



INDONESIA: COVID-19 response

Multi Sectoral Response Plan Report No. 01

As of 08 July 2020

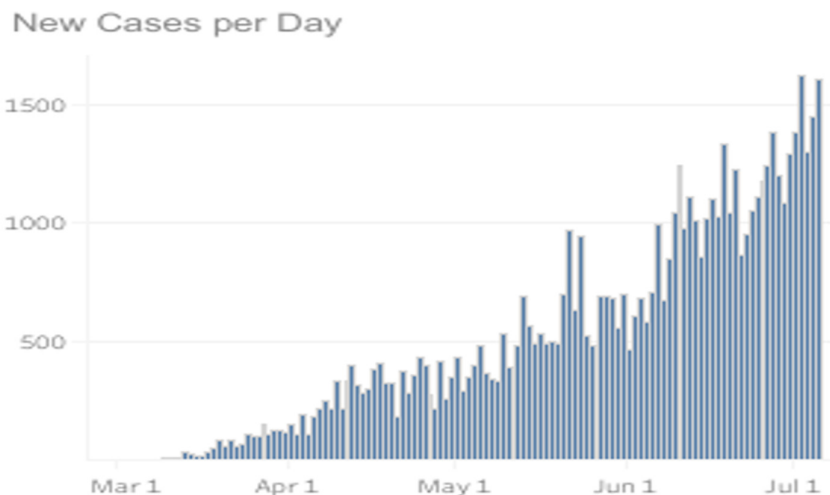
HIGHLIGHTS

- Global COVID-19 cases passed the 12 million mark on 8 July 2020 – with the death toll surpassing 540,000 – as concerns mount over a dangerous resurgence of the disease in several countries.
- As of 8 July, the Indonesian Government has reported 68,079 confirmed cases of COVID19, with 3,359 deaths across 34 provinces.
- Since the beginning of March, partners have delivered WASH assistance to more than 500,000 people and reached 48,808 children with home-based learning materials across the country.

Situation Overview

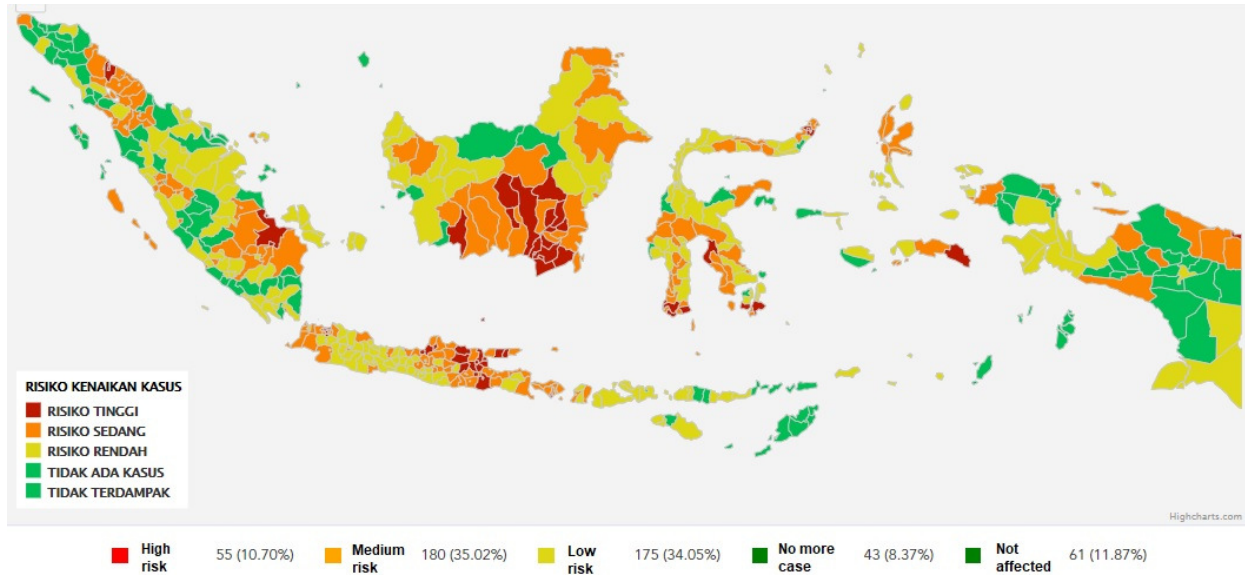
BNPB data shows that as of 8 July, 68,079 people across all 34 provinces in Indonesia have tested positive for COVID-19. Some 31,585 people have recovered, and 3,359 people have died. 968,237 specimens have been tested since the first corona virus case was detected in the country, out of a population of over 270 million. The comparison of cases between women and men shows that the prevalence of the virus is quite balanced, although 60 percent of deaths are of men. All age groups are affected by the disease, with the number of deaths dominated by those aged 46 years and over. The corona virus has spread throughout 34 provinces and 456 out of 514 districts / cities in Indonesia. Most cases are in East Java, Jakarta, South Sulawesi, West Java, Central Java, and South Kalimantan.

Table 1: New confirmed COVID-19 cases per day in Indonesia between 1 March and 1 July 2020.



In early June 2020, the Government of Indonesia began the transition phase to “Adaptation to the New Behavior for productive and safe communities against COVID-19 disease”. A set of protocol has been enacted to enforce requirements regarding pre-conditions, timings, priorities, national-regional coordination as well as monitoring and evaluation. The re-opening of activities in the regions is being made in stages, starting with the ones categorized as green and yellow zones. The zoning is constantly monitored and updated weekly by the Task Force for the Acceleration of COVID-19 Response, according to guidelines and parameters from WHO. The following map is collected from the Task Force website as per 8 July 2020:

