

Evaluability Assessment and Formative Evaluation of UNICEF's Approaches to Advocacy

Case Study 1: GAP 1, The integration of advocacy approaches to reduce zero-dose children at the global, regional and country levels in the case of Indonesia

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RATIONALE

Global Advocacy Priority (GAP) 1 aims to contribute to three main outcomes by the end of the Strategic Plan (SP) 2022–25, namely (1) reducing zero-dose children in priority countries, (2) increasing vaccine demand generation strategies to address under-vaccination in priority countries and (3) increasing domestic and donor expenditure on primary health-care protection in priority countries.

The goal of this case study is to analyse the vertical integration of relevant advocacy approaches included under outcome 1 of GAP1 (reducing zero-dose children in priority countries) at the global, regional and country levels, with a clear intent to explore the global to local connection (*g-local*) of the GAPs.

To do so, the case study considers all advocacy efforts and initiatives carried out in Indonesia and their connections to and synergies with advocacy approaches at the regional and global levels. Particular attention was paid to the advocacy strategy and work on the **COVID-19 vaccination**, as well as the **participation in G20's working streams** in the areas of the global health architecture, and pandemic prevention, preparedness and response (PPR), ACT-A/COVAX, harmonized health protocol standards, and the importance of implementing a 'One Health' approach to end other epidemics to achieve Sustainable Development Goal 3. The case study addresses how UNICEF's involvement in relevant working groups was used to develop and implement advocacy approaches in the context of the COVID-19 vaccination, considering Indonesia's G20 presidency and the resulting G20 Bali Declaration. Finally, efforts were made to identify connections between the advocacy endeavours on COVID-19 vaccination and the child survival crisis, which considers the intricate interplay between immunization efforts and pressing concerns of food insecurity, climate change and water scarcity. In this sense, attention was paid to addressing the extent to which the post-COVID-19 PPR and primary health-care component of GAP1 was introduced in the case of Indonesia following a new compelling child survival and health advocacy narrative.

This case study was selected as it contributes to exploring the **relevance, validity of design, coherence, system adequacy and implementation capacity** of national advocacy efforts and critical accelerators related to regional and global ones by focusing on the case of Indonesia. The case study addresses all main global advocacy approaches: private influencing, mobilizing the public, media use, coalition forming and evidence generation. The time frame considered for the analysis is from 2021 to 2023, including the transition from the former SP 2018–2021 to the current SP 2022–2025. The selection of the case study also offers sample variation by the inclusion of a low-middle-income country¹. The case study was also selected due to the emphasis placed by critical informants in scoping interviews on the analysis of advocacy approaches on the zero-dose related outcome within GAP1 in this particular country.

BACKGROUND

The Immunization Agenda (IA) 2030 envisions a world where everyone, at every age, fully benefits from vaccines for good health and well-being. Priority 3 of the IA 2030 aims to extend immunization services to regularly reach 'zero-dose' and under-immunized children and communities, which aligns with the outcomes considered for GAP1. With this aim, UNICEF and partners are increasing efforts to identify and reach 'zero-dose children'; those who have not received any vaccines through immunization programmes. Even though Indonesia has recently finalized its nationwide catch-up immunization campaign, a considerable gap in coverage persists. Both UNICEF and the World Health Organization (WHO) have expressed the urgency of addressing the country's backslide in childhood vaccinations, and this is expected to increase advocacy efforts.

1 The World Bank–, 'Country and Lending groups: Country Classification', <<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>>

Selection of champion countries for GAP1: The selection of champion countries for GAP1 was reported to be based on ensuring political opportunity and identifying areas with the highest potential for impact through advocacy. The Global Communication and Advocacy (GCA) and Programme Group (PG) colleagues decided to focus on countries with the highest number of zero-dose children: those who receive no vaccines at all. This decision was made to create a more significant impact by targeting the hardest-to-reach communities, strengthening the system beyond vaccinations and affecting more than just the targeted communities. This included Indonesia.

In the context of the COVID-19 outbreak, Indonesia took its role seriously in deciding the involvement of external agencies, which was reflected mainly during the COVID-19 response. Initially, the Minister of Health was hesitant to acknowledge the issue. However, a COVID-19 task force was established, which included UNICEF staff from the communication and health teams. From the beginning, UNICEF was actively engaged in all risk communication and community engagement (RCCE) components. This involvement included communication and community engagement efforts, planning and response measures, and ensuring the protection of health workers through the provision of personal protective equipment (PPE). UNICEF also contributed to finding ways to deliver health-care services effectively, recording and capturing hospitalization data, and monitoring the availability of beds. The focus was on comprehensive support to address various aspects of the pandemic response in Indonesia.

The global impact of the COVID-19 pandemic has led to a significant decline in routine immunizations worldwide. This decline is observed across countries, although some are more affected than others. The focus on COVID-19 has allocated financial and human resources primarily towards the pandemic response, contributing to the decline in immunization rates. This context highlights the urgent relevance of addressing this issue globally. Diseases such as polio and measles, previously under control, are now resurfacing, emphasizing the critical need to prioritize and address the decline in immunizations.

FINDINGS SPECIFIC TO ADVOCACY COHERENCE

Given the context of the case study, this section addresses the extent to which UNICEF staff and critical external advocacy stakeholders have a clear and shared understanding of what advocacy is, what advocacy work entails (and how it relates to communication), and how to achieve advocacy goals.

The Indonesia Country Office (CO) has prioritized advocacy and communication in the last few years, ensuring that leaders, chiefs of sections, and field offices clearly understand advocacy goals and approaches. A few years ago the CO conducted an internal workshop on advocacy to ensure efficient coordination across the offices. Since they work closely with the central government and 11 provinces, the first significant challenge was to ensure that all parties understand the same points and share a common vision.

The interviews revealed that discussions are carried out about advocacy work and its importance in the office. The broad understanding of advocacy revolves around change, including changes in programmes, policies, measures and budgets. Both programme personnel and communication professionals consider advocacy to be a shared responsibility, making it an integral part of their daily operations. The advocacy and communication (A&C) team acknowledges that the organization has made a significant effort to promote a shared understanding of advocacy. While progress has been made in developing a more uniform understanding, some programme colleagues still need clarification on the differences between SBC and advocacy.

In the CO, there is generally a good understanding of advocacy and its involvement in many programmes, but only some acknowledge or refer to it as such. The A&C team sees advocacy as the intersection of communication and programme actions. According to their feedback, communication professionals excel in crafting messages and content, while programme

colleagues offer credibility in technical and field-level matters through their expertise. Advocacy at the country level thrives on trust built over years of collaboration between technical staff. However, challenges arise in determining task lead responsibility, resulting in potential communication gaps and issues in monitoring and tracking progress. Personal relationships often drive success when clear leadership is absent in tackling these issues.

It is also acknowledged that, although not the usual approach **when advocacy happens outside of the ambit of a strategy document or a very clearly planned strategy, it may not be considered 'advocacy'. Advocacy is seen as everyone's responsibility within the CO**, regardless of their job title or duties, as they all aim to influence change at various levels.

FINDINGS SPECIFIC TO RELEVANCE

This section addresses the pertinence of the GAP1 and global advocacy strategies at RO and CO levels. In the context of this particular case study, it focuses on the extent to which the UNICEF GAPs are relevant to the case of Indonesia.

Within GAP1, the original focus on vaccines was an opportunity to deliver comprehensive primary health care, ensuring that children receive more than immunizations. This approach was intentionally designed to avoid operating in isolation, aiming to provide children with all the necessary services they require. Sustainable immunization programmes require integration into robust public health systems. The team carried this perspective during their involvement in the G20, emphasizing the importance of a broader public health framework.

