

Towards A Child-Focused COVID-19 Response and Recovery: A Call to Action

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The impact of the COVID-19 pandemic on children in Indonesia has been severe and widespread. Drawing from different analysis of policy responses and research findings, this brief proposes actions towards a more child-focused COVID-19 response and recovery. The brief addresses the pandemic's impact in six areas: (1) poverty; (2) learning; (3) health; (4) mental health, childcare and child protection; (5) nutrition; and (6) access to safe water, sanitation and hygiene services.

COVID-19 IN INDONESIA: ONE YEAR INTO THE PANDEMIC

As we enter the second year of the pandemic in Indonesia, COVID-19 cases continue to spread across the country. Indonesia detected its first cases of COVID-19 in early March 2020. By August 2021, nearly 3.5 million cases and 97,000 deaths have been reported, nearly 1.7 million cases and 46,496 deaths have been reported.¹ Children make up 12.8 per cent of confirmed cases and 1 per cent of deaths.² Nationwide restrictions on travel have been implemented and strictened since July 2021.

The pandemic has led to a deep economic contraction not seen since the late 1990s. Indonesia's gross domestic product (GDP) contracted by 2.1 per cent in 2020 – a painful reversal of the 5.3 per cent growth projected before the pandemic – causing widespread loss of jobs and income.³ The unemployment rate increased by 1.84 percentage points to 7.07 per cent in 2020, a level not seen since 2010. Although people have been able to return to work, many are earning less.⁴ The good news is that Indonesia's economy is expected to rebound in 2021, with GDP expected to reach 4.4 per cent.⁵

THE CHALLENGING 'NEW NORMAL' FOR CHILDREN

UNICEF's Executive Director has warned that, "COVID-19 lit the fuse of what could be the largest disruption to global progress for children in modern history."⁶ Global progress across nearly every key measure of childhood development has gone backward since the pandemic was declared.⁷

A year into the pandemic, children and adolescents in Indonesia face a challenging 'new normal'. The

secondary impacts of the pandemic have widespread impact on Indonesia's 80 million children and their daily lives. The education of millions of children and adolescents has been disrupted: access to health, nutrition and protection services has been severely impacted; and families struggle to stay afloat financially. Existing inequalities have been exacerbated, particularly those related to gender, poverty and disability.

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COVID-19 IMPACT ON CHILD POVERTY

More children and adolescents have fallen into poverty than any other age group because of the COVID-19 pandemic.⁸ Children under the age of 18 represent about 33 per cent of Indonesia's population, but they make up nearly 40 per cent of those who fell into poverty in 2020. Children and adolescents have been hit especially hard by reduced household incomes and the inability of their families to improve their economic status.

Three out of four households in Indonesia have experienced a reduction in income, with urban families more significantly impacted.⁹ Up to 44 per cent of urban households and 34 per cent of rural households saw their income fall by more than 25 per cent.¹⁰ The loss of income has been caused by job losses and reduced paid working hours in a range of sectors from restaurants to mining. Small business owners suffered from fewer customers, lower revenues and higher costs.

Many middle-income households have fallen into poverty or vulnerability. Households across all income groups—from the poorest to the richest—reported similar percentage-terms falls in income. Many households that were previously economically secure have either become poor or are at risk of becoming poor.

With almost one-quarter of households experiencing rising costs, families have reduced food consumption and education expenses.¹¹

Increased costs for groceries and other essentials, as well as increased Internet and mobile phone charges to support distance learning, were the main contributors to this rise.¹² Consequently, nearly 20 per cent of families reported reducing food consumption, 30 per cent cut back on non-food consumption, and nearly 30 per cent were worried they could not feed their families.¹³ Some expenses have been deferred, such as school fees, debts and enrolment of older children in university.¹⁴ These actions impact young people's physical, cognitive and educational development.

2

COVID-19 IMPACT ON LEARNING

Since March 2020, more than half a million early childhood centres, schools and universities have closed and switched to distance learning, affecting more than 60 million children.

