Indonesia
Humanitarian Country Team

Action Plan on COVID-19 and Natural Disaster Responses

January – June 2021

Photo credit: Human Initiative
### Key Figures:

- **30.6 million people** targeted in all provinces for assistance.

- Technical supports to **18 GoI National Institutions**, with their offices and networks at sub-national levels.

- **$145,319,570** funding required

- **$7,571,800** funding already secured

### 25 Participating Agencies:

- ADRA,
- CARE,
- FAO,
- Human Initiative,
- Humanitarian Forum Indonesia,
- IFRC and Palang Merah Indonesia,
- IOM, Islamic Relief,
- Mercy Corps Indonesia,
- Masyarakat Penanggulangan Bencana Indonesia,
- Muhammadiyah,
- Nahdlatul Ulama,
- National Platform for DRR,
- Oxfam,
- PMI,
- Save the Children Indonesia,
- UNDP,
- UNFPA,
- UNHCR,
- UNICEF,
- UNODC,
- UN Women,
- WFP,
- WHO,
- Wahana Visi Indonesia

### Situation Overview:

![Map of Indonesia with confirmed COVID-19 cases](https://example.com/map.png)

**Figure 1.** Total confirmed cases of COVID-19 per provinces until 21 February 2021.

Indonesia is experiencing the highest burden from COVID-19 in South East Asia. The first confirmed cases were detected in the country in early March 2020, and within a month, cases were identified in all 34 provinces, continuing to spread out since then, with the number of confirmed cases equally affecting women and men, but with men constituting a slightly larger proportion of deaths (56.5%)\(^1\).

As a result of the increasing trend of positive COVID-19 cases, several regions have repeatedly implemented the Large-Scale Social Restrictions (PSBB) which began in April 2020. To restrain the surge in COVID-19 cases that overwhelmed the existing hospitals capacity (especially on bed occupancy rates in isolation rooms and ICU, which were above 80 percent), the Government has implemented Restrictions on Community Activities (PPKM) in some regions in Java and Bali since January 2021.

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The government of Indonesia continues to emphasize the importance of 3M (wearing a mask, washing hands with soap, and maintaining social / physical distance). The request to stay at home has been variably implemented, given concerns regarding the adverse economic consequences of such measures. Major efforts have been undertaken to enhance the health system’s safety and capacity; however, 3T measures (tracing, testing and treatment) have been overwhelmed for months. The results of a survey by the Central Statistics Agency in September 2020 showed that as many as 92 percent of people implemented the use of masks, while only 75 percent were washing hands and maintaining physical distance. The results of the survey, which was completed by 55 percent of women and 45 percent of men, showed an increase in people's behavior in wearing masks as much as eight percent compared to the survey results in April 2020, but there was a decrease in the percentage of community compliance with hand washing, keeping distance and avoiding crowds\(^2\). In 2020, the Government of Indonesia allocated IDR 695.2 trillion for the COVID-19 response to manage the health, social protection, MSMEs and business sectors, as well as the local government. Budget allocations continued seamlessly in 2021. One of the priority areas of work in 2021 is the COVID-19 vaccination, with the aim to reach herd immunity. The Ministry of Health has estimated a total of 181.5 million people to be vaccinated, within a time span ranging from January 2021 until March 2022, with priority given to 1.3 million health workers. The target groups’ breakdown is as follows:

<table>
<thead>
<tr>
<th>Jan 2021 – Apr 2021</th>
<th>Medical / health workers</th>
<th>1.3 million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public servants</td>
<td>17.4 million</td>
</tr>
<tr>
<td></td>
<td>Elderly</td>
<td>21.5 million</td>
</tr>
<tr>
<td>Apr 2021 – Mar 2022</td>
<td>People in areas with high risk of transmission</td>
<td>63.9 million</td>
</tr>
<tr>
<td></td>
<td>Other people within specific groups, depending on vaccine availability</td>
<td>77.4 million</td>
</tr>
</tbody>
</table>

The Ministry of Health has calculated the requirements of the COVID-19 Vaccine as follows\(^3\):

**Herd Immunity Scenario Based on the Efficacy of Vaccines**

- The expanded vaccination target is people of more than 59 years of age with comorbidities (controlled, with criteria to be recommended by experts);
- The determination of Herd Immunity takes into account the Efficacy Rate of the Vaccine.

<table>
<thead>
<tr>
<th>Scenario and description</th>
<th>Herd Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population of ≥ 18 years that can be vaccinated</td>
<td>181,554,465</td>
</tr>
<tr>
<td>Efficacy Rate</td>
<td>60%</td>
</tr>
<tr>
<td>Coverage to achieve Herd Immunity</td>
<td>100%</td>
</tr>
<tr>
<td>People who should be vaccinated to reach Herd Immunity</td>
<td>181,554,465</td>
</tr>
</tbody>
</table>


\(^3\) Minister of Health Press Conference on 29 December 2020.
The approval of the COVID-19 vaccines by regulatory authorities has given hope that an end to the acute phase of the pandemic is within reach. To realize the full potential of these vaccines, they must be distributed in an equitable manner while prioritizing health care workers, front line responders and other high-risk groups.

Meanwhile, the COVID-19 pandemic continues to **diminish social services, economic activities and income, and exacerbates people's existing vulnerabilities and marginalization. People most affected are** those with low income, limited or no access to critical healthcare services and lack of safe, nutritious and affordable food, children, the elderly, women and girls, people with disabilities, detainees and prisoners, refugees without access to cash assistance and with limited livelihoods opportunities, and migrant and informal sector workers. These people may not necessarily be directly affected by the health impact of COVID-19, but they are at higher risk of being left furthest behind, as social inequalities worsen, and the risk of gender-based violence and sexual exploitation and abuse escalates. The risk is further exacerbated by perpetrators who exploit the situation by conducting illegal activities such as online and offline fraud, corruption, and the illegal trade of medical and protective supplies, hence jeopardizing the government's efforts to respond to the crisis and mitigate its impacts. Through the HCT Action Plan, participating organizations will maximize their expertise and comparative advantages in addressing key issues that directly affect targeted people; they will also provide technical support to the most relevant Government and non-government partners.

The impact of COVID-19 has made other health services to further deteriorate. To mention a few, 25 million children under five do not receive immunization, vitamin A supplementation, growth monitoring and other routine services that are urgently needed, 65 percent of drug-resistant tuberculosis patients encounter serious challenges, mental health services experience disruption amid increasing stress from the community and health workers, and the decline in reproductive health services threatens millions of women. The decrease in contraceptive use resulted in an increase in the number of unplanned pregnancies. The National Population and Family Planning Agency (BKKBN) estimates that there will be an additional 370,000-500,000 births in mid-early 2021.

The implementation of distance learning is still constrained by internet access, adaptation processes, learning curricula and disparities in teacher competencies. Only 1.2 percent of primary school students from the poorest 20 percent percentile have used computers to access the internet, 5.9 percent use the internet to study, and 13.9 percent use the internet at home. Teachers' knowledge regarding the emergency curriculum is still low or below 70 percent, and even 60 percent in disadvantaged areas. Furthermore, learning at Islamic boarding schools has been more severely affected by COVID-19.

The rate of violence against women has increased during the COVID-19 pandemic, with domestic violence dominating over other types of violence. The APIK Jakarta Legal Aid Institute (LBH) recorded 508 cases of violence against women between March and September 2020. Child marriage cases have also

| Vaccine dosage requirements (with a wastage rate of 15%) | 426,800,000 |

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5 https://www.smeru.or.id/id/content/belajar-dari-rumah-potret-ketimpangan-pembelajaran-pada-masa-pandemi-COVID-19
6 Survey by the Ministry of Education and Culture and INOVASI in 2020
increased. The Directorate General of the Religious Courts has received 34,000 applications for dispensation of marriage submitted between January and June 2020, of which 60 percent were children under 18 years\(^7\).

In 2020, Indonesia experienced 2,921 natural disaster events as recorded by the National Agency for Disaster Management (BNPB), with the most frequent occurrences being floods, landslides, and whirlwinds. Overall, these natural disasters resulted in over 6.4 million people temporarily displaced, 370 deaths, and 39 missing, while over 44,000 houses and other buildings were damaged. Unfortunately, the severity and frequency of these events will be exacerbated by La Nina phenomenon, which will impact the country in the first half of 2021. The Indonesian Meteorology, Climatology and Geophysics Agency (BMKG) estimates that the La Nina phenomenon will last until May 2021. In January-April, many areas in Indonesia are thus expected to experience high levels of rainfall (300-500 millimeters per month). In many areas, the 2020/2021 season’s precipitation will increase by 40-80 percent compared to the 2019/2020 rainy season. As the country prepares to respond to any of these potential disaster events, the HRP will include any activities that HCT organizations conduct to respond to these disasters in support of the Government of Indonesia.

The Plan will enable participating agencies to increase their services when humanitarian needs arise. Following the 6.2 magnitude earthquake that hit West Sulawesi on 15 January 2021, the Government of Indonesia immediately provided assistance and led the response, while the national NGOs, PMI and CSOs quickly mobilized their resources to assist directly affected people. Specific technical support was provided by some UN agencies and international organizations by maximizing existing resources. OCHA and other National Cluster partners have initiated coordination and information sharing on the evolving situation, as well as resource mobilization. One-page of key messages was issued by the Ministry of Social Affairs with the assistance of the National Cluster partners; promoting humanitarian localization and cash assistance as well as urging compliance with health protocols (wearing masks, physical distancing and washing hands with soap frequently) in providing humanitarian assistance. Within the first week, a who-does-what and where (3W) information and resource mapping of Education, Psychosocial Support, Shelter, GBV, Reproductive Health, WASH and Logistics was compiled, while a Joint Needs Assessment and a Feasibility Risk Assessment of cash-based assistance were carried out. The information complements the BNPB-managed InaRISK and Desk Relawan (http://deskrelawanpb.bnpb.go.id/gempa-sulbar/). All these activities are reported and updated weekly to the Coordinating Ministry for Human Development and Culture, which takes on the role of inter-cluster coordinator of the National Cluster system.