Map 1: Risk of COVID19 spread per province

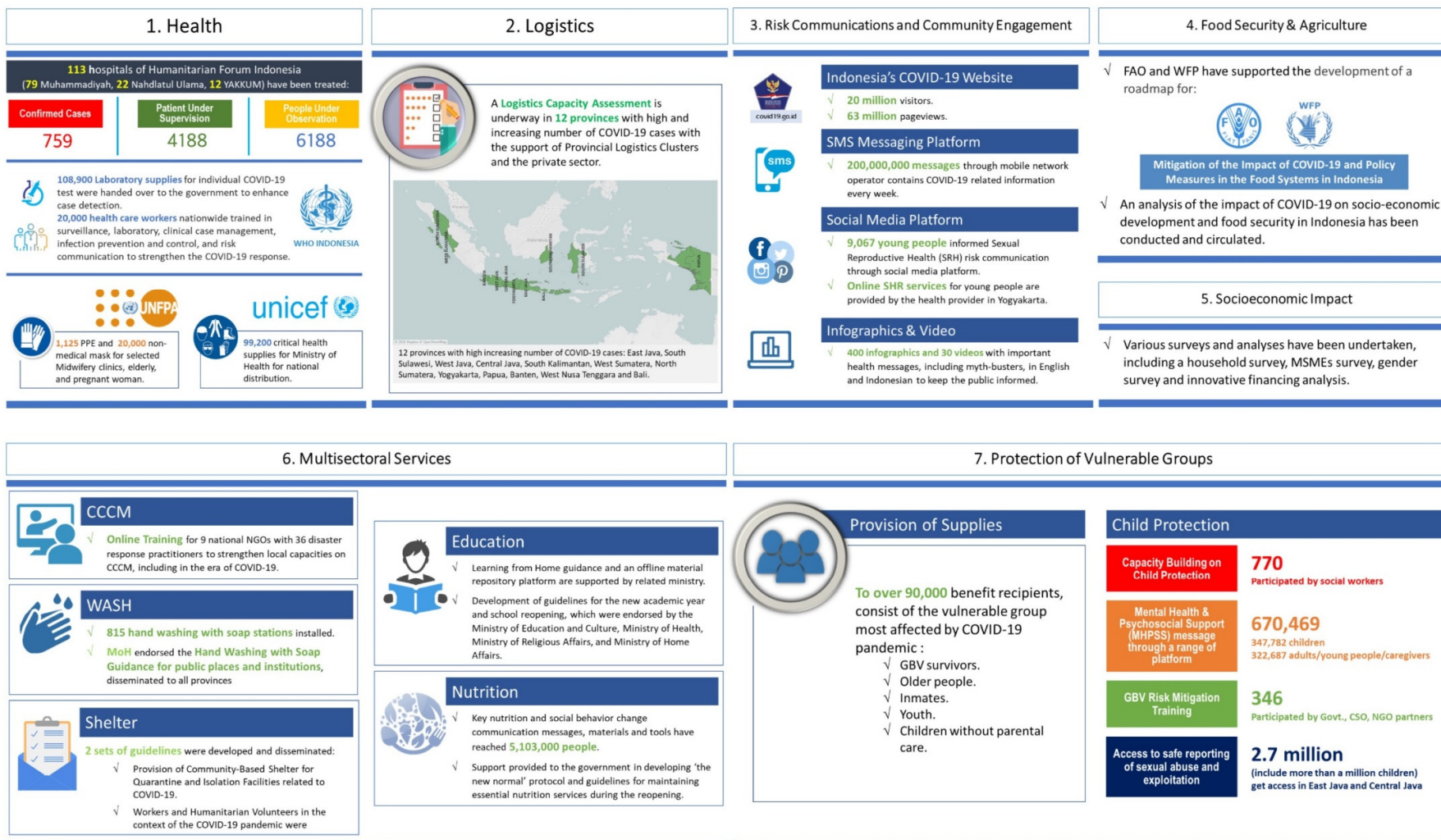


On mid-June, the Indonesian Ministry of Health (MoH) issued a set of health protocols governing activities in public places, including department stores, hotels, airports, restaurants, places of worship and tourist sites. The protocols contain essential measures that people need to implement while in public places. On the fourth week of June, the Government decided to reopen certain tourism sites.

Partners’ Response Overview

The Multi Sectoral Response Plan aims at complementing the efforts of the Government of Indonesia in addressing the direct and indirect impact of the COVID-19 crisis.

Key COVID-19 cumulative figures



Health	<ul style="list-style-type: none"> • 759 patients with confirmed cases, 4,188 patients under surveillance and 6,188 people under observation have been treated in 113 hospitals of Humanitarian Forum Indonesia (HFI) members (79 Muhammadiyah, 22 Nahdlatul Ulama and 12 YAKKUM). • UNFPA Indonesia has distributed 1,125 gowns, google glasses, surgical masks and gloves, to selected midwifery clinics, and more than 20,000 non-medical masks, hand sanitizers to selected midwifery clinics, older persons and pregnant woman. • UNICEF procured 99,200 critical health supplies and handed these over to the Ministry of Health for national distribution. • WHO handed over laboratory supplies for 108 900 individual COVID-19 tests to the government to enhance case detection. • WHO trained close to 20 000 healthcare workers nationwide in surveillance, laboratory, clinical case management, infection prevention and control, and risk communicaiton to strengthen the COVID-19 response.
Logistics	<ul style="list-style-type: none"> • A logistics capacity assessment is underway in six provinces (East Java, South Sulawesi, South Kalimantan, North Sumatra, West Sumatra and Yogyakarta) with high and increasing number of COVID-19 cases with the support of Provincial Logistics Clusters and the private sector.
Risk Communications and Community Engagement	<ul style="list-style-type: none"> • Within the National Task Force for the COVID-19 Response, the RCCE working group maintains the https://covid19.go.id/ website, which has reached about 20 million visitors, with 63 million pageviews. • The SMS messaging platform with Mobile Network Operators is reaching 200,000,000 people with COVID-related messages every week. • 9,067 young people have received sexual and reproductive health (SRH) risk communications through social media platforms. • Online SRH services for young people are provided by health providers in Yogyakarta. • WHO published around 400 infographics and 30 videos with important health messages, including myth-busters, in English and Indonesian to keep the public informed in a timely manner.
Food security and Agriculture	<ul style="list-style-type: none"> • An analysis of the impact of COVID-19 on socio-economic development and food security in Indonesia has been conducted and circulated. • FAO and WFP have supported the development of a roadmap for the 'Mitigation of the Impact of COVID-19 and Policy Measures in the Food Systems in Indonesia'.
Socioeconomic impact	<ul style="list-style-type: none"> • Various surveys and analyses have been undertaken, including a household survey, MSMEs survey, gender survey and innovative financing analysis.
Multisectoral services	<p><u>CCCM</u></p> <ul style="list-style-type: none"> • An online training has been conducted for 9 national NGOs with 36 disaster response practitioners to strengthen local capacities on CCCM, including in the era of COVID-19. <p><u>Shelter</u></p> <ul style="list-style-type: none"> • Two sets of guidelines on the Provision of Community-Based Shelter for Quarantine and Isolation Facilities related to COVID-19 and Workers and Humanitarian Volunteers in the context of the COVID-19 pandemic were developed and disseminated. <p><u>WASH</u></p> <ul style="list-style-type: none"> • 815 hand washing with soap stations have been installed. • The Ministry of Health has endorsed the Hand Washing with Soap Guidance for public places and institutions and disseminated it to all the 514 districts in 34 provinces. <p><u>Education</u></p>