The decision to reopen schools has been given to local governments and the majority of schools have remained closed. In April 2021, the Joint Decision Letter, issued by four ministers (Education, Health, Religious Affairs and Home Affairs), announced that the national government will mandate all schools to restart face-to-face learning by July 2021. According to the joint letter, schools would be able to open for face-to-face learning by July, combining face-to-face and distance learning. To promote the reopening of schools, teachers are among the priority groups to be vaccinated in the national vaccination campaign.

COVID-19 has caused an extraordinary disruption in learning in Indonesia. Seventy per cent of parents have expressed concern about the loss of learning during the pandemic.¹⁵ Indonesia already faced serious learning challenges, with 70 per cent of 15-year-old students unable to achieve minimum proficiency in reading and mathematics before the pandemic.¹⁶ A World Bank simulation model predicts that the school closures in Indonesia could lead to a 21-point reduction in PISA reading scores.¹⁷

Teachers, students and parents experience many challenges with distance learning. Most distance learning takes place via WhatsApp, with limited live interaction between teachers and students. The average time per day spent on distance learning varied widely, from 3.5 hours in the province of Jakarta to 2.2 hours outside Java.¹⁸ On average, primary school students, students in rural areas, and those in the bottom 40 per cent income group spent less time daily on distance learning. Nearly half of all parents have expressed concern about limited access to the Internet and electronic devices, as well as limited time and capacity to help teach children.¹⁹ In U-Report polls conducted in 2020, 38 per cent of adolescents stated that their main distance learning challenge was lack of teacher guidance. Up to 31 per cent reported boredom as a key challenge.²⁰

Closing schools has increased the rate of school dropout, escalating the risk of harmful practices.

Some households (3.45 per cent) reported to have at least one child dropping out of school, with children with disabilities at most risk, although the actual rate of school dropout is expected to be much higher.²¹ Other families indicated a temporary suspension of education, while nearly one in five families did not wish to continue schooling.²² Up to 7.15 per cent of households reported at least one child who is working, and of these, 2.5 per cent had started work since the pandemic.²³ The percentage of adolescents (ages 15–19) not in education, employment or training is likely to rise, from 24 per cent before the pandemic.²⁴ Although official data is limited, the increase in school dropouts puts children at risk of child marriage and engagement in harmful practices and exploitative activities.²⁵ Religious courts recorded a three-fold increase in requests for marriage dispensations, from 23,126 in 2019 to 64,211 in 2020.²⁶

3

COVID-19 IMPACT ON HEALTH

The pandemic has severely disrupted basic health care services with many health care workers and financial resources diverted towards the COVID-19 government response. Although the child mortality rate from COVID-19 has been relatively low, the disruption of essential and routine health care services poses an indirect mortality risk to children in Indonesia.²⁷ Early estimates indicated that disruptions to health care systems and reduced access to food could result in an extra 30,560 deaths of children under five in just six months.²⁸

Interruptions in child health services, including immunization, monitoring of child development, family planning and antenatal care services are the main health concerns for children and women. The proportion of households accessing health care facilities for immunization, birth control, antenatal care, childbirth and post-delivery services declined by 7 per cent and by almost 10 per cent in urban areas in 2020.²⁹

Routine childhood immunization coverage has declined. With just 60 per cent of children fully immunized before the pandemic, Indonesia already has a high baseline vulnerability. A 2020 survey carried out by the Ministry of Health and UNICEF found a decrease in immunization coverage across all vaccine-preventable diseases, including polio, measles and rubella.³⁰ By November 2020, one in eight households with children under five failed to get children immunized.³¹

Pregnant women, newborns and people with disabilities are at particular risk. Services for pregnant women at health centres (*puskesmas*) were reduced, with less frequent and shortened antenatal care visits between February and April 2020.³² Disruption was even more significant at community health posts (*posyandu*) with 46 per cent reporting suspension of antenatal care services in April–May 2020.³³ A qualitative study showed that when *posyandus* resumed services in July–August

2020, many did so with reduced services, e.g., no counselling or socialization among mothers were allowed.³⁴ One-third of people with disabilities are unable to access medicines, therapy and health care facilities.³⁵

Travel restrictions and fear of COVID-19 infection are barriers to delivery of health care. One of the most common reported causes of foregone care has been the fear of contracting COVID-19 when visiting a health facility.³⁶ Parents seek care at private clinics and hospitals, rather than public health facilities, including *puskesmas*.³⁷ At the same time, parents raised concerns about high out-of-pocket costs for childhood routine vaccinations at private health facilities, which are free of charge at public facilities.

