



# INDONESIA COVID-19 RESPONSE UPDATE



October 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 October 20, 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:** Staff of Community Health Center in Penjaringan, North Jakarta, received Personal Protective Equipment (PPE) packages from Save the Children on September 23, 2020. On the same day, the packages containing medical masks, gloves, headgear, and face shields were also handed over to the other 15 Community Health Centers in North Jakarta. This assistance is one of Save the Children's latest activities through the Hygiene and Behavior Change Coalition (HBCC) Program to support health workers during 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

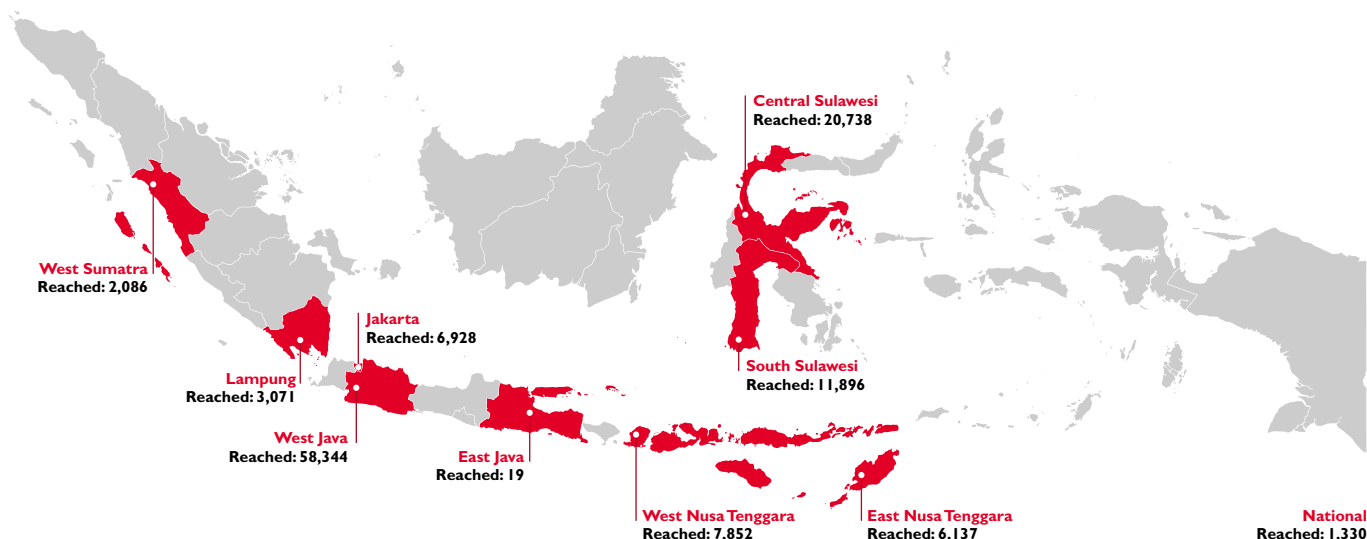
1. Psychosocial well-being and resilience of boys and girls is improved.
  - Boys and girls are well-informed on correct COVID-19 information (online/offline) and supported to claim their rights, children participation in development and communication of RCCE.
  - PFA hotline service for general public 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



# 118,401

Total People Reached

## 53,503

Total Children Reached

## 64,898

Total Adult Reached

### 26,292

Girls

### 27,211

Boys

### 25,408

Female

### 39,490

Male

## Key Achievement | March-September 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.

## 12,691

Children

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

## 53,088

Items Distributed

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

## 21,975

Children

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

## 11,720

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.

## 20,129

Items

Number of Hygiene Kits distributed.



