



INDONESIA COVID-19 RESPONSE UPDATE



Save the Children

November 2020

General Situation

SARS-COV2 virus, or previously known as coronavirus, was first discovered to be the cause of COVID-19 in Wuhan, China, at the end of 2019. Right after the turn of the year, the transmission of the virus has been even faster and at least 200 and more countries around the globe have reported infection cases including Indonesia, which reported its first case in March.

On 11 March 2020, WHO decided COVID-19 as a global pandemic. President Joko Widodo officially decided COVID-19 pandemic as a national disaster and formed the COVID-19 Response Acceleration Task Force, which in July 2020 continued its function by the COVID-19 Handling and National Economic Recovery Committee led by the Coordinating Economic Minister.

Statistics



Source: COVID-19 Response Acceleration Task Force per November 23, 2020. The number is subject to change.

Response Objective

Mitigate the impact of the disease itself by contributing to the reduction of illness and death due to COVID-19 and other diseases.

Maintain key program goals as much as possible across our three Breakthroughs while recognizing the immediate economic and social impacts such as loss of income, loss of access to normal services, and increased isolation.

Four Key Focuses of the Response

1

 **Disease Mitigation**

Saving lives by preventing the spread of transmission and maintaining health service provision.

2

 **Education Uninterrupted**

Helping children learn, stay safe during periods of lockdown and return to school.

3

 **Protection**

Keeping children safe in their home and in communities.

4

 **Family Financing**

Increasing financial resilience through food security and livelihood recovery.

Front cover: Save the Children provides food aid for 1,764 children and pregnant mothers in 18 locus stunting villages in West Sumba and Central Sumba, East Nusa Tenggara. The provision of food aid is directed to support children and pregnant mother's health and nutrition during the COVID-19 pandemic.

How Do We Make A Difference



Mitigated the Impact of COVID-19 Outbreak on Children Health & WASH (Water, Sanitation, and Hygiene)

1. Strengthened capacity of girls and boys, female and male caregivers, and communities to minimize and prevent transmission of COVID-19 and strengthen access to health services.
 - Risk Communication and Community Engagement (RCCE) materials are produced, distributed.
 - Improved access to personal hygiene materials to support sustained adoption.
2. Ensured continuation of essentials maternal-child health and nutrition services (antenatal care, postnatal care, nutrition, and immunization) from Puskesmas and other health facilities.
 - Health workers and community cadres skilled/oriented on new guideline/protocols.
 - Existing mother and child health and nutrition services strengthened with adapted mechanism during the pandemic, i.e. innovating with tele-counselling.
 - Health facilities are supported with Personal Protective Equipment (PPE) to prevent transmission.
3. Improved coordination on response plan and policy/protocol with Local COVID-19 taskforce and leadership in responding to COVID-19.
 - Key stakeholders at national and sub national level are engaged and supported.
 - Vulnerable groups influence response plans.



Mitigated the Impact of COVID-19 Outbreak on Learning Education

1. Girls and boys (aged 4-18) continue learning and remain healthy and safe throughout the crisis.
 - Affected girls and boys (including with disabilities) are able to access inclusive, age-appropriate learning materials at home (online/offline).
 - Girls and boys receive messages on Mental Health and Psychosocial Support (MHPSS).
 - Parents and teachers are provided support in the process.
2. Effective, inclusive and safe returns to learning for children when schools reopen.
 - Back to school campaign, all children return to school week one.
 - Children receive accelerated education, catch up classes to and other support such as home visits and protection services as necessary.
3. Strengthening capacity of education sector at national and sub-national levels for non-disaster crisis.
 - Leadership in the education cluster; development of response plan.
 - Support documentation of good practice and lesson learnt in education response, including child participation, localization, integration.