The multi-stakeholder collaboration in West Sulawesi response that applies the National Cluster mechanism is the latest example of emergency response management that will continue to evolve and improve; and the 2021 HCT Action Plan is designed to continue enhancing this existing mechanism.

During 2020, the HCT and UNCT supported the Government’s response to the pandemic through a number of priority activities, reflected in the Multi-sectoral Response Plan (MSRP) to COVID-19.\(^8\) A total of 30 organizations managed $ 94 million funding (65 percent from the total requirements of $145 million) through seven work streams on Health, Risk Communication and Community engagement, Logistics, Food Security and Agriculture, Mitigate Socio-Economic Impacts of the Crisis, Critical Multi-sectoral Services, and Protection of Vulnerable Groups. The 2021 Humanitarian Response Plan is a continuation

\(^7\) https://www.ksi-indonesia.org/id/covid-19

of the MSRP prioritized activities that have a focus on the immediate health response and associated life-saving activities.

**Objectives:**

Given the context and current situation, the Humanitarian Country Team (HCT) in Indonesia has decided to extend the implementation of some of the 2020 Multi-Sectoral Response Plan activities in 2021. The present Plan aims to support to the Government of Indonesia, with the following **Strategic Objectives**:

1. Contain the spread of the COVID-19 pandemic and decreasing morbidity and mortality;
2. Address humanitarian needs caused by the pandemic, identified based on needs assessments;
3. Protect, assist and advocate for particularly vulnerable groups, such as refugees, women, people with disabilities, elderly, internally displaced people, migrants and host communities;
4. Plan and respond to natural disasters that may take place during the period, particularly floods.

**Funding:**

The Indonesia Humanitarian Country Team is seeking US$ 145 million to fund the activities included under the present plan, focusing on the immediate health COVID-19 response and related urgent life-saving activities. Should there a need to include response activities to a disaster-related event that takes place between January and June 2021, these will be added to the Plan.

**Response Principles:**

The response is guided by principles advocating protection-focused and gender-appropriate interventions, including:
• Disaggregate data related to the outbreak by gender, age, disability, ethnic group and geographic spread, whenever possible, to understand the gendered differences in exposure and treatment and to design differential preventive measures.

• Strong gender analysis, taking into account gendered roles, responsibilities, and power dynamics. This includes ensuring that containment and mitigation measures also address the heightened gender-based violence (GBV) risks, particularly those that affect women and girls.

• Strengthen the leadership and meaningful participation of women and children, adolescents, LGBTI, and persons with disabilities in key decision-making processes. Ensure that all groups get information about how to prevent and respond to the epidemic in ways they can understand.

• Include internally displaced communities, undocumented persons, mobile communities and indigenous peoples, refugees, asylum seekers and stateless persons, collectively known as persons of concern, in planning, risk communication and outreach, and monitoring activities.

• Ensure human rights are central to the response. Ensure nondiscrimination and equal treatment of individuals seeking assistance.

• Develop targeted women’s and adolescent household head’s economic empowerment strategies that are inclusive and age appropriate, or explore cash transfer programming, to mitigate the impact of the outbreak and its containment measures, including supporting them to recover and build resilience for future shocks.

• All responses must include proactive measures to ensure we do not inadvertently cause harm to people, nor undermine the values, standards and norms that underpin our work. This includes being conflict sensitive, preventing or reducing the risks of gender-based violence, and upholding humanitarian principles.

• Take concrete steps not to leave anyone behind in terms of digital connectivity.

• Consider IASC and Sphere Standards guidance in response activities.
Response according to the National Clusters arrangement:

Under the leadership of Ministry of Health, the National Health Cluster consists of the following sub-clusters:

- Health services
- Disease Control and Environmental Health
- Reproductive Health
- Mental Health
- Nutrition
- Disaster Victim Identification

Led by the Ministry of Social Affairs, the National Cluster on Displacement and Protection consists of the following sub-clusters:

- Camp Coordination and Camp Management
- Shelter
- Water, Sanitation and Hygiene (closely related to the Environmental Health sub-cluster)
- Psychosocial Support (closely related with the Mental Health sub-cluster)
- Child Protection
- Protection of Elderly, Disabled People and Other Vulnerabilities
- Gender-Based Violence and Women’s Empowerment
- Community Engagement working group
- Cash Assistance working group

In 2014, through the BNPB issued Decree Number 173 on the development of the National Cluster System, Indonesia established the basis for setting national clusters. The IASC international humanitarian clusters continue to work in close partnership with the national ones. The correspondence and linkages between the national and the international clusters is reflected in the image on this page - some of the international clusters have several connections with their corresponding national clusters.

OCHA serves as the inter-cluster coordinator for the Humanitarian Response Plan and liaises with BNPB and/or the Coordinating Ministry for Human Development and Culture who perform the national inter-cluster function. Both institutions play significant roles in the Government’s Committee for the COVID-19 Response and the National Economic Recovery (PC-PEN).

Besides the sectoral division of tasks, some HRP work is grouped into cross-cutting themes, in order to reach affected people more effectively.
1. Health cluster

**Government Lead:** Ministry of Health

**Partner institutions:** Ministry of Social Affairs, Ministry of Women Empowerment and Child Protection and its Integrated Service Center for Women Empowerment and Children (P2TP2A), Ministry of Home Affairs, National Planning Agency (BAPPENAS), Directorate General for Immigration of the Ministry of Law and Human Rights, National Population and Family Planning Agency (BKKBN), National Border Management Authority (BNPP), National Agency for the Protection of Indonesian Migrant Workers (BP2MI), Port Health Authority (PHA), Pos Lintas Batas Negara/Ground Crossing (PLBN), Pusat Kesehatan Masyarakat/Community Health Center (Puskesmas), Rumah Perlindungan Trauma Center (RPTC).

**HCT Lead:** WHO

**HRP Participating Agencies:** IOM, UNICEF, NU, Mercy Corps Indonesia, WVI, Human Initiative, Muhammadiyah, National Platform for DRR (Planas PRB), IFRC and PMI

**People targeted:** At least 68,500 COVID-19 patients, 10,000 migrant workers, refugees and asylum seekers, 10,000 medical workers; tens of millions received information.

**Target Areas:** National level and all provinces

**Funding required:** $ 75,682,917

**Sector Overview and Needs:**

Human-to-human transmission of COVID-19 is ongoing in Indonesia, which will require continued focus on adequate laboratory capacity, active case finding and contact tracing, adequate reporting systems and COVID-19 surveillance, including existing respiratory disease surveillance systems, hospital-based SARI and primary care-based ILI surveillance, as well as community-based surveillance.

Preventing the transmission of COVID-19 to staff, patients and visitors through appropriate infection prevention and control practices in health care facilities equally contributes to the reduction of transmission.

Providing care and support for patients and their families affected by COVID-19 includes priority interventions to ameliorate treatment capacities throughout the country and the mapping and assessment of available treatment capacities. The healthcare waste management system requires specific technical and operational support.

Ensuring sustainability of essential maternal, new-born and child health (MNCH) services during the COVID-19 pandemic remains a priority. Due to the pandemic, disruptions in MNCH services continue, as evidenced by rapid health assessments that were conducted last year by the Ministry of Health (MoH), with support from UNICEF. A survey in May 2020 of 2,740 puskesmas (local health centers) covering all 34 provinces in the country found that three-fourths of posyandus were closed and over 41% home visits were suspended. Nearly 86% of posyandus reported suspension of child growth and development monitoring, 55% reported a suspension of immunization services and 46% reported a disruption of Vitamin A distribution; similarly 46% reported suspension of antenatal care services. The main reasons stated for the suspension of services included community safety concerns as well as physical distancing measures and health workers’ anxiety. A similar assessment of immunization services earlier in the year by the MoH with support from UNICEF found that immunization was disrupted in nearly 84% of the cases, either at the posyandu or pukesmas level.
To address the COVID-19 pandemic, the Government of Indonesia is preparing to roll out the vaccine. This will require significant strengthening on both the supply and demand side. A survey result in November 2020 by MoH, supported by WHO and UNICEF, of over 115,000 respondents across the country, found that while two-thirds of respondents were willing to accept the vaccine, the rest were still hesitant or refused the vaccine, with wide regional variations. Significant efforts will be needed to reach these latter groups, while also ensuring there is no backlash to routine immunization programmes, the disruption of which could lead to vaccine-preventable disease outbreaks.

In September and October 2020, rapid needs assessments were conducted at 14 points of entry (PoE) in 5 regions across Indonesia. The assessment concluded that more than 75% of all PoEs would benefit from improved capacity on operational practices relating to COVID-19 and infection, prevention and control (IPC). Site improvement and/or site re-arrangement in line with IPC guidelines to minimize the risk of infection and transmission is key to this end. A sustained supply of personal protective equipment for border authorities, specific protocols and standard operating procedures (SOPs) for preparedness, prevention and response to COVID-19 and tailored key messages at PoEs were identified as needed.

The Risk Communication and Community Engagement (RCCE) working group was established in February 2020 with the objective of improving coordination of RCCE work among civil society organizations, academia, media, private organizations and government institutions, as one of the pillars of the MSRP. To date, the RCCE working group has more than 100 members from various organizations with UNICEF and IFRC as co-chairs of the group. It has discussed various topics related to COVID-19 prevention, conducted collective work such as campaigns, produced the Community voice (Suara Komunitas) bulletin, and provided recommendations for the COVID-19 task force. The official website of the COVID-19 response, covid19.go.id was initiated and developed based on a recommendation of this group, with technical and financial support from UNICEF.

As part of the Action Plan, the RCCE strategy in support of the COVID-19 response will continue to promote key preventive behaviour among the general population. In parallel, during the COVID-19 vaccine rollout, the strategy aims to create demand for COVID-19 vaccination among key target groups as well as prevent the spread of misinformation. More specifically, the strategy aims to:

- **Build public trust in national authorities**, more specifically about public health information related to COVID-19 vaccines and immunization services in order to generate demand among key target groups.
- **Raise awareness, knowledge, and confidence** in COVID-19 immunization services among key target groups so they know who, how, where and when they can receive COVID-19 vaccines.
- **Advocate for policies, guidelines, and interventions** that support equitable access and reach, especially to the vulnerable population.

