelter\\_Sulteng](https://bit.ly/InfoShelter_Sulteng)
  - c. 5W West Nusa Tenggara: [bit.ly/InfoShelter\\_NTB](https://bit.ly/InfoShelter_NTB)
  - d. Agency Capacity Mapping (national): [bit.ly/rencanakontingensishelter](https://bit.ly/rencanakontingensishelter)
- 5) Assist MOSA in chairing the Asia Shelter Forum 2020 (ASF) in 2020. The Forum has allowed sharing best practices, learning innovations, and other topics for governments, donors, NGOs, academic institutions, and civil society in Asia and the Pacific Region. This meeting was organized by the Ministry of Urban Development and the National Reconstruction Authority, and the Department of Urban Development and Building Construction with support from the Housing Recovery and Reconstruction Platform as a representative of the organizing committee consisting of from CRS, IFRC, Global Shelter Cluster, Habitat for Humanity, IOM, EU, and NGOs as major contributors to the ASF in Nepal. ASF 2020 has provided a unique platform for sharing innovations, best practices and initiatives on urban development, retrofitting, and multi-hazard shelter needs and responses in the context of COVID-19. On 29 November 2020, MOSA handed over the organization to the Government of Nepal to chair the 2021 ASF, through a virtual event. In the opening session, MOSA highlighted good experiences in organizing the ASF meeting in 2019 in Lombok.
- 6) National Education Cluster partners continued supporting special curriculum dissemination to districts and cities.
- 7) Regular coordination meetings were facilitated by UNICEF and participated by national and sub-national WASH stakeholders.
- 8) As part of the Hygiene Behavior Change Coalition global partnership with DFID/UNILEVER, UNICEF supports the development of the national coalition for public-private partnerships for handwashing with soap. The initiative is endorsed by the MoH, BAPPENAS and Ministry of Public Works.
- 9) Pertaining to Global Handwashing Day on 15 October, UNICEF facilitated a ministerial round table to reinforce political commitment for “Hand Hygiene for All”. A Public-Private Partnership for Handwashing with Soap (PPP-HWWS) was initiated with a 14 member Steering Committee, including MOH, UNICEF, USAID, Unilever, WINGS, Cussons, Trakindo, Astra International, Save the Children, SNV and GIZ. A National Call to Action for Sustainable HWWS was launched at the event.
- 10) UNICEF continued to provide technical support to deliver essential nutrition services with quality and coverage, with more than 2.2 million children gained access to essential nutrition services during the pandemic. Continued efforts were also made to disseminate key messages on the importance of infant and young child feeding, healthy eating and lifestyle, and hygiene through online and offline platforms, reaching more than 10 million people nationwide.



- 11) In September, UNICEF strengthened its support on severe wasting where more than 100,000 children across nine provinces were screened using the mid-upper arm circumference (MUAC) measurement and severely wasted children were referred to receive either facility or community-based treatment.
- 12) The MoH and UNICEF issued a joint statement on Infant and Child Feeding support in the first thousand days of life and provided online counseling.
- 13) UNICEF continued to support the National Nutrition Sub-cluster which hosts weekly stakeholders meetings. Sub-national groups were established to focus on infant and young child feeding.

