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Regional Early Childhood Development Landscape Study

Final Report

Asia Philanthropy Circle



Centre for
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The Centre for Evidence and Implementation envisions a world where people can improve their lives through support that is equitable and effective. We are a global, for-purpose evidence intermediary and advisory organisation dedicated to using the best evidence in practice and policy to improve the lives of people facing adversity. Established in Australia in 2016, CEI is a multi-disciplinary team across five offices in London, Melbourne, Oslo, Singapore, and Sydney. We work with our partners, including policymakers, governments, practitioners, program providers, organisation leaders, and funders in four key areas of work:

- Understanding and making sense of the evidence base
- Generating evidence through trialling, testing, and evaluating policies and programs to drive more effective decisions and deliver better outcomes
- Developing methods and processes to get high quality evidence into policy and practice
- Building cultures for evidence use



Chapters

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Nanjing Normal University: Located in Nanjing, NNU is one of the provincial key universities under the supervision of the Ministry of Education and the Jiangsu Provincial Government. As a century-old university, NNU is home to many famous masters and has a rich cultural heritage. Famous Chinese educators such as Tao Xingzhi and Chen Heqin have taught here. At present, NNU has six national key disciplines, and preschool education is one of them.

We acknowledge our partners, the Asia Philanthropy Circle (APC) and the Centre for Holistic Initiatives in Learning and Development (CHILD).



Asia Philanthropy Circle (APC) is a community of philanthropists collaborating to chart a better future for Asia. Founded in 2015 by Asia-based philanthropists to encourage peer exchange, APC has grown to over 50 members across 13 markets.

We are home to a diverse network of philanthropists—across generations and interests—seeking collective impact together. Our members give in financial and human capital, champion social innovation for public good, and pioneer collaborative initiatives to build the social impact ecosystem and address systemic challenges. APC is a registered charity headquartered in Singapore with roots throughout the region. For more information, please visit www.asiaphilanthropycircle.org.



The **Centre for Holistic Initiatives in Learning and Development (CHILD)** at the National University of Singapore, Yong Yoo Lin School of Medicine aims to improve the lives of all young children and families in Singapore, especially those who are vulnerable. CHILD works closely with stakeholders in early childhood policy and practice, including the preschool, healthcare, and social service sectors, in evidence review and knowledge translation regarding early child development, and also collaborates with CEI in implementation science to bring about evidence-based interventions.

This study benefited from the participation of an Advisory Group that engaged with and supported this complex collaborative project for more than a year. Many of these eleven organisations are APC members.

This group included early childhood development experts, practitioners, grantmakers, and corporate funders. This work would not have been possible without their generous financial contributions, expertise, feedback, and steadfast partnership. Contributors are listed in alphabetical order below.



Ayala Foundation is the social development arm of the Ayala group of companies that aims to improve lives through three key programme areas: education, sustainable livelihood, and love of country. Ayala Foundation envisions communities where people are creative, productive, self-reliant and proud to be Filipino. We act as a catalyst for inclusion to bridge community and business aspirations by understanding community realities and engaging people in the change process. Our mission is to build nurturing partnerships with public and private groups and civil societies to achieve impact, scale and sustainability for everyone involved.



Bakti Barito Foundation is a corporate foundation that monitors and evaluates all sustainability initiatives for all Barito Pacific Group companies in Indonesia. It focuses on delivering quality education and environment programs that are aligned with national policies and SDG goals.



Djarum Foundation operates a number of programs in selected fields, which had been chosen for their potential to make a positive impact to society. Specifically, Djarum Foundation promotes excellence through community, sport, environmental, educational and cultural initiatives. These are part of Djarum commitment to realising Indonesia potential to become a well-rounded world citizen.



Ishk Tolaram Foundation provides access to quality education, healthcare, and skills training to underserved individuals in Indonesia, Nigeria and Singapore. Its purpose as a philanthropic organisation is to enable individuals to improve their quality of life



The **Knowledge Channel Foundation Inc. (KCFI)** is a non-profit organisation in the Philippines, whose mission is to co-create and provide transformative learning experiences especially for poor and marginalized Filipino children and communities. Since 1999, KCFI has developed and acquired thousands of multimedia learning resources and has trained thousands of teachers in basic education and early childhood development to improve the learning outcomes and holistic development of Filipino children



LI Foundation's (LIF) mission is to inspire and impact lives by maximising everyone's potential. Based in Singapore and with a focus on South-East Asia, LIF is committed to provide grants to innovative and impactful projects. LIF's core values are: Innovation; Integration; and Impact. By identifying innovative and sustainable solutions to address social challenges, we hope to gather the right people and resources by integrating innovation into our ecosystem. This will then create a multiplier effect that will result in a magnified impact.



Nomura is an Asia-headquartered financial services group, with an integrated global network spanning over 30 countries. Through both our business and philanthropic activities, we aim to deliver a better tomorrow for future generations. In Asia ex-Japan, our grant-giving is focused on tackling poverty by ensuring the region's most vulnerable children receive the early learning and stimulation they need to thrive.



Quantedge Advancement Initiative funds international charitable and climate initiatives and has been registered as a grant-making charity in Singapore since February 2021. Quantedge Advancement Initiative aims to deliver impactful solutions to environmental and social challenges around the world by focusing on areas where it can achieve the largest amount of impact per dollar disbursed. Its main focus areas are in global health and development, and climate change action across Asia and beyond.



The **Ramon Aboitiz Foundation, Inc.** (RAFI) is committed to upholding the dignity of man by working with communities to elevate their well-being. RAFI remains true to our vision of “Touching People, Shaping the Future,” whereby community resilience is at the heart of our vision. The Foundation’s strategic intent is centred on enabling resilient, prosperous, and vibrant communities. To achieve this, RAFI has three main program well-being domains, these are Social, Physical, and Economic Well-being. RAFI is accredited by the Philippine Council for NGO Certification and a member of the Association of Foundations.

Tanoto Foundation

Tanoto Foundation is an independent philanthropic organisation founded by Sukanto Tanoto and Tinah Bingei Tanoto based on the belief that every person should have the opportunity to realise his or her full potential. Tanoto Foundation started its work in 1981 when our founders established a kindergarten and elementary school in Besitang, North Sumatra. Tanoto Foundation programmes stem from the core belief that quality education accelerates equal opportunity. We harness the transformative power of education to realise people’s full potential and improve lives. Tanoto Foundation focuses on making an impact in three areas: improving learning environments, future leaders’ development, as well as medical research and sciences.



Zuellig Family Foundation (ZFF) is a non-profit family foundation in the Philippines. ZFF is a catalyst for the achievement of better health outcomes for all Filipinos, working with local governments and partners on resilient local health systems, universal health care, nutrition for the First 1000 Days, and adolescent-friendly communities.

Executive Summary

Background

Early Childhood Development (ECD) lays the foundation for a child's physical, emotional, and intellectual well-being and is a strong predictor of long-term human development. Recent evidence and developments in the ECD landscape have shown that children need access to comprehensive programmes and services between the ages of 0 and 6 years that address health and developmental needs (including early education¹) to support them to have the best start in life.

Across the East Asia and the Pacific (EAP) region, there have been significant improvements in the breadth of policies and the provision of programmes supporting the needs of young children, mothers, and their families. However, there is insufficient understanding of the full landscape of available policies, services, and programmes for young children and families. Even strong ECD systems can have service and programme gaps, meaning that children and families may not have access to effective interventions that address their needs.

Purpose and objectives

The purpose of this study was to improve understanding of the current ECD landscape of policy, programme, and service provision in China, Indonesia, the Philippines, and Singapore. The four geographies were selected by the study funders as the first set for exploration, and further country chapters may be added to this volume.

This study was the first of its kind to be conducted in the EAP region. It had three key objectives:

- 1 Provide comprehensive information to donors, service providers, government agencies, and other key stakeholders about what ECD policies, programmes, and services are currently provided in each country.

- 2 Identify any gaps in the ECD system in each country that may merit action, with particular attention to the level of integration of policies, programmes, and services within the ECD landscape.
- 3 Provide recommendations for areas that require additional funding, programming, service integration, or evaluation, in order to strengthen the ECD landscape in each country.

There is tremendous energy and interest on the part of stakeholders across the regional ECD sector in accelerating progress and enhancing programmes, services, and policies that will improve life outcomes for young children. The results of this study will help stakeholders, particularly donors – who are its primary audience – to identify where new or enhanced programmes, policies, or funding may be required to enhance ECD or attain the desired outcomes for children and families. Opportunities for sector development, collaborative initiatives between stakeholders, and areas for enhanced ECD research and evaluation activities are also outlined in the findings of this study.

Approach

The landscape study drew on two widely used ECD frameworks to guide data collection, synthesis, and reporting of ECD policies, services, and programmes: the Nurturing Care Framework (NCF) for Early Childhood Development (UNICEF and WHO) and the World Bank's 25 Key Early Childhood Development Interventions.² These frameworks were selected because they provide a comprehensive overview of the multisectoral policies, programmes, and services within ECD.

A landscape study approach was selected because it provides an overview of what is currently provided (policies and programmes) and highlights areas in which gaps may exist. This landscape study also included available information about programme evaluations to provide insight into ways in which evaluation and ECD evidence could be strengthened in each of the four countries and across the region.

The study used a mixed-methods approach to data collection using a combination of desk-based research and expert interviews. Three research questions guided the study:

- 1 What parenting and ECD policies, programmes, and services are currently being implemented across each country aimed at families with children between the ages of 0 to 6 years?
- 2 What gaps currently exist in the ECD policy and programme provision in each country when mapped against international frameworks?
- 3 What evaluations of ECD programmes and services have been undertaken?

For China, Indonesia, and the Philippines, four representative provinces in each country were also selected for further examination of programmes and policies. This was included in recognition of the geographical and economic diversity of these three countries and to provide insights into how ECD policy and programme provision may differ within a country.

The method for the study was a sequential approach, adapted from a literature review methodology, which set a standard process for the identification of ECD programmes and policies and the screening of identified programmes and policies for inclusion. In each

country, ECD experts were interviewed to provide additional perspectives about the strengths and opportunities in the ECD landscape.

Data was synthesised to provide an overall summary of the landscape of ECD programmes and policies in each country, as well as where there may be a need for further evaluations and programme and sector strengthening. Based on the data synthesis, recommendations were provided on ways to strengthen the ECD sector. The recommendations were focused on the potential actions for a key target audience of donors and focused on the ways in which donors could be actively engaged in sector strengthening activities and based on both the current landscape and the best available evidence for ECD programmes.

Regional findings

Across the four countries there has been a clear increase in holistic support to children, families, and the community, through both financial investment and programmatic offerings. In China, this is observed in both the recent development of long-term policies that support children and mothers and the implementation of preventative measures to improve the quality and availability of care to women and children. In Indonesia, the government has developed strong inter-ministerial collaboration, while grassroots organisations have concurrently designed and implemented innovative programmes to reach and engage parents in changing specific caregiving behaviours. In the Philippines, aside from passing legislation, government and non-governmental stakeholders have also come together to champion key ECD issues, such as the promotion of breastfeeding. Finally, in Singapore, the government has led the way with significant long-term investments in ECD that are both broad-based and targeted to meet the needs of all families.

The strengths of each geography and the significant policy and programmatic strides made into children's development are further explored later in this chapter and in detail in the report. It has been a period of unprecedented positive sector growth and evolution, and sectors across all four geographies are working toward improved outcomes for babies, young children, and their families.

Nonetheless, gaps persist across the region. These include:

- A paradoxical “double burden” of stunting and obesity, where Indonesia, the Philippines, and China all have continuing challenges with malnutrition and stunting in some areas, and all four countries are experiencing increasing rates of childhood overweight and obesity. The reasons for this are varied and complex, but include access to and availability of healthy food, caregiver knowledge of healthy feeding and eating practices, and reduced physical activity in children.
- Inequity of access to health services for women and children that affects some populations. This is due to financial barriers as well as lack of availability of health services in rural or remote areas. A shortage of trained professionals contributes to challenges of access.
- A lack of good evidence on the home learning environment, which has been shown to be critical for ECD, especially for very young children, who are likely to be cared for at home rather than in formal childcare settings. The home learning environment includes access to books, playthings, and caregivers who provide sensitive and responsive caregiving.
- A need to attend to fathers' roles in caregiving. While evidence indicates that fathers have an impact on ECD, the majority of services and programmes have focused on

supporting the caregiving practices of mothers. Few, if any, programmes work specifically with fathers to enhance the ways in which they can interact and provide care for their children. Other caregivers (e.g., grandparents) have traditionally also not been included in programmes that aim to enhance caregiving skills.

- The protection of the most vulnerable groups of children and families. In China, Indonesia, and the Philippines, rates of birth registration are lower than expected in certain regions. Birth registration is a critical step to ensuring access to services (e.g., health services in China) and protection from exploitation and abuse.
- The lack of up-to-date and reliable data. This is present in all four countries to varying degrees and in varying areas of ECD. Without reliable data, it is difficult for policymakers, researchers, and practitioners to understand the context, track progress to achieve goals, and to address gaps in provision.
- The absence of localised research evidence and evaluations. The absence of local programme evaluations prevents stakeholders from having pertinent information to support evidence-informed decision making about programme scale up, sustainability, or the need for programme modification. The lack of localised evidence also prevents stakeholders and policymakers from having a clear and accurate understanding of the pertinent issues and the key barriers in addressing these issues.

Based on the analysis of regional strengths and gaps, we developed a set of strategic recommendations to guide the actions of donors and stakeholders. These recommendations focus on:

- The generation and utilisation of more robust data to inform decision making about programmes and policies. This allows policymakers, researchers, and programme developers to understand the overall state of children’s health and development, coverage of interventions, and any gaps that exist, and subsequently to make informed decisions.
- The coordination of stakeholders and system actors to ensure effective implementation of policies and programmes. Improving coordination across stakeholders would not only benefit families in ensuring easy access to services, but would lead to systemic improvement by reducing inefficiencies and wasted resources.
- Enhancing ECD workforce training and recognition to minimise attrition and support continuity of programme provision. This includes not just ensuring a clear set of standards and expectations, but also improving remuneration, working conditions and the status of the workforce in society.
- Supporting high-quality, independent programme evaluations to build the local and regional ECD evidence base. Understanding whether a programme or policy works or meets the needs of the target population and whether it is or can be implemented with fidelity is imperative to understanding what is meaningful to scale up or continue funding support.
- Fostering a policy environment that is focused on the needs of children and families. By centring policies and regulatory frameworks around the needs of children and their families, governments move away from siloed structures towards keen considerations on what is needed to support the whole child’s development.

Country findings

China

A total of 29 national Chinese policies and 63 ECD programmes were screened in for this study. Of the 63 programmes, 55 are delivered by non-governmental organisations, while the remaining eight are delivered by the government. The majority of programmes fall within the component of Opportunities for Early Learning, with an even distribution of programmes across the other four components. The policy structure of China is such that each national policy is then adapted for regional implementation, based on specific population needs or priorities. Therefore, in addition to the 29 national ECD policies, China also has 48 provincial level sub-policies within the select provinces. Only 14 of the 63 programmes have publicly available evaluations. Four provinces were also studied to provide additional insight and to account for the large geographical and economic diversity in China. These provinces were Guangdong, Qinghai, Yunnan, and Gansu. While the assessment of four geographies is by its nature limited in scope, it helps to illustrate some of the realities of service availability and implementation at a local level.

Strengths

Through its policy framework, which comprises 29 national ECD-related policies, China has demonstrated a deep policy commitment to improving the lives of mothers, infants, and young children. This has been paired with increased investments nationally to ensure that families, regardless of socioeconomic status, are able to access health services, through the national health insurance scheme, and early learning opportunities, through subsidies for preschool education. Furthermore, China has made rapid, important strides in reducing infant, under-five and maternal mortality rates through expanding pre-natal care and investing in healthcare infrastructure. This policy framework has dramatically expanded service provision and policy protections for huge numbers of people in the world's most populous country.

Gaps

Nonetheless, gaps persist. While the government has played a significant role nationally in closing crucial gaps in areas such as stunting reduction, health service provision, and access to preschool education, challenges remain at the local level due to a lack of local capacity, reliable data, physical inaccessibility, and need for adaptation of national programmes and policies to local contexts. This is exacerbated by a distinct urban-rural divide that affects multiple ECD sectors. Furthermore, issues such as maternal mental health and responsive and sensitive parenting currently lack local research that can help stakeholders gain a clear understanding of strengths, gaps, and areas for enhancement. Finally, there is also a need to ensure high quality, targeted training across the ECD workforce such that the needs of children and families can be adequately met.

Recommendations

In China, donors would be best placed to work closely with local and national government on commonly identified areas of need. The recommendations below focus on issues that cut across multiple NCF components. More detailed recommendations can be found in Chapter 4 - China.

- 1 Retain and train the ECD workforce:** With inconsistent training, low pay, and a lack of professionalisation across the workforce, China faces an urgent issue with retaining and improving quality of midwives, carers, community health nurses, educators, and the many others who interact with babies, young children, and their families. Donors may consider working with local service providers to develop evidence-based training content and ensure that this content is delivered through effective training approaches.

- 2 **Improve coordination across sectors:** Donors can consider ways to work with community-based service providers, families, and the local government to identify ways to improve service coordination and to streamline support for families.
- 3 **Strengthen data-driven decision making across the ECD sector:** The lack of reliable, up-to-date data affects all areas of ECD. High quality data and monitoring is an essential part of the evidence-based decision-making process, for both policymakers and programme providers. Donors should ensure that any programmes they fund have embedded mechanisms for evaluation and data monitoring, which can then be shared publicly in order to inform better-informed decision-making at both the programme and policy levels.

Indonesia

Indonesia is the world's largest archipelago and its fourth most populous country, with geographic spread across approximately 17,500 islands and 700 different ethnic groups that speak about 1,000 different languages or dialects, with attendant religious, cultural, and historical diversity. It is also a young and rapidly urbanising country: two-thirds of its population is between 15 and 64 years of age, and by 2030 it is estimated that the same proportion of people will live in urban settings.³

A total of 54 programmes and 19 policies relating to ECD were examined for this study. Both programmes and policies are represented within each component of the NCF indicating that all key areas of ECD are being addressed in the country. Four provinces – Nusa Tenggara Timur, West Java, Papua, and Riau Islands – were studied in further detail to provide additional insights to province-specific needs, service provision, and programmatic gaps. Most provinces benefited from both national programmes alongside programmes that were specifically designed and delivered for the local population.

Strengths

The Indonesian government has demonstrated a long-term commitment to the ECD sector, particularly since 2011, when the National Grand Design was established. This is evidenced by its commitment to reducing rates of stunting and the introduction of long-term strategies for early childhood care and education. Financial and strategic policies that aim to improve the early education sector, with a focus on improving the quality of the workforce, also demonstrate a national commitment to ECD. The government has also embedded strong inter-ministerial collaboration – so essential in this area of policy that crosses diverse sectors – to address complex, cross-sectoral issues such as stunting, integrated childcare, and early learning. The country also has a strong community base, with local stakeholders and organisations providing interventions and programmes to meet the needs of local children and families.

Gaps

The study found that while policies at the national level demonstrate significant strength and focus on early childhood, Indonesia's key challenge is programme implementation at the local level. While there has been a national emphasis on learning and development for the youngest children in Indonesia, this has come in tandem with increasing decentralisation of decision-making and programme implementation to the provinces, away from the national government, which complicates frontline provision. These challenges are complex, including inadequate capacity at local level, challenges with resource allocation – both human and budgetary – and local government prioritisation that does not always count ECD among its most urgent needs.

Recommendations

Given the thriving grassroots space in Indonesia, donors and stakeholders can contribute to advancing ECD and bolstering existing initiatives in Indonesia. The recommendations

below focus on the cross-cutting issues. More detailed recommendations can be found in Chapter 5 – Indonesia.

- 1 Scaling programmes and replicating approaches:** Donors might consider taking existing and effective programmes and interventions and working with partners to a) scale these programmes to new regions or new target populations, and/or b) apply effective programme elements to new initiatives.
- 2 Supporting greater awareness of the importance of aspects of nurturing care for babies and young children to enable integration into national policy priorities:** Building awareness and research on the importance of policies and programmes that support fathers and fatherhood should be a priority. It is well-evidenced that supporting fathers has a positive impact on women’s participation in the workforce, on reduction of domestic violence, and that it improves outcomes for children. Caregiver mental health is also known to be critical to children’s development, but in many geographies, including Indonesia, this area is not yet well reflected in policy.
- 3 Increasing advocacy efforts with project partners and local government to enhance data collection and monitoring efforts.** Donors are in a unique position of being able to provide catalytic support to enable the development of data systems; skills for data collection, analysis, and interpretation; and approaches to leveraging data in decision-making that can enable better governance and policymaking. Better and more complete data will contribute to evidence-informed decision making about where and how programmes need to be implemented, de-implemented, or modified to better meet the needs of the local population.
- 4 Play an active role in the coordination of civil society.** Our study reveals that there are areas of significant overlap in service provision, in part due to the lack of coordination between players in the sector. Expert interviews also focused on the need to bring key stakeholders together to ensure that efforts are not unnecessarily duplicated, leaving certain segments of the population or areas of the country without programmes or interventions.

The Philippines

The Republic of the Philippines is a sovereign state in archipelagic Southeast Asia, with over 7,600 islands spanning more than 300,000 square kilometres of territory. The Philippines has experienced rapid economic growth in the last decade⁴ and in 2019, the Philippines was one of the fastest-growing economies in the world. The Philippines has also experienced a rapid expansion of its workforce (ages 15-64). Given this backdrop, this is an opportune time for the country to allocate resources toward economic development and social services (education, health, and nutrition).³

A total of 76 programmes and 36 policies relating to ECD were examined for this study. There was an even distribution of ECD programmes across the five components of the NCF. The majority of the 36 ECD policies assessed were in the areas of Adequate Nutrition and Safety and Security. Four provinces were studied to provide additional insight: Cavite, Palawan, Mountain Province, and Basilan. These provinces benefited from both national programmes alongside programmes that were specifically designed and delivered for the local population.

Strengths

The Philippines government has demonstrated significant commitment to the early years through various legislation alongside the formation of the Early Childhood Care and Development (ECCD) Council. The Council, a government agency, addresses cross-cutting priorities in the areas of health, nutrition, early education, and social services for children

0-4 years old. In 2018, the ECCD Council, with the support of UNICEF, adopted the National ECCD Strategic Plan 2019-2030. Philippines also has developed broad-based comprehensive programmes, such as the Pantawid Pamilyang Pilipino Programme (4Ps) that seek to meet the diverse needs of young children and their families.

Gaps

The analysis of programmes and policies has identified areas in which the Philippines can continue to enhance and support ECD. Despite concerted government efforts through both policies and programmes, there are ongoing challenges with childhood malnutrition, overweight, and obesity. Uptake of childhood immunisations, particularly after the COVID-19 pandemic, is another area of ongoing concern. The lack of consistent data about maternal mental health, preschool enrolment, and child protection means that there is little clarity about the seriousness of these issues and which areas should be considered priorities. Furthermore, there is a need to ensure that the ECD workforce is adequately trained to engage with families and ensure appropriate support is provided to children, women, and families. Finally, while the government has put in place policies to ensure children and women are protected, there are gaps in implementation and enforcement.

Recommendations

Private philanthropists, institutional foundations, and donors can play an important part in improving lives of young children and families in the Philippines. In addition to the gaps discussed above, donors can play a role in addressing the cross-cutting issues that affect the entire ECD sector. The recommendations below focus on the cross-cutting issues. More detailed recommendations can be found in Chapter 6 – The Philippines.

- 1 Build the local knowledge base:** There are gaps in understanding of the impact of programmes and policies on families and young children. Donors can help to build this knowledge base by supporting organisations to conduct evaluations and working with local government units (LGUs) to embed learning into programme implementation. Donors can also advocate for the national government to strengthen policymaking in areas of most need.
- 2 Build the capacity of local government units:** While the government has demonstrated a commitment to ECD through national-level policies, the implementation of these policies through programme provision at the local level is the responsibility of the LGUs. Capacity and capability within LGUs can be significant barriers to programme implementation. Lack of adequate funding, shortages of trained staff, and insufficient knowledge about the importance of ECD interventions all have an impact on what is, or can be, implemented by LGUs.

Donors can help build capacity of LGUs by providing funding for training to build a skilled workforce, working with LGUs to conduct local needs analyses to understand the priorities of the local population, and working with LGUs to request required resources from the national government.

- 3 Strengthen data-driven decision making across the ECD sector:** The Philippines does not currently have consistent, periodic national surveys to collect household data and to understand shifts within families and communities. These shifts can affect ECD in significant ways, and having reliable data would aid in evidence-informed policy making. At the LGU level, methods of data collection are inconsistent and sometimes outdated. Within ECD, reliable local data is as important as national level data, especially considering that most programme delivery is conducted by the LGUs.

Donors can ensure that any programmes they fund have embedded mechanisms for evaluation and data monitoring, which can be shared publicly to inform decision-

making. Donors can also provide support to the programmes they fund to use data and evidence in decision making for programme sustainment or scale-up. Finally, donors can increase advocacy efforts at the national level to increase the consistent collection of data.

Singapore

Singapore has undergone a dramatic transformation in the last 60 years, taking the city-state from humble beginnings to the world's most globally competitive economy, boasting a highly skilled workforce ranked third in the world. These relatively rapid changes have been brought about through strong leadership, careful governance and policy planning, and a track record of strong implementation of these policies on the ground.

A total of 83 programmes, two services, and 13 policies relating to ECD were examined for this study. The majority of programmes (72 of 83) focused on the NCF component of Opportunities for Early Learning. The 13 policies spanned all areas of the NCF except Adequate Nutrition.

Strengths

The country's commitment to progress is evident in its ECD landscape. This is fuelled in part by advances in early childhood research. The government of Singapore has also committed to a national focus on child and maternal health and well-being to '...support our young achieve their maximum human development potential.'⁵ Furthermore, the government had made significant investments to infrastructure, workforce, and interventions to ensure that children and families are able to access quality programmes that are carefully regulated. Additionally, the government has put in put various financial and non-financial support, such as the Baby Bonus Cash Gift and extended paternity leave to support families.

Gaps

The research indicates that there are areas in which Singapore can continue to make progress in the ECD landscape. First, while the population in general enjoys the security of stable housing due in part to strong government policies, there are smaller groups of families with distinct needs who may still struggle with providing their children with safe and secure homes. Second, increasing concerns about obesity and overweight in young children point to the need to equip families with the right tools to access the 'right' kind of nutrition and instil healthy dietary habits for long term health.

In areas where Singapore has many services and programmes, for example in Good Health and Opportunities for Early Learning, the research indicates that coordination of and integration between programmes and providers may require additional attention. Due to circumstance, location, or other factors, some families may still not be able to access needed programmes and services. In other cases, families must navigate a complex system and may have less support than they need, leading to delays in access and intervention for identified issues. New government-led initiatives to address these issues through multi-agency taskforces has started the process of addressing these gaps.

Recommendations

Donors can play an important part in improving lives of young children and families in Singapore. In particular, donors can work with both the government and service providers to test and adapt effective programmes. The recommendations below focus on the cross-cutting issues found through the study. More detailed recommendations for each of the five NCF components can found in Chapter 7 – Singapore.