	<ul style="list-style-type: none"> • The Ministries of Education and Religious Affairs are supported in the development of Learning from Home guidance, and through an offline material repository platform. • Development of guidelines for the new academic year and school reopening, which were endorsed by the Ministry of Education and Culture, Ministry of Health, Ministry of Religious Affairs, and Ministry of Home Affairs. <p><u>Nutrition</u></p> <ul style="list-style-type: none"> • Key nutrition and social behavior change communication messages, materials and tools have reached 5,103,000 people. • Support provided to the government in developing ‘the new normal’ protocol and guidelines for maintaining essential nutrition services during the reopening.
<p>Protection of Vulnerable Groups</p>	<ul style="list-style-type: none"> • Provision of supplies to vulnerable groups, including GBV survivors, elderly, inmates, and youth in the areas most affected by the pandemic. Kits provided to over 90,000 persons, including children without parental care, GBV survivors and older people. <p><u>Child Protection</u></p> <ul style="list-style-type: none"> • Capacity building conducted for 770 social workers on child protection. • Mental Health and Psychosocial Support (MHPSS) messaging disseminated to 670,469 individuals (347,782 children; 322,687 adults/young people/caregivers) through a range of platforms. • A total of 346 staff and volunteers from Government, CSO and NGO partners participated in GBV risk mitigation training. • Access to safe reporting of sexual abuse and exploitation has been extended to more than 2.7 million people (including more than one million children) in the provinces of East and Central Java. • WHO has been working with MoH to address the mental health needs of different populations, such as elderly, people with disability, children, adults in quarantine and frontline workers through mapping of the mental health needs, identifying interventions required and assessing specific groups’ access to the services ; the national guidelines on mental health and psychosocial support was launched on 26 April.

Partners’ COVID-19 response by priority area

Health (including Reproductive Health, Mental Health and Psychosocial Support)

Vulnerabilities

- Health resources have significantly increased. From the initial 132 referral hospitals, there are now 668 referral hospitals, with 166,233 beds and 2,338 isolation rooms. However, these remain low when considered against the total number of people in Indonesia.
- Prior to COVID-19, 5.4 million pregnant women per year required Ante Natal Care, Intra Natal Care, and Post Natal Care services; moreover, 30 million couples of childbearing age needed family planning services. Interrupted reproductive health services are causing immediate and long-term issues.
- An assessment of immunization services among over 5,000 health facilities identified service disruptions in 84 per cent of facilities.
- 28 percent of Puskesmas/health centers are not fully functioning as per operational hours, and 84 percent of Puskesmas experienced a reduction in the number of visits; this will likely impact the provision of reproductive health including family planning services (source: preliminary results of Puskesmas rapid assessment, MOH, June 2020).
- There was a 40 percent reduction of new family planning users in March compared to February 2020, this points to an increase in family planning needs unmet.

Activities

- During May 2020, WHO supported the Government of Indonesia in the procurement and distribution of medical supplies for a total value of about \$1.4 million. In June and July, cold chain and medical supplies were provided to 22 hospitals.
- UNDP, WHO, and IOM provide 33 ventilators through the National Agency for Disaster Management (BNPB) and the Ministry of Health.
- UNDP donated 500,000 medical masks to Ministry of Foreign Affairs (MoFA) and BNPB.
- UNDP and WHO working together to strengthen COVID-19 related medical waste management and procure four incinerators and four autoclaves to support the Ministry of Health in increasing the capacity for medical waste handling.
- UNDP is providing advisory support to governments including Ministries of Health: to strengthen the data systems of stakeholders to ensure an informed, data-driven response strategy to the COVID-19 crisis. It will do so via the following activities:
 - Technical assistance on data management improvement between health services in national and sub-national to support data sharing for multiple systems related to the COVID-19 response.
 - Telemedicine platforms collaboration with health services for health consultation, self-quarantine, testing, and medical treatment especially for COVID-19 suspected cases and support to monitor personal protective equipment' use in community to prevent COVID-19.
 - To develop a multi-stakeholder platform for international and local manufacturers and suppliers to support each other in meeting the hospital demand for medical supplies (supply chain of medical supplies).
- Partners conducted advocacy for the sustainability of essential reproductive health services, including for the availability of safe blood products, services for high-risk pregnant women and childbirth, the availability of contraceptives, and the availability of antiretroviral treatments for those who need it.
- WHO held an orientation session at the prison health service facility on COVID-19 preparedness and response planning.
- WHO distributed 108 900 real time PCR test kits, 126 extraction kits, and 1815 disposable sampling kits to Balitbangkes; 126 nucleic acid extraction kits for preparing samples for testing; and 3 sets of magnetic abbreviations for processing extraction with reagents.
- WHO presented an updated laboratory testing guidelines for COVID-19 to 200 laboratory students in the Ministry of Health (MoH)'s training on PCR testing for COVID-19.
- WHO supported the development and revision of the national guidelines on COVID-19 prevention and control. The fifth edition was launched on 13 July. Important revisions were incorporated in line with WHO's recommendations. The guidelines state the four transmission scenarios (no case, sporadic case, cluster and community transmission) and interventions needed as per the country context; revised case definition and discharge criteria; the indicators for adjusting public health measures; and the discontinued use of rapid diagnostics tests (RDTs) for COVID-19 diagnostic purposes..
- WHO supported the analysis of provincial data to assess epidemiological criteria to ease large-scale social restrictions, as recommended in the WHO guidelines for public health and social measures.
- WHO supported a risk assessment of health care workers who are potentially at higher risk of contracting COVID-19 due to exposure in health facilities. The results will guide improvements for the protection of health workers. Data was collected in May and June from 105 COVID-19 referral hospitals.
- WHO is working with MoH to coordinate stakeholders across the country via webinars to address challenges and find solutions to maintain essential health programmes alongside COVID-19 response, for instance maternal and child health, immunization, tuberculosis, HIV and noncommunicable disease. WHO is supporting in programme analysis and providing input into national guidance on continuity of essential of health services.