## **5. Provision of essential items and services**

- 1) In collaboration with seven hospitals in Jakarta and Surabaya, Habitat for Humanity Indonesia helped some 600 medical workers secure proper rooms and beds.
- 2) As of November 2020, Wahana Visi Indonesia supported 42,564 children to continue learning from home, trained 7,146 teachers on distance learning and psychosocial support and assisted 9,255 parents and caregivers on good parenting.
- 3) Save the Children supported 20,619 children to access distance learning.
- 4) Human Initiative launched its HOME Children Learning Center program on 5 October, with 16 centres in Jakarta, Ambon, Bengkulu, Lampung, Bukittinggi, Padang, Pekanbaru, Bandung, Deli Serdang, Sleman, Purwokerto, Malang, Makassar, Balikpapan, Depok, and Aceh Besar. The HOME CLC is a learning house for children during a pandemic, which aims to meet the rights and protection needs of children, including the empowerment of their parents. The Program targets orphans, poor people, and neglected children, by building their character through playing, learning, and creativity.
- 5) UNICEF supported WASH in Schools (WinS) advocacy for schools re-opening. As a result, rehabilitation of WASH facilities is underway in 100 high schools, with plans to expand to 455 high schools by 2021.
- 6) UNICEF distributed 300 manual sprayers, 300 disinfectant solutions and 186,000 soap bars, benefiting 466,000 adults and children in health facilities, schools and public places in six focus provinces. UNICEF also supported the implementation of disinfection protocols in 594 locations including 242 healthcare facilities, 349 public places and 3 schools.
- 7) PMI, YAKKUM, IOM, CARE, UNICEF, Wahana Visi Indonesia and partners installed and maintained over 7,000 hand washing with soap stations at strategic locations in different provinces.
- 8) UNICEF distributed WASH supplies for health facilities, schools, public places and households, reaching about 3.2 million beneficiaries. Disinfection protocols and services have been implemented in 370 health care facilities (HCFs), 334 schools and 700 public places. 957 Hand Washing with Soap Stations (HWWS) have been installed in 172 HCFs, 244 schools and 186 public places. A total of 9270 hygiene kits with hand hygiene and IPC supplies were distributed in 6 provinces to 42,267 COVID-19 patients and high-risk, vulnerable households.
- 9) As of October 2020, PMI distributed over 20,000 household disinfection kits. As many 7,591 kits have been distributed to 298 locations, specifically in 3 districts of East Java and 3 districts of Central Java reaching 11,407 beneficiaries.
- 10) IOM distributed 2,320 hygiene kits to the transit shelter and migrant workers' Safe House and Trauma Center (RPTC) in Pontianak and the Manpower Office in Timor Tengah Utara. IOM also distributed 3,283 personal hygiene kits to refugees in Batam, Tangerang, Tanjung Pinang,

Semarang, Surabaya and Kupang and other 930 hygiene kits to local communities and elders in Medan, Makassar, Kupang and Tangerang.

- 11) By September 2020, CARE provided hygiene packages (hand soaps and hand sanitizers, and masks) to 14,824 households in 6 provinces. In June, CARE delivered hygiene kits and masks to 990 IDPs or 273 households. CARE would construct sanitation and hand-washing facilities in ten schools in Serang of Banten and Bone of South Sulawesi, to anticipate schools reopening in 2021.
- 12) Save the Children distributed 37,045 hygiene kits across the country, while Yayasan Kemanusiaan Madani Indonesia (YKMI) provided 1,200 hygiene kits and 25 portable hand washing facilities in Pekanbaru City and Bengkalis District of Riau Province.

## **6. Awareness raising and public outreach**

- 1) To promote safe return to school and address potential COVID-19 related concerns regarding out-of-school children, UNICEF supported 'Back-to-Learn Campaign', which targeted parents, school communities and local governments with key information materials on safe re-opening (e.g. health protocols, simplified curriculum) and continued distance learning. The campaign continued with the focus on key information related to principle health protocols (i.e. the 3M), safe online learning, and tips for parents on how to maintain children's motivation to learn.
- 2) UNICEF developed and disseminated IEC materials on distance learning, safe school protocol and back to school campaigns for parents and schools from October 2020 to early February 2021. The activities target around 12,500 children from 225 schools at early childhood and primary education level in NTT, Papua and West Papua Provinces.
- 3) PMI branches undertook campaigns to commemorate the Handwashing Day. Through PMI, Unilever soap bars were distributed to 132,700 households.
- 4) UNICEF supported the World Breastfeeding Week commemoration in August in the context of COVID-19 pandemic. Webinars and talk shows were organized engaging thousands of key stakeholders to highlight the importance of breastfeeding during the pandemic. UNICEF and WHO issued a joint press release, which resulted in a national media coverage urging government and stakeholders to prioritize services and programmes to protect, promote and support breastfeeding as a critical component of the health and nutrition response during the pandemic.
- 5) To engage school age children and adolescents on nutritional issues, UNICEF organized a Tik Tok live event engaging a celebrity doctor and chef to highlight the importance of good nutrition which engaged more than 220,000 youth participants. UNICEF also conducted and disseminated findings from a U-Report survey on adolescent dietary intake, physical activity and utilization of nutrition services during the pandemic.