Children are Safe at Home and in the Community

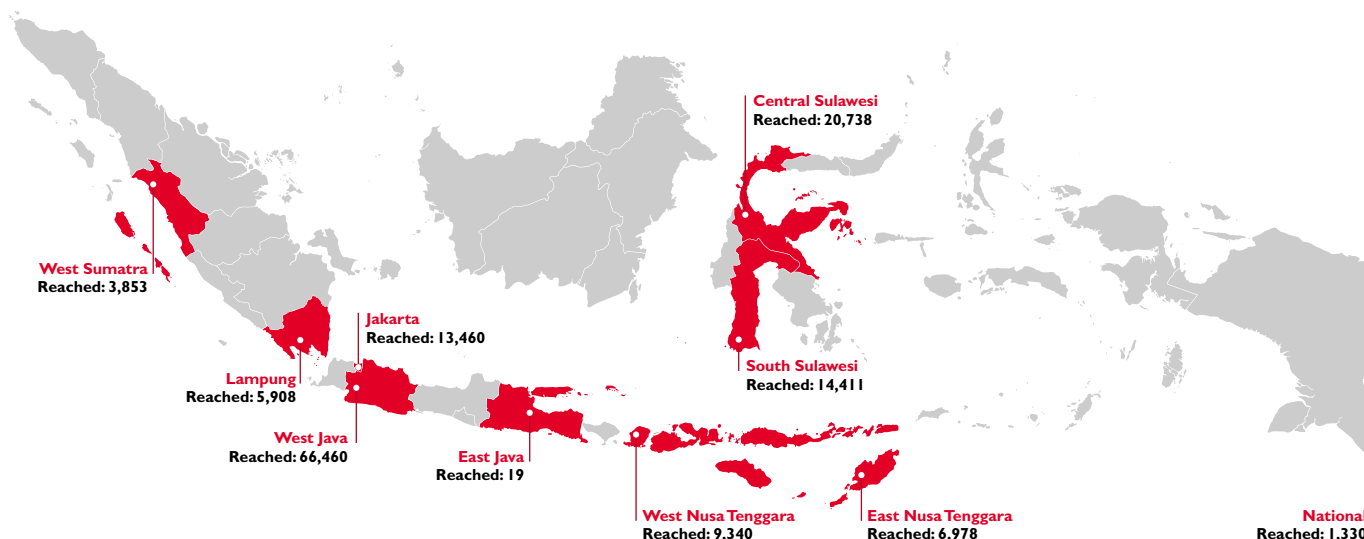
1. Psychosocial well-being and resilience of boys and girls is improved.
 - Boys and girls are well-informed on correct COVID-19 information (online/offline) and supported to claim their rights, children participation in development and communication of RCCE.
 - PFA hotline service for general public and children's group is running.
 - Support children-in-need alternative care.
2. Community care & social worker support for addressing children's issues within their environment is functioning.
 - The capacity of Community Based Child Protection (CBCP) in promoting critical prevention behaviors and in managing effective referral mechanism is increased.
 - Support the activation of case management mechanism at community level.
 - Direct support to social workers and Ministry of Social Affairs and Ministry of Women Empowerment and Child Protection.
 - Monitoring the condition of children in institutional care center and detention center.



Families are resilient during the COVID-19 Outbreak

1. Family resilience is improved to address the issues affected by COVID-19 and prevent their children from harmful practices.
 - Increase number of vulnerable households able to cover their essential food security and clean water needs through cash and voucher assistance.
 - Increase access to the Government social safety net scheme.
2. Youth are activated to enable economic recovery.
 - Strengthened livelihoods or income generating activities for the most vulnerable families through online trainings, mentoring and cash grants.
 - Youth are engaged into the public debate and decision-making forums and influencing decisions.

Our Program Area



142,497

Total People Reached

61,458

Total Children Reached

81,039

Total Adult Reached

30,245

Girls

31,213

Boys

32,870

Female

48,169

Male

Key Achievement | March-October 2020



Pillar I

Mitigate the Impact of COVID-19 on Child Survival

4,676

Adult

Number of community health workers supported or trained to prevent and mitigate the impact of COVID-19 on child survival.

27,212

Children

Number of girls and boys received/accessed communication materials both online and offline platform.

59,884

Items Distributed

Number of Social Behaviour Change Communication (SBCC) materials distributed (disaggregated by type: e.g., printed and electronic materials).

29,492

Children

Number of children (in school and children care institution) received COVID-19 children hygiene kits.

12,167

Household

Number of households supported by Save the Children to access safe water, facilities for hand washing with soap and environmental sanitation practices.

255,990

Items

Number of Personal Protective Equipment (PPE) items distributed.

140

Children

Number of children under five who received treatment for acute malnutrition.