The dissemination of key messages on COVID-19 with a specific focus on tackling stigma and rumours as well as emerging perceptions of the roll out of the COVID-19 vaccine, through various communication channels, will continue to be a priority.

**Priority Response Activities:**

Within the area of health, HCT partners will support the Government of Indonesia to:

1. **Ensure country level coordination, planning and monitoring of the health response through:**
   - Coordination support and technical assistance to the MoH and other government entities involved in the management of the COVID-19 epidemic;
   - Support the updating of the national response plan and COVID-19 related technical guidelines;
   - Coordination with health partners on the COVID-19 response;
   - Coordination with Satgas and working groups at the national and sub-national level.
2. Implement Risk Communications and Community Engagement to prevent and mitigate the spread of the virus through:
   - Provision of technical support to the National Task Force for RCCE;
   - Strengthen the delivery of essential health services through the development of technical guidelines; development of IEC materials; and trainings on risk communication and community engagement;
   - Deliver risk communication public messages on COVID-19 through televisions, internet, flyer, printed material, and verbal discussions.
   - Support the roll out of the COVID-19 vaccination through social mobilisation and social media messages;

3. Implement surveillance, outbreak investigation, calibration of public health and social measures through:
   - Assess risk through the analysis of relevant indicators in order to adjust public health and social measures as and when necessary;
   - Capacity building on active case finding, contact tracing, and quarantine requirements;
   - Support surveillance and laboratory activities, including procurement of viral transport media, laboratory equipment, test kits and consumables, and sample transport;
   - Support COVID-19 data systems and collection, monitoring and reporting of trends, as requested by the Government Task Force on the COVID-19 response;
   - Support the establishment of community-based surveillance activities to strengthen community capacity to prevent COVID-19.

4. Support prevention and mitigation for COVID-19 at points of entry, international travel and transport, and population movements through:
   - Development of guidelines and coordination with partners;
   - Further assess and enhance national capacities at Points of Entry - including airports, seaports, and land-based border crossing points - to protect travellers and detect, refer and manage ill travellers suspected of having COVID-19, in line with core capacities.

5. Strengthen Diagnostics and laboratories capacities through:
   - Technical assistance to ensure the latest knowledge is reflected in laboratory protocols and SOPs and the implementation of quality assurance mechanisms and biosafety procedures;
   - Support and implement Mobile Labs PCR testing in collaboration with the Jakarta government.

6. Enhance COVID-19 infection prevention and control through:
   - Capacity building on COVID-19 case management and treatment options;
   - Support COVID-19 curative services for refugees and asylum seekers in Indonesia.

7. Support the case management and clinical operations for COVID-19 patients through:
   - Managing the treatment of COVID-19 patient in 84 hospitals, including self-isolated patients;
   - Capacity building on COVID-19 case management and treatment options;
   - Provide health care training in 84 hospitals of 12 provinces;
   - Deliver medical services to disaster affected people, including those affected by the West Sulawesi earthquake;
   - Deliver community home-based care and psycho-social support to households affected by COVID-19.

8. Strengthening operational support and logistics for the COVID-19 response through:
   - Provision of antigen and PCR swab tests for around 2.5 million people
• Provision of 35 ventilators for Muhammadiyah hospitals, drugs and medical supplies for the treatment of COVID-19.
• Provision of 60,000 PPE for medical personnel and humanitarian workers.
• Distribution of prevention materials including hand sanitizer, vitamins, disinfectant fluids and masks to around 5 million people;
• Support to PMI medical services (ambulance and PMI hospital) in managing COVID-19 cases including through PCR testing, ambulance upgrades and trainings.

9. Support the vaccination for COVID-19
• Through the COVAX facility, support the procurement of 108 million dosages for 54 million people (target of 20% from the 270 Million inhabitants of Indonesia).
• Support the vaccine rollout, in close coordination with WHO, MOH and various stakeholders, including on cold chain system strengthening, improving health worker capacity, development of relevant communication materials, data monitoring, improving vaccine acceptance as well as safeguarding routine immunization services.

1.a. Reproductive Health sub-cluster

Government Lead: Ministry of Health
HCT Lead: UNFPA
HRP Participating Agencies: Human Initiative
People targeted: At least 1,000 midwives and health workers, pregnant mothers, and GBV Survivors.
Target areas: National
Funding required: $ 300,000

Sector Overview and Needs:
Sexual and reproductive health is a significant public health issue that requires high attention during pandemics. Despite unavailability of official reports and statistics on the number of pregnant women who have been infected by COVID-19 up to now, various reports show that pregnant women may be more susceptible to infections, particularly viral respiratory infections. Moreover, respiratory illnesses in pregnant women need to be treated with priority due to the possible increased risk of adverse outcomes.

As health systems become overstretched during an epidemic, the availability and access to reproductive and maternal health care also decreases. Movement restrictions due to quarantines mean that woman and young people may not be able to access sexual and reproductive health services such as contraceptives, and pregnant women may forego antenatal care and even give birth unattended. This can increase the number of unwanted pregnancies and increases the potential risks of sexual and reproductive health related morbidity and mortality. The provision of family planning and other sexual and reproductive health commodities, including menstrual health supplies, are central to women’s health, empowerment and sustainable development, and may be impacted as supply chains are disrupted by the pandemic.
Priority Response Activities:

Within the area of health, HCT partners will support the Government of Indonesia to:

1. **Help sustain reproductive health services during the pandemic**
   - Provide PPE and hand sanitizer for midwives, dignity kits and rapid antigen usage for pregnant women, and midwifery kit for sexual and reproductive health (SRH) COVID-19 midwifery competition.
   - Support the maintenance of maternity chambers for independent midwife practices.
   - Deliver pregnancy consultation services for mothers heavily affected by COVID-19.
   - Support Mobile Obstetric Monitoring, under the surveillance of obstetrics and gynecology specialists during pandemic.
   - Support door to door monitoring of babies and mothers highly affected by COVID-19 after give a birth until days 7th.
   - Ensure that essential maternal, new-born and child health services are revitalized during pandemic, with an emphasis on integrated management of new-born and childhood illnesses, malaria and HIV-related services for pregnant women and children. Mitigating the risk of vaccine-preventable diseases will be central.
   - Support public health offices’ Inspiring Midwives program during the pandemic.

2. **Conduct capacity strengthening of SHR providers**
   - Strengthen health providers’ capacity to provide Sexual and Reproductive Health Services, including family planning services and Prevention and Management of Gender Based Violence (GBV) during the pandemic.
   - Make the Mental Health & Prevention and management of Gender Based Violence services online during COVID-19 response, for midwives and frontline workers ease coaching and supervision.
   - Undertake capacity building for midwives on Minimum Standards for Midwife Services during the pandemic

### 1.b. Nutrition sub-cluster

**Government Lead:** Ministry of Health  
**Partner Institutions:** Planning Agency (Bappenas/ Bappeda), MoSA, BNPB/BPBD, Nutrition Sub Cluster members and partners  
**HCT Lead:** UNICEF  
**HRP Participating Agencies:** WVI, Islamic Relief, Human Initiative  
**People targeted:** 2 million children to have access to basic nutrition services and food packages.  
**Target areas:** National and eight provinces: Aceh, Central Java, Yogyakarta, East Java, South Sulawesi, NTB, NTT and Papua.  
**Funding required:** $1,127,665  
**Sector Overview and Needs**
Indonesia’s challenges due to malnutrition have been worsened by the COVID-19 pandemic. The situation has had a serious impact on household food security especially for the most marginalized population, and the accessibility, availability affordability and sustainability of healthy food items. The pandemic has caused the disruption of essential nutrition services, including the management of child wasting, growth monitoring and promotion, micronutrient supplementation, dietary counselling, infant and young child feeding counselling, and distribution of high-energy biscuits targeting adolescents, women of reproductive age, pregnant and lactating mothers and children under-five years of age. An online survey on the economic impact of COVID-19 in Indonesia conducted by UNICEF in May 2020 shows that food insecurity has already increased: 36 per cent of respondents reported that they “often” ate less than they should because of financial constraints. Loss of household income creates a high risk for a surge in wasting and micronutrient deficiencies among children. A Ministry of Health’s preliminary assessment on Infant and Young Child Feeding (IYCF) practices, conducted among 6,800 mothers with children under-two years of age in 6 provinces in Java, also shows that only 1 out of 3 young children received nutrition counselling.

The disruption of essential nutrition services in many places in the country, and household food insecurity are expected to contribute to the increase of malnutrition, which includes anemia among adolescent and pregnant mothers, wasting and stunting. Severe wasting is one of the most dangerous forms of malnutrition, increasing child mortality risk by nearly 12 times compared to well-nourished children. Severely wasted children will have developmental problems throughout their lives. Importantly, various measures in place to reduce COVID infections are likely to increase the difficulty of identifying children at risk of severe wasting and providing them with essential treatment and services. The pandemic is likely to also cause increased numbers of under-nourished pregnant and lactating mothers. Household food insecurity – combined with gender inequality in household food distribution and inadequate maternal care practices – is expected to lead to increased prevalence of maternal undernutrition, particularly anemia and chronic energy deficiency in pregnant mothers. The potential disruption of essential nutrition services such as the closure of posyandu and limited services in the health center can contribute to increases in maternal undernutrition and micronutrient deficiencies.

Priority Response Activities:

HCT partners working through the nutrition sub-cluster will support the Government of Indonesia to:

1. **Sustaining the delivery of essential nutrition services**
   - Strengthen the delivery of essential nutrition services, including on 1) Infant and Young Child feeding counselling, 2) Integrated Management of Acute Malnutrition programme, 3) micronutrient programs for adolescents, pregnant mothers and under-five children, 4) growth monitoring services, 5) improving nutrition for school-age children, and 6) key nutrition COVID-19 messages.
   - Support the procurement and positioning of essential nutrition supplies such as Ready to Use Therapeutic Food (RUTF) and mid-upper circumference (MUAC) tape.
   - Establish various innovative online counselling mechanisms to support mothers and caregivers in providing quality nutrition care.
   - Monitor the nutrition status of children and family members, especially pregnant/ lactating women, infants, and elderly.
   - Provide nutritious food for vulnerable families in quarantine, especially for under-two-year-old children, and those affected by the West Sulawesi earthquake and the pandemic.
   - Provide 179,532 targeted households with food packages.
2. Logistics cluster

Government Lead: BNPB
Partner Institutions: Ministry of Social Affairs (MoSA) and its TAGANA volunteers, National Logistics Cluster members and partners, targeted provincial governments, UNICEF, PMI, PT POS, ARPI, ALFI, ALI (including private sectors), Human Initiative.