## **vii. Priority Area 7: Addressing the needs of the most vulnerable people**

In priority area 7, organisations implemented measures to ensure and strengthen protection mechanisms including the provision of prevention mechanisms, continuation of critical services and referral pathways to vulnerable populations are in place, including uninterrupted access to health, legal services, social and financial assistance, safe places, alternative care and case management without discrimination or harm. Vulnerable groups include ethnic minorities, marginalised groups, gender-based violence survivors, children without parental care, stateless people, refugees, IDPs, detainees, women, older people, persons with disabilities, people with HIV and people affected by HIV and those marginalized through stigma and

discrimination on the basis of their sexual orientation or sex work, migrant workers, health care providers and their families.

This also includes provision of primary basic hygiene materials to the most vulnerable groups including (non-surgical masks, hand sanitizer, clean water, and soap) and other essential supplies, ensuring all COVID-19 policies, regulations, guidelines are inclusive and non-discriminatory through advocacy and capacity building/ awareness-raising activities with policy makers, ensuring the most vulnerable groups have access to critical, practical and accurate information in a language and format they can access and understand so that they can make informed decisions to protect themselves and their families and to provide feedback to the service providers including humanitarian actors, and providing capacity building to stakeholders, including national/ regional/ provincial government, civil societies, and other development/ humanitarian partners in providing assistance and monitoring services to the vulnerable groups.

53,019 targeted beneficiaries (i.e. women, elderly, and persons with disabilities, refugees, migrants) received direct assistance during COVID-19.

350,777 children without parental or family care are provided with suitable alternative care arrangements.

3,833,506 children and adults in 7 provinces have access to safe channels to report sexual exploitation and abuse.

6,174 Prisons and 50 Drug Treatment Facilities in 287 provinces received essential supply to prevent the spread of COVID-19.

190 drug treatment facilities and prisons across the country use SOPs according to the COVID-19 health protocol.

## 1. Capacity Strengthening

- 1) IOM worked with the National Agency for the Protection of Indonesian Migrant Workers (BP2MI), MOSA, and the local government agencies and task forces in Pontianak, Bali, Tanjung Pinang, and other points of entry to address specific challenges faced by returning Indonesian migrant workers. In coordination with MOWECP, IOM organized a virtual workshop attended by 95 participants from national and sub-national government and civil society counterparts, to identify key challenges in assisting the human trafficking survivors amid the pandemic. It worked with the National Anti-Trafficking Task Force on ensuring continuity of critical services to identify, protect, and reintegrate survivors. Since March 2020, 101 trafficking survivors (20 F; 81 M) were identified and assisted.
- 2) Between April and December 2020, 158 GBV cases in the areas were reported. A total of 1,350 people participated in education sessions on prevention and management of GBV during COVID-19 situations in Palu, Sigi, and Donggala of Central Sulawesi.
- 3) CARE and partners in NTT trained village-based facilitators (80 women and 25 men) on the support mechanism for women experiencing GBV including provision of a guideline on the referral mechanism and working with village authorities to support women.
- 4) Humanitarian Forum Indonesia collaborated with Human Initiative, Asian Disaster Reduction and Response Network (ADRRN), and International Council on Voluntary Agencies (ICVA), supported

by Plan International, Save the Children Indonesia, HAMY, and ALLOHA, organized a regional webinar on CSOs Role and Its Sustainability in the New Normal: “Children as A Vulnerable Group Amidst Conflict and Domestic Violence in COVID-19 Pandemic Situation” which was convened on 30 September 2020. The participants of this webinar are 61 people. With financial support from ICVA, HFI supported a logo development of the National Cluster on Displacement and Protection, which is started to be used in February 2021.

