

Indonesia

Consolidated Emergency Report 2021



Micke Mbotu plays with her 22-month-old daughter Felicity at their home in Kupang, East Nusa Tenggara Province, Indonesia, on 9 February 2021. During a visit to the local health centre, Felicity was diagnosed with severe wasting and required urgent treatment. But due to COVID-19 pandemic social restrictions, Micke was not able to bring Felicity back to the health centre for treatment and counselling. However, thanks to the UNICEF's supported chatbot, Micke has received online counselling on her daughter's health and nutrition. With many families facing a similar situation, health workers in East Nusa Tenggara Province are using the online counselling platform to discuss children's health and nutrition and give families access to resources and information to ensure their children get the best nutrition possible.

© UNICEF/UN0459211/Padji

Prepared by

UNICEF Indonesia

March 2022

Expression of thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.

On behalf of all the children and their families and Indonesia, we take this opportunity to thank all our partners for their trust in UNICEF and for helping to advance our shared commitment to protecting the rights and improving the well-being of all children.

Contents

Abbreviations and acronyms	4
Executive summary	5
Humanitarian context	7
Humanitarian results.....	8
Health	10
Nutrition	13
Water, sanitation and hygiene (WASH).....	14
Child protection, gender-based violence in emergencies and prevention of sexual exploitation and abuse.....	16
Education	18
Social protection.....	20
SBC: Risk Communication and Community Engagement (RCCE).....	21
Adolescent development and participation.....	23
Technology for development: data collection and social science research	24
Localization and working with first responders	25
Humanitarian development nexus programming.....	26
Cluster leadership.....	26
Results achieved from Humanitarian Thematic Funding.....	27
Thematic Funding case study.....	29
Assessment, monitoring and evaluation	34
Financial analysis.....	35
Future work plan	35
Annexes	38
Annex A: Financial analysis.....	38
Annex B: Human interest story and communication	39
Annex C: Donor feedback form.....	40

Abbreviations and acronyms

AEFI	adverse event following immunization
BAPPENAS	Ministry of National Development Planning
BPOM	National Agency for Drug and Food Control
CEWG	Community Engagement Working Group
COVAX	The vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator
CSO	civil society organization
GBV	gender-based violence
GOI	Government of Indonesia
HCT	United Nations Humanitarian Country Team
HWWS	handwashing with soap
IFRC	International Federation of Red Cross and Red Crescent Societies
IYCF	infant and young child feeding
KPCPEN	Committee for COVID-19 Response and National Economic Recovery
MHPSS	mental health and psychosocial support
MOECRT	Ministry of Education, Culture, Research and Technology
MOH	Ministry of Health
MOSA	Ministry of Social Affairs
MOV	Ministry of Villages, Development of Disadvantaged Regions and Transmigration
MOWECP	Ministry of Women Empowerment and Child Protection
NCD	non-communicable disease
OOSC	out-of-school children
PCV	pneumococcal conjugate vaccine
PMI	Indonesian Red Cross
PSEA	prevention of sexual exploitation and abuse
RCCE	Risk Communication and Community Engagement
SOPs	standard operating procedures
SUSENAS	National Socio-Economic Survey
VIRAT	COVID-19 Vaccine Introduction Readiness Assessment Tool
WASH	water, sanitation and hygiene
WHO	World Health Organization
3M	handwashing with soap, mask usage and safe distancing

Executive summary

Throughout 2021, UNICEF Indonesia continued supporting the national efforts to address the immediate and longer-term effects of COVID-19 on children and their families. Working through its national office in Jakarta alongside seven field offices, UNICEF has supported a wide range of measures in response to the pandemic and to support COVID-19 vaccination roll-out. Specifically, in Health, UNICEF worked closely with the Ministry of Health (MOH), National Agency for Drug and Food Control (BPOM), Biopharma, Indonesian Technical Advisory Group on Immunization and other key stakeholders on development and dissemination of policy and technical guidance related to infection prevention and control protocols implementation and health sector pandemic preparedness at the national and subnational levels. With UNICEF's support, over 5.5 million children and women benefited from critical maternal, newborn and child health services and routine immunization. UNICEF supported strengthening of mental health interventions for and by health workers and strengthening the long-term resilience of the health sector. UNICEF supported procurement of medical equipment and antigen tests as well as 77 million doses of COVID-19 vaccine through COVAX facility, and the roll-out of vaccination across the country. UNICEF engaged young people through a series of webinars to elicit their views and raise their awareness on a healthy lifestyle and risk factors related to non-communicable diseases in the COVID-19 pandemic.

As part of the Nutrition response, UNICEF continued to support MOH in maintaining essential nutrition services during the pandemic. Specifically, with UNICEF's support, over 16.2 million people received messages on healthy diets. UNICEF supported the establishment of the first-ever national online platform to report violations against the International Code of marketing of breastmilk substitutes and subsequent World Health Assembly resolutions in Indonesia. UNICEF supported several capacity development efforts, including on infant and young child feeding (IYCF) counselling, nutrition in emergencies, and delivering quality essential nutrition services to mothers and caregivers of infants and young children and adolescents. The first e-learning training courses for health and non-health workers on infant and young child feeding counselling and nutrition in emergencies were accredited by the government and piloted in 7 provinces to prepare for nationwide roll-out from 2022. UNICEF continued to scale up early detection and treatment of child wasting in Indonesia in response to the anticipated increase in child severe wasting due to the socio-economic impact of the pandemic, deteriorating quality of diets, and interruptions in nutrition and other essential services.

In Water, Sanitation and Hygiene (WASH), UNICEF supported the development of technical guidance and implementation of COVID-19 prevention efforts, including improving handwashing practices, monitoring of safe behaviour, provision of critical WASH supplies including access to clean water and hygiene facilities, and coordination of the WASH Cluster. With UNICEF's support, nearly 364 thousand people gained access to appropriately designed hygiene and sanitation facilities.

UNICEF's Child Protection support included improved mental health and psychosocial support (MHPSS) for at-risk children, adolescents, parents and caregivers. UNICEF also continued promoting family-based care and other risk-mitigating measures as well as case management support for 35,000 orphaned children due to COVID-19 identified in 2021.

In Education, UNICEF assisted national efforts to deliver remote learning from home and a safe return of 7.6 million students to classroom learning and worked with government partners to develop strategies to address the needs of out-of-school children, and enhanced youth participation.

UNICEF continued supporting the Government to strengthen evidence-based child- and gender-sensitive social protection policies and programmes, and to improve the social protection system for addressing poverty and vulnerabilities in development and emergency situations, including the COVID-19 pandemic.

In relation to risk communication and community engagement (RCCE), UNICEF supported efforts to create demand for vaccines while promoting key prevention behaviours through an integrated RCCE strategy. Specific support was provided to the national authorities on development and dissemination of public information and messages on safe behaviour and targeted advocacy to promote equity in the delivery of COVID-19 vaccines for priority groups. Over 200 million people were reached with key messages on how to protect themselves and their children from the COVID-19 virus. Through the partnerships with civil society and faith-based organizations, UNICEF supported community interventions to increase demand for vaccines and promote preventive behaviours, including among young people. Adolescent Circles were actively engaged in RCCE in the targeted areas and the newly established Youth Engagement Network (Mitra Muda) has actively supported the COVID-19 response through engagement of youth-led organizations across the country. UNICEF continued supporting the Community Engagement Working Group, led by the Ministry of Social affairs with the support of Plan International as a coordinator in collaboration with UNICEF, UNFPA, UNOCHA, IFRC, Red Cross (PMI) and Indonesia Disaster Management Society (MPBI), that was instrumental in disseminating information on COVID-19 prevention and control, awareness-raising on safety protocols and dissemination of information to communities affected by disasters.

Young people's skills development and empowerment has been supported by UNICEF throughout its programmes, including in response to the COVID-19 pandemic and other social issues. This was done through meaningful and active engagement of adolescents in developing innovative ideas and adolescent-led solutions. In addition, Adolescent Circles were established in target provinces to support adolescent empowerment among girls and boys affected by the COVID-19 pandemic to develop their own solutions to address the issues, such as mental health, learning loss and safety online, specifically on the perceived increase of cyberbullying.

Across key areas, UNICEF continued to support the Government with data innovation to respond to the COVID-19 pandemic and support the vaccine roll-out towards efficient and effective monitoring. Several technical solutions were developed and applied to obtain a detailed understanding of the impact of the pandemic through analysis of big data, improving the performance of the One Data Vaccination System; enhancing the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) to monitor preparedness at the national and subnational levels for the vaccination programme; and supporting MOH to develop a public dashboard on COVID-19 vaccination coverage to facilitate data transparency and accountability to the public. Various monitoring dashboards and platforms were developed to support cross-sectoral programme implementation. Specifically, in WASH, a dedicated [3M Monitoring Dashboard](#) was developed to monitor 3M practices in schools; in child protection, a RapidPro-based platform was developed to collect and [monitor children who lost their parents/caregivers due to COVID-19](#); and in Education, an online data management dashboard (Kesiapan Belajar) was created with support from UNICEF, which collects data on all 533,261 schools across the country and information for each province on the number of schools implementing learning from home, and those using limited face-to-face learning.

Since the onset of the COVID-19 pandemic, UNICEF, as an active member of the United Nations Humanitarian Country Team (HCT), has been working to support the Government of Indonesia's COVID-

19 response through a cross-agency coordination mechanism. Specifically, UNICEF continued supporting RCCE (co-led with the International Federation of Red Cross and Red Crescent Societies [IFRC]), leading the education cluster, nutrition sub-cluster, child protection sub-cluster and WASH sub-cluster, and contributing to the health cluster (led by WHO) and psychosocial support sub-cluster (led by Humanitarian Forum Indonesia).

The substantial contributions from donors received through thematic and non-thematic funding allowed timely, flexible, cross-sectoral interventions to respond to the needs of children and families affected by the COVID-19 pandemic and to contribute to strengthening of emergency preparedness and response capacities of government and other frontline responders in the critical areas of education, child protection, water, sanitation and hygiene, and nutrition. The thematic funding received in 2018 to support the earthquake and tsunami response in Palu and Lombok allowed UNICEF to capitalize on the previous experience of child-centred contingency planning at the local level through an assessment to develop recommendations for a national Child-Centred Contingency Planning Guidance in 2022.

Humanitarian context

Indonesia continued to be impacted by the COVID-19 pandemic, suffering from a growing number of COVID-19 cases. By the end of 2021, the country had registered nearly 4.26 million cases and more than 144,000 deaths ([GOI, 2021](#)). Children made up 14 per cent of confirmed cases and 1 per cent of deaths ([GOI, 2021](#)). Overall, 80 million children and adolescents in Indonesia have been directly affected by widespread negative effects of the pandemic in their daily lives. Education has been disrupted for millions of children and adolescents; 9 in 10 respondents with school-aged children reported difficulties with learning ([UNICEF et al., 2021](#)). Access to the internet remained a significant barrier to learning across different regions and wealth status. Evidence suggests the number of out-of-school children is continuing to rise above the current estimate of 4.1 million children. In health, three in four households with children reported challenges in accessing health care services, one in four perceived problems in seeking treatment for sick children, and one in ten could not access immunizations ([SUSENAS, 2020](#)).

The COVID-19 pandemic severely impacted households, with three in four households in Indonesia experiencing a reduction in income, with disproportionate impact on urban families. Up to 44 per cent of urban households and 34 per cent of rural households experienced income losses of more than 25 per cent due to job loss or reduced working hours. Approximately 45 per cent of households with children ate smaller portions and provided less nutritious food to their families. According to Indonesia Basic Health Research conducted in 2021, children faced persistent undernutrition challenges such as stunting (24.4 per cent), wasting (7.1 per cent), and underweight (17 per cent) ([MOH, 2021](#)).

