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Resilient nations.

Country: INDONESIA
Initiation Plan

Project Title:	Response Toward Resilience (RESTORE)
Expected UNPDF/CPD Outcome (2016-2020):	By 2020, Indonesia is sustainably managing its natural resources, on land and at sea, with an increased resilience to the effects of climate change, disasters and other shocks. <ul style="list-style-type: none"> - 3.8 Policy and technical guidance are in place for integrating climate change adaptation (CCA) and DRR info spatial and local development planning
Expected CPD Outputs:	<ul style="list-style-type: none"> - 3.9 Recovery preparedness is strengthened particularly in the areas of methodology, financing schemes and institutional arrangements
Initiation Plan Start Date:	13 April 2020
Initiation Plan End Date:	12 October 2021
Implementing Partner:	UNDP (Direct Implementation Modality - DIM)

Brief Description

COVID 19 is having a growing dramatic impact on the health of the people of Indonesia, a country with the fourth largest population in the world. The epidemic also threatens employment, livelihoods and access to public services at a time when they most need them. The human development impact of COVID 19 is strong and will be long lasting. It will be even stronger for the poor and the vulnerable, including the estimated 40 per cent of the population amounting to about 180 million people living just above the national poverty line and vulnerable to external shocks.

COVID 19 also heavily impacts the economy of Indonesia. While the scope of the damage difficult to fully anticipate at this point and while Government is making efforts to cushion that impact, COVID 19 is a risk to the macro-stability of the Indonesian economy that has been achieved and to trade. In the case of Indonesia, the epidemic will also do heavy damage to sectors such as tourism and other services, which are highly exposed to crisis and at the same time providing a significant share of national revenue and employments. In a situation of a sudden economic slowdown, micro, small and medium size enterprises, including the dynamic start-ups of Indonesia, which account for 90 per cent of the economic tissue, will be the most affected and many of them may not survive. Particularly on women, the failing income of the women and closing business has shifted women from market to their homes which affects to gender dynamic relations between men and women at household. Moreover, COVID 19 pandemic also influences lives of People with Disability. The situation of crisis increases PWD's vulnerability due to the limitation access to information, income, health and social services.

In this crisis context, UNDP supports Indonesia and its people with both immediate and longer-term response, which is human development centered and multi-sectoral, as implied by UNDP's broad development mandate. As a member of the UN development system, with a broad mandate for development, UNDP has an important role to play in the response to the COVID 19 crisis in Indonesia. Based on initial consultations with Government of Indonesia and other key development partners, UNDP's response to COVID-19 is organized in four main streams:

1. Immediate strengthening of health systems and health governance and building of their longer-term resilience.
2. Direct support to an inclusive and "whole of society" response for prevention and mitigation at central and local levels.

3. Addressing the socio-economic impacts of COVID-19 to protect the Indonesian people and safeguard progress towards the Sustainable Development Goals.
4. Utilizing digital solutions and big data analysis for enhanced national response.

The ultimate goal of **RESTORE** project as UNDP Indonesia's immediate response on COVID-19 is to pave a way to the medium and longer-term recovery support in which the Initiation Plan is expected to support the immediate response plan to COVID19 pandemics in Indonesia. through the implementation of the following expected outputs:

1. **Support to effective provision of healthcare services**
2. **Support to inclusive and multi-sectoral response at sub-national level and maintaining social coherence**
3. **Addressing the socio-economic impacts of COVID-19 for inclusive response**
4. **Utilizing digital solutions and big data analysis for supporting response measures to COVID-19**

The above-mentioned outputs will be delivered as part of the wider response of the United Nations development system in Indonesia under the leadership of UN Resident Coordinator system and will include joint initiatives with other UN agencies, including WHO, UNICEF, UN Women and OCHA. UNDP will also work in close cooperation with the Government of Indonesia as well as bilateral and multilateral development partners.