HCT Lead: WFP
Target areas: COVID-19 and natural disaster high risk provinces: Jakarta, East Java, West Java, North Sumatra, South Kalimantan, Central Java, South Sulawesi, and West Sulawesi.
Funding required: $230,000

Sector Overview and Needs:

As COVID-19 vaccination preparations are underway, the existing medical logistics capacity of government is limited to handle the regular vaccination programmes. However, some tremendous efforts to augment it are underway, and the complexity of supply chain management (especially cold chain) in the last mile remain challenging. Reaching high risk populations and ensuring that no one is left behind requires large scale private and public multi-sector coordination, especially in high risk areas. Indonesia has a tremendous logistics network, combining the private and public sectors, to support movement of essential goods – including in the context of humanitarian response. It will be critical for government systems to leverage private sector capacity to ensure that essential goods, including the COVID-19 vaccines reach the last mile safely and efficiently.

Jakarta, East, West and Central Java, North Sumatra, South Kalimantan and South Sulawesi are among provinces not only highly vulnerable to the impact of the COVID 19 pandemic, but like the rest of Indonesia also high-risk areas for the impact of La Niña (floods) and other natural disasters (volcanic eruptions and earthquakes). This multi hazard context has the potential to disrupt and compromise logistics and supply chain of essential goods and services even further. Therefore, the strengthening of existing networks working across multiple sectors is required. In addition, from the supply chain perspective, those provinces are also the major logistics hubs for the country, where key infrastructures, facilities and services are available and accessible not only for those particular provinces, but also covering the whole country.

WFP will leverage its long-established partnerships with Indonesian government agencies as well as a range of other entities responsible for logistics response and coordination:

- The National Logistics Cluster (established in 2016) brings together government, non-government institutions and relevant private sectors including the Indonesian Logistics Associations, recognized by BNPB decree no 9C/SK/2020. The cluster’s primary mandate is to coordinate logistics and mobilize resources to respond to emergencies.
- The Ministry of Social Affairs (MoSA) TAGANA volunteers are a group of community members who are activated as first responders when disaster strikes. Established in 2004 and having reached more than 40,000 members across 34 Provinces, TAGANA provides support to logistics and social services. TAGANAs have also been the key members in MoSA’s other initiative on Community Based Disaster Risk Management (CBDRM) or Disaster-Resilient Villages (Kampung Siaga Bencana, KSB).
Priority Response Activities:

Within the area of logistics, HCT partners will support the Government of Indonesia to:

1. **Enhance the Government-led National Logistics Cluster’s Coordination and Response Capacity to COVID-19**:
   - Providing technical assistance and guidance for NLC led strategies and initiatives for essential goods and services (including cold chain for vaccines) in multi-hazard context, specifically targeting high COVID risk provinces. This will include strengthening the engagement of the NLC with private sector, thus operationalizing the NLC strategy.

2. **Strengthen Information Management and Communication**:
   - Analyze and disseminate logistics information to support operation decision making in response to logistic bottlenecks, to improve operation efficiencies. This will include logistics capacity assessment, supporting dedicated logistics webpage and local share point, IEC and advocacy materials.
   - Facilitate the provision of reliable logistics related information through CBi (connecting business initiatives) platform managed by OCHA and UNDP.

3. **Enhance guidelines and training materials** for TAGANA and KSB volunteers to include the topics of a) responding to disasters in the context of COVID, b) contribution to TAGANA and KSB volunteers to support vaccine preparedness at the final delivery points. The material will include core humanitarian standards and their application.

### 3. Food Security and Agriculture

**Government Leads**: Ministry of Agriculture, BAPPENAS  
**Partner Institutions**: Ministry of Health, Ministry of Social Affairs.  
**HCT Leads**: FAO, WFP  
**HRP Participating Agencies**: NU, WVI, Human Initiative, Muhammadiyah  
**People targeted**: 1.3 million households to receive agriculture input.  
**Target areas**: National and 32 provinces  
**Funding required**: $12,871,636  

**Sector Overview and Needs**:

The COVID-19 pandemic has had significant impact in Indonesia **heightening risks of food insecurity**. To ensure food security, the existing social safety nets in Indonesia, including the Family Hope (PKH) and Direct Transfer Programmes have been extended both in terms of coverage and transfer value. This ability to scale up social protection programmes has been essential in mitigating the impact of COVID-19 on the poorest populations.

Facilitators are essential to the management of the PKH programme, having regular contact with beneficiaries, and responsibilities to monitor the programme. There is, however, limited capacity to communicate and disseminate critical information to beneficiaries on the consumption of a healthy diet.
In the pandemic context, with the expansion of social protection, it is increasingly critical to ensure that cash transfers are utilized to contribute to meeting the nutrient requirements of the most vulnerable.

In addition, data collection and analysis, already a challenge in remote areas of Indonesia during normal times – has become increasingly difficult due to COVID-19 related travel restrictions. WFP’s m-VAM tool provides a digital solution to this challenge. Utilizing mobile technology m-VAM can be used to collect critical food security and nutrition data to better assess the impact of the pandemic, complementing other research efforts with continuous remote data collection. The cost-effective use of mVAM will result in the ability of continuous remote data collection from hard-to-reach areas, to improve the use of real time data for monitoring, assessing and reacting to the impact of disasters/pandemics on households’ food security, nutrition and livelihoods. This gender specific data and its analysis will be utilized to better define and target COVID-19 mitigation strategies, particularly for women.

There is a need to continue working with Government stakeholders in agriculture, livestock and fisheries to monitor and analyse Indonesia's food systems, with the aim to ensure continuous availability and accessibility of high nutrition value food commodities during the pandemic. Initiatives related to the sustainability of food production and linkages to markets and consumers, taken in response to the on-going COVID-19 crisis, will be addressed including major challenges, such as avoiding discontinuity in the food supply chain and the increasing of commodities prices. A study on COVID-19 impact in Indonesia’s food system would be conducted in 2021 if funding is confirmed.

The COVID-19 pandemic that has been going on for about a year has increasingly depressed people's income, which has an impact on pressure on food security. Families that are no longer able to meet the food needs of their family members need to be assisted directly through the provision of foodstuffs or through cash and voucher assistance modalities. Even though the government has continued the social assistance program, the need is getting bigger and this effort needs to be assisted by NGOs / CSOs who are familiar with the people in their area, so that assistance administrators are carried out in selected and complementary to Government assistance. In addition, the selected disaster affected people need more assistance to meet their food needs.

**Priority Response Activities:**

Within the area of food security and agriculture, HCT partners will support the Government of Indonesia to:

1. **Conduct Institutional capacity Strengthening of key food security partners**
   - Strengthen capacity within Statistics Bureau and Food Security Agency (BKP) of the Ministry of Agriculture, to expand their ability to provide updated analysis of COVID-19 impact on food security and nutrition utilizing mobile Vulnerability Analysis and Mapping (mVAM).
   - Conduct mVAM pilot studies in agreed upon target districts, building upon recently completed assessments. The results will complement other on-going studies by making real time data accessible. The data collection, and its analysis will enable evidence-based analyses for improved targeting and timely response to the food systems impact of COVID-19, with a focus on food security among the most vulnerable populations.

2. **Preventing food insecurity at the community level**
   - Provide inputs, tools, and skill enhancement – including Business Continuity Planning to farmers and SME owners.
   - Deliver conditional Cash and Voucher Assistance for livelihood tools, equipment, and supplies
   - Train households affected by COVID-19 and natural disaster in agriculture and fishery skills.
4. **Displacement and Protection cluster**

**4.a. CCCM sub-cluster**

**Government Lead:** Ministry of Social Affairs  
**Partner Institutions** National and sub-national government and non-government institutions, BAZNAS, TAGANA, YEU  
**HCT Lead:** IOM  
**HRP Participating Agencies:** CARE, Mercy Corps Indonesia, HFI, Muhammadiyah, Human Initiative  
**People targeted:** At least 200,000 IDPs and 500 leaders  
**Target areas:** National and 7 provinces: South Sulawesi, Central Sulawesi, West Sulawesi, West Nusa Tenggara, Banten, Aceh, and West Java  
**Funding required:** $1,419,000  
**Sector Overview and Needs:**

Multiple natural disasters occurred throughout Indonesia in the later months of 2020 and in January 2021. During the period of 1–16 January 2021, the National Agency for Disaster Management (BNPB) recorded 136 disasters nationwide, primarily hydrometeorological events. Major disasters during this period included landslides in Sumedang, West Java, flash floods in South Kalimantan, earthquakes in West Sulawesi, a landslide and flood in North Sulawesi, and the eruption of Mount Semeru in East Java. As of 19 January 2021, BNPB reports that an estimated 405,000 people are affected and displaced due to the multiple disasters, excluding the displacement caused by the recent Mount Semeru eruption that is yet to be documented.

These recent displacement events come atop on earlier disasters, including in 2020, from which displacement still persists. Learning from the previous post-emergency response context, for example, the 2020 floods and landslides in Bogor district of West Java, 2020 flash flood in North Luwu district of South Sulawesi, and 2018 Central Sulawesi earthquake and tsunami, most government institutions and humanitarian actors withdrew or reduced their support gradually while displacement persists. During the rehabilitation process, there was no clear delegation of responsibility to manage, monitor, and address the lingering basic needs and protection needs for IDPs living in temporary shelter sites. The IDPs have no or inadequate communication and feedback mechanism to share their needs or concerns. Moreover, there was limited access for IDPs to receive information on the availability of permanent housing and other durable solutions from the government.