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

**19,332**

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.**

**0**

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:

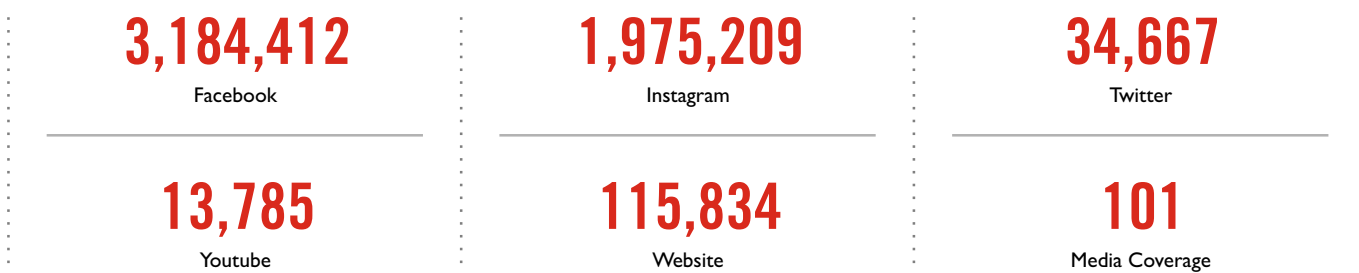
1. Children losing their parents due to COVID-19.
2. Children whose parents have lost their livelihood due to pandemic.

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.

This online campaign will be conducted in two periods. In this first period, the campaign will be carried out from June to September 2020 by raising the seven risks faced by children during the 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 is the number of people who are exposed with campaign contents or activities.

### 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 and live streaming facebook.

## Budget Allocation and Spending for COVID-19 Response





## LUKMAN HAKIM: ENSURING CHILDREN CONTINUE STUDYING AT HOME DURING PANDEMIC

Text and photo by: **Rafael Gomes** | Edited by: **Purba Wirastama**

"I only make sure that children continue to have their rights even in this pandemic, so that teachers and I visit their homes twice a week to make sure the children continue to study even at home or in the community," said Lukman Hakim, the head of Early Childhood Care and Development (ECCD) Arrohman in North Lombok Regency.

The people of North Lombok have experienced tremendous pressure after the 2018 earthquake that damaged all buildings and paralyzed community duties. Save the Children was there to help with recovery with a focus on providing child friendly spaces. This includes rebuilding ECCD infrastructure.

But during the recovery period this year, North Lombok residents were affected by another disaster, which is COVID-19 pandemic that has caused a multi-sector crisis, including education. To limit face-to-face activities, the North Lombok Government has closed school building and required schools to carry out remote learning activities from home.

Since the "school activities" take place at home, the direct role of the teachers is reduced, replaced by the parents. For the ECCD practitioners like Lukman, remote class was a new experience because usually children gathered in schools which already have complete tools and materials.

Save the Children through the TRANSISI project supports the targeted schools in North Lombok, including the ECCD of Arrohman, by providing non food items assistance: hygiene kits and learning materials for children.

The learning materials, which are intended to support children's learning activity at home, actually have inspired Lukman and other ECCD practitioners to provide similar learning materials using ECCD operational budget.

For that need, Lukman has allocated Rp3.4 million (approx. USD 227) to provide learning materials such as crayon, pencil, glue, paper, and printed materials. The budget was also used to provide health equipment like masks, hand soap, and bath soap for 43 children.

"We have never thought nor done anything like this, but the children must still receive learning assistance. So, we internally have prepared student worksheets, which are accompanied by simple instructions and distributed to all parents," said Lukman.

Lukman and the teachers have also made home visits while still applying health protocols. They distribute activities cards or student worksheets and explain to the parents in simple terms how to use it. Each week, the teachers collect worksheets for evaluation and distribute new materials.

These new activities don't always go well because there are some children who do not get optimal assistance, either because they do not live with parents or because their companions/guardians have never received formal education. Faced with this problem, the teachers decided to visit these children twice a week and provide special assistance.

Initially, many parents had a hard time or considered it as an added burden. They found it difficult to allocate time and felt inadequate to accompany their children studying. However, after home visits carried out by the teachers, changes emerged. Some fathers have given more time to their children after working or gardening.

"I don't have the skills to play with children like the teachers used to do, but after reading the activity cards instructions, I began to understand how to play with my child. The games given are very simple and we always play the games," said Hendra, one of the ECCD child's father.

To ensure that all ECCD provide the same way and structured assistance, Save the Children is working with the education office to develop standard operating procedures for home learning activities. This procedure regulates the responsibilities of every party involved, including the education office itself, the ECCD managers and teachers, parents, and children. The hope is that all ECCDs carry out the same activities while learning from home.



**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.

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