Programme Period	2016 - 2020	Total resources required	USD	1,042,500.00
Atlas Project ID	00126825	Total allocated resources	USD	1,042,500.00
Atlas Output ID	<ul style="list-style-type: none"> • 00120759 – Support to effective provision of healthcare service • 00121054 - Support to inclusive and multi-sectoral response at sub-national level and maintaining social coherence • 00121055 - Addressing the socio-economic impacts of COVID-19 for inclusive response • 00121056 - Utilizing digital solutions and big data analysis for supporting response measures to COVID-19 	• TRAC 2	USD	175,000.00
		• COVID-19 Rapid Response Facility	USD	267,500.00
		• SG's Fund	USD	600,000.00
Gender Marker	GEN 2	Unfunded budget	USD	0.00

Agreed by UNDP:



Christophe Bahuet, Resident Representative

Date: 18-Jun-2020

I. PURPOSE AND EXPECTED OUTPUTS

Background

Number of cases has been increasing rapidly since announcement of the first two cases of COVID-19 in Indonesia on 2 March. As of 4 April 2020, 3,293 cases have been recorded with 252 recover and 280 deaths. Indonesia has the highest rate of death in the world – 8.50% -, which may indicate a very significant number of undiscovered cases.

Indonesia has carried out a risk assessment, considering the following vulnerabilities, risks and capacities: % of the population > 65 years, % of the population with hypertension, the number of flight and ship arrivals, the incidence of pneumonia and influenza-like illness as well the hospital capacity and that of other health care facilities. As a result, for now 8 provinces are being considered at high or very high risk, and 7 provinces at moderate risk.

Very recently, the Government of Indonesia has taken nationwide preventive measures - closing schools, asking people to work from home and pray from home, and to observe social distancing, and implementing rapid tests. Awareness raising messages are being disseminated, with seemingly mixed impact. Social distancing remains largely unobserved.

Indonesia's economy, the 15th largest in the world, is highly vulnerable to the COVID-19 pandemic. Several sectors, including tourism and trade, will be heavily impacted, with heavy consequences on employment. The immediate and longer-term impact will also be felt by informal workers-many of them women who account for 57% of the total workforce in Indonesia. Moreover, the failing income, closing business, termination of works will influence gender dynamic relations especially at household. Government's advices to stay at home will cause other risks on gender-based violence as it limits victims to create distance from perpetrators and to receive protection from available support system. Another adverse impacts will be experienced by people with disability. People with certain disability will be affected due to difficulties in accessing economic resources, information, and even worse to safe-public services during pandemic.

Two Presidential Decrees have established a governance structure for the national response, including a Task Force headed by the National Disaster Management Agency and including key ministries, technical agencies and governors, in order to strengthen the coordination of resource allocations and the management of the response nationwide. As per Presidential Decision, funding for response activities will be sourced from national budget (APBN), sub-national budget (APBD) and other non-binding sources (third party). The Decision therefore makes it possible for international partners, including UNDP to provide support to Indonesia's national response

Purpose

Activities defined under this project initial plan will be delivered as part of the wider response of the United Nations development system in Indonesia under the leadership of UN Resident Coordinator system and will include joint initiatives with other UN agencies, including WHO, UNICEF, UN Women

and OCHA. UNDP will also work in close cooperation with the Government of Indonesia as well as bilateral and multilateral development partners.

As the epidemic spreads all over the Indonesian archipelago coupled with the high disparity of subnational government capacity (provincial and district/city), there is an urgent need to provide support for both immediate life-saving interventions as well as for **strengthening national and subnational governments'** capacity to respond to the crisis in term of information collection and analysis, coordination, communication and awareness raising. The Ministry of Health has developed a nation-wide risk analysis for COVID-19 that combines risk analysis from WHO with country specific parameters¹. The result shows that 6 provinces are very high-risk, 5 provinces are high-risk and the remaining 23 provinces are medium- to low-risk. In addition to COVID-19 crisis, Indonesia is also prone to natural disasters. Based on IRBI ², 16 out of 34 provinces and 258 out of 514 Municipality/Districts are considered high-risk from natural disaster. However, many of the coping mechanisms even for areas with low-risk level, were built more in reference to hydrometeorology and geology types of disasters and based on community approach with people to people interaction. The COVID-19 pandemic has certainly added another layer of hazard and restrictions related to limiting the spread of the virus which generates additional challenges for government and communities. As such, the current crisis has weakened preparedness to natural disasters at community level. Particular attention needs to be given to provinces in Indonesia that are vulnerable to both natural disaster and the health and socio-economic shocks due to the COVID-19 pandemic. Using a combination of the COVID-19 risk data and IRBI, UNDP will explore and collaborate with several provinces that are categorized as COVID-19 vulnerable. The selection of the subnational partners is also considering the location of existing current UNDP project in order to facilitate rapid action and to ensure good co-ordination.

This project initial plan only covers UNDP Indonesia's immediate response, which is defined by UNDP's global offer on response to COVID-19 and which should pave a way to the medium and longer-term recovery support.