- 5) Capacity building efforts on protection were conducted by most agencies that implemented the MSRP, including:
  - a. Online training on Protection for Elderly, Disabled, and Other Vulnerable Groups, which was conducted in December by HFI, Humanity & Inclusion and YAKKUM, and attended by 66 participants.
  - b. Parenting, capacity building for child and youth engagement, and strengthening the capacity of Islamic boarding schools during COVID-19, by UNICEF and partners that directly engaged 1,515 people (337 children and 1,178 adults).
  - c. 10 series of protection-related training and advocacy measures, by UNDP, MoSA and Health Agencies. In nine target locations (among them, Palu, Surabaya, Jakarta, Papua, Bekasi, Tangerang, Bogor, Depok), UNDP strengthened the integrated service center for GBV victims by facilitating the revision of SOP at P2TP2A (Integrated Service Center for Women and Children) and at the local government hospitals. UNDP had also provided a series of trainings to medical staffs and police officers in the province to implement the revised procedures.
  - d. strengthening capacity of health providers on Clinical Management of Rape of Survivors in DKI Jakarta, East Java (Sidoarjo and Surabaya), West Java (Depok, Bogor, Cirebon), Banten (Tangerang and Tangerang Selatan), Central Sulawesi (Palu, Sigi, Donggala), NTB (North Lombok), by Yayasan Pulih, Indonesia Midwives Association and UNFPA.
  - e. Training on integrated and non-stigmatization approach to trafficking victim assistance for 19 government and non-government service provider institutions, by IOM.

## **2. Studies, assessments, and research**

- 1) Under the leadership of BAPPENAS and the MOWECP, UNFPA analyzed the existing reporting data on GBV from both government and CSO Networks.
- 2) CARE Indonesia undertook a Rapid Gender Assessment in April-May to identify gender sensitive needs and emerging issues in 13 districts of six provinces: West Jakarta (Jakarta Province); Serang District (Banten); TTS and Kupang districts and Kupang City (East Nusa Tenggara); Bone District (South Sulawesi); Palu City, Donggala, Sigi Districts (Central Sulawesi); Sukabumi, Purwakarta, Bandung Districts (West Java).
- 3) UNFPA, ILO and UNAIDS engaged with Indonesia PLHIV network (Jaringan Indonesia Positif) in conducting socio-economic impact of COVID-19 pandemic surveys towards people and women living with HIV and Key Populations. Conducted in March and August 2020, the surveys highlighted their limited stock of ARV medication on hand, loss of income and their challenges to meet daily needs and comply with COVID-19 health protocols.

## **3. Development of tools, guidelines, and response plans**

- 1) Supported the Ministry of Women Empowerment and Child Protection, MoSA and the National Narcotics Agency (BNN), several Government guidelines and protocols were developed with the support of UNICEF, UNHCR UNODC, IOM, and Save the Children:
  - a. Guidelines for children requiring special protection, particularly on data sharing procedures; temporary care for children / families; assimilation, reintegration and suspension of detention.
  - b. Protocol on the Protection of refugee children and IDPs during COVID-19 and in other emergency situations.
  - c. Guidelines on inclusive communication for the COVID-19 response, that benefit people with disability, elderly, and refugees.
  - d. Protocols and Guidelines on GBV cover receiving complaints through hotline services and via email; face to face meeting services; outreach services; client pick-up services; victims assistance services and legal process; and safe house referral and health services.
  - e. Guidelines on mitigating and preventing the impact of COVID-19 on drug treatment facilities.
  - f. Technical Guidelines on Gender Sensitivity and Non-Stigmatization for COVID-19 community-based Shelters and Quarantine Centers.
  - g. Guidance for families and women-led households on parenting during COVID-19.
- 2) Kalyanamitra, six other women groups and UN Women developed monitoring tools for gender mainstreaming implementation in handling the COVID-19 pandemic, which focuses on implementing BNPB Regulation No.13 of 2014 concerning gender mainstreaming in disasters.