- Partners supported the hotline service (119 ext. 8) on initial psychosocial support and potential referral.
- Mental Health and Psychosocial Support (MHPSS) messaging have been disseminated to 670,469 individuals (347,782 children; 322,687 adults /young people/ caregivers) through a range of platforms.
- The Indonesian Red Cross (PMI) provides online psychosocial education on managing stress for 530 PMI staff and volunteers, and online self-isolation education for 730 facilitators in 8 PMI districts/cities.
- To promote the importance of continuing immunization services, UNICEF organized a media briefing with 375 participants from the Indonesia Journalists Association and network, which included experts from the Ministry of Health and the Indonesian Pediatrics Association.
- UNFPA Provided 1,125 PPEs to 100 midwifery Clinics in Depok, Tangerang and South Jakarta through the Indonesia Midwives Association (IBI). It provided 600 Dignity Kits to pregnant women, post-delivery and newborns through 100 midwifery Clinics of IBI.
- In collaboration with BKKBN, IBI and BNPB, UNFPA supported the distribution of 20,000 PPEs in selected midwifery clinics. The PPEs are provided by BNPB/BKKBN.
- UNFPA and the Yayasan Siklus Indonesia provided online and offline sexual and reproductive health consultations to young people through 46 health service providers.
- IBI, BKKBN, DOCTORSHARE, and UNFPA provided PPE assistance for reproductive health services.
- UNFPA distributed essential logistics support for 132 pregnant mothers in Central Sulawesi in April-June 2020 in collaboration with local non-government organizations (NGOs), Libu Perempuan, Yayasan Kelompok Pejuang Kesetaraan Perempuan Sulawesi Tengah (KPKPST), and Yayasan Kerti Praja (YKP).
- JHPIEGO provided education, implementation of family planning services, telemedicine, and personal protective equipment (PPE) distribution in Batang and Brebes districts.
- Under the leadership of the Ministry of Health, UNFPA supported reproductive health coordination and regularly updated the 3W (Who does what, where) on reproductive health information.
- IOM provided PPE, cloth masks, and other supplies for frontline officers and returning Indonesian migrant workers at points of entry and the Ministry of Social Affairs-managed transit shelters for returned migrant workers.
- Refugees, with IOM and community groups' support, led initiatives to voluntarily produce cloth masks for distribution to fellow refugees and local neighboring communities in Kupang, Makassar, Tanjung Pinang, Batam, Pekanbaru, Medan. Volunteers made more than 3,660 masks in the month of May alone.
- IOM collaborated with the District Health Forum to produce more than 400 bottles of hand-sanitizer (60mL) for distribution to refugees and underprivileged community members in six villages in Semarang.
- In Makassar, IOM launched "SEHAT: Self Health Assessment Tool" for refugees to monitor their health conditions with IOM health teams through an online health survey that is available in refugees' native languages.
- UNOPS is conducting a procurement process for medical equipment for a total of USD 4 million.
- PMI has distributed 4,733 units of sprayer, 22,490 hazmat suits, 4,443 raincoats, 7,435 goggles, 32,192 N95 masks, 5,240 rubber gloves, 1,044,872 surgical gloves, 6,930 pairs of boots, 690,980 hygiene kits, 2,395,008 fabric masks, 2,732,150 surgical masks, 251 body bags, 84,586 food packages, 1,599 face shields, 498,934 pouches of floor cleaner liquid, and 30 units of ventilators.
- PMI is providing ambulance services (45 PMI branches in 17 provinces) and implementing the management of dead bodies across 21 PMI branches. ICRC supports ambulances allocated for PMI in South Jakarta, Central Jakarta, Tangerang, Bandung, Denpasar, Makassar, Malang and Tabanan, while IFRC ambulance support is in six PMI branches in West Jakarta, Surabaya, Sidoarjo, Solo, Medan, and Buleleng.

- Baznas supports the 70 ‘Corona Responsive Village’ program which is implemented in 23 provinces, with activities of disinfection, hand washing facilities, PPE distribution, nutritious food, and health services.
- Human Initiative provided PPEs and medical supplies to 130 hospitals, while Caritas Indonesia provided PPE to 163 hospitals across the country.
- IAC monitors the availability of ARVs and ensures ARV therapy for patients.
- With the financial support of the Asian Development Bank, UNICEF procured 99,200 items of critical health supplies and handed these over to the MoH for national distribution.
- UNICEF supported the MoH to finalize a dashboard to visualize COVID-19-related health system effects across all public and private hospitals in the country. This is currently being socialized across all 34 provincial health offices. Moreover, UNICEF is supporting the MoH to develop guidelines on the resumption of routine services by hospitals in the “new normal”. Finally, in response to the growing media coverage about pediatric COVID-19 cases, UNICEF is working with WHO and the Indonesian Pediatrics Association to conduct a detailed analysis of epidemiological data to inform potential mitigation strategies.
- UNICEF continues to enhance sub-national capacity through its network of seven offices across Indonesia, where embedded staff have been supporting provincial COVID-19 Task Forces in developing contingency plans; reviewing and implementing protocols and guidelines; surveillance and epidemiologic investigation; supporting improved data and information flows; supporting the establishment and monitoring of isolation centers; designing and disseminating risk communication and community engagement content; and locally adapting IEC materials. In selected provinces, UNICEF is supporting local health authorities with the monitoring of MNCH, immunization and malaria services to ensure the continued provision of quality services.
- UNICEF supported the MoH to update guidelines on essential health services for children under-five. To further highlight the importance of continuing immunization services, UNICEF organized a media briefing with the Indonesian Journalists Association, which included experts from MoH and the Indonesian Pediatrics Association. The session was attended by 375 participants and articulated the findings of the immunization rapid assessment to place the spotlight on immunization.

Gaps and Constraints

The COVID-19 pandemic has impacted the health systems in Indonesia, which require immediate and long-term support.

Logistics

Vulnerabilities

- Insufficient fulfilment of some important documentations of custom clearance required of life-saving imported medical items. Consequently, some critical items being held by Customs Storage waiting for the required documents.

Activities

- WFP provided coordination support to the Government-led National Logistics Cluster, by facilitating regular, bilateral and technical coordination meetings involving the relevant Government counterparts and private sectors at the National and Sub-national levels.
- Supported the National Logistics Cluster to coordinate the provision of customs clearance services at entry points as well as the transportation, storage, handling, and distribution services, including by the Indonesian Logistics and Freight-forwarding Association, PT Pos and the Indonesian Red Cross.

- WFP facilitated information-sharing to partners/members in order to support the handling process of international cargo.
- Continued advocating the use of alternate entry points and hubs that are now available in several major cities in country, including: Surabaya, Semarang, Bali, Medan and Makassar, to speed up the distribution of critical supplies as well as to utilize the hub and business model as stipulated in the MoH Operational Plan.
- WFP supported information management through a dedicated logistics web-page as the main IM portal to visualize and store logistics related documents, concept of operations, logistic capacities and support mechanism, minutes of meetings, SoPs, infographics, etc. In parallel to that, a Share-Point is available to keep broader documents locally in both Bahasa Indonesia and English versions. All can be assessed at <https://logcluster.org/countries/IDN> and <https://wfp.sharepoint.com/sites/KlasterNasionalLogistik>
- Partners facilitated the engagement of the private sector in the provision of logistics services including:
 - ALFI - (Association of Logistics and Freight-forwarding Indonesia) as an official clearing agent appointed by BNPB, provides custom services in all the entry points.
 - ALI and PT Pos Indonesia – provides commodity handling, storage, warehouse and distribution services.
 - Cold Chain Association – to anticipate surge support needed such as cold storage /cold chain management that can be immediately augmented, should there be any urgent needs in the coming months.
- Logistics capacity assessment is underway in several provinces (East Java, South Sulawesi, South Kalimantan, North Sumatra, West Sumatra and Yogyakarta) with high and increasing number of COVID-19 cases, through the support of Provincial Logistics Clusters and private sectors.
- In collaboration with the NGO coalition, WFP has facilitated Humanitarian Logistic Operations training, in which 477 people participated (M:130/F:347).
- WFP conducted the first training on basic humanitarian logistics and logistics in pandemic situations for TAGANA (Ministry of Social Affairs-managed disaster preparedness volunteers), in which 95 TAGANA's members from South Kalimantan and East Java provinces participated (M:82/F:13). The second round of training will be conducted in July 2020.
- Plans are being drawn to conduct a logistics strategic dialogue in August, aimed at gathering inputs from relevant stakeholders on critical gaps and challenges, for improvements needed during the ongoing response operations, and potential resources to be mobilized.
- WHO is coordinating the COVID-19 Supply Portal among partners; this is a purpose-built tool to facilitate national authorities and all implementing partners supporting COVID-19 national response plans to request critical supplies. The country demand, partner procurement mechanisms, and logistics/distribution is brought together through this supply portal.