The COVID-19 pandemic has exacerbated existing challenges in service provision for child welfare and protection, which include limited accessibility to basic social services and availability of social workers, and that service provision continues to focus on response instead of prevention. Risks to child protection remain, and the available evidence indicates that many children, adolescents and caregivers continue to face psychosocial distress. Moreover, the sudden loss of caregivers due to COVID-19 can have a long-lasting impact on children's well-being. It impacts a child's psychosocial and mental health and threatens optimal nutrition, growth and development, particularly among infants and young children from low-income families.

Moreover, existing inequalities have been exacerbated, particularly those related to gender, poverty and disability ([OECD, 2021](#)). The pandemic and the measures taken to mitigate its spread, such as

lockdowns, movement restrictions and school and day-care closures, have had a disproportionate impact on the lives of adolescent girls and women, increasing the burden of paid and unpaid care work and heightening risks of gender-based violence (GBV).

Extended school and learning centre closures may also deepen the learning crisis that already existed in Indonesia, affecting many young people who are struggling with mental health issues and not allowing young people to develop the skills to enable them to get a good job or start a business and contribute meaningfully to their communities.

Poor implementation of hygiene protocols and low compliance with hygiene practices continued to present a challenge to the effectiveness of COVID-19 prevention efforts. Data from a national hygiene monitoring system showed that access to handwashing with soap (HWWS) continued to be limited, with close to half of observed public places lacking functional HWWS stations. The latest behavioural data from 130,000 observations of the so-called 3M behaviours (handwashing with soap, mask usage and safe distancing) in public places, showed that 56 per cent of the places either do not have handwashing facilities or, if available, these were not functional (with available water and/or soap). As a result, overall handwashing practices were low (at around 30 per cent). Practice of mask usage and safe distancing was also seen to have fallen to below 60 per cent ([UNICEF, 2021](#)).

Indonesia also faces intensifying environmental challenges and disaster risks, exacerbated by climate change and environmental degradation, that negatively impact the economy and the population – especially the poor and vulnerable. Indonesia ranked 46 out of 180 countries on the UNICEF children's climate risk index with 'high climate risk' for children. More than 3,000 disasters including earthquakes, volcanic eruptions, floods, landslides, drought, forest and land fires also occurred in 2021, affecting more than 8 million people, damaging infrastructure and households, and further disrupting public services for children and their families, in already challenging times of coping with the impact of the COVID-19 pandemic.

Humanitarian results

The table below summarizes some of the key results in 2021 that were made possible due to the generous support provided to UNICEF.

Area	Indicator	Total reached	Target
Nutrition	Number of people receiving messages on healthy diets	16,293,000	15,000,000
	Number of primary caregivers of children 0–23 months receiving IYCF counselling in UNICEF-supported provinces	1,595,002	1,500,000
	Number of school-age children receiving nutrition services through schools with UNICEF support in the reporting year	6,098,554	2,700,000
	Percentage of health facilities with zero stock-out of supplies for the management of severe acute malnutrition (SAM) in the past 3 months as per national standards (as a proxy for SAM treatment supplies)	70	60

Health	Number of children and women accessing primary health care in UNICEF-supported provinces	5,544,962	4,402,542
	Number of children 0–12 vaccinated against measles in UNICEF-supported provinces	1,119,532	1,369,126
	Number of health facilities that received UNICEF support to maintain essential maternal, newborn and child health and immunization services since COVID-19 disruptions	10,203	7,994
WASH	Number of people provided with access to appropriately designed hygiene and sanitation facilities	363,927	320,000
	Number of people engaged and reached with accessible information on COVID-19 and targeted messages on prevention and on access to services	381,321	175,000
	Number of targeted population provided with hygiene kits or key hygiene items	25,000	25,000
Child Protection, GBVIE and PSEA	Number of children and caregivers accessing mental health and psychosocial support	1,026,661	1,500,000
	Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	15,164	1,000
	Number of people with access to safe channels to report sexual exploitation and abuse	6,429,582	9,400,000
	Number of social service workers trained on specific knowledge and skills to deliver essential services during the COVID-19 pandemic with UNICEF support	1,043	800
Education	Number of schools implementing safe school protocols	50,707	30,000
Social Protection	Number of households benefiting from new or additional social transfers	4,000,000	4,200,000
	Amount allocated from the national budget (US\$ equivalent) to new (or expanded) COVID-19 social protection programmes that directly or indirectly benefit children (including on-budget development partner funds)	\$1,408,196	\$2,201,350
RCCE	Number of people reached through messaging on key life-saving behaviours and access to services	200,000,000	200,000,000
	Number of people participating in engagement actions (for social and behavioural change)	8,175,000	8,175,000
ADAP	Number of adolescents who participate in or lead civic engagement (including online) in UNICEF-supported programmes for	13,650	20,000

	preparedness, response and building back better (more resilient, peaceful, greener and sustainable)		
T4D	Number of digital innovations developed to monitor COVID-19 impact on children and their families to inform policy responses	8	4

Health

UNICEF continued supporting the Government with the COVID-19 response, deployment of the COVID-19 vaccine, as well as the continuity of essential health services. Through embedded health staff in the Ministry of Health (MOH) and working in close coordination with the Ministry of Foreign Affairs, National Agency for Drug and Food Control (BPOM), Biopharma, Indonesian Technical Advisory Group on Immunization and other partners, UNICEF continued to provide technical support to various COVID-19 response and vaccine-related initiatives.

COVID-19 response

Throughout 2021, various COVID-19 response initiatives were supported, including:

- Procurement of critical supplies and equipment for health workers across Indonesia, which included over 1 million antigen tests to contribute to the Government's testing and screening capacity.
- Working with MOH and the Indonesian Paediatricians' Association (IDAI) on the development of a [guidebook for parents and caregivers](#) on how to prevent COVID-19 and self-isolate COVID-19 cases in children. The guidebook was disseminated across all 34 provinces.
- Providing technical expertise for the development of the [revised hospital guideline](#), training modules and rapid health assessment application on management of the health crisis.
- Continually supporting subnational capacity via seven regional offices, where embedded staff assisted provincial COVID-19 task forces in developing contingency plans, reviewing and implementing protocols and guidelines, supporting improved data and information flows, and designing and disseminating technical and communications materials.

COVID-19 vaccination

UNICEF also contributed to key COVID-19 vaccine-related initiatives, including:

- Facilitating the arrival of over 77 million doses and 17 units of ultracold chain equipment via the COVAX Facility;
- Development of the National Deployment and Vaccination Plan (NVPD) and technical guidance;
- Supporting COVID-19 vaccine roll-out, including inputs, planning, budgeting, capacity building of health workers, strengthening procurement and cold chain systems;
- Innovative development of the COVID-19 vaccine introduction readiness assessment tool (VIRAT) at [the national](#) and [subnational](#) levels, and data visualization [dashboard](#);
- Monitoring support during COVID-19 mass vaccination at the immunization points;
- Leading workshops on public-private partnership for immunization, with participants from government, United Nations agencies and partners, which produced an operational plan, ministerial decree and technical guidelines on delivery of immunization services in private health facilities;

- Providing technical expertise to evidence generation, including a rapid survey on COVID-19 vaccination and a survey on vaccination of older persons;
- Supporting the improvement of the vaccine cold chain and logistics, including effective vaccine management (EVM) assessment and readiness assessment;
- Supporting MOH in facilitating inter-personal communication training for health workers;
- Capacity building of health workers and community leaders on human-centered design in four provinces;
- Development of [social media](#), radio and [TV](#) public service announcements (PSAs) on the importance of immunization and adverse events following immunization (AEFI), and COVID-19 factsheets.

As a result of these efforts, by the end of 2021, UNICEF had contributed to 166 million people receiving the first dose of COVID-19 vaccine (80 per cent of the target of 209.2 million people) and 114 million people being fully vaccinated (55 per cent of the target), including 100 per cent of health workers (more than 1.4 million people). Furthermore, UNICEF's high level strategic, technical and advocacy interventions contributed to coverage of vital groups, which by the end of 2021, resulted in 70 per cent of teachers and all social workers were fully vaccinated, and more than 50 per cent of refugees had received their first dose.

Continuity of essential health services

As the COVID-19 pandemic has significantly affected provision of essential maternal and neonatal care, UNICEF continued provision of support across key areas to ensure continuity of essential health services and immunization.

UNICEF provided technical support to finalize the antenatal care guidelines; this led to a significant change in practices by increasing the number of antenatal contacts from four to six visits and included the introduction of ultrasonography screening. The implementation of this new guideline during the pandemic has been a key component of advocacy efforts to maintain essential maternal and newborn services. To monitor the impact of COVID-19, UNICEF also provided support in the finalization and roll-out of maternal perinatal death surveillance and response that includes death profiles of mothers, stillbirths and newborns.

UNICEF provided technical assistance for COVID-19 vaccine roll-out in the context of maintaining routine immunization, including conducting quarterly pulse surveys, using innovative Interactive Voice Response (IVR) technology, with results used for high-level policy advocacy and programme improvement. In commemoration of the [World Immunization Week](#) in April 2021, UNICEF supported a series of activities across Indonesia. This included talk shows, public service announcements, webinars, social media packages, videos and youth-led initiatives, culminating in a high-level meeting with the Minister of Health, where he committed to introduce and scale up new vaccines including pneumococcal conjugate vaccine (PCV), rotavirus vaccine and human papillomavirus (HPV) vaccine. Additionally, with the arrival of 1.6 million PCV doses procured via UNICEF Supply Division through the Gavi Advance Market Commitment mechanism, in June 2021, UNICEF, WHO and partners supported MOH with a [high-level PCV launch in East Java](#) Province to expand the PCV programme in additional provinces. Once at scale, this vaccine will protect 10,000 children from this type of pneumonia. To further improve access to routine immunization, UNICEF supported the government with a widescale public-private partnership (PPP) consultation workshop, involving partners from both public and private sectors as well as from United Nations agencies. As a follow-up, a regulation will be issued to support this initiative, along with

the development of operational and business plans. The number of children vaccinated against measles was lower than the expected target due to the ongoing COVID-19 pandemic, prioritisation of COVID-19 vaccination by the health workers and lower rates of admittance by the families with children for routine immunization of fear of being infected with COVID. Specifically, one in 10 households with children under five had not taken their children to immunization clinics.

With UNICEF support and technical assistance at the subnational levels, three districts received malaria elimination status from WHO in 2021. In 22 high-endemic districts, UNICEF contributed to local regulations and budget allocations for malaria, which were critical in making progress towards malaria elimination. Based on the findings of a UNICEF-led formative research in high endemic settings that informed RCCE strategies, approximately 50,000 malaria IEC materials were developed and disseminated to 22 high-endemic districts covering 390 health facilities, 92 hospitals and clinics, and 2,233 elementary schools to increase malaria literacy.

UNICEF facilitated [31 webinars](#) that engaged more than 10,000 primary health facilities across Indonesia on reducing child morbidity and mortality due to pneumonia. The webinar series provided an opportunity for the participants to build needed capacities during the pandemic. MOH acknowledged the webinar series as a good platform to fill the gap in trainings that could not be undertaken in person during the pandemic. The sessions included sharing global evidence and recommendations.

UNICEF supported a series of webinars to elicit the perspectives of young people on healthy lifestyles and risk factors related to non-communicable diseases (NCDs), particularly in the context of the COVID-19 pandemic. Nearly 3,600 participants from all 34 provinces participated in this initiative. UNICEF also established an NCDs chatbot to increase young people's awareness about issues on NCDs and improve the availability of information through U-Report, WhatsApp and Instagram posts.

For the first time in its history, UNICEF Indonesia, in partnership with WHO, was engaged in World No Tobacco Day on 31 May with the theme '[Commit to Quit](#)'. UNICEF supported a series of events including the release of the Adolescent Health Profile (in [English](#) and [Indonesian](#)), a [U-Report Chatbot](#) (with WHO), a [social media campaign](#) and an [article](#) highlighting key tobacco issues impacting adolescents.