- 1 **Improving coordination of services across the ECD sector:** Donors can consider working with service providers, practitioners, and policymakers to identify ways in which to help families of young children navigate a comprehensive but sometimes complex system.
- 2 **Improving retention and quality of the ECD workforce.** Singapore, like many other countries, is facing a high rate of turnover and attrition of the ECD workforce. Donors can work with service providers and policymakers to support efforts to understand the reasons for turnover and attrition and can support programmes aimed at providing mental health services for staff in the ECD sector, as burnout and stress are frequently cited challenges.
- 3 **Strengthening data and monitoring systems.** High quality data and monitoring is an essential part of the evidence-based decision-making process, for both policymakers and programme providers. Donors can support the work of service providers to enhance data collection processes and encourage the ongoing sharing of data between service providers and policymakers. Donors can also work with researchers to identify areas in which data collection and monitoring can be improved or enhanced.

Conclusion

This report represents the first step in building a consolidated and coherent understanding of ECD programmes and policies across China, Indonesia, the Philippines, and Singapore. It does so by bringing together a comprehensive desktop search with insights from leading experts within each country. The analysis and subsequent country and regional recommendations present timely and relevant ways for donors and other interested stakeholders to strengthen the sector within each country and across the region. Additionally, this is a critical juncture for stakeholders to consider how they may work together to further regional ECD learning and collaboration.

How to read this report

The report on the ECD landscape in China, Indonesia, the Philippines, and Singapore presents the following detailed information:

- **Method:** Detailed information is provided about the method used to conduct the landscape study. This chapter also includes information about the state of the global ECD evidence for the region using the UNICEF-Campbell Mega Map.
- **Cross-cutting findings:** Findings that cut across all four countries are presented, with a focus on common strengths, gaps, and areas of opportunity for donors and other stakeholders at a regional level. The cross-cutting findings are common to at least three of the four countries included in the study.
- **Country specific chapters:** Findings for each country are presented in alphabetical order. Each chapter includes key cross-cutting recommendations, as well as specific recommendations pertaining to each NCF component, details on the ECD policies and programmes that were examined for the study, and information about all publicly available programme evaluations for shortlisted programmes. Detailed information for every shortlisted programme is provided in an appendix for each chapter.

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June 2023 II

Chapter 1

Introduction to the Study



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1. The case for investment in early childhood development

If we change the beginning of the story, we change the whole story.
— Raffi Cavoukian, Centre for Child Honouring, Canada¹

Early Childhood Development (ECD) lays the foundation for a child's physical, emotional, and intellectual well-being and is a strong predictor of long-term human development. Young children's healthy development depends on nurturing care, or the range of interventions encompassing good health, adequate nutrition, responsive caregiving, early learning opportunities, and safety and security in the context of families and communities, as well as through service providers.² What the youngest children learn and experience in the first few years of life carry a profound and lasting impact on their physical and mental health, and their capacity to learn and relate to others. These aspects of child development do not occur separately but are interconnected and in constant interaction. The example below focuses on this interactive nature in the context of education.

For instance, children's well-being both at school and in the family requires the development of positive connections between the two. This involves good communication between parents and children, good communication between parents and teachers, and the delivery of appropriate school-based support for children from disadvantaged family backgrounds.³

The interconnectivity across nurturing care has implications for how we should understand and look to improve children's lives and outcomes. Recent evidence and developments in the ECD landscape have shown that children need access to comprehensive programmes and services from before birth to the age of 6 that address health and developmental needs (including early education).⁴ Additionally, parents of young children need appropriate and timely supports in order to nurture their child's growth and development. In fact, the most powerful influencers on a child's development are their relationships with the adults in their life, including parents and other caregivers.

To be effective, these interventions should be evidence-informed, and need to be available and accessible to families. There has been increasing emphasis and importance placed (by government, organisational leaders, and early childhood practitioners) on the use of evidence to inform practice within the early childhood sector. To optimise outcomes for children and ensure resources are channelled to the most effective services, service providers should contextualise or develop programmes to enhance child and family outcomes, based on the best available research.

2. Regional context

Despite ECD being an increased focus of policy and service provision, it is unclear if children are receiving appropriate services in a timely manner or whether comprehensive suites of programmes and services are available to babies, young children, and their families to optimise development. Developments in healthcare, nutrition, and service provision across East Asia and the Pacific (EAP) have drastically improved the under-5 mortality rate. However, the most recent statistics available showed that in 2017, more than 230,000 children died in the first month of life in EAP.⁵ While this has been steadily decreasing since 1990, these deaths are primarily concentrated in Indonesia and the Philippines.

3. Aims and objectives

3.1. Purpose

The purpose of this study was to identify the current landscape of policy and service provision pertaining to ECD in China, Indonesia, the Philippines, and Singapore. These four countries were chosen as being those of particular interest to the donors of this study.

3.2. Objectives

The study objectives were to:

- 1 Provide comprehensive information to donors, service providers, and government agencies about what ECD policies, programmes and services are currently provided;
- 2 Identify gaps in the ECD system in each country with particular attention to the level of integration of policies, programmes, and services within the ECD landscape;
- 3 Provide recommendations for areas that require additional funding, programming, service integration, or evaluation, in order to strengthen the ECD landscape in each country.

The results of this study will help stakeholders, including existing and potential donors, policymakers, and programme developers to identify where new or enhanced programmes, policy, or funding may be required to enhance ECD or attain the desired outcomes for children and families in China, Indonesia, the Philippines, and Singapore. Opportunities for sector development, collaborative initiatives between stakeholders, and areas for enhanced ECD research and evaluation activities are also outlined in the findings of this study.

4. Guiding frameworks

The landscape study drew on two widely used ECD frameworks to guide data collection, synthesis, and reporting of ECD policies, services, and programmes: the Nurturing Care Framework (NCF) for Early Childhood Development (UNICEF and WHO) and the World Bank’s 25 Key Early Childhood Development Interventions.^{5,6} These frameworks were selected because they provide a comprehensive overview of the multisectoral policies, programmes, and services within ECD. The Nurturing Care Framework, in particular, has been widely adopted for the purposes of service provision, sector structure, and ECD evaluations. China, Indonesia, and the Philippines have used the NCF at various points since its launch, primarily to assess the current ECD situation in-country and identify areas for improvement or further investment. Both frameworks draw on research that emphasises the need for a multisector approach to ECD, and both frameworks are applicable to all countries included in the study. More detail about each framework is provided below.

4.1. Nurturing Care Framework

The Nurturing Care Framework for Early Childhood Development (NCF) is the key framework that guided this landscape study. With the seminal Early Childhood Development series published by the Lancet in 2016 as a backdrop, the NCF further explores and outlines the concept of nurturing care. Nurturing care is defined as the conditions across public policies, programmes and services that promote the holistic development and wellbeing of young children and families.⁶

Launched in 2018 in a collaboration between UNICEF and WHO, the NCF sets out a clear evidence base about how ECD unfolds and the policy and programmatic interventions that can improve ECD outcomes for young children, families, and the community.⁶ Through extensive consultation with policymakers, experts, and practitioners from 111 countries, and drawing from both the Global Strategy on Women’s, Children’s and Adolescent’s Health and the Sustainable Development Goals (SDGs), the NCF is a “framework for

helping children survive and thrive to transform health and human potential” that provides strategic directions to support holistic child development (p. 1). Primarily written for policymakers and programme managers at the national and local levels, the NCF provides guidance to identify the cross-sectoral needs for young children and their families, highlighting existing programmes that can be enhanced and further describing the actions that leaders need to take to enhance ECD.

The NCF (see Figure 4-1) captures the essential characteristics that enable the physical, emotional, social, and cognitive development of young children. It also emphasises the need for a whole-of-government and whole-of society approach to ensuring the youngest children can thrive. The components of the NCF are described in detail below.



Figure 4-1. Components of the Nurturing Care Framework

Note. From World Health Organization, United Nations Children’s Fund, & World Bank Group. (2018). *Nurturing care framework for early childhood development* (p. 12). Nurturing Care. Retrieved July 18, 2022, from <https://nurturing-care.org/ncf-for-ecd>

Adequate Nutrition

Adequate Nutrition refers to both the diet of the young child and the nutrition and health of the mother during and after pregnancy. At every stage of child development, from what mothers eat during pregnancy, through to breastfeeding and introduction to solid food, the right nutrition is crucial. Nutrients such as protein are vital to the growth of brain cells in the earliest years.⁷ For pregnant women, Adequate Nutrition includes supplements of micronutrients such as iron and folic acid. For young children, this includes the early initiation of breastfeeding, exclusive breastfeeding up to the age of 6 months, and adequate complementary foods that are diverse and contain the needed micronutrients for the rapid growth of an infant’s body and brain.⁸

Good Health

The component of Good Health focuses on the health and well-being of both young children and their caregivers. Good Health for children is defined as appropriate physical, cognitive, and emotional development; good hygiene; being in a safe environment; and having access to both promotive and preventive healthcare. Within the NCF, the focus on caregiver health recognises that responsive caregiving (care provided to support a child’s development, such as monitoring a child’s physical and emotional condition or utilising

promotive and preventive health services) is also dependent on the physical and mental well-being of the caregiver.

Opportunities for Early Learning

The NCF component of Opportunities for Early Learning includes any interaction (or the absence of) that an infant or young child has with a person, place or object in their environment. This encompasses policies and programmes covering access to and provision of high quality day care, pre-primary and primary education, and other related opportunities in the community or home for early learning. Additionally, this component goes beyond the formal care and education of young children outside the home, and includes the myriad ways in which young children learn, including in the home environment. For infants, this includes adult-child interactions such as eye contact, modelling, and imitation. Play helps stimulate children's minds and bodies. It also gives them an opportunity to practise social roles and learn about aspects of their culture and environment.⁹ Learning does not begin in childcare or kindergarten, but from conception and in the earliest years of life.

Responsive Caregiving

Responsive Caregiving refers primarily to the 'serve-and-return' interactions between caregivers and young children. The interactions within responsive caregiving should be mutually enjoyable, build an emotional bond that helps young children engage with and understand the world around them, and ensure the unique needs of the child are met. For infants, this includes responsive feeding where a mother responds to her infant's cues for both hunger and fullness, and feeds her infant when prompted.⁸ Additionally, responsive caregiving includes the understanding that caregivers develop of the child's movements, gestures and verbal requests, and their response to protect the child from injury, activities that enrich learning, and building trusting relationships.

Security and Safety

The NCF component of Security and Safety focuses on addressing the needs of the most vulnerable children and families, particularly addressing extreme poverty, environmental risks, and the maltreatment of children (including abuse, maltreatment, neglect, and child trafficking). For pregnant women and young children who are particularly vulnerable to environmental risks, this includes protection from air pollution and environmental chemicals. Additionally, the component considers the protection that children should receive from harsh punishments, such that they feel safe and secure, without high stress and mistrust towards adults.

4.2. 25 Key Early Childhood Development Interventions

The landscape study also utilised the 25 Key Early Childhood Development Interventions outlined by the World Bank to determine which components of parenting and early learning were accounted for within existing programs.⁴ The 25 Key ECD Interventions consolidates the evidence and work conducted by the World Bank to provide a straightforward guide for policymakers and programme developers on how best to invest in young children through five integrated packages essential to child growth and development (see Figure 4-2). While this framework is similar to the NCF, it provides more detail about the types of programmes and interventions across the birth to 6-year-old age range that should be provided or made available to families in the areas of nutrition, health, water and sanitation, education, and social protection.

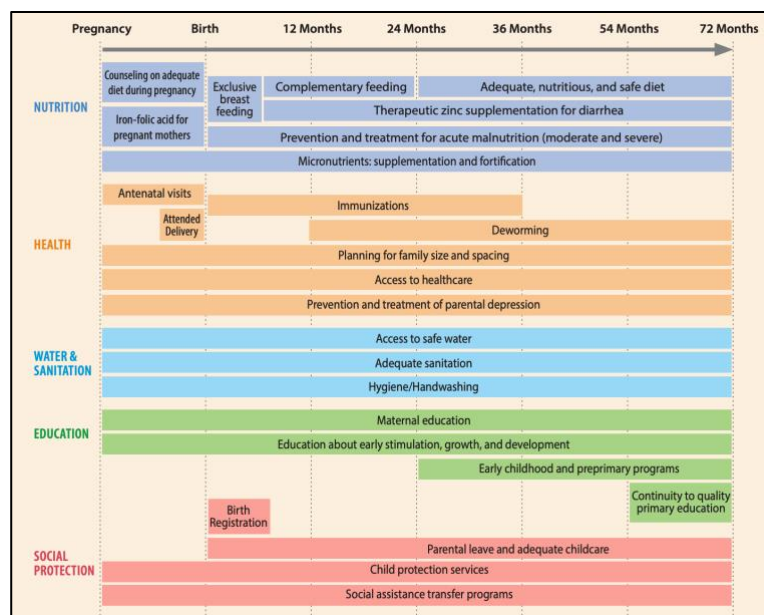


Figure 4-2. 25 Key Interventions for young children and their families

Note. From Denboba, A.D., Sayre, R.K., Wodon, Q.T., Elder, L.K., Rawlings, L.B., Lombardi, J. (2014). *Stepping Up Early Childhood Development: Investing in Young Children for High Returns* (p. 3). World Bank, Washington, D.C.

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Chapter 2

Method



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1. Approach

A landscape study approach was selected for this examination of ECD policies, programmes and interventions. A landscape study provides an overview of what is currently provided (policies and programmes) and highlights areas in which gaps may exist. This includes identifying areas of ECD that could benefit from increased programme provision, as well as opportunities for increased coordination between sectors, or between policies and programmes. Finally, by identifying what is known about programme evaluations, this landscape study provides recommendations for ways in which evaluation and evidence can be strengthened.

2. Study design

The landscape study used a mixed-methods approach to data collection using a combination of desk-based research and expert interviews. The study design was developed to provide a current and comprehensive landscape of ECD policies and programmes in each country. For all countries in the study, national level programmes and policies were examined. However, given the geographic and population diversity of China, Indonesia, and the Philippines, a further study of programmes and policies in selected provinces or regions was conducted. The provincial review provided additional depth to the landscape study by providing insights about how national policies have been implemented at the provincial level, the reach of programmes within and between provinces, and the programme and policy gaps at the provincial level. The following factors were considered when selecting the provinces for further study:

- Most populous province,
- Province with the largest land area,
- Least accessible province, and
- Province with the lowest Gross Regional Product (GRP).

The detailed methods of the landscape study are detailed below. The specific activities conducted to address each research question is provided in Table 2-1, below.

Table 2-1. Study activities and research questions

Research Question	Study Activities
What parenting and ECD policies, programmes and services are currently being implemented across each country aimed at families with children between the ages of 0 to 6 years?	Expert interviews; Desktop research
(For China, Indonesia, and the Philippines only) What parenting and ECD policies, programmes and services are currently being implemented in each of the selected provinces aimed at families with children between the ages of 0 to 6 years? ¹	
What gaps currently exist in the ECD policy and programme provision in each country when mapped against international frameworks?	Expert interviews; Desktop research, mapping programmes and services against the NCF and 25 Key Interventions
What evaluations have been undertaken of ECD programmes and services? ²	Desktop research

A sequential approach was used in this landscape study. The approach is adapted from a literature review methodology, setting a standard process for the identification of ECD programmes and policies, and the screening of identified programmes and policies for inclusion (i.e., does the programme target children aged between 0 and 6? Is it still operating?).

For the purposes of this study, ‘programme’ refers to any service, programme, intervention, or resource provided to, or made available for, children between birth to the age of 6 years and their families/caregivers.

Step 1: Initial identification of ECD programmes and policies

To conduct an initial identification of ECD programme and policies in each country, as well as to start building a list of experts to interview, the study team:

- Met with the study Advisory Group to request suggestions for experts to interview, and to outline the type of information that was required for the study. Where appropriate, this included the identification of experts in the selected provinces.
- Conducted interviews with donors and ECD experts from donor organisations

¹ This includes universal population-wide approaches as well as targeted programmes (e.g., for children with suspected or identified special needs).

² Where possible, information will be included about the scope of the evaluations (e.g., process, impact, economic) and effectiveness of programmes and services.

- Reviewed documents from donors, ECD experts, and other background literature provided by donors to develop baseline information about each country and the ECD sector
- Identified experts (individuals and organisations) for interviews based on conversations with donors and document reviews
- Identified key websites/databases to be searched for further information
- Created a preliminary list of ECD programmes and policies

In addition to information gathered from donor interviews and document reviews, websites of the following organisations were reviewed for each country to identify relevant information about programmes and policies (Table 2-2). The organisations were selected due to the extensive nature of their work in the region.

Table 2-2. Key organisations and websites

Organisation Type	Detail
Government	<p>Including ministries related to child protection, early learning, health and welfare</p> <p>Government websites (and those of specific ministries) were searched for information about both programmes and policies</p>
International Organisations	<p>Global Alliance for Improved Nutrition (GAIN), UNICEF, World Bank, World Health Organisation (WHO)</p> <p>These websites were searched for information about both programmes and policies</p>
Non-governmental Organisations	<p>CARE International, Plan International, Save the Children, SOS Children's Villages, World Vision International</p> <p>These websites were searched for information about programmes in each country</p>

Step 2: Conduct online searches to identify ECD programmes and policies

Once a preliminary list of programmes and policies was established (Step 1), an online search was conducted using the search strategy outlined in Table 2-3, below. The search was conducted using the Google search engine. The same strategy was used in the search for provincial programmes; the country name was replaced with the province name.

Table 2-3. Programme search strategy

Search	Search string
1	"early childhood"; "preschool"; "childcare"; "kindergarten" AND "early childhood intervention"; "programme OR program" AND "[country name]"
2	"maternal child health"; "health" AND "early childhood intervention"; "programme OR program" AND "[country name]"
3	"nutrition"; "breastfeeding" AND "early childhood intervention"; "programme OR program" AND "[country name]"
4	"safety"; "security" AND "early childhood intervention"; "programme OR program" AND "[country name]"
5	"early learning"; "early education" AND "early childhood intervention"; "programme OR program" AND "[country name]"
6	"responsive caregiving" AND "early childhood intervention"; "programme OR program" AND "[country name]"

The first 10 search result pages were reviewed for ECD programmes. Preliminary test searches indicated that relevant information was found in the first 10 pages and further pages provide repeated or irrelevant information. For the provincial searches, only the first five pages were reviewed as test searches indicated repeated or irrelevant information after these first five pages.

For policies, the search was conducted by examining the key government websites identified in Step 1. Using the laws and policies highlighted within the NCF to create enabling environments (see Table 2-4) as guidance, the search of key government websites was focused on the outlined laws, policies and services.

Table 2-4. Overview of laws, policies, and interventions

NCF Component	Laws and policies	Services and interventions
Adequate nutrition	<ul style="list-style-type: none"> The International Code of Marketing of Breastmilk Substitutes Baby-friendly Hospital Initiative 	<ul style="list-style-type: none"> Maternal nutrition Support for early initiation, exclusive breastfeeding and continued breastfeeding after 6 months Support for appropriate complementary feeding and for transition to a healthy family diet Micronutrient supplementation for mother and child, as needed

NCF Component	Laws and policies	Services and interventions
		<ul style="list-style-type: none"> Fortification of staple foods Growth monitoring and promotion, including intervention and referral when indicated Deworming Support for appropriate child feeding during illness Management of moderate and severe malnutrition as well as being overweight or obese
Good health	<ul style="list-style-type: none"> Universal health coverage 	<ul style="list-style-type: none"> Family planning Immunization for mothers and children Prevention and cessation of smoking, alcohol and substance use Prevention of mother-to-child transmission of HIV Support for caregivers' mental health Antenatal and childbirth care Prevention of preterm births Essential care for new-born babies, with extra care for small and sick babies Kangaroo care for low-birthweight babies Support for timely and appropriate care seeking for sick children Integrated management of childhood illness Early detection of disabling conditions (such as problems with sight and hearing) Care for children with developmental difficulties and disabilities
Opportunities for early learning	<ul style="list-style-type: none"> Universal access to good quality day care for children, as well as pre-primary and primary education 	<ul style="list-style-type: none"> Information, support and counselling about opportunities for early learning, including the use of common household objects and home-made toys Play, reading and story-telling groups for caregivers and children Book sharing Mobile toy and book libraries Good-quality day care for children, and pre-primary education Storytelling of elders with children Using local language in children's daily care
Responsive caregiving	<ul style="list-style-type: none"> Paid parental leave Affordable childcare services 	<ul style="list-style-type: none"> Skin-to-skin contact immediately after birth Kangaroo care for low-birthweight babies

NCF Component	Laws and policies	Services and interventions
	<ul style="list-style-type: none"> Urban design 	<ul style="list-style-type: none"> Rooming-in for mothers and young infants, and feeding on demand Responsive feeding Interventions that encourage play and communication activities of caregiver with the child Interventions to promote caregiver sensitivity and responsiveness to children's cues Support for caregivers' mental health Involving fathers, extended family and other partners Social support from families, community groups and faith communities
Security and safety	<ul style="list-style-type: none"> Social protection and social services Minimum wage 	<ul style="list-style-type: none"> Birth registration Provision of safe water and sanitation Good hygiene practices – at home, at work and in the community Prevention and reduction of indoor and outdoor air pollution Clean environments free of hazardous chemicals Safe family and play spaces in urban and rural areas Prevention of violence by intimate partners and in families, as well as services for addressing it Social care services Cash or in-kind transfers and social insurance Supporting family care and foster care over institutional care

Step 3: Extract and collate programme information

Programme information found in Step 2 was collated in a data extraction spreadsheet that included:

- type of ECD programme
- type of provider (e.g., government, non-governmental organisation, other)
- funding source
- target group(s)
- target outcome(s)

Policy information found in Step 2 was collated in a data extraction spreadsheet that included:

- Year implemented

- Related government ministry/department
- Description of policy and any related laws

Step 4: Screening for inclusion

Programmes identified in the previous steps were screened for inclusion in the study using the decision tree illustrated in Figure 2-1. The decision tree incorporates the key inclusion criteria for both programmes and policies. In cases where identified programmes did not have an active ‘intervention’ component but were publicly available resources for parents/caregivers or families, these were listed as ‘resources’ rather than programmes.

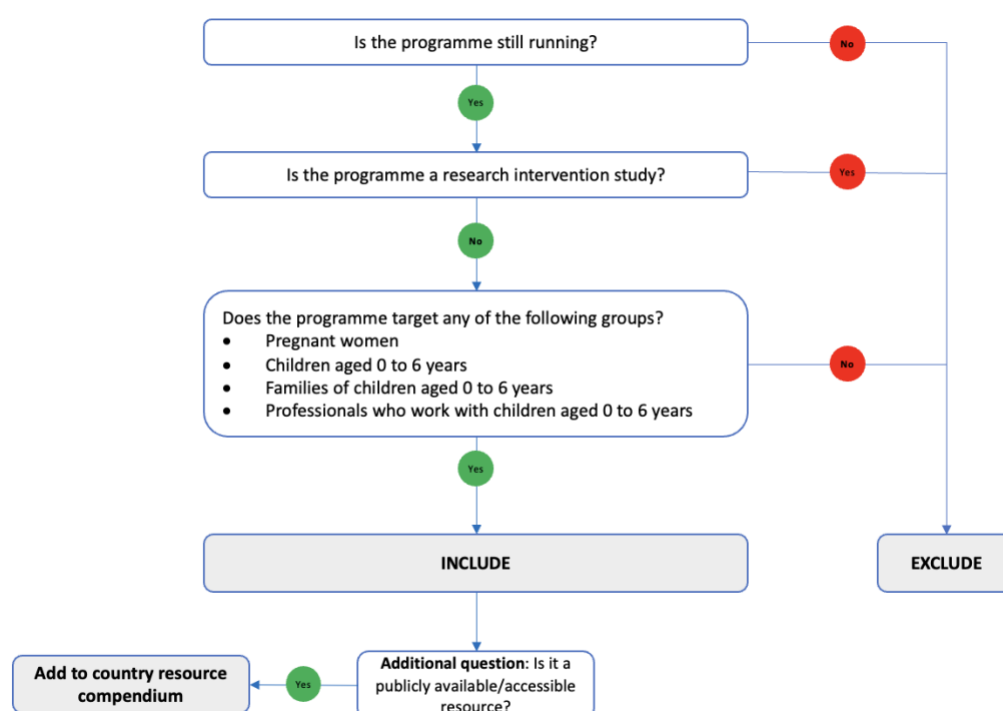


Figure 2-1. Inclusion decision tree

All programmes that met the inclusion criteria were shortlisted for further examination.

Step 5: Map programmes and policies

Once a shortlist of programmes and policies was established, each shortlisted programme and policy was mapped to the NCF and 25 Key Interventions frameworks. Mapping to frameworks provided an overview of which component(s) was/were represented by each programme and policy. In cases where programmes covered more than one component, detailed information was extracted about which element of the programme or policy mapped to which component of the framework.

The relationship between the NCF and the 25 Key Interventions frameworks is illustrated in Table 2-5, below. Not all interventions listed in the table were applicable to every country in the study; in these cases, adaptations were made to fit the context and were explained in the relevant country chapter.

Table 2-5. Mapping NCF components to 25 Key Interventions

NCF Components	World Bank Interventions
Adequate Nutrition	<ul style="list-style-type: none"> Counselling on adequate diet during pregnancy Iron-folic acid for pregnant mothers Exclusive breastfeeding Complementary feeding Adequate, nutritious, and safe diet Prevention and treatment for acute malnutrition Micronutrients
Good Health	<ul style="list-style-type: none"> Antenatal visits Attended delivery Immunisations Deworming Family planning Access to healthcare Prevention and treatment of parental depression Hygiene and handwashing
Opportunities for Early Learning	<ul style="list-style-type: none"> Maternal education Education about early stimulation, growth, and development Early childhood and pre-primary programmes Continuity to quality primary education
Responsive Caregiving³	<ul style="list-style-type: none"> Family planning Prevention and treatment of parental depression Maternal education Education about early stimulation, growth, and development
Security and Safety	<ul style="list-style-type: none"> Birth registration Parental leave and adequate childcare Child protection services Social assistance transfer programmes Access to safe water Adequate sanitation

Step 6: Expert interviews

Interviews with key experts involved in ECD programmes and policies were conducted to supplement information gathered in the desktop research. The intent of these interviews was to ensure that all relevant policies and programmes had been identified, and to gain insight into the ECD landscape from varying perspectives. Efforts were made to ensure balanced inclusion of experts with expertise in policy and programming. The aim was to interview up to five experts in the area of ECD programmes, and up to five in the area of ECD policy for each country. If an expert had insight into both programmes and policies, the interview covered both areas. In countries where provincial information was included, an additional two to three experts were invited for interviews for each province.

Experts were identified in Step 1, as well as through the desktop research in Step 3. Where needed, a snowball technique was used by asking identified experts during interviews to

³ Within this component, the related interventions are drawn from the other areas of key interventions and should also include quality childcare and parent support groups.

recommend other key individuals who could be included in the study, or who could provide insight into a specific programmatic or policy area.

Interview questions were developed using the NCF and 25 Key Interventions frameworks. Questions included, but were not be limited to, current programmes and interventions, ECD policies, evaluations of impact and effectiveness, and overall perceptions of the impact of ECD programmes and policies. Interviews were conducted online and lasted between 30 and 45 minutes.

Individuals included in the expert interviews were sent the shortlist of programmes and policies for the relevant country ahead of the interview. If any additional programmes or policies were identified during the interview, these were added to the shortlist. Further searches about the programme were conducted to ensure all relevant information, as outlined above, was included in the programme and policy spreadsheet.

Step 7a: Mapping to the UNICEF-Campbell Mega-map¹

To provide an overview of the evidence for ECD interventions and outcomes in the region, the interactive [Mega-map](#) was examined in March 2023. The Mega-map of systematic reviews and evidence and gap maps (EGMs) published by UNICEF and the Campbell Collaboration (Mega-map) examines interventions to improve child well-being in low- and middle-income countries. The Mega-map includes 356 studies - 536 systematic reviews and 25 EGMs. Included studies in the initial had participants who were between 0 and 18 years and were conducted in low- or middle-income countries. The Mega-map is updated annually with new evidence.

When searching the interactive map, results were filtered to only include systematic reviews and EGMs that included the East Asia and Pacific region.

The intervention domains in the Mega-map are:

- Early childhood development
- Health and nutrition
- Education
- Social work and welfare
- Social protection
- Environmental health including WASH
- Governance

The outcomes in the Mega-map are:

- Health impacts
- Healthy development
- Learning and development
- Risk factor reduction
- Safety

- Equity
- Economic impact

Once the filter was applied, a summary of evidence was created, indicating the strength of the evidence in each intervention and outcome category. The data from this mapping exercise was triangulated with data collected for each country.

Step 7b: Identify evaluations

For each shortlisted programme in each country, a search was conducted for existing, publicly available evaluations. The search was conducted on programme websites (if available), and from key databases and repositories of peer-reviewed evaluations:

- Education: ERIC, Social Science Premium Collection
- Medicine/Nursing: The Cochrane Library, CINAHL Complete
- Psychology: PsycINFO, Academic Search Complete
- Public health: Global Health

Detailed information from available evaluations was added to the data extraction spreadsheet, including links to any original reports or articles. Extracted information included:

- source of evaluation
- summary of evaluation
- study design and methods
- study findings

Step 8: Data synthesis

Data was synthesised to provide an overall summary of the landscape of ECD programmes and policies in each country, and where relevant, each province. This information was synthesised to provide information that:

- uses the NCF and 25 Key Interventions to identify the strengths and gaps in current ECD programmes and policies.
- identifies which programmes have an evaluation or evidence of effectiveness.
- indicates where there is a lack of evidence for programmes or interventions and a need for further evaluations and programme and sector strengthening.

Step 9: Recommendations

Based on the data synthesis, in particular the examination of gaps in the ECD programme and policy landscape, recommendations were provided on ways to strengthen the ECD sector. The recommendations were focused on ways in which donors could be actively engaged in sector strengthening activities and based on both the current landscape and the best available evidence for ECD programmes.

3. Project scope and limitations

The key aims of the methods employed for this landscape study were to ensure rigour and comprehensiveness of findings. There are some limitations inherent in the study that are summarised below.

- Some ECD programmes may have been missed through our search strategies. This is particularly true of smaller, regional, or provincial programmes that do not have public websites, only operate in local languages, or are not known to experts interviewed in this study.
- It is possible that some of the programmes included in this study have been evaluated, but the findings of these evaluations are not publicly available. Only evaluations in the public domain were included in this report.
- The information about evaluations and the state of the evidence for ECD interventions based on the Mega-map provide a limited view into the value of ECD programmes across the region. Some interventions have yet to be studied extensively but may still be worth implementing or piloting.

4. Guide to the report

The report that follows first provides a summary of cross-cutting findings across the region based on data gathered in China, Indonesia, the Philippines, and Singapore. We first discuss common strengths, then opportunities for action across the region, followed by regional recommendations.

The following four chapters provide specific information on each country:

- 1 China
- 2 Indonesia
- 3 Philippines
- 4 Singapore

In each country chapter, recommendations are followed by detailed information pertaining to the three research questions that guided this study. Complete lists of policies and programmes for each country are included as Appendices at the end of the report.

References

1 Saran, A., White, H., Albright, K., & Adona, J. (2020). Mega-map of systematic reviews and evidence and gap maps on the interventions to improve child well-being in low- and middle-income countries. *Campbell Systematic Reviews*, 16(4). <https://doi.org/10.1002/cl2.1116>

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Chapter 3

Cross-Country Findings



Centre for
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1. Executive Summary

The landscape study provides an in-depth exploration of the state of early childhood development (ECD) policies and programmes in China, Indonesia, the Philippines, and Singapore. Each country chapter provides detailed findings, a discussion of gaps and opportunities, and recommendations for ECD system strengthening. This chapter provides an overview of cross-cutting findings at a regional level. Regional ECD strengths, gaps, and opportunities for funders and other stakeholders are based on the analysis of areas of commonality across the four countries included in this study.

Regional Strengths

By examining the findings across each of the four countries, the following regional strengths emerged:

- 1 There is an increasing focus from local and national governments, donors and other stakeholders, on providing support to children, families, and the community, with the end goal of ensuring holistic and high-quality nurturing care for all children.
- 2 There is increasing focus on improving the practices of sensitive parenting and responsive caregiving. Various experts interviewed for the study noted that this is an area that requires further attention and governments, together with frontline practitioners, are seeking out innovative programme design and content to strengthen this aspect of ECD.
- 3 There has been an increase in financial investment in young children, families, and communities to improve ECD. The level of funding varies across the public and private sectors, and is often a blend of the two.

Regional Gaps

Despite the vast differences between the four countries in this landscape study, there are common gaps in ECD programme provision. Each of the gaps identified below are common across at least three of the four countries, and in some cases, in all four countries. The

gaps discussed below are organised by components of the Nurturing Care Framework (NCF).

- 1 Adequate nutrition:** While some progress has been made towards reducing the incidence of stunting, it remains a critical issue in China, Indonesia, and the Philippines. Stunting and acute malnutrition have long term consequences on later health and social outcomes at both an individual and societal level. At the other end of the spectrum, prevalence of overweight and obesity in childhood is an urgent emerging issue in all four countries. This double burden points to systemic and community-based gaps. Families with young children require access to nutritious food, but also require clear and consistent information about healthy dietary habits and how to support these in their young children.
- 2 Good health:** In China, Indonesia, and the Philippines, ensuring equity of access to health centres is challenging, especially in hard-to-reach areas. These include rural and remote regions. Poor access has led to decreasing rates of routine immunisation in children and reduced healthcare-seeking behaviours by families in some areas. Another common gap in these three countries is the lack of availability and retention of a trained healthcare workforce.
- 3 Opportunities for early learning:** In all four countries, there is a gap in understanding of the home learning environment. This refers to the opportunities and access afforded to young children for developmental stimulation that is vital to ECD. In China, Indonesia, and the Philippines, the urban-rural divide has led to disparities in quality, funding, and manpower provisions for early learning. All four countries continue to experience high turnover rates for ECD practitioners, with China, Indonesia, and the Philippines facing additional challenges with training enough high-quality educators.
- 4 Responsive caregiving:** While all four countries in the study have amended policies to provide increased access to parental leave, its adoption has not been widespread by new parents. Further examination may be required of the factors that prevent parents from taking leave to determine what more may be required at a policy level to ensure equal access to parental leave benefits. More support is also needed to encourage fathers to increase caregiving support by using their parental leave allowances.
- 5 Security and safety:** Ensuring the safety of the most vulnerable groups of children and families is challenging as they are also often the hardest to reach. In China, Indonesia, and the Philippines, the enforcement of policies aimed at improving safety and security has also been challenging. Lack of birth registration is an issue in some regions, particularly more remote or inaccessible ones. It has far-reaching consequences for young children, leaving them vulnerable to exploitation and abuse.

In addition to the gaps outlined above, the study revealed cross-cutting gaps that are related to several components of the NCF. These include:

- missing or unreliable data to inform policy and programmatic decisions
- the need for stronger coordination across government ministries to ensure more consistent policy implementation
- the need for improved and standardised training of ECD practitioners
- a lack of adequate local research to provide contextualised insights about ECD
- little understanding about the needs of fathers, grandparents, and other caregivers, and ways in which to better engage them in ECD

- a need for more focus on ways to support the physical and mental health of all caregivers.

Campbell Mega-Map

To provide an overview about the available evidence syntheses for ECD interventions and outcomes across the four countries in this study, the team examined the Campbell-UNICEF Mega-map. The Mega-map is an interactive, online resource that is updated annually with systematic reviews and evidence and gap maps.

Using geographic filters to ensure inclusion of countries relevant to the study, the Mega-map showed that the highest quality systematic reviews (largest number of high confidence systematic reviews) are in the intervention domains of Early Childhood Development and Health and Nutrition that target Health Impacts and Healthy Development outcomes. Conversely, there is relatively little research available about governance-focused interventions across all areas of child outcomes. This does not suggest that governance-based interventions are ineffective; rather this is a gap that requires the generation of more high-quality evidence. The map also highlights that comparatively little has been studied about the impact of childhood interventions on equity. Similarly, relatively little is known about the economic impact of childhood interventions.

Recommendations

The regional recommendations are based on the analysis of regional strengths and gaps. This also includes strategic opportunities for consideration by donors and other stakeholders to contribute to ECD sector strengthening.

- 1 Support the generation and use of data that is accurate, linked, and readily available to stakeholders and system actors. This can be done by supporting system actors and stakeholders to improve data collection and management systems, as well as by implementing consistent data collection methods across donor-funded programmes.
- 2 Ensure effective coordination among stakeholders and system actors. Opportunities to act on this recommendation include encouraging cross-sectoral dialogue and supporting the coordination across the ECD sector on the ground.
- 3 Developing a sufficient and well-trained workforce that is recognised by the community. Regionally, this can be supported through cross-country exchanges on best practice in training and development. Locally, this could be encouraged through support for communities of practice among practitioners.
- 4 Support strong, independently conducted evaluations to contribute to the evidence base both locally and regionally. Additionally, there are opportunities to conduct evidence synthesis research on specific topics of interest across the region.
- 5 Foster a policy and regulatory environment that centres the needs of children and families. This could be done through supporting the exposure and introduction of ECD research to policymakers and engaging these groups and other key stakeholders in dialogue on topics of interest.

This chapter identifies and summarises a set of strengths, gaps, and areas of opportunity across China, Indonesia, the Philippines and Singapore. It presents a set of actions that donors and other stakeholders can take on a regional and/or local level to strengthen ECD policy and service provision such that young children, parents, and their families can have their needs met and realise opportunities for better long-term outcomes.

2. Introduction

This study looks in depth at the situation of early childhood development (ECD) in China, Indonesia, the Philippines, and Singapore. Many readers will have interest in this perspective, and on how they can address issues particular to a given context. However, there is also value in “zooming out” to secure a more holistic and regional perspective. What are the strengths, gaps, and opportunities for ECD if we examine findings across the four different countries. What might this suggest for donors, researchers, and non-governmental bodies interested in addressing priorities for the region, and for governments in work they might pursue in cooperation with other parties?

The following chapter addresses regional strengths, gaps, and opportunities by surfacing themes that emerge from the research. While the coverage of four Asian countries (at the time of first publication in 2023) means that this is a limited view of the region, even this partial perspective can provide useful guidance for those interested in taking action to support better outcomes for babies, young children, and their families.

3. Strengths Across the Region

The landscape study examined the ECD programmes and policies in each of the four countries included in the study. In addition, we examined findings to identify strengths, gaps, and opportunities common across the region. In this section, we highlight three regional strengths and provide country-specific examples of each.

3.1. Strong focus on children, families, and the community around them

In the provision of nurturing care to young children, families need to be supported by the community around them. This includes, but is not limited to: grandparents, community members, and childcare or school staff. Across the four countries, the study reveals an increasing focus on providing support to children, families, and the community, with the end goal of ensuring holistic and high-quality nurturing care for all children.

This focus was observed not just in government commitments, but also in the shifting focus of donors, academics, NGOs, and the frontline workforce. We share three examples from China, Indonesia and the Philippines of how a variety of stakeholders have increased their focus on children, families, and the community in order to provide more support for ECD.

Long-term policies and programmes focused on children, women, and families



As a demonstration of its commitment towards children, women, and their families, in its 14th Five-Year Plan (for the years 2021-2025) China has included several areas of focus intended to improve the ECD sector.¹ This includes strategic plans for:

- Creating an inclusive childcare service system together with improvements to childcare policy provisions.
- Strengthening support and guidance for family care and community services, while equipping parents with relevant parenting and child development evidence and information.
- Implementing policies to complement kindergartens in urban communities, actively developing infant and childcare service provision, encouraging employers to provide infant care services, and encouraging kindergartens to develop integrated childcare services.
- Promoting professional, standardised development of infant care services and improving the quality of childcare.
- Increasing support to marginalised groups, such as orphans, left-behind children, and children who live in remote or poverty-stricken areas.

The government also intends to implement several other development plans:

- The Outline for Women's Development in China (2021-2030), which covers eight areas including health, education, and the economy.²
- The Outline on the Development of Chinese Children (2021-2030), which focuses on children's health, safety, and education, among others.²
- A new action plan by the National Health Commission (NHC), which plans to improve child health from 2021 to 2025.³ It targets seven key areas, such as increasing the percentage of infants who are exclusively breastfed and reducing growth retardation rate among children under five. Services for new-born safety, birth defects prevention, healthcare, and early childhood development are also included.

Beyond these plans, the Chinese Government has also committed to supporting the construction of more healthcare and educational facilities – this comprises childcare service facilities, national paediatric centres, and inclusive nursery facilities.

Strong inter-ministerial collaboration



Indonesia has strong central government support, with many policies spanning multiple government ministries, in order to ensure that all children receive the same opportunities.

If a programme is in the national plan, it needs to be reflected in all ministry plans. Moreover, there is a push for synchronisation and collaboration across ministries, to support better alignment on desired policy outcomes and, eventually, better outcomes for children.

There are several examples of multi-ministry collaboration in Indonesia. The policies addressing stunting and nutrition programmes stem from 23 government ministries, including but not limited to the Ministry of Health, Ministry of Social Affairs, and the Ministry of Villages, Disadvantaged Regions Development and Transmigration. This is in line with global best practice to ensure children and caregivers are provided with meaningful, holistic support.

The Ministries of Health, Education, Religious Affairs, and Home Affairs came together to sign a Joint Decree in 2014 to establish School Health Units across all government-run schools, consolidated under a multi-ministry Steering Committee. This is significant because it demonstrates the importance placed by the government on good child health and improving access to healthcare. Religious schools and preschools are included within this policy.

One of the most significant demonstrations of multi-ministry cooperation is the National Strategy for Holistic Integrated Early Childhood Development (known as HI-ECD or PAUD HI), implemented in 2008, as a strategic policy to improve the quality of ECCE services. This policy forms the legal foundation for the development of an integrated holistic programme for young children, as well as the standardisation of programme implementation with schools and the community. Within the holistic integrated approach, ECD services are not only confined to education, but encompass health and services related to care and child protection.⁴

Broad-based support for breastfeeding



Over the last 35 years, various stakeholders in the Philippines have targeted increased support and promotion of breastfeeding practices across the country. From a policy perspective, the country has concurrently reviewed and adapted its policies.

- In 1986, the Philippines was one of the first countries to pass legislation ('the Milk Code'), adopting the International Code of Marketing of Breastmilk Substitutes, through a set of legally binding measures that regulated the marketing, quality, and availability of breastmilk substitutes.
- In 1992, the country passed legislation on co-rooming of mothers and newborn infants, with a focus on encouraging breastfeeding in the first few hours of life. This was in line with the global Baby-friendly Hospital Initiative (BFHI).

- In 2009, the Philippines expanded the legislation to include mandates to support breastfeeding through workplace policies and accommodations.

In 2003, only half of mothers initiated breastfeeding in the first hour of life, while only 16% of infants were exclusively breastfed at 4-5 months of age.⁵ By 2022, this had increased to 86% of mothers initiating breastfeeding immediately after birth, and 21% of infants were exclusively breastfed until 6 months of age.⁶

In addition to government policies, a coalition was formed of over 150 national NGOs, 100 international non-profit organisations, and concerned individuals, together with the support of United Nations agencies.⁷ This coalition actively monitors the private sector's adherence to the Milk Code. Furthermore, the Human Milk Bank programme was established to ensure that individuals in need could access safe human milk. At least six other programmes shortlisted in the study also seek to improve breastfeeding rates and practices across the population.

The support for breastfeeding in the Philippines did not just focus on the mother or child, but also on the enabling environment, including the family, the hospital, workplace, and public spaces.

3.2. Increasing attention to sensitive parenting and responsive caregiving

Regionally, there is increasing focus on improving the practices of sensitive parenting and responsive caregiving. Across the expert interviews in each country, responsive caregiving and parent-child interactions were mentioned as areas that urgently require further attention, not just from the government, but also through programme provision, frontline practitioners, and increased awareness among caregivers. However, the growing interest in this area has not yet translated into strong or consistent programmatic offerings or policy changes in all countries.

This nascent interest does present opportunities for innovative programme design and content, as well as for catalytic funding. Indonesia and the Philippines have some examples of parenting programmes. However, more will need to be done to understand the effectiveness and impact of these, and other, programmes, such that they can be scaled up to reach a larger proportion of children and families.

Innovative programmes to engage parents in Indonesia



Despite the lack of policies to support parents in Indonesia, there has been a number of innovative programmes from both government and NGO stakeholders to engage and equip parents with the necessary skills to improve parent-child interactions and child

development. This is done by addressing the greatest needs or concerns that parents may have. Below, we highlight three main examples:

- **Emo-Demos:** Taking a behavioural approach, the mobile application uses interactive activities to equip caregivers with health and nutrition information. By intentionally avoiding teaching about health, the programme utilises behavioural techniques to improve caregiver awareness and practices.
- **Parenting Financial Literacy Module:** Developed by UNICEF, this programme seeks to provide parents with financial literacy education and information, such that they are able to provide a stable and secure home environment. This further complements the ability of parents to provide responsive and nurturing care.
- **SIGAP – Rumah Anak:** Through a holistic and multi-pronged approach, the programme, led by the Tanoto Foundation and in collaboration with local governments, supports parents from pregnancy through to the early years of life. Parents are supported through home visits, family consultations and parenting activities, with members of the community as key facilitators.

The three programmes highlighted here show various approaches to engaging children and families, and how to shift parental behaviours to be more nurturing and responsive.

Parenting programmes in the Philippines



The provision of parenting support has gained momentum in the Philippines, with widespread support from various stakeholders, including the federal and local governments and NGOs. The majority of programmes identified in the landscape study within the component of Responsive Caregiving aim to equip parents with necessary parenting skills. Furthermore, these programmes use different approaches to reach specific populations. Below, we highlight three main examples:

- **Family Welfare Programme:** The government-run programme seeks to introduce the concept of promoting the welfare of workers and their families as a key to workplace productivity and improved worker-management relations. It is also an advocacy programme that draws corporate support in promoting workers' quality of life by adopting a family-centred approach in the workplace.
- **iMulat app:** The iMulat app was developed by Save the Children to complement the First Read programme in the Philippines that sought to equip parents with emergent literacy and numeracy skills. The app contains ten topics related to home-based mentoring on emergent literacy and numeracy. Key concepts about the topics are

briefly discussed, followed by an easy-to-follow step-by-step guide on how parents and caregivers can apply what they have learned at home.

- **Masayang Pamilya (Parenting for Lifelong Health):** Parenting for Lifelong Health for Young Children (PLH for Young Children) is a group-based parenting programme that aims to establish and sustain nurturing relationships between parents and caregivers and their children ages 2-9 years, and thereby prevent and reduce the risk of violence against children and maltreatment at home and in the community. In the Philippines, the programme is embedded in a cash transfer system in low-income urban areas.

The three programmes highlighted above demonstrate how pairing parenting content and support with existing needs (e.g., workplace productivity, a reading programme, or reducing violence in the home) can make it more meaningful for caregivers and providers to engage with the content.

3.3. Upward trend of public and private investment in ECD

In all four countries in the landscape study, there has been an increase in financial investment in young children, families, and communities to improve ECD. This funding varies across the public and private sectors, often being a blend of the two. While each country is at a different stage of investment in ECD, there is alignment regionally in a desire and push toward more comprehensive ECD service provision, delivered by a higher quality workforce to better meet the needs of children and their families. Examples of increased investment in China and Singapore are provided below.

Reducing infant, under-five, and maternal mortality



China has achieved the Millennium Development Goals (MDGs) of reducing under-five mortality rate by two thirds and maternal mortality rates by three quarters by 2015.⁸

One of the key contributors to reducing maternal mortality is the ‘Jiangxiao’ Project, implemented since 2000, which paved the way for the national roll-out of subsidised hospital delivery for pregnant women in rural areas in 2009.⁹ This has reduced out-of-pocket expenditure for families so an increased number of women can seek safe delivery services at health institutions. The policy has also played a pivotal role in narrowing the urban-rural gap in maternal mortality.

To reduce under-five child mortality rates, the Chinese government has implemented two key measures. First, free national pre-pregnancy physical examinations provided in all counties has reduced the incidence of birth defects. As another measure to prevent birth

defects, since 2009, China has also provided free folic acid supplements to all women in rural areas before pregnancy and during the first trimester.

The government has implemented various national policies to reduce maternal and under-five mortality. This includes national laws such as Law on Maternal and Infant Health Care, Mother and Child Safety Action Enhancement Plan (2021-2025) and Action Plan for Healthy Children (2021-2025). These aim to safeguard and promote high-quality healthcare services for mothers and children, reduce mortality rates, and improve the health of mothers and children. Other wider national laws, such as Healthy China 2030, the Outline for Children's Development in China (2021-2030), the Outline for Women's Development in China (2021-2030), and the National Health Plan for the Fourteenth Five Year Plan, are aimed at improving the quality of life of people in China in various aspects, and they have also advanced maternal and child health.

Long-term investments in ECD



Singapore has made continuous and significant investments into the ECD sector. Over the past decade, public spending has grown six-fold, from \$320 million in FY2013 to about \$1.9 billion in FY2022.¹⁰ These investments and subsidies have had a tangible impact on preschool enrolment rates, early intervention services, and manpower resources.

In 2013, the Ministry of Education (MOE) and Ministry of Social and Family Development (MSF) launched the Early Childhood Development Agency (ECDA), a regulatory and developmental body that oversees key aspects of early child development. This includes regulating early childhood programmes, facilitating the training and continuing development of ECD professionals, and providing subsidies to keep quality pre-school programmes affordable for all families. The establishment of ECDA is an example of the government's efforts to further develop the ECD sector.

In Singapore's Budget 2023, it was announced that several measures would provide further assistance for families, such as:

- Increasing the Baby Bonus Cash Gift by \$3,000 for all eligible Singaporean children, from \$8,000 to \$11,000. The third child onwards will receive an increased amount of \$13,000 (from \$10,000). This cash payout provides regular financial support to parents from birth till the child turns six-and-a-half years old.
- Scaling up KidSTART, a programme that provides upstream support for pregnant mothers and young children from lower-income families. It is expected that the programme will support 80% of eligible children in lower-income families by the end of 2023.
- Doubling government-paid paternity leave from two to four weeks for eligible working fathers of Singaporean children born on or after 1 January 2024.

- Increasing Unpaid Infant Care Leave for each parent in a child's first two years, from the current six days per year to 12 days per year.

The increased investments do not just provide support to families (i.e., cash grants, tax reliefs, and leave benefits) but also contribute to a stronger foundation of service provision, including the funding of programmes like KidSTART.

4. Gaps Across the Region

There has been an intense period of public policy reform in ECD across the region, with major policy and programmatic pushes from governments to support the healthy growth and development of babies and children. This existing baseline of activity provides strong opportunities for action, with public sector buy-in for ongoing work to improve outcomes. The section that follows explores the gaps in ECD programme provision that are common across geographies.

The four countries that were selected for the regional study have vastly different population sizes, gross domestic products (GDPs), economic growth rates, ethnic groups, cultural groups, and geographical characteristics. Unsurprisingly, they therefore have very different ECD landscapes, with diverse gaps and opportunities found in each. Indonesia and the Philippines are perhaps the most similar because of their geography: both are archipelagos spread out over large geographic regions and face challenges in providing ECD services in a rapid and consistent manner across their many islands. In other respects, there are similarities between China, Indonesia, and the Philippines, which are all rapidly urbanising countries. All three also have a decentralised model of governance, which can create challenges for effective implementation of regulatory frameworks and policies conceived by central government and then implemented at a provincial level.

Despite their differences, however, the study identified gaps in ECD programme provision that are common across the four countries. These are explored using the domains of the Nurturing Care Framework (NCF) in what follows. Moreover, there are cross-cutting issues for consideration which are common across geographies. These include a lack of up-to-date and accurate data in several areas of ECD, a lack of an adequately trained ECD workforce, and a need for stronger coordination across sectors.

4.1. Adequate Nutrition

China, Indonesia, and the Philippines have a high but unequal prevalence of stunting in different regions across the countries. All three countries have a strong policy focus on stunting prevention and have made progress in this area. However, stunting remains a significant challenge and is rightly a policy and programmatic focus in these geographies.

Stunting is a particularly crucial issue that requires attention as it has long term consequences for the individual child and thus for society as a whole. Research has shown that stunting leads to poor cognitive development, lower wages in adulthood, lower productivity, and increased risk of nutrition-related chronic diseases in adulthood.¹¹ The findings of the landscape study show that contributing factors in levels of stunting are likely ongoing challenges with access to health services, inadequate numbers of trained healthcare workers to deliver intervention and conduct effective screening, low levels of public awareness about available interventions, and/or the lack of coordinated services.

All four countries also face increasing rates of obesity in young children, creating a double burden for countries also dealing with malnutrition. See Table 4-1 for further details. Obesity is an issue requiring attention, as it is a significant risk factor for a number of chronic diseases in adulthood and is a strong predictor of subsequent well-being and health. The issue has become one that is not just about a lack of access to food, but equipping families with the right tools to access the 'right' kind of nutrition and instil healthy dietary habits for long-term health. There are both systemic and community gaps that donors can assist in: wider-spread, systemic approaches include promoting affordable, healthy food options and introducing regulation to address untruthful advertising or unhealthy foods (such as sugar labelling). On a micro level, efforts can be targeted at programmes that educate caregivers and children about appropriate nutrition.

Table 4-1. Overview of prevalence rates of stunting and obesity

Data	China ^{12,13}	Indonesia ^{14,15}	Philippines ^{16,17}	Singapore ¹⁸
Stunting	Rural: 6% National: 1%	Rural: 37.8% National: 24%	Rural: > 40% National: 29%	National: 4.4%
Obesity	National: 10%	National: 8%	National: 4%	National: 3% ¹

4.2. Good Health

The high rate of maternal mortality in Indonesia is a significant concern. Despite the fact that China has achieved the SDG to reduce maternal mortality rates through concerted government effort, there are still some disparities between rural and urban areas, which warrant deeper investigation. These women mainly die from preventable causes related to pregnancy and childbirth, meaning that more still needs to be done to further reduce maternal mortality rates, such as by increasing accessibility to antenatal care and skilled birth attendants.

In China, Indonesia, and the Philippines, ensuring access to health centres in general is difficult, especially in hard-to-reach areas. This has led to decreasing rates of routine immunisation in children and reduced healthcare-seeking behaviours by families in some areas. Another common gap is lack of availability of a trained healthcare workforce. In the

¹ However, obesity was found to be at 13% among Singaporean Primary One school students in 2021.

Philippines in particular, barriers to access to health centres and vaccines have contributed to lower immunisation levels. Routine immunisation coverage has declined in the period from 2010 to 2021, from 64% to 47%.¹⁹ This has been exacerbated due to the pandemic-related disruptions, such as diverted resources to COVID-19 vaccine roll-out, and non-pandemic-related disruptions, such as a lack of trust in vaccines and the health system. Indonesia also suffers from unequal healthcare coverage, as about 15% of Indonesians are not under the National Health Insurance system, despite it being fully funded.²⁰ This gap in coverage is in part due to the need for those within the informal sector having to register themselves and make monthly contributions toward the insurance scheme. The lack of universal health coverage for a significant portion of the population has an impact on their ability to access a full range of vital health services, including but not limited to immunisation, antenatal and postnatal care, and early screening for developmental delays and disability.²⁰

4.3. Opportunities for Early Learning

Missing data means that gaps in early learning are poorly understood. Learning gaps due to COVID-19 closures have affected young children throughout the world. The extent of this learning loss, and importantly, the long-term impact on child development, is not fully understood. The school closures in the Philippines were the most extensive anywhere in the world, and have impacted child development, learning, as well as access to essential services. While PAUD closures in Indonesia were not as severe, it also had a negative impact on child development due to the lack of in-person interaction, learning and activities.

Given the extended amounts of time young children spend within the home, learning about children's home environments is extremely important to further encouraging and equipping quality learning interactions. However, there is a lack of understanding of children's home learning environments across the four countries. This was the case even before the pandemic made the home the primary learning environment for many families. More must be done to enhance the body of knowledge on parent-child interactions at home and children's access to developmentally appropriate playthings.

Study countries with high land mass and unequal allocation of resources – China, Indonesia and the Philippines – were also observed to struggle with urban-rural disparity in terms of quality of education and funding, worsened partially due to their decentralised forms of government. Priorities set by central government have varying levels of implementation across these countries. In China especially, while preschool education has a central framework and regulatory body, still has numerous gaps in the availability of training, resources, and funding between more affluent urban areas and considerably poorer rural areas.

The problem of unequal resource allocation exists, albeit to a much smaller degree, for Singapore, where there is an uneven coverage of preschools across the country. This has led to families experiencing extended wait times to get a childcare place for their child.

In addition, all four countries experience high turnover rates for ECD practitioners, with three of the countries (China, Indonesia, and the Philippines) facing additional barriers in training enough high-quality educators. See Section 4.6 Cross-cutting Issues for further details.

4.4. Responsive Caregiving

Despite access to parental leave, parents are still reluctant or unable to take leave in the study countries for a variety of reasons including limited parental leave for fathers, resistance from employers, parental leave not extending to those in the informal work sector, and, for some, a culture that implicitly disapproves of leave-taking, particularly for fathers. Governments are recommended to enact more comprehensive policies, such that parental leave is available for those working in both the formal and informal work sectors, and where employers face repercussions if they withhold leave. The legal system should also be enforced to support both current and prospective parents, ensuring that employers are not able to discriminate in their hiring practices.

More can also be done to provide caregiving support for fathers in all four countries. While mothers may traditionally participate more in childrearing, the role that fathers play in the parenting process is vital. Parental duties may lead to burnout, particularly when parents lack sufficient resources to deal with parental demands.²¹ Previous studies have demonstrated that parental burnout can increase conflict between couples, increase neglect and abuse, and be a predictor for child problem behaviours.²¹ In China, while the government has made shifts in policy to support mothers, less attention has been provided to supporting fathers in their role as caregivers. It is well-evidenced in Indonesia that supporting fathers has a positive impact on women's participation in the workforce and the reduction of domestic violence. Increasing the availability of interventions that target and support fathers is recommended – this could be through means such as increasing the involvement of fathers through the provision of additional parental leave or encouraging caregiving practices that fathers can and should undertake.

4.5. Security and Safety

Poor policy implementation is one of the most significant issues in the area of safety and security. A common factor is that the most vulnerable groups (such as the left-behind children in China, or the nomadic population in Indonesia) are the hardest to reach for ECD programmes. Consistent access to these and other hard-to-reach groups is difficult to sustain, as they may often become suddenly uncontactable, or have reservations speaking to and working with ECD practitioners. Another factor is the top-down manner of policy reforms and implementation. In Indonesia, for example, the lack of consultation at the district level has resulted in local government indifference and disengagement with new policies.

The enforcement of policies and regulations is also challenging. The decentralised governance models in Indonesia and the Philippines means that local government is often in charge of enforcing regulations. The lack of understanding of the laws and the lack of capacity to enact and implement them are particular barriers to consistent policy enforcement.

Birth registration, a crucial first step of ensuring access to services, was also found to still be a pressing issue in China and Indonesia. Known as Hukou registration in China, birth registration is a key component of population and household management. While there are no official statistics on the number of unregistered children in China, numerous studies have shown that the rate of birth registration is low in rural areas, particularly for marginalised children, such as female children, those with disabilities or from ethnic minorities.²² These unregistered children are more vulnerable to exploitation and abuse and may not be receiving important services.

4.6. Cross-cutting Issues

There are several core challenges that cut across numerous Nurturing Care components and countries. These are related to the availability of updated and reliable data, the lack of coordination across sectors, the training and retention of the early childhood workforce, relatively little publicly available and contextually appropriate research evidence, a lack of focus on non-maternal caregivers in programmes and policies, and a lack of focus on caregiver health and wellbeing.

Missing and unreliable data

The largest and most prevalent stumbling block for action to accelerate better outcomes for children is the lack of up-to-date and reliable data. This challenge is present in all four countries to varying degrees and in varying areas. While policymakers, researchers, and practitioners are working to close these gaps in data, many are stymied by their current situation, in which it is difficult to understand context, track progress to achieve goals, and address gaps in provision. These issues were cited across interviews and across geographies: experts said better data would enable better action.

For example, action to reduce stunting is a major policy priority in Indonesia and includes a specific target - reduce prevalence to 14% by 2024. Significant cross-departmental work has been done in both early intervention for stunting and preventative measures. However, collecting accurate and consistent measurement data (e.g., height, weight, wrist circumference, head circumference) is key to determining the success of stunting reduction measures. Experts interviewed for this study have suggested that data collected when the government first started its stunting reduction interventions in 2017 was likely to have been inaccurate and inconsistent. This initially led to conclusions that the stunting reduction programmes had been successful and were on target to meet national goals. However, changes in training leading to better accuracy and reliability, and increasing awareness about the importance of measurement have highlighted that reduction in stunting prevalence may not have been as high as initially assumed. This example highlights the need to ensure that not only is data collected regularly, but that it must be accurate and reliable in order to make decisions about programmatic and policy needs.

The data challenge affects all areas of the NCF and includes, but is not limited to:

- coverage of preschools and/or early intervention programmes
- data related to maternal wellbeing and mental health
- quality and frequency of caregiver-child interactions in the home
- quality and presence of playthings and storybooks in the home
- up-to-date data on early initiation of breastfeeding, duration of exclusive breastfeeding and duration of complementary breastfeeding
- accurate and consistently measured data on stunting

Beyond the missing data, data collection methods employed in some programmes' may not be adequately robust. Collecting poor-quality data often has a snowball effect, as these figures are often referred to in secondary reports, leading to inaccurate numbers being treated as fact. High-quality data and monitoring should be an essential part of the evidence-based decision-making process, for both policymakers and programme providers. This would also help policymakers understand shifts within families and communities.

Singapore primarily lacks data regarding breastfeeding practices, maternal health and well-being, and the home-based learning environments. Similarly, the Philippines needs to strengthen its data on population-level learning conditions, maternal health and well-being, the household environment, and ensure that its methods of data collection are updated and more consistent. For Indonesia, there is a dearth of information regarding population-level data, maternal health and well-being, and the child's household environment, and it is thus recommended that their data collection reach and monitoring systems should be strengthened. For China, improvements in data regarding maternal health and well-being, population-level indicators, and the child's home environment would be important. In addition, the methods and analysis of data collection are often not disclosed on published reports, making it difficult to verify or replicate findings.

The issues with data are complex and the challenges are multi-layered, relating both to whether, how, and how often data is collected, and also how it is linked, interpreted, shared, and tracked. These are cross-geography and cross-sectoral issues – the four study countries are by no means alone in facing issues of poor, outdated, or incomplete data, and ECD is not the only sector in which these data gaps exist.

Need for stronger coordination for policy implementation and enforcement

Across the study countries, ECD policy implementation and enforcement would benefit from greater coordination and action to address bureaucratic inefficiencies, insufficient resources and capacity-building on the ground, and fragmentation of the ECD system.

In China, Indonesia, and the Philippines, a common thread was found between the devolution of a national policy agenda to the realities of service availability at a local level. The national policy agenda is often the ideal to which ECD programmes and practitioners aspire, but they are limited by inadequate capacity at the local level, challenges with resource allocation – both human and budgetary – and local government prioritisation that does not always count ECD among its most urgent needs. In the Philippines, where local government units (LGUs) are responsible for policy implementation at the local level, many programmes have failed to meet targets or achieve goals because of barriers to implementation.

To give another example, in Indonesia, despite policy prioritisation of ECD and work to harmonise priorities across government, gaps in technical guidance, quality standards, and common monitoring frameworks have remained a challenge due to the country's decentralised governance structure and the lack of a formal leading ministry. In part, this is due to the lack of understanding at local and regional levels about the essential core components of the policy, and the lack of capacity of local officials to enact or implement policies. Implementation planning may not be sufficiently addressing the realities on the ground and the steps that need to be taken to reduce these gaps. For example, this could include disseminating basic monitoring checklists to ECD practitioners in the short-term, and consistent efforts in building up the ECD sector in the mid- to long-term.

Singapore experiences a similar challenge in inconsistent service delivery. The range of options available to families, especially for those with special needs children, can lead to fragmentation and challenges while navigating the system. Long waiting lists for some services and a lack of communication between service providers has meant that many parents seek support through privately-run organisations. More could be done to simplify processes and options for families and to reduce potentially redundant or overlapping services.

Inadequately trained ECD practitioners and/or high turnover rate

All four countries currently face a high rate of turnover and attrition of the ECD workforce. This is not limited to the early education sector, but many other services and programmes for families and young children (e.g., healthcare and social services). High levels of stress and burnout are frequently cited as the cause of attrition, especially in Singapore. Trained ECD workers are stretched thin in China, Indonesia, and the Philippines due to the extensive areas that they need to cover, while increasing responsibilities as well as inadequate training of social workers may result in low-quality support for families.

In Indonesia, for example, the majority of PAUD educators are informal educators, who are not trained and are not able to access training or upskilling opportunities. The current policies are also discriminatory and prevent these educators from receiving fair pay, job protection and recognition. To give another example, the Philippines has a cadre of social workers hired by the LGUs. However, in some provinces (e.g., Palawan), the ratio of social workers to the population is around one to 3,000. This has led to a chronically overworked workforce who are also not highly paid.

Absence of localised research evidence and evaluations

Across the four countries, there is a consistent lack of locally relevant research and programme evaluations. As seen in Table 4-2, the percentage of programmes evaluated range from 14% in Singapore to 41% in Indonesia. This means that either most programmes are not evaluated, or that evaluations are not made publicly available.

Table 4-2. Overview of evaluations across study countries

	Total number of programmes	Number of programmes evaluated	Public-funded evaluations	Private-funded evaluations
China	63	14 (22%)	3	11
Indonesia	54	22 (41%)	13	9
Philippines	76	21 (28%)	13	8
Singapore	83	12 (14%)	6	6

Furthermore, only one evaluation in Indonesia included a cost-effectiveness evaluation or analysis. None of the evaluations in the other three countries have included this component. This is a critical gap as the inclusion of a cost-effectiveness component in evaluations would provide insights into if and how current levels of investments are impacting ECD outcomes.

The absence of local programme evaluations prevents stakeholders from having pertinent information to support evidence-informed decision making about programme scale up, sustainability or the need for programme modification. Funding decisions, whether to continue funding existing programmes, to fund new initiatives, or to fund scale up of programmes should be evidence-informed and can only be so if well-designed evaluations are conducted and the findings shared.

Lack of focus on caregivers beyond mothers

As previously mentioned, there is a general lack of programmes and policies that serve to engage caregivers, especially fathers and grandparents. This is an area that is less well understood and is under-researched in all countries. Rising participation of women in the workforce in Singapore and Indonesia²³, as well as increasing gender parity and high levels of parental emigration or internal migration mean that the role of fathers and non-parental caregivers is likely to become even more important in all four countries included in this study. There is a need to widen ECD programming and policy to include these individuals.

Insufficient attention to caregiver physical and mental health

Caregiver physical and mental health have an effect on all aspects of nurturing care for children. Programmes and policies that focus on the physical well-being of mothers, as well as data on maternal mental health, are inadequate across geographies. Maternal mental health has an impact on child development, which starts before the child is even born. Heightened levels of cortisol in the mother can move across the placenta to influence foetal cortisol levels, which in turn affect the development of important brain regions – such as the amygdala, which is the emotional seed of the human brain.²⁴ Impacts to a child's development begin from pregnancy and may be deep and long-lasting.

Reasons for the lack of intervention in policy and practice may be due to low awareness of impact (the post-natal impact of pre-natal maternal mental health is a relatively new area of scientific discovery), a focus on more urgent health concerns (e.g., as in the case of stunting in Indonesia or the Philippines), and a hesitancy towards sharing about the struggles of motherhood.²⁵

There is also a gap in policies and programming addressing the mental health of non-maternal caregivers, particularly fathers, and the impact this has on the development of young children.²⁶ Reducing caregiver stress and supporting caregiver well-being – including through home visiting interventions – is particularly valuable during pregnancy and early infancy.²⁷ As such, parental mental health care should be integrated into early childhood health and development services.²⁸ However, providing such services links back to capacity-building and the training of ECD practitioners at a local level – without the proper resources, it would be difficult for programmes to be sustainable or even scale up.

4.7. Conclusion

Each country has strengths in the ECD sector and continues to improve outcomes for children and their families. There are nonetheless still gaps where policymakers and donors can take meaningful action. Much more should be done to boost data collection in all five areas of the NCF, and more rigorous and consistent data collection methods should be implemented. All countries should also aim towards a more even coverage of healthcare (as in the case of healthcare centres or caregiver support programmes), and education (through quality of preschools, training of qualified educators etc). Beyond that, there should be more communication between stakeholders and institutions involved on a national and local level, to reduce the national-provincial implementation gap, and better understand specific needs on the ground.

5. Campbell Mega-Map

5.1. Overview

Child well-being is a ‘multidimensional and holistic concept which provides a contextual understanding of a child in different domains...’.²⁹ The 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs), acknowledge the importance of child development across domains to achieving this agenda. Research is critical to building the global evidence base to close the gaps in reaching the SDGs. ‘Though child well-being interventions have been underway for decades; evidence on the effectiveness of these interventions is often scattered, the value is possibly underestimated and inclusion in national strategies and programmes is rare.’ (p.6).³⁰ Progress towards reaching the SDGs is further affected by the failure to implement evidence-based interventions for young children.

UNICEF and the Campbell Collaboration jointly created an evidence mega-map to identify areas in which there are strong evidence syntheses to help inform policy and practice, and areas of gaps in evidence or weak evidence syntheses. These gaps and weaker areas are those in which organisations (national or international) can work together to gain a better understanding of what works for child health and wellbeing.

The Mega-map provides an overview of all the available evidence syntheses in seven outcome categories, and seven intervention categories related to child health. This central repository of evidence syntheses also includes quality ratings for the systematic reviews (high to low confidence ratings in the findings of the systematic review). The Mega-map focuses on evidence syntheses from low- and middle-income countries. As such, Singapore has not been included.

To provide an overview about the available evidence syntheses for ECD interventions and outcomes across the four countries in this study, we examined the Campbell-UNICEF Mega-map. The Mega-map is an interactive, online resource that is updated annually with new evidence syntheses and gap maps. Each intervention and outcome domain are further divided into sub-domains (e.g., the intervention domain of Early childhood development has four further sub-domains). Links to systematic reviews and evidence and gap maps that fall into each intervention and outcome sub-domain are linked within the resource, providing immediate access to the evidence.

For the purposes of this study, the Mega-map was examined using geographic filters using the 'OR' operator to ensure inclusion of only countries relevant to the region of interest. The filters used were:

- Study region: East Asia and Pacific
- Countries: Cambodia, China, Indonesia, Korea, Laos, Malaysia, Myanmar, Philippines, Taiwan, Timor-Leste, Thailand, Vietnam

More countries were included in the filters than were included in this study to provide a broad overview for the region. No age or other population characteristic filters were added to ensure studies relevant to both children and families, as well as service providers, were included. In the table below, we provide information about the number of high, medium, and low confidence systematic reviews and evidence and gap maps for each intervention category and corresponding target outcome.

The information provided in the table illustrates that the highest quality evidence syntheses (largest number of high confidence systematic reviews) are in the intervention domains of Early Childhood Development and Health and Nutrition that target Health Impacts and Healthy Development outcomes. Conversely, there are very few evidence syntheses available for governance-focused interventions across all areas of child outcomes. This does not suggest that governance-based interventions are ineffective; rather this is a gap that requires the generation of more high-quality evidence. The information in the table also highlights that comparatively little has been studied about the impact of childhood interventions on equity. Similarly, relatively little is known about the economic impact of childhood interventions.

5.2. State of Evidence

Table 5-1. Campbell-UNICEF Mega-map data

Legend

Low confidence systematic reviews	Medium confidence systematic reviews	High confidence systematic reviews	Evidence and gap maps
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Interventions		Outcomes																											
		Health Impacts				Healthy Development				Learning and Development				Risk factor reduction				Safety				Equity				Economic Impact			
	Early childhood development	39	27	49	4	32	28	31	9	7	3	12	4	7	3	3	3	1	5	4	6	2	3	3	5	9	1	6	3
	Health and nutrition	65	42	68	7	47	37	47	10	4	2	7	4	10	6	5	3		2	5	7	2	2	2	5	11	7	10	7
	Education	18	7	13	4	6	6	8	8	9	7	12	8	4	2	3	2		3	5	7	1	1	2	5	3	1	1	4
	Social work and welfare	5	4	6	3	4	6	5	7	1	2	3	4	1	2	1	2	4	6	10	7		2	2	3	1		1	4
	Social protection	9	9	5	3	9	10	3	10	3	1	3	7	1	1		3		4	2	8	2	2	1	6	6	1	1	8
	Environmental health including WASH	10	4	12	4	2	3	3	4		1		1	11	2	9	3	1			2		1	1	3			3	2
	Governance	3			1	3			3					1			1	1	2		3				1	1			2

6. Regional Recommendations

The regional recommendations included in this chapter are based on the analysis of regional strengths and gaps discussed in previous chapters. This chapter also includes strategic opportunities for consideration by donors and other stakeholders to contribute to ECD sector strengthening.

6.1. Support for the generation and use of data that is accurate, linked, and readily available to stakeholders and system actors

What is the issue?

A critical gap that was identified across the four countries is the lack of up-to-date, accurate, and/or comprehensive data, that is readily available and accessible to various stakeholders who work with children, families, and the community around them.

Why does it matter?

The collection and analysis of large datasets allow decision-makers to cut through potential distortions, such as personal bias, hype, or beliefs, to discover what really works for the population.³¹ While monitoring data is highly contextual, with indicators often dependent on the intervention and policy that is being implemented, good quality data is crucial to demonstrate progress and to identify areas for action or refinement. The NCF Handbook outlines three main levels of monitoring data needed to secure understanding of policy and programmatic context and progress in ECD:³²

- **Population monitoring:** This uses population-level surveys, censuses, or administrative databases to gather information about a particular population – perhaps a country or

a city. Standardised household surveys, such as the Demographic and Household Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), are commonly used.

- **Implementation monitoring:** This means continuously assessing the different components of a programme, and whether progress is made towards the planned objectives. It informs any changes to be made in the implementation and supports continuous quality improvement in programme delivery. Monitoring can stimulate innovation to overcome implementation barriers, and can be used to ensure equity.
- **Monitoring individual children's development:** This is an important component of services that support children's development. It involves identifying children who are at risk of not developing as well as they could and enables timely delivery of interventions tailored to the needs of young children and their families.

Population-level monitoring allows policymakers, researchers, and programme developers to understand the overall state of children's health and development, coverage of interventions, and any gaps that exist. Implementation monitoring produces data on programmatic outcomes, impact, and equity. It allows decisionmakers to make informed decisions on next steps. Child development data supports the identification of children at risk of a developmental difficulty or delay, and allows providers to be proactive in assisting them and their caregivers.

At the same time, it is crucial to note that each level of monitoring data is insufficient on its own. Bringing the various data points together provides a much more accurate picture of what is happening within a country or province, and how different stakeholders can work together towards common goals.

Strategic Opportunity

Support system actors and stakeholders to improve data collection and management systems to improve the accuracy, availability, and linkage of data across ECD sectors:

- Raise awareness across stakeholders on the importance of data and how it can address gaps.
- Support work by ECD stakeholders to examine currently available data to determine what data needs to be updated, strengthened, etc. This will include decision-making about reliable and valid tools that can be used for ongoing data collection.
- Encourage sector-specific stakeholders (e.g., a department of early education) to consider developing a logic model and creating a monitoring and evaluation plan. This should include regular review meetings to assess progress towards set goals and objectives.
- Facilitate cooperation between key actors in the ECD sector to develop a plan for data linkage and sharing. This should include both what data should and can be shared, as well as efficient and effective ways for data sharing to be implemented.

Implement consistent data collection/monitoring across funded programmes

- Work with funded programmes to develop a Theory of Change and monitoring and evaluation framework. This is key to ensuring that programmes link desired outcomes with data that is being or can be collected.
- Facilitate decision-making within programmes about what data should be collected and how (which tools to use). If an organisation delivers multiple programmes, identify opportunities to streamline data collection across programmes and link data.
- Provide professional development for frontline practitioners to build data literacy. This includes building awareness about the need for accurate data collection and the ways in which data can be used for programme improvement.
- Ensure programmes integrate regular data sharing opportunities and make plans for ways in which programme data and evaluation findings will be shared. This should be within the programme (e.g., to frontline practitioners), across programmes delivered by the same organisation, and between programmes that provide similar ECD programming in a particular region.
- Facilitate opportunities for wider dissemination and sharing of data and evaluation findings at a provincial, national, or regional level.

6.2. Effective coordination among stakeholders and system actors

What is the issue?

While countries such as Indonesia and Singapore have made progress towards strengthening cross-sectoral collaboration within the government, much still needs to be done to ensure the collaboration and coordination across sectors on-the-ground. This includes service provision, communication, and advocacy efforts.

Why does it matter?

Throughout the interviews with experts in the four countries, experts consistently raised the issue of the lack of coordination across services, resulting in gaps and overlaps in service provision, complicated access pathways for families, and lack of dialogue on the needs of children and families. This lack of coordination then leads to inefficiently used or wasted resources, both financial and material, and increased time spent by families identifying where to access services, making choices about which services to access, and understanding why these services are important. Improving coordination across stakeholders would not only benefit families in ensuring easy access to services, but would lead to systemic improvement by reducing inefficiencies and wasted resources.

Strategic Opportunity

Encourage cross-sectoral dialogue

- Convene local cross-sector dialogue between ECD donors on key topics, with a focus on action. Partnering with other donors in a coalition may support more effective action across the ECD sector and lead to a greater degree of impact.
- Encourage the regular sharing of ‘lessons learned’ from a donor perspective. This approach to open sharing of both successes and failures will enable the development of targeted solutions across the ECD sector by donors.

Support coordination across the ECD sector on the ground

- Convene regular meetings of service and programme providers, either within a specific ECD sector (e.g., parenting support) or across the ECD sector to build a culture of open dialogue, sharing of successes and challenges, and collaborative development of solutions and strategies
- Engage with frontline staff to identify ways in which services can be streamlined or coordinated to improve families’ experiences in navigating the ECD system. Foster dialogue between frontline staff and key decision-makers within each service provider to develop solutions and attain commitment to piloting solutions.
- Encourage service providers or key ECD sector stakeholders to engage regularly with families of young children to identify ‘pain points’ and co-design solutions to improve experiences for programme recipients.

6.3. A sufficient and well-trained workforce that is recognised by the community

What is the issue?

Gaps in the ECD workforce are apparent in all four countries included in this study. In Singapore, the retention rate of ECD service providers and frontline workers has been low and decreasing in the last few years. In Indonesia and the Philippines, the training and capacity of EC educators and frontline workers is inconsistent and generally of low quality. In China, not all ECD educators and frontline providers are appropriately trained. Those who are trained often move to peri-urban or urban areas to take up better paying jobs, leaving rural areas with a persistent lack of ECD service providers.

Furthermore, across all four countries, the ECD workforce is often not recognised or valued by the community. This includes fair and appropriate monetary compensation for their labour. This is especially evident for the childcare and education workforce, where EC educators are perceived to be less qualified or less important than primary education teachers. Even among EC educators, there is a delineation between infant and toddler

educators and kindergarten educators, who require a higher level of pre-service education and training to qualify for a certificate needed to teach kindergarten.

Why does it matter?

The ECD workforce is made up of a diverse group of volunteers, paraprofessionals, and professionals who support the growth and development of young children, as well as supporting families. They are often frontline workers who deliver services directly to children and their families, employed by either the government or non-state actors, and work across a variety of sectors, including care, education, health, sanitation, hygiene, and social and child protection.³³

A crucial step to improve the quality and retention of the workforce is to ensure that there are clear standards and expectation of the workforce, particularly across the various roles, and to ensure a set of common core goals to guide their work with young children and families. Furthermore, the low level of remuneration, poor working conditions, and low status of the EC workforce have a strong impact on both motivation to join the profession and retention in the sector. Improving public perception and giving the EC workforce a voice in both policy discussions and their daily work could support improved outcomes in these areas.

Strategic Opportunity

Support regional exchange on best practices in workforce training

- In tandem with existing organisations, such as but not limited to the Asia Pacific Network for Early Childhood (ARNEC) or the Early Childhood Workforce Initiative (ECWI), assess current workforce policies and practices. Identify best practices and encourage the implementation of these practices across the region.
- Consider how a multipronged approach to upgrading the workforce might take place. This would include examinations of working conditions, training and career development, workforce expectations, and the available materials and resources. Foster collaboration between policy makers and service providers to identify areas of responsibility (e.g., pre-service training vs. in-service professional development).
- Assess the competencies needed across the workforce and develop clear guidelines and standards at a regional level that could be adapted in local contexts. This could include a universal code of conduct or standard of practice for all ECD professionals, or specific guiding frameworks for each sector (e.g., early childhood education).
- Facilitate regional dialogue to encourage sharing of frameworks and standards that currently exist and are being implemented to identify ways in which these may be adapted and implemented in countries that do not currently use similar frameworks.

Encourage and support communities of practice across practitioners

- Support the provision of learning opportunities on a regional level for ECD service providers to increase cross-sectoral engagement and learning.
- Develop guidelines to improve the use of adult learning methods to strengthen practitioner competencies, supportive supervision, and mentoring.
- Encourage the development of ECD communities of practice within districts, countries, or the region to enhance continuous quality improvement and development within the sector.

6.4. Strong, independently conducted evaluations to contribute to the evidence base both locally and regionally

What is the issue?

Building the evidence base for ECD in the region should be a priority. Too little is understood about what works, for whom, and under what conditions. As noted above, a critical gap across the four countries is the lack of publicly available, high-quality evaluations of programmes. Notably, only one evaluation in Indonesia included a cost-effectiveness evaluation or analysis. While this gap is most evident in China and Singapore, it also holds true for the Philippines and Indonesia, where 28% and 40% of programmes were known to be evaluated, respectively.

Why does it matter?

The lack of regionally specific research is concerning because context affects programme effectiveness and implementation – what works in urban London or rural India may not work as well in the countries included in this study. Understanding whether a programme or policy works or meets the needs of the target population and whether it is or can be implemented with fidelity is imperative to understanding what is meaningful to scale up or continue funding support. Evaluations should provide information on the impact produced by an intervention or programme and generally adhere to the following purposes:³⁴

- **Formative impact evaluation:** To improve or reorient a programme or policy
- **Summative impact evaluation:** To inform decisions about whether to continue, discontinue, replicate, or scale up a programme or policy

To this extent, any evaluation that is conducted should focus on understanding ‘what works’ within the programme and how to improve elements that do not work as well. At the same time, if it is found that the programme is not working, the evaluation should also examine if any programme elements can be sustained in other programmes or contexts. Well-conducted evaluations should also provide a strong rationale to stop the programme and channel the funds to more meaningful interventions, if appropriate. Additionally, given the breadth of programmatic work, including a cost-effectiveness component to evaluations would provide insights into if, and how, current levels of investments are impacting ECD outcomes.

It should be noted that more evaluations may have been conducted than are publicly available. Making evaluations available regardless of outcome (i.e., even those that show a programme did not meet objectives or result in significant changes) is essential for increasing the evidence base about ECD. This is a public good that would go a long way to benefit the sector across the region.

Strategic Opportunity

Support independently conducted evaluations for local and regional programmes

- Donors can build clear and transparent processes for ongoing monitoring and evaluation at the inception of all programmes. Sufficient funding for programme evaluations should also be provided during programme development. These expectations could be clearly communicated to current and potential grantees, with support to build internal organisational capacity for monitoring and evaluation.
- Ensure the utilisation of appropriate evaluation approaches – e.g., early-stage formative evaluations, integration of hybrid evaluation approaches that examine both programme outcome and implementation, and use of experimental designs when appropriate.
- Share evaluation findings widely – whether positive or negative. This would build the ECD evidence base, and support the sector in learning from both successes and failures and foster an environment of collaborative learning.

Support regional evidence synthesis research on specific topics

- Across the landscape study, a few key topics were identified as having particular gaps in evidence. This includes maternal mental health, breastfeeding, and the home learning environment. Donor can support the conduct of evidence syntheses of these topics to help improve both policy and programmatic understanding of the regional and national gaps, and identify ways to address these gaps. Evidence syntheses bring together all relevant information on a topic, identify gaps in knowledge, and establish an evidence base for best practices.

6.5. Policy and regulatory environment that centres around the needs of children and families

What is the issue?

Across the four countries, there is an observable increase in the breadth and depth of policies to support the needs of young children and mothers. However, in each country, there is still a crucial gap related to the implementation of these policies and related programmes at the local level.

In Indonesia and the Philippines, policies are formulated at the national level. The lack of understanding of the policies and capacity at the local level has led to poor or non-existent implementation. The lack of enforcement of regulations is another gap within both countries. In China, while policies exist, there is insufficient investment to support the policies, particularly in rural areas. Furthermore, there are challenges in collaboration and coordination across sectors and departments. These are due to the siloed nature of work and the lack of a central coordinating body. In Singapore, while appropriate policies and regulations are largely in place, there is a gap in programmatic coordination across sectors, leading to complex service pathways and overlaps in service provision.

Why does it matter?

By centring policies and regulatory frameworks around the needs of children and their families, governments move away from siloed structures towards keen considerations on what is needed to support the whole child's development. Doing so draws upon the beliefs of the family and the community and ensures that policies are meaningfully implemented for the community.

Strategic Opportunity

Support the exposure and introduction of ECD research to policymakers

- Across national, provincial, and local levels, expose policymakers to ECD theories and equip them with an understanding of ECD and the short- and long-term benefits of interventions and policies to support children, caregivers and the community.
- Provide support to local policymakers to identify critical gaps in ECD policy implementation, particularly the contextual barriers to effective implementation.
- Support local policymakers and service providers in identifying and implementing local, contextualised solutions to the gaps in ECD policy implementation.

Engage policymakers and stakeholders in regional dialogue on specific ECD topics

- Use participatory learning and action approaches to encourage regional dialogue on topics of interest, such as maternal mental health and wellbeing, the home learning environment, and community engagement for ECD.
- Use regional dialogues as an opportunity for regional and cross-sectoral sharing of successes and challenges in ECD policy and programme implementation. Focus on identifying solutions and approaches to implementation of solutions.

6.6. Conclusion

This section has presented five key regional recommendations, with a clear set of strategic opportunities that donors and other ECD stakeholders can leverage to strengthen the sector within each country and across the region. Stakeholders may choose to focus on

opportunities that they are best placed to influence. Additionally, this is a critical juncture for stakeholders to consider how they may work together to further regional ECD learning and collaboration.

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Chapter 4

China



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Executive Summary

In recent years, China has increased its commitment to making progress in the early childhood landscape, through a comprehensive policy foundation. The challenge now lies in ensuring that these national policies are implemented well through programme delivery to support young children, families and the ECD workforce.

The People's Republic of China is a sovereign state in East Asia, the largest country in Asia, and has a population exceeding 1.4 billion. It has a politically centralised system with extensive economic and administrative decentralisation to its 34 provincial-level administrative units. Through its policy framework, China has demonstrated a commitment to improving the lives of mothers, infants, and young children.

China's population growth is in decline, despite moving away from the one-child policy in 2016 to a three-child policy that is backed by tax deductions together with other financial and systemic incentives. This includes additional maternity and paternity leave, stronger childcare support, and reductions to the cost of births.

A total of 63 programmes relating to ECD were examined for this study. Of the 63 programmes, 55 are delivered by non-governmental organisations, while the remaining eight are delivered by the government. The study also found 29 national ECD policies. The policy structure of China is such that each national policy is then adapted for regional implementation, based on specific population needs or priorities. Thus, in addition to the

29 national ECD policies, China also has 48 provincial level sub-policies within the select provinces.

When mapped to the Nurturing Care Framework (NCF), the majority of the programmes (38) are in the component of Opportunities for Early Learning. There is an even distribution of programmes across the other four components. There is a relatively even distribution of policies across the NCF, with a slightly higher proportion of policies relating to Opportunities for Early Learning. Four provinces were also studied to provide additional insight, and to account for the large geographical and economic diversity in China. These provinces were Guangdong, Qinghai, Yunnan, and Gansu. While the assessment of four geographies is by its nature limited in scope, it helps to illustrate some of the realities of service availability and implementation at a local level. Most provinces benefited from both national programmes alongside those that were specifically designed and delivered for the local population.

The analysis of programmes and policies in China revealed several gaps in each of the five NCF components. The gaps are listed below for each of the five NCF components:

Adequate Nutrition

Despite policies and programmes aimed at reducing stunting, encouraging breastfeeding, and equipping parents with accurate nutritional information and knowledge, these issues continue to be problematic in parts of China. Furthermore, most programmes are implemented through a top-down approach. While local initiatives can still be implemented, this top-down approach limits capacity-building at the community level, which is critical for programmes to have long-term impact at the local or village level. China is also experiencing an increasing prevalence of overweight and obesity in young children, in tandem with continuing issues of malnutrition in certain areas of the country.

Good Health

The two key gaps in the NCF component of Good Health relate to maternal mental health, and the urban-rural divide in health service provision. Few of the policies or programmes identified in this study referred to the mental health of mothers or caregivers or provided support to mothers. Although China has implemented safeguards to ensure adequate health provision for mothers and children, there is uneven service provision in some rural and hard-to-reach areas. This is exacerbated by a lack of training and capacity of the healthcare workforce in these communities. The policies and programmes identified did not address this issue and there is insufficient information available about the training and retention of the workforce.

Opportunities for Early Learning

Crucial gaps within early learning in China include an urban-rural divide, a lack of educator training and retention, and a lack of understanding of the home learning environment. Given that preschool education in China is not compulsory and has a range of public and private providers, quality varies due to inadequately trained educators and poorly set-up centres. Furthermore, the decentralised nature of childcare and preschool education has created gaps in the availability of training, resources, and funding between more affluent urban areas and considerably poorer rural areas. This is further exacerbated by the lack of local government funding in rural areas. Little is known about the home learning environment provided to young children; as a consequence, there is a low level of support provided for caregivers in line with the lack of awareness of the importance of a stimulating environment.

Responsive Caregiving

The key issue in Responsive Caregiving is the poor implementation of maternity leave benefits across employers in China. While provisions are generous in government policy, the cost of leave is borne by the employer, who is often reluctant to implement the policy. There is little enforcement of the policy, and women who wish to challenge an employer's reluctance to provide these benefits often face prohibitive barriers. This extends to leave benefits for fathers, provided by national policy. Second, there is a need to further improve caregiving skills for parents and other primary caregivers. Families often receive little support after delivery and have a lack of access to quality evidence-based information on responsive and sensitive parenting. Support for responsive caregiving is also required by non-parent caregivers of children who are left behind when their parents move to urban areas for employment. The number of 'left-behind' children is substantial, and expert interviews conducted for this study suggest that their caregivers do not have the skills or support to provide appropriate responsive caregiving.

Safety and Security

There are three main gaps in this NCF component. First, despite the policies related to Security and Safety, all programmes are led by NGOs. This disconnect between government policies and NGO service provision needs to be addressed to ensure that programmes are sustainable and support the government's effort to protect children and families. Second, there are large differences in the participation and coverage of the national health insurance scheme across urban and rural populations. Finally, more needs to be done to ensure the protection of migrant and left-behind children.

The study also examined all available evaluations of the 63 shortlisted programmes. Only 14 of these programmes have publicly available evaluations, either in peer-reviewed scientific journals or grey literature. Of the 14 evaluations, 11 are of programmes delivered by NGOs and three are government-delivered programmes. None of the evaluations included information about cost-effectiveness or offered cost-benefit analyses of programme delivery. Sharing of evaluation findings is a key factor in understanding what is working, for whom, and in what contexts. More evaluations are needed of ECD programmes in China in order to improve evidence-informed decision making about sustainability and scaling of existing programmes, and the need to implement new programmes.

Although only 14 programmes were evaluated, some common themes emerged when examining the findings. First, most of the evaluations focused on either child outcomes or parent or educator knowledge gained. None of the evaluations examined changes in parental attitudes, or the long-term impact on children's outcomes of equipping parents with new knowledge. Second, very few of the evaluations examined the barriers or facilitators to programme implementation. Examining implementation factors is a necessary step in knowing how to refine a programme for sustainment and scale up.

Much more needs to be done in the ECD sector in China to build on the knowledge of what is working for young children and how this can be scaled to areas that are most in need. Private philanthropists, institutional foundations, and donors can play an important part in improving lives of young children and families in China. In addition to the gaps discussed above in each of the five NCF components, donors can play a role in addressing the cross-cutting issues that affect the entire ECD sector. The recommendations below focus on the cross-cutting issues. More detailed recommendations for each of the five NCF components are provided in the first section of this report.

1. Retain and train the ECD workforce

With inconsistent training, low pay, and a lack of professionalisation across the workforce, China faces an urgent issue with retaining and improving the quality of the ECD workforce. Donors may consider working with local service providers to develop evidence-based training content and ensure that this content is delivered through effective training approaches.

2. Improve coordination across sectors

Donors can consider ways to work with community-based service providers, families, and the local government to identify ways to improve service coordination, and to streamline support for families.

3. Strengthen data-driven decision making across the ECD sector

The lack of reliable and current data affects all areas of ECD. High quality data and monitoring is an essential part of the evidence-based decision-making process, for both policymakers and programme providers. This would also help policymakers understand shifts within families and communities. These shifts can impact ECD in significant ways and having reliable data would aid in evidence-informed policy making.

Donors can ensure that any programmes they fund have embedded mechanisms for evaluation and data monitoring. This information should be shared publicly in order to influence decision-making at both the programme and policy levels. Donors can also provide support to the programmes they fund to use data and evidence in decision making for programme sustainment or scale-up.

In the chapter that follows, we provide key recommendations and potential areas for donor involvement based on the findings of our study. The report will then provide details about China, the programmes and policies shortlisted for the landscape study, and an in-depth analysis of the gaps that exist in ECD policy and programmes. Details about available programme evaluations are provided. Information about the methods used for this landscape study are provided in Chapter 1. Appendices at the end of the chapter provide details about programmes and policies included in the study.

1. Recommendations for donors

In the following section, we explore where donors and philanthropists may consider focusing their efforts.

The landscape study has identified that the government of China has established a comprehensive set of policies related to ECD across the five NCF components. This is at both the national and provincial levels. The programmes that support young children, pregnant women and families are distributed across the five NCF components. However, there are persistent and systemic gaps in the ECD landscape that donors may consider addressing to strengthen the sector.

In the section that follows, we provide recommendations in each of the five areas of the NCF (Figure 1–1). For each area, we provide a brief summary of what programmes and policies are currently being provided across the country, the key gaps in service and/or policy provision, and finally what donors can do to have an impact in the NCF component. This section concludes with a set of recommendations for cross-cutting issues that affect the ECD sector.

Recommendations are directional and not exhaustive. They can apply to national-level programmes or those delivered in specific provinces or districts. Recommendations are also not provided in a way that is immediately ‘implementable.’ Rather, donors should tailor potential actions to their priorities, capacity, and key interest areas.



Figure 1–1. Nurturing Care Framework Components

1.1. Adequate Nutrition

1.1.1. What do we know?

Over the last 30 years, China has established policies and programmes to ensure adequate nutrition of infants, young children, and mothers. Specifically, they have focused on micronutrients, iron, and folic acid supplementation (for pregnant women).

Despite the strong progress in stunting reduction across the country, there remains persistent undernutrition and stunting among children in rural areas. Furthermore, China now faces the double burden of malnutrition and obesity. With only a quarter of children between 6-24 months receiving a minimum acceptable diet, as highlighted in data from 2013, a proportion of children are either malnourished or overweight/obese in urban areas, but particularly pronounced in rural locations. More current data about this issue is not available; updated statistics would provide a more accurate understanding of the number of children in urban and rural areas who require additional nutritional support. Furthermore, many mothers in China still do not breastfeed their infants, choosing instead to use formula milk.

Across the Adequate Nutrition programmes identified in this landscape study, there is a strong focus on the provision of nutritional supplements and micronutrients to young children, women, and families. Some programmes also focus on equipping families and caregivers with evidence-based knowledge on adequate nutrition and healthy eating habits.

Table 1-1 provides an overview of policies and programmes that address Adequate Nutrition. Please see Section 3.2.1 Overview for more detailed information.

Table 1-1. Overview of Adequate Nutrition

Number of policies	Number of programmes	Number of programmes evaluated

1.1.2. What are the gaps?

Despite policies and programmes aimed at reducing stunting, encouraging breastfeeding, and equipping parents with accurate nutritional information and knowledge, these issues continue to be problematic across China. Furthermore, most programmes are implemented through a top-down approach. While there are some local initiatives, this hinders the crucial aspect of building the capacity of the community, such that programmes can have long-term impact on the village.

For more detailed information, see Section 3.2.1

Gaps.

1.1.3. What can donors do?

Support the promotion of breastfeeding

The World Health Assembly (WHA) made a commitment to increase the rate of exclusive breastfeeding in the first six months to at least 50% by 2025.¹ This was adopted by the Chinese government in their most recent policies on breastfeeding. A small-scale survey in 2017 showed that the rate of exclusive breastfeeding is 29%, falling short of the target. Despite the small sample size, it suggests that more needs to be done in China to promote the initiation and continuation of breastfeeding for the first six months.

Examine ways to reduce the double burden of overnutrition and undernutrition

The landscape study also revealed that young children in China are affected by both stunting (undernutrition) and rising rates of overweight and obesity. Donors can look to programmes that currently implement interventions for stunting to see how they can concurrently provide interventions to foster healthy eating habits. This can include:

- Providing adequate and nutritious diets
- Supporting caregivers to access and prepare healthy food
- Promoting physical activity in children – e.g., physical games like soccer or basketball, ways to spend more time outdoors
- Increasing the deliberate inclusion of outdoor physical activities in early childhood settings (e.g., kindergarten and childcare)

Recommendations

- ⇒ Donors can support large scale research efforts to understand the state of breastfeeding in China, together with exploring the barriers and facilitators to breastfeeding. This includes understanding the issues faced by families and women in the workplace. In addition, donors can explore the activities conducted by existing service providers to identify gaps and opportunities for service strengthening.

- ⇒ Donors can support community efforts¹ to promote extended breastfeeding and address misconceptions around it.
- ⇒ Donors can work with community partners to increase access to physical activity opportunities for young children who may be at risk for being overweight or obese. This includes working with early childhood care and education providers to identify innovative ways to foster healthy eating and physical activity habits.
- ⇒ Donors can work with maternal and child health services within rural areas to understand the reasons behind malnutrition and stunting, and work together to address this gap. This includes ensuring parents and caregivers have accurate information on breastfeeding and adequate diets.

1.2. Good Health

1.2.1. What do we know?

The government has implemented policies to safeguard and improve the health outcomes of children, mothers, and families. Unfortunately, there is a clear urban-rural divide in terms of access to services, quality, and training of healthcare practitioners. This is especially evident for minority ethnic groups in rural areas.

The country has a comprehensive set of policies to promote maternal and child health, with particular attention to overall basic provision, and support for children with disabilities. The programmes identified in the landscape study are largely national level programmes led by the government. These programmes provided broad-based immunisation coverage and health screening. Programmes led by NGOs target specific health issues.

Table 1-2 provides an overview of policies and programmes. Please see Section 3.2.2 Overview for more detailed information.

Table 1-2. Overview of Good Health

Number of policies	Number of programmes	Number of programmes evaluated
11	18	4

1.2.2. What are the gaps?

The main gap identified in the NCF component of Good Health relates to maternal mental health. Few of the policies or programmes identified in this study referred to the mental health of mothers or caregivers, or provided support to mothers. Another gap is the lack of training and capacity-building of the healthcare workforce, extending beyond doctors, particularly in rural, hard-to-reach communities. The policies and programmes identified did not address this issue and there is insufficient information available about the training and retention of the workforce.

For more detailed information, see Section 3.2.2 Gaps.

1.2.3. What can donors do?

Support programmes that address caregiver mental health

Caregiver mental health has an impact on child development, starting before the child is born. Maternal distress can reduce the placenta's ability to protect the foetus from elevated levels of stress hormones.² Anxiety, depression, and stress also reduce positive interactions between caregivers and infants.

Reducing caregiver stress and supporting caregiver well-being – including through home visiting interventions – is particularly valuable during pregnancy and early infancy.³ Parental mental health care should be integrated into early childhood health and development services.⁴

Support workforce training and capacity building

None of the shortlisted programmes in this study addresses capacity building in the healthcare workforce. While there are some programmes, outside of this shortlist, that address the overall capacity building of doctors, there is a need for additional ECD-specific workforce training and capacity building in public health systems in China. Proper planning, supportive supervision, and suitable allocation of resources are required to make these programmes work.⁵ Donors can examine ways in which they can support existing programmes that provide training, or work with community partners to identify new avenues for increasing workforce training.

Recommendations

- ⇒ Donors can support large scale research efforts to understand the state of caregiver mental health and wellbeing in China.
- ⇒ Donors can focus advocacy efforts at the national level and work with educational institutions to expand (or introduce) training for mental health professionals or paraprofessionals. Expanding the trained workforce sufficiently to meet needs across the country is a long-term goal and can be addressed in parallel with more short-term solutions.
- ⇒ Donors can work with existing early childhood health service providers to add components addressing caregiver mental health, particularly maternal mental health.
- ⇒ Donors can identify workforce training organisations and work with them to increase training and capacity of the public health workforce. This may also be supported by efforts to support the national government to establish training standards that may be implemented across the country in order to ensure that all families and young children benefit from a trained health workforce.

1.3. Opportunities for Early Learning

1.3.1. What do we know?

China has 14 policies related to the NCF component of Opportunities for Early Learning. While preschool education is not compulsory or free, there is some government support

for infant care, particularly within the workplace, or within community care facilities. The majority of programmes shortlisted in this study are led by NGOs and focus on the provision of care and education for young children.

Table 1-3 provides an overview of policies and programmes. Please see Section 3.2.3 Overview for more detailed information.

Table 1-3. Overview of Opportunities for Early Learning

Number of policies	Number of programmes	Number of programmes evaluated
14	38	9

1.3.2. What are the gaps?

Crucial gaps within early learning in China include an urban-rural divide, a lack of sufficient educator training and retention, and a lack of understanding of the home learning environment. Given that preschool education in China is not compulsory and there is equal provision of public and private centres, quality varies due to inadequately trained educators and poorly set-up centres. Furthermore, the decentralised nature of childcare and preschool education has created gaps in the availability of training, resources, and funding between more affluent urban areas and considerably poorer rural areas. This is further exacerbated by the lack of local government funding in rural areas.

For more detailed information, see Section 3.2.3 Gaps.

1.3.3. What can donors do?

Work with local government to improve quality of childcare

Given the size of China, it would be meaningful to first work with local government, at the village or town level, to identify key gaps in the provision of quality childcare for families. This could include ensuring ongoing educator training and professional development, ensuring fair remuneration, and establishing standards for childcare centres.

Enhance the home environment

Little is currently known about the home environment for babies and young children in China. Global evidence demonstrates that a stimulating home environment has a positive impact on child development, especially for very young infants and children who are more likely to be cared for in the home and not at formal childcare centres. Enhancing home-care practices, ensuring access to developmentally appropriate playthings, books, and quality interactions, facilitates each child's early social and emotional development, promoting secure emotional attachments and building the foundation for learning.⁶

Recommendations

- ⇒ Donors can bring together NGOs who provide childcare in villages and towns, to build a set of common standards. This can then be scaled to other local areas, with the support of donors and buy-in from local government officials.
- ⇒ Donors can work with local government to develop regulatory guidelines for childcare centres within local districts, to begin to improve the overall quality of childcare and to understand the breadth of childcare available in the region.
- ⇒ **Donors can support local research to understand the role, skills, and knowledge of non-parent caregivers in the home environment.**
- ⇒ **Donors can support programmes that equip all caregivers to provide a nurturing home environment that supports learning and development. This includes working with existing organisations to identify how to support caregivers to build knowledge and skills, and to facilitate peer-to-peer learning opportunities.**
- ⇒ Advocate for and support population-level data collection that includes common indicators to understand the home environment – this is currently missing from data sets within China. One example would be the UNICEF Multiple Indicator Cluster Survey (MICS), in particular the Questionnaire for Children Under Five. Data collected from these tools would provide evidence for decision-makers on what is required and by whom. Given the current lack of data, it is not possible to know if families in specific regions or provinces require more support than those in other areas. Enhancing quality of data on the home environment has the potential to have strong impact in China because programmes can then be provided in a more targeted manner and are more likely to have a positive outcome.

1.4. Responsive Caregiving

1.4.1. What do we know?

While there are seven policies within the component of Responsive Caregiving, there is little evidence of strong policy implementation or enforcement. For example, China has generous maternity leave provision, with additional leave from provincial governments. However, many companies do not adhere to the regulations. The programmes in this component are primarily focused on ensuring that children receive adequate care from their parents and family.

Table 1-4 provides an overview of policies and programmes. Please see Section 3.2.4 Overview for more detailed information.

Table 1-4. Overview of Responsive Caregiving

Number of policies	Number of programmes	Number of programmes evaluated
7	17	5

1.4.2. What are the gaps?

There has been poor implementation of maternity leave benefits across China. While provisions are generous, the cost of leave is borne by the employer, who are often reluctant to implement the policy. Additionally, there is a need to further improve caregiving skills for parents and other primary caregivers. Families often receive insufficient support after delivery and have a lack of access to quality evidence-based information on responsive and sensitive parenting.

For more detailed information, see Section 3.2.4 Gaps.

1.4.3. What can donors do?**Promote positive and responsive caregiving practices**

From the expert interviews and desktop search, it is clear that more support is needed to critically review and consider how to shift parenting practices to support an authentic move toward responsive caregiving. This would include not just parents, but grandparents and other primary caregivers, particularly in the case of left-behind children¹.

Encourage maternity and paternity leave utilisation

Paid parental leave positively impacts the involvement of new parents with their young children, enabling them to take on more childcare responsibilities and engage with their child. Paid paternity leave, in particular, may also reduce maternal stress and provide additional support for mother and child.

Recommendations

- ⇒ Donors can support the work of local researchers and behavioural scientists to understand the barriers and facilitators to positive parenting. Findings can then be used to modify approaches within existing programmes to further improve and refine programme content. It is clear from the current study that parents and caregivers require more than just training or information about responsive or positive parenting.
- ⇒ Develop new initiatives in provinces where support to caregivers is most needed. This would require donors to support or conduct a needs analysis to determine the focus of new initiatives and where these new initiatives would best be located. This would enable donors to not only expand the scope of parenting activities in new

¹ Left-behind children refer to children raised in their hometowns, who have been left behind by one or both parents, migrating to find work or seek a better life. About 1 in 5 children in China are left-behind children. (Stanford REAP, 2023, <https://scei.fsi.stanford.edu/reap/docs/left-behind-children-intern-introduction>)

regions but to also ensure that the activities are meeting actual needs of parents and thus are more likely to be acceptable to the target population.

- ⇒ Donors can engage employers to increase awareness and understanding of the benefits of paid parental leave, especially for low-income families. Donors can work with employers to encourage new fathers to fully utilise the paid paternity leave provision. Shifting employer culture and ensuring comprehensive implementation is a crucial step to increasing leave utilisation.

1.5. Security and Safety

1.5.1. What do we know?

China has made strong progress in ensuring that young children and families have access to proper sanitation and clean drinking water. The country also has 12 policies to ensure that children are adequately protected. Birth registration is a crucial first step of ensuring access to services in China. However, it is unclear how many children are not registered. The programmes identified in this study are generally focused on vulnerable children, and families with specific needs, such as left-behind children, those who have suffered injuries, or those in less developed areas.

Table 1-5 provides an overview of policies and programmes. Please see Section 3.2.5 Overview for more detailed information.

Table 1-5. Overview of Security and Safety

Number of policies	Number of programmes	Number of programmes evaluated
12	19	1

1.5.2. What are the gaps?

There are three main gaps in this NCF component. First, despite the policies related to Security and Safety, all programmes are led by NGOs, with the government taking on the role of the sector coordinator. This dichotomy between government and NGOs needs further research and exploration to ensure that programmes are sustainable and support the government's effort to protect children and families. Second, there are differences in the participation and coverage of the national health insurance scheme across the urban and rural populations. Finally, more needs to be done to ensure the protection of migrant and left-behind children.

For more detailed information, see Section 3.2.5 Gaps.

1.5.3. What can donors do?

Birth registration

Birth registration is a crucial human right that ensures access to basics services and the ability to uphold rights and freedoms. Birth registration facilitates the ability for a person to access valid identification (e.g., passports, identity cards). UNICEF strongly promotes birth registration as a protective mechanism against violations of rights, including human

trafficking. The number of unregistered children in China remains unclear. It is possible that these unregistered children are vulnerable to exploitation and abuse and are not receiving important services.

Improve support of vulnerable children

With the large number of both migrant and left-behind children, there is much that can be done to ensure that these children and their families are provided the adequate support, and that they have access to healthcare, education, and stable housing.

Recommendations

- ⇒ Donors can increase efforts to understand why children are not being registered at birth. Insights will enable donors to work with the local community to increase awareness of the importance of birth registration, and work with local organisations to create the needed supports to allow all families to complete birth registration.
- ⇒ Donors can work with local governments to identify the needs of migrant and left-behind children, and to coordinate the provision of additional support (financial or material).

1.6. Cross-cutting topics

1.6.1. Retention and Quality of the Workforce

The research reveals that a key gap for China is in the quality and training of the ECD workforce, across areas including early learning, community health, and social protection. As observed across the shortlisted programmes, few programmes consider the essential steps needed to equip and train the necessary workforce. A number of programmes do train their staff, but primarily to roll out a set curriculum or service. There is also little support to upskill and retain the current workforce, especially in rural areas.

Recommendations

- ⇒ Donors can work with local service providers to understand the barriers and facilitators to workforce retention in ECD.
- ⇒ Donors can work with local partners to develop evidence-based training content that is appropriate for the Chinese workforce. This should include systems for sustained engagement and mentoring such that new knowledge and skills are applied in the workplace and workforce turnover is minimised.
- ⇒ Foster collaboration across organisations that currently deliver training to develop innovative methods to increase the scale of training. This can include examining the elements of training that have been shown to be effective and applying these

elements for the training of a different workforce (e.g., using effective training approaches for educators and applying these to provide training for new or existing community health workers).

1.6.2. Coordination across Sectors

A critical observation in the expert interviews was on the need for better coordination across sectors, even at the local level. The absence of coordination has led to overlaps in service provision, creating excess in some areas and gaps in others.

With the end goal of ensuring comprehensive and high-quality service and support for young children and families, such coordination will go a long way in ensuring streamlined efforts, increased efficiency of the already scarce material and financial resources, and reduced confusion for families.

Recommendations

- ⇒ Donors can work with community-based service providers and families to identify ways in which to improve service coordination and streamline support for families.
- ⇒ Donors can work with local government to identify areas of gaps and overlaps in order to make more efficient use of resources across the ECD sector, including the engagement of service providers in the distribution of resources.

1.6.3. Strengthening Data & Monitoring Systems

Another cross-cutting topic is the lack of specific and up-to-date ECD data at both a national and programmatic level. Crucially, it is unclear whether the government is routinely conducting periodic national surveys to collect household data. Such surveys would aid in the understanding of shifts within families and communities. Missing critical data, such as data about initiation and sustainment of breastfeeding, or on birth registration, impedes informed decision making about the need to refine existing programmes or introduce new services or policies.

Recommendations

- ⇒ Donors can ensure that all programmes they fund include strong monitoring and evaluation frameworks. This includes supporting meaningful data collection and progress monitoring. Additionally, donors should ensure that all programme evaluations that they fund are publicly available. This includes both peer-reviewed publications in academic journals or providing access to full reports on their organisation or programme website. Access to evaluation findings, whether

positive or negative, is essential for other organisations to be able to learn from both successes and failures.

- ⇒ **Donors can work with researchers to identify priority areas for further data collection and monitoring, particularly in areas identified in this study. Rigorous and reliable data can be used to improve programme provision and more accurately identify areas for further policy expansion.**
- ⇒ Donors can work with local governments to encourage and support increased efforts to collect locally relevant data consistently and rigorously. This will enable the understanding of local needs within the larger national landscape and provide additional insights that are necessary to understanding how a programme needs to be contextualised to best meet the needs of the target population. Donors can also work collaboratively with government and programme providers to build a set of common indicators to strengthen this local-national conversation.

2. Introduction to China

The People's Republic of China is the largest of all Asian countries, with the largest population of any country in the world. China has 34 provincial-level administrative units, consisting of 23 provinces, 5 autonomous regions, 4 municipalities and 2 special administrative regions.⁷ The State Council, which oversees China's government, sits at the top of a complex bureaucracy of ministries and commissions.⁸ The State Council also monitors policy implementation at the local level.⁸

Table 2-1. Key Country Information

Data	Detail (Year)
Population Size ⁹	1.41 billion* (2021)
GDP Per Capita ¹⁰	US\$ 12,556 (2021)
Registered Life Births ¹¹	10.62 million (2021)
Fertility Rate ¹²	1.15 (2021)
Infant Mortality Rate ¹³	6 per 1,000 live births (2020)
Under-5 Mortality Rate ¹⁴	7 per 1,000 live births (2020)

*Note. The national population refers to the population of the 31 provinces, autonomous regions and municipalities under the central government and servicemen of the Chinese mainland, excluding residents of Hong Kong, Macao and Taiwan and foreigners living in the 31 provinces, autonomous regions, and municipalities directly under the central government.

A large part of China's cultural development has been accomplished with relatively little outside influence and is unique among nations in its longevity and resilience as a discrete politico-cultural unit.¹⁵ China blends political centralization with economic and administrative decentralization.¹⁶

China is facing a negative growth rate, with a declining birth rate.¹⁷ This has occurred despite China abandoning its one-child policy in 2016 and introducing a three-child policy in 2021, backed by tax and other incentives. This is a critical issue as the population is

rapidly aging and will soon have 30% of the population, more than 400 million people, over the age of 60.¹⁸

2.1. Government commitments

China's 14th Five-Year Plan (covering the years 2021-2025) includes some plans of relevance to ECD.¹⁹ This includes strategic plans for the following:

- an inclusive childcare service system together with improvements to the policy system.
- strengthening support and guidance for family care and community services, while equipping parents with the relevant evidence and information.
- implement policies to complement kindergartens in urban communities, actively develop infant and childcare service provision, encourage employers to provide infant care services, and encourage kindergartens to develop integrated childcare services.
- promote professional, standardized development of infant care services and improve the quality of childcare.

The Government has also committed to support the construction of child-friendly cities. They seek to carry out 100 child-friendly city demonstrations and improve public facilities for children. Additionally, the Government will support 150 cities to develop comprehensive nursery service institutions and community childcare service facilities and add more than 500,000 demonstrative inclusive nursery facilities.

The Government has also committed to improve the construction of national paediatric centres and strengthen policies for childcare, care for the disabled and the maternity leave system. This would include the further exploration of the consistent and rigorous implementation of parental leave. The Government will improve end-to-end prenatal and early education services, strengthen health services during pregnancy and childbirth, and establish and improve a comprehensive support and assurance system for vulnerable families. Additionally, they will reform and improve the population statistics and monitoring system to closely monitor the birth rate and deepen research on population development strategies and improve the comprehensive decision-making mechanisms for population growth.

The National Health Commission (NHC) had published a new action plan for improving child health from 2021 to 2025.²⁰ Over the next five years, the action plan aims to increase the percentage of infants who are exclusively breastfed and reduce growth retardation rate among children under five. The plan targets seven key areas. These include new-born safety, birth defects prevention, healthcare, and early childhood development services. Eye and vision care and examination services for children under 6 will cover over 90 percent of the age group. It further underlined early detection and treatment of child health risks such as anaemia, obesity, autism, and hearing impairment.

The Outline for Women's Development in China (2021-2030) proposed 75 main goals and 93 supportive measures, covering eight areas including health, education and the economy.²¹ The Outline on the Development of Chinese Children (2021-2030) specified 70 major objectives and 89 measures, focusing on children's health, safety, education and four other aspects.²¹

2.2. What provinces did we study?

China is a multi-ethnic country with a vast territory and a large population. In terms of ECD for children from birth to six years old, national-level policies provide the basis for local governments' decisions, while local governments also introduce relevant policies to promote ECD according to the actual situation in their jurisdictions. Therefore, policies and programmes at the national level can reflect the overall picture of ECD in China, while policies and programmes at the provincial level can show local diversity. In order to better reflect inter-provincial differences, four provinces in China (excluding autonomous regions and special administrative regions) were selected for this study: Guangdong Province, Qinghai Province, Yunnan Province, and Gansu Province. The relevant selection criteria are shown below.

2.2.1. Selection of Provinces

Most populous: Guangdong

Guangdong is the southernmost of the mainland provinces and constitutes the region through which South China's trade is primarily channelled.²² Guangdong has one of the longest coastlines of any province and is the most populous province in the country with a population of approximately 126 million in 2021.²³

Largest land area: Qinghai

Qinghai is in the north-western China and is the fourth largest province in terms of land area. Most of the province consists of mountains and high plateau.²⁴ Qinghai had a population of 5.94 million in 2021.²³

Largest agricultural population: Yunnan

Yunnan is a mountain and plateau region on the country's southwestern frontier and is the fifth largest province in China.²⁵ Yunnan has a population of 46.9 million in 2021.²³ With over 7.3 million hectares of arable land, Yunnan produces a large array of agricultural products.

Lowest GRP: Gansu

Gansu has a population of 24.9 million in 2021. It has the lowest gross regional product (GRP) among the provinces in China, at just above US \$6,000 per capita.²³ This is less than half of the national average (US \$12,500) and close to 5 times less than Beijing (US \$28,500), which has the highest GRP per capita.²⁶ Notably, even within the province, there is a large urban-rural divide.²⁷ This is partly due to the low amount of arable land in the region.

2.3. Who did we interview?

To provide further insights into the findings of the desktop research, we interviewed a group of experts. These individuals were identified through the desktop search and consultation with CEI's networks and the Advisory Group's networks. The desktop research and interviews were conducted by Nanjing Normal University.

Through the desktop research, we identified seven academics, three foundation directors, and three government officials. However, two interviewees declined our interview. The full list of interviewees is provided in Table 2-2, together with the rationale for their selection. Notably, the team faced difficulties in scheduling interviews within the provinces of Qinghai and Gansu, due to the prioritisation of COVID-19 management, despite efforts to reach experts numerous times. However, the national experts interviewed were able to

speak to the situation in both provinces, hence mitigating the lack of province-specific interviews.

Table 2-2. List of Stakeholders Interviewed

Name	Role	Organisation	Rationale
NATIONAL			
Anonymous	Associate Researcher	A Research Institute affiliated with the Ministry of Education	The researcher's work involves providing reference for policymaking, guiding educational practice, conducting theoretical research and leading the research work of provincial and municipal research institutes
Anonymous	Associate Researcher	A Policy Research Centre of a Normal university	The researcher focuses on preschool education policy and management, kindergarten labour education, preschool education quality evaluation
Anonymous	Professor	A Normal University	The professor focuses on the policy and practice of child development for 0-6 years old in China and has researched both 0–3-year-old childcare services and 3–6-year-old early childhood education. She also serves as an academic member of the China National Society of Early Childhood Education.
Anonymous	Professor	A Normal University in Western China	The professor focuses on teacher education, rural preschool education, and early childhood safety, and has participated in the compilation of a series of picture books on early childhood safety, kindergarten principals' safety education textbooks.
Chen Xuefeng	Doctor	UNICEF	Ms. Chen is a senior expert in child development with over 20 years of experience and extensive technical knowledge in the fields of child development, child education and child protection. She has participated in the development of the Guidelines for Children's Learning and Development for 3-6 years old, as well as the Early Childhood Integrated Services Demonstration Site Project, and the Child Rights Intervention Project in collaboration with UNICEF and the Chinese government.
Anonymous	Deputy Secretary-general	A foundation	This person focuses on early childhood development for 0-3 year olds in rural areas and is responsible for training teachers in the field. Her organization runs

Name	Role	Organisation	Rationale
			early childhood development programs for 0–3-year-olds in rural areas in several regions of China.
Anonymous	Deputy director General	A government department	This person has worked in the government for many years and is concerned about early childhood development and is very knowledgeable about China's policies related to early childhood development.
Scott Rozelle	Director	Stanford Rural Education Action Programme	Prof. Rozelle is a developmental economist who has worked for many years within China. He has contributed greatly to research and implementation in early childhood development and education within the country.
GUANGDONG			
Anonymous	Director	Research Centre for Reform and Development of Preschool Education at a university in Guangdong Province	This person has participated in the evaluation of the Guangdong Provincial Action Plan, in the development of the Guangzhou 14th Five-Year Education Enhancement Plan, and in the curriculum resource evaluation project of the Guangdong Provincial Education Department, and has a deep understanding of early childhood development in Guangdong Province.
QINGHAI			
N/A			
YUNNAN			
Anonymous	Professor	A Normal University in Yunnan	This professor has been engaged in research work in Yunnan for many years, focusing on preschool education and comparative education, and has a good understanding of the early childhood development business in Yunnan Province
Anonymous	Dean	College of preschool education and special education in a university in Yunnan	This person is concerned about the development of preschool education and special education in Yunnan Province, and has deep cooperation with local education bureau, health Commission, civil affairs department, women's federation and other government and non-governmental organizations.
Li Jiancai	Project Leader	Shanghai Huji Foundation	Mr. Li is very concerned about the early development of disadvantaged children in rural areas. He has been deeply involved in

Name	Role	Organisation	Rationale
			Yunnan Province for many years, bringing preschool education services to children in remote areas. He has an in-depth understanding of the actual situation of early childhood development in Yunnan Province.
GANSU			
N/A			

3. What ECD policies and programmes are currently being implemented in China?

The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in China aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details using the Nurturing Care Framework to structure the findings, followed by an analysis of the gaps.

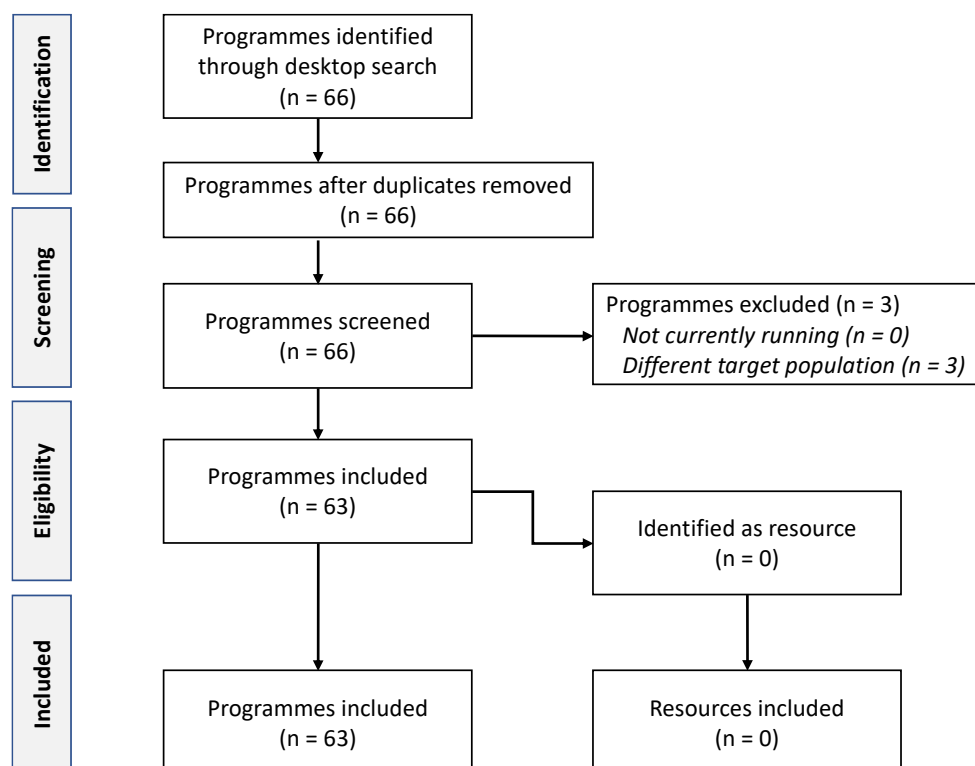
3.1. Identifying programmes and policies

3.1.1. Programmes

Through the desktop research conducted between September and December 2022, we identified 66 programmes that address ECD. The programmes and services available to young children and families are comprehensive in their scope and reach. Figure 3–1 below

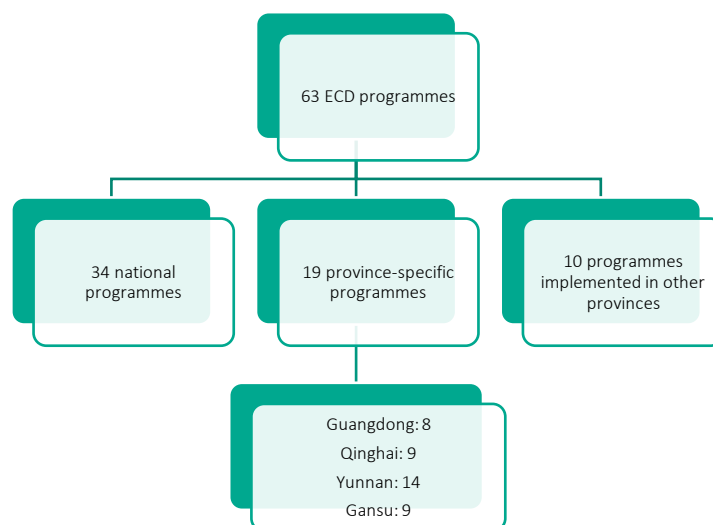
illustrates the screening process using the inclusion and exclusion criteria (described in Chapter 1), with a final shortlist of 63 programmes included for this analysis.

Figure 3–1. Programme inclusion flow diagram



Thirty-four of the 63 programmes are national-level programmes while 29 are delivered only in one or more of the comparator provinces. Of these provincial programmes, many were implemented in more than one province. The figure below provides an overview of the shortlisted programmes by location of delivery. Because of the study scope, an exhaustive search for all available programmes and services at the provincial level (beyond the four selected provinces) was not feasible.

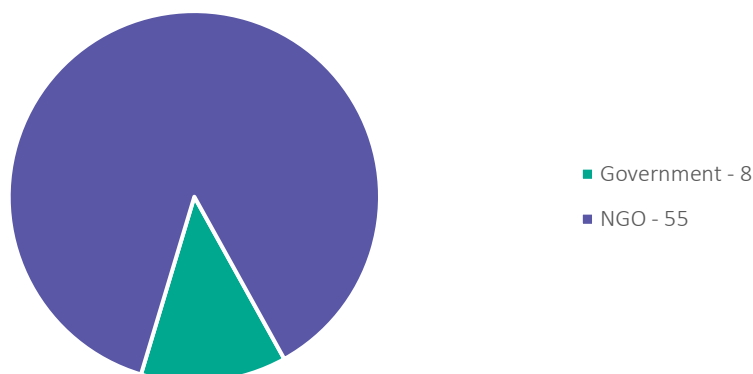
Figure 3–2. Breakdown of National and Provincial Programmes



**Note that most province-specific programmes are delivered in more than one province.*

Of the 63 programmes and services identified in the research, eight are delivered or run by the government, and the remaining 55 programmes are operated by non-governmental organisations (NGOs) (see Figure 3–3). Almost all programmes are supported by the government.

Figure 3–3. Overview of Programme Operators

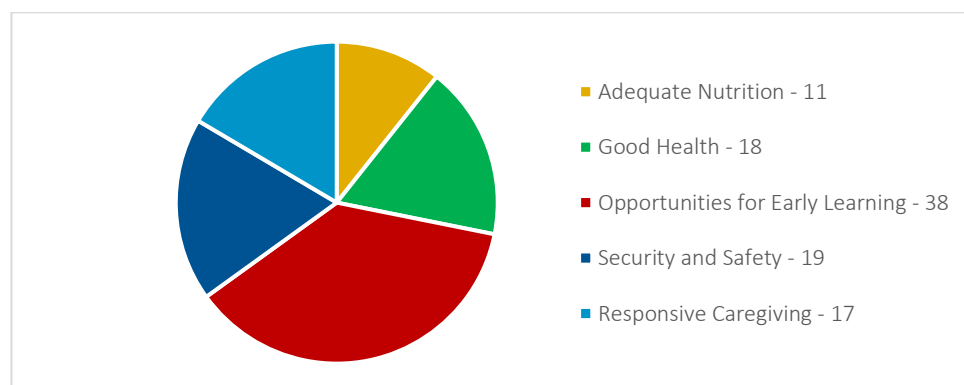


The eight programmes provided by the government are also government-funded. Among them, one programme is financed by local finance and seven programmes are financed by both central and local finance.

In contrast, of the programmes provided by NGOs, six programmes were jointly funded by the government and the foundation delivering the programme, while 49 programmes were financed entirely by the delivery organisation.

The 63 shortlisted programmes were then mapped to the components of the NCF. As some programmes can be mapped to multiple components of the NCF, the total number in this chart is more than 63. The chart below illustrates that the shortlisted programmes are generally evenly distributed across the five NCF components, with the largest number of programmes in the component of Opportunities for Early Learning.

Figure 3–4. Programmes mapped to NCF Components



3.1.2. Policies

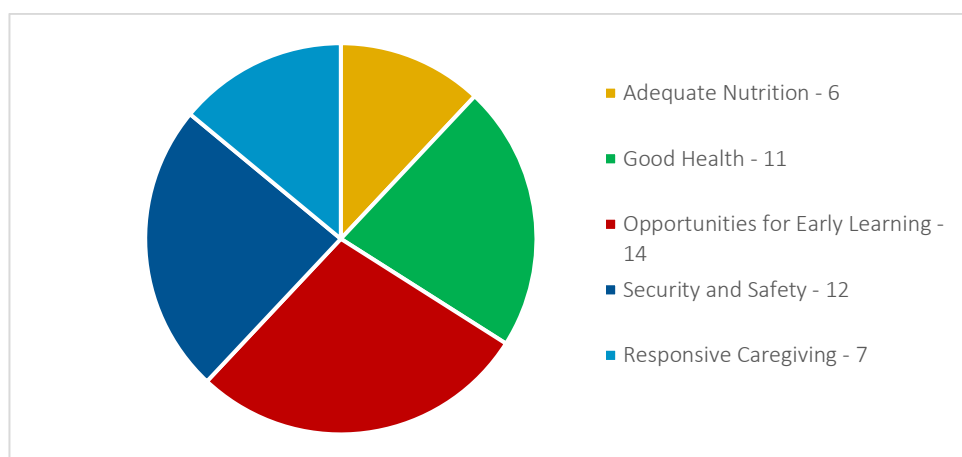
In recent years, China has increased its breadth of policies related to ECD. The clear support of the government is critical for individual provinces to begin prioritising young

children and families. All components of the NCF are addressed across the 26 national policies related to ECD and children from birth to 6 years old. These are further supported by 48 provincial level sub-policies. As mentioned earlier, national policies guide the related provincial policies, that are then refined to reflect the local situation. The central and local governments maintain strong consistency in policy formulation for ECD.

The Chinese government has long been concerned with ECD. In terms of content, China's ECD policy comprehensively covers the five NCF components. In terms of organisation and management, the policies emphasise multi-sectoral coordination and cooperation. For example, a series of recent 14th Five-Year Plans have been jointly issued by multiple government departments, covering multiple areas of ECD.

All 26 national level ECD-related policies identified in this study have been mapped to the Nurturing Care Framework, illustrated in Figure 3–5, below. The total number in the figure below is greater than 26 as some policies map to more than one component.

Figure 3–5. Policies mapped to NCF Components



The majority of policies are related to Opportunities for Early Learning, with Good Health and Safety and Security also well represented. In recent years, the Chinese government has been increasing investment in preschool education, optimizing the supply of preschool education resources, effectively guaranteeing children's early learning opportunities, and striving to ensure access to childcare and education.

Although a total of 26 policies have been identified in the desktop search, 11 policies map to more than one NCF component. Below, the team provides three key examples.

- Family Education Promotion Law of the People's Republic of China: Opportunities for Early Learning, Security and Safety, and Responsive Caregiving.
- Law of the People's Republic of China on Maternal and Infant Health Care: Good Health, Opportunities for Early Learning, and Responsive Caregiving.
- the Outline for Women's Development in China (2021-2030): Adequate Nutrition and Good Health.

3.2. Findings on Nurturing Care Policies and Programmes in China

The section that follows is organised by the components of the NCF and intended as a thorough map of the landscape for ECD provision in China. Appendix A provides details about the 63 shortlisted programmes, including the programme name, provider, a brief description of the programme and how it maps to both the NCF and the World Bank 25 ECD Interventions. Appendix B provides information about the 26 policies, including the policy name, the year it was implemented or amended, the government ministry in charge of the policy and a brief description of what the policy entails.

3.2.1. Adequate Nutrition

Key Messages

- ⇒ This is an area where the Government has made considerable progress over the last 30 years to reduce stunting but has had new challenges arise with the double burden of undernutrition and overnutrition.
- ⇒ While the Government is keen to promote breastfeeding, with policies in place, there are few programmes in place and a lack of levers to promote sustained breastfeeding after women return to work.
- ⇒ Together with a set of national level programmes, all four provinces have programmes in this area. There is further work needed to understand the reach and quality of these programmes.

Overview

Adequate nutrition, as a component of the NCF, includes maternal and child nutrition. Good maternal nutrition during pregnancy has a positive impact on both the mother's and the unborn child's health. Good nutrition after delivery affects the mother's ability to breastfeed and provide adequate care to her young child.²⁸

Currently, China is facing the double burden of malnutrition and obesity.²⁹ With rapid economic development and government interventions targeting undernutrition, the prevalence of underweight and wasting has decreased significantly. Yet, stunting continues to be a problem, especially in poor rural areas. The reported prevalence of stunting nationally among children under five has decreased from 33% in 1990 to 1% in 2020.³⁰ However, in impoverished, rural areas, the stunting prevalence for children under six was 6% in 2020.³¹ The percentage of 6-23 months old infants who received a minimum acceptable diet² was 26% in 2013³² while the minimum diet diversity³ was at 37% in 2013.³²

² Minimum acceptable diet (MAD) is a core indicator developed by WHO to assess infant and young child feeding practices, specifically for children aged 6 – 24 months. MAD is a composite indicator that is calculated based on the dietary diversity for both breastfed and non-breastfed children.

³ Minimum diet diversity (MDD) is a core indicator developed by WHO to assess infant and young child feeding practices, especially for children aged 6 – 24 months. MDD is a composite indicator that is

At the same time, in 2020 it was reported that one out of every 10 children are overweight or obese.^{31 33} While this was more prevalent in urban centres, it was still observed in rural locations. Overweight and obesity generally occur when the energy intake from food and beverages surpass children's energy requirements over a prolonged period.³⁴ The prevalence of overweight children under the age of 6 has increased from 6% in 2002 to 8% in 2012, while the combined percentage of overweight and obese children under the age of 6 had increased to 10% in 2020.³¹

In 2009, China approved general standards on a complementary food supplement (Ying Yang Bao, YYB)⁴ to be used in nutrition interventions to prevent and control the deficiency of iron and other micronutrients among infants and young children.²⁹ Since 2012, the Government of China began to implement its Nutrition Improvement for Children in Poverty Areas programme through the free distribution of YYB for infants and young children aged 6-23 months.³⁵ The prevalence of anaemia among children under 5 has subsequently decreased from 12.6% in 2010 to 4.5% in 2020.^{29 30}

In 2012, the prevalence of anaemia among pregnant women was 17.2%. The Government of China has actively promoted the First 1,000 Days campaign on nutrition and health since 2017. It has supported pre-pregnancy and maternal nutrition assessments and issuance of dietary guidance, implemented nutrition intervention programmes for women and children, and advised women during the periconceptional period to increase their intake of multiple micronutrient supplements including folate and iron, all to reduce the prevalence of anaemia among pregnant women and prevent nutrition deficiency among children.³⁶

Despite the profound benefits of breastfeeding on infants and young children, breastfeeding in China is undermined by a lack of proper knowledge and guidance on breastfeeding, insufficient social support, and interference from the promotion of breastmilk substitutes.²⁹ China accounted for a third of the world's formula milk sales in 2018.³⁷ Early initiation of breastfeeding was 29% in 2013³⁸ while 34% infants were exclusively breastfed until 6 months in 2017.³⁹ In comparison, 54% of infants are exclusively breastfed at 6 months after birth across low- and middle-income countries in the APAC region.⁴⁰ China has made continuous efforts to promote breastfeeding, such as the re-assessment of baby-friendly hospitals to ensure sustainable development, and the promotion and implementation of the International Code of Marketing of Breastmilk Substitutes in China.²⁹

Policies

Six policies mapped to the component of Adequate Nutrition. These national policies serve as a guideline for provinces to modify and adapt according to their own situation and needs. Four of the policies are cross cutting with other NCF components while two policies are specific to Adequate Nutrition only.

The *Healthy China 2030* blueprint is a national strategy that sets the goal of enabling everyone to be involved and responsible for health, pivoting the shift from medical care to nutrition and health promotion.^{41,42} It has five specific goals: improve the level of health nationwide, control major risk factors, increase health service capacity, expand health industry scale, and perfect the health service system.⁴¹ In tandem with Healthy China 2030,

calculated based on the percentage of children who consumed foods and beverages from at least five out of eight defined food groups over the previous day.

⁴ Ying Yang Bao (YYB) – This is a complementary food supplement developed by Chinese scientists that is suitable for the growth and developmental needs of children in China, based on infants and young children's dietary intake and habits. A pack of YYB contains 12 grams of soybean powder supplemented with calcium, iron, zinc, and vitamin A and B. It can be made into semi-solid food for children to eat.

China's national health strategy guidelines, also known as the 'Healthy China Movement' aims to reduce salt, oil and sugar consumption.⁴³ This is through a two-pronged approach of improving food safety regulations and standards, and through increasing individual awareness of healthy consumption habits.⁴³

The *National Nutrition Plan (2017 – 2030)* outlines the plan to improve national nutrition and health over the next decade.⁴⁴ The plan specifies goals such as reducing anaemia rates among pregnant women and children below 5 years old, reducing the prevalence of stunting among children under 5 years old, and increasing breastfeeding rates among infants under 6 months old.⁴⁴ The plan also seeks to improve regulations and standards on national nutrition, including nutritional management and monitoring, standards of dietary nutrition intake, nutrition surveys and food safety, and to promote the legislation, policy and scientific research in this field.⁴⁴ The plan will also seek to enhance the training of nutrition professionals and the promotion of healthy and nutritional diets.⁴⁴ Currently, all four provinces studied have developed their own provincial nutrition plans that are aligned with the national policy objectives.

China introduced the *Breastfeeding Promotion Action Plan* in 2021 to encourage mothers to exclusively breastfeed new-borns in the first six months of life and to continue with complementary breastfeeding until the infants are 24 months of age.⁴⁵ It will promote breastfeeding over the next five years by improving hospitals' consultancy services, public support facilities, and protecting women's working rights during lactation. It will also endeavour to improve policy support, such as mandatory maternity leave and flexible working arrangements for mothers who are breastfeeding, and prevention of women being laid off due to breastfeeding.⁴⁵ Additionally, public facilities will be improved, such as offering mothers a private and clean environment for breastfeeding in major traffic hubs, attractions, and shopping malls.⁴⁵ This is aligned with the *Healthy Children Action Enhancement Plan (2021-2025)*, which focuses on increasing the rate of exclusive breastfeeding in the first six months to 50% by 2025.⁴⁶ The action plan also aims to improve health service system for children in both urban and rural areas by 2025, strengthening the health service network and capacity of healthcare services. Currently, all four provinces studied are on track or slightly above the national target rates of exclusive breastfeeding for infants up to 6 months of age.

The *Outline of Women's Development in China (2021 – 2030)* proposes to improve the nutritional status of women and the prevention and reduction of maternal anaemia.⁴⁷ The *Outline of Children's Development in China (2021 – 2030)* states that attention should be paid to nutrition in the first 1000 days of a child's life, and provides guidance on nutrition and dietary assessment during pre-conception and pregnancy and childbirth.⁴⁸ All four provinces have since considered the top-down implementation of the *Outline for Children's Development in China* and the *Outline of Women's Development in China* and issued corresponding child and women's development plans adapted to the needs and situation of their individual provinces.

Programmes

Eleven programmes were identified in the component of Adequate Nutrition. Seven programmes are at the national level while four are at the local level. Only one programme, the Nutrition Improvement Project for Children in Poor Areas, is provided by the government. The remaining 10 programmes are delivered by NGOs, with financial support from foundations or members of the society.

Table 3-1. Adequate Nutrition programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Breastfeeding Promotion Initiative	Based on a comprehensive analysis of the current situation of breastfeeding and its influencing factors in China, this initiative is designed to promote multi-sector cooperation, put breastfeeding on the agenda of policymakers for policy improvement, advocate for optimal breastfeeding practices, and shape supportive social environment for a healthier development of mother and children.	Other Province, Yunnan	✓	
Children's Nutrition Improvement Project Program for Poverty-stricken Areas (After 2020, changed to Child Nutrition Improvement Project in areas out of poverty)	With the support of the central government, the National Health Commission has launched a project to improve the nutrition of children in poor areas since 2012, providing infants and children aged 6 to 24 months in the country's concentrated areas of special difficulties with a daily nutrition pack, which is rich in protein, vitamins, and minerals as a nutritional supplement. At the same time, the project provides information and advice to caregivers on feeding children. The project relies on the three-tier network of the maternal and child health system at the county and village levels to distribute nutrition packs and promote scientific knowledge and education activities.	National		✗
Children's Safe and Healthy Growth Guardian Action	The Children's Safe and Healthy Growth Guardian Action aims to increase health awareness education and the formation of good hygiene habits through the cooperative efforts of urban and rural children. This is achieved through interactive exchanges between urban and rural children, so that food and personal hygiene, as well as useful general knowledge can be naturally disseminated through interactions between children. Eventually, the goal is for children to be in charge of their own health.	National		✗
China Rural Education and Child Health (REACH): Early Childhood Parenting Pilot Project	In 2015, the China Development Research Foundation (CDRF) launched the Early Childhood Parenting Intervention Project - "China REACH: Household Early Education Programme in Mountain Villages" - to provide weekly in-home parenting guidance to families with children in the project counties in less developed rural areas. The project promotes the cognitive, language, social and health development of children by improving the quality of interaction between	Other Province, Gansu, Qinghai	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	young children and their caregivers in rural areas.			
Chun Hui Infant and Toddler Project	Chun Hui employs local women with a caring or professional background to become full-time early childhood teachers, who are trained in responsive nurturing and building stable emotional attachments with children. Each Chun Hui Mum regularly cares for a few children aged 0-3 years old (up to 4 years old for children with special needs), pays close attention to their needs and small changes, and responds appropriately and consistently to provide the children with brain stimulation, care and developmentally appropriate play experiences that are vital to their early healthy development. They also provide early intervention for special needs children in the form of rehabilitation and special needs education.	National		x
Fuel for 5 - Nutrition Improvement Programme for Pre-school Children	Through the free distribution of nutritional chewable tablets containing 17 types of vitamins and trace elements required for children's growth, as well as a nutrition and healthy food education programme for pre-school children, the project aims to help children aged 3-5 years in poor areas to improve their health problems such as stunted growth, anaemia, vitamin and mineral deficiencies caused by malnutrition, and to eventually stop the inter-generational cycle of hidden hunger and poverty.	National	✓	
Healthy Kids Paradise - Early Childhood Development Programme	The project provides early development kits for families with children aged 0-6 years old in rural areas of China and establishes small family playgrounds (family play corners) to improve the family's parenting environment. A secondary objective is developing and providing nutritional health and parenting courses suitable for rural families, in order to improve the health awareness and parenting skills of rural foster carers. Regular group parenting activities are also organised to promote a supportive and supportive parenting atmosphere in the community.	National		x
Hello Kids	HELLO Kids is a charity project initiated by the China Children and Teenagers'	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	Foundation to distribute daily student packages and post-disaster emergency packages to areas affected by sudden disasters and children in distress.			
Nutritious Children's Paradise	Through the usage of kindergarten class corners and the support of nutrition education courses, this project improves the teaching ability of preschool teachers, helps nursery classes create a beneficial environment, establish nutrition concepts for preschool children aged 3-6, and cultivate rural children's eating habits to ensure that they grow up healthy.	National		x
Rural Education Action Program (REAP)	<p>REAP partners with pioneering minds to bring the most effective solutions to China's rural interior. Every year, REAP trains thousands of students in field research and quantitative methods. In addition, parenting classes are given to parents through early intervention and parenting training, and parenting centres are opened for caregivers and their young children to read, play and explore together.</p> <p>There are several projects in nutrition to address rural nutrition for infants, such as the promotion of micronutrient powders. Micronutrient powders help support infants with nutrients to reduce anaemia.</p> <p>The project is currently working with community health workers who can be integrated into the villages and help provide reliable information on age-appropriate nutrition for new mothers and caregivers.</p>	National	✓	
Save the Children	<p>The project aims to improve and enhance children's development in the following aspects: child nutrition and health, child education and development, child protection, child poverty, child rights advocacy and disaster mitigation and relief.</p> <p>The project works by finding breakthrough solutions to issues regarding children's survival and development to bring about timely and lasting change in the lives of vulnerable children. For child health and nutrition, the project's main concern is the survival and impact of children under 5 years of age, ensuring equal access to quality nutrition and health services for the target</p>	Other Province, Guangdong, Yunnan	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>population. There is also a focus on areas such as common childhood illnesses, neonatal health and nutritional breastfeeding of children.</p> <p>Early development projects in the field of child education for children aged 0-6 years include strengthening the capacity of early childhood development service providers, improving their knowledge and skills, and promoting healthy child development in the aspects of nutrition, language, movement, cognition and social-emotional development. In the area of child protection, projects are committed to promoting the establishment of a comprehensive child protection mechanism to protect children from all kinds of harm.</p>			

Gaps

Targeted interventions on rising obesity

There is a narrowing urban-rural disparity between urban and rural areas in overweight and obesity, with prevalence in both urban and rural areas being higher in the eastern provinces but lower in the western provinces.⁴⁹ Yet, to the best of our knowledge, there is a lack of programmes targeting child overweight and obesity in rural areas, with the majority of the programmes in rural areas focusing on malnutrition.

Additionally, none of the programmes, regardless of urban or rural area, focuses specifically on child overweight and obesity. The top two reasons for the rising incidence of overweight and obesity in children are due to increasing consumption of fast food and physical inactivity.³⁶ Fast food chains use effective, targeted advertising, and children participate in less physical activity as they are focused on school academics and homework.⁵⁰ Hence, urgent region-specific policies and interventions should be implemented to curb rising child overweight and obesity. Regulation of advertisements of fast food should be regulated, and programmes focusing on increasing physical activity among children should be promoted.

Moreover, China is in a unique position as caregiving provided by grandparents is prevalent in China as family size trends downward and maternal employment increases.⁵¹ Previous research has found the influence of grandparents on child health and development.⁵² The latest data from 2011 found that among children six years old and below, the rate of urban children being taken care of by their grandparents was 56% while the rate for rural children was 49%. Studies have found a longitudinal causal relationship of grandparental care on childhood obesity.⁵³ This is due to grandparents' famine experience generating a long-term fear of hunger, which aggravates childhood obesity in China.⁵¹ To the best of our knowledge, currently none of the programmes that we have identified provide education to grandparents about how to provide a balanced and nutritious diet for their grandchildren.

Low rates of breastfeeding

In 2012, the World Health Assembly (WHA) issued the Global Nutrition Goal 2025, which includes improving breastfeeding as one of the six global nutrition goals and proposes to achieve at least 50% exclusive breastfeeding for infants aged 0-6 months by 2025.¹ The Chinese government has also set the same target in the *Breastfeeding Promotion Action Plan (2021-2025)*. However, the results of a sample survey conducted by the CDRF in 2017 showed that the exclusive breastfeeding rate for infants aged 0-6 months in China was only 29%, falling short of the target.⁵⁴ The survey also found that factors affecting breastfeeding include the promotion of breastmilk substitutes, lack of public awareness of breastfeeding, shorter maternity leave and workplace facilities that cannot meet the demand for breastfeeding. These are crucial factors that would demand further behavioural analysis to then support the development of targeted programmes to support women in their breastfeeding.

Lack of focus on community strengthening

Currently, majority of the programmes are implemented through a top-down approach. There is a lack of focus on community strengthening through capacity building of the community themselves, nor training of staff, teachers, or health workers. There are only two programmes that have been identified that targets mothers on education and awareness of nutrition and diet.

3.2.2. Good Health

Key Messages

- ⇒ Within this component, there are strong policies currently guiding the provision of maternal and child health services. The government provides basic health services to all members of the community through an opt-in health insurance scheme.
- ⇒ A critical point to note is that while overall indicators have improved across the health spectrum, there are persistent gaps in rural and hard-to-access areas. These communities often are not able to access adequate and timely healthcare, with the care received being of low quality.

Overview

Good health refers to the health and well-being of children and their caregivers, and it includes both physical and mental health.²⁸ China has made significant progress in maternal and child health (MCH) over the last few decades, and achieved the Millennium Development Goals (MDGs) of reducing under-5 mortality rate by two thirds and maternal mortality rates by three quarters by 2015.⁵⁵ The country has also surpassed the goals set out within the Sustainable Development Goals (SDGs).⁵⁶

Table 3-2. Health-related indicators

Data (Year)	National	2030 Goal ⁵⁷	SGD Goal
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Infant mortality rate (per 1,000 resident live-births) (2020) ⁵⁸	6	5	12
Maternal Mortality ratio (per 100,000 live births) (2020) ⁵⁹	17	12	70
Under-5 mortality rate (per 1,000 live births) (2020) ⁶⁰	7	6	25

As seen in

Table 3-2, China is currently on track to reach the 2030 national goals of reducing infant, under-5, and maternal mortality rate. This reduction has been largely supported by the nationwide subsidy of hospital delivery for pregnant women in rural areas since 2009.²⁹ This special subsidy has reduced out-of-pocket expenditure for families, so that an increased number of pregnant women in rural areas can seek safe delivery services at health institutions.²⁹ The policy has also played a pivotal role in narrowing the urban-rural gap in maternal mortality.²⁹

Better public awareness of antenatal care and improved transportation and infrastructure conditions have also contributed to the reduction in maternal mortality. Between 2009 and 2013, pregnant women had an average of 6.3 antenatal visits (7.4 visits for women in urban areas and 5.4 visits in rural areas), in relation to the five antenatal visits minimally required by China's systematic maternal care management.⁶¹ Timely hospital delivery for the majority of pregnant women has also helped to reduce the number and proportion of preventable deaths of mothers and new-borns.

Coverage of MCH services in China has increased gradually, with a MCH service system being well-developed in China.²⁹ MCH institutions are the core of the MCH service system, with community-level health centres as the foundation, while medium-sized health institutions and relevant research and teaching institutions are key technical supporters.⁶² MCH has also improved due to the provision of free pre-pregnancy health checks nationwide and the provision of free folic acid for women living in rural areas, as a vital measure to prevent birth defects.²⁹

Despite the significant progress in MCH, there are still disparities among different ethnic groups. In less developed areas, relevant indicators lag far behind the national averages, and major inequalities and disparities still exist, particularly between urban and rural areas, among eastern, central and western regions, and among different ethnic groups. Although major indicators have neared universal coverage at the national level, disparities remain when the indicator is disaggregated by smaller administrative units, such as at the district and county levels.²⁹

Policies

China has always attached great importance to the health of the population. The State Council and the National Health Commission have published numerous health-related policy documents in recent years, highlighting the country's determination to improve the health of its people. The national policies serve as a guide for provinces, which have reacted positively to the national call to develop their own provincial policies to suit the specific needs of their provinces.

Within the component of Good Health, there were 11 policies at the national level. Additionally, there are 28 province-specific policies in the four selected provinces

developed based on the national policies. Seven of the national policies cut across other NCF components while four national policies are specific to Good Health.

Various national laws specifically aim to promote maternal and child health, such as the *Law on Maternal and Infant Health Care*, *Mother and Child Safety Action Enhancement Plan (2021-2025)* and *Action Plan for Healthy Children (2021-2025)*. They aim to safeguard and promote high-quality healthcare services for mothers and children, reduce mortality rates, and improve the health of mothers and children. Other general national laws, such as *Healthy China 2030*, the *Outline for Children's Development in China (2021-2030)*, the *Outline for Women's Development in China (2021-2030)*, *National Health Plan for the Fourteenth Five Year Plan*, aim to improve the quality of life of people in China in various aspects, including health.

The revised *Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases* in 2004, made routine immunization for children free of charge. In 2007, the Government of China expanded the types of vaccines covered by the National Immunization Programme (NIP) to protect children from 12 infectious diseases. In October 2017, the first National Immunization Advisory Committee (NIAC) was established to provide advice to the development and revision of major national immunization policies, the NIAC reviews and develops resolutions for adjusting the types of vaccines in the NIP, and revising the immunization schedules in the programme, based on a comprehensive assessment of evidence such as the burden of vaccine-preventable diseases, and the safety, effectiveness, health economic evaluation, production and supply capacity of vaccines.²⁹

Other national laws focus on specific groups of children and mothers, such as the *Guideline on Taking Better Care of Children in Difficulty*. This aims to accelerate a child protection system for children in difficulty, such as children living in adverse conditions or children with disabilities. Also, the *National Action Plan for Disability Prevention (2021-2025)* aims to strengthen disability prevention and effectively reduce and control the occurrence and development of disabilities. The policy also seeks to improve the coordination and management of support for children with disabilities, from screening, diagnosis and rehabilitation. Lastly, the *Decision on Optimising Fertility Policy for Long-term Balanced Population Development* aims to promote the long-term balanced development of the population, optimise the fertility policy, and complement the implementation of active fertility support measures, such as making fertility treatments more accessible, including the provision of targeted services to the masses through health education, psychological counselling, traditional Chinese medicine services, drug treatment, surgical treatment, assisted reproductive technology and other methods to improve the level of infertility prevention and treatment.⁶³

Programmes

There are 18 programmes related to Good Health. Eleven programmes are at the national level while the other seven are being implemented in some provinces and municipalities. Only three programmes, Expanded Programme on Immunisation, Newborn Disease Screening Program in Poverty-Stricken Areas, and the National Free Pre-pregnancy Health Examination Project, are provided by the government. The remaining programmes are run and funded by NGOs or foundations.

In terms of scope, three programmes are universal, targeting children and families nationwide. Four programmes are targeted, focusing on children in different regions, and family planning for couples. The remaining 10 programmes are indicated, focusing on children with congenital diseases or critically ill children.

Table 3-3. Good Health programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Aiyou Children's Heart	Aiyou Children's Heart is a project that has adopted a designated hospital cooperation model, selecting hospitals with high standards of treatment in various regions of the country. It has provided treatment for children with premature heart disease and took the initiative to build a medical aid network in collaboration with government departments. It has also designated hospitals and donors, and provides affordable, high-quality diagnosis and treatment for children from remote areas and families in need.	National		x
Aiyou Morning Star Project	The Aiyou Morning Star project is an attempt by the Aiyou Charity Foundation to provide relief support for more children with serious illnesses from families in need, and to continuously enhance cooperation between charities and public hospitals. It has also become one of the first projects on several Internet public fundraising platforms to access blockchain payments, realising public welfare on the chain and improving the efficiency and transparency of the use of donations. As of December 2021, the project has provided assistance to nearly 4,000 sick children.	National		x
Angel Journey campaign for children with prediabetes	Angel Journey is a screening activity for impoverished children with congenital heart disease in Gansu, and was successfully completed in Huining County People's Hospital. The project has subsidized 952 impoverished children under the age of 14 with congenital heart disease and leukemia to complete surgery and follow-up medical rehabilitation.	Other provinces		x
Blessed Angels Project	The Blessed Angels project was established in May 2011, with the aim of helping children with blood diseases and/or tumours and their families overcome the difficult process of receiving treatment, as well as reduce the incidence of treatment abandonment. The project has established cooperation with many top medical treatment institutions across the country, and has	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	also established a project expert committee, and via hospital teaching, improved the level of diagnosis and treatment of children's blood diseases and malignant tumours.			
Child-Friendly Communities in China	<p>Child-Friendly Communities in China (CFC) provides inclusive community services for early childhood development and strives to create a cross-border cooperation platform that is government-directed to promote the establishment of an inclusive community service ecosystem for children and families, the professionalisation of children's social workers, and the innovation of service-oriented community governance.</p> <p>This is currently being achieved through the creation of community spaces (outdoor play spaces, indoor public spaces, etc), the provision of supportive services (children's homes, family support services, etc), protective services, alternative services (childcare, short-term care, etc) and developmental services (family parenting guidance, early childhood development support, etc).</p>	National		x
Child Hygiene Kit	In response to the challenges of kindergarten hygiene and prevention, the Amway Foundation and the China Children's Charity Foundation (CCF) have partnered to launch the Hygiene Protection Kit project. The project aims to provide cost-effective basic hygiene materials and necessary incentives to improve the hygiene system, improve teachers' health awareness and literacy, as well as raise indoor and outdoor sanitation levels and in kindergartens with weak hygiene infrastructure.	National		x
Chun Hui Caring Home Project	The Chun Hui Care Home project works with a number of orphanages across China to provide a comprehensive service for orphaned children with serious illnesses to access medical treatment in Beijing, Shanghai and Guangzhou. They aim to provide full medical care for the children, including registration, accompanying examinations, professional	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	escorting during hospitalisation. and discharge procedures.			
Chun Hui Training Program	To meet the needs of children's welfare institutions in the area of childcare, the Chun Hui training programme provides a combination of online, offline and remote interactive training for orphanage managers, caregivers, teachers and foster parents in relation to the care of orphaned children.	National		x
Green Life Project	The Green Life project aims to integrate social resources for children's illness relief. The project aims to build a cross-border cooperation and innovation platform for social assistance, make use of the professional skills of financial institutions, innovate the assistance model, and promote the standardization and professional development of children's serious illness assistance, especially in poverty-stricken areas.	Other provinces		x
Happy Smile - Save Children with Cleft Lip and Palate Project	Since 2013, the Happy Smile sub-project has been set up to provide nutritional supplements for infants and toddlers with nutritional deficiencies or birth defects from rural families in remote areas. The programme aims to provide nutrition supplements for infants and toddlers who are undernourished or have birth defects, focusing especially on children with cleft lip and palate from low-income families in underdeveloped areas.	Other provinces		x
National Immunisation Programme	The National Immunisation Programme in China is provided at no cost to eligible-aged children. The programme currently protects children from 12 vaccine preventable diseases (VPDs): measles, polio, diphtheria, tetanus, pertussis, tuberculosis, hepatitis A, hepatitis B, rubella, mumps, Japanese encephalitis, and Meningococcal meningitis.	National	✓	
New Sunshine Ward School	The New Sunshine Ward School fills a gap in the educational and developmental services for children in long-term hospitalisation. By developing an interdisciplinary service model, the ward	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	school guarantees the right to education and the right to development of long-term hospitalised children and alleviates the social integration problems caused by major illnesses. However, there is no specific detailed report on the evaluation of this project and only a brief conclusion can be drawn from the summary of the 2021 work report.			
Newborn Disease Screening Program in Poverty-Stricken Areas	In order to detect newborns with genetic metabolic diseases and newborns with hearing impairment, so as to reduce the incidence of children with mental retardation and hearing disabilities, this project was implemented in 2014 to provide newborn disease-screening subsidies in poverty-stricken areas. Overall objectives include early detection of neonatal genetic metabolic diseases such as phenylketonuria (PKU), congenital hypothyroidism (CH) and neonatal hearing impairment, carrying out various health education activities, as well as quality control and evaluation.	National		x
No Trapped Future Project	In order to sow hope for children with birth defects, the programme provides a full chain of relief services for children aged 0-18 with birth defects and their families. This includes involving renowned hospitals, medical experts, public welfare organisations and caring enterprises, in order to improve the provision of family relief services.	Other provinces		x
Running Angels - Early Treatment and Rehabilitation Programme for Children with Cerebral Palsy in Poverty Relief Fund	Running Angels is a special relief fund to support children with cerebral palsy from poor families. A total investment of RMB 1 million was used to subsidize the medical expenses of 100 poor children with cerebral palsy in the province, so as to alleviate the financial burden of the families of poor children with cerebral palsy.	Other provinces		x
Save the children	See Table 3-1. Adequate Nutrition Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Sunshine Fund	<p>The Sunshine Fund aims to support poor children in recovering their health, and effectively improve their quality of life and quality of living. The fund supports several programs, which include:</p> <p>(1) The Autism Rehabilitation Training Program, which subsidizes social organizations and institutions in implementing relevant rehabilitation training. A multimedia sensory room has been successfully established in Xingyu Children's Health Centre in Xuhui District.</p> <p>(2) Projects that fund social organizations and institutions to actively carry out psychological counseling with left-behind children as the main beneficiaries.</p> <p>(3) Sunshine Cabin, which subsidizes the establishment of a "sunshine hut" in Shanghai Children's Medical Centre, bringing joy to sick children while integrating entertainment and knowledge.</p> <p>(4) New Life - Jinbao Newborn Structural Defects Charitable Relief Project, which subsidizes children who have financial difficulties and suffer from neonatal structural defects such as esophageal atresia, abdominal fissure, huge umbilical bulge, congenital anorectal atresia, intestinal atresia, and biliary atresia.</p> <p>(5) New Life - Flower Blossom Charitable Relief Project, which funds the medical treatment and rehabilitation of children with serious diseases such as malignant tumours, nephrotic syndrome etc.</p>	Other provinces		x
The National Free Pre-pregnancy Health Examination Project	The project provides planned pregnant couples with free pre-pregnancy health examination services such as health education, medical history inquiry, physical examination, clinical laboratory examination, imaging examination, risk assessment, consultation session and guidance.	National	✓	

Gaps

Maternal Mental Health

Although maternal health in China has improved, the focus has mainly been on physical health. At present, no official statistics have been released on perinatal depression in China. Researchers have found that the incidence of perinatal depression in China is 17.4%

and rising over time, far exceeding the 5-10% incidence of depression in the normal population.⁶⁴ Furthermore, none of the programmes identified provides mental health support nor the promotion of maternal wellbeing.

This is concerning as poor mental health may lead to depression, suicide and greatly reduce a mother's response to their child's needs.³⁴ Evidence indicates that treating maternal depression leads to improved growth and development of the new born and reduces the likelihood of infant diarrhoea and malnutrition.⁶⁵ Mothers with postpartum depression may be unable to sufficiently feed, bathe or care for themselves. This may increase the risks of ill health and risks of suicide. Very young infants are highly sensitive to the environment and the quality of care provided and will be affected by mothers with untreated mood disorders. Prolonged or severe mental illness also hampers mother-infant attachment, breastfeeding and infant care.³⁴

Furthermore, this is exacerbated by external factors such as poverty and stress. Equal attention should be paid to both mothers living in rural and urban areas. Maternal mental health can be integrated into general health care or routine check-ups to ensure timely intervention. Training is also needed for healthcare workers on the identification and management of mood disorders in pregnant and postpartum mothers. The lack of awareness among mothers is also a problem, and programmes should target educating mothers on the importance of mental health both during and after pregnancy.

Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period.⁶⁶ Based on the programmes identified above, most of the programmes did not target maternal health. Only one programme, The National Free Pre-pregnancy Health Examination Project, provides free services and education for couples planning to have children. Notably, this is above and beyond the five free antenatal and two post-natal check-ups that women can access in primary healthcare institutions.

Despite China making vast reduction in maternal mortality, there are still many women who die from preventable causes related to pregnancy and childbirth, particularly in rural areas and among poorer communities.⁶⁷ There are still opportunities for further reduction of China's child and maternal mortality by increasing financial support for poor families in rural areas, and improving the health status of women and children in the western region, rural areas and among migrant populations.²⁹ Programmes are needed to increase accessibility for rural women to receive antenatal care and to give birth in hospitals or with skilled birth attendants, with a focus on strengthening overall maternal health care.⁶⁷ Programmes should also focus on capacity building among healthcare workers and educating mothers on the importance of maternal health and to go for timely check-ups

3.2.3. Opportunities for Early Learning

Key Messages

- ⇒ The Government is increasingly focusing on early education and its role in ensuring optimal growth and development of young children. Through various financing models, the government is working to ensure that both public and private kindergartens are affordable and of good quality.

⇒ While there are a large number of programmes in this component, there is high turnover of educators due to a lack of training, professional development and poor working conditions. Additionally, there is an increasing need for childcare, especially as more women enter the workforce. However, limited options mean women often have to turn to informal care options.

Overview

The component of Opportunities for Early Learning goes beyond the formal care and education of young children in kindergarten and includes the myriad ways in which young children can learn. For infants, this includes adult-child interactions and responsive caregiving, including the home learning environment.

In China, preschool education is not compulsory. The provision of early childhood education (ECE) is evenly spread between public and private institutions. Currently, ECE is classified according to the age of children: (i) nurseries (for 0–3-year-olds); (ii) kindergartens (for 3–6 year-olds) and (iii) preschools (for 5–6-year-olds).⁶⁸ There are four categories of ECE provisions found in China: (i) three-year kindergartens or *You Er Yuan*, (ii) one-year pre-primary class or *Xueqian Ban*, (iii) three-year kindergartens attached to rural primary schools or *Cunxiaofu You*, and (iv) rural community ECE centres or *Zaojiao Dian*.⁶⁹

ECE provision for 0–3-year-olds is provided in different settings. The two main types are nurseries that provide custodial care for children of working parents, and early development centres that provide activities aiming to enhance physical, language, social and cognitive development.⁷⁰ There are three different types of programs. Firstly, an independent ECE institute for children below the age of three years is an infant nursery. The operation of these nurseries is the same as that of kindergartens and may be partially funded by the government, work places or individuals.⁷¹ Another type of program for children 0-3 years old is the ECE centre, or *Zao Jiao Zhong Xin*. Financially supported by local governments or other resources, these centres usually provide free or hourly rate education programs such as teacher directed activities for infants and toddlers, or parent-child activities.⁷¹ Services are provided by the teachers in regular kindergartens and some centres may have some branches called ECE stations, which are located in local communities.⁷¹ Lastly, an informal childcare service for children under the age of 3 years is private home care, which is provided by individual families.⁷¹

Over the last decade, the gross enrolment rate of preschool education has increased from 57% in 2010 to 82% in 2018.⁷² This increase has been in tandem with the government's efforts to promote a universal, inclusive preschool education system. Various organising bodies provide kindergarten programmes: (1) education department; (2) other government departments; (3) local enterprises; (4) public social service organisations; (5) the army; (6) communities; (7) non-governmental organisations.^{68 73}

The government has worked to improve accessibility, affordability, and accountability of kindergartens through the conversation of inclusive private kindergartens. These are private kindergartens that receive significant government subsidies and adhere to a set of conditions, including placing a cap on school fees and following regulatory frameworks.

Policies

Within the component of Opportunities for Early Learning, there are 14 national policies and 26 province-specific policies within the four selected provinces. Seven of the national policies are cross cutting with other NCF components and seven are specific to Opportunities for Early Learning.

There have been concerted efforts to promote ECE in China. The *Education Law of the People's Republic of China* is the basis for the formulation of other individual laws on education. The law stipulates that pre-school education is an integral part of the national school education system, emphasises that all children have an equal right to education, and requires that "people's governments at all levels shall take measures to provide conditions and support for children of school age to receive pre-school education", highlighting the main role of the state in ensuring educational investment and conditions.

Several other laws, such as the *14th Five-Year Plan Action Plan for the Development and Improvement of Preschool Education* and *Guidance on Promoting the Development of Care Services for Infants and Toddlers Under the Age of 3*, aim to regulate and improve the system, and increase services. The laws aim to establish and improve the system of policies and regulations, standards, and regulations, increase service supply, and aims to promote all-round development and quality improvement. Policies like *Guidance on vigorously promoting the science interface between kindergarten and primary school* aims to comprehensively promote the implementation of school readiness and adaptation in kindergartens and primary schools, helping children make a smooth transition from kindergarten to primary school, covering four areas: physical and mental readiness, life readiness, social readiness, and learning readiness.

There are specific policies for children with special needs, such as *Guideline on Taking Better Care of Children in Difficulty*, the *14th Five-Year Plan Action Plan for the Development and Enhancement of Special Education* and *14th Five-Year Plan Action Plan for the Development and Improvement of Preschool Education*, which expands services and accelerates the improvement of the special education system for children with disabilities. Lastly, the *Decision on Optimising Fertility Policy for Long-term Balanced Population Development* includes provisions to promote equity in education and the supply of quality educational resources.

Programmes

There are 38 programmes related to the Opportunities for Early Learning component. Nineteen programmes are at the national level while the other 19 are being implemented in some provinces and municipalities. Only four programmes, (i) Good Parenting Project for Pre-school Children, (ii) National Training Plan for Primary and Secondary School Kindergarten Teachers, (iii) Same language, same sounds and (iv) Special Programme for Teachers under the "Three Regions" Talent Support Programme, is provided by the government. The remaining 34 programmes are delivered by primarily by foundations, NGOs and charities.

Table 3-4. Opportunity for Early Learning programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Angel+ Gansu Red Cross Society's project to care for children with serious illnesses	Since its inception, Angel+ Gansu Red Cross Society has carried out activities such as the Angel+ Wish Tour and New Year's Micro Wishes through both online and offline means. Nearly 200 children have participated in the offline activities, and wishes have been granted for nearly 130 children with pre-heart disease and leukaemia.	Other Provinces		x
Anji Play	Anji Play aims to implement current education policies by creatively exploring kindergarten curriculum systems with children's independent games as its core. This is done by creating a natural game learning environment by using local materials, designing flexible and independent game activities, and emphasising values of love and community.	Guangdong, Qianghai, Other provinces		x
Chen Xing Vibrant Parent-Child Project	The project focuses on empowering parents, growing from beneficiaries to providers of parenting services, and supporting the formation of parent support networks and the exchange of knowledge between parents. The project joins forces with peer organisations and individuals to provide them with professional training and guidance, as well as matching them with project materials and start-up funds to support them in carrying out similar services with migrant and left-behind children, so that more children and their families can benefit.	Other provinces	✓	
Child Friendly Communities in China	See Table 3-3. Good Health programmes for further details			
Child Mothers Project	The CRDF launched this programme in 2015 to nurture women in rural areas to carry out care and protection work for children, adopting the model of "one person, one home, one link", with a strong link between this programme and the Children's Homes, establishing a	Other provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	village-level network for child supervision.			
Child+365 Project	Kids+365 Project is a public welfare project initiated by China Children's Centre and aims to provide educational services for the social integration of children with autism, cerebral palsy, are mentally handicapped, have hearing impairments or are left-behind migrant children.	Other provinces		x
Children's Empowerment Programme Project	In order to promote the holistic development of rural children, improve the current state of teaching, as well as the lack of adequate teaching resources in rural schools, the China Rural Development Foundation launched the Children's Empowerment Programme project in 2021 to carry out a series of arithmetic, cultural and reading lessons to improve their literacy levels and broaden horizons.	Other provinces		x
Children's Happy Home	This is a public welfare programme launched by the All-China Women's Federation and the China Children and Teenagers' Foundation in 2014 for village communities with a high concentration of left-behind children, mainly providing a variety of care and service activities for left-behind migrant children and children in vulnerable situations, including learning and living, family care, safety and protection, and mental health.	Other provinces		x
Chun Hui Infant and Toddler Project	See Table 3-1. Adequate Nutrition Programmes for further details.			
Chun Hui Spring Watch Project	The Chunhui Watch Project is a charity project initiated by Chunhui Boai to care for and protect children in distress. The project serves children who are at medium to high risk due to family difficulties under the district and county minor protection model. By recruiting, training and empowering local children's workers and applying the concept of child-centred integrated development,	Other Provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>the project provides emotional support to children through intensive casework, family empowerment, resilience support networks and reintegration of families into society.</p> <p>The project has been implemented in 57 villages and has directly served over 21,600 children and their families, with more than 75,000 home visits, 5,000 public parenting training sessions and an average of 70 community activities per village per quarter.</p>			
Chun Hui Training Program	See Table 3-2. Good Health Programmes for further details.			
Countryside Kindergarten Development Plan (CKDP)	<p>Since May 2014, CKDP aims to provide quality public welfare training for rural kindergarten teachers, as well as support the development of rural kindergarten education by setting up various training and assessment programmes.</p> <p>In addition to the development programmes, CKDP also provided development kits, each containing a laptop, a projector, a large-sized curtain and a set of speakers. CKDP Little Bookshelf was an initiative that provided classic picture books for 160 rural kindergartens, while CKDP Online Public Welfare Classes invited education experts to organise 50 online public welfare classes for rural kindergarten teachers and parents.</p>	Other provinces		✗
Early education mobile programme	The programme funds family education experts and volunteers to send educational materials to rural areas, to facilitate early education guidance for infants and toddlers for families in suburban towns and villages, so that rural children can share educational resources.	Other provinces		✗
Flower Development Programme - Early Childhood	Based on the problems that exist in child welfare and minor protection institutions, the project focuses on the early education development needs of orphaned children. By focusing on the staff of the institutions as an entry point,	Other provinces		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Education Project	this helps them build a small internal learning system at a low cost by training the staff of the institutions to become teaching tutors for orphaned children and providing a standardised systematic learning curriculum.			
Good Parenting Project for Pre-school Children	The project aims to ensure that children are enrolled in kindergartens, and to provide widespread coverage of kindergartens in streets and towns. It also aims to provide preschool education and childcare services that are of an acceptable standard, so as to take care of the healthy growth of infants and children. The project is aimed at families with infants and toddlers aged 0 to 6 years old who are in need of childcare guidance. The project will be implemented through four work initiatives: ensuring the supply of preschool education resources, improving the internal quality of preschool education, increasing the resources of inclusive childcare services, and enriching scientific childcare guidance for families.	Other provinces		x
Harnessing Opportunities through Parenting Education (HOPE) Project (CFRD-TF China)	In response to the lack of early intervention for infants and toddlers in less developed rural areas, the China Foundation for Rural Development (CFRD) and Tanoto Foundation China (TF China) launched the Harnessing Opportunities through Parenting Education Project (HOPE Project) in 2022 to help infants and toddlers in less developed rural areas realize their developmental potential by founding a team of local facilitators, establishing early childhood development activity centres, carrying out early childhood development services and enhancing parents' scientific parenting concepts and skills. An evaluation will be conducted for this programme.	Other provinces		x
Harnessing Opportunity through	In order to help more infants and toddlers in rural areas realise their developmental potential and get better	Other provinces		✓

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Parenting and Education (HOPE) Project (TF China)	development, Tanoto Foundation (China) launched the Harnessing Opportunities through Parenting Education Project (HOPE Project) in 2019. The project draws on the successful experience of Shaanxi Normal University and their project model to establish early childhood development activity centres in rural areas, providing free activity space for infants and toddlers aged 0-3. Parents are provided with professional guidance on early development.			
Healthy Kids Paradise - Early Childhood Development Programme	See Table 3-1. Adequate Nutrition Programmes for further details.			
Hello Kids	See Table 3-1. Adequate Nutrition Programmes for further details.			
Home Tour Mum's Early Learning Empowerment Camp	The project focuses on rural areas and aims to achieve sustainable community early childhood education through public welfare empowerment, such as through the use of online parenting classes to provide online parenting guidance services for families with infants and toddlers from 0-3 years old. In addition, through the provision of small financial support and professional capacity building, it aims to support the growth of grassroots social organisations and volunteer teams with the ability to integrate resources, so that they can more efficiently provide public welfare early childhood education services in the community.	Other provinces		x
Love for the Future	The project mainly relies on women's federations and social organisations to provide early education interventions for families with preschool children aged 0-6 years old, carry out public welfare services for early family education, explore the development model of early family education, and reaching rural communities that have previously not	Other provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	received early childhood development programmes. The hope is that through this project, families' awareness of early education and parenting skills can be improved, and empirical early education can be brought to every family.			
Love Starts From The Beginning	The project aims to promote scientific parenting concepts and skills, enhance community family education guidance services, strengthen advocacy for scientific childcare, and promote family building and healthy child development.	Other provinces		x
Magical Parent-Child Garden - Mobile Early Childhood Development Project	The Magical Parent-Child Garden Early Childhood Development Project is a community education project dedicated to providing early childhood development and parenting classes for migrant children aged 0-3 and their parents, aiming to address the most urgent needs of the migrant population regarding early childhood education. Through such education, the objectives are to enhance educational equity, reduce the intergenerational transmission of poverty, and enable every migrant child to develop sufficiently at an early age, so that life is given the quality it deserves from the beginning.	Other provinces, Guangdong, Yunnan	✓	
National Training Plan for Primary and Secondary School Kindergarten Teachers	The project includes five types of training: advanced training for trainer teams, the master teacher and principal pilot project, demonstration training for primary and secondary school leaders, demonstration training for key teachers in shortage areas, and comprehensive reform of teacher training. It focuses on rural areas with to enhance the capacity of key teachers. The aim is to promote teacher development, while providing professional support to teachers.	National	✓	
New Sunshine Ward School	See Table 3-2. Good Health Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Nurturing the Future	<p>The Nurturing the Future project aims to further research and explore the effectiveness of early development interventions for children aged 0-3 years in rural areas.</p> <p>The current focus is on exploring whole-county models, identifying innovative ways to promote early childhood development services in poor rural areas, exploring long-term mechanisms for local governments to interrupt the intergenerational transmission of poverty, and promoting the use of effective "Parenting the Future" programmes.</p>	Other provinces	✓	
Nutritious Children's Paradise	See Table 3-1. Adequate Nutrition Programmes for further details.			
Playground for Rural Children	The Playground for Rural Children project was jointly launched by Meituan Public Welfare and One Foundation in September 2020, aiming to build multi-functional sports fields for public kindergartens in remote mountainous areas and villages, equip kindergartens with comprehensive equipment kits for physical play, and provide teacher training to support kindergarten teachers to carry out corresponding physical education and outdoor play activities. This is to help children to obtain a safer and more complete sports environment, and better promote a healthier growth of preschool children in mountainous areas.	Other provinces		✗
Preschools of Future (POF)	The Preschools of Future (POF) is a charity project run by the Shanghai Mutual Aid Foundation, with two primary aims: The first is to efficiently utilise existing community resources, such as unused classrooms or activity rooms. In addition, through the recruitment young people with junior high school education or above in the local area, the goal is for qualified early childhood teachers to be trained. The	Other provinces	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	second aim is that, by providing funding for teacher training, project management and teacher incentive subsidies, a teacher and child evaluation system for the kindergarten classes can eventually be developed.			
Rural Education Action Program (REAP)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Same language, same sounds	The project, initiated by the Ministry of Education, aims to create a good environment for the education of young children in Mandarin, the common language in China. This is done by requiring all kindergartens teachers in ethnic and rural areas that do not use the national common language script to undergo training in batches so that eventually, a good language foundation is laid for these preschool children.	National		x
Save the children	See Table 3-1. Adequate Nutrition Programmes for further details.			
Special Programme for Teachers under the "Three Regions" Talent Support Programme	This project includes the holistic training of a new generation of teachers, improving the quality of rural education, consolidating and expanding the achievements of poverty alleviation, and effectively linking up the strategy of rural revitalization. The revitalization of key aided counties and the former "three districts and three prefectures" and other deeply impoverished areas are given priority in this project.	National		x
Starting Point Project (Preschool Education)	The project has the following objectives: (1) Improve the environmental quality of kindergartens, create a diversified and healthy environment, and promote the sustainable development of rural kindergartens;	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>(2) Promote the harmonious and healthy development of children's body and mind, and enable rural children to obtain a holistic development in morality, intelligence, and labour, to lay a good foundation for children's lifelong development;</p> <p>(3) Improve the quality and professional level of preschool teachers, enhance their understanding of their profession;</p> <p>(4) Build a platform for preschool children's education and development, and advocate common pointers that will benefit children's survival, health and educational development.</p>			
Sunshine Kindergarten	The project provides high-quality education and care services for children aged 3-6 years old, exploring a "4+1" model that is low-cost, easily replicable and sustainable for the operation and management of micro kindergartens at the village level. The model includes training, teaching materials, teaching and research, and assessment + hardware as its components.	Other provinces, Qinghai, Yunnan, Gansu		✗
Tongmeng Garden	Based in the community, Tongmeng Garden provides systematic, scientific, and comprehensive parenting guidance services for young parents of the post-80s and post-90s generation and for intergenerational child carers. As a pioneer in community-based early childhood education, Tongmeng Garden had the original intention of making early childhood education easy, convenient, and enjoyable for every family, and focused on the research and promotion of community-based early childhood education courses, providing babies and caregivers with rich early education content and laying the foundation for babies' lifelong development. Classes cost only RMB30 per session and can be paid as little as per month.	Other provinces, Guangdong, Qinghai, Yunnan		✗
Village Early Education Centre	The One Village, One Preschool Project is a poverty alleviation project initiated by the China Development Research Foundation. The programme was started	Other provinces	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Programme (VEEC Project)	in 2009, combining governmental and social resources to provide full coverage of early education to children aged 3-6 in rural areas, in order to improve the quality of early education opportunities in poor and remote central and western China. Preschool education activities were implemented by having teachers attending multiple schools in a single area. Qualified early education volunteers were recruited, and unused housing in villages was used as venues for teaching.			
Wingless Angel Home Project	Since the summer of 2014, volunteers from the Red Cross have been going to the Lanzhou Deaf Children's Language Training Centre on a regular basis to practice "hearing" with these children through the "Wingless Angel Home" project. This includes gestures such as energetic dances, funny and interesting sitcoms, as well as various toys and picture books.	Other provinces, Gansu		x

Gaps

Urban-rural disparity

One of the key challenges is the urban-rural divide. It has been found that in rural areas headteachers and teachers lack effective training and essential resources that might have an impact on the wellbeing among certain students, especially the ones from minority communities and children affected by migration.⁶⁸ This was highlighted during the interviews, where several experts noted that there is still a large gap in the development of preschool education in the east, middle and west of China, and between urban and rural areas. Not all children are receiving the same quality of education. Access to high-quality education is especially lacking for children in rural areas. There are inequities based on location, wealth and migration status, and these disparities increase with age.⁷⁴ Research has also found that there have been significant improvements in urban areas, and while the conditions in central and western China have improved considerably, both hardware and software resources are still significantly lagging behind compared to those in the east.⁷⁵

Furthermore, decentralized financing for education means that investments depend largely on local government.⁷⁴ Central government funding does not always make up for lower local investment in poorer and rural areas.⁷⁴ There should be a focus on supporting the infrastructure and education system through the building of school facilities and training of professional teachers.

Home environment

There is a lack of programmes focusing on improving and promoting learning in the home environment. In China, not all children are growing up in a stimulating environment.⁷⁴ Not all parents and caregivers have the support they need to provide a caring, playful, and nurturing environment.⁷⁴ This is more often seen among children from rural, remote areas and migrant families.⁷⁴

There should be programmes that provide education to parents and caregivers on the importance of play and learning in the home environment. Additionally, programmes can provide support and capacity building among parents and caregivers to allow them to provide a nurturing home environment for their children.

Insufficient educator training and retention

ECE teachers are underpaid and have limited opportunities for development.⁶⁹ Some teachers also struggle with the curriculum as it conflicts with their personal beliefs and values.⁶⁹ Assessment and career progression based upon performance has led to the evaluation of ECE teachers being more focused upon hierarchical status than the developmental outcomes of children.⁶⁹ Leadership practices are underpinned by societal norms, as per traditional approaches.⁶⁹ This has led to challenges in developing shared leadership in schools.⁶⁹

There needs to be clear communication of regulations and standards set for ECE. Progress should also be made to develop and train high qualified teachers for ECE, and to increase awareness of the importance of adaptability and acceptability of new practices and teachings to ensure the advancement of ECE in China.

Furthermore, the low pay of educators is a critical factor that has led to high turnover rates among rural educators in both public and private kindergarten. As noted by various expert interviewees, the protection and provision of equal pay is an area that the government needs to review urgently.

3.2.4. Responsive Caregiving

Key Messages

- ⇒ While policies have been enacted for parental leave, there are no strong enforcement mechanisms and there is no data on leave uptake. Furthermore, women in the informal work sector are not able to tap on these provisions.
- ⇒ The programmes shortlisted in this component generally seek to equip parents with some knowledge. However, this does not include content on sensitive and responsive caregiving, and there are no specific programmes for fathers.

Overview

The NCF component of Responsive Caregiving refers primarily to interactions between caregivers and young children. For infants, this includes responsive feeding. The interactions within responsive caregiving include observing and responding to children's

movements, sounds and gestures, should be mutually enjoyable and build an emotional bond to help young children understand the world around them. Provisions for parental leave after the birth of a child is included in Responsive Caregiving.

Across China, there have been few large-scale research studies to understand the depth and quality of parent-child interactions, particularly within the earliest years. Two distinct large-scale studies in rural China in 2015⁷⁶ and 2017⁷⁷ showed that the majority of rural caregivers do not engage in sensitive and responsive caregiving behaviours, such as telling stories, singing, or playing with toys with the child. This is further compounded by other factors, such as children being left in the care of grandparents due to the economic opportunities in cities for their parents, also known as left-behind children.

While there has been increased government expenditure in the rural public health system, much of it has been focused on the provision of healthcare. With regards to parenting, the knowledge disseminated has been more related to evidence-based content on child development. However, there is little understanding on how this information has been received by caregivers and whether it has led to more responsive caregiving practices.⁷⁸

In recent years, the Chinese government has made shifts in policy to further support families. However, most of the policies are focused on mothers and the overall system. Little attention has been provided to supporting fathers in their role as caregivers. While there are programmes supporting parents in caregiving, these are mainly local, village, or city-based programmes.

Policies

Within the component of Responsive Caregiving, there are seven relevant policies. Six policies are cross cutting with other NCF components, while one is solely related to this NCF component.

In 2012, the Chinese government issued a nationwide policy, *Special Provisions on the Labour Protection of Female Employees*, on the protection of new mothers and the provision of maternity leave up to 98 days (slightly under 20 weeks). This was further bolstered in 2019 and 2020, when the State Council issued detailed guidance to encourage the full uptake of maternity leave, adding workplace supports such as flexible working arrangements, employment guidance, training, and career development.^{79,80}

Across the country, various provinces have granted between 30 and 90 days of additional maternity leave to encourage women to have children.⁸¹ This is in addition to the national provision of 98 days. The four provinces in this study also issued corresponding and complementary policies. Yunnan province emphasises the need to strictly enforce maternity leave, but also to implement additional provisions such as nursing leave.⁸² Guangdong⁸³ and Gansu⁸⁴ provinces have issued policies on exploring the introduction of a system of parental leave and maternity leave that is compatible with infant and childcare services, with Guangdong Province in particular not only implementing a paid maternity leave system, but also proposing a policy of paternity leave for spouses. In addition, Qinghai province encourages employers to adopt more flexible methods and measures to create convenient conditions for families who are raising and caring for infants and young children.⁸⁵ They have also implemented employment support policies and provided information, employment guidance, and vocational skills training for parents returning to work who have taken time off to care for their infants and young children.

In considering the provision of affordable childcare services, the State Council issued the *Guidance on Promoting the Development of Infant and Toddler Care Services for Children*

under the Age of 3 in 2019. The policy states that support for infant and toddler care services in rural and poor areas should be increased and early infant and toddler development programmes promoted.⁷⁹ This includes guidance to local governments to encourage the strategic planning of childcare across the region, ensuring a mix of private and public service provision, and to set up adequate local government subsidies. The guidance to local governments was adhered to across the four provinces in this study, and all four have developed provincial child development plans based on the China Child Development Plan (2021-2030) issued by the State Council.^{86,87,88,89}

China does not have specific regulations related to child-friendly urban design. However, within the 2021 *Outline of China’s Child Development (2021-2030)* policy, the creation of child-friendly cities and communities have been included.⁸⁰ Within the document, there was broad guidance related to the development of spaces that encourage child development, social policy, and the protection of child rights, with recognisable Chinese characteristics. There is also an emphasis on ensuring spaces are safe for children and free from pollution and harmful substances. Each of the four provinces included in the study address the creation of child-friendly cities to varying degrees. While all four noted the importance of considering children when planning and constructing public facilities, only Guangdong outlined specific targets about the planning and development of