28,035

Items

Number of Hygiene Kits distributed.



Pillar 2
Help children learn, stay safe and return to school.

20,619

Children

Number of children affected by school closures supported by Save the Children to access distance learning.

486

Items Installed/Repaired

Number of hand washing stations installed/restored/repared by Save the Children.

473

Adult

Number of people (representing schools) are trained to apply standard operating procedure/protocol for safe and protective learning spaces.



Pillar 3
Protect children from risk of violence, exploitation, and abuse in their homes and communities.

953

Children

Number of girls and boys are trained on and or participated in positive coping mechanism learning session.

112

Children and Adult

Number of children and caregivers receiving MHPSS (Mental Health and Psychosocial Support) support during the COVID-19 pandemic.

41,438

Children and Adult

Number people received child safeguarding session facilitated by Save the Children (disaggregated by gender and origin organization).

1,359

Adult

Number of parents participated in parenting session.

40

Children

Number of children receiving case management child protection support during the COVID-19 pandemic (e.g. for reintegration/alternative care, risk of family separation, violence in the home, sexual and gender-based violence).



Pillar 4
Support family survival and food security through safety nets.

1,764

Household

Number of households supported by Save the Children to receive cash and voucher transfers.

0

Children

Number of girls and boys participated in any thematic life skill education learning/training session.

Advocacy

4

Lesson Learned

Number of documented lesson learned and good practices developed by Save the Children related COVID-19 presented or shared to key stakeholders at different levels.

5

Innovative Solutions

Number local strategies and/or innovative solutions related to COVID-19 initiated by youth and endorsed by Save the Children in national/sub-national level.

Heal Together Campaign

Heal Together campaign is a movement to invite communities to help children and their families cope with the hard situation during the pandemic period.

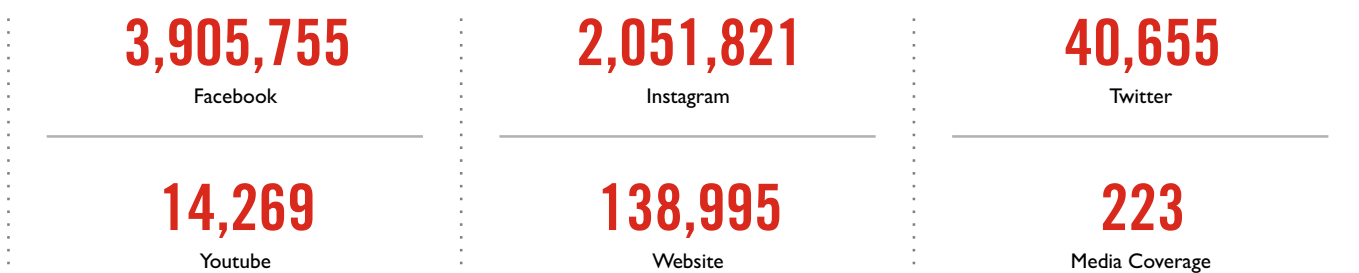
COVID-19 has rapidly changed the lives of many people, including children. In the pandemic situation such as this, we are forced to adapt as rapidly as possible. With all the current uncertainties and sudden changes, children are put at a vulnerable situation of various risks.

We have mapped that there are seven main risks that children has currently to face during the pandemic, including:

1. Children losing their parents due to COVID-19.
2. Children whose parents have lost their livelihood.
3. Children in difficulties to access quality educational services during pandemic.
4. Children that are vulnerable to be abused and exploited.
5. Children in difficulties to access basic health care and nutrition.
6. Children living in disaster-prone areas.
7. Limited support for children with disabilities during pandemic.

Through this online campaign, we want to ensure that children and their families are able to get through all the challenges to keep developing and find new opportunities.

Total Outreach



* Total Outreach (exclude media coverage) is the number of people or account who are exposed with campaign contents or activities.

** The number of Total Outreach (exclude media coverage) is subject to double counting.

*** Media Coverage is the total number of news or article about campaign content or activities published in the mainstream media.

Engagement Rate



* Engagement Rate is the level of audience engagement or interaction with campaign contents or activities.

** Factors that influence engagement include audience's comments, shares, likes, and more.

Campaign Webinar and Talkshow



* Number of participants who attend webinar and talkshow through zoom or YouTube and Facebook streaming.