To strengthen mental health interventions, UNICEF, jointly with MOH, supported the development of IEC materials for health workers, technical guidelines for health workers for prevention and control of mental-emotional disorders, as well as guidance on health services for patients suffering from depression. These guidelines have been disseminated to all health facilities in Indonesia. Furthermore, in commemoration of World Mental Health day in October 2021, UNICEF conducted a series of weekly webinars 'Ruang Peka 2.0' (Mental health in an Unequal World) which was attended by 450 youth; and participated in strategic dialogues on mental health issues. In 2021, UNICEF also started working with partners to support Indonesia's presidency of the G20, providing critical technical and strategic inputs to key topics of discussion around strengthening global health systems.

The COVID-19 pandemic reinforced UNICEF's support to the Government for strengthening its primary health care system to deliver quality interventions. In collaboration with key stakeholders, UNICEF's work was focused on assessing the evolving changes in the health system, as well as providing support to MOH as part of its overall health sector transformation.

Nutrition

UNICEF continued to demonstrate technical leadership in maintaining essential nutrition services during the pandemic. To protect, promote and support breastfeeding amid the COVID-19 pandemic, UNICEF collaborated with the Indonesian Breastfeeding Mothers (AIMI) and Fathers (AyahASI) Associations to support MOH in establishing the first-ever national online platform to report violations against the International Code of marketing of breastmilk substitutes and subsequent World Health Assembly resolutions in Indonesia. Since the launch of this platform, 926 verified cases of Code violations were reported by the public, which were compiled and shared with MOH and the Food and Drug Association for follow-up actions.

To sustain efforts to build government capacity for nutrition during the pandemic, UNICEF piloted the first e-learning training courses on infant and young child feeding (IYCF) counselling in seven provinces. Importantly, the online curricula on IYCF counselling were accredited by the Government as the national standard training materials for health and non-health workers and will be rolled out in all 34 provinces starting from 2022, to increase the number of trained IYCF counsellors across the country. In addition, UNICEF supported the Government in developing online training curricula for nutrition in emergencies, with the national accreditation process near finalization. The curricula aim to improve national and subnational humanitarian actors' capacities to implement timely nutrition response during emergencies. This is particularly crucial during the COVID-19 pandemic, where face-to-face training has been limited due to social restriction policies.

In response to the increase in child severe wasting due to the socio-economic impact of the pandemic, deteriorating quality of diets and interruptions in nutrition and other essential services, UNICEF continued to scale up early detection and treatment of child wasting in Indonesia. By the end of 2021, more than 1,600 community health volunteers and 5,640 parents/caregivers across the country were trained on home-based early detection of child wasting using the mid upper-arm circumference (MUAC) measurement taken by mothers and caregivers. Moreover, continued efforts were made to scale up innovations to facilitate the integrated management of acute malnutrition (IMAM) service, including the use of chatbot counselling, which was accessed by more than 5,500 mothers and caregivers with severely wasted children. In addition, RapidPro has been introduced in the provinces of Central Java, East Java, East Nusa Tenggara and West Nusa Tenggara to enable real-time data collection for the child wasting programme. Major efforts were put into the development and dissemination of key messages, materials and tools on nutrition, healthy diets and essential nutrition services. Specifically, UNICEF has supported MOH in developing key messages highlighting the safety and importance of vaccination for breastfeeding mothers, which are being disseminated through various channels starting from June. In total, more than 16 million people across the country have been reached with key nutrition messages.

UNICEF continued to make efforts to strengthen the capacity of subnational government and key stakeholders in delivering quality essential nutrition services to mothers and caregivers of infants and young children and adolescents. Notably, by September 2021, 31,000 subnational government representatives and other stakeholders were trained on various nutrition topics including adolescent nutrition, nutrition in emergency, maternal nutrition and infant and young child feeding through online platforms. UNICEF also launched a chatbot platform targeting adolescent girls and boys to support the dissemination of key nutrition messages and counselling on healthy diets and physical activity during the pandemic.

Water, sanitation and hygiene

Limited access to safely managed WASH facilities and services along with poor handwashing practices are major drivers of COVID-19 transmission. In response to these challenges, UNICEF continued to support COVID-19 interventions nationally and in seven provinces, namely Aceh, Central Java, East Java, South Sulawesi, West Nusa Tenggara, East Nusa Tenggara and Papua. As the lead agency for the WASH Cluster, UNICEF engaged technical ministries, development partners, non-governmental organizations, and the private sector to prioritize and coordinate WASH services and capacity building of front-line actors in high-risk COVID-19 settings. Direct interventions at the subnational level included advocacy and technical support (technical guidance, assessments, evidence generation) for WASH improvements in schools and health care centres; capacity building for implementation of infection prevention and control measures and hygiene promotion including hygiene behaviour change interventions at the community level. Over 363,000 people gained access to appropriate hygiene and sanitation facilities and 25,000 people were reached with COVID-19 hygiene kits.

Towards building long-term national capacity for behaviour change programming, UNICEF supported the development and roll-out of a [national hygiene behaviour change training guide](#) informed by formative research, in collaboration with MOH. UNICEF supported trainings for 1,620 practitioners including sanitarians, teachers, government and WASH partners to enhance their capacities to promote evidence-based hygiene behaviour change interventions in communities, schools and health-care facilities, reaching 381,000 people (including over 57,000 children in schools) with hygiene promotion interventions.

UNICEF completed a systematic assessment of the WASH in Emergency (WiE) sector to strengthen coordination mechanisms and capacity for WiE preparedness, response and recovery, including for COVID-19 activities. Through a consultative process including national and subnational stakeholders, a National Roadmap and Capacity Development Plan for strengthening coordination and capacity of the sector was developed and is being rolled out in collaboration with the Ministry of Social Affairs (MOSA) and other key ministries including the National Disaster Management Agency, MOH, Ministry of Public Works and the Ministry of National Development Planning (BAPPENAS). To strengthen advocacy and political commitment for hand hygiene, UNICEF supported MOH to coordinate a high-level [ministerial webinar](#) on Global Handwashing Day (GHD), bringing together high-level representation from 13 ministries engaged in the Hand Hygiene for All initiative, and included [video commitments from 13 Ministers](#). The ministerial webinar reinforced the Government's resolve to advance the Hand Hygiene for All agenda through increased investments in sustainable infrastructure and handwashing behaviour change interventions within its jurisdiction. This was followed by a [talk show](#) with participation from local government, development partners, civil society organizations (CSO) and the private sector. UNICEF also supported a range of activities through field offices to promote handwashing among school children, teachers and community members in five target provinces. A series of social and digital media posts reached more than 46,000 people/youth, generating over 3,600 engagements across UNICEF engagement platforms. Additionally, to mark the occasion, UNICEF engaged more than 1,800 U-reporters on a U-report poll focusing on HWWS and disability issues.

UNICEF coordinated efforts to strengthen the Public–Private Partnership for Handwashing with Soap, a multistakeholder platform that brings together public and private actors to accelerate access to hand hygiene. In 2021, the coalition launched a collaborative effort to support the safe reopening of 15,000 schools and madrasahs, through the distribution of COVID-19 Safe School Kits, benefiting more than 1 million children across 10 provinces.

UNICEF has been supporting the Government's efforts to develop an intersectoral National Costed Roadmap for Hand Hygiene for All (HH4A). This included a high-level kick-off meeting with all relevant ministries and a wide range of WASH stakeholders underlining the importance of the Hand Hygiene Roadmap in achieving the national WASH and SDG 6 targets. Additionally, UNICEF established a National Task Force including MOH and 13 ministries and partners. Several of the ministries engaged in this process, including the Ministry of Tourism, Ministry of Transportation and Ministry of Public Works, were engaged around long-term planning and budgeting for HWWS infrastructure and programming for the first time. The process included national and subnational consultations to prepare the national HWWS situation analysis, formulate a national vision with targets for HWWS in all key settings, disaggregated at the provincial level; and develop cost estimates to achieve the targets. The roadmap and costed implementation plan for hand hygiene will be launched at the high-level Sector Ministers Meeting in May 2022 and will enable all actors to contribute to the collective realization of national WASH targets and build into the overall SDG 6 vision and plan for ensuring equitable and sustainable access to safe water, sanitation and hygiene in Indonesia.

Due to high transportation costs, reaching the last mile has been a big challenge, calling for innovative strategies to strengthen the existing delivery channels, such as leveraging existing institutional structures to reach underserved markets, developing capacities of local entrepreneurs, and providing viable business models to increase their engagement in the hand hygiene market. To address the challenge, UNICEF supported a market assessment for hand hygiene, aiming to understand the existing value chain, market trends and gaps, the innovation landscape, customer preferences and behaviours around hand hygiene from a supply lens. The preliminary findings show that a handful of international and national brands dominate the market for hand hygiene products (soaps and hand sanitizers), though several local manufacturers have enhanced their operational capacity and increased their market share during the pandemic period.

Through UNICEF's support, over 130,000 observations were made by volunteers to strengthen monitoring of COVID-19 compliance measures in public places using a smartphone-based 3M monitoring (HWWS, proper mask usage and safe distancing) system across 20 provinces in partnership with 18 universities and WASH implementing partners. By partnering with universities, young people were engaged in behaviour change monitoring, and 3M monitoring was adapted for safe school operation in Central Java and East Nusa Tenggara provinces.

In collaboration with the Health Research and Development Agency (Balitbangkes) of MOH and WASH partners, UNICEF developed an investment analysis for WASH in primary health care facilities. The study provided an analysis of health-care facilities' data to estimate capital investment and operational and maintenance costs required to provide basic WASH access, waste management and environmental cleanliness in primary health care facilities. This study is instrumental to inform MOH and local government in their planning and budgeting exercise and efforts to develop the costed roadmap for WASH in primary health care facilities.

UNICEF, in collaboration with the Ministry of Manpower, initiated a landscape study as part of the WASH4Work initiative, which aims to mobilize businesses to improve WASH conditions in workplaces. As part of the study, UNICEF developed a WASH survey tool to better understand WASH conditions in workplaces. UNICEF supported trainings for the Ministry's Occupational Safety and Health team to build their capacity on WASH4Work and pilot data collection from companies in DKI Jakarta province. The study will further be scaled up in more provinces in 2022.

Child protection, gender-based violence in emergencies and prevention of sexual exploitation and abuse

The prolonged pandemic continued to exacerbate existing child protection risks and vulnerabilities as well as challenging the provision of child protection prevention and response services. Therefore, in 2021, UNICEF's support to government ministries focused on developing and enhancing existing tools and digital platforms such as RapidPro and helplines, as well as joining advocacy efforts with the national COVID-19 Task Force to ensure that 736 (or 100 per cent) of child protection social workers received the full two doses of COVID-19 vaccines as critical front-line workforce providing essential services for vulnerable and at-risk children.

UNICEF supported the government of Central Java in rolling out the application to map and register vulnerable and at-risk children, women and households, known as APEM KETAN (Aplikasi Pemetaan Kelompok Rentan), which was initiated at the onset of COVID-19. This initiative allows the government of Central Java to have an accurate and real-time updated data collection on the exact location of identified vulnerable children and families by integrating various data collection sensors at the community level. Furthermore, at the height of the second wave of the COVID-19 pandemic between May and August 2021, UNICEF supported the Ministry of Women Empowerment and Child Protection (MOWECP) in utilizing a mobile-based application to further assess the needs of children affected by COVID-19-associated orphanhood as well as their caregivers, based on the data initially collected through RapidPro. The use of the application was complemented by technical support for government-led coordination as well as provision of personal protection kits for 600 social workers and recreational support that reached 11,400 children in three provinces with the highest number of orphaned children, namely East Java, Central Java and Yogyakarta.