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COVID-19 IMPACT ON MENTAL HEALTH, CHILDCARE AND PROTECTION

Children's mental and emotional well-being has become a major concern with the severe disruption and isolation, especially for adolescents daily routines. The combination of prolonged school closures, social isolation from peers and pressure to learn at home with limited guidance has a significant impact on children. Nearly half of all households have reported child behavioural challenges. Families said that children find it hard to concentrate (45 per cent), are becoming angrier (13 per cent) and finding it difficult to sleep (6.5 per cent).³⁸ Children themselves have indicated stress; worrying about falling behind in their learning, anxiety about returning to school and other challenges related to distance learning.^{39 40}

Parents and caregivers have reported higher levels of stress and depression, putting childcare at home at risk. Household heads and their spouses reported a rise in mental stress, unhappiness and depression due to economic insecurities and fear of infection, with female-led households more affected (20 per cent) than male-led households (17 per cent).⁴¹ This may inhibit parents' ability to address the emotional and psychological needs of children.⁴²

Families seek support primarily from friends and family, rather than from medical professionals.

Nearly 80 per cent of households that reported experiencing anxiety seek emotional support or counselling from family. Only a small proportion seek support from health workers or doctors (4.5 per cent) and psychologists or psychiatrists (0.5 per cent).⁴³

Women are bearing a disproportionate childcare burden at home.

Nearly three in four households report women as the primary caregivers, including the role of supporting children in distance learning.⁴⁴ Half of these women are also engaged in paid work to support their families, leaving little to no time to themselves.⁴⁵

Family violence and abuse have likely increased but this is not always reported.

With less income, fewer opportunities for social contact and higher childcare burdens due to prolonged school closures, 8.6 per cent of households report more conflict in the home since April 2020.⁴⁶ Of those households, 37.5 per cent say they have more conflict with their spouse and 23.5 per cent with their children. Although the National Commission on Violence Against Women recorded a decline in the number of family violence cases reported, from 431,471 in 2019 to 299,911 in 2020, this is likely due to the pandemic disruption in accessing victim support services.⁴⁷

Children in alternative living arrangements, detention or institutional care face intensified risks to their safety.

Evidence from previous disease outbreaks indicate that existing child protection risks are exacerbated, and new ones emerge, as a result of the disease as well as the socioeconomic impacts of prevention and control measures.⁴⁸ Risks may stem from rapid closure of residential facilities and children's return to families and communities without due preparation or those remaining in group residential care more prone to cluster infections. There is a particularly high risk for children with disabilities, who are more likely to be in residential care settings and may be at higher risk of contracting COVID-19 due to pre-existing conditions or impairments.⁴⁹ A recent mapping carried out by the Ministry of Social Affairs identified about 360,000 children who remain in care institutions in Indonesia.⁵⁰

Essential nutrition services have been severely disrupted across the country.

A rapid assessment of nutrition services in September–October 2020 found that more than three-quarters of provincial and district health offices shifted the budget for nutrition services to support the COVID-19 response.⁵¹ In addition, about half reported receiving inadequate or no supplies for treatment of severe child wasting. Further, one-quarter of *puskesmas* delivered less than half or no nutrition services, including infant and young child feeding and counselling; and iron and folic acid treatment for adolescents. Nutrition services were delivered through alternative mechanisms, including counselling by phone, online support groups for mothers, and dissemination of mid-upper arm circumference tapes to enable caregivers to detect wasting early.

The pandemic's impact on household income and food prices has increased the risk of food insecurity.