#### **4. Coordination, collaboration, and partnerships**

- 1) Wahana Visi Indonesia, LPSDM, and UNFPA supported the implementation of the GBV prevention and management protocol during COVID-19 in Jakarta, East Nusa Tenggara, West Kalimantan, Depok, Bekasi, North Lombok, and Central Sulawesi. UNFPA and UNWOMEN, helped dissemination of government protocols on GBV prevention and services during COVID-19 situation to P2TP2A in all provinces.
- 1) UNFPA supported the Ministry of Women Empowerment and Child Protection (MoWECP) in leading the GBV Sub-cluster and facilitated its meetings, while UNICEF supported similarly for Child Protection Sub-cluster.

#### **5. Provision of essential items and services**

- 1) 1,176 older persons and 413 pregnant women received kits and food packages in Palu, Sigi, and Donggala of Central Sulawesi. These activities were supported by Libu Perempuan, KPKPST, Sikola Mombine, Yayasan Kerti Praja, UNFPA and UNWOMEN.
- 2) UNHCR, CRS and the Legal Aid Organizations provided the necessary assistance including for health, medical, legal, and security for 31 GBV survivors in 2020. Furthermore, 10-member safe houses/crisis centers were assisted by the Indonesian Women's Association for Justice (LBH APIK) and UN Women in their SOP to provide service to GBV victims during COVID-19 pandemic.

- 3) Over 14,000 refugees in Indonesia received critical WASH supplies, internet allowances for education, five months cash allowance, well-being kits, or free COVID-19 testing and other medical and protection services by UNHCR, IOM and partners.
- 4) Worked with the Ministry of Social Affairs and the Directorate General of Correction, UNODC delivered 30,000 facemasks, medical face shields, nitrile gloves, disinfectant, water containers, infrared thermometers, disinfectant liquid/bleach, soap bars, hand sanitizer, hand sanitizer refills, and vitamin C to at least 61 prisons in nine provinces. It also procured dozens of IT equipment consisting of tablets, laptops, and printers for 26 prisons in 10 provinces to facilitate virtual visitation for families of prisoners that reduce the risk of COVID-19 spread.
- 5) UNODC handed over 10,000 face masks and other essential health and safety equipment to the Indonesian National Police. Its health and hygiene supply also benefitted to at least 25,600 people in 7 provinces and 220 Drug Treatment Facilities in 34 Provinces
- 6) UNHCR provided PPEs, 7,364 washable cloth masks, 10,569 pieces of soap bars, 28,800 surgical masks, 5,280 bottles of 500 ml hand sanitizers, and 16,300 N95 masks to various hospitals and puskesmas
- 7) UNICEF and partners distributed PPEs to 2,511 social workers, and community facilitators.
- 8) IOM distributed 500 cloth masks and hand sanitizer to victims of trafficking in Jakarta, and critical WASH supplies to 3,700 returning Indonesian migrant workers, and 2,400 displaced people in Bogor of West Java, and North Luwu of South Sulawesi.
- 9) UNICEF assisted in distribution of hygiene, recreation kits and positive parenting/caregiving education materials to orphanages and childcare institutions, which enabled MoSA to identify previously unregistered 1,671 childcare institutions. A

### **Rohingya arrivals in Indonesia**

In 2020, 99 Rohingya immigrants reached Aceh shores on 24 June and additional 297 people on 7 September. The Indonesian Government decided to temporarily accommodate these migrants; similar to the decision taken for immigrants who previously arrived in Indonesian territory.

UNHCR, IOM, UNICEF, UNFPA, JRS, YKMI, PMI and other humanitarian partners immediately responded to the situation, which cover protection and psychosocial needs, basic assistance provision and coordination, site assessment and improvements and socialization on the risks of onward movement. Protection protocols were developed and applied, along with dissemination of information on COVID-19 and MHPSS support. The agencies delivered GBV Risk Mitigation and PSEA training, and Camp Coordination and Camp Management trainings that were participated by government officials and local stakeholders. A coordinated approach in the field and in Jakarta is maintained to ensure the protection and provision of basic needs of the persons of concern. UNHCR organized a planning exercise in November 2020 regarding activities carried out in 2021 for the Rohingya refugees in Lhokseumawe.

