

Indonesia

Update on the context and situation of children

Indonesia has suffered from the highest number of COVID-19 cases in southeast Asia. By end 2020, the country had registered 743,198 confirmed cases, 22,138 deaths, and incidence in all 34 provinces. Children have been directly affected including through family illness or death, lost schooling as more than 500,000 schools closed for face-to face learning, reduced access to health care and other social services as well as loss of household income experienced by 3 in 4 households.

National GDP contracted by 2.2 per cent in 2020 as the economy was affected by mobility restrictions and other public health measures to contain the pandemic – a reversal of the growth rates averaging 5 per cent over the past five years. While extreme poverty per the national poverty line had dropped from 23.5 per cent in 2000 to 9.41 per cent in 2019, recent rising unemployment threatens to reverse this positive trend. Child poverty rates are higher than in the general population (nearly 12 per cent), and 42 per cent of children live only just above the poverty line.

The socio-economic impact of the pandemic is severe and puts past progress at risk. The government has largely been able to mitigate the impact on child poverty through expanded social protection programs, which are expected to continue in 2021. Increased investments in the delivery of health and social services will be needed for the recovery. An opportunity for recovery and growth is Indonesia's 'demographic dividend'. Two-thirds of Indonesia's population are 15–64 years old and this large productive-age population can be a powerful engine for development.

For his second term, President Joko Widodo has ambitious plans to invest in human development, including the provision of services for health, nutrition, birth registration, social protection, education and nutrition. Protecting women, children and vulnerable groups from violence are key priorities. However, despite the expected economic recovery from the pandemic in 2021, low government expenditure in the social sectors will continue to challenge the realization of child rights.

Despite a progressive universal health coverage system with over 220 million people enrolled in the country's health insurance scheme, access to basic health care remains challenging, especially in rural areas. Nearly one in 30 children dies before reaching primary school (IDHS, 2017), with significant disparities affecting children notably in Eastern provinces. Most deaths relate to preventable diseases, such as pneumonia, diarrhoea and neonatal infections, which are in turn exacerbated by poor environmental conditions. Health risks have increased as the pandemic has challenged the continuity and coverage of essential maternal, newborn and child health services with routine immunization reducing by 35 per cent compared to 2019. The Government has developed an extensive COVID-19 vaccine implementation plan, and simultaneously seeks to safeguard routine immunization services. It has formalized membership in the COVAX Facility, while establishing bi-lateral purchasing agreements with manufacturers, and called on partners including WHO and UNICEF to support preparedness efforts for vaccine introduction and distribution, including supply-side readiness, cold chain strengthening, capacity building of health workers, microplanning and risk communication and community engagement.

Due to physical distancing measures imposed to curb the pandemic, schools across the country have been closed and slow to reopen, with only 6 per cent of school children attending face-to-face learning in December 2020, due to local governments' and school heads' concerns about local COVID situations and limited compliance with national guidelines for school re-opening. Children and teachers are struggling with remote learning due to lack of internet access and other factors. Due to prolonged

school closures the number of out of school children (4.2 million children aged 7-18) is likely to increase. and the already significant learning gap to worsen; the Programme for International Student Assessment (PISA) 2018 revealed that 70 per cent of 15-year-old students already did not achieve minimum proficiency levels in either reading or mathematics.

The Government is increasingly prioritizing its focus on the triple burden of malnutrition affecting children: (i) almost 7 million children under five years of age are stunted; (ii) more than 2 million are wasted and (iii) almost 2 million overweight or obese. During the pandemic, suspension of nutrition counseling and early detection of malnutrition risks led to reversal of previous progress. The Government worked to strengthen the capacity of health workers to deliver quality nutrition services, including online counselling for mothers and caregivers, remotely with broad coverage.

Chronic underinvestment in water and sanitation infrastructure, both in rural and urban areas, is impeding nearly all households from accessing safely managed water supplies. According to the latest data, 40 per cent of education units and 70 per cent of primary health care facilities do not have basic hygiene facilities, underlining the scale of the challenge for COVID-19 transmission prevention efforts.

Even before the pandemic, the rate of violence against children in Indonesia was high: 60 per cent of children aged 13-17 reported having experienced physical, psychological/emotional or sexual violence during their lifetime. High tolerance for domestic violence is an important risk factor for young people, with 40 per cent of women aged 15-19 accepting wife beating (IDHS 2017). While services are limited, the Government has initiated mobile-based nationwide mental health services which refer victims of violence to the Ministry of Women's' Empowerment and Child Protection.