To strengthen services, UNICEF and CSOs in Central Java and East Java reached 1,014 (445 female, 569 male) social workers, CSO members, staff of integrated service centre and key government officials as well as 3,375 community facilitators with training of trainers (ToT) and roll-out of various training activities including on positive parenting, psychological first aid (PFA), on how to identify vulnerable groups as well as on how to prevent and manage child victims of violence and child marriage. The support reached over 100,000 girls and boys with improved child protection and welfare services through early detection, response and referrals for child protection cases.

Following the establishment of a community-based child protection mechanism (CBCM), modelled in 10 districts and cities, another 398 villages replicated the initiative in Central Java, East Java and South Sulawesi provinces. As part of this initiative, 1,043 social service providers (466 female) were trained on the service standards and case management processes adapted to the COVID-19 pandemic. In addition, 2,056 community facilitators (1,280 female) have also been trained on identifying and referring vulnerable children and families to the service system. Additionally, 24 social service workers and other front-line workers (12 female, 12 male), as well as 154 government officials from all 10 districts and cities, were trained on the importance of adapting child protection services' standard operating procedures (SOP) in the context of the COVID-19 pandemic and on Psychological First Aid (PFA) by the Women's Empowerment and Child Protection Provincial Office.

At least 4,529 parents and caregivers (3,624 female) participated in positive parenting sessions provided by 1,082 (709 female) trained community facilitators. In addition, with UNICEF's technical support, a three-part series of handbooks on parenting for community facilitators was developed in Central Java

Province on: (1) positive parenting; (2) early detection and response on violence against children; and (3) mental health. In addition, a positive parenting handbook has also been developed in East Java Province.

A total of 1,026,661 persons (330,803 children, 695,858 caregivers), including 472,264 girls and women, were reached with targeted mental health and psychosocial support (MHPSS) messages. UNICEF targeted 1.5 million children and caregivers with mental health and psychosocial services, including through social messages. To avoid double counting, UNICEF only reported the highest number of people reached in one platform although the platform has a series of targeted messages, each reaching different number of target. The MHPSS messages were designed to address key concerns in the context of the COVID-19 pandemic and were disseminated through UNICEF-supported events and UNICEF-supported social media channels, including a social media campaign focusing on COVID-19 and parenting, which reached between 10,000 and 37,000 social media users. A single post from the Government's Committee for COVID-19 Response and National Economic Recovery (KPCPEN) reporting on UNICEF's Guide for Families to Maintain Mental Health reached at least 27,000,000 people in Indonesia.

Beyond mass social media and other digital platforms, UNICEF also provided direct MHPSS awareness and support by training facilitators on psychosocial support in Central Java and East Java provinces, resulting in 193 (129 female) skilled facilitators. In Central Java province, 25 adolescents (16 girls) were also trained as peer facilitators in raising awareness on violence and access to services. The training also reached 176 caregivers (123 female). The Children's Forum (Forum Anak, a government-initiated forum for child participation) in Central Java promoted messages on the importance of mental health during the pandemic, as well as vaccination and health protocols. At the national level, the Kindness Leaders Conference (KLC), organized jointly with the MOWECP, UNICEF and a network of young people, reached 484 children (388 girls, 96 boys), who shared their experiences and information on the importance of mental health and self-care during the event, while more than 8,000 individuals also participated through YouTube.

In South Sulawesi and Papua provinces, 100 primary schools were supported through a mental health and psychosocial support programme to prepare children for a safe return. Through these efforts, 60 teachers (46 female) in Papua and 248 teachers (196 female) in South Sulawesi were trained on MHPSS, reaching 1,337 students (796 girls). MHPSS modules for primary school students and social service workers were also developed to support the psychosocial support programme implementation. In South Sulawesi, 38 social service workers (24 female) were also trained on MHPSS. UNICEF also supported provision of MHPSS to more than 30,000 orphaned children and their alternative caregivers. Building on the Kindness Leaders Conference conducted in June 2021, Kindness Leaders in Indonesia, engaging with UNICEF, local governments and youth organizations, have continued their activities to disseminate messages on bullying prevention. The Ministry of Education, Culture, Research and Technology (MOECRT) has also engaged with Kindness Leaders to support the promotion of messages as part of the Ministry's commitment to prevent 'three cardinal sins of education', namely bullying, intolerance and sexual violence.

Furthermore, all 64 UNICEF implementing partners (IPs) completed their prevention of sexual exploitation and abuse (PSEA) risk assessments and action plans. By the end of 2021, 23 IPs were rated as low risk and 31 moderate risk. UNICEF will continue to support IPs increase their capacity in PSEA programming to ensure that they have adequate capacity to prevent and respond to sexual abuse and exploitation. While the target 9.6 million was set based on the estimate of 10 % of population in 142 districts in the UNICEF-supported provinces, 6.4 million people were reached based on the estimate of

25 per cent of population in 30 districts where UNICEF have supported Government-owned integrated child social welfare services (Pusat Kesejahteraan Sosial Anak Integratif/PKSAI) in 2021, ensuring people have access to safe channels to report sexual exploitation and abuse. The reach has increased from only 3.7 million people in 2020, reached by UNICEF and partners efforts on awareness raising, and support provided to PKSAI on PSEA in 13 districts in Java.

Education

The pandemic has severely impacted access to and continuity of education for millions of children and adolescents in Indonesia, with school closures continuing into 2021, followed by limited school reopening. At the beginning of 2021, the Government of Indonesia issued a decree on school reopening in the new academic year, starting July 2021. The decree authorized local governments to open or close schools based on the local situation with respect to COVID-19 cases and gave parents the discretion to decide whether to send their children to school or to continue with remote, online learning.

To support the school reopening process, the Government issued a circular letter to prioritize the vaccination of teachers and education personnel. Throughout 2021, UNICEF continued to provide technical support to the Government, including MOECRT and the Ministry of Religious Affairs (MORA), for systematic data collection to assist with the acceleration of teacher vaccination and the school reopening processes. An online data management dashboard (Kesiapan Belajar) was created with support from UNICEF, which collects data on all 533,261 schools across the country and information for each province on the number of schools implementing learning from home, and those using limited face-to-face learning. As of December 2021, the dashboard showed that 81 per cent of schools were conducting limited face-to-face learning; 3.55 million (79 per cent) teachers had received their first vaccine dose and 3.18 million (70 per cent) their second dose. In addition to the data collection and management support outlined above, UNICEF enabled outreach to 50,707 schools located in disadvantaged areas,¹ to help them apply safe school protocols, benefiting approximately 7.6 million students.

To support the acceleration of teacher vaccination and school reopening, UNICEF has engaged in various activities at the national and subnational levels. UNICEF supported MOECRT to develop and disseminate National Guidance on Reopening Schools, while continuing to provide technical support to four ministries (MOECRT, MORA, MOH and MOHA) to disseminate and take follow-up action on a joint Circular Letter promoting teacher vaccination (issued in June 2021). UNICEF provided technical assistance to MOH to develop and issue a subsequent Circular Letter urging subnational governments to prioritize and accelerate teacher vaccination. Through extensive advocacy, UNICEF worked with province and district education offices to engage and mobilize all teachers to increase their awareness and acceptance of COVID-19 vaccination.

In December 2021, UNICEF provided technical input into new National Guidance on Reopening Schools to allow more schools to reopen starting from January 2022 onwards, stipulating the mandatory nature of face-to-face-learning with reference to key criteria linked to the local epidemiological situation, level of teacher vaccination and the vaccination of older persons. Furthermore, the guidance specified that although vaccination is not a requirement for children to participate in limited face-to-face learning in

¹ UNICEF conducted outreach through the dissemination of information, education and communication (IEC) materials (videos, infographics, etc.) through social media channels, national TV, radio and through in-person interactions with local education authorities, school principals, teachers and school supervisors, using a mixture of paper-based and digital materials.

the classroom, parents/guardians should encourage their children who are eligible to be vaccinated to obtain a vaccination.

UNICEF, in partnership with the Government, developed and rolled out a national back-to-school campaign. To date, the campaign has reached an estimated 217 million people. In complement to the campaign, UNICEF launched cross-sectoral support to local governments to reopen schools for a safe return to learning, involving learning activities, immunization, hygiene, sanitation, physical distancing protocols and psychosocial support. 'Emergency Curriculum' textbooks, which focus on literacy and numeracy, were delivered to schools in disadvantaged provinces, with UNICEF support.

As part of the Safe Return to Learning programme, UNICEF conducted a baseline assessment of the learning gap among early grade students in four of the most disadvantaged districts in South Sulawesi and Papua provinces. The assessment was designed to measure students' foundational literacy and numeracy skills as well as the impact of other cross-sectoral interventions covering child protection, health and WASH in schools. Results from this assessment identified significant learning loss of students as a result of the pandemic, including a decline in reading fluency and an increase in early graders unable to read at all. The results for numeracy proficiency showed an even more significant level of decline. Assessment results also showed there are various factors that contribute positively to a student's literacy and numeracy skills, including the support provided by parents at home and teachers' level of experience, among other factors.

At the national level, UNICEF, in partnership with the Ministry of Villages, Development of Disadvantaged Regions and Transmigration (MOV), conducted national monitoring of the impact of COVID-19 on out-of-school children (OOSC), using the Community-Based Development Information System (CBDIS) for data collection and analysis. Monitoring was conducted across 33 of Indonesia's 34 provinces, in 354 districts and 1,151 villages. Among the 123,235 (48 per cent girls, 52 per cent boys) children and adolescents identified (aged 7–18 years), 1,243 (42 per cent girls, 58 per cent boys) or 1 per cent had dropped out of school mainly due to economic reasons linked to the pandemic, and 72 per cent of those enrolled in school had at least 1 risk factor for dropping out.

UNICEF continued to support MOV to follow up on the results of OOSC monitoring by providing intensive support to tackling the OOSC issue to a total of 17 districts: 12 districts in South Sulawesi and 5 districts in Central Java in 2021. As part of this work, 1,283 district and village stakeholders (47 per cent female; 53 per cent male) had their knowledge built and capacity developed to conduct OOSC data collection and to develop evidence-based and child-centred education plans and budgets for providing crucial assistance to OOSC to return to learning. This assistance included providing free internet facilities to support OOSC to return to learning, providing scholarships for children and adolescents at risk of dropping out, including those with disabilities, and facilitating reenrolment of OOSC in school.

UNICEF, in partnership with MOECRT, continued work in assisting vulnerable young children to recover from the learning impacts of COVID-19. A pocketbook for teachers on early literacy and numeracy for children aged 5–8 years old was finalized in October 2021. This pocketbook aims to recover lost learning after lengthy school closures and to support young children (aged 5–6 years) to become ready for transition to primary school. This activity is not only an important COVID-19 response measure but is aligned with the Government's strategic plan to improve the number of children participating in early childhood education and the implementation of universal one-year pre-primary education in Indonesia.

Students with disabilities continued to face challenges in the transition towards hybrid face-to-face and distance learning. Among the challenges these children face is the inconsistent provision of learning support, such as assistance devices and modified learning materials, limited access to digital learning, and the loss of personal learning support by teachers and other education personnel. Recent research undertaken by UNICEF on digital learning in Indonesia found that children with disabilities are particularly disadvantaged when it comes to accessing digital learning. This situation prevails despite efforts made by the Government to improve access to digital education for children with disabilities. In 2021, UNICEF continued to work with MOECRT to create inclusive learning materials accessible for children with disabilities, such as braille book and audio learning to address the challenges to learning that these children experience.

Social protection

UNICEF spearheaded the efforts to support the government in strengthening evidence-based social protection policies and programmes and improve the social protection system for addressing poverty and vulnerabilities in development and emergency situations, including the COVID-19 pandemic.

At the request of the Ministry of Finance, UNICEF, jointly with UNDP, DFAT-PROSPERA and SMERU, a local research organization, conducted an analysis on the socioeconomic impacts of COVID-19 on households. The report revealed that in the second year of the pandemic, up to 44 per cent of urban households and 34 per cent of rural households experienced income losses of more than 25 per cent due to job losses or reduced working hours.