In general, informants expressed a positive perception of the relevance of the GAP framework to prioritize advocacy work and address cross-sectoral collaboration to avoid duplication and ensure clear reporting at the CO level. The advocacy agenda is clear, and it is acknowledged that the GAPs provide a relevant framework and tool to guide decision-making. According to some informants, global advocacy priorities offer a tangible outcome from a complex and lengthy process, providing direction and clarity for UNICEF offices. They also help align resources and efforts towards these priorities, enabling effective planning and coordination across the organization. The GAPs extend beyond the advocacy team and influence other teams, such as communications, media, social media, fundraising and partnerships. The power of the GAPs lies in their ability to create momentum and ensure a unified voice across various channels, including social media, media outlets, and bilateral engagements, amplifying the impact of advocacy efforts. GAP1 has also been reported to help use the lessons and resources from the COVID-19 response to revitalize routine immunization efforts.

The engagement and support from colleagues at HQ is considered instrumental, as they provide valuable materials and conduct workshops to guide the team through developing a theory of change and setting realistic and ambitious goals within specific time frames. This collaboration and guidance proved highly beneficial in advancing the advocacy agenda and achieving desired outcomes. It is also acknowledged that, while there are discussions about potential changes in the focus of the GAPs, it may be premature to alter the course at this point and that concrete results can be achieved by following the current plan and staying focused on the established priorities at least for the current SP.

The GAPs have also been reported to contribute to being more strategic when doing advocacy. GAP1 has played a significant role, especially considering the role of the CO as a champion country. This involvement is reported to have allowed for collaborative efforts between the health, communication, social and behaviour change, field office and social policy teams to engage with the priority area strategically. The advocacy priority also garnered leadership interest, with the representative and deputy representative focusing on the immunization agenda and its various aspects.

The current structure within the organization is acknowledged to have imperfections, as it is reported from HQ to have led to frustrations among teams that are not directly involved in the advocacy work prioritized in the GAPS. Also, the GAPS can limit flexibility and hinder the ability to respond to unforeseen opportunities outside the established thematic framework. This may prevent the advocacy team from effectively seizing political opportunities as they emerge, at least at the HQ level.

Despite being aware of GAPS and their global advocacy priorities, some sectors show limited understanding of how the overarching advocacy framework impacts their programming. The process of setting strategic priorities and their communication to field offices needs to be clarified, as this will result in better procedures and accountability frameworks. Some informants suggested implementing advocacy committees to ensure the proper execution of new strategies and enhance overall efficiency.

FINDINGS SPECIFIC TO THE VALIDITY OF THE DESIGN

Extent to which specific advocacy strategies were developed for COVID-19 response, the G20 and the importance of primary health care after the pandemic.

Concerning the COVID-19 response, the risk communication and community engagement (RCCE) strategy for COVID-19 began in February 2020, based on discussions held in December 2019. The strategy's overall goal was to build public trust in national authorities regarding public health information related to COVID-19 and to provide the RCCE guiding framework and coordinated approach to enable an effective country response – with the most vulnerable children and families at the centre. The implementation of this strategy started before the World Health Organization officially declared the COVID-19 pandemic.

The CO approach was closely aligned with the country's context and government efforts rather than relying heavily on global guidance, since headquarters (HQ) did not have much information or guidance on handling these problems because they had not directly experienced the issues faced by countries tackling the pandemic. A notable transformation occurred when a new Minister of Health assumed office in late 2020, leading to a more robust and active engagement of the CO. UNICEF played a significant role in various response components, working closely with partners. Notably, a CO health team member was appointed to the Minister of Health's team, enhancing collaboration during the response. Additionally, while actively participating in COVAX discussions, the Government of Indonesia was simultaneously involved in bilateral negotiations to procure vaccines. As a result, Indonesia became one of the first countries to receive COVID-19 vaccine doses. In January 2021, Indonesia initiated its COVID-19 vaccination campaign, and UNICEF played a significant role in various areas such as communication, prioritization, micro-planning and vaccine forecasting. Given Indonesia's decentralized structure, the CO deployed consultants across all 34 provinces to support subnational governments. These consultants worked closely with local authorities to ensure the effective implementation of vaccination efforts and address any challenges.

The challenges and opportunities experienced in the country offices informed UNICEF's global strategy. Indonesia contributed significantly to informing the global advocacy strategy in a clear example of a bottom-up approach. Unprecedented collaboration and knowledge-sharing took place, with mechanisms to engage directly with regional and country offices, ensuring a unified and agreed-upon public message from the Executive Director. This unique situation required a different approach from the usual advocacy work, highlighting the importance of coordination and collaboration within UNICEF. For example, some ideas for the global strategy were discarded based on feedback from Indonesia.

In 2021 HQ helped the CO with capacity-building and developed a strategy and canvas for advocacy. The focus of this case study was not merely on COVID-19 but routine immunization, including for COVID-19. All health officers and specialists followed the course and agreed with the comms team to develop this strategy.

Finally, the fact that CO advocacy strategies are being issued by the A&C teams instead of thematic sections is considered a shift of paradigm, where the A&C team focuses on programmatic aspects with the collaboration of relevant units/teams.

As for the G20, **the advocacy brief from 2022** features key messages and evidence and calls for action in various areas such as education, health, climate change and social protection. Local content was developed specifically for Indonesia. The document was a key message tool to ensure everyone was 'on the same page' regarding public statements on the main topic covered. During the G20 event, both technical and public-facing advocacy strategies were employed. Technical advocacy was led by experts from different sectors, while an overall focal point facilitated and coordinated the efforts. The G20 event prompted UNICEF to develop local plans and create content relevant to people in Indonesia, as addressing G20 themes was essential in the country.

The focus at the time was on preparedness and vaccine manufacturing, but efforts were made to prioritize system strengthening in vaccine management for Indonesian children. Collaboration with the Ministry of Environment and engagement in the G20 facilitated advocacy on climate-sensitive programmes and the upcoming launch of a climate landscape initiative.

In planning the event, the Office of the Resident Coordination in Indonesia and its UN working group members jointly established priority areas for the G20 working groups. Various ministries also worked with specific agencies to address their thematic areas, such as development, employment and health. UNDP and UNICEF were involved in both the finance and development tracks of a working group. The working group noted that the engagement groups, such as Youth 20 and Urban 20, were not adequately connected and lacked concrete actions and clear links to related ministries. Regarding preparatory tasks, organizations presented their plans to the Ministry of Foreign Affairs (MOFA) and indicated which working groups they would join.

Integration of the GAPs at the regional and national level.

HQ informants acknowledged that Indonesia demonstrated remarkable resilience during the COVID-19 pandemic. The successful COVID vaccine roll-out boosted public confidence and immunization coverage. Collaborating closely with the government, Indonesia CO is now implementing extensive recovery efforts, strengthening their relationship to ensure an even greater focus on immunization and child health than before the pandemic. HQ is currently involved in the second global forum on pneumonia, collaborating with the Indonesian CO team – one of 14 participating countries. The forum focuses on vaccine coverage, global recovery efforts, and the introduction of the PCV vaccine. Good nutrition for children and primary health-care delivery is also emphasized.

It was also pointed out that priority to countries for immunization is given mainly based on their political significance at the time, such as Indonesia when they were G20 president, and Italy, which served as G7 president at some point. For the rest, the approach is more reactive, following their requests. GAP1 colleagues at HQ maintain communication through internal coordination channels, webinars, etc., and through support to countries to develop their advocacy strategies.

Concerning integrating GAP1 at the subnational level, the field offices work closely with local governments, recognizing their authority and fiscal abilities and striving for increased influence. The goal is to ensure comprehensive coverage in Indonesia, addressing the challenges of different contexts.