The revision of the national disaster management law, including the national cluster system, continued in 2020 with technical advice from the international cluster system coordinated by UNOCHA. The operational environment for UNICEF remained complex in Indonesia's decentralised, upper-middle income context with significant disparities affecting children across the large archipelagic country. The COVID-19 pandemic and the mobility restrictions it entailed posed additional challenges to the cooperation at national level and through seven UNICEF field offices.

The programme cycle 2016-2020 was funded to over 90 per cent and UNICEF Indonesia leveraged one of the highest funding responses globally for COVID-19, from international and Indonesian private sector contributions. With systematic and compelling engagement from existing and emerging donors, total funds utilized in 2020, over US\$ 38 million, was the highest in the five years of the country programme.

Programme and risk management

The country programme is governed by a steering committee chaired by Bappenas¹, and thereby has a high level of national ownership. A regular forum provides strategic direction to government cooperation with the United Nations, as framed in the UNSDCF.

The ongoing reform of the United Nations development system presents growing opportunities to ensure a continued focus on results for children. Interagency synergies through joint programming and resource mobilization, complementarity and coherence of approach will all be enhanced to support achievement of the Sustainable Development Goals.

¹ Ministry of National Development Planning (Bappenas)

UNICEF will continue to operate with a country office in Jakarta and seven field locations, which contribute to achieving planned results at subnational level by influencing local planning and resource allocation to scale up proven interventions. In line with evaluation recommendations, the field presence will be more systematically linked to evidence generation, advocacy and policy advice.

Key programme risks relate to natural disasters and climate change, and assurance of implementing partnerships. To mitigate risks from disasters and climate change, UNICEF will regularly analyse and synthesize national administrative data sets, early warning systems, online polls and big data. For risk-based partnership management, fund transfers and activity implementation will be monitored through the principles of the harmonized approach to cash transfers (HACT).

The middle-income status of Indonesia poses the risk of a reduction in international development aid. Given the immense development challenges that remain, UNICEF will strengthen its partnership portfolio and advocate that various global partnerships, bilateral donors and innovative financing mechanisms prioritize the country, complementing gradually increasing domestic public and private contributions for children.

Monitoring and evaluation

Outcome indicators of the country programme will be monitored through national systems including SUSENAS, the periodic RISKESDA17 and the population census.² UNICEF support to these data systems focuses on Sustainable Development Goal indicators and incorporating international principles and best practices, such as those from the global multiple indicator cluster survey programme. Meanwhile, sectoral administrative data systems will be strengthened as they remain a key area of focus for routine and facility-based monitoring.

Collaboration with implementing partners under the inter-agency HACT framework is reported by partners through the eTools system and contributes to overall reporting at the output level. This is complemented by regular programmatic assurance activities conducted by staff. The humanitarian performance monitoring framework linked to humanitarian action for children is used during responses to humanitarian emergencies.

Mid- and end-year reviews of the programme are carried out in collaboration with Bappenas. Results assessments, indicator progress and lessons learned are documented in UNICEF public reporting systems. Wherever possible, indicator reports will be disaggregated by age, sex, urban/rural, wealth quintile and facility type.

The programme of cooperation will undergo a country programme evaluation in 2023. Thematic evaluations, some country-led, will be conducted for each of the six main programme components to inform national priorities, learning and accountability. Evaluation will be used to position UNICEF as a strategic thought partner of the Government on sector-wide approaches beyond the country programme.

² SUSENAS is the annual national socio-economic household survey administered by BPS. RISKESDAS is the national basic health research conducted every five years and administered by MoH.

Lessons Learned and Innovations from 2020

As a result of the new Country Programme development process, including the mid-term review, programme strategy notes development, a risk-focused analysis of the situation of children in Indonesia and thematic evaluations, a set of important lessons learned was drawn and shifts implemented for the next programme cycle 2021-2025.

Evidence-based programmes at-scale

The 2016-2020 country programme focused on upstream modelling and replication through capacity development at national and local levels in planning, evidence generation and knowledge management, reflecting the use of limited resources for maximum impact. This resulted in the establishment of good practices and proven models that the Government can take to scale.

Systematic documentation, monitoring and evaluation of these models provided the evidence-base of “what works” for children. Already, local governments adopted and replicated learnings from the twelve models piloted in the areas of Nutrition, Education, WASH, Health and Child Protection during the 2016-2020 country programme. The design, financing and delivery of social service policies will replicate solutions derived from over fifty evidence generation activities during the current programme. Going forward, UNICEF will continue to systematically evaluate its programmes with Government and utilize lessons learned to provide policy and legislative advocacy for leveraging government ownership and resource allocation for programming at scale.