The IDP assessments in post disaster response setting conducted by IOM in 2020 show protection issues, including lack of proper access for persons with disabilities, lack of safe access to water and sanitation facilities for children and women. IDPs raised their concern on the lack of proper communication and information from the government regarding durable solutions, in addition to concerns stemming from the COVID-19 situation and their diminishing economic capabilities. Despite many humanitarian organizations involved in disaster response in Indonesia, there is significant remaining need to increase the practical skills and knowledge on Camp Coordination and Camp Management, including within the government institutions.
As disasters frequently occur in Indonesia, with mostly at local scale and scope, local organizations need to be strengthened in dealing with the impact of disasters, especially in camp settings. Protection of disaster affected people needs to be a part of the humanitarian assistance provisions.

Priority Response Activities:
Within the area of camp management, HCT partners will support the Government of Indonesia to:

1. **Develop policies that support the protection of people living in camp settings**
   - Develop the SOP for camp management under COVID-19 for people with disabilities.

2. **Support the coordination of the CCCM sub-cluster**
   - Support the mobilization of the National Cluster on Displacement and Protection and sub-cluster on CCCM, at national and sub-national levels, to effectively respond to multi-sectoral impacts of COVID-19 through regular coordination meetings with government and non-government stakeholders, needs assessment and development of response plans in outbreak areas.
   - Support national and sub-national level CCCM sub-cluster members during natural disaster responses with capacity and guidance to implement the CCCM Operational Guidelines in COVID-19 settings.

3. **Sustaining services in camp settings**
   - Facilitate sites' improvement to ensure COVID-19 prevention and mitigation in displacement sites and transit shelters.
   - Enhance the modalities of camp and shelter service and assistance provision (food, NFI and other types of distribution of assistance, registration/enrollment for assistance, education, protection services etc.) by incorporating COVID-19 sensitive measures.
   - Maintain emergency response teams which are ready to be deployed to a disaster response situation in Indonesia, and in compliance with COVID-19 health protocols. The intervention will include shelter, WASH, EFSVL, GEDSI and protection that will be delivered based on the CCCM principles set up in Indonesia.

4. **Capacity strengthening in the area of camp management**
   - Build capacity of service providers and frontline responders, including TAGANA volunteers, to support critical services, including in displacement sites, densely populated areas, and in quarantine facilities
   - Expand and strengthen local capacities in Displacement Management and CCCM at both national and sub-national levels, including hands-on support to the CCCM sub-cluster members as part of localization initiative.

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4.b. Shelter sub-cluster

**Government Lead:** Ministry of Social Affairs  
**HCT Lead:** IFRC  
**HRP Participating Agencies:** NU, Muhammadiyah, PREDIKT, PKBI Sulawesi Selatan, Yayasan Habitat Kemanusiaan, Yayasan Mercy Corps Indonesia, Barisan Pelopor Rescue Team, Forum Pemeringhati Masalah Perempuan Sulsel, Yayasan Pradita Madani, Human Initiative, Catholic Relief Services, Rumah Zakat, Yayasan Sapa Visi Madani, Yayasan Bumi Tangguh, Caritas Indonesia, YAKKUM Emergency Unit, Caritas Germany, Wahana Visi Indonesia, Nurul Hayat, Islamic Relief.  
**People and/or institutions targeted:** around 4 million people
**Target areas:** National  
**Funding required:** $ 8,661,329  

**Sector Overview and Needs:**

Continuing increases in suspected and confirmed cases of COVID-19 and large-scale social restrictions are limiting livelihood options which is triggering people mobility. With this trend demand for community-based self-isolation and quarantine facilities is increasing. There is a need to complement the Government’s efforts to meet shelter needs through the transformation of existing facilities, such as hotels, into quarantine and isolation facilities. This needs to be augmented with the distribution of strong messages related to shelter and COVID-19, along with capacity strengthening for volunteers and community members for create demand in communities for quality shelter interventions during the pandemic. This is particularly important in the context of concurrent disasters that are occurring across the country and contributing to population displacement. Ensuring COVID-19 safe transitional shelter in this complex environment is critical.

In January 2021, IFRC/Shelter Cluster Indonesia conducted a humanitarian needs mapping on shelter and COVID-19, with the participation of 20 institutions, with priority activities including: education campaigns, training, disaster preparedness, provision of tents, distribution of NFIs, provision of accommodation for medical personnel, cash-based assistance, provision of community-based quarantine and isolation facilities, and support on guidelines and policies. This mapping also revealed a funding gap about $ 1 million, while $ 3 million is secured.

Regarding post disaster situation in West Sulawesi and some other areas, there is a need to ensure the provision of shelter according with the COVID-19 health protocol.

**Priority Response Activities:**

Within the area of shelter, HCT partners will support the Government of Indonesia to:

1. **Support the development of policies and analysis in the area of shelter**  
   - Campaign/deliver messages related to the provision of shelter during COVID-19 pandemic.

2. **Support shelter Coordination**  
   - Continue supporting the National Cluster for Displacement and Protection and its Shelter Sub-cluster coordination.

3. **Sustain operational services in the area of shelter**  
   - Provide community-based quarantine and isolation facilities.  
   - Provide temporary accommodation for health staff.  
   - Support Cash Transfer Programming on shelter.  
   - NFI distribution related to the COVID-19 in shelter settings.  
   - Support shelter sector disaster preparedness.  
   - Provide shelter kit and temporary or transitional shelter, with increased capacity on Build Back Saver to targeted disaster affected households, including in West Sulawesi.

4. **Capacity strengthening**  
   - Provide shelter training related COVID-19.

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**4.c. WASH sub-cluster**
**Government Lead:** Ministry of Social Affairs  
**Partner Institutions:** Ministry of Health, BNPB, Ministry of Planning, Ministry of Education, National WASH Cluster members and partners, Micro and Small Entrepreneurs.  
**Support Lead:** UNICEF  
**HRP Participating Agencies:** WHO, NU, Mercy Corps Indonesia, Human Initiative, Save the Children Indonesia, IFRC, PMI, Islamic Relief Indonesia  
**People targeted:** 5 million people  
**Target areas:** National  
**Funding required:** $8,483,900  

**Sector Overview and Needs:**

**WASH conditions** in Indonesia continue to present a **serious challenge to COVID-19 mitigation efforts.** While the safe school protocols mandate the availability of basic WASH facilities as a minimum condition for re-opening of schools, nearly half of the schools in Indonesia still lack a combination of basic water supply, functional toilets and handwashing with soap facilities. UNICEF supported analysis of WASH in Schools data (2020) show that only 16% of schools nationally have access to basic water, sanitation and hygiene facilities. Twenty percent of schools do not have safe drinking water, 27% lack basic sanitation and 40% do not have functional handwashing with soap (HWWS) facilities. A statistical analysis of national health care facilities (HCF) data shows that 20% of HCFs have no water source within 500m of the facility, 25% lack basic sanitation and hygiene facilities in Puskesmas across the country are very minimal.

The continuity of existing services is also critical and there’s been a reduction in the ability of front-line environment health professionals to conduct community-based sanitation mobilization and outreach due to COVID related restrictions, resulting in **reduced household access to sanitation facilities.** Similarly, in an assessment of safely managed sanitation service continuity during the pandemic conducted in 18 provinces, more than 40% of respondents reported disruptions to wastewater and de-sludging service provision and over 50% reported more than 25% budget cuts impacting operation and maintenance costs for trucks and piping systems. The national 3M (handwashing with soap, mask usage and safe distancing) monitoring data reports that two out of every five (40%) HWWS facility found in crowded public places such as markets, transport hubs, religious places do not work and hence are not used. In addition to inadequate facilities, hygiene behaviour compliance is found to be consistently low, with latest reports showing only a 33% compliance of handwashing with soap practices among people observed in public places.

In **2020, UNICEF provided technical assistance** to the national ministries and the local government to develop and disseminate protocols, guidance and standard operating procedures to improve IPC and hygiene practices in households, institutions and public places, particularly in the areas of disinfection, environment cleaning, hygiene promotion and infectious waste management. **Interventions will continue focusing on improvement and continuity of WASH services in critical settings, building community resilience and developing capacity for long-term and sustainable WASH programming.** These include increasing access to handwashing facilities and promotion of improved HWWS behaviour and practices in critical settings such as HCFs, schools and public places through support to implementation of new-normal COVID protocols, the development of a real-time national monitoring tool to monitor new-normal hygiene and COVID-19 prevention behaviours and development of sustainable hygiene behaviour change interventions through public-private partnerships engaging key government, private sector and development partners.
Priority Response Activities:

Within the area of WASH, HCT partners will support the Government of Indonesia to:

1. **Support coordination in the area of WASH**
   - **Strengthen National WASH Cluster Coordination support for COVID-19 response activities** at national and sub-national level, including advocacy, technical and capacity building support to WASH Cluster members for implementation of new normal COVID protocols in all critical settings.

2. **Sustaining WASH services during the pandemic**
   - **Provide hand washing with soap facilities** in locations that are accessible to the public, including 9,000 hand washing stations for Micro and Small Entrepreneurs in East Java province, facilities as preparation for schools re-opening in Central Java and Yogyakarta Provinces targeting 12,000 students. and other areas.
   - **Provide targeted communities with hygiene supplies** (mask, soap, hand sanitizer, etc) including some through Conditional Cash Transfer to 2,000 target households in East Java province.
   - Distribute family hygiene kits to ensure handwashing with soap practise.
   - Conduct Post Distribution Monitoring for handwashing facilities that has been installed in the public facilities and schools.
   - Provide Hygiene promotion activities through PMI YouTube Channel.
   - Conduct **WASH education and campaign of COVID-19 prevention**, including in North Sumatera and East Java.
   - Implement behaviour change communication messages for hand washing to ensure the community practice HWWS at 5 critical times.
   - Promote COVID-19 preventive measures at IDP camps.
   - Refunctioning disaster affected households' latrines made from salvage materials that would prevent the spread of COVID-19 in West Sulawesi.

3. **Capacity strengthening of WASH partners**
   - Strengthen the capacity of the Water Management Committee at the community level to ensure the hygiene promotion practices can be applied, including ensure the maintenance of handwashing with soap facilities.