** The number is subject to double counting.

Budget Allocation and Spending for COVID-19 Response





STAPLE FOOD ASSISTANCE FOR 1,800 FAMILIES IN SUMBA

Text by: **Purba Wirastama**

The COVID-19 pandemic has a negative impact on the handling of stunting cases in Sumba. After had discussions with local government agencies, Save the Children through the Sponsorship Program has provided staple food assistance to 1,800 households from 13 villages in West Sumba and five villages in Central Sumba.

The distribution of this assistance started in Gara Village on 28 October 2020, continued to Puumawo and Beradolu on the next day, and then continued again to 15 other villages in sequence until early November 2020.

The program team selected which families would receive assistance based on discussions with the COVID-19 Task Force Team of West Sumba District in the Regional Disaster Management Agency Office (BPBD). Representatives from Bappeda/Bapelitbangda (government agencies for development planning and research), District Health Agency, District Community and Village Empowerment Agency, and Social Agency also joined in the discussions.

It was decided that the beneficiaries are the most vulnerable families, which included families with pregnant women, children under two, and/or children under five with malnutrition problems or special needs. The priority target areas are 18 villages in West Sumba and Central Sumba with the highest stunting prevalence rate.

Based on data from Bappeda and Bapelitbangda, the prevalence rate of stunting in West Sumba still reaches 31.85% and in Central Sumba it is 20.49%. Data from Sponsorship Program of Save the Children was also used as a consideration to determine which families really need this assistance program.

The villages of the beneficiaries in West Sumba are Beradolu, Gaura, Puumawo, Patialadete, Malata, Manukuku, Rajaka, Hobawawi, Haronakala, Kalebu Anakaka, Karena Nduku, Sobarade, and Zalakadu. The villages of the beneficiaries in Central Sumba are Tanamodu, Manuwolu, Praimadeta, Kabelawuntu, and Malinjak.

The staple food assistance package for each family consists of 50 kg of rice, 2 trays of chicken eggs, 5 litres of cooking oil, 1 kg of red

onion, 1 kg of garlic, 5 kg of green beans, 2 kg of sugar, and 2 packs of salt.

Save the Children worked with a number of local vendor in the procurement of those items while still implementing health protocols and child safeguarding aspects. Sponsorship Program staffs and volunteers had checked the items condition and confirmed the quantity or weights of items as planned. The distributions were also operated under strict health protocols, such as wearing face mask, maintaining physical distance, as well as providing handwashing stations and hand sanitizer.

Sumba Field Manager of Save the Children, David Wala explained, "We hoped that this assistance will improve nutritional status of children. We are aware that many families are experiencing financial problems due to COVID-19 pandemic. Save the Children was moved to help these families with program in collaboration with the local government."

Team leader for the staple food distribution Benny Leonard Johan said, "The government had determined distribution stages. In the initial stage, there were discussion about the criteria and number of beneficiaries, then there were a situation analysis and data collection, the selection of beneficiary villages, and the design of procedures for selecting beneficiaries."

"Then it was followed with the socialization of this program, selecting staple vendors, formulating strategies for the distribution, selecting types of staple foods, and carrying out and overseeing the distribution activities. Finally, of course all of these activities were monitored and reported as a form of accountability," said Benny.

The Sponsorship Program has been running in West Sumba and Central Sumba since 2013. This program targets five core priorities, namely Early Childhood Care and Development (PAUD); basic education; school health and nutrition; health of mothers, newborns and children; as well as adolescent development. Its main objective is to improve access, quality, capacity and policies to education and health services for children in West Sumba and Central Sumba.



Save the Children

Save the Children in Indonesia has been registered as a local foundation named as **Yayasan Sayangi Tunas Cilik** by the Decree of the Indonesian Minister of Law and Human Right No.AHU-01712.50.10.2014 on May 21, 2014.

Address : Jl. Bangka IX No.40 A & B, Mampang Prapatan,
Jakarta Selatan, DKI Jakarta, 12720

Phone : +62 (21) 782 4415

Facebook : SaveChildrenID
Twitter : SaveChildren_ID
Instagram : savechildren_id
Youtube : SCIndonesia

www.stc.or.id