Gaps and Constraints

- The Government of Indonesia is applying a single point of entry for imported medical items in Jakarta, which has caused a longer logistics process. Robust advocacy is needed for alternative entry points, i.e. in major cities such as Surabaya, Makassar, Semarang, Medan, and Denpasar.
- Practical training for local government institutions on medical items being received from Jakarta would be useful.
- Lack of logistics management at the downstream level (at the village/RW/RT level), which should consider health protocols, proper handling of goods, storage and distribution.

Risk Communication and Community Engagement (RCCE)

Vulnerabilities

- It is important to maintain public trust in the government and health authorities in messages and instructions (including to protect the public from incorrect information).

Activities

- WHO is regularly sharing important health messages on the website and social media platforms. Guidance, online courses, educational videos, infographics and myth-busters have been translated into Indonesian to keep the public informed in a timely manner.
- Within the National Task Force for the COVID-19 Response, the RCCE working group maintains the <https://covid19.go.id/> website, which has reached about 20 million visitors, with 63 million pageviews.
- UNICEF continues to support the government COVID19.GO.ID Chatbot with more than 2.5 million users.
- UNICEF provides technical support in shaping the messaging for the regular SMS blast, reaching to more than 200 million people.
- UNICEF and Aliansi Jurnalis Independen (AJI) journalists facilitated training for spokesperson from the sub national level (provinces of Aceh, East Java, Central Java, South Sulawesi, Maluku, East Nusa Tenggara, West Nusa Tenggara, Papua, and West Papua).
- UNICEF completed an RCCE guidance package for the Task Force, as part of the overall cross sectoral guidance package, which acts as source of information and materials for the sub-national leaderships.
- UNICEF works with Nahdlatul Ulama and Muhammadiyah to reach over 350,000 people in 34 districts for awareness and behavioral change interventions.
- As part of the youth engagement efforts, the #COVID19Diaries digital campaign has reached 31 million people and engaged a further 889,000 on UNICEF Indonesia/U-Report social media platforms through 400 stories shared by young people. An online mental health session with mental health experts was organized for 50 adolescents and streamed live on Facebook to 1,300 users.
- UNICEF regularly publishes a wide range of high-performing content on Facebook & Twitter, which have reached over 47 million people. Radio Public Service Announcements on 'pray at home,' immunization, and "do not travel home after Ramadan" aired on state-run RRI (Radio Republic Indonesia) and 55 private radio stations, reaching 13,122,930 people.
- Established and reactivated collaboration with partners at the sub-national level, with the support of the Community Engagement Working Group in East Nusa Tenggara and Central Sulawesi.
- Training on communication & outreach strategies development to change behavior delivered on 17 June.
- UNFPA conducted risk communication activities through social media and reached over 9,000 young people all over Indonesia on the topic of COVID-19 and sexual and reproductive health. Online SRH services and consultation for young people are being provided by health providers in Yogyakarta with UNFPA's support.
- UNFPA facilitated youth engagement through an online survey, online focus group discussions and social media analysis to understand the needs of young people during the COVID-19 pandemic.
- UNFPA launched an online health campaign involving 26 influencers and young creative digital content producers.
- UNFPA regularly promotes youth leadership in addressing the COVID-19 pandemic through online public discussions, online gatherings, and counseling for young people affected by the pandemic.
- IOM teams facilitated 356 risk communication activities, including engagement from local government and civil society groups. Refugee and community-led RCCE actions continued to broaden awareness about COVID-19 prevention measures, coping with social restrictions, addressing stigma, and expressing solidarity in the global efforts to combat the virus.

- The Indonesian Red Cross (PMI) and the International Federation of the Red Cross and Red Crescent Societies (IFRC) shared the results of their Community Perceptions of COVID-19 study conducted in mid-May, and that gathered responses from 19 provinces.
- Yakkum developed and shared education packages on COVID-19 which reached about 200,000 people.
- UNDP teamed up with Trans Jakarta to provide COVID-19 awareness posters spread out all of Trans Jakarta bus stations, serving tens of thousands of commuters daily.
- On youth awareness UNDP teamed up with online media Katadata, National Geographic and Magdalene to inform the risk and impact of COVID-19 with specific themes on gender violence, environment and the rights for the disabled communities. With the aforementioned media, UNDP held a series virtual discussion, targeting over 2000 attendants so far from all part of Indonesia.
- UNDP, through its Youth Co Lab, and in partnership with UNICEF's U-Report conducted survey among 700 young entrepreneurs to identify challenges and most needed support.

Gaps and Constraints

- The consistency to provide good information with the right quality and quantity, along the highly dynamic of COVID 19 situation is a challenge.

Food Security and Agriculture

Vulnerabilities

- Although there were no national food commodity deficits, a closer look is needed on sub-national food security. For example, some parts of Maluku, Sulawesi, and Papua experienced deficits in certain commodities.
- Food supply chains are impacted by the policies to contain the spread of the corona virus. There are reports that food transport drivers have to go through a 14-day self-quarantine in their area of residence after delivering food supply to areas with a high number of COVID-19 cases. This policy has hampered the distribution of food from production centers, especially for small-scale food logistics operators.

Activities

- The development of a roadmap for the 'Mitigation of the Impact of COVID-19 and Policy Measures in the Food Systems in Indonesia' is underway (BAPPENAS and Rome-Based Agencies). The roadmap sets the frame for the Government of Indonesia's short-term response to the most immediate effects of the pandemic on food systems, especially on logistics of food commodities and agro-inputs. As part of this work, FAO participated in a stakeholders discussion on the national food logistics system that was chaired by Minister of Agriculture on 11 June to discuss recommendations for improving the food logistics system.
- Assistance was provided by a total of 19 Non-Government Organizations and UN agencies to food gardening households, farmers, and agricultural and fishery infrastructure facilities, in the form of food aid and non-cash assistance, for a total of around 9 billion rupiah in funding.
- WFP has issued a report of the impact of COVID-19 on socio-economic development and food security in Indonesia at the end of May 2020¹. Key findings of the analysis are:
 - a. The lowest general domestic product increase since 2001 took place in the first quarter of 2020;

¹ <https://www.wfp.org/publications/indonesia-covid-19-economic-and-food-security-implications>

- b. The five most impacted sectors accounted for a fall of 40 per cent of the Indonesian economy last year, which by then employed 45 per cent of the total work force;
 - c. Job losses so far are estimated between 4.9 and 5.2 million people, and an additional one million formal workers were forced to stay at home either unpaid or half-paid.
- In cooperation with the Food Security Agency (BKP) of the MOA, WFP plans to initiate a feasibility study on utilization of a WFP's mobile Vulnerability Assessments and Monitoring (mVAM) in Indonesia. The system allows collecting data on early warning and monitoring the situation in remote locations, where conducting similar exercise is costly and hard to implement.
- WFP initiated a research study on the creation of protocols to ameliorate the impact of climate change and other hazards, including pandemics, on vulnerable communities.
- Initiated by the Regional Office of FAO, WFP, UNICEF, and WHO, country offices for all these organizations plan to conduct remote survey on the status and determinants of food insecurity and undernutrition in poor urban areas in Jakarta, Indonesia, to find out the impact of COVID-19 on their livelihoods, food security, and nutrition.
- Rumah Zakat is implementing a Family Food Security program in 12 villages across Java Island, by assisting laying hens, rice seeds and fertilizers, village food management, urban farming and catfish cultivation.
- Dompot Dhuafa has started the 'Food for Dhuafa' programme, targeting 30,000 poor households.