Cutting back on food costs is one of the major strategies for coping with income loss.⁵² Thirty per cent of households worried that they would not have enough food and 12 per cent ate smaller portions.⁵³ Households' inability to access healthy food and lack of knowledge about nutrition has put more young children, adolescents and pregnant women at risk of acute malnutrition and micronutrient deficiencies.⁵⁴ Further, food prices in Indonesia remain among the highest in the region due to production costs, trade restrictions and high processing, distribution and marketing costs.⁵⁵

Food insecurity and severe wasting may increase the risk of child mortality.

There is a potential COVID-19 impact on child wasting due to steep declines in household incomes, changes in the availability and affordability of nutritious foods, and interruptions to health, nutrition and social protection services.⁵⁶ In the absence of timely action, the pandemic could lead to an estimated 10,000 additional child deaths per month around the world.⁵⁷

Adolescents have reported changes in food consumption and exercise. A UNICEF U-Report survey among adolescents in Indonesia showed that about one-third of adolescents had less varied diets due to lack of money and increase in food prices.⁵⁸ Less varied diets often mean fewer animal source proteins, vegetables and fruit. Two-fifths of respondents consumed less sweetened beverages but more processed foods. One-half of respondents reduced physical exercise, while one-fifth increased workout activities.

Progress on addressing Indonesia's triple burden of malnutrition is at risk. Before the pandemic, more than 7 million children under five were stunted, more than 2 million children under five suffered from severe wasting, while another 2 million children were overweight or obese.⁵⁹ Nearly half of all pregnant mothers are anaemic because the food they consume lacks micronutrients. The pandemic may have worsened the limited diversity and micronutrient availability of Indonesian diets.⁶⁰

6

COVID-19 IMPACT ON ACCESS TO SAFE WATER, SANITATION AND HYGIENE SERVICES

Access and adherence to safe water, sanitation and basic hygiene practices is limited in high transmission risk areas, such as schools and health care facilities. Compliance with safe hygiene practices has decreased over time, with some people feeling that 'COVID-19 was over'.⁶¹ UNICEF launched a real-time behavioural monitoring platform (3M) which reports rates of handwashing at 70 per cent, mask use at 49 per cent and safe-distancing at 42 per cent nationally.⁶²

Many schools and health care facilities struggled to secure water, sanitation and hygiene services before the pandemic. A 2020 assessment showed that 43.5 million Indonesian children did not have access to either drinking water, basic sanitation or hygiene facilities in schools (only 16 per cent of schools reported access to all three).⁶³ Forty-one per cent of schools do not have functional handwashing facilities with running water and soap.⁶⁴ One-quarter of primary health centres did not have basic water and sanitation services and one-third of delivery rooms at health care facilities had no handwashing facilities.⁶⁵

Chronic public under-investment in sanitation remains a challenge. Pre-pandemic, water and sanitation expenditure stood at only US\$3 per capita or 0.08 per cent of the total GDP of Indonesia.⁶⁶

Children from vulnerable groups are at particular risk of contracting COVID-19 due to lack of access to water, sanitation and hygiene facilities. Street children and children from poorer families in under-served areas lack access to clean water and sanitation facilities, and children with disabilities have limited access to information about COVID-19 prevention.⁶⁷ A decline in household income may affect affordability of soap and cleaning/disinfection materials.

COVID-19 has significantly reduced demand for sanitation services. Community concerns about COVID-19 transmission have weakened the demand for household waste removal, threatening public health with contamination of land and freshwater through spillages.⁶⁸ Many sanitation workers do not pay sufficient attention to health and safety protocols, including washing hands and wearing appropriate personal protective equipment.⁶⁹