Expected Outputs

The Initiation Plan is expected to respond the objectives mentioned above in order to support immediate response plan to COVID19 pandemics in Indonesia. These are reflected in the following expected outputs:

Output 1: Support to effective provision of healthcare services

The capacity of the national health system will be placed under considerable pressure until the number of COVID 19 cases subsides significantly. Special schemes need to be put in place urgently to incentivize the health workers and ensure health professionals are retained and adequately protected at the time they are most needed. COVID 19 will add to the need of designing and running an effective management system of health waste. UNDP's immediate response in the area of health systems strengthening will focus on:

- 1.1. Supporting incentives schemes for the health workers, particularly those at the front line

¹ Effect of the detected cases, population number, population density, mobility by looking at the number of domestic and international flights, the number of vulnerable populations by looking at number of populations above 65 years, and the context of regional preparedness capacity by looking at referral hospitals, and number of health facilities

² http://inarisk.bnpb.go.id/pdf/BUKU_IRBI_2018.pdf - To calculate the risk, IRBI used institutional coping capacity that is determined from the readiness level of institutional arrangements and actions for response, mitigation/prevention and risk reduction.

of response, with special emphasis on women health workers and responders.

1.2. Provide procurement services for medicines and health equipment

There is a need in health-related procurement in Indonesia, ranging from PPE to rapid test kits and medicines. UNDP is in consultations with the Government Authorities to assess the needs and provide support as will be required. The Government of Indonesia has issued import relaxation policy for medical health equipment and medicines⁵ thus this is an opportunity for UNDP Indonesia to leverage and contribute in strengthening the healthcare system. Through UNDP's Global Fund/Health Implementation Support Team (GF/HIST) and Global Procurement Unit (GPU Health), and Regional Hubs, UNDP Indonesia able to support Indonesian government to procure supplies need to response COVID-19.

UNDP Indonesia also will collaborate with UNDP China Country Office to assess and obtain timely information regarding the situation with Chinese suppliers in order to gain first-hand information on production capacity, lead time, quality assurance, prices, and minimum order quantities.

For need assessment of distribution of health workers and medical/health equipment supplies, including supplies specifically targeting female health worker, UNDP will collaborate with IT institution/companies that already develop application related to health workers medical and equipment supplies need in frontline level.

For this component, UNDP will leverage its current Health and Governance Programme implemented in close partnership with the Ministry of Health. UNDP will also draw from its experience in many countries, including Indonesia in supporting health system and health procurement under the implementation of Global Fund, Gavi and Global Affordable Medicines programme as well as in response to the COVID 19 epidemic. Support will be provided from UNDP's Global Procurement Center and Health Governance Team.

In the implementation of this support, UNDP will work jointly with WHO operating in line with WHO Strategic Preparedness Response Plan (SPRP) and drawing from WHO guidelines and technical expertise.

Output 2: Support to inclusive and multi-sectoral response at sub-national level and maintaining social coherence

As the epidemic spreads all over the Indonesian archipelago, provincial and local governments, particularly those at high risk will need support in strengthening of their capacity to respond to the crisis in term of information collection and analysis, coordination, communication and awareness raising and uninterrupted delivery of public services to all citizens, including the poor, vulnerable and isolated ones.

Secondary effects of the virus spread and containment measures on the society and social cohesion should not be underestimated. Inability to meet physically and travel will pose a risk to reduce social solidarity due to their lower participation in community-based initiatives.

Lack of information and awareness together with lack of inter-personal communication may also make disinformation more widespread and pervasive, misleading citizens in prevention messages and triggering stigma and discrimination. The risk is particularly high for the

indigenous groups and communities in remote areas, where access to public information is limited due to connectivity problem and sometimes language obstacle.

Impact on gender equality will also be significant. Isolation measures may increase burden on women, as it increases women's unpaid work and may significantly increase risks of gender-based violence. Challenging situations are not only felt by women, but also people with disability in securing livelihood resources and their contribution to maintain social cohesion.

In addition, Indonesia is prone to natural disasters. Many of the coping mechanisms for natural disasters are based on community approach and people to people contact. Restrictions imposed due to limiting spread of the virus may weaken preparedness to natural disasters at community level.

