Delegations are kindly invited to use this template to share their comments on any of the draft country programme documents being presented to the Executive Board during the second regular session.

Delegation name: **United States of America**

Draft country programme document: **Indonesia**

In accordance with Executive Board decision 2014/1, country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline will be made public on the Executive Board website, and considered by the respective regional office, in close consultation with the country office and the concerned Government.

<table>
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<tr>
<th>General comments</th>
<th>United States of America Comments</th>
<th>UNICEF Indonesia Response</th>
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</table>
| With respect to the focus areas mentioned in the CPD, there are several areas of potential coordination/collaboration between UNICEF and the United States through USAID/Indonesia. From the document, it seems that UNICEF will be taking a more nationwide approach to its work; while USAID plans to concentrate much of its programming in eight priority provinces. Sharing data and engaging with Government of Indonesia counterparts and other donors through the working groups that UNICEF mentions would be helpful. In specific sectors, more specific opportunities for collaboration may be identified (see below).

We noted UNICEF’s mention of engaging the private sector, which seems to be largely focused/limited to the private sector’s (PS) support/role in fundraising for UNICEF. As we look to more broadly and deeply engage with the private sector in our portfolios, we note that there may be considerable more opportunity for PS partnerships beyond fundraising.

The CPD seems very "policy and guidelines" focused, as if the only thing that is preventing improvement in the priority areas is lack of good policy, guidelines, and technical assistance. We | UNICEF Indonesia is appreciative of the support provided to date from the United States of America through USAID/Indonesia. This support has enabled UNICEF to scale up essential child-sensitive interventions both nationally and regionally. UNICEF will increasingly focus on taking lessons learned in the current country programme from pilot interventions to scale, working both nationally with ministerial counterparts, as well as regionally through our field office presence in seven provinces. UNICEF has shared data from our recently released Situational Analysis of Children in Indonesia and looks forward to continuing strong engagement with Government of Indonesia counterparts and donors to accelerate the realization of child rights. |
| UNICEF Indonesia agrees with the comments for expanded engagement with the private sector. Beyond fundraising, UNICEF will work with companies and business stakeholders (including government and regulators) to create an enabling environment for business to respect and support child rights through their policies, codes of conduct, labour practices, marketing practices and any other areas where business can have an influence. Our collaboration with the business community will comprise the following four areas: 1) Influencing business practice, 2) Helping businesses... |
would appreciate a deeper understanding of how the program plans to focus/prioritize among the six named priority areas. Given this, considering how to turn policy into practice and helping do that might also help to further focus the program.

This appears to be an effort to raise money in the reduced COVID-19 resource era. Less clear are the discrete high quality technical interventions that meet Indonesia’s prioritized needs. Beyond the mention of the committee co-chaired by Bappenas, there is no mention of sustainability or of a commitment from the Indonesian Government to continue to take these initiatives forward, particularly using their own resources. Given this, it’s unclear how much Government of Indonesia ownership exists or will be built into interventions. It is unclear how UNICEF can overcome hurdles in utilizing its own resources and implementing programs over the long term.

improve their own CSR, 3) Building capacity of local governments to engage the private sector and 4) Engaging and leveraging the role of the private sector in various programmatic areas (e.g. in delivering health services and building climate resilience - see CPD paragraph #43), strengthening DRR/community resilience through a USAID/OFDA-supported programme, in the area of WASH where the private sector is seen as playing a critical role through both R&D/innovation, service provision and demand creation (CPD paragraph #37), or in the area of child protection where “Online protection will be enhanced through technical support to the Government and partnerships with the private sector and CSOs. Innovative tools and private sector partnerships will facilitate the promotion of safety and skill development.” – (CPD paragraph #56).

In terms of focus for the CPD, while policy and guidelines are important elements of our response, they are not unique. UNICEF will utilize various additional strategies to achieve desired results. For each of the six priority focus areas, UNICEF Indonesia identified key child rights deprivations and developed a detailed theory of change, which articulates the pathway of change, including turning policy into practice. UNICEF will use a range of strategies and interventions at both national and subnational level, including: (1) Data and evidence generation; (2) Advocacy and communication; (3) Communication for Development (C4D); (4) Systems strengthening; (5) Cross-sectoral integration; (6) Empowerment of young people; (7) Innovation with and for children and adolescents (8) Partnerships and private sector engagement; and (9) South-south and triangular cooperation.

Within the six priority areas for programming focus, key deprivations most significantly affecting children have been selected for intensive focus over the next CPD. These priorities have also been selected in a process of broad consultation including with the Government of Indonesia
and aligned with the National Medium-Term Development Plan 2020-2024 (RPJMN).

Technical interventions necessary to meet Indonesia’s prioritized needs are selected in close consultation with BAPPENAS and various line ministries, and cut across all six priority programme areas (e.g. malaria elimination and immunization expansion, scale up of Integrated Management of Acute Malnutrition, increased access of early childhood development programmes, and decentralized delivery of child-sensitive social welfare services. A key objective for UNICEF has been providing evidence for subsequent Government ownership which has largely been successful. In health, for example, UNICEF’s contributions to the Government of Indonesia have been catalytic and have served to leverage domestic resources for implementing best practices. In the area of malaria elimination, village funds have been successfully used to scale up UNICEF-supported pilots – yielding positive results with more than 70 per cent of the population now living in malaria-free areas.