UNICEF conducted an advocacy session on the Call to Action towards child-focused COVID-19 response and recovery following the publication of a report that provided strategic and practical recommendations to address the impact of the pandemic on several areas, including poverty, learning, health, mental health, childcare, child protection, nutrition and access to safe WASH services. The evidence and the advocacy helped the Government recognize the role of social protection in addressing the impact of COVID-19 and to prioritize child- and gender-sensitive social protection interventions across relevant ministries. The Government increased its social protection investment from US\$ 6.8 billion in 2019 to US\$ 10.9 billion in 2020–2021 (MOF, 2021).

As part of UNICEF's continuing commitments to the Government, UNICEF commissioned a joint [IVR-based survey on the socio-economic impact of COVID-19](#) in December 2021, which was published in January 2022. This survey provided timely information on the reach of social assistance, children's perceptions on schooling from home during the pandemic, the income dynamic of families and their coping mechanisms. UNICEF, UNDP and DFAT-PROSPERA are working together to conduct the second round of a comprehensive face-to-face survey to monitor the impact of COVID-19 on households. The final report is expected to be launched in May 2022.

Key continuing support to strengthen the social protection system included the following key initiatives, supported by UNICEF:

Guidelines that MOSA and MOV prepared with the technical support of UNICEF contributed to an increase in coverage and benefits of four social assistance programmes to address the socio-economic impact of COVID-19. The programmes included the Family Hope Programme with coverage of 10 million households; Food Assistance Programme with 20 million households; unconditional cash transfer under the Village Fund with 8 million households; and the Cash for Work Programme with 4 million households.

In 2021, UNICEF supported BAPPENAS in piloting 100 per cent socio-economic registration in selected villages in two selected districts in Aceh, one district in South Sulawesi, and one village in West Nusa Tenggara Barat. This database is used to select social protection beneficiaries to reduce exclusion errors. This experience resulted in a request from BAPPENAS to UNICEF for further support to implement and improve the 100 per cent socio-economic registration initiative, one of the Government's priority social protection reform agendas.

UNICEF's continued evidence-based advocacy with MOV strengthened the village-based social protection programme (cash-based) to support affected families with children during emergencies. This effort has resulted in the continuation of cash transfer programmes under the Village Fund which supported demand-driven social protection interventions in 2022. The proportion of Village Fund allocated for this cash transfer was about 30 per cent. Furthermore, UNICEF in close collaboration with the Ministry of Finance and Statistics of Indonesia has been leading a joint survey with other development partners (UNDP and PROSPERA) to monitor and analyse the reach of this cash transfer programme.

The preparation of stakeholder profiles, development of regulatory frameworks and standard operating procedure, and integration of the disaster information system (e-SIMBA) into the unified database of social assistance programmes (DTKS) by BAPPENAS, the Ministry of Finance, MOV and MOSA, with technical support from UNICEF, contributed to strengthening shock responsive and adaptive social protection. The first indicator regarding the number of social protection beneficiary households was met at over 95%. The variance was found after validation and consolidation of beneficiary households which may be linked to the delivery mechanism. Regarding public allocation to COVID-19 response, the target was met by 64% due to the economic downturn and consequent inadequacy of the public budget.

SBC: Risk Communication and Community Engagement (RCCE)

In the second year of the COVID-19 pandemic, creating demand for vaccines while promoting key prevention behaviours through an integrated risk communication and community engagement (RCCE) strategy remained a key focus of UNICEF's agenda.

National support and coordination

In support of national authorities, UNICEF's Communication Team continued to have staff embedded in the Government's Committee for COVID-19 Response and National Economic and Recovery (KPCPEN). UNICEF helped to facilitate KPCPEN's daily national press briefings and the production of public information initiatives such as talk shows, dialogues, webinars, live programmes and educational materials promoting safe behaviours and vaccination. In addition, SMS messages reached 200 million people as part of a collaboration with mobile network operators and the COVID-19 Task Force (SATGAS). UNICEF also supported the management and content creation for the Government's COVID-19 website <<https://covid19.go.id/>>, which reached 28.6 million people, with over 54.3 million pageviews. The website is continuously updated with the latest information, including on AEFI, to prevent disinformation, and on vaccination sites open for the public <<https://covid19.go.id/faskesvaksin>>. With regard to coordination, as the United Nations RCCE Co-Lead, UNICEF continued to facilitate biweekly coordination meetings of the COVID-19 RCCE Working Group, which brings together private, public and civil society organizations involved in the COVID-19 response, in collaboration with IFRC, WHO and OCHA.

Advocacy

UNICEF supported targeted advocacy efforts to promote equity in the delivery of COVID-19 vaccines for priority groups, address *halal/haram* issues with religious groups and scholars and prioritize vaccination of teachers and safe reopening of schools.

[An advocacy toolkit](#) about COVID-19 vaccination was jointly developed with the Government's COVID-19 Task Force, aiming to guide local governments and relevant stakeholders to plan and mobilize resources to implement COVID-19 vaccination. The advocacy kit can be accessed on <<https://covid19.go.id>> and the MOH website <<https://kemkes.go.id>>.

UNICEF provided a range of RCCE support to the Bali Reborn (BaliBangkit) initiative, which aims to control COVID-19 spread in three main targeted areas (Sanur in Denpasar, Ubud in Gianyar and Nusa Dua in Badung District) in order to reopen the island for international tourists. Specifically, UNICEF supported coordination and communication with provincial and district health offices; operation research on behaviours and risk communication; supervising the testing and production of awareness-raising content; media mapping to support media placement; advocacy with key influential leaders and opinion-makers, including identification of influencers.

A partnership with the Alliance of Independence Journalists (AJI) was established to support COVID-19 advocacy through the media. Furthermore, regular media outreach and press release distribution on topical issues helped to advocate for a number of key issues, including the arrival of the first shipment of COVAX vaccines in Indonesia and the release of the UNICEF, UNDP, PROSPERA and SMERU study on the socio-economic impact of COVID-19.

Public awareness

UNICEF continued developing and broadcasting a wide range of IEC content on COVID-19 through mass media, digital media and influencers to raise awareness among at-risk groups and the general population. Through content promoting safe behaviours and vaccination, UNICEF reached 34.2 million people on UNICEF's social media, 1.4 million visitors on UNICEF's COVID-19 website and around 60,000 users on UNICEF's chatbot information service. Public information campaigns on three targeted issues – safe return to schools, AEFI and vaccine acceptance – were rolled out on TV/radio and digital platforms, reaching an estimated 65 million people. A COVID-19 mini soap opera series was developed and aired on UNICEF's social media platforms (Instagram, Facebook, YouTube and TikTok). The series uses 'dramedy' (drama + comedy) to convey key messages about the pandemic. The eight episodes have earned over 1 million views on TikTok and over 160,000 views on YouTube.

Community engagement, including with young people

Partnerships with 12 civil society and faith-based organizations supported community interventions to increase demand for vaccines and promote preventive behaviours, leading to 135,674 health workers, teachers and community volunteers being trained on interpersonal communication skills and more than 1 million people engaged through face-to-face activities. The new partnerships paved the way for a more strategic and sustainable approach to community engagement, which included local governments and communities. In Aceh, around 600 people comprising religious leaders, journalists, headmasters and volunteers have received information and capacity-building sessions about COVID-19, while in East Java and Central Java, over a thousand young people were involved in COVID-19 awareness-raising activities through cultural approach and media advocacy.

Adolescent Circles were actively engaged in RCCE activities in East Nusa Tenggara and West Nusa Tenggara; school staff, local influencers and youth organizations were the main focus in South Sulawesi; while in Papua and West Papua, schools, religious and Indigenous communities were the main focus.

Additionally, RCCE messages were embedded in youth engagement activities held to celebrate World Children's Day in November. Meanwhile, the newly established Youth Engagement Network (Mitra Muda) has actively supported the COVID-19 response through engagement across 30 youth-led organizations across the country. The digital campaign #COVID19Diaries continued to be a platform for young people to share their experiences during COVID-19 and mobilize others to take action through stories, photos, videos, drawings, etc. In 2021, over 350 new submissions from young people were received, reaching at least 780,000 people and generating more than 150,000 engagements.

Throughout 2021, UNICEF continued providing technical support to the Community Engagement Working Group (CEWG) that was established in response to the Central Sulawesi earthquake and tsunami back in October and November 2018 and handed over to the National Cluster of Displacement and Protection under the coordination of Ministry of Social Affairs in 2020. It is technically supported by Plan International with the technical inputs from UNICEF and consists of IFRC, Red Cross (PMI), UNOCHA, Indonesia Disaster Management Society (MPBI) and UNFPA. The CEWG continued to be instrumental in disseminating information on COVID-19 prevention and control, awareness raising on safety protocols, and dissemination of information to communities affected by disasters.

Monitoring and evaluation, including documentation

To monitor shifts in attitudes and behaviours and inform RCCE strategies, UNICEF conducted population surveys including quarterly household surveys –commissioned from Nielsen, a survey of teachers and a survey of parents to measure their perceptions on vaccination and school reopening. A social listening programme provided weekly analysis to guide the national strategy against hoaxes and misinformation. Together with CSO partners and RCCE working groups, monthly newsletters documenting community initiatives were developed and published to share good practices. To date, five volumes have been released.

Adolescent development and participation

UNICEF has been supporting skills development programmes to empower young people to become active citizens. This entails recruiting young people through an innovation challenge where they identify key issues faced in their communities and present solutions, including for the COVID-19 pandemic response and other social issues. Selected adolescents are then supported to develop 21st century skills to refine their ideas and present prototypes to government officials, community members and their peers, with support from private sector and civil society mentors. In the final phase, 42 teams (521 adolescents, 58 per cent female) took part in bootcamp and mentorship sessions to refine their solutions/ideas to the issues they had identified in their communities in the first phase. Of these, 12 teams presented to private sector and government partners in mid-October 2021. The event was attended through YouTube streaming where almost 1,500 watchers tuned in. Around 54 per cent of the participants were young people aged 11–20 years from different schools and education institutions, and nearly 62 per cent of audience members were female. Government representatives and EdTech partners were present, of which three (Orbit Future Academy, Gredu and Skilvu) expressed interest to collaborate with adolescents, while a programmer and web developer were also interested in supporting the adolescent-led solutions. The solutions showcased included an app for COVID-19 tracking, an app to learn sign language, a job matching service, a digital library, and consultancy services for female victims of violence.

In addition to this, a pool of 150 master trainers (62 per cent female) on adolescent engagement methodologies, using UNICEF's Adolescent Kit for Expression and Innovation, has been established. The

pool is made up of civil society representatives, government officials and youth networks. To support adolescent empowerment among girls and boys affected by the COVID-19 pandemic, 72 Adolescent Circles have been set up in districts across the five provinces of Aceh, East Nusa Tenggara, West Nusa Tenggara, Central Java and Papua. Using UNICEF's adolescent kit methodology, these groups provide skills-building and a safe space for girls and boys to openly discuss issues that concern them and work in teams to identify solutions. To date, 1,418 adolescents (57 per cent girls) have been participating in the Adolescent Circles programme, with support from 120 youth facilitators (58 per cent female). Key topics identified were on the impact of the COVID-19 pandemic on mental health, climate change, learning loss and safety online, specifically on the perceived increase of cyberbullying. The adolescent teams worked to develop their own solutions to address these issues, such as back to learning campaigns, projects on conservation and peer-to-peer information sessions regarding COVID-19 myths. To support these adolescent-led groups, subnational government staff and civil society members received training on engaging adolescents in planning and decision-making mechanisms such as Musrenbang (a participatory community consultation on development planning). So far, 102 stakeholders (60 per cent female) from 10 districts were trained.

Cumulatively, in 2021, a total of 13,650 adolescents (54 per cent girls) participated in skills development and adolescent participation initiatives aimed at empowering girls and boys to contribute to their communities and become active citizens. The indicator was only 68% met due to changes in COVID-19 protocols affecting reopening of classes in both schools and learning centres, that led to some adolescents not being able to complete the programme.