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4.d. **Protection sub-clusters**

**Government Lead:** Ministry of Social Affairs


**HCT Lead:** UNFPA for GBV, UNICEF for Child Protection, and UNHCR for Protection
HRP Participating Agencies: IOM, UNODC, UNHCR, UN Women, Muhammadiyah, Save the Children Indonesia, IFRC, PMI

People targeted: 14,400,000 vulnerable people: children, ethnic minorities, marginalised groups, gender-based violence survivors, children without parental care, migrant workers, refugees, IDPs, detainees, women, older people, persons with disabilities, victims of trafficking, people with HIV and people affected by HIV, prisoners and prison staffs, people at the Drug Treatment Facilities.

Target areas: National

Funding required: $ 5,871,500

Sector Overview and Needs:

The impact of the COVID-19 pandemic on gender equity is significant. Crises compound deep-rooted forms of existing discrimination and inequalities, including gender inequalities, increasing harm and risks for women, girls and gender diverse people both in the home and in the community. The pandemic sees an increase in violence, sexual exploitation and abuse of women and girls due to increased financial stress on families, increased demands of household chores in caring for the sick, decreased access to livelihoods, more frequent and longer journeys to obtain food or water which increases exposure to sexual assault, and disintegration of social protection structures as resources are diverted towards responding to the outbreak. With restrictions to freedom of movement, combined with fear, tension and stress related to COVID-19, and the negative impacts on household incomes, risks of violence will continue to grow. Protection from Sexual Exploitation and Abuse (PSEA) should be at the heart of COVID-19 humanitarian response and humanitarian actors need to be trained to better understand PSEA and how to prevent and address exploitation and abuse by humanitarian workers.

Women are more vulnerable to economic fragility during confinement and movement restrictions, for reasons that include their far greater representation in informal sector jobs. In resource-strapped environments, vendors may insist on trading sex with women and girls in exchange for necessary supplies that are scarce. In households where men have fallen ill or died from the epidemic, women and children may be left to fend for themselves, making them vulnerable to violence and sexual exploitation. With schools suspended, young girls and boys can find themselves exposed to a heightened risk of exploitation and abuse. Similarly, the COVID-19 pandemic may also impact the transgender population, as they may experience an increased risk of intimate partner violence and other forms of economic violence.

Child poverty is rapidly increasing. While extreme poverty has decreased over the past decade, 35 per cent of the population (nearly 90 million people) lives below the national vulnerability line. As a result of COVID-19, an additional 3.8 million people are expected to fall into poverty, with the number of unemployed swelling from 7 million to 11 million people. These conditions will be exacerbated by the low coverage and limited benefits received from social protection programmes.

COVID-19 deepens existing child vulnerabilities and creates new ones – particularly among the poor; those who lack parental care; are victims of abuse, violence and exploitation – and amplifies risks for children in the justice system. Furthermore, services are strained as social welfare staff reduce household support due to COVID-19 concerns.

The Steering Chair of the National Anti-Trafficking Task Force, the Ministry of Women Empowerment and Child Protection revealed an uptick in trafficking in persons (TIP) cases during 2020, with 155 TIP cases involving 195 victims in the first half of 2020 alone. Out of this numbers, 65% of the cases were trafficking for sexual exploitation purposes, with case records denoting connections with the wider economic impact of the pandemic. Meanwhile in January – June 2020, the Indonesian Commission for Child Protection (KPAI) received 27 reports of child trafficking cases from the Indonesian National Police
Despite of the influx numbers of TIP report, comprehensive victim-centered assistance to victims of trafficking (VOTs) is lacking. In light with the pandemic situation, the President through the Presidential Instruction No. 4/2020 on Refocusing the Activity, Budget Reallocation and Procurement of Goods and Services in the Context of Accelerating of Handling the COVID-19 mandated government institutions at the national and sub-national level to revisit their annual budget and reallocate it for COVID-19 response. Indirectly, the situation has affected the government services provided to VOTs. Government shelters are temporary utilized into quarantine places for the returnee migrant workers from overseas or from other provinces. With this situation, it has caused the overcapacity of the shelter and the delay in delivering the psychosocial recovery programmes to the VOTs. Meanwhile, the CSO-run shelters are temporary closed due to COVID-19 pandemic and the absence of additional budget within CSOs to ensure the COVID-19 protocols.

Persons in drug treatment facilities and prisons are among high-risk group, as they face more challenge to practice physical distancing. Within this context, prison and drug treatment facilities in Indonesia presents particular risk factors to effectively prevent the spread of the virus. Options for physical distancing in these facilities are by nature very limited, even in the best-managed and well-funded facilities. Overcrowding and shared rooms to accommodate large numbers of people create perfect conditions for unchecked spread of communicable diseases. It is notable that these facilities require daily entrance and exit of staff thereby increasing the risk of transmissions being transported from the community. In the event of a transmission outbreak occurring inside, it would be difficult to contain without mitigating measures in place. It is also important to emphasize that the government has implemented policy to reduce the prison population through early release. As such further support will be provided to the government to further reduce the prison population to mitigate the risk of transmission.

Refugees, asylum seekers and stateless persons face potentially increased risks that may result in increased vulnerability. As of October 2020, Indonesia hosts 13,745 refugees from 48 countries, 3819 which are children. Refugees live in different parts of the country, with concentration points in larger cities, particularly the greater Jakarta area, where around 7,084 reside. While refugees have access to basic primary health attention in the local health centres (Puskesmas), both IOM and UNHCR run complementary health programmes to ensure, to the extent possible, that refugees receive the health care needed. Between June–September 2020, nearly 400 Rohingya refugees disembarked in Aceh after months at sea which left many in poor health conditions upon arrival. Comprehensive measures are required to ensure newly arrived refugees are integrated into COVID-19 health response measures, and that mitigation measures are in place and maintained to reduce transmission risks among the Rohingya refugee post-disembarkation. These include a range of COVID-19 IPC interventions covering all major aspects of the humanitarian response in Aceh, including those related to risk communication and community engagement, health protocols, shelter configuration, WASH facilities and practices and site to vector control. The 2021 planning exercise for the Rohingya refugees’ situation in Lhokseumawe, Aceh will be facilitated by UNHCR on 16 December 2020 to discuss the activities planned and to be carried out in 2021.

Priority Response Activities:

Within the area of Protection, HCT partners will support the Government of Indonesia to:

1. Support the development of policies and analysis in the area of protection
- Ensure all COVID-19 policies, regulations, guidelines are inclusive and non-discriminatory through advocacy and awareness-raising activities with policy makers.

- **Monitor the implementation of GBV case management protocol** during COVID19 for women led NGOs, volunteer and first case responders.
- Mobilize women networks to monitor and analyze local government’s policies related to prevention and handling of VAW (violence against women) cases during COVID-19 pandemic.
- Support community and civil society organisations to conduct rapid assessments on the situation of vulnerable groups during the pandemic.

2. **Enhance Coordination in the area of protection:**

- Support the response to the Rohingya refugees’ situation in Lhokseumawe, including prevention and mitigation activities for COVID-19.
- Support National Cluster Coordination.

3. **Protection mechanism and Referral pathway**

- **Ensure and strengthen protection mechanisms** including the provision of prevention mechanisms, continuation of critical services and referral pathways to vulnerable populations are in place, including uninterrupted access to health, legal services, social and financial assistance, safe places, alternative care and case management without discrimination or harm. Vulnerable groups targeted include refugees, IDPs, vulnerable Indonesian migrant workers and households, and victims of trafficking.

- Provide IT equipment for virtual video visitation for prisons facilities, which support alternative prisoners’ family visit services due to the suspension of in-person visitations due to the COVID-19 restriction. Develop a Violence Case Reporting System for assisted people by NGOs.
- **Reduce the risk on violence** through risk mitigation strategies for gender-based violence (GBV) and violence against children (VAC); Strengthening capacity of services providers to address GBV/VAC, including strengthening of community outreach; violence prevention online and in schools; Promote reporting, referral and follow-up for prevention of GBV and sexual exploitation and abuse of beneficiary population; and ensure social welfare workers have access to protective equipment and risk mitigation strategies to ensure service delivery and case management for the most vulnerable.

- **Support family-based care options for children** who are orphaned, separated or without adequate care options. This includes strengthening capacity at subnational level for monitoring children in institutional care, developing alternative family-based care models including foster care and kinship care, and improving caregiving, hygiene and safety within both orphanages and pesantren (Islamic boarding schools).

- **Engage children and adolescents in violence prevention models**, including online safety and prevention of bullying, and ensure services for reporting such as child helplines are strengthened to respond to increased cases of violence; monitor and respond to increased vulnerability to child marriage, children dropping out of school, and child labour.

- Support the design and deployment of **real-time systems to target and monitor populations eligible to receive COVID-19 vaccine**.
- Technical assistance on improving reporting and referral mechanism and link to government integrated service center for victims of violence (UTPD PPA/P2TP2A).
- Promote appropriate care arrangement for children who are separated from their main caregivers
- Promote positive parenting for parents and caregivers.
4. **Provision of supplies and cash-based assistance for identified vulnerable groups**
   - Provide **primary basic hygiene materials** including (non-surgical masks, hand sanitizer, clean water, and soap) and other essential supplies **to the most vulnerable groups**, including prisoners.
   - **Piloting subnational social protection programs** (child benefits) that can be implemented with subnational funding in NTT province and provinces in Java and Sulawesi.
   - Access to social and financial assistance (exploring cash for protection modalities and associate risks) for vulnerable independent living refugees.

5. **Risk Communication and community engagement for specific vulnerable groups**
   - Ensure the most vulnerable groups have **access to critical, practical and accurate information in a language and format they can access and understand** so that they can make informed decisions to protect themselves and their families and to **provide feedback** to the service providers including humanitarian actors.
   - Development, printing and distribution of handbook of SOPs for the implementation of COVID-19 guideline in prison settings including directory of referral system.
   - Development, printing and distribution of IEC material to prison facilities facilitate the establishment of local-level community care through coordination with local governments (including child protection services, social services and health services) and community-based child protection group (PATBM).
   - facilitate the development of guidelines on community/alternative care that will include efforts to raise awareness and destigmatize people confirmed with COVID-19, as well as Child Protection measures; care protocols and psychosocial support for children whose parents/caregivers are confirmed with COVID-19.
   - engage with faith leaders to raise awareness on COVID-19, destigmatize people confirmed with COVID-19, and mobilize resources for psychosocial support.