INDONESIA'S COVID-19 POLICY RESPONSES

The Government of Indonesia vastly expanded its fiscal space to respond to the emergency and support social and economic recovery. Public spending has increased to fight the pandemic and support families and businesses to cope with the crisis. The 2020 fiscal response package is estimated at IDR 695 trillion (US\$49.6 billion) or 4.3 per cent of GDP.⁷⁰ The package includes investments in health care (12.7 per cent of the package) and expansion of social protection (34.5 per cent). However, the implementation of the COVID-19 fiscal package faced bottlenecks in some areas, including health. The Government has extended its emergency support package for national economic recovery to an additional IDR 699 trillion (US\$50 billion).⁷¹

EXPANDING SOCIAL PROTECTION TO MITIGATE IMPACTS ON POVERTY

Government expansion of social protection programmes has helped families cope with the economic shocks, but more is needed. At least 85 per cent of families received one form of government assistance.⁷² Cash-based and non-cash-based assistance (such as food assistance vouchers) are supporting families to meet their daily needs in purchasing groceries and other essentials. A joint UNICEF and Fiscal Policy Agency study of the emergency expansion of child-focused programmes such as the *Program Keluarga Harapan* (PKH) conditional cash transfer scheme and the *Kartu Sembako* food assistance programme contributed to preventing 1.3 million children from falling into poverty.⁷³

The government plans to maintain expanded social protection programmes in 2021.⁷⁴ Social protection support is budgeted at IDR 419.3 trillion (US\$29.9 billion) or equal to 15 per cent of the total state budget. The government is committed to accelerate recovery and reform the social protection systems, including progress towards comprehensive life cycle-based social protection programmes and expanding coverage of Indonesia's social registry (DTKS). The latter will allow vulnerable children and families to be identified more easily and quickly during emergencies.

PROMOTING DISTANCE LEARNING AND SAFE SCHOOL REOPENING

The Ministry of Education and Culture has adopted guidelines for safe school reopening, and has encouraged local governments to start face-to-face learning, particularly in schools in rural and remote districts where distance learning is not functioning. This follows President Jokowi's expressed concern about "learning loss" in January 2021. However, according to ministry data in July 2021, 36% of schools have started face-to-face learning. The April 2021 Joint Decision Letter mandates all schools to reopen by July 2021, after all teachers have been vaccinated. However, based on the ministry statement on July 2021, schools located in green & yellow zones, with unvaccinated teachers, can open and continue to keep limited face-to-face learning - as long as there is approval from parents and the subnational government.

To support distance learning, the government rolled out a package of online and offline distance learning programmes, tools and materials for teachers and students, which has enabled many children to continue learning during school closures. In addition, the government introduced a scheme to support the cost of Internet packages. However, many families still appear to struggle with distance learning, including paying for increased Internet costs.⁷⁵

A NATIONWIDE VACCINATION CAMPAIGN AND INCREASED HEALTH SECTOR BUDGET

One of the government's main health strategies is a nationwide vaccination campaign, starting in January 2021. Targeting a population of 208.2 million people, the campaign prioritizes 1.5 million health workers in the first vaccination phase and 17 million civil servants, teachers and service industry workers plus more than 21.5 million elderly in the second phase.

While for teachers and other education personnel, the Government targeted 5.5 million vaccines. Based on monitoring data from Ministries from July 2021, 39%

of teachers (2.2 million) have already received the first dose of the vaccine and 30% of teachers (1.7 million) have already received the second dose of the vaccine.

The government has significantly increased the health sector budget for 2021. The health budget has increased to IDR 169.7 trillion (US\$12.1 billion), equal to 6.2 per cent of the total state budget, to prioritize the response to COVID-19 and strengthen the national health system.⁷⁶ This includes IDR 21.7 trillion (US\$1.5 billion) for procurement and distribution of COVID-19 vaccine for 208.2 million people, and IDR 51.2 trillion (US\$3.6 billion) for National Health Insurance (JKN) contributions. There are also plans to increase allocations to subnational governments to support essential health services for children and mothers. However, improvements in budget implementation will be needed, following low implementation in 2020.⁷⁷

To ensure the sustainability of essential health services, the Ministry of Health has developed and implemented guidelines for modified services on essential health interventions for antenatal and postnatal care, newborns, under-five care, immunization and family planning.