UNDP's response to strengthen sub-national capacities and mitigating negative impacts on social cohesion will include:

- 2.1. Develop partnership platform among respective stakeholders, including respective GoI agencies, Local Governments, UN, International Development Agency, NGOs/ CSOs, Private Sector, and State Charitable-based organizations.
- 2.2. Strengthening capacity of sub-national governments in their role in responding to the crisis
- 2.3. Prevention advocacy and communication to hard-to reach and remote areas and groups, with attention to mitigating stigma and discrimination, including gender equality, maintaining social cohesion and countering misinformation. At the supply side, It will include pilot activities to support readiness service providers (such as GBV reporting service at local hospital) and emergency's response personnel to conduct inclusive response.

In addition to the above measures, UNDP has already mobilized its existing platforms for information dissemination and information campaign through its existing national online complaint handling system SP4N-LAPOR!, which allows Indonesian citizens to file complaints to improve public services, including health care system will be actively utilized. UNDP will activate the wide network of civil society organizations, community-based organizations and faith-based organizations, which it has created under existing projects to prevent violent extremism and foster tolerance and non-discrimination, and which covers the whole of Indonesia. Engagement with the business sector will be done through UNDP supported platform on Business and Human Rights.

National counterparts will include BAPPENAS, Ministry of Home Affairs, Close coordination will be ensured with HCT members and UN agencies, particularly OCHA.

Output 3: Addressing the socio-economic impacts of COVID-19 for inclusive response

The socio-economic impacts will be multi-sector and will hit the poor and vulnerable the hardest. Those impacts will be immediate, and many will last beyond the immediate crisis. Populations need protective measures. While Government has announced about a "stimulus package" for minimizing impact of the Corona-19 crisis on the economy, very little is earmarked for supporting the workers who are employed in informal sector, or daily workers, who have little savings and coping capacity in case their income sources are halted.

Early impact assessments are an important first step that needs to be conducted at the household level to gain data and generate evidence that will inform measures to counter the impact.

The impact of COVID-19 will be particularly severe for women, as Indonesian women are also particularly vulnerable as millions of them are either unpaid workers or working in the informal economy. The impact will also be major for women who are heading single-person households, and their children. UNDP response will therefore include specific gender assessments.

UNDP will also leverage the existing support to Government on Adaptive Social Protection project implemented jointly with UNICEF, WFP and OCHA to strengthen institutional governance and innovative financing for social protection schemes. UNDP Indonesia will mobilize its Innovative Financing Lab facility to work with Ministry of Social Affairs, National Disaster Management Agency, Central Statistical Agency, Ministry of Finance and other technical ministries to leverage established methods for Socio Vulnerability Assessment to prepare risk profiles for target groups (people with disabilities, indigenous communities, children and aged, women headed households). UNDP will also facilitate engagement of private sector and philanthropies, which is essential for leveraging innovative financing for ASP.

Activities under this component include:

- 3.1. Socio-economic impact assessment of COVID-19 pandemics on households in hardest hit areas, including potential secondary and tertiary impact - with particular focus on vulnerable groups, women, micro entrepreneurs, women micro entrepreneurs, and those employed in the informal sector - street vendors and daily workers. The assessment will cover areas of livelihoods, employment, and access to social services. The assessment will be followed with recommendations on policy and programmatic measures and actions for implementation to mitigate the impact of the crisis on the most vulnerable and prevent them from sliding back to poverty.
- 3.2. Assessing other social implications of the COVID-19 and related measures including on gender-based violence and unpaid work of women and leveraging response measures to overcome these.

The household level assessments specifically will replicate work lead by UNDP and UNICEF in China. Assessment of impact on households in Indonesia will also be conducted jointly with UNICEF. For assessment of gender-related implications, UNDP will work together with UN Women.

These will happen in coordination and with engagement of the Humanitarian Country Team members, under the leadership of OCHA.

Activities under this component will be designed and implemented in close cooperation with the Ministry of National Development Planning, Coordinating Ministry for Economic Affairs, and the Ministry of Social Affairs. Assessments will be undertaken with support of civil society organization, using modern data collections methods and virtual consultation processes where possible.

Output 4: Utilizing digital solutions and big data analysis for supporting response measures to COVID-19

Real time data and social media trends can contribute to enhancing the effectiveness of the national response to COVID 19. Use of new technologies and digital solutions can also contribute to information and providing public services in a context of crisis. As part of its commitment to innovation and digitalisation, UNDP response will identify digital solutions in Indonesia and other countries where it is working that could be brought at scale countrywide.

Activities under this component include:

- 4.1 Leveraging big data analysis for coordinating response through Pulse Lab Jakarta in compliance with code of conduct on data privacy and international standards for ethical use of data.
- 4.2 Leveraging initiatives on healthcare facilities digital mapping and its medical logistics real-time updating, focusing at Personal Protective Equipment and priority medical supplies.