Subnational implementation through field offices

Indonesia is a vast and diverse archipelago with challenges in connectivity and access. Decentralized governance sees a large share of public resources directly allocated to districts, each with autonomous decision-making structures, but often with weak fiscal and human capacity for planning and delivery of quality services. A review of UNICEF field presence in East Asia and Pacific substantiated the continued relevance of subnational engagement to secure and support commitments to child wellbeing by local governments.

UNICEF will continue to operate with a country office in Jakarta and seven field locations, which contributed to achieving 2020 planned results at subnational level. In line with the 2020 Office of Internal Audit and Investigations audit recommendations, field presence will be more systematically linked to evidence generation, advocacy and policy advice. Government ownership will be strengthened through additional coordination and joint monitoring mechanisms with local governments and UNICEF field offices under the leadership of the Ministry of Home Affairs.

To facilitate focus and programme convergence for results at scale within targeted provinces, the new country programme has reduced the number of focus provinces from eleven to eight. At the same time, programmes implemented across the focus provinces were harmonized and capacities of the chiefs of field offices were strengthened in crucial areas such as public financing for children. Under the lead of a newly created Chief of Field Operations position, field offices will drive engagement with provincial governors on the replication of proven models with

local budgets and advocate for adhesion to a comprehensive capacity development platform spanning all UNICEF-supported sectors. A specific focus will be put on improving data quality and availability for local target setting and programme performance monitoring, including through the localisation of the National Statistics' SDG Dashboard supported by UNICEF and use of local administrative data sources.

Risk informed programmes and climate change

Key programme risks relate to natural disasters and climate change. To prepare for improved risk mitigating measures, UNICEF conducted a multi-hazard risk assessment and a risk-focused situation analysis of children before designing its next country programme. To advance risk-informed programming in the humanitarian to development continuum, emergency preparedness, disaster risk reduction and management, and climate action for and with children will be incorporated under the programme planning and monitoring function in the next country programme.

Experience and collaborative relationships gained from the response to the 2018 earthquake/tsunami emergencies in Lombok and Central Sulawesi, as well as from piloting child-centered contingency planning related to one of Indonesia's most active volcanoes, will be fed into the ongoing revision of the national disaster management legal and regulatory framework. In strengthening emergency preparedness and response capacities for multi-hazard risks, including public health emergencies and those induced by environmental and climate-driven threats, UNICEF will leverage its leadership of four humanitarian clusters at inter-agency level, its network of field offices, new Core Commitments for Children in Humanitarian Action and will regularly analyse and synthesize national administrative data sets, early warning systems, online polls and big data, including from the perspective of gender specific vulnerabilities.

COVID-19

The COVID-19 response has required an 'all-of-government' effort, supported through high-level cross-ministerial partnerships. This has required UNICEF to play an important 'bridging role' to ensure technical input from conventional ministry partners and guidance from national emergency coordination mechanisms translated into effective sub-national implementation. The response has been facilitated by UNICEF staff embedded within Government's coordination teams at the national and provincial levels.

Given physical distancing measures, UNICEF Indonesia adopted remote modalities for capacity development, programme coordination and monitoring. Use of technologies like Interactive Voice Recognition (IVR) for training of health workers and volunteers in remote areas helped fill capacity gaps for services. The good practices will be systematized after the pandemic to support a green recovery, with less travel and hybrid physical/virtual meetings for inclusion of wider stakeholder groups in programme mechanisms. Design and remote dissemination of COVID-19-related guidance documents has been a critical innovation to ensure rapid resumption of essential services and will inform the COVID vaccination roll-out in 2021.

Equally important has been the use of innovations in data and analytics which has provided critical information on where service disruptions pose the most serious risk. Real-time data collection through mobile platforms provided critical information on the operational status of

health and nutrition services; the availability of basic infrastructure such as hand-washing with soap stations; public perceptions regarding safety and willingness to resume service utilization; safe behaviour (mask use, safe distancing and hygiene behaviour); and critical issues such as acceptance of COVID-19 vaccines. IVR technology has also been used both for polling and for dissemination of information through 'chatbots.' Finally, through partnerships with Facebook and Google, the use of 'big-data' have been central to understanding population mobility and its effect on COVID-19 transmission and informing major policy efforts in the country.