Gaps and Constraints

- The coordination platform for overall Food Security in Indonesia is under National Food Security Council (*Dewan Ketahanan Pangan*) that has been organized by the Ministry of Agriculture; not under the sub-cluster mechanism. In fact, the coordination mechanism is currently focused on the Government responses, instead of multi-sectoral responses.

Mitigating the socioeconomic impact of the crisis

Vulnerabilities

- BAPPENAS has estimated that the unemployment rate in Indonesia will increase by 4 million to 5.5 million people in 2020 (8.1-9.2 percent), and in 2021 by 10.7 million up to 12.7 million people (for a 7.7 to 9.1 percent rate). Hardest hit industries include manufacturing, which has 18 million workers, of which a currently estimated 9.8 million are either furloughed (about 70 percent) or laid-off (30 percent).

Activities

- UNDP is mapping the capacity gap in seven provinces on crisis response coordination. The results will trigger the provision of technical personnel and other resources to strengthen cross-sectoral coordination capacity. Meanwhile, cross-sectoral coordination mechanisms at the national and regional levels are being prepared.
- UNDP supported the Ministry of Administrative and Bureaucracy Reform to improve its citizen reporting platform, LAPOR! allowing it to support COVID19 awareness and reporting. Currently, UNDP supports the adjustment of the program operation, and development of a framework for synergizing the reporting system between the regional and National Government.
- WVI conducted Rapid assessment of early recovery needs for the COVID pandemic; respond (900 families and 943 children)
- UNDP is supporting big data analysis mechanism in accordance with the data privacy code of conduct and international standards for ethical use of data. It identifies digital solutions that can help collect

- and share information, provide telecommunications services and essential public services e.g. telemedicine. These efforts, conducted in May – July, will enable effective response interventions.
- To get a comprehensive analysis on socio-economic impact for community protection programme, a series of survey are being conducted:
 - a. UNDP and UNICEF - Household surveys with SMERU and BPS (using Susenas Database); targeting 20,000 respondents.
 - b. UNDP - Survey activity framework for MSME with LPEM UI and in coordination with Ministry of Cooperative; targeting 1100 MSMEs.
 - c. UNDP - Gender and unpaid worker surveys with JPAL
 - d. UNDP - Innovative financing analysis for social protection with LD FEB UI; targeting 7 provinces.
 - UNDP working in collaboration with WHO, ILO, OCHA and other clusters to advocate and synchronize the "new normal" guidelines for the productive business sector with private sector association.
 - UNDP and UNICEF is supporting Ministry of Village (MoV) and MoSA on data synchronization mechanism for cash assistance schemes provided by both ministry.
 - UNDP is supporting MoV for the formulation of a monitoring system for distribution of village funds for labor-intensive activities as part of social protection to strengthen community economic security
 - The Cash Assistance working group conducted a Joint Market Assessment for twelve commodities in 47 districts / cities of 14 provinces. A total of 32 organizations participated in this online exercise, which took place in April and May.
 - Baznas provides family assistance packages to over 210,000 households, cash assistance to 30,000 households, and cash for work to over 3,700 people.
 - Muhammadiyah distributed about 500,000 food packages, ready-to-eat meal to over 61,000 people.

Gaps and Constraints

- The Government launched the National Economic Recovery Program (PEN – Pemulihan Ekonomi Nasional) on 11 May. Currently the program has a total budget of IDR 695 trillion; however, its implementation is challenged by various obstacles.

Critical multi-sectoral services

Camp management

Vulnerabilities

- With unknown exact numbers, there are many IDPs in Central Sulawesi and Lombok who still live at emergency shelter, following the 2018 disasters. Their living conditions, without adequate basic facilities, increase their exposure to the corona virus.

Activities

- Translated and disseminated the Interim Guidelines for Improving Preparedness and the Operation of the COVID-19 Outbreak Response in Humanitarian Situations.
- IOM launched an online training for 9 national NGOs with 36 disaster response practitioners to strengthen local capacities on CCCM, including in the era of COVID-19.
- Continued supporting collaboration in the post disaster response settings in Central Sulawesi, Lombok and some other locations.
- Mapping the conditions of internal displacement in Indonesia, assessing the implementation of standards for camp coordination and camp management.

Gaps and Constraints

- Unavailability of up-to-date data regarding the number of internally displaced people.
- Unavailability of displacement management institutions that provide support to ensure dignified life in IDP camp setting.
- Unavailability of information and feedback mechanism for IDPs on the developments related to their conditions or complain about their conditions in order to get better services.

Shelter

Vulnerabilities

- Natural disaster occurrences remain frequent during the COVID-19 pandemic, which causes front-line humanitarian workers at more risk situation in providing assistance (both for building construction and aid distribution).

Activities

- Developed two sets of guidelines on the Provision of Community-Based Shelter for Quarantine and Isolation Facilities related to COVID-19 and Workers and Humanitarian Volunteers in the context of the COVID-19 pandemic.
- Developing guidance for Workers and Humanitarian Volunteers in the context of the COVID-19 and for providing natural disaster relief (floods, earthquakes / tsunamis / landslides) under COVID-19.
- Developing a training module for TAGANA (MOSA Volunteers) and Social Service.
- In collaboration with seven hospitals in Jakarta and Surabaya, Habitat for Humanity Indonesia helped some 600 medical workers secure proper rooms and beds.

Gaps and Constraints

- The migrating and displaced individuals/families stuck between provinces need temporary shelter assistance; however, it has been difficult to prepare a plan for such assistance due to various reasons, including unavailability of data and estimations, and lack of clarity on the coordination mechanism for such cases.