This component will be delivered jointly with the Pulse Lab Jakarta , UN-BAPPENAS initiative for leveraging big data analysis for development solutions. New sources of big data will be identified, and prototypes developed through application of data science and human-centered design that may influence understanding of various aspects of impact of COVID19 and be harnessed to support the development of nuanced approaches to response. Specific focus areas will be identified based on consultations with WHO, BNPB, Ministry of Research and Technology, and Ministry of Information and Communication.

This component will also seek and leverage any existing initiative on digital mapping exercises that inform medical logistics sufficiency focusing on Personal Protective Equipment (PPE) and priority medical supplies in frontline and referral healthcare facilities. UNDP and Pulse Lab Jakarta in partnerships with Ministry of Health, National Disaster Management Agency, and BPJS to facilitate the development of web-based information system linking the database of government-registered healthcare facilities with citizen-based, voluntary and/or self-financed social startup to invite frontline health workers nationwide informing real-time inventory of PPE and priority medical supplies in their respective private clinic, primary healthcare facilities, and referral hospitals. It is expected that improved accuracy of inventory information will guide for effective support and efficient channeling from government and non-government parties.

II. MANAGEMENT ARRANGEMENT

The management arrangement outlined below is intended to ensure that the project is set up appropriately to deliver the expected outputs effectively and efficiently, with proper substantive and financial oversight.

The PIP will be implemented under Direct Implementation Modality (DIM) by UNDP Indonesia with technical support from UNDP's regional and global offices, and in consultation with donors and other partners. Under the DIM modality, the Deputy Resident Representative of UNDP Indonesia has the oversight function of project implementation and will serve as the Project Director of the project. She/he can appoint officer in charge as required to represent the Project Director function.

Project Management Unit (PMU).

The project will be implemented through a direct implementation modality (DIM) under UNDP Indonesia. A Project Coordinator (PC) will lead the PMU and work under direct supervision of Deputy Resident Representative (DRR), who will be responsible for assuring quality and results of the project

according to UNDP’s rules and regulations on programme and project management, The PC will work closely with Team Leader RR Unit in undertaking observation/study to deliver the services for programmatic interventions. The PC will be supported with support teams to handle operational activities and technical areas from the Task Team for COVID-19.

Project Support Team - Operation and Technical

The PMU operation support team will consist of administration, finance and procurement personnel and work closely with CO Operation Team. The specific responsibilities of the operation support team would include:

Provision of administrative services:

- Set up and maintain project files
- Collect project related information data
- Update plans
- Event organizing i.e meetings/FGD/Workshop

Project documentation management:

- Administer project revision control
- Establish document control procedures
- Compile, copy and distribute all project reports

Financial Management, Monitoring and reporting

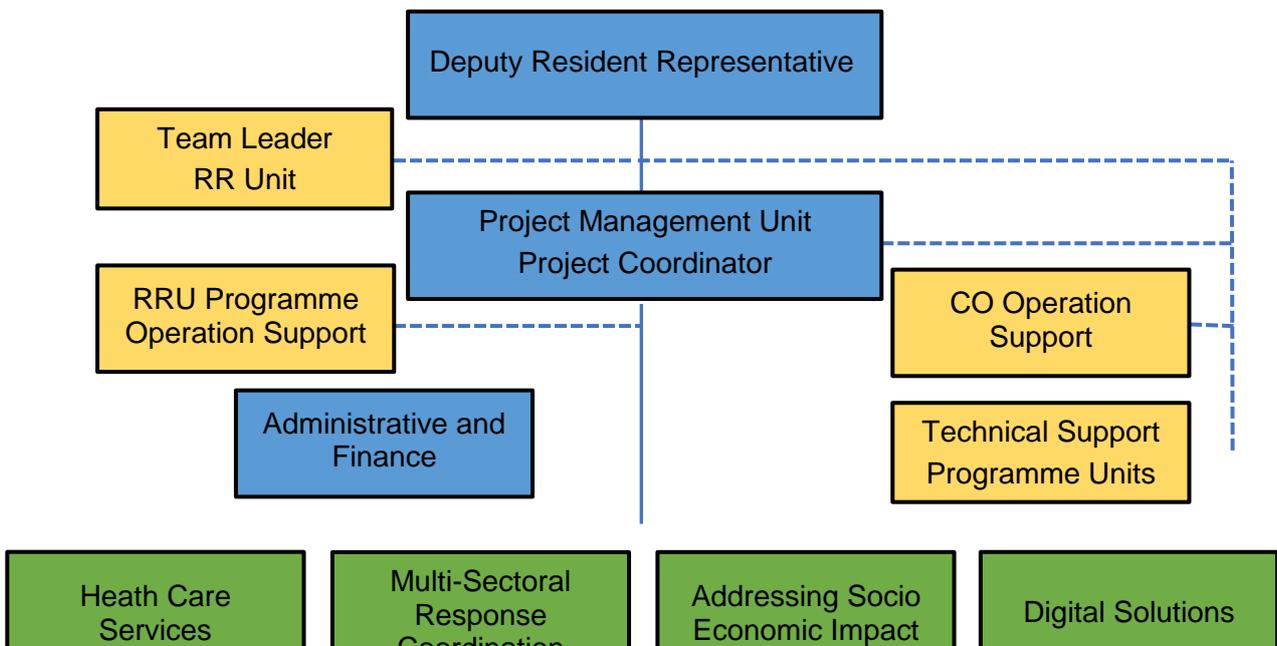
- Assist in the financial management tasks under the responsibility of the Project Coordinator
- Provide support in the use of Atlas for monitoring and reporting