6. **Support Capacity strengthening in the area of protection**
   - Finalize and sensitize gender lens and GBV integration into National Protection Provision of a training module for skill building and training for women and youth.
   - As part of Minimum Initial Service Package on Sexual and Reproductive Health, **strengthen health providers and GBV front liners** capacity on provision of clinical management of rape for survivors in post disaster setting in West Sulawesi.
   - Capacity building for front-liner through online platform on case management, monitoring and supervision to response to violence against children.

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**4.e. Psychosocial Support sub-cluster**

**Government Lead:** Ministry of Social Affairs  
Partner Institutions: MOWECP, MOH
HCT Lead: Humanitarian Forum Indonesia
HRP Participating Agencies: UNICEF, IOM, WHO, NU, Save the Children Indonesia, Human Initiative
People and/or institutions targeted: 1.8 million people
Target areas: National, and all provinces
Funding required: $1,375,700

Sector Overview and Needs:

COVID-19 affects the mental health of families, children and adolescents due to isolation, economic distress, change in routine activities, as well as violence. Several small-scale studies including those implemented by Ministry of Health have shown impacts including depression due to the pandemic situation. There has been some good progress in the last 9 months, including provision of online services such as Sehat Jiwa/SEJIWA⁹ (mental health) but more support to build resilience of families, caregivers, children and adolescents will continue to be needed. However, significant portion of psychosocial support is yet to be met, especially with the prolonged pandemic which caused continuing psychological pressures, and is exacerbated by natural disaster events in January 2021, including the earthquake in West Sulawesi. It is a crucial need for post-disaster psychosocial support by strictly implementing the COVID-19 health protocol.

Priority Response Activities:

Within the area of psychosocial support, HCT partners will support the Government of Indonesia to:

1. **Support Coordination**
   - Supporting coordination of the Psychosocial Support Sub Cluster.

2. **Sustaining operational services**
   - Provide COVID-19 tailored mental health and psychosocial support (MHPSS) to refugees and migrants in need, in collaboration with local civil society organizations and partners.
   - Support mental health and psychosocial efforts and maintaining essential mental health, neurological and substance abuse services.
   - Provide consultation and online psychosocial support assistance for patients infected with COVID-19.
   - Build MHPSS awareness among Frontline Health Workers.
   - Provide Counselling and stress management services for Frontline Health Workers.
   - Opening and facilitating access for survivors of COVID-19 with groups of psychosocial support activists.
   - Support the undertaking of regular psychosocial activities following the COVID-19 protocol.
   - Provide online psychological first aid (PFA) for children and adult affected by Covid-19 pandemic and facilitate referral services when required.

3. **Capacity strengthening in the area of psychosocial support**
   - Training for religious leaders for psychosocial support and better 3Ts (testing, tracking, and treatment) actions.
   - Capacity building for COVID-19 psychosocial volunteer.
   - Capacity building on psychosocial support (PSS) for health practitioners, teachers, social workers, and humanitarian actors, with child safeguarding perspective.

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⁹ Mental health service established by Government (Coordinating Ministry of Human Development and Culture, Ministry of Health, Ministry of Women Empowerment and Child Protection and BNPB) with support from Indonesian Psychology Association (Himpunan Psikologi Indonesia – HIMPSI).
5. Education Cluster

**Government Lead:** Ministry of Education and Culture  
**Partner Institutions:** National Secretariat of the Disaster Safe Education Unit of Ministry of Education and Culture, Education Offices, Ministry of Religious Affairs, and schools.  
**HCT Lead:** UNICEF  
**HRP Participating Agencies:** NU, Save the Children, Planas, Human Initiative, Muhammadiyah  
**People and institutions targeted:** 1.8 million students and 45,000 teachers.  
**Target areas:** National  
**Funding required:** $10,903,323

**Sector Overview and Needs:**

The Ministry of Education and Culture (MoEC) has provided schools with comprehensive guidance on safe operations and COVID-19 prevention. Following confirmation of the first case in March 2020, the Government closed all 530,000 schools, thus interrupting the education of 60 million school-aged children in the country. To minimize disruption and loss of learning, the government developed a learning from home guidance based on global guidelines and established distance learning alternatives through online, TV and printed materials.

The MoEC has facilitated innovative approaches to continued learning during the COVID-19 pandemic, especially through online learning. However, inadequate infrastructure including internet connectivity in many provinces and districts has affected the capacity to provide quality distance learning opportunities. Many children, particularly those from poor households and in rural, remote areas, do not have access to the internet and/or devices to allow them to engage in online learning at home. In a learning from home rapid survey conducted by MoEC and UNICEF, 35% of students reported no or poor internet connection as a major challenge for their home-based learning. This problem is particularly compounded in rural areas.

School closures has also disproportionally impacted children with disabilities. In another survey conducted by UNICEF, more than 70% of students with disabilities reported they were having difficulties in learning from home activities. The biggest challenges include lack of concentration, learning environment that is not supportive and unavailability of assistive devices and materials. A new decree (joint ministerial decision letter or SKB) among four Ministries (education, religious affairs, health and home affairs) on school reopening was issued in the end of November 2020. This decree provides local governments with full authority to give permission for schools to reopen and start face-to-face learning sessions applying strict health and safety protocols. With this policy change, it is expected that more and more schools will reopen and start face-to-face sessions across the country in the new semester starting in January 2021. Therefore, schools and their stakeholders will need support to make well-informed decision regarding the face-to-face learning.

**Priority Response Activities:**

Within the area of education, HCT partners will support the Government of Indonesia to:

1. **Support the development of policies and analysis in the area of education**
• Provide technical support to enhance education system-level response to the pandemic, including the continuation of school reopening monitoring
• Provide advocacy and technical support for policies to reduce the number of out of school children (OOSC), support public advocacy and behaviour change campaigns, community-based mapping to identify OOSC and those at risk of dropping out and establish inclusive and participatory back to school/learning.
• Strengthen online and offline learning to ensure young people can access information, engage in developing messages, make their voices heard. At the subnational level, embed young people into the district taskforces to enable their participation in roll-out of new regulations/guidelines.

2. Coordination
• Strengthen the education sector coordination and communication of activities, including the development and dissemination of school guidance on Preparedness and Response to COVID-19 as well as for safe school reopening.

3. Sustaining operational services
• Provide technical support for the preparation and implementation of safe school reopening, including enhancing the safe school readiness to disaster, system-level response to the pandemic, as well as communication and coordination among education supporters.
• Provide support for continued learning during school closure for the most vulnerable population
• Provide safe spaces for online learning for children.
• Provide data packages for school age children.
• Promote procedures for teachers and students that become unwell, information sharing and targeted age-specific COVID-19 prevention practices.
• Support to children, families and teachers to continue education when school are closed (e.g Home learning materials, activity packs).
• Support the management of Online Study Space (ruang belajar online – RBO). Providing RBO group facilities and organizing the HOME (Hug Opportunity Mentality and Education) program.
• Provide online educations at schools, Islamic schools and universities managed by Muhammadiyah.
• Emergency schools following the West Sulawesi earthquake.
• Construction of temporary schools following the West Sulawesi earthquake.
• Provision of school kit and equipment, and supplies for school activities.
• Provide technical support for continue learning during school closure, for ensuring the literacy learning and teaching could continue for those particularly who have limited to no access to online learning. The direct support given to disadvantaged children in Early Childhood and Care Development (ECCD) and Basic Education (BE) levels in the intervention’s areas, also support for the teachers and parents/caregivers.

4. Capacity strengthening
• Build capacity and provide technical assistance to schools related to face-to-face education.

6. Early Recovery cluster

Government Lead: Ministry of Home Affairs
**Partner Institutions:** Ministry of Finance, Ministry of Social Affairs, Ministry of Women Empowerment and Child Protection and its P2TP2A, Bappenas, BNPB, women cooperatives (BAIK and KOMIDA), religion institutions, Disaster Risk Reduction forum, private sectors, schools, and mosques.

**HCT Lead:** UNDP

**HRP Participating Agencies:** NU, Mercy Corps Indonesia, Muhammadiyah, Human Initiative, Save the Children Indonesia

**People and institutions targeted:** 60,000 households and 7,700 Indonesian migrant workers, Internally Displaced Persons.

**Target areas:** National, and 16 provinces: Riau, Lampung, North Sumatra, DKI Jakarta, Banten, DI Yogyakarta, West Java, East Java, Central Sulawesi, Gorontalo, West Sulawesi, South Sulawesi, West Nusa Tenggara, Papua, West Kalimantan and South Kalimantan.

**Funding required:** $17,277,600

**Sector Overview and Needs:**

The effects of COVID-19 on policy actions can be unpredictable as the governments are facing the challenge of having to act rapidly and at a large scale across a wide range of policy areas in country. In short, the governments have to think of and deliver the immediate term and longer-term interventions at the same time. With the lingering possibility of another wave(s) of COVID-19, it might be too early to assess the effectiveness of policies. However, timely and decisive actions to suppress the virus and to support businesses and households in need are critical to saving both lives and livelihoods. One key consideration is to embed long-term inclusivity and sustainability in the policy packages of COVID-19 immediate/short and medium interventions.

COVID-19 economic recovery is the government’s priority for 2021. A total of USD 114 billion has been allocated to stimulate the economy through various fiscal instruments. This certainly will have a defining effect on the trajectory of the country’s economic development and priorities for years to come. Amidst the COVID-19 pandemic, the Government remains committed to meeting its declared target of reducing carbon emissions (NDC under the Paris Agreement), optimising resource efficiency and achieving a climate-resilient country that is in line with its commitment to Low Carbon Development Initiatives (LCDI).