Technology for development: data collection and social science research

UNICEF continued supporting the Government of Indonesia with data innovation to respond to the COVID-19 pandemic efficiently and effectively. Big data analysis including analysis of satellite imagery enhanced stakeholders' understanding on the impact of the COVID-19 pandemic and provided with up-to-date poverty projections at the micro-level. A series of hackathon trainings that were conducted in collaboration with Statistics Indonesia improved the institutional capacity of the Government and strengthened the use of big data in policy decisions.

UNICEF's consistent strategic and technical support to the Government improved the overall performance of the One Data Vaccination System, particularly in partner coordination, identifying and establishing interoperability within multiple digital platforms, enhancing database management capacity, conducting essential data analysis, as well as providing training and troubleshooting.

UNICEF's continuous support to the enhancement of the COVID-19 Vaccine and the introduction of the [Readiness Assessment Tool \(VIRAT\)](#) strengthened the monitoring of progress in preparedness activities at the national and subnational levels prior to and during vaccine introduction and helped identify and address issues in timely manner.

UNICEF's support to MOH to deploy the RapidPro (WhatsApp and SMS based) monitoring platform, complementing the Government's existing system, increased data timeliness and actionability and created data synthesis for MOH for immediate data verification and validation at all levels. Coverage data are fed back to reporters and health managers at all levels and visualized in a [web dashboard](#) for easy monitoring. WhatsApp-based data collection is also used to facilitate [real-time monitoring of emergency room bed capacity](#) and feed the information back to the public. Lastly, RapidPro has also been modified to create an initial model of text-based oxygen supply monitoring, which is then

transformed into a web-based platform and integrated in the existing MOH Hospital Online Information System.

UNICEF's technical support to MOH contributed to the development of a public dashboard on [COVID-19 vaccination coverage](#) that facilitated data transparency and accountability to the public. The further improvement of the dashboard enabled MOH to monitor [community transmission and health system capacity](#) at the national and subnational levels. In collaboration with the MOH Centre of Data and Information, the formulation of an index of risk transmission using three incidence rates – confirmed cases, inpatient bed capacity, and mortality – enabled MOH to understand the health system response capacity regarding the rate of testing, tracing and treatment (3T) at the national and subnational levels.

Development of a [vaccine allocation monitoring dashboard](#) by MOH with UNICEF technical support strengthened vaccine supply management by establishing interoperability between the four different government data systems that host vaccine supply and distribution data. This system connectivity and data visualization has resulted in improved data quality, to ensure timely and accurate vaccine allocation across the country.

UNICEF's technical support to the Government (KPCPEN and MOH) improved system interoperability at the national level, telemedicine services, the monitoring system for 3T (tracing, testing and treatment), the PeduliLindungi application and the telemedicine digital platform. The enhancements to the PeduliLindungi application improved access for the public to obtain digital vaccine certificates by supporting the development of an additional WhatsApp channel and a specific menu to validate the data of individuals who received their vaccines abroad.

UNICEF also supported the cross-sectoral COVID-19 response efforts in the following areas:

- Health: a RapidPro based [e-learning platform](#) for health workers was developed and piloted in Aceh Province, covering the two subjects of Interpersonal Communication and Principles of Prevention of COVID-19 Infection.
- WASH: a dedicated [3M Monitoring Dashboard](#) was developed to monitor 3M practices in schools.
- Child Protection: a RapidPro-based platform was developed to collect and [monitor children who lost their parents/caregivers due to COVID-19](#).
- Education: a [Safe School Monitoring dashboard](#) has been developed to monitor the COVID-19 status of all individuals who have been registered in their respective schools.
- Social Protection: an IVR-based survey was conducted to understand the socio-economic impact of the pandemic on children. Using a Random Digit Dialling method, the survey collected data from about 20,000 respondents between December 2021 and February 2022.

[Localization and working with first responders](#)

With the start of the new Country Programme, UNICEF has initiated critical humanitarian partnership and preparedness investments to ensure timely and effective humanitarian action for children. Contingency partnerships have been brokered with the Indonesian Red Cross Society (PMI) supported by IFRC, and with Mercy Corps for the WASH sector, which are expected to provide immediate, life-saving interventions in future emergencies. A Memorandum of Understanding (MoU) with PMI for storing WASH contingency supplies was extended till March 2022, which regulates the access to and dispatching from PMI's warehouse facilities and distribution of supplies in case of an emergency.

UNICEF has initiated a critical partnership with RedR Indonesia to continue strengthening sectoral and cross-sectoral emergency preparedness and response capacities and sensitizing the subnational governments and partners on the Adaptive Social Protection (ASP) system. Through this partnership, UNICEF is supporting the strengthening and expansion of a roster mechanism and development of Standard Operating Procedures (SOPs) for rapid mobilization of specialized national surge capacities within the national humanitarian cluster system.

Humanitarian development nexus programming

UNICEF Indonesia implemented the first year of its new Country Programme, which was developed based on a risk-focused analysis of the situation of children in Indonesia and thematic evaluations. To advance risk-informed programming within the humanitarian-to-development continuum, specific actions to support emergency preparedness and disaster and climate risk reduction for and with children were incorporated or further strengthened in the sectoral and cross-sectoral priorities and workplans, ensuring the continuity of services and tools established as part of the COVID-19 pandemic response in 2021. The following are specific sectoral examples:

In Health, UNICEF works to ensure the sustainability of essential health services, from advocacy work with MOH, development of guidelines and education materials with the relevant MOH sections, capacity building of health workers, provision of health supplies and continuous support for routine health programmes, including in the emergency context.

In Education, UNICEF's ongoing work to improve disaster preparedness in schools through the national Safe Schools Secretariat has proved to be an effective vehicle for the COVID-19 response, bringing both development and humanitarian programming together. COVID-19 safety protocols were incorporated within the pre-existing National Safe School guideline to assist schools to reopen safely.

In Social Protection, advocacy work on expanding social protection for all children, which UNICEF has pursued in the context of implementing child-focused social protection for all, has been a solid foundation upon which to negotiate with government to revise the categorization of poor used in the new cash transfer scheme under the Village Fund. Unconditional cash transfer has been a model for effective and efficient social protection programmes in responding to COVID-19 and other emergencies. Specific efforts towards an adaptive (shock-responsive) social protection system are being supported through technical assistance by UNICEF and other stakeholders for policy, mechanism formulation and capacity development at the national and local levels.

In Nutrition, UNICEF supported the Government in developing e-learning and innovative digital platforms (such as chatbots) to reach target populations despite pandemic-related restrictions. The chatbots were developed to provide counselling on wasting treatment, infant and young child feeding, breastmilk substitutes marketing code violations, and adolescent nutrition. Meanwhile, developing quality e-learning materials on critical nutrition interventions represents a major opportunity to increase the number of trained health workers in a cost-effective way. Both the e-learning and the chatbots have been scaled up and used beyond the pandemic response.

Cluster leadership

In 2021, UNICEF made solid progress in strengthening government's and partners' capacities for emergency preparedness and response and risk reduction, including in response to the COVID-19 pandemic.

The HCT continued to support the Government of Indonesia's COVID-19 response in priority areas such as health, vaccination roll-out, RCCE, mitigation of the socio-economic impact of the crisis, and ensuring continuity and access to critical multisectoral services: nutrition, WASH, education and child protection. Efforts under the 2021 HCT Action Plan were coordinated through a cluster mechanism led by the National Agency for Disaster Management (BNPB), the Coordinating Ministry for Human Development and Culture and line ministries. Within the HCT Action Plan 2021, UNICEF continued to support RCCE, leading the education cluster, nutrition sub-cluster, child protection sub-cluster and WASH sub-cluster, and contributing to the health cluster and psychosocial support sub-cluster.

UNICEF provided technical support and guidance to the national cluster leads and partners to ensure child-sensitive emergency response. Specifically, UNICEF supported the Government's efforts in responding to the needs of children and their families affected by cyclone Seroja and subsequent floods in East Nusa Tenggara and West Nusa Tenggara provinces. Critical support was provided in health, WASH and education through the technical assistance on the SMS-based rapid health assessment.

UNICEF supplied 1,900 hygiene kits, and the Indonesian Red Cross provided 2 handwashing with soap stations to the affected communities. MOECRT distributed 15 school tents to restore the educational process for children in 4 disaster-affected districts, which were previously supplied by UNICEF to strengthen the MOECRT's emergency response capacity.

Results achieved from Humanitarian Thematic Funding

Humanitarian Thematic Funding was critical in providing a timely response to children and their families affected by the earthquake in Lombok in 2018.

To further support and strengthen child-centred contingency planning (CCCP) at the subnational level, UNICEF initiated a formative assessment of the Mount Merapi Contingency Planning process to generate substantive evidence, lessons learned and recommendations to inform the development of guidance on CCCP for replication by subnational governments. It also intends to be programme-informing for UNICEF in supporting and promoting child-centred disaster risk reduction and preparedness at the subnational level in 2022.

Through the partnership with RedR Indonesia UNICEF continued strengthening sectoral and cross-sectoral emergency preparedness and response capacities and sensitizing subnational governments and partners on the Adaptive Social Protection (ASP) System. By the end of 2021, 445 representatives of subnational governments and local partners had strengthened their capacities on education and WASH in emergencies; 65 government and non-governmental partners participated in the training of trainers on Child Protection in Emergencies at the national and subnational levels. Thirty-five representatives of subnational government from Yogyakarta, Central Sulawesi and East Nusa Tenggara gained knowledge on the ASP system and tools. In addition, UNICEF and RedR joined efforts to strengthen and expand a roster mechanism and develop SOPs for rapid mobilization of specialized national surge capacities within the national humanitarian cluster system. To expand the expertise on nutrition in emergencies, 35 CSO representatives have benefited from the Nutrition in Emergencies training.

COVID-19 humanitarian thematic funding was instrumental in supporting children and their families to overcome the negative impact of the pandemic. Key results achieved include the following:

- Over 16.2 million people received messages on healthy diets. The first e-learning training courses for health and non-health workers on infant and young child feeding counselling and nutrition in

emergencies were accredited by the Government and piloted in 7 provinces to prepare for nationwide roll-out from 2022.

- Over 5.5 million children and women received critical maternal and child health services across 9 UNICEF-supported provinces.
- Over 200 million people were reached with key messages on how to protect themselves and their children from the virus.
- Nearly 364 thousand people gained access to hygiene and sanitation services in schools and health centres.
- 7.6 million students safely resumed limited face-to-face learning in over 50,707 schools, and 1 million students across 15 thousand schools benefited from COVID-19 safe school kits as part of a public–private partnership brokered by the UNICEF WASH programme.
- More than 32 thousand children who lost their caregivers due to COVID-19 were identified by MOWECP using the RapidPro digital platform and referred for support to integrated child welfare and protection services.
- Dynamic microsimulation of the impact of COVID-19 on child poverty and revised technical guidelines on social assistance supported government decision-making and targeting of continued cash transfers to affected families.

Thematic Funding case study

Ensuring continuity of learning in Indonesia during COVID-19

Top level results. UNICEF provided technical support to the Government to establish systematic monitoring of the teacher vaccination and school reopening processes. This assistance underpinned critical planning for reaching and vaccinating teachers across the country, and for developing well-orientated support for continuous learning among the most vulnerable children. UNICEF also worked closely with the Government to develop Indonesia's national guidance for the safe reopening of the country's 530,000 schools. UNICEF enabled outreach to some 50,707 schools to help them apply safe school protocols, benefiting



Ica, 11, works on an assignment during class at Elementary School 01 Setu in East Jakarta, Indonesia, on 6 September 2021. Ica was learning from home for almost a year and a half due to the COVID-19 pandemic. She recently returned to her school for limited face-to-face learning.

© UNICEF Indonesia/2021/Arimacs Wilander.

approximately 7.6 million disadvantaged students. A combination of humanitarian assistance funding helped to realize these results, including Global Thematic COVID-19 emergency funding and other regional and country level contributions.

Issue/background. When the pandemic reached Indonesia, the Government's priority was to keep children safe. Hygiene behaviour and social distancing measures were initiated in schools, but schools were closed once the community spread of the virus began to escalate. Lengthy school closures ensued, affecting children's well-being as learning was disrupted and lost. Children with disabilities were among the most impacted, as teachers lacked the skills to deliver inclusive lessons remotely. Furthermore, learners enrolled in early childhood education were unable to participate in online learning due to their young age. Children in the early years of primary school faced similar constraints.

Resources required/allocated. Global Thematic COVID-19 Funding was utilized to assist the Government, particularly MOECRT, to develop and disseminate school reopening guidelines, and to socialize and promote vaccination among the country's 4.5 million teachers.

Progress and results. UNICEF was a key partner in providing technical input into new national guidance on school reopening, which was finalized and disseminated in December 2021 by four ministries: MOECRT, MOH, MORA and MOHA. This guidance provided schools with readiness criteria of how and when to reopen safely for limited face-to-face learning.

Similarly, through the provision of COVID-19 thematic funds, UNICEF supported MOECRT and MORA to improve monitoring of the school reopening and teacher vaccination processes across the country through creating an online data management dashboard. This online School readiness dashboard (<https://sekolah.data.kemdikbud.go.id/kesiapanbelajar/>) collects data on all 533,261 schools across the country and provides information for each province on the number of schools implementing learning from home and those using limited face-to-face learning. As of December 2021, the dashboard showed that 81 per cent of schools were conducting limited face-to-face learning, and that 3.55 million teachers (79 per cent) had received their first vaccine dose and 3.18 million (70 per cent) their second dose. In addition to the data collection and management support outlined above, UNICEF enabled outreach to 50,707 schools located in disadvantaged areas² to help them apply safe school protocols, benefiting about 7.6 million students.

Criticality and value addition. Children have lost learning during the pandemic due to lengthy school closures and inequities in the ability to access quality distance learning. As a result, the learning gap between the most advantaged and marginalized children has grown, with many more children not reaching minimum proficiencies in the foundational skills of literacy and numeracy. With already committed leaders, ongoing domestic financing in place for education, and positive multistakeholder and multisectoral engagement, Indonesia has the tools it needs to address the learning crisis. Reversing the decline in children's learning can only be achieved, however, through a sustained focus on improving the quality of education by tackling inequalities and by focusing on the basics of literacy and numeracy as well as the development of 21st century skills – much of which needs to be done through face-to-face learning, with students and teachers back in classrooms. Sustained investment in learning recovery is needed at least for the next 18 months and beyond.

UNICEF will continue to advocate to keep schools open by applying COVID-19 safety protocols, in acknowledgement of the vital role schools play in the learning and well-being of children, and to minimize the long-term impact of the pandemic on learning.

Challenges and lessons learned. Addressing the safe reopening of schools to ensure children continue to learn required schools to ensure that there was balance: in deciding the content children would learn in this new setting; in ensuring access and safety for students and teachers; and in managing children's active participation in class and through independent learning, as well as in managing expectations for teachers in adjusting to a new 'emergency' curricula and new ways of delivering lessons and supporting students.

In addition to the need to build capacities of teachers to adapt to this new operating environment and to take on blended-learning modalities, capacities also need to be strengthened at the local level to plan and budget for education services to assist with learning recovery – such as sustained investment in early grade learning. The data monitoring systems created in response to the pandemic need to be sustained to ensure consistent, accurate and real-time data are available for policy-makers and implementors, and well as to the general public, to promote accountability in education service provision. Similarly, investment in widening access to technology and internet connectivity must be prioritized to enable equal learning opportunities; and new learning modalities, such as blended

² UNICEF conducted outreach through the dissemination of information, education and communication (IEC) materials (videos, infographics, etc.) through social media channels, national TV and radio, and through in-person interactions with local education authorities, school principals, teachers and school supervisors using a mixture of paper-based and digital materials.

learning, need to be further developed and expanded for the benefit of all children. The ability of school leaders, teachers and local education administrators to open schools safely and keep them open is a critical element in learning recovery.

Moving forward. UNICEF will continue to support the Government in its efforts to ensure schools can reopen safely and teachers continue to be vaccinated so that children can learn safely in classrooms. UNICEF will also continue to work with key partners, such as MOECRT, to provide teachers with the tools to provide catch-up learning to their students, particularly to recover and build foundational learning skills in literacy and numeracy and in life skills, including 21st century skills. Sustained efforts are needed to increase the country's resilience to future shocks, including defining the focus of learning in the short and medium term. This would include developing a comprehensive strategy to take forward a blended learning approach and continuing to improve and leverage the role of technology in teaching and learning in a safe, inclusive and equitable manner.

Supporting the COVID-19 vaccine roll-out in Indonesia

Top level results. Working closely with the Government and partners, UNICEF significantly contributed towards Indonesia's COVID-19 response and vaccine deployment targets. UNICEF supported the deployment of more than 77 million vaccine doses and 17 ultra-cold chain units via COVAX, and led efforts aimed at 200 million people receiving messages on key life-saving behaviours and access to services, including vaccination.

As a result of these efforts, by the end of 2021, UNICEF had contributed to 166 million people receiving the first dose of COVID-19 vaccine (80 per cent of the target of 208.2 million) and 114 million people being fully vaccinated (55 per cent of the target), including 100 per cent of health workers (more than 1.4 million people). Furthermore, UNICEF's high-level strategic, technical and advocacy interventions contributed to coverage of vital groups, and so by the end of 2021, 70 per cent of teachers and 100 per cent of social workers were fully vaccinated, and more than 50 per cent of refugees had received their first dose.



UNICEF/COVAX/Fauzan Ijazah/2021

Issue/background. Indonesia has recorded 5.63 million confirmed cases of COVID-19 and 149,000 deaths, with 13.1 per cent of cases and 1 per cent of deaths among children under 18 years. Equitable access to safe and effective vaccine is critical for ending the pandemic. In January 2021, the Government launched an ambitious campaign to vaccinate 181.5 million people by the end of 2021, later expanding this target to 208.2 million people, including children over age 12. On 8 March 2021, 1.1 million vaccine doses arrived in Indonesia from the COVAX Facility. In the second half of the year, the Government started rolling out booster doses, initially prioritizing health workers, and in December 2021 it expanded vaccination coverage to include 26.4 million children aged 6–11.

Resources required/allocated. COVID-19 Thematic Funds supported MOH and subnational health offices in technical assistance for COVID-19 vaccination to all 34 provinces, aiming to ensure adequate resources, including budget allocation for the immunization program, sufficient human resources, availability of vaccines and related supplies, as well as innovative and contextual social mobilization approaches to boost vaccine demand in the community.

Progress and results. Since early in the pandemic, UNICEF has supported the Government in the response and the deployment of COVID-19 vaccine. By the end of 2021, approximately 80 per cent of the 208.8 million vaccination target had received the first dose of COVID-19 vaccine and 55 per cent had received two doses. With embedded health staff in MOH, working in close coordination with the Ministry of Foreign Affairs, the National Agency for Drug and Food Control (BPOM), Biopharma, the Indonesian Technical Advisory Group on Immunization and other partners, UNICEF provides technical support to various COVID-19 vaccine initiatives:

- Facilitating the arrival of more than 77 million doses via the COVAX facility;
- Development of the National Deployment and Vaccination Plan (NVPD) and technical guidance;
- Support to COVID-19 vaccination roll-out through staff and consultants across Indonesia for strategic input, planning, budgeting, capacity building of health workers, procurement and cold chain systems, and monitoring of mass vaccination points;
- Innovative development of the COVID-19 vaccine introduction readiness assessment tool (VIRAT) at the [national](#) and [subnational](#) levels, and data visualization [dashboard](#);
- Monitoring support during COVID-19 mass vaccination at immunization points;
- Strengthening the supply chain in assessment of cold chain capacities and effective vaccine management of private vaccine hubs and subnational stores, leading to development of a continuous improvement plan;
- Support to vaccine supply-side readiness – arrival, installation and training for 17 ultracold chain units, and procurement of syringes via the COVAX Facility;
- Leading workshops on public–private partnership for immunization, with participants from government, United Nations agencies and partners, which produced an operational plan, ministerial decree and technical guidelines on delivery of immunization services in private health facilities;
- Supporting MOH in facilitating interpersonal communication training for health workers;
- Capacity building of health workers and community leaders on human-centred design in four provinces;
- Development of social media, radio and TV public service announcements on the importance of immunization and adverse events following immunization.

Criticality and value addition. Working with MOH and relevant partners at the national and subnational levels, UNICEF provided direct technical support and advocacy for the vaccination programme and to protect priority groups. This continuous effort at all levels aims to achieve the ambitious government target coverage in all 34 provinces of Indonesia, reduce mortality rates, protect the health system and resume critical services during the COVID-19 pandemic.

Challenges and lessons learned. Embedded UNICEF staff in MOH proved a vital resource for the overall strategic and technical planning and implementation of the COVID-19 response and vaccine deployment. This support contributed to the development and implementation of COVID-19 policies, including establishment of vaccination centres; partnering with the private sector for vaccine deployment; early prioritization of teachers for vaccination; and including refugees in the public

vaccination scheme. Placing UNICEF staff within MOH has also been strategic for UNICEF in maintaining government focus on critical equity issues and advancing child rights.

Planning, coordination and financing are some of the main challenges in COVID-19 vaccine roll-out at the subnational levels. Planning and district readiness using innovative tools were useful throughout implementation. Coordination and support across programmes, as well as engagement of professional associations, faith-based organizations and other partners, are key to ensure smooth implementation.

Continued advocacy on essential health services is key to ensure that child health interventions can be delivered during the pandemic despite the challenges. Staff and consultants based at the subnational levels can leverage local momentum and harness cross-sectoral and cross-programme collaboration.

Moving forward. UNICEF continues to provide technical support to the Government, including MOH and relevant partners at the national and subnational levels, particularly for coordination across sectors, strategic and technical programming, and continuous monitoring to ensure equitable access to safe and effective vaccines. Furthermore, advocacy at all levels will be important to ensure political commitment and cross-sectoral support for better implementation of COVID-19 vaccine roll-out and resumption of essential health services in Indonesia.

Photos



The Minister of Foreign Affairs of Indonesia and Gavi COVAX AMC co-chair Retno Marsudi addresses the press together with the Ministry of Health's Interim Director General of Pharmaceuticals and Medical Devices Drg. Arianti Anaya, MKM, WHO Representative Dr N. Paranietharan and former UNICEF Representative Debora Comini upon the arrival of the first batch of COVAX vaccines at Indonesia's Soekarno-Hatta International Airport on 8 March 2021. (Angkasa Pura/2021)



The arrival of 1.1 million COVID-19 vaccine doses to Indonesia from the COVAX Facility. UNICEF/COVAX/Wilander/2021



Made Sucia Dewi shows her vaccine certificate. Her husband Made Dwi Andika, a sanitation worker, was fully vaccinated earlier this year. UNICEF/UN0473650/Ijazah/2021



Komang shows his vaccination certificate. He says he hopes the vaccine will help bring Bali back to normal.
UNICEF/UN0473642/ljazah/2021



A health-care worker administers an mRNA vaccine in Kupang, Indonesia, as part of the country's COVID-19 vaccination campaign. UNICEF/UN0551519/ljazah/2021

Assessment, monitoring and evaluation

As part of the response to the COVID-19 pandemic, UNICEF and UNDP, together with SMERU and PROSPERA, have completed a joint assessment on the socio-economic impact of COVID-19 on households in Indonesia. Almost three-quarters of households (74 per cent) said they were earning less than the previous year. Families with children (75 per cent) and those living in urban areas (78 per cent) saw even greater loss of income. UNICEF together with the Fiscal Policy Agency (BKF) finalized a modelling analysis on the impact of COVID-19 on child poverty and policy responses. In parallel, UNICEF is monitoring the impact of COVID-19 on families and the coping mechanisms that they adopt, in particular on learning, health, nutrition and poverty, through immersive qualitative research that produces longitudinal insights. The first round of the study has picked up on the frustration among parents with online learning, the significant impact of COVID-19 on urban and migrant families, reluctance to visit health facilities, and the confusion around distribution of social assistance packages.

A Humanitarian Performance Monitoring (HPM) system was set up with detailed indicators linked to the Core Commitments for Children (CCCs) and in response to the continued negative impact of the pandemic. These indicators guided data collection through the existing government systems and monitoring initiatives of the implementing partners. In 2021, UNICEF issued quarterly situation reports, including inputs provided to the East Asia and Pacific Region Humanitarian Action for Children situation reports, issued on quarterly basis. In addition, UNICEF Indonesia contributed to a global survey of country offices for tracking the situation of children in COVID-19 related to health/HIV, nutrition, WASH, education, child protection, social policy and cross-cutting issues including gender. The survey draws on the best available sources for each country, including administrative data, and allows adjusting programming and advocacy as needed in relation to the shifting effects of the COVID-19 pandemic (and containment measures) and related socio-economic impacts on children. Contribution to the UN Socioeconomic Response Framework reporting was also made to inform on the UNICEF Indonesia's progress and results of the COVID-19 response actions throughout 2021.

In 2021, given the continued nationwide restrictions on movement, UNICEF conducted regular remote/online monitoring and evaluation of its humanitarian interventions and as such held regular online review meetings and virtual field visits with partners at the district, provincial and national levels. Reports from implementing partners are submitted to UNICEF on a quarterly basis, under procedures set out in the United Nations interagency policy on Harmonized Approach to Cash Transfer (HACT).

Financial analysis

Details on financial contributions for emergency response in 2021 are given in Annex A.

Ensuring value for money is an important consideration for UNICEF. Whenever possible, local procurement of supplies was chosen over international procurement, to accelerate access and reduce costs. To allow for a rapid delivery/implementation, we worked closely with local civil society organizations that have established networks in the key intervention areas, and our existing subnational presence ensured more immediate, relevant and cost-saving support.

Future work plan

Indonesia continues to be hit by the COVID-19 pandemic, including the latest surge in cases caused by the Omicron variant. The direct and indirect consequences of the pandemic on children in Indonesia are likely to be severe and sustained. Therefore, UNICEF Indonesia will continue responding to urgent and critical needs across a multitude of sectors, while addressing the need for a long-term response and recovery and investment in strengthened resilience that an emergency of this nature requires. Key priorities for 2022 include the following:

- **Providing needed support for the COVID-19 health sector response while ensuring safe resumption of health services, strengthening primary health care resilience and support for COVID-19 vaccine deployment.** With embedded staff in the Government and across provinces, UNICEF, in partnership with the Government, will continue to enhance subnational capacity through its seven field offices by supporting the COVID-19 Task Force with the response strategy, improving data and information flows, and developing and disseminating COVID-19 technical and communication materials. Furthermore, the impact of COVID-19 on the health of children, pregnant women and mothers is of serious concern, with decreases in antenatal care visits, hospital-based deliveries and routine childhood immunization. In response to these challenges, UNICEF will continue to focus on ensuring safe resumption of essential health services through strengthened primary health care. In addition, specific areas of engagement around COVID-19 vaccine deployment include procurement support through the COVAX Facility, and technical assistance to national and subnational planning, budgeting, systems strengthening and implementation.
- **Addressing all forms of maternal and child malnutrition triggered by the COVID-19 pandemic.** One in three and one in ten Indonesian children are stunted and wasted, respectively, while nearly one in two pregnant mothers anaemic. These vulnerabilities have been exacerbated by the economic crisis and food and health system disruptions related to the COVID-19 pandemic. UNICEF is working with partners to address this by revitalizing essential nutrition services, especially focusing on prevention and treatment of child severe wasting and maternal underweight and anaemia, and scale-up of innovations to strengthen delivery of nutrition services. UNICEF, in partnership with the Government, is undertaking efforts to improve IYCF practices and nutrition for school-age children and adolescent girls and boys, and to transform food systems to make healthy, safe, nutritious food accessible, affordable and available to vulnerable populations.
- **Assessing risks and accelerating WASH interventions.** Handwashing rates remain low in Indonesia, with limited access to safely managed hand hygiene services, including in health facilities, schools and other public areas. UNICEF is co-leading WASH Cluster coordination for response activities, supporting national assessments to improve coordination systems and implementing recommendations to strengthen capacities during emergencies. For implementation, UNICEF

developed behaviour change trainings, assessed WASH conditions in schools and health facilities aimed at increasing sustainable and safely managed WASH infrastructure, and will continue to scale up real-time independent monitoring of COVID-19 safe behaviours. UNICEF is supporting the development of a costed national roadmap to improve access to hand hygiene and promote behaviour change and is coordinating a coalition of public–private partners for multisectoral engagements to accelerate supply and demand generation activities while promoting innovations for increased access to inclusive hand hygiene facilities and services.

- **Ensuring continuous and catch-up learning for vulnerable children, assisting out-of-school children to continue their education, and enhancing adolescent participation.** School closure due to COVID-19 has affected nearly 530,000 schools and 60 million learners across Indonesia. More than 4.1 million children are out of school, and this number is increasing. With schools gradually reopening, UNICEF is focusing on recovering lost learning. This work includes supporting safe school reopening, resumption of early childhood education and development services, adoption of blended learning approaches, and capacity building of teachers to provide catch-up learning on foundational literacy and numeracy skills, particularly for students in rural and remote areas. UNICEF will continue to assist with the identification of out-of-school children and those at risk of dropping out of school, and to enhance access to essential services to promote ongoing education. UNICEF will also continue working with adolescents to promote their participation in creating relevant learning opportunities for 21st century skills development.
- **Addressing child protection concerns and reducing vulnerabilities.** COVID-19 has deepened existing child vulnerabilities and created new ones, particularly among the poor, those who lack parental care, or are victims of violence, abuse and exploitation. The pandemic and associated containment measures have also worsened the already limited capacity of the child protection system and services to prevent and respond to these vulnerabilities and risks. UNICEF will continue focusing on improving MHPSS services for children, adolescents and caregivers as well as health workers and other front-line responders, such as social workers and community volunteers. Support includes the need to expand alternative care options and promote diversion programmes for children in conflict with the law, as well as reducing risks of violence against children and gender-based violence.
- **Securing public finance for children and strengthening social protection systems.** More children and adolescents have fallen into poverty than any other age group because of the COVID-19 pandemic. They have been hit especially hard by reduced household incomes and the inability of their families to improve their economic status. These economic conditions were exacerbated by low coverage and limited benefits received from social protection programmes. UNICEF is working with national and subnational authorities to strengthen child-focused social protection systems, support the establishment of a single socio-economic registration system, and increase the adaptiveness of social protection systems to emergencies. An additional area of focus is evidence generation to assess the socio-economic impact of COVID-19 on households.
- **RCCE.** UNICEF's RCCE strategy revolves around five main areas: (i) national support and coordination; (ii) public awareness; (iii) community engagement, including with young people; (iv) advocacy; and (v) monitoring and evaluation, including documentation. Through its RCCE work, UNICEF aims to promote trust in public health efforts related to COVID-19 and support national authorities in rolling out authoritative public information campaigns on all aspects of the COVID-19 response. Regarding vaccine roll-out, while the first phase of the RCCE work in 2021 focused on supporting COVID-19 vaccination for priority groups such as front-line workers and teachers, the

work going forward will focus on broader coverage, including vulnerable populations and remote areas.

- **Strengthening real-time monitoring, information sharing and reporting through data and analytics.** The majority of UNICEF's interventions are strengthened by the deployment of digital platforms to support real-time reporting and monitoring efforts; institutional status assessments in health facilities, schools and alternative care sites for vulnerable children; the design of chatbots and interactive voice technologies for information sharing and survey administration; and big-data partnerships with Google and Facebook to assess the effects of physical distancing on population mobility and COVID-19 transmission dynamics, electrification and connectivity level at public services, and child poverty mapping.
- **Adolescent participation.** [Ensuring meaningful participation of adolescents/young people](#) in the various response stages is essential. Key areas of engagement include supporting meaningful advocacy and awareness-raising efforts, including co-designing IEC materials and campaigns; reviewing and contributing to government-led decision-making processes and guidance on issues affecting them; and conducting monitoring, evaluation and documentation of existing COVID-19 response programmes. UNICEF Indonesia also partners with youth networks and youth volunteers to reach children and adolescents with messages, programmes and services.

In addition, given the high risk of disasters – including earthquakes, tsunamis, floods/landslides as the most frequent and potentially devastating – UNICEF will continue strengthening emergency preparedness for response capacities of country office and field office staff, implementing partners and front-line responders. Based on the positive results of the development of the child-centred Mount Merapi Contingency Plan, UNICEF will further strengthen partnership and coordination with local government and other humanitarian actors. Efforts will be made to consolidate the lessons learned to inform the development of the guidelines, SOPs and child-centred tools for child-centred contingency planning, to further replicate a similar approach to emergency preparedness and response in other highly risk-prone provinces in Indonesia.

Annexes

Annex A: Financial analysis

In 2021, UNICEF Indonesia received new funds through the response of the donors to the East Asia and Pacific Region 2021 HAC Coronavirus appeal. Further, there were several non-thematic humanitarian funds received from different public and private donors.

Table 2. Funding received and available by 31 December 2021, by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount* (US\$)
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	1,530,733
Thematic Humanitarian Funds	SM/20/9910	1,104,234
Total Thematic Humanitarian Funds		2,634,967
b) Non-Thematic Humanitarian Funds		
DFAT	SM/20/0385	1,778,204
Swiss Committee for UNICEF	SM/21/0200	207,000
DFAT COVID-19	SM/21/0343	428,771
Canada	SM/21/0580	45,056
ACCENTURE	SM/21/0606	293,611
ACCENTURE 2	SM/21/0856	192,559
Total Non-Thematic Humanitarian Funds		2,945,201
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
		0
d) Other types of humanitarian funds		
		0
Total humanitarian funds received in 2021		5,580,168

II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	1,406,843
Thematic Humanitarian Funds	SM/20/9910	415,346
Total carry-over Thematic Humanitarian Funds		1,462,189
f) Carry-over of non-Thematic Humanitarian Funds		
DFAT	SM/20/0385	1,583,962
Canada	SM/20/0420	116,754
PFP Prudential	SM/20/0615	7,373
PFP WINGS	SM/20/0787	152,251
Total carry-over non-Thematic Humanitarian Funds		1,860,340
Total carry-over humanitarian funds		3,322,529
III. Other sources		
N/A		
Total other resources		

Table 3. Thematic humanitarian contributions received in 2021

Donor	Grant number	Programmable amount	Total contribution amount
		(US\$)	(US\$)
Thematic Humanitarian Funds	SM189910	1,530,733	1,530,733
Thematic Humanitarian Funds	SM209910	1,104,234	1,104,234
Total		2,634,967	2,634,967

*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.

Annex B: Human interest story and communication

The human-interest stories are provided in the links below:

- [Back to school in the pandemic](#)
- [When parents have questions about their children's nutrition, this chatbot has the answers they need](#)
- [Empowering girls to take control of their periods during the pandemic](#)
- [Children in Java share their concerns – and hopes – with leaders amid COVID-19](#)

- [Thriving during the COVID-19 pandemic](#)

Annex C: Donor feedback form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions in the link below for the above-mentioned report. Thank you!

[English version](#)