The original decision of HQ to participate in the G20 was mainly linked to improving the response to COVID-19 and influencing others' agendas. This was done by de-prioritizing the G7, as the issues addressed were considered more relevant to the G20 than the G7. When engaging with Indonesia, the global team contacted CO and asked for their help and support. Several back-and-forth calls and emails were shared to understand if their analysis of Indonesia's position was accurate. The global team had to define exactly what they would do for something like the G20 and tag it into certain key moments during the year until the actual meeting. After careful consideration and discussions, it was decided that limited emphasis would be placed on Indonesia under the G20 framework due to the evolving situation in the country. As it became apparent that COVID-19 might not be a prominent item on the agenda, both parties agreed that the opportunity for engagement in this regard was limited. Instead, efforts were redirected towards engaging with African countries. As the G20 event approached, there were more discussions and interest in exploring opportunities. However, nothing concrete materialized from the HQ side, resulting in local teams proceeding with their already developed plans. There were conflicting perceptions about the responsibilities of the different units in HQ and CO; some view their primary role as supporting country-level advocacy, while others emphasize managing relationships with global stakeholders and influencing global political platforms. Different views exist regarding the proper balance between national and global responsibilities.

During the G20 preparations beginning in September 2021, the Ministry of Health closely collaborated with various parties to design its thematic areas. While HQ was involved in high-level and technical meetings, the limited involvement from HQ hindered opportunities for communication and advocacy between the MoH and UNICEF. Although HQ is seen as a strong partner by the MoH, the limited support from HQ is reported to have negatively impacted their collaboration during G20 preparations.

Availability of theories of change to understand how relevant advocacy strategies are to unfold.

Theories of change (ToCs) were developed for the overall CPD and the routine immunization work. Still, no specific ToC was designed for advocacy and GAP1 related work at the national level. The A&C strategy for routine immunization was developed with the MoH, including a ToC. UNICEF also developed the ToC to increase public discourse on immunization, showing public interest and demand for action. They also agreed on why they needed to take this action and the change they would like to achieve, which was for immunization to be one of the priorities for the government.

Level of flexibility allowed to adapt to changing environments and contexts.

The GAP1 team displayed a reactive approach towards ensuring adaptability at the global level. Although nutrition was not considered within GAP1, the issue held significance and nutrition was finally integrated into child health. The team capitalized on the momentum surrounding nutrition in 2022, organizing events and successfully raising substantial funds. This led to nutrition being incorporated into the GAP effectively. **Nonetheless, the reframing of GAP1 seems not to have been adequately publicized beyond the A&C team in the Indonesia CO, as some informants were unaware that nutrition was part of it.**

Donor flexibility has also been reported as essential to ensure adaptability, particularly in connection with the Bill and Melinda Gates Foundation (BMGF) and Australia's Department of Foreign Affairs and Trade (DFAT). The BMGF allowed for the allocation of funds for strengthening COVID advocacy while maintaining a focus on child survival. The project involved supplying vaccines, conducting national and subnational surveys to understand public needs, creating communication materials, training journalists, and using data to pressure the government for vaccine roll-outs while ensuring childhood vaccines were not forgotten. DFAT representatives

acknowledged UNICEF Indonesia's ability to pivot and address challenges such as mental health services, education support, and social transfers. UNICEF also expedited contract negotiations to respond to polio, working closely with the World Health Organization to initiate supplementary immunization activities. UNICEF's sensitivity to various contexts and understanding of specific regional needs were emphasized as key strengths in dealing with these situations.

The GAPs are considered flexible and adaptable at the CO level, and this was the case particularly during the COVID-19 response. In response to the ever-changing COVID-19 context, the CO promptly developed and updated a response plan, which later included recovery and vaccination strategies. Advocacy played a crucial role in ensuring the successful execution of these plans. For example, at the onset of the pandemic, mask usage was discouraged, and they were reserved for health workers due to shortages. However, as it became evident that COVID-19 was airborne, the narrative shifted, emphasizing mask-wearing for protection. In Indonesia, vaccination priorities initially focused on the elderly and front-line workers before expanding to other groups once there was improved vaccine availability, and the UNICEF narrative had to change drastically. This flexibility was also recognized by informants from the government, who considered that UNICEF's flexibility enabled the achievement of expected targets. As routine immunization coverage declined, the government sought assistance from both national and subnational teams to advocate for prioritizing vaccinations, including COVID vaccines. This led to governors and mayors issuing official letters urging key players to support and engage in the COVID-19 vaccination efforts. In addition, it was mentioned that the local government initially planned their cold chain capacity based solely on routine immunization targets and did not anticipate a global pandemic. The arrival of new vaccines amid the pandemic required additional storage capacity. Consequently, better planning was encouraged by UNICEF, starting with an assessment of the situation. The results were relayed to the Ministry of Health, which used its funding to procure cold chain equipment.

Synergies between COVID-19 advocacy efforts and others, focusing on the child survival crisis areas (advocacy approaches on climate-induced food insecurity & water scarcity as part of the child survival crisis). The extent to which G20 participation produced synergies.

At the global and CO level, and under GAP1, cross-collaboration between GAP1 and GAP2 on education was reported, specifically in areas such as COVID and school closures, leading to collaboration with the education team.

At the CO level, a climate change specialist joined the team in 2022, and the cross-fertilization of climate change with other thematic areas is being explored; for example, the link between climate change and immunization. Other joint initiatives were reported between GAP1 and child protection, social policy, nutrition for early childhood development and integrated support. During the COVID-19 pandemic, the CO sought help from the WASH team for water and sanitation. The teams have yet to develop a unified advocacy strategy but worked together to create guidelines for a safe return to school during the pandemic. Learnings from immunization, education, and nutrition programmes will be shared among these teams. In a study conducted by the Indonesia CO, researchers examined the compounded impacts of COVID-19 and its effects on climate during the previous two years. Working closely with the Ministry of Health and roving ambassadors acting as mentors, the team expanded their scope to explore connections between climate action and its co-benefits on all the Sustainable Development Goals (SDGs). The study was based on a desk review of policies from G20 member states. It analysed the correlation between investments in adaptation mitigation and their co-benefits for health and other social SDGs, including social protection. The conclusion emphasized the importance of taking climate action seriously, as failing to do so would hinder social development and sustainability. Addressing climate issues during COVID-19 recovery can achieve better health and a brighter future for children. This study was presented at COP26 (the presentation was co-organized by GIZ and the NDC partnership, a global coalition on climate change action), so that its findings could be shared with a wider audience.

In 2022, as Indonesia began transitioning from the pandemic, the focus was still primarily on COVID-19, and it remained to be seen how these global advocacy priorities would translate into tangible outcomes. The CO in Indonesia considered using immunization as an entry point to primary health care and integrated services. However, in practice, the implementation of this approach has been limited. It is acknowledged that the COVID pandemic has impacted the mental health of children and adolescents in Indonesia, which could lead to joint work between GAP1 and GAP3. Also, the CO has developed a new country programme that focuses specifically on addressing the significant impact of climate change on children by supporting relevant initiatives. The CO has partnered with the Ministry of Environment and Forestry and became involved in the NDC partnership during India's G20 presidency. The CO secured a place in the Sustainable Working Group by working with GIZ, advocating for child-focused actions and international leadership.

The resident coordinator's office confirmed the interest in ensuring that UNICEF, ILO and UNDP integrate jobs and social protection for those in and out of the workforce.

Strategies considered to develop/sustain advocacy partnership at CO. Extent to which clear procedures for partnering are established.