Many health facilities have now opened but balancing the allocation of staff time and resources across COVID-19 and non-COVID-19 health tasks remain a challenge. This puts at risk strategies and resources for safe service resumption of primary health care services. Challenges will likely continue as treatment of COVID-19 cases and the vaccination campaign continue to place a high burden on the health care system.

PROTECTING CHILDREN AND MENTAL HEALTH

The Ministry of Women Empowerment and Child Protection and the Ministry of Social Affairs have issued campaigns, protocols and guidelines to protect children during the pandemic. For example, an updated National Standard of Care of Children in Institutions in the COVID-19 Context was released. However, these efforts need wider dissemination at subnational level.

The government has made mental health a national priority. The government and the Indonesian Association of Psychology (Himpunan Psikologi Indonesia/HIMPSI) launched Sehat Jiwa, a telephone hotline service for the protection of women and children. In addition, the Ministry of Health has launched guidelines on mental health and psychosocial support through the health service platform. However, to overcome mental health stigma, more is needed to raise awareness and provide mental health services for all children and their caregivers.

PRIORITIZING FOOD SECURITY AND PREVENTION AND TREATMENT OF WASTING

The pandemic has put food security high on the government agenda. The government expanded social protection programmes to help households cope with income shocks and prevent food insecurity, especially among the most vulnerable groups. In response to the global momentum on food system transformation, the government is taking rapid, proactive measures to make healthier food options (low in fat, sugar and salt) more available and affordable to all population groups.

The government has committed to reduce child stunting prevalence to 14 per cent by 2024, but essential nutrition services need to be restarted, following COVID-19 disruption. In response, the Ministry of Health has forged a partnership with 17 local academic institutions around the country to build back essential nutrition services. UNICEF is providing technical guidance.

The Ministry of Health and other relevant line ministries are prioritizing evidence-based prevention and treatment services to detect and reduce child wasting prevalence to 7 per cent by 2024. Early detection using mid-upper arm circumference measurement is being scaled up in many parts of the country, and efforts are underway to promote local production of ready to use therapeutic food. In addition, the use of online counselling services and other innovations are being tested and scaled up to improve the coverage and quality of child wasting treatment services.

PROMOTING ACCESS TO SAFE WATER, SANITATION AND HYGIENE SERVICES

The government has rolled out guidance for good hygiene behaviour and infection prevention control, but efforts need to be reinforced. The

nationwide 3M behaviour campaign promotes handwashing, mask-wearing and physical distancing, but compliance has declined over the past few months. UNICEF is working with government and other stakeholders to strengthen 3M behaviour monitoring in the community.

The government has developed a handbook providing guidance to local sanitation service

providers on providing sustainable sanitation services. With support from UNICEF, the Ministry of National Development Planning and the Ministry of Public Works and Housing are operationalize the guidance for sustainable sanitation services.

With support from UNICEF, the government is developing a comprehensive long-term plan for the achievement of Sustainable Development Goal 6: Ensure access to water and sanitation for all. This will prioritize investments in climate-resilient water, sanitation and hygiene in all communities, schools and health care facilities.

CALL TO ACTION: TOWARDS A CHILD-FOCUSED COVID-19 RESPONSE AND RECOVERY

The government's policy responses to the pandemic have been pivotal in mitigating the impact of the pandemic on families and children. Continued investments in safe reopening and expansion of social services with a clear child focus are important to safeguard progress towards the 2030 Sustainable Development Agenda and Indonesia's future prosperity.

PRIORITIZE PUBLIC EXPENDITURE ON CHILDREN IN THE COVID-19 RESPONSE AND RECOVERY.

- **Reprioritize government budgets to direct more funds to social services.** Budget cuts are likely after the pandemic ends, potentially affecting delivery and safe reopening of basic social services. It is important to develop a multisectoral financing strategy to expand basic social services in communities, supporting recovery and accelerate progress towards the sustainable development goals.

THE STRATEGY FOR COVID-19 RESPONSE AND RECOVERY MUST HAVE AN URBAN FOCUS.