On the technical response components, the PMU will be supported by CO crisis response task force for COVID-19. The task force is a cross Programme Units interventions based on area of expertise and programmatic portfolio. The Task Force consists of UNDP Indonesia CO experienced professionals from the Programme Units, Advisors, and Specialists.

Project Assurance

The project assurance is the responsibility of the Team Leader Resilience and Reconstruction Unit. The Team Leader will carry out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. The Project Management and Project Assurance roles should never be held by the same individual for the same project.

Management Diagram





Coordination 
Supervision 

III. MONITORING

In general, monitoring is implemented in accordance with the appropriate framework and/or policy established by UNDP. Progress made shall be monitored in the UNDP Enhanced Results Based Management Platform. Based on the initial risk analysis submitted in UNDP ATLAS Project Management system and the risk log shall be regularly updated in ATLAS. Risks become critical when the impact and probability are high. Based on the information recorded in ATLAS, a project assurance report will be developed. Other ATLAS logs can be used to monitor issues, lessons learned etc. The use of these functions is a key indicator in the UNDP Executive Balanced Scorecard. Monitoring the progress in quarterly basis, will be conducted by involving the counterparts at least semi-annually.

Further to the above mandatory requirements, the following optional tools would also be used as appropriate:

- Project Monitoring Schedule: Using Atlas, the project monitoring schedule maintains a date list of key project management and monitoring events, including key reports, reviews, monitoring and visits. This schedule is maintained by the project manager and tracks the dates of key project events for all project members to follow;

- Issues Log: The issues log is used to capture and track the status of all project issues throughout the implementation of the project. During the process "Implementing a Project", it will be the responsibility of the Project Coordinator to track, capture and assign issues, and to ensure that all project issues are appropriately addressed. Issues may be captured and tracked in Atlas, or they may be tracked through other means.
- Lessons Learned Log: The lessons learned log is maintained throughout the project to capture insights and lessons based on good and bad experiences and behaviors. It is the responsibility of the Field Coordinator to maintain and update the lessons learned log;
- For activity level monitoring, the monitoring system in Atlas can be used as appropriate.
- Risks: to ensure strong ownership the project will need to seriously pay attention to the stakeholder(s)/partner(s) that UNDP has to work with.

Targets: <ul style="list-style-type: none"> At least, one incentive scheme developed and operational within the ministry 3 ventilators and requested PPE procured for Ministry of Health 										
Related CP Outcome 3										
									Output 1 subtotal	106.400,00
OUTPUT 2/ 00121054										
Support to inclusive and multi-sectoral response at sub-national level and maintaining social coherence	Activity 2.1	X	X			001981/UNDP	TRAC2/02551	71300	Local Consultant	10.000,00
<i>Indicators:</i> <ul style="list-style-type: none"> # and type of partnership are operational to contribute into strengthening capacity for inclusive and multi-sectoral response Percentage of women organisation, gender, PWD and other vulnerable group stakeholders involved in multi-stakeholder platform Comprehensive gender-sensitive information and communication produced and delivered to target groups to prevent and reduce stigma in relevant to those who associate with the outbreak corona virus diseases 2019 and gender equality at the context of crisis situation. (disaggregated by sex) 	Develop partnership platform among respective stakeholders, including respective Gol agencies, Local Governments, UN, International Development Agency, NGOs/ CSOs, Private Sector, and State Charitable-based organizations	X	X			001981/UNDP	RRF/12711	72100	Contractual Service - Companies	20.000,00
		X	X			001981/UNDP	RRF/12711	75100	Facilities and Administration	1.400,00
	Activity 2.2									
	Strengthening capacity of sub-national governments in their role in responding to the crisis	X	X			001981/UNDP	RRF/12711	71300	Local Consultant	15.000,00