At the global level, it was pointed out that the pandemic has transformed vaccines and their prioritization, leading to the developing of new relationships with priority countries. Immunization rates have been impacted, changing the list of countries with the most immunized children. Although UNICEF worked with a list of priority countries for deep engagement, the situation with the COVID-19 outbreak allowed for stronger relationships and opportunities to collaborate with those governments and build stronger relationships. Regarding partners, informants highlighted the significant role of partnerships with organizations like WHO, Gavi and the BMGF. The COVAX Communication and Advocacy group is an example of collaborative efforts, where members discuss various communication and advocacy matters. It is also emphasized that a wider circle of partners contributes to global health endeavours, and the global team ensures they stay informed about ongoing internal activities and strategies. Although their involvement is less profound than that of WHO and Gavi, these organizations still play a role in the overall efforts.

At the onset of the pandemic, UNICEF Indonesia joined forces with various stakeholders, including governments, civil society, communities, and the public health sector, to develop a communication strategy and tools. Despite the government's lack of funding and resources, UNICEF collaborated with organizations such as WHO, the International Committee of the Red Cross, the Centers for Disease Control and Prevention, and with other officials like the Minister of Health and Communication to create a cohesive plan to combat COVID-19. During the COVID-19 response, the government acted as the first entry point and led a task force of various government entities. UNICEF collaborated with these entities through the COVID-19 task force and bilaterally, such as with the Ministry of Economic Affairs, which played a crucial role. Advocacy efforts were conducted with the head of the task force and several other ministries, including health, education and religious affairs, to ensure an effective response. At the community level, support was provided through health-care providers and health centres. The CO maintains a strong and direct relationship with the Ministry of ICT, particularly through the special staff and spokesperson of the Minister. They also have formal and informal connections and engagement with the Ministry of Health, and this informal approach involving key persons in various ministries is thought to be a factor in success. The office strongly advocated for COVAX and facilitated coordination with the national procurement agency to manage vaccine importation and domestic production through Biopharma.

In Indonesia, the development partners' working group for health was established by WHO and UNICEF with the support of other relevant development partners. The group met weekly, and there were frequent bilateral exchanges with key donors such as the US, Australia and technical agencies like WHO, World Bank and the Asian Development Bank. These organizations contributed expertise and financial resources to enhance health initiatives in the country.

In addressing the challenges posed by Indonesia's decentralization, significant efforts were made to identify [subnational partners](#), some pre-existing and some new. Strategies focused on reinforcing and strengthening existing partnerships and identifying new stakeholders to assist with various aspects of the work. This included maintaining continuity of services, aiding local governments with testing and treatment protocols, and improving data visualization through dashboards. A risk communication and community engagement working group was formed, bringing together various stakeholders who had yet to collaborate on diverse aspects of the work on RCCE. In Indonesia, the chief health officer at the CO worked closely with both national and subnational levels to implement global strategies for achieving health targets. UNICEF remains the only UN body with regional field offices, partnering with the Ministry of Health and local governments at the subnational level. The unique field presence enables the implementation of zero-dose and COVID-19 strategies at subnational levels. Strong relationships with national and subnational governments provide opportunities for long-term development in routine immunization, including vaccines like COVID-19, PCV and rotavirus. Engagement at subnational levels usually takes place through governors and mayors. Under the governor's supervision, various bodies convene monthly to review and evaluate provincial budget spending and monitor targets. UNICEF offers technical assistance by mapping regions with high numbers of unvaccinated children and prioritizing them for government intervention. It also works with the government to monitor, evaluate, and improve health staff capacity while addressing vaccine hesitancy through communication strategies and enlisting local influencers for campaign support. The efforts are to provide evidence of the effectiveness of their innovation at the subnational level.

UNICEF also collaborates with [civil society, academic and professional organizations](#), and health facility owners and managers in Indonesia. They work closely with the Ministry of Home Affairs and Education due to connections with school-aged children through programmes. Additionally, they cooperate with religious affairs, as vaccine acceptance is a challenge in the predominantly Muslim society.

[When it comes to implementing partners](#), the selection process is very stringent, with only those who pass and register on the UN partner portal being considered. The process involves developing a scope of work and calling for proposals. Upon submission, these proposals are reviewed by a committee that also screens and evaluates the strengths of each organization, their ability to deliver, and their past accomplishments. If approved, the implementing partner is engaged for one year after informing the governmental partners. At the end of the year, UNICEF needs to report back to the government partner on the funds spent, results of the partnership and key lessons learned, and invites government representatives for joint monitoring visits. If the partnering organization poses a high risk or disregards rules, it may not be considered for future collaborations.

[Concerning main donors](#), DFAT funding was essential for Indonesia's COVID response, national deployment, and vaccination plan. The Vaccine Implementation Readiness Assessment Tool (VIRAT) also played a crucial role. With bilateral agreements focusing on child and maternal health, primary health system strengthening, education, and social protection support, UNICEF's support was valuable in addressing numerous gaps and enhancing overall impact. The strength of established relationships, particularly with the WHO and the Ministry of Health, proves valuable for effectively navigating a response. This partnership aided in addressing priorities such as routine immunizations and assisted health system strengthening during the COVID pandemic. UNICEF's high-quality information, cross-sectoral interventions and risk management approach were highly valued.

USAID informants stressed that the current agreement with UNICEF hinders participation in technical tasks and discussions, making it difficult to assess or understand the details of UNICEF's technical operations. Furthermore, the need for more communication regarding UNICEF's advocacy strategy presents challenges in collaboration.

FINDINGS SPECIFIC TO IMPLEMENTATION CAPACITY

Nature of UNICEF contribution in relevant advocacy areas: in this case, COVID-19 response and G20 (sole actor, primary actor, lead contributor, important contributor, seed sower, team contributor, over-the-line getter and/or key role player). Type of advocacy approaches considered.

COVID-19 RESPONSE ADVOCACY APPROACHES

Technical advocacy: Technical advocacy played a crucial role, particularly in the early stages of vaccine prioritization. For economic reasons, Indonesia initially wanted to prioritize work-engaged people, not the elderly. UNICEF used the global narrative, not UNICEF-specific, including guidance from WHO and the Strategic Advisory Group of Experts (SAGE), to support the case for prioritizing certain groups. Technical advocacy efforts focused on ensuring the continuity of essential services, with a strong emphasis on prioritizing women and children, especially in areas like immunization. The goal was to advocate with the government for the necessary investments and attention to these critical services throughout the response. UNICEF's leadership in COVAX was significant in assisting the government with forecasting, bilateral purchases, and navigating discussions with manufacturers. The advocacy support provided by UNICEF was instrumental in helping the government make informed decisions and engage in bilateral discussions, such as with the Australian and US governments. UNICEF typically advocates, facilitates, and mediates in various discussions and dialogues with its partners. However, during the COVID-19 pandemic in March 2020, they were entrusted to be, in some instances, the decision makers within the government system, a non-traditional role for UNICEF personnel. Although UNICEF usually provides advice and counsel, decisions lie in the hands of political and regional leaders. While seconded to the government task force, UNICEF personnel were given authority to make decisions and were expected to act quickly. The Ministry of Planning mentioned the need for more flexibility in UNICEF's advocacy approaches to the local contexts, including an anthropological understanding of the context. An example was mentioned of communities not accepting one of the ingredients in the vaccines that go against Halal, considered not recommended for the health of Muslim people.