Despite the effort to the COVID-19 health protocol, an asylum seeker, who stayed in a vocational school compound that accommodated 381 Rohingya people (including 145 children), died following local transmission of the corona virus in October. The local authority temporarily closed the shelter and put a halt to non-essential services. As per 30 December 2020, 134 refugees are living in *Balai Latihan Kerja* Lhokseumawe.

total of 421,573 children living in or supported by 6,297 childcare institutions in 34 provinces have been reached. This includes 350,777 children living in childcare institutions without parental care. Furthermore, IEC packages were received by 121 childcare institutions that have provided care for 3,881 children (1943 girls; 1938 boys), 44 of which had never been registered in the MOSA-managed database.

- 10) UNAIDS and its partners supported around 2,200 LGBT in 12 provinces in terms of rent allowance and food packages.

## **6. Awareness raising and public outreach**

- 1) A radio talk show about GBV potential during the pandemic was also organized by CARE to raise public awareness.
- 2) UNAIDS and its partners supported advocacy and campaign efforts to improve social protection inclusivity for PLHIV.
- 3) Vulnerable people's access to information and feedback mechanism have been ensured through:
  - a. 'Children's Takeover' live broadcast sessions at national TV and 10 government social media accounts, by MOWECP, BNPB and UNICEF in July 2020. The event generated at least 119 articles and 59 social media posts, reaching million accounts/viewers.
  - b. Pulih Bersama (Heal Together) campaign related to children rights during COVID-19 pandemic, by Save the Children that reached 1.3 million people and 54 media coverage.
  - c. The Inter-agency Standing Committee on MHPSS' My Hero is You storybook was published in 7 local languages of Papua, and its audiobook was aired regularly by radio stations in 21 districts in Papua, reaching an estimated 43,865 people (including 8,422 girls and 9,124 boys).
  - d. The COVID-19 information and self-risk assessment for villages, families and individuals was made available at InaRISK, that is managed by BNPB, with UNDP support.
  - e. A series of audio-visual materials on prevention of COVID-19, Sexual Reproductive Health, and Prevention of GBV reached more than 15,000 people in Jakarta, West Java (Depok, Bogor, Bekasi), East Java (Sidoarjo, Surabaya), and Banten (Tangerang and Tangerang Selatan) between September and December, by NU, BKKBN, and UNFPA.
  - f. An Integrative Social Welfare Services for Children and Families orientation that extended access to safe reporting of sexual exploitation and abuse reached 2.7 million people (including one million children) in East and Central Java provinces, by UNICEF and partners.
  - g. Online outreach and social media on HIV, mental health, and COVID-19 by Sex Worker Network (OPSI) and UNFPA reached over 60,000 Female Sex Workers. Furthermore, cash assistance was provided to targeted Female Sex Workers living with HIV for transportation cost to continue their ARV treatment.