<ul style="list-style-type: none"> # of integrated rights-based, equity and gender-responsive policy solutions (including food security and nutrition) creating an enabling environment for pandemic response that have been implemented 		X	X			001981/UNDP	RRF/12711	75700	[virtual] Training, Workshops and Confer	45.000,00
		X	X			001981/UNDP	RRF/12711	75100	Facilities and Administration	4.200,00
Baseline:	Activity 2.3									
<ul style="list-style-type: none"> Unavailability multi-stakeholder platform and partnership programme to enable inclusive multi-sectoral response at sub-national level Limited participation of women's organizations, disable people organizations' and vulnerable groups in multi stakeholder platform to response COVID-1, in the context of patriarchal culture The spread of misinformation and communication delivered to target groups that risk perpetuating stigma and gender discrimination, in the situation of crisis Lack of an integrated rights-based, equity and gender-responsive policy solutions to ensure effectiveness od social protection response 	Prevention advocacy and communication to hard-to reach and remote areas and groups, with attention to mitigating stigma and discrimination, including gender equality, maintaining social cohesion and countering misinformation.	X	X			001981/UNDP	RRF/12711	71200	International Consultant	10.000,00
		X	X			001981/UNDP	RRF/12711	75700	[virtual] Training, Workshops and Confer	10.000,00
		X	X			001981/UNDP	RRF/12711	75100	Facilities and Administration	1.400,00
	Activity 2.4									
Targets:	Technical support to 5 provincial governments to regulate and monitor expanded social protection programmes at provincial and district levels and to identify fiscal space for gender sensitive, child-responsive and inclusive		X	X	X	001981/UNDP	28644/13556	64300	Staff Mgmt Costs - IP Staff	2.500,00
			X	X	X	001981/UNDP	28644/13556	71300	Individual Consultant	15.000,00
			X	X	X	001981/UNDP	28644/13556	71600	Travel	15.000,00

<ul style="list-style-type: none"> Strengthened capacity of multi-sectoral platform and sub national governments on the gender-responsive policy advocacy and development at crisis situation Raised awareness of # people to prevent and reduce stigma in relevant to those who associate with the outbreak corona virus diseases 2019 and gender equality at the context of crisis situation. (disaggregated by sex) 1 responsive policy solutions developed 	social protection programmes								
		X	X	X	001981/UNDP	28644/13556	72300	Materials and Goods	3.000,00
		X	X	X	001981/UNDP	28644/13559	75100	Facilities and Administration	7.000,00
		X	X	X	001981/UNDP	28644/13560	74500	Miscellaneous Expenses	7.500,00
		X	X	X	001981/UNDP	28644/13561	75700	Training, workshop and conference	50.000,00
	Activity 2.5								
	Technical support to faith-based organizations, women organizations, CSOs and Private Sector to improve their engagement and coordination with national and provincial Social Protection response to COVID 19.	X	X	X	001981/UNDP	28644/13556	64300	Staff Mgmt Costs - IP Staff	2.500,00
		X	X	X	001981/UNDP	28644/13556	71300	Individual Consultant	10.000,00
		X	X	X	001981/UNDP	28644/13556	71600	Travel	5.500,00
		X	X	X	001981/UNDP	28644/13556	72600	Grants	50.000,00
	X	X	X	001981/UNDP	28644/13559	75100	Facilities and Administration	7.000,00	
	X	X	X	001981/UNDP	28644/13560	74500	Miscellaneous Expenses	5.000,00	