### Comments on specific aspects of the country programme document

**WASH:**
In late March this year, the Water Team in USAID Washington offered a partnership with UNICEF Indonesia through their Toilet Board Corporation partner to establish a corporate accelerator program in sanitation. However after reviewing the work plan with the PSE team, USAID decided that the timing was not yet right, as through IUWASH PLUS we had just entered the initial phase of market-based sanitation, and the COVID-19 interference hardly hit the just growing sanitation entrepreneurs. The offer of a partnership might be revisited next year.

The WASH Cluster usually comes into being in response to a disaster/emergency, but UNICEF is proposing to make this a more robust, standing body to address WASH issues across the board. As noted, for Cluster purposes, WASH is divided as a subset of the Health Cluster, led by MOH, as well as a subset of the Early Recovery Cluster, led by Public Works. This divided approach is less than optimum for coordination of WASH in emergency/disaster settings. A combined, single WASH cluster led by the most

**WASH:**
The UNICEF WASH program acknowledges the current inefficiency of the cluster system in Indonesia, which disaggregates WASH under the various larger clusters including Health, Protection and Education.

Accordingly, one of the primary ambitions of the program in the new CPD is to support the establishment of a dedicated WASH Cluster under the leadership of one Ministry.

Accordingly, UNICEF is charting a path toward this goal with advocacy, evidence (via after action reviews, evaluation) and a capacity development program jointly developed with the Global WASH Cluster.

The partnership with Toilet Board Coalition is long anticipated and included partnership with UNICEF in supporting market innovations/mentoring of local sector private partners.
dynamic government ministry might be more effective. In expanding cluster participation and membership to the private sector, one example might be getting private-sector manufacturers of soap and other hygiene products to participate more actively in promoting the benefits of good hygiene practices (in the end, increasing the demand for their products).

**Nutrition:**
On Nutrition, UNICEF notes that Indonesia is rapidly urbanizing. One aspect of this is that people in urban areas are consuming more food that is processed or prepared by others, unlike in rural areas. Some attention to food fortification policy and practice might go a long way to improving vitamin and micronutrient intake. Some soy fortification of basic processed staples may serve to increase protein intake. This would give UNICEF the opportunity to bring Government of Indonesia policy makers and private-sector food processors together to discuss enhancing the quality of the Indonesian diet through fortification.

Similarly, the link between nutrition and maternal and newborn mortality can to be explored and addressed, if UNICEF's Health and Nutrition programs are able to work closely together.

**Child Protection:**
Suggest edits to Line of Effort Number 55: “Technical support will be provided to develop and share information on good practices in law, policy and regulatory reforms and ensure child safeguarding policies and child-friendly reporting mechanisms are institutionalized in key line ministries and in all government and non-governmental entities that come into frequent contact with children. National and sub-national government entities, civil society organizations, children and adolescents will be supported to strengthen accountability of duty bearers for budgeting and expenditure for child protection systems.”

**Nutrition:**
UNICEF has been a strong advocate for staple food fortification in Indonesia, supporting the government to formulate adequate policy and programmatic responses and forge productive partnerships with a wide range of stakeholders including the private sector to advance the food fortification agenda in the country. This effort will certainly continue in the next country programme and will remain one of the key programme areas to improve ‘micronutrient intake’ of the population. This is included in the current CPD draft which is submitted for Executive Board approval.

UNICEF Indonesia is in full agreement that there is a strong link between nutrition and maternal and newborn mortality and a need for nutrition and health colleagues to work together closely. Joint programming between nutrition and health will occur in various ways including treatment and prevention of child wasting and promoting good adolescent/maternal nutrition.

**Child Protection:**
The points made are well noted, and we agree with their intent. Requested changes to Paragraph 53 have been incorporated.

With respect to the issue of COVID-19, as we have already included the relevance of COVID-19 to all our programming interventions in paragraph 20 (see below), to remain within the CPD-mandated word count, we have not added additional specific language related to COVID-19 to the Child Protection-specific paragraph (#58).

As the unprecedented global coronavirus disease 2019 (COVID-19) pandemic poses threats to the well-being of everyone,
<table>
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<tr>
<th>Health</th>
<th>Suggest edits to Line of Effort Number 58, please add at the end “UNICEF will also support the development and implementation of laws, policies, regulations, and services for the protection and care of children experiencing violence in their families, especially for children experiencing increased levels of child abuse, exploitation, or neglect during the COVID-19 pandemic.”</th>
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<tbody>
<tr>
<td>Health</td>
<td>including the most vulnerable populations, mitigation and recovery measures will be incorporated into all programme areas.</td>
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<tr>
<td>Health</td>
<td>We are pleased to see the emphasis on immunization and adolescent reproductive health. We have had the opportunity to provide input previously into the thinking and there are several technical areas for collaboration at both national (policy) level and at provincial level which also support our focus.</td>
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<tr>
<td>Health</td>
<td>The new Country Programme will have a focus on adolescent health – specific areas within this portfolio will be determined based on the evidence, government priorities and UNICEF’s comparative advantage.</td>
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