## IV. Funding

### IV.1. Funding Per Priority Area

Priority Area	Resource Required (in USD)	Resource Received (in USD)	Percentage of resource received	Resource Received per Agency
Health	66,943,395	41,705,097	62%	WHO, UNFPA, IOM, UNICEF, UNOPS, UNDP, UNHCR, Muhammadiyah, NU, Save the Children, WVI, Caritas, HFI
Risk Communications and Community Engagement	7,595,603	5,483,715	72%	UNFPA, UNICEF, IOM, Save the Children, Oxfam, WHO, CARE, UNDP, Muhammadiyah, NU, WVI, Caritas, HFI
Logistics	236,954	212,816	90%	WFP
Food Security and Agriculture	6,622,331	5,511,665	79%	FAO, Muhammadiyah, NU, Caritas, Islamic Relief Worldwide, Sky Volunteer, IBU Foundation, Bina Swadaya, Kumpulan Scale Up, Prudential Institute for CD, Pramuka Kaltim
Mitigate the Socio-economic Impact of the Crisis	16,979,513	10,445,041	62%	UNDP, UNICEF, UNAIDS, UNWomen, Caritas, CARE, Muhammadiyah, Oxfam, NU, WVI, Oxfam, Save the Children
Critical Multisectoral Services	27,116,081	16,412,019	61%	UNICEF, UNHCR, IOM, Oxfam, CARE, Save the Children, Muhammadiyah, NU, WVI, Caritas, HFI
Protection of Vulnerable Groups	12,631,340	7,703,366	61%	UNICEF, UNFPA, IOM, UNHCR, UNDP, UNWomen, Oxfam, Save the Children, CARE, Muhammadiyah, NU, WVI, HFI
Combined priority areas		6,875,326		IFRC, PMI, HFI
<b>TOTAL</b>	<b>144,992,217</b>	<b>94,349,045</b>	<b>65%</b>	

Source: agencies' information.



## IV.2. Funding Per Priority Area and Agency

Agency	Resource requirements (in USD)	Repurposed/reprogrammed amount to COVID-19 response)	Funding received	Funding percentage (%)
<b>Priority area: Health</b>				
IOM	4,900,000		1,382,320	28.21
UNICEF	3,524,760	-	2,559,955	72.63
UNICEF	4,557,671	-	4,557,671	100.00
UNFPA	808,578	3,200	805,378	100.00
UNDP	2,400,000		2,200,000	91.67
Save the Children	300,000		284,738	94.91
WHO	26,000,000		12,502,177	48.09
UNHCR	130,520		130,520	100.00
UNHCR	274,750		145,213	52.85
UNOPS	12,000,000		7,400,000	61.67
Muhammadiyah	7,800,000		6,083,169	77.99
Nahdlatul Ulama	2,787,150		2,787,150	100.00
Human Initiative	300,000			-
Wahana Visi	813,366		813,366	100.00
Dompot Dhuafa	85,000			-
Yakkum	212,000			-
Caritas Indonesia	49,600		49,600	100.00
HFI			640.46	
<b>Total</b>	<b>66,943,395</b>	<b>3,200</b>	<b>41,701,897.46</b>	<b>62.30</b>
<b>Priority area: RCCE</b>				
IOM	400,000		50,000	12.50
UNFPA	188,615		188,615	100.00
Save the Children	125,000		118,641	94.91
UNAIDS	50,000			-
OXFAM	200,000		118,922	59.46
WHO	1,000,000		560,000	56.00
MPBI	34,000			-
UNICEF	2,663,200		2,162,868	81.21
CARE	146,735	30,000	16,735	31.85
UNHCR	113,520	53,983		-

Agency	Resource requirements (in USD)	Repurposed/reprogrammed amount to COVID-19 response)	Funding received	Funding percentage (%)
UNDP	250,000		210,000	84.00
Muhammadiyah	750,000		608,317	81.11
Nahdlatul Ulama	929,050		929,050	100.00
Human Initiative	100,000			-
Wahana Visi	406,683		406,683	100.00
Dompot Dhuafa	50,000			-
Yakkum	20,000			-
Caritas Indonesia	24,800		24,800	100.00
HFI Secretariat	10,000		5,102	51.02
Planas	34,000			-
FAO	100,000			-
<b>Total</b>	<b>7,595,603</b>	<b>83,983</b>	<b>5,399,732</b>	<b>72.13</b>
<b>Priority area: Logistics</b>				
WFP	236,954		212,816	89.81
<b>Total</b>	<b>236,954</b>		<b>212,816</b>	
<b>Priority area: Food Security and Agriculture</b>				
FAO	229,231		229,231	100.00
Muhammadiyah	1,550,000		1,216,634	78.49
Nahdlatul Ulama	3,716,200		3,716,200	100.00
Human Initiative	600,000			-
Dompot Dhuafa	170,000			-
Caritas Indonesia	49,600		49,600	100.00
Islamic Relief	156,000			
Sky Volunteer	4,000			
IBU Foundation	67,800			
Bina Swadaya	6,800			
Scale Up	3,400			
Prudential Institute for CD	67,800			
Pramuka Kaltim	1,500			
<b>Total</b>	<b>6,622,331</b>		<b>5,211,665</b>	<b>78.70</b>
<b>Priority area: Mitigate the Socioeconomic Impact of the Crisis</b>				
UNFPA	150,000			-
IOM	1,000,000			-
UNICEF	3,528,000		1,158,489	32.84