			X	X	X	001981/UNDP	28644/13561	75700	Training, workshop and conference	20.000,00
Related CP Outcome 3										
Output 2 subtotal										317.000,00
OUTPUT 3/ 00121055	Activity 3.1									
Addressing the socio-economic impacts of COVID-19 for inclusive response <i>Indicators:</i> <ul style="list-style-type: none"> # and type of socio-economic impact assessment reports Extent to which social implications specifically on gender-based violence and unpaid work of women are captured and adopted as base for determining response measures # of social welfare workers/village cadre with increased capacity for social protection response # of SOP for coordination and referral of social protection services at national and sub-national levels 	Socio-economic impact assessment of COVID-19 pandemics on households in hardest hit areas, including potential secondary and tertiary impact	X	X			001981/UNDP	TRAC2/02551	71300	Local Consultant	10.000,00
						001981/UNDP	TRAC2/02551	72100	Contractual Service - Companies	20.000,00
	Activity 3.2									
	Assessing other social implications of the COVID-19 and related measures including on gender-based violence and unpaid work of women and leveraging response measures to overcome these.	X	X			001981/UNDP	RRF/12711	71300	Local Consultant	20.000,00
		X	X			001981/UNDP	RRF/12711	72100	Contractual Service - Companies	60.000,00
		X	X			001981/UNDP	RRF/12711	75100	Facilities and Administration	5.600,00
		X	X			001981/UNDP	TRAC2/02551	71300	Local Consultant	10.000,00

<p><i>Targets:</i></p> <ul style="list-style-type: none"> At least 2 digital platform(s) developed and operational to support socio-economic assessment and distribution of innovative financing schemes for social protection response to COVID19 crisis that is inclusive and gender sensitive A web-based COVID-19 medical logistics information system developed and operational. 	Leveraging initiatives on healthcare facilities digital mapping and its medical logistics real-time updating, focusing at Personal Protective Equipment and priority medical supplies.	X	X			001981/UNDP	RRF/12711	71300	Local Consultant	5.000,00
	Management for Oversight and quality assurance	X	X			001981/UNDP	RRF/12711	74500	Miscellaneous Expense	15.000,00
		X	X			001981/UNDP	RRF/12711	75100	Facilities and Administration	1.400,00
	Activity 4.3									
	Align the allocation for innovative financing to identify the alternative/innovative schemes to augment the government social protection schemes Piloting digital and finance platform building on our partnership with private sector to support Government in mobilizing resources for immediate 'cash' and in-kind support for women in informal and vulnerable employment,		X	X	X	001981/UNDP	28644/13556	64300	Staff Mgmt Costs - IP Staff	5.000,00
			X	X	X	001981/UNDP	28644/13556	71300	Local Consultant	25.000,00
			X	X	X	001981/UNDP	28644/13556	71400	Contractual Service - Individual	23.300,00
			X	X	X	001981/UNDP	28644/13556	71600	Travel	25.000,00
		X	X	X	001981/UNDP	28644/13556	72100	Contractual Service - Companies	30.000,00	

			X	X	X	001981/UNDP	28644/13556	72800	Information technology equipment	24.000,00
			X	X	X	001981/UNDP	28644/13556	75100	Facilities and Administration	14.000,00
			X	X	X	001981/UNDP	28644/13556	74500	Miscellaneous Expenses	10.000,00
			X	X	X	001981/UNDP	28644/13556	75700	Training, workshop and conference	43.700,00
Related CP Outcome 3										
Output 4 subtotal										253.500,00
Grand Total										1.042.500,00

V. RISK LOG

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
G U D E L I N E S	Enter a brief description of the risk (In Atlas, use the Description field. Note: This field cannot be modified after first data entry)	When was the risk first identified (In Atlas, select date. Note: date cannot be modified after initial entry)	Environmental Financial Operational Organizational Political Regulatory Strategic Other <i>Subcategories for each risk type should be consulted to understand each risk type (see Deliverable Description for more information)</i> (In Atlas, select from list)	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = Enter impact on a scale from 1 (low) to 5 (high) I = (in Atlas, use the Management Response box. Check "critical" if the impact and probability are high)	What actions have been taken/will be taken to counter this risk (in Atlas, use the Management Response box. This field can be modified at any time. Create separate boxes as necessary using "+", for instance to record updates at different times)	Who has been appointed to keep an eye on this risk (in Atlas, use the Management Response box)	Who submitted the risk (In Atlas, automatically recorded)	When was the status of the risk last checked (In Atlas, automatically recorded)	e.g. dead, reducing, increasing, no change (in Atlas, use the Management Response box)
1	Different priorities from national and subnational governments in addressing the dynamic changing of crisis situation	May 2020	Political	Change in targets, allocation of resources and timeline P = 4 L = 2	Undertake bilateral dissemination approach for the interventions and develop feasible support packages at all level	Project Coordinator	Programme Unit	May 2020	No change