Public advocacy: Besides technical advocacy, UNICEF engaged in extensive public advocacy efforts. This involved media engagement through articles, publications and joint press releases with WHO and the government. UNICEF's communication team also organized training for the Association of Independent Journalists (AIJ) in Indonesia to raise awareness about the importance of continuing routine immunization services. These initiatives were complemented by regular communication and community engagement activities, such as promoting handwashing with soap and encouraging mask use. UNICEF also conducted public advocacy for the timely reopening of schools, as they had been closed in Indonesia for nearly two years due to the pandemic. The advocacy process included engaging with various stakeholders, including parent associations and the government, to facilitate conversations and reach a consensus. The first year of the COVID-19 pandemic was marked by chaos and constantly changing situations. During this time, UNICEF provided guidance, directing people to consult reliable sources such as the WHO website, the Ministry of Health website, or the UNICEF website for health information. This advice established a public advocacy and communication mechanism, offering a brief set of procedures to follow.

Informants from the government highlighted the adaptability of public communication strategies in response to new information from organizations like the government and WHO. With UNICEF's support, adjustments were made as needed. The challenges included confusion about gathering limitations, particularly for Friday prayers in a Muslim country, vaccination regulations and concerns, and mask policies. Also supported by UNICEF, a book was released on how to do public communication via digital channels. During the COVID-19 pandemic, UNICEF played a crucial role in unifying efforts and developing strategies to tackle misinformation.

Lesson learned from the experience with AIJ: Managing timelines from the start to ensure timely project completion. Lessons learned from past experiences have led to a focus on adhering to predetermined schedules and avoiding delays beyond a month. Yearly activities are carefully planned with specific deadlines, and communication with UNICEF is maintained throughout the process, including preparation, focus discussion, and implementation. As a result of these measures, project progress is now smooth and efficient.

Private influencing: Besides technical and public advocacy, UNICEF also engaged in strong political advocacy. This involved behind-the-scenes conversations and discussions on the prioritization of certain groups. UNICEF actively lobbied the Ministry of Health to address the need for rapid vaccine delivery in spite of issues with regulations involving customs, import facilities and cold chain facilities. They also advocated for improved communication with logistic stakeholders and facilitated capacity-building among health workers to help them understand the technology and remain up-to-date on COVID-19 information. UNICEF maintains a strong relationship with the president's staff office, which proves crucial. By using its connections with the presidential office, UNICEF ensures that no bottlenecks arise from the government, significantly contributing to their efforts in Indonesia.

Technical assistance: UNICEF's accomplishments in providing technical assistance, advice and leadership on women's and children's rights to Indonesia's Ministry of Social Affairs was highlighted. This support doubled mental health and psychosocial services for women and children during COVID-19. Additionally, UNICEF collaborative efforts with the Indonesian Government involved safe school protocols, social transfers, and centralizing data sources through an online platform. However, there were areas for improvement, such as collecting sex-disaggregated and disability-related data. While progress has been made in gender and disability work, the reporting aspect requires enhancement, particularly regarding disability data capture. UNICEF was crucial in securing vaccines for Indonesia by leveraging their knowledge of the COVAX vaccine. UNICEF provided workshops and capacity-building for communication and health public officers, educating them about the pandemic, COVID-19 and vaccines.

Together with AIJ, workshops, webinars and newsletters were produced for journalists to inform them about COVID-19 and children's health issues. The collaboration between AIJ and UNICEF received positive feedback. Despite challenges like underfunding, projects like this play a crucial role in advocating for voiceless individuals and upholding professional journalism standards. Key informants emphasized the importance of involving local journalists outside major cities to address low-quality journalism, including on children's, environmental and gender issues.

UNICEF continues advocating for better data monitoring and quality in gender and disability aspects. The development of the 'PeduliLindungi' app was mentioned. Developed for contact tracing purposes, the app initially faced numerous issues concerning privacy and data protection. Although UNICEF did not directly contribute to the app's development, it played a crucial role in facilitating discussions on improving it. According to external informants, UNICEF has successfully shared COVID-19 information with over 98 million people in Indonesia. UNICEF actively engaged 2.3 million people in community mobilization interventions and trained them in COVID-19 prevention behaviours, encouraging vaccination and routine immunizations. During a simultaneous polio outbreak, UNICEF demonstrated strong leadership and supported the Ministry of Health in managing the situation effectively. They facilitated global access to a stable polio vaccine in record time. Amidst these efforts, over 26 million children received vaccinations against measles. As the world recovers from COVID-19, focus on maintaining vaccination efforts remains crucial.

Campaigning: During the COVID response, the initial implementation of the catch-up campaign faced significant challenges and was considered a failure. Recognizing the need for a similar approach to the successful COVID-19 response, the government sought UNICEF's assistance in creating visibility and conducting an advocacy campaign for the catch-up initiative. Despite initial struggles with the Beyond campaign's catch-up vaccination drive, a UNICEF-led event

involving the Sultan of Jogja rallied governors from various provinces to emphasize the importance of immunizations in a post-COVID world. Linked to this effort, a dramatically increased in vaccination coverage was recorded, from below 25 per cent to between 60 and 70 per cent of the population. The success story highlights the power of strategic advocacy in bolstering public health efforts. Education was a central advocacy issue, with UNICEF actively contributing to education working groups.

Success story: Despite the US Centers for Disease Control and Prevention, WHO, and other experts advising against returning to school due to COVID-19, UNICEF pushed for students to go back. They released an impactful ad in New York that showcased hundreds of bags in a stadium, which changed the perspective on the issue. This advocacy, initially supported by UNESCO and UNICEF, eventually convinced other stakeholders to reopen schools, despite data suggesting otherwise. The entire process highlights the power of advocacy and collaboration in decision-making during the pandemic. Active participation in UNICEF working groups and ministerial meetings aimed to promote a safe return to school. Local communication efforts focused on private and public advocacy, addressing the concerns of influential figures such as the Paediatric Association in Indonesia. Strategies like op-eds and press releases were employed to shift public opinion and generate demand for children to resume their education. Their communication team emphasized local advocacy for education, coinciding with plans for students to return to school. The main goal was to promote a safe return to schools, which had been closed for over two years in Indonesia.

In the context of DFAT support, UNICEF played an essential role in COVID vaccine procurement, supply-side readiness support, immunization programme support and data analytics. Key accomplishments shared by DFAT representatives include increased vaccine demand, assistance in accepting DFAT-funded vaccines, planning and financing initiatives, cold chain support, workforce training and data management. Future steps include strengthening gender equality and disability reporting and evaluating the impact of tools and training on behaviour change and practical outcomes.

G20 ADVOCACY APPROACHES

Private influencing: UNICEF played a significant role behind the scenes in supporting the G20 sessions led by the UNICEF deputy representative, particularly with the involvement of the CO chief of health. During these sessions, UNICEF assisted in the development of key facts and a policy briefs. UNICEF's engagement in the G20 health discussions did not require specific actions as one team member was already directly involved in the office of the Minister of Health, maintaining regular communication with the Minister and advisers. The CO strongly advocated for a primary health-care approach within the health conversations, considering health as one of the main pillars of the G20 presidency. UNICEF provided technical inputs, publications, and concept notes and supported with background papers to contribute to the global health architecture and preparedness for future pandemics while engaging in behind-the-scenes and political advocacy conversations.

It was acknowledged that the CO could have emphasized economic arguments more effectively, specifically that it would have been beneficial to highlight evidence generated at the global level regarding the cost savings and benefits associated with prioritizing essential health services, such as immunization, during the pandemic or keeping schools open. In addition, the departure of the chief of health from CO is perceived to have left a gap in knowledge and understanding of advocacy efforts.

Public messaging: Public messaging played a crucial role in the G20-related work. Global advocacy messaging was also referenced to establish connections with GAP priorities and key messages at the global level. The G20, at the public-facing level, was very much focused on the Indonesia context. Topics such as health, education and climate change were also addressed

globally. Programme colleagues communicated regularly with UNICEF headquarters to properly convey the global standpoint rather than just focusing on the country office's actions. UNICEF followed and actively discussed two areas: digital (how to handle the COVID-19 misinformation and how to get reliable information through the Internet about COVID-19) and vaccination and health. In the C20, a part of the G20 ecosystem, UNICEF set the agenda through two channels – one focused on digital issues and the other on health concerns.

Strongest/weakest areas of UNICEF Indonesia to do relevant advocacy work, probing for added value.

The following are the strongest areas of advocacy according to informants:

- 1. The strong ties and partnership with the government.** Informants from different areas, including the government, highlighted the importance of trust and personal relationships in country-level advocacy with UNICEF. Years of collaboration between technical experts have built credibility, resulting in authorities contacting UNICEF for assistance. The combination of programme and communication expertise leads to effective advocacy, but the challenge lies in determining who should lead the process.
- 2. Technical expertise.** Among others, the Resident Coordinator emphasizes the crucial role of agencies as subject matter experts in various thematic areas. Due to their skills, expertise, time and capacity, they can contribute effectively to solving issues and producing deliverables. The involvement of UNICEF was highlighted.
- 3. Presence at the subnational level.** The team's presence at the subnational level allows them to collaborate closely with local leaders and provide valuable technical assistance, gap analysis, and help identify individuals who may be left behind. The government relies on the team for advocacy, socialization, and strategizing to increase vaccine acceptance and reduce risks. Additionally, UNICEF is ahead of others in this line, and other UN partners also depend on the team's expertise.

Concerning **the main challenges for the implementation of advocacy work**, the following were identified:

- 1. Limited information and data on COVID at the onset of the crisis.** Information regarding COVID-19 was very limited, leading to difficulties in maintaining essential services in the country. As a result, professional organizations relied on data and evidence collected through their networks to inform guidelines for specific populations. One example was the prohibition of mothers and newborns sharing rooms and of breastfeeding, whereas later breastfeeding was encouraged. Limited data hindered decision-making processes, for example when tracking pregnant women infected with COVID-19. UNICEF supported strengthening COVID-19 data segregation for key populations, but comprehensive information on maternal cases remains scarce.
- 2. Online work during the pandemic.** During the pandemic, working online posed challenges for prioritizing tasks and clear communication. Unclear and frequently changing internal policies and government regulations led to confusion. Advocacy and communication became crucial for collective action with the government. UNICEF's flexibility during this time was reported as critical by government officials. During the COVID-19 pandemic, face-to-face communication was difficult, leading to a shift towards digital advocacy and public communication channels. The Ministry of Communication and Information Technology was crucial in delivering governmental advocacy to the public through digital means. The Minister appointed an expert staff member to assist in health communication and coordinate with the Minister of Health and the COVID-19 committee to develop a digital communication strategy. Initially, few organizations had resources for this purpose, but UNICEF was one of the first to support public communication during the early stages of the pandemic.

3. Challenges implementing advocacy at the subnational level. Informants from the CO and the government mentioned the challenges faced at the field level in advocating for local governments and countering misinformation, especially during the pandemic's early stages when vaccines were unavailable. UNICEF was a crucial bridge between the local and central governments in guiding the COVID response. Communication with higher-level officials in Jakarta was essential, though often marked by confusion. During this time, UNICEF provided flexibility and support for field staff to carry out their duties while coordinating with their supervisors. Additionally, they encountered religious issues, specifically addressing Halal/Haram concerns within the diverse community. The third challenge was the discrepancy in treatment between the military and police during vaccination, as they offered incentives like cooking oil while the local government did not.

Level of definition of advocacy roles for implementing advocacy work on COVID-19 response and the G20 participation.

Informants at both HQ and CO levels stressed the need to clarify roles and responsibilities, particularly when referring to the experience in G20. While the ideal situation involves a clear-cut allocation of tasks, it often becomes complicated due to various issues. In the case of the G20 preparation, hierarchies and validation processes were challenging. The HQ aimed to support effective advocacy but maintained final clearance on certain matters. As a result, accountability was sometimes unclear and navigating these relationships could be challenging. HQ could make decisions and adapt strategies, mainly since, in the context of GAP1, HQ is responsible for donors, particularly BMGF, which provides substantial funding for GAP1. Operating through external funding, HQ must adhere to reporting cycles and honour specific commitments. Ensuring that additional team members' contributions align with the overall reporting system is crucial, as this is a key aspect of grant management. At the CO level, respondents pointed out the challenges faced due to a need for more clarity in defining the roles of country offices and headquarters for the preparation for the G20. This led to missed opportunities for systematic high-level engagement within UNICEF and putting UNICEF on global platforms. The strong relationship with the Minister of Health could have been used to further UNICEF objectives, possibly securing an invitation for their executive director to a leader summit. Because of the difficulties mentioned, high-level engagement in health and education was limited during the development and finance ministers' meetings. Despite this, the health director's participation in the final Minister's meeting was well received, garnering appreciation from the Minister of Health.

The two-pronged approach and focus of HQ work, either serving primarily as support for country-level advocacy or managing relationships with international stakeholders like the G20, was questioned, and informants at HQ expressed uncertainty on whether they should work more with country offices or focus on managing global relationships, leaving regional coordination to regional offices. The debate lies between national and global responsibilities.

Concerning the regional roles, it was mentioned that the role and responsibilities for advocacy could be clearer in the RO, so there is uncertainty about integrating GAPS at the national level. At the regional level, the focus is on ASEAN, but clearer communication and joint initiatives with the different units could lead to more synergies.

At the CO level, the A&C team highlighted that programme colleagues should lead advocacy strategies, due to their awareness of policy changes and credibility in programme areas. This is very much linked to the monitoring of Core Standard Indicators and the 7-steps rubric to measure progress towards advocacy work.

Level of coordination with other UNICEF units/divisions/offices for advocacy work within GAP1. The extent to which clear guidelines from HQ or at the RO/CO level are available to develop networks for advocacy purposes and how these were applied in the case of COVID-19 response and the G20.

In a general sense, the BMGF grant for GAP1 significantly impacted the ability of officers to work closely and fostered a collaborative mindset within the team. The GAP1 team's relations with technical programme teams expanded, leading to greater exposure to new ideas and priorities and increased visibility for the advocacy sector. In response to COVID-19, an advocacy plan involving various sections was developed, focusing on school reopening and involving health and education sectors. Sanitation and hygiene practices were also prioritized, but the climate was only a minor part of global advocacy priorities. Regular communication between UNICEF HQ and the BMGF has been reported. The BMGF is reported to encourage coordination between UNICEF and other funded partners in Indonesia and facilitate connections among them. This partnership allows for leveraging different voices at global and international levels. For example, it was mentioned that the various teams collaborate in Indonesia to ensure the successful implementation of projects such as introducing the pneumococcal vaccine. This involves securing funding and addressing policy matters. Partnerships within UNICEF, including PFP and PPD, focus primarily on donors and financing.

There was some criticism of information sharing within the organization, as some consider internal communications from HQ to CO to have deteriorated significantly in recent years. It is claimed that crucial information, such as the new strategic plan, is not being properly disseminated within the organization at the country level, and there is also criticism of the changes made to GAPs. The importance of addressing these communication issues to enhance overall organizational functionality was stressed.

COVID-19

Unlike in other countries, where the Ministry of Health primarily handled the COVID-19 response, Indonesia established a separate committee appointed by the president to oversee the national response. Notably, two UNICEF staff were included on this committee, highlighting the strong advocacy role of UNICEF and the trust in its expertise. It is important to note that this collaboration does not directly represent the timeline and context of GAP1 (Global Action Plan for Polio Eradication) in the country. The implementation of COVID-19 measures preceded the planning for GAP1. However, when the GAP1 planning took place, the country worked with UNICEF and other stakeholders to develop an advocacy strategy focused on vaccination beyond COVID-19, particularly addressing backsliding and catching up on missed vaccinations. In early 2022, a campaign was initiated to achieve this goal.

The UNICEF country team was crucial in coordinating the COVID response, leading the RCCE group from December 2019, before Indonesia's first official case in March 2020. Government representatives mentioned that several online biweekly meetings were held through the RCCE with stakeholders to address policy and health issues. All discussed issues were documented by RCCA and the United Nations for public access, showcasing the collaborative efforts of RCCE, UNICEF and other stakeholders in handling these matters.

WhatsApp has proven to be a valuable resource for informal communication and information-sharing. Due to its success in managing risk communications during COVID-19, the Ministry of Health adopted this method and plans to continue its use post-pandemic. Over 50 WhatsApp groups comprising health activists, government officers and individuals from remote areas collect field evidence nationwide.

As the vaccine roll-out began in 2021, in the field office the health section took the lead in the COVID-19 response, collaborating with other programmes such as hygiene, sanitation, WASH, nutrition, education, and protection. Regular meetings were held with the Jakarta office to discuss key interventions, gaps and collaboration opportunities. The cooperation between the CO and field offices was strengthened through regular meetings and assigned personnel.

COVID-19 caused a shift in focus away from vaccination coordination forums, such as the EPA Technical Working Group led by the Ministry of Health, UNICEF and WHO. After two years of inactivity, UNICEF successfully advocated for the forum's re-establishment in 2023 due to polio response efforts.

“During COVID, we built a bigger network than we had before COVID, and we got the experience of what coordination is pragmatically, so to so it is important for us to bring the same momentum and passion to the routine programme.”

Government informant

G20

Coordination within UNICEF was delegated to the deputy representative of programmes, who liaised with the executive director's office and the PPD in support of the CO team. Each chief section contributed to various working groups within the G20 framework, such as health, education, development, climate and sustainability. They also played a role in the finance track through their social policy teams. The CO facilitated communication between the Government of Indonesia and these working groups by providing information and setting priorities. This ensures that the respective teams at the HQ level discuss all important topics. Ultimately, this collaborative effort created harmonized health protocols and ministerial statements for each group meeting.

The Indonesian country office led the overall advocacy strategy for the G20, emphasizing the potential for increased collaboration between nations. UNICEF's team in Indonesia worked closely with programme colleagues at HQ to navigate key political moments to strengthen influence while collaborating with India on critical health system reforms. UNICEF maintains strong national access and relationships with governments, but to achieve substantial impact and political support, there is a need for a more coherent approach involving the G20 across Indonesia. This requires investment in coordination efforts surrounding global moments, which just one person (in this case, the chief of health) cannot handle. Although immunization was not a direct G20 advocacy priority, each sector had technical discussions during the G20, increasing attention and progress for immunization efforts.

A total of 17 ministries worked with UNICEF during G20. The Ministry of Health was the main collaborator. For other activities, the Ministry of Health worked with the Ministry of Education for school-age children. The Ministry of Transportation and the Ministry of Information had a big role in immunization implementation. The G20 declaration emphasizes the need for a multisectoral approach to providing vaccines to the public and maintaining vaccine quality during transportation. The Ministry of Coordination of Development Programmes also supported this approach, together with a working group on community health which was very active during the pandemic.

High-level representatives from other agencies attended ministerial meetings, but UNICEF only had representation at the director/country level. This is perceived as a missed opportunity to emphasize UNICEF's significant role in the COVID response and vaccination efforts in Indonesia on a global scale. In this context, UNICEF's global-level advocacy and leveraging failed to deliver results. Ultimately, the Programme Group team stepped in to address this challenge. Nonetheless, during a health working group ministerial meeting, a UNICEF representative from HQ attended the session.

During the G20 Indonesia presidency, the programme team had key requests translated so they would have more impact at the country office level. These divisions helped present their requests during the G20 event. For the first time in G20 history, the nutrition presidency called for concrete deliverables, which were included in the annexes of the leadership statement. The United Nations Department of Economic and Social Affairs (UNDESA) and other United Nations agencies attended an online meeting to discuss these deliverables.

[The Resident Coordinator's office](#) guided the coordination of the UN. Before the G20 began, ministries reached out to United Nations offices in the country, forming an SDG group comprising deputies and senior advisers from various UN agencies to coordinate, share, and track progress across different topics such as health and finance. This coordination allowed agencies like UNICEF and WHO to collaborate effectively on their respective tasks. While country office staff worked to understand local needs, HQ delegations attended high-level meetings. Information was coordinated through regular email exchanges and meetings on G20, ensuring all agencies stayed informed about ongoing efforts.

The health workstream office coordinates with UNICEF and WHO, and three national officers, one from each agency, work together on various priorities. They encourage agencies in similar working groups to collaborate and present jointly during assigned sessions. Despite initial efforts to maintain a single joint programme, separate agencies conduct different programmes independently. However, UNICEF reportedly coordinates closely with WHO for the health working group. Advocacy efforts focus now on 'leaving no one behind' (LNOB). The resident coordinator emphasizes the importance of this, and a study has been conducted to identify marginalized groups. Concrete actions have been taken to address these issues, such as forming a civil society organization advisory committee. LNOB has been integrated into various documents and inputs for policymaking, ensuring the inclusion of identified groups. Under the resident coordinator's leadership, the United Nations also prioritizes gender equality by refusing to participate in all-male panels, thus promoting diversity and inclusivity.

[With AJI](#), in 2021, communication challenges arose with the office, mainly due to the focal point experiencing health issues. This resulted in postponed timelines. The majority of activities were conducted online, making the schedule quite tight. Despite an initial delay, progress was made in the second and third quarter of the project. Communication with UNICEF improved over time, and they continue to work together successfully.

[Difficulties in collaboration between UNICEF and USAID](#) were identified due to complex reporting requirements for COVID emergency funding. In 2023 information clarity improved significantly with UNICEF's increased involvement and additional team members from various fields. Effective collaboration remains crucial for avoiding duplication and improving implementation in the field. Maintaining transparency, ensuring inclusion in discussions, and communicating fund allocations are essential for successful cooperation between these organizations. Representatives from USAID desire to be more engaged in technical discussions and strategy meetings to understand better UNICEF's overall advocacy strategy and approach. Coordination meetings have been voluntary, but UNICEF's occasional absence led to confusion about USAID support and contribution through UNICEF operations. The compiled updates from 2020–2021 did not specify funding sources, making it difficult to identify USAID-supported projects and causing frustration when reporting progress. Initially, updates were focused on COVID, but understanding fund allocation and results achieved became crucial to prevent overclaiming due to multiple funding sources received by UNICEF.

Lesson learned G20: The importance of participating in thematic working groups from the beginning. Involvement from the start enables effective advocacy, whereas joining midway proves to be less fruitful. The key points highlight early engagement and its impact on the overall process.

Adequacy of resources for advocacy work on COVID response and after COVID-19 towards achieving relevant goals and potentially more efficient ways.

The global impact of the COVID-19 pandemic has led to a significant decline in routine immunizations worldwide. This decline is observed across countries, although some are more affected than others. The focus on COVID-19 has allocated financial and human resources primarily towards the pandemic response, contributing to the decline in immunization rates. This context highlights the urgent relevance of addressing this issue on a global scale. Disease outbreaks such as polio and measles, previously under control, are now resurfacing, emphasizing the critical need to prioritize and address the decline in immunizations.

Regarding the adequacy of resources, no major challenges were identified. Regarding resource allocation for COVID-19 vaccination support and response, communication after the health section received the largest funding. UNICEF employed a 360-degree approach, dedicating significant resources to developing models, campaign materials, infographics, and content creation teams. The CO provided essential knowledge resources by connecting the subject with WHO and the Ministry of Health. **However, the main concern is the sustainability of funding for advocacy priorities on GAP1, particularly as COVID-19 resources decline.** In Indonesia, the goals were divided into short-term, medium-term and long-term objectives. However, achieving long-term goals requires lasting investments, and it remains uncertain whether sufficient funds are available to combine different elements effectively. For example, under DFAT funded work, the initial COVID response contract included a nutrition component focused on healthy diets in emergencies, reaching 41 million people. This contract concluded in 2022. The latest agreements do not have specific nutrition or climate change components. However, climate change will be a thematic element embedded in all future DFAT programmes.

Finally, informants from the CO expressed the **need for more frequent and well-resourced advocacy training in UNICEF**, crucial for capacitating relevant staff members. Currently, such training occurs infrequently and needs to be incentivized more. As UNICEF works with numerous middle-income stable countries, advocacy becomes an essential part of their work.

FINDINGS SPECIFIC TO SYSTEM ADEQUACY

Given the context of the CS, this section addresses the quality and coherence of the CO advocacy, monitoring and reporting systems.

The main opportunities and strengths identified are:

- 1. Strong and innovative M&E function.** The CO has introduced innovative and effective systems to monitor progress, such as the national app for tracking COVID-19 immunization, which showcases the government's trust in UNICEF. Additionally, the reliable and innovative T4D (Technology for Development) team has made significant contributions to the success of various projects in Indonesia for strengthening health to utilize digital technologies more effectively. That means building national enabling environments for digital transformation.
- 2. Linking country contributions in advocacy to success stories.** The importance of acknowledging country contributions and success stories to motivate and share learnings with other COs was emphasized by informants from the CO. During the COVID-19 pandemic, due to an influx of donor funds, numerous consultants were hired at the subnational level to monitor activities. Among other metrics, the consultants' success was gauged by the number of advocacy meetings and their outcomes and improvements in coverage; indicators mainly focused on service delivery, which needed more qualitative data for explaining advocacy results.

3. **Database and dashboard created during the pandemic.** A database and dashboard were created in collaboration with the government to monitor the vaccination process. Following new UNICEF vaccination guidelines, they were assigned by the Jakarta office and the Ministry of Health to cover seven provinces in Indonesia. The efforts focused on working closely with vaccination centres to ensure data quality and enhance the COVID-19 vaccination roll-out in the designated provinces.
4. **Measuring social behaviour change (SBC).** In Indonesia, there is a focus on comprehensively measuring SBC. Instead of counting the number of people reached through social and traditional media, the emphasis is on measuring engagement with messages. This includes tracking likes on social media posts and engaging in one-on-one community interactions. The CO stands out for its approach, providing more detailed and authentic data by measuring direct public response rather than reach alone. The office has partnered directly with Facebook, a key partner in the routine immunization programme. Meta, the parent company of Facebook, is actively interested in supporting this cause. Meta provided a US\$500,000 credit in 2022 to promote UNICEF's immunization work on Facebook and Instagram. This collaboration has played a significant role in the success of the immunization programme.

The main limitations and challenges identified for monitoring advocacy are:

1. **Measuring the contribution of advocacy work.** Some informants at the CO level pointed out the challenge of measuring UNICEF's role and contributions in advocacy due to the nature of advocacy efforts that span numerous small and big actions over an extended period. While UNICEF values result-based outcomes and tracking, it is challenging to gauge the exact impact of the CO work on policy changes, as some aspects are nebulous. The organization acknowledges the need to accept and embrace this limitation unless adequate investments are made to monitor their contributions more effectively.
2. **A&C involved in measuring core standard indicators.** The introduction of the CSI caused concern among communications staff, who were now expected to report on the extent and degree of policy change, posing difficulties for communication personnel who may have yet to be closely involved in the policy change process. To understand if education policy goals were achieved, communication staff had to rely on input from programme colleagues. As a result, the role of communication staff shifted to coordinating and facilitating rather than taking direct responsibility. In some offices, the responsibility of the CSI was given to the programme team, as they were better equipped to evaluate the achievement of education-related policies. However, due to the default structure in many country offices, communication colleagues often had to answer these matters, despite needing more expertise, especially considering the policies spanned across multiple programming areas. The evolution of media measurement is discussed, emphasizing the importance of measuring impacts in today's world. Traditional methods, such as equating op-eds to advertisement value, are no longer sufficient. Instead, the focus should be on influencing decisions in various sectors like politics, social issues, and the economy. Also, within the A&C team, the relevance of CSI is acknowledged, but they are found to be overly ambitious.
3. **Limited support received to evaluate success.** Concerns were raised at the CO level about the limited evaluation and follow-up for advocacy work within UNICEF. Although staff participate in various activities and courses, there needs to be a system to monitor progress on the results of capacity-building initiatives. The A&C team should lead this process, but reviews of advocacy plans or strategies and the results of these capacity-building initiatives have yet to be initiated. While HQ has received support, the regional office's role remains unclear. It was suggested that implementing metrics checklists and conducting quarterly reviews could benefit the organization, sharing the results with regional offices and headquarters.

4. **Reporting during COVID:** Situation reports were initially produced monthly but later changed to a quarterly schedule. Key indicators were effectively monitored and reported as benchmarks. Weekly meetings during the early stages of response and vaccination eventually became biweekly. The core team, comprising representatives, chiefs, and various sections, discussed topics beyond numerical data, such as school reopening, handwashing videos, mental health and nutrition. This comprehensive monitoring and follow-up improved effectiveness of the response. Although there were delays in delivery for some of the indicators of the government data, internal collection of data such as the number of people reached, or messages, was straightforward.

In most cases, reporting is done directly to the donor. The main connection of advocacy efforts to global outcomes is done through CSI. However, this only reflects major changes in advocacy. Even though COs produce annual reports and have country office results cards, process results still need to be addressed to effectively cover all advocacy efforts comprehensively.

USAID conducts monthly coordination meetings with COVID partners, such as UNICEF. Challenges in coordinating and strategizing were discussed, focusing on improving communication, the need to understand the overall UNICEF strategy, and the importance of proper co-branding of materials to promote advocacy and visibility for USAID. The funding for this project is directed to UNICEF instead of WHO. While polio reporting is sufficient, USAID must know differing reporting requirements across programme areas. Additionally, UNICEF's willingness to understand these requirements is important, given the limited reporting frequency in formal agreements. Open communication and collaboration were emphasized for effective reporting. Due to restrictions, UNICEF does not report directly to USAID Indonesia but sends reports to their headquarters, leading to a lengthy process. The current partnership with USAID requires only biannual reports, which the country team supplements with additional information.

DFAT representatives highlighted the importance of existing multiple layers of accountability in reporting on specific indicators in their collaboration with UNICEF. Annual reporting processes, donor report cycles and SitReps are essential for tracking outputs and contributions. As the final year of COVID-related activities approaches, the emphasis shifts to measuring outcomes and behaviour changes resulting from these initiatives. The goal is to showcase concrete examples of the impact by the end of the cycle. The experience with the CO reveals a responsive attitude towards UNICEF collaboration, even when dealing with ad hoc reporting requests. They appreciate the efficient exchange of necessary information without adding extra burden to the reporting process.



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