Education

Vulnerabilities

- There are more than 68 million school students overseen by the Ministry of Education and Culture (MoEC), and 18 million pesantren (Islamic schools) students overseen by the Ministry of Religious Affairs (MoRA).
- The disruption of the education process is caused by the low/no preparedness of students, teachers and parents for distance learning, limited internet access, unavailability of electricity, TV and radio (computer ownership in Indonesia at the household level is 20.05 per cent; internet coverage is 66.22 per cent of households - BPS, 2019).
- With schools closed in May, IOM modified its education programming for refugees by launching online learning platforms for refugee children. Vouchers for internet credit are provided to children and adults participating in online classes. A total of 414 refugee children and 263 adults actively participated in online education programmes.

Activities

- UNICEF and partners supported MoEC in developing guidance on Learning from Home during COVID-19 pandemic situation which has been disseminated through government networks.

- Negotiated with internet providers for expanding network coverage.
- Assist MoRA with an offline materials repository platform.
- Developed a home study guidance for children with disabilities.
- Assisted the development of a Teacher Capacity Building Action Planning by the Ministry of Education and Culture.
- UNICEF assisted the development of an inventory of printed learning materials for students from pre-primary to upper secondary school.
- A survey on the wider effectiveness of learning from home was launched by MoEC and UNICEF targeting parents and students across Indonesia, which includes a specific focus on learners in remote rural areas of Papua.
- UNICEF supported the Government with the development of guidelines for the new academic calendar year and school reopening, which were endorsed by the MoEC, MoH, Ministry of Religious Affairs and Ministry of Home Affairs.
- Using UNICEF's RapidPro platform, the second phase of a national assessment was conducted to assess the effectiveness of off-line learning through MoEC TV broadcasts. The results will inform on-going monitoring of off-line learning which will be conducted by weekly and reported through national systems.

Gaps and Constraints

- Harmonizing the support to the two main ministries with responsibilities on education.

WASH

Vulnerabilities

- It is only about a third of all Puskesmas (Community Health Centers) that have hand washing with soap facilities with running water, and half of them have adequate liquid-waste management. While among schools, only 20-30 percent of schools have hand washing facilities.

Activities

- UNICEF supported the development of guidelines on triggering methods for the Community-Based Total Sanitation programme in the context of the COVID-19 recovery. Working with the Directorate of Environment Health and the Ministry of Health (MoH), UNICEF supported the hand washing with soap guidance to be disseminated nationwide and placed in public places and institutions. A guidance document on waste management for households and communities has been developed with UNICEF' support and is being reviewed.
- Supported the Ministry of Health to compile pocketbooks & infographics for Household Infectious Waste Management.
- WHO conducted a socialization exercise on 'Waste Management during COVID-19' which covers the policy on solid and liquid waste management, and the use of incinerators and autoclaves; over 10 000 online participants from 20 provinces attended during the series of webinars
- YAKKUM has installed 312 hand washing facilities that have been used by around 44,000 people, while IOM installed 163 handwashing stations near refugee accommodations and in community health clinics in eight cities. IOM actions were coupled with ongoing cleaning and environmental disinfection of refugee accommodations.
- UNICEF has distributed 300 manual sprayers, 300 disinfectant solution and 186,000 soap bars, benefiting 466,000 adults and children in health facilities, schools and public places in six focus provinces. It delivered the initial 130 hand washing with soap stations to South Sulawesi and Papua province, while an additional 210 stations will arrive in the coming weeks. UNICEF also supported the

implementation of disinfection protocols in 594 locations including 242 healthcare facilities, 349 public places and 3 schools.

- As part of the ongoing sub-national training to operationalize WASH and Infection Prevention and Control protocols, UNICEF supported five trainings for 248 health facility staff. UNICEF also trained 35 coordinators and project staff of partner NGOs on handwashing designs and hygiene promotion in 40 districts.
- The Directorate of Environmental Health, of the Ministry of Health (MoH) signed the UNICEF supported HWWS guidance for broader use in public places and in institutions. Nationwide dissemination is underway. A UNICEF supported guidance document on waste management for households and communities has been developed and is being reviewed. UNICEF supported the development of guidelines on triggering methods for the Community-Based Total Sanitation programme in the context of COVID-19 recovery.

Gaps and Constraints

Low awareness of the importance of managing infectious waste in households and its good practices.

Nutrition

Vulnerabilities

- Prior to COVID-19 outbreak, 1 in 3 under-5 children or around 7 million Indonesian children were stunting, and around 2 million were wasting. With the outbreak, nutrition services have been interrupted and the multidimensional impact of COVID-19 would cause at least one million new poor people in Indonesia, which would worsen the health of children with potential for undernourishment.

Activities

- UNICEF continues to provide advocacy to the national and sub-national governments on the essential nutrition services in the context of COVID-19 pandemic, with intensive coaching and capacity building workshops to accelerate implementation.
- The Ministry of Health and UNICEF have regularly organized webinars on nutrition topics such as nutrition in emergency, adolescent nutrition, infant and young child feeding, and maternal nutrition, that were participated by some 20,000 national and sub-national stakeholders.
- Support the development and dissemination of key nutrition and social behavior change communication messages, materials and tools through a wide range of online and offline platforms, which have reached 5,103,000 people.
- Issued a joint statement on Infant and Child Feeding support in the first thousand days of life and provided online counseling.
- UNICEF conducted an online survey to generate evidence on adolescent's dietary intake and the utilization of nutrition services during the pandemic, and efforts are underway to assess the continuity and quality of essential nutrition services across the country.
- UNICEF is also supporting the government in developing the 'new normal' protocol and guidelines for maintaining essential nutrition services during the reopening phase.
- UNICEF is also supporting dissemination of key nutrition and social behaviour change communication messages, materials and tools through a wide range of online and offline platforms, which have reached 5,103,000 people. MoH and UNICEF have jointly organized a series of webinars on nutrition topics such as nutrition in emergency, adolescent nutrition, infant and young child feeding, and maternal nutrition, attracting the participation of more than 20,000 national and sub-national stakeholders.

- UNICEF launched a nationwide chatbot to facilitate breastfeeding counselling for mothers nationwide and is pretesting for wider use a chatbot to facilitate care for severely wasted children.

Gaps and Constraints

- Nutrition, especially for vulnerable groups, has not been a main concern nor become an integrated part of the response.
- Uncontrolled formula milk assistance.

Protection of vulnerable groups

Vulnerabilities

- As the groups that would be impacted more severely during the COVID-19 pandemic, vulnerable groups tend to be not prioritized.
- Uninterrupted access to specific services required by a specific group.