- COVID-19 has hit children in cities hard, and government and development partners have an opportunity to work together to design and

implement an **urban plan for recovery**, to address the needs of children and families in cities, with a focus on those at risk of being left behind.

SOCIAL PROTECTION SYSTEMS MUST BECOME ACCESSIBLE TO ALL FAMILIES IN TIMES OF CRISIS.

- **Expand the coverage and benefits of child-focused social protection programmes.** Such programmes have proven to be most effective in reducing child poverty.
- Allow subnational governments to **tailor local social protection programmes** in response to the impact of the pandemic on poor and vulnerable families, including universal child grants.
- Improve the **integrated social welfare data (DTKS) and programme distribution mechanism**, including developing a plan to achieve 100 per cent registration of the population by 2024.

URGENTLY ADDRESS THE GROWING LEARNING GAPS CREATED BY SCHOOL CLOSURES.

- **Safe reopening of schools to address learning gaps is a priority**, with special efforts needed to support children with disabilities and children in

vulnerable households to return to school. The extent of learning losses need to be urgently identified to inform catch-up learning programmes and campaigns.

- **Rigorous monitoring of teacher vaccination coverage and school reopening status will be required** to support reopening of all schools across the nation.
- **Implement safe school reopening guidelines**, including implementation and monitoring of public health protocols in schools.
- **Enhance the coverage and quality of digital learning** to support equitable and effective distance learning during school closures including **prioritizing universal access to the Internet**. Strengthen digital learning and skills among teachers and students, particularly for those most vulnerable (girls, children with disabilities, rural and remote students).

RESUME ESSENTIAL HEALTH SERVICES WHILE VACCINATING THE POPULATION.

- Nationwide **COVID-19 vaccination** as well as the **resumption of essential health services is important**. Develop a strategy to resume essential health services, with a focus on village health post services. Particular attention will be needed for child health services, including immunization catch-up campaigns and restoring community trust in the health system.
- **Investments in primary health care**, including preventive and promotive services, will be required to improve child health outcomes and build the **resilience of the health system**.

EXPAND COVERAGE AND STRENGTHEN RESILIENCE OF CHILD PROTECTION SYSTEMS.

- **Put in place protection measures that detect, prevent and respond to violence against children and other vulnerable groups**, including those without legal identity and at risk of family separation. For example, improve reporting mechanisms and build better integrated child protection services.

- Continue raising awareness and **provide mental health and psychosocial support services** for all children and their caregivers.
- Facilitate **accelerated family reunification and/or community-based reintegration support** for children in alternative care facilities and ensure their caregivers are prioritized to benefit from social protection and social assistance programmes.

STRENGTHEN AN ADAPTIVE SYSTEM FOR PROVIDING AND MONITORING NUTRITION SERVICES.

- To strengthen nutrition emergency preparedness, develop a **strategy for making essential nutrition services more adaptive** during times of crises, to avoid disruption of services.
- A collective effort is needed to **improve the data and information systems for nutrition**, to allow real-time monitoring of nutritional status and prioritization of actions to help achieve the government's Medium-Term National Development Plan targets for child stunting and wasting.
- Urgently scale up evidence-based preventive and treatment services for severe child wasting, including the **large-scale local production of ready to use therapeutic foods** to improve the availability of essential commodities for treatment; and continue raising awareness on child wasting and treatment services.

STRENGTHEN ADHERENCE TO HYGIENE PRACTICES AND INVEST IN SAFE WATER AND SANITATION INFRASTRUCTURE.

- Continue efforts to **strengthen adherence to infection prevention control measures**, especially in public places, health centres and schools to prevent the transmission of COVID-19.
- **Accelerate investment in climate-resilient drinking water, sanitation and handwashing facilities** in all schools, public places and workplaces through expanded partnerships with the private sector, Islamic financing and microfinance institutions.
- **Support the development of a plan to achieve Sustainable Development Goal 6 for safe water, sanitation and hygiene by 2030**, in close collaboration with relevant stakeholders.

ENDNOTES

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