Agency	Resource requirements (in USD)	Repurposed/ reprogrammed amount to COVID-19 response)	Funding received	Funding percentage (%)
MPBI	34,000			-
Save the Children	150,000		142,369	94.91
UNAIDS	210,000		10,000	4.76
OXFAM	550,000		327,036	59.46
UNIDO	50,000			-
UNDP	3,350,000		2,400,000	71.64
UNWomen	320,000		200,000	62.50
CARE	500,000		412,000	78.49
Muhammadiyah	1,550,000		1,216,634	78.49
Nahdlatul Ulama	3,716,200		3,716,200	100.00
Human Initiative	600,000			-
Wahana Visi	813,366		813,366	100.00
Dompot Dhuafa	175,000			-
Caritas Indonesia	48,947		48,947	100.00
Planas	34,000			-
ILO	200,000			-
<b>Total</b>	<b>16,979,513</b>		<b>10,445,041</b>	<b>61.52</b>
<b>Priority area: Critical Multisectoral Services</b>				
IOM	2,000,000		587,314	29.37
IOM	3,000,000			-
Save the Children	150,000		142,369	94.91
OXFAM	400,000		237,844	59.46
Save the Children	150,000		142,369	94.91
UNICEF	2,002,328		503,877	25.16
UNICEF	5,550,000		3,849,577	69.36
UNICEF	2,463,640		1,538,352	62.44
CARE	200,000		15,925	7.96
UNHCR	83,520		8,983	10.76
UNHCR	183,520		8,983	4.89
UNHCR	246,916		8,983	3.64
UNHCR	86,755		62,218	71.72
Muhammadiyah	3,200,000		2,433,268	76.04
Nahdlatul Ulama	5,574,300		5,574,300	100.00
Human Initiative	400,000			-
Wahana Visi	1,220,049		1,220,049	100.00
Dompot Dhuafa	130,000			-

Agency	Resource requirements (in USD)	Repurposed/reprogrammed amount to COVID-19 response)	Funding received	Funding percentage (%)
Caritas Indonesia	75,053		75,053	100.00
HFI			2,555	
<b>Total</b>	<b>27,116,081</b>		<b>16,412,019</b>	<b>60.52</b>
<b>Priority area: Protection of Vulnerable Groups</b>				
UNICEF	2,627,800		1,528,158	58.15
UNFPA	1,270,635	309,000	961,635	100.00
UNHCR	2,333,704		279,352	11.97
UNDP	240,000		205,090	85.45
OXFAM	150,000		89,192	59.46
UNAIDS	50,000			-
Save the Children	150,000		142,369	94.91
IOM	1,700,000		466,750	27.46
ITU	50,000			-
UNWomen	330,000		200,000	60.61
CARE (WASH)	166,735		116,735	70.01
Muhammadiyah	750,000		608,317	81.11
Nahdlatul Ulama	1,858,100		1,858,100	100.00
Wahana Visi	813,366		813,366	100.00
Dompot Dhuafa	75,000			-
Yakkum	26,000			-
UNODC	40,000	85,000	40,000	100.00
HFI			302	
<b>Total</b>	<b>12,631,340</b>	<b>394,000</b>	<b>7,309,366</b>	<b>60.98</b>
<b>Combined priority areas</b>				
IFRC	1,585,000		1,585,000	
PMI	5,282,000		5,282,000	
HFI			8,326	
<b>Grand Total</b>	<b>144,992,217</b>	<b>481,183</b>	<b>93,559,263</b>	<b>64.85</b>