Activities

- On child protection, UNICEF supported the Task Force for the Acceleration of the COVID-19 response on the development of three cross-sectoral guidelines for children requiring special protection (data sharing procedures; temporary care for children / families; assimilation, reintegration and suspension of detention) in May 2020.
- UNICEF, UNHCR and IOM work to support the State Ministry for Women's Empowerment and Child Protection in the drafting of inter-border refugee protocols and for children separated from their parents.
- On the development of guidelines and protocols for vulnerable groups, developed an 'Inclusive Training Package' that is available to civil society groups, and the Ministry of Social Affairs-managed volunteers (TAGANA) and social workers; UNICEF, UNHCR and IOM work to support the State Ministry for Women's Empowerment and Child Protection in the drafting of the Protocol on the Protection of refugee children and IDPs during COVID-19 and in other emergency situations; on the protection of people with disability, elderly, and vulnerable groups (which includes refugees), the National Sub-cluster led by Ministry of Social Affairs has issued the guidelines on inclusive communication for the COVID-19 response.
- Continue providing protection assistance packages, accessible hand washing facilities, capacity building, IEC materials, and advocating for inclusive service needs.
- On hygiene kits distribution:
 - The UNICEF-supported distribution of hygiene kits and recreation kits to orphanages and childcare institutions continued and reached all 34 provinces. Parenting modules are being rolled out for caregivers in institutions and parents with a focus on coping with COVID-19 and prevention of violence against children. To date, these UNICEF-supported modules benefited 89,400 children (44,400 girls; 45,000 boys) in 298 districts.
 - UNHCR together with MOSA will deliver the soap to 5,000 independent lives refugees and 50,000 Indonesian family.
 - Provision of dignity kits for GBV survivors.
 - Provision of hygiene kit by UNODC for prison to prevent the spread of COVID-19.
 - PPE Kits and Information on IPV, VAW are under preparation for dissemination. Expectedly by mid-July the target beneficiaries set by UN Women will be reached.
- Mental Health and Psychosocial Support (MHPSS) messaging have been disseminated to 670,469 individuals (347,782 children, 322, 687 adults/young people/caregivers) through a range of platforms.
- WHO supported the MoH in drafting the national guidance on mental health and psychosocial support (MHPSS) and translated and published 13 infographics on domestic violence during the pandemic

- Subsequent to the orientation for UNICEF partners working on Integrative Social Welfare Services for Children and Families in Java, access to safe reporting of sexual abuse and exploitation has been extended to more than 2.7 million persons (including more than 1 million children) in East and Central Java Provinces.
- On protection of the elderly, people with disabilities and other vulnerable groups, partners continue providing protection assistance packages, accessible hand washing facilities, capacity building, IEC materials, and advocating for inclusive service needs.
- Various SOPs have been developed, endorsed, and implemented, including GBV guidelines (MOWECP UNFPA), case management of refugees (UNHCR), and protection measures in drug treatment centers (UNODC).
- NGO partners are actively conducting community engagement on the prevention and protection from COVID-19 in NTB, South Sulawesi, South East Sulawesi, and West Java.
- UNFPA supported the Ministry of Health in development of Guideline on Minimum Initial Service Package, Elderly Health Care in Crisis Situations.
- UNFPA supported Bappenas and KPPPA with a rapid assessment and policy development related to the prevention and management of GBVs.
- With UNFPA support, YKP, Libu Perempuan, and KPKPST distributed the logistics for 368 elderly in temporary shelters of Central Sulawesi Province.
- UNFPA provided technical assistance in the development and dissemination of government protocols on GBV prevention, management, and essential services.
- UNFPA reached over 60,000 Female Sex Workers through online outreach and social media and provided information regarding HIV/AIDS prevention and treatment.
- Development and dissemination of infographics and videos on HIV, mental health, and COVID-19 via OPSI's social media and network to minimize COVID-19 infection among Female Sex Workers.
- CARE has developed a Rapid Gender Assessment – covering communities in 12 districts (6 provinces), and manual to guide use of the Village Funds to respond to COVID-19 in NTT province.
- Wahana Visi Indonesia, LPSDM, and UNFPA support the implementation of the GBV prevention and management protocol during COVID-19 in Jakarta, East Nusa Tenggara, West Kalimantan, Depok, Bekasi, North Lombok, and Central Sulawesi.
- On gender-based violence and women's empowerment, partners continue supporting for assistance services for victims of gender-based violence. Protocols and guidelines that have been prepared are on:
 - a. Receiving complaints through hotline services.
 - b. Receipt of complaints via email.
 - c. Face to face meeting services.
 - d. Outreach services.
 - e. Client pick-up services.
 - f. Assistance in the legal process (police, prosecutors, and trials).
 - g. Victims assistance services.
 - h. Safe house referral and health services.
- UNHCR delivered cash- based intervention to independent livelihoods refugees in Indonesia as part of COVID-19 Response, to enable the refugees on sustaining their lives. The beneficiaries are around 5,000 refugees.
- UNHCR, IOM, UNICEF, JRS, and several other organizations are conducting response to the 99 Rohingya refugees in Aceh. Registration of the 99 Rohingya has been conducted by UNHCR. Coordination meetings in the field and in Jakarta have been continuously conducted to ensure the protection and provision of basic needs of the persons of concern.
- UNDP is undertaking advocacy and inclusion training activities with MoSA for people with disabilities (10 series of training/advocacy done) and Health Agency of DKI for protection against GBV (expansion of GBV referral services to other 7 hospitals in DKI and other provinces)

- UNDP is supporting BNPB in managing the risk information management system, COVID-19 information dissemination application and self-assessment tools on COVID-19 risk for village, family and personal (InaRISK)

Gaps and Constraints

- Policy implementation at the local level is constrained by various factors, including capacity development, inadequate facilities, and competing priorities in using limited resources.
- Availability of updated data.
- Lack of understanding of gender integration and the prevention and handling of gender-based violence in disaster response settings.

Funding Status

Priority Area	Resource Requirements (in USD)	Resource Received (in USD)	Resource Received per Agency
Health	58,344,470	19,557,492	WHO USD 12,502,177 Baznas Indonesia IDR 11,399,297,567 / USD 784,400 UNFPA USD 3,200 for Sexual Reproductive Health IOM USD 441,501 for Tracking Mobility Impacts; USD 583,250 for Points of Entry; USD 297,761 for Infection Prevention and Control; USD 944,883 for Medical Procurement UNOPS USD 4,000,320
Risk Communications and Community Engagement	6,094,720	102,000	UNFPA USD 102,000
Logistics	236,954	212,816	WFP USD 212,816
Food Security and Agriculture	5,055,000	620,000	Total amount from responding organizations.
Mitigate the Socio-economic Impact of the Crisis	12,887,000	4,028,600	UNDP USD 2,613,600 Baznas IDR 20.561.192.423 / USD 1,415,000
Critical Multisectoral Services	21,797,379		
Protection of Vulnerable Groups	9,078,504	278,057	UNFPA USD 109,068 for GBV IOM USD 168,989
Combined activities		49,337,590	UNICEF USD 16,059,890 Muhammadiyah IDR 176,411,897,393 / USD 12,140,000 (outside costs at its 79 hospitals) Nahdlatul Ulama IDR 270,028,219,621 / USD 18,581,000 Caritas Indonesia IDR 3,603,987,200 / USD 248,000

			IFRC CHF 1,500,000 / around USD 1,585,000 UNHCR USD 723,700
TOTAL	113,494,027	74,136,555	

Source: [Financial Tracking System](#) and agencies' Sitreps.