Recovering from COVID-19 is probably more similar to protracted or prolonged crises. The approach to socio economic recovery therefore has to be dynamic with response, preparedness and recovery being a protracted cyclical approach. For example, as some subnational government reduce restrictions and move towards “new normal” stage, reoccurrence of infections again call for emergency measures, meaning that the preparedness, mitigation and dissemination of messages will be a continuing activity. Another example from environment point of view; emissions reductions caused by economic downturns due to COVID-19 crisis tend to be temporary and can lead to emissions growth as economies attempt to get back on track. The recovery policy packages shall not only emphasized on GDP growth only and need to have consideration of its distribution, its reliance on excessive natural resource use and the lack of much needed structural sector reforms for environmental savvy programmes. Otherwise slower productivity growth, persistent inequality and rising carbon dioxide emissions will remain contributing and constraining country’s future development potential. It is essential that the response and recovery policy packages designed this time to address the detrimental economic effects of the COVID-19 pandemic embed long-term sustainability principles.

Given the above priority, the Early Recovery Cluster will focus on supporting GoI to identify options for introducing green recovery programme approach and integrate it with preparedness building interventions to minimize the recurring impacts of COVID-19 pandemic in country.
Emphasize is also given on decentralized approaches as it can contribute to inclusive disaster risk reduction, better identification of people’s needs, empowerment of local communities and enable bottom-up planning to improve comprehensiveness of recovery policies.

Since the beginning of the pandemic until early September 2020, Government of Indonesia recorded that more than 176,000 Indonesian migrant workers returned to Indonesia, with the actual number likely to be higher in consideration of those who returned through irregular channels, including to evade mandatory health protocols. IOM, in collaboration with government and civil society partners, conducted a survey of more than 2,000 returned Indonesian migrant workers to assess the socio-economic impacts of COVID-19. The survey revealed 47 per cent of respondents indicated to be unemployed upon their return to home country. In terms of household income, 34% of respondents experienced 40%-60% decrease and 35% of the respondents even lost more than 60% of their household income. Nearly 93% of all the surveyed respondents admitted that they have not received any assistance upon their return from the local governments.

There are needs for immediate recovery of West Sulawesi earthquake, continue the social economic recovery in Central Sulawesi due to 2018 earthquake and tsunami. With the prolonged pandemic situation, more households are in need of assistance in their small businesses, especially in Java Island.

Many poor people and elderly who still working in local/traditional markets and doing informal sectors (i.e., small vendors, street shop carts, kiosks) that highly exposed to the risk of transmission and infection of COVID -19. They need support and assistance to have access to government social protection and direct assistance to be able to stay at home or work from home to prevent them from being exposed to COVID -19.

**Priority Response Activities:**
Within the area of early recovery, HCT partners will support the Government of Indonesia to:

1. **Specific technical support to the GoI on early recovery**
   - Support government and communities in two provinces that were recently affected by disasters with immediate response activities to prevent further exposure to auxiliary risks and the pre-existing COVID-19 pandemic situation. This support will focus on the provision of inputs to enable affected governments and communities in reducing the risks of further damage or injuries by removing dangerous structures and clearing rubble; restoring basic community services; and augmenting their capacity to apply adequate preventive measures for COVID-19.
   - Creating dashboards with different data sources (big data, surveys, administrative records) to analyse vulnerabilities and risks allowing for rapid-response and decision-making.
   - Support the development of an adaptive social protection system to better respond to shock and disasters and provide protection to disaster-affected families in Indonesia.
   - Scaling up a system for sustainable shock-responsive social protection at the subnational level, building on experiences in Aceh, NTB and Papua.
   - Strengthen subnational monitoring of child vulnerabilities through real time data to assess vulnerability risks, budget planning and targeted service delivery.

2. **Provide community level assistance**
   - Support for community businesses affected by COVID-19 through provision of conditional cash transfers.
   - Continue disaster recovery programs with communities in Central Sulawesi, which cover WASH, DRR and livelihood capacities.
   - Initiate the recovery of schools and mosques following the earthquake in West Sulawesi.
- Enhance community feedback mechanism and access of information for the most vulnerable groups in villages and sub-national level of targeted areas
- Support elderly people with multi-purpose cash assistance and provide assistance that will make them less exposed to COVID-19.
- Support 50,000 families affected by COVID-19 and disaster with livelihood program in West Java, West Sulawesi and South Kalimantan, which include WASH, disaster risk reduction and livelihood activities.
- Capacity strengthening of affected population to build toward disaster resilient community.

3. Capacity strengthening in early recovery

- Provide capacity building to NGOs, CSOs, Women Cooperatives, village leaders and religious leaders in providing assistance and increase protection at the sub-national level and provide direct assistance to vulnerable groups.
- Advocate and strengthening capacity in displacement management at national and sub-national levels.

Cross-cutting Themes

1. Humanitarian Coordination

In this Government-led response, OCHA and a number of participating agencies, including the global clusters lead agencies and NGO members of the Humanitarian Country Team, will continue to facilitate coordination among multi-stakeholders.

The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) will facilitate inter-cluster coordination under the leadership of the Coordinating Ministry for Human Development and Culture and BNPB. OCHA will also work to connect humanitarian action with other relevant stream of work and coordination mechanisms. Humanitarian Forum Indonesia, MPBI, and Planas PRB (as umbrella NGO organizations) will also strengthen coordination among their respective partners, and with the Government counterparts. In addition, civil society? Coordination forums such as SEJAJAR that is supported by OXFAM will continue coordinating and collaborating with civil society organizations in response to the COVID-19 crisis and its multidimensional impact. In particular HFI will implement the following activities:

- Regular coordination meetings on the COVID-19 pandemic and other emergency responses along with compiling update from HFI members into HFI’s Joint Response Plan on COVID-19 and comprehensive HFI Situation Reports and sharing it with internal members and with external network such as government, NGOs/CSOs, Red Cross, UN agencies, academia, regional and international networks.
- Supporting national clusters/sub clusters/working groups as coordination supporting team member.
- Series of learning exchange by and for HFI members based on members experiences and thematic issue such as gender mainstreaming, PSEA, protection, disabilities, volunteerism, inclusivity, accountability, etc.
- Series of capacity building for HFI members, other humanitarian workers, and volunteers, including humanitarian coordination, business process, etc.
2. BNPB Volunteers Database and Management System.

Since 2019, MPBI (Indonesia Disaster Management Society) has been supporting Desk Relawan, a volunteer management mechanism to identify, register, mobilise, and monitor multi-sectoral humanitarian volunteers in disaster-struck areas, at the request of BNPB. During the COVID-19 crisis, more than 31,000 people across Indonesia that registered through Desk Relawan; however, there is a crucial need to revamp its database and management system that will allow effective registration, mobilisation and tracking performance of the volunteers across the country. Legal partnership will be established between MPBI and BNPB to ensure sustainability of the system implementation following the closure of this response plan. During the six-month period, the system will register and manage 50,000 volunteers with different humanitarian skills.

3. Information Management support

Learning from previous disaster responses in Central Sulawesi, Lombok, and Jakarta, MPBI sees the urgency and importance of data and information management. MPBI has been working closely with cluster members and PREDIKT to collect, analyse, store, and disseminate information during recent disasters in Indonesia, including during COVID-19 response. With the latest initiatives of SHIRIN, a chatbot providing real-time information related to COVID-19 situation and updates, MPBI will develop a disaster response repository consisting policies, regulations, IEC materials, information products and learning material, which can be widely shared through cluster mechanism and be useful to support humanitarian operations. Within January and June 2021, it is expected that at least 100 humanitarian agencies will get benefit for the information management support, and the activities will be continued by MPBI and a committed Government institution.

4. Contingency Planning

To anticipate the impacts of La Nina in the form of more severe hydrometeorological disasters, Planas PRB (Indonesia National Platform for DRR) will work with BNPB, BPBDs and other relevant government agencies to develop and/or update local contingency plans. The plans will incorporate immediate humanitarian needs and other sectors such as agriculture, transportation, infrastructure, and social that would be affected by the potential disaster. Working with its network, Planas PRB will facilitate the disaster contingency planning related to hydrometeorology triggered by La-Nina, in eight selected districts in West Java, Southeast Sulawesi and Papua provinces. The process will subsequently be replicated with BNPB in other areas.

Monitoring

This plan will be monitored against a set of indicators from each cluster, disaggregated by sex and age, in order to track progress and review performance to adjust the plan as needed. Bi-monthly reports (first update in mid-March covering activities and achievements in January-February; second update in mid-May covering activities and achievements in March-April) will be issued; and a final report will be completed in July covering the entire HRP implementation. Implementing partners are encouraged to update key progresses through regular ICCG meetings.

An indicators compendium will be included as an annex to this plan.
## Funding Breakdown:

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\(^{10}\) Consist of PREDIKT, PKBI Sulawesi Selatan, Yayasan Habitat Kemanusiaan, Barisan Pelopor Rescue Team, Forum Pemerhati Masalah Perempuan Sulsel, Yayasan Pradita Madani, Human Initiative, Catholic Relief Services, Rumah Zakat, Yayasan Sapta Visi Madani, Yayasan Bumi Tangguh, Caritas Indonesia, YAKKUM Emergency Unit, Caritas Germany, Wahana Visi Indonesia, and Nurul Hayat.
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<td>150,000</td>
</tr>
</tbody>
</table>
## Key Dates:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 April 2020</td>
<td>Indonesia declared the COVID-19 pandemic as a national disaster, through the Presidential Decree number 12 of 2020.</td>
</tr>
<tr>
<td>20 July 2020</td>
<td>The National Committee for COVID-19 Response and Economic Recovery (PC-PEN) was created through the Presidential Regulation number 82 of 2020. The Committee consists of the Policy Committee, the COVID-19 Response Task Force, and the National Economic Recovery and Transformation Task Force.</td>
</tr>
<tr>
<td>3 December 2020</td>
<td>Type of vaccines to be used in Indonesia regulated: Bio Farma, AstraZeneca, Sinopharm, Moderna, Pfizer - BioNTech, and Sinovac Biotech, through the Minister of Health Decree number 9860 of 2020.</td>
</tr>
<tr>
<td>January-April 2021</td>
<td>The Meteorology, Climatology and Geophysics Agency (BMKG) estimation that the La Nina phenomenon will trigger significantly higher rainfall in many parts of the country.</td>
</tr>
<tr>
<td>15 Jan 2021</td>
<td>6.2 magnitude earthquake in West Sulawesi; 91 people died, over 2,000 people injured and more than 70,000 people in need of humanitarian assistance</td>
</tr>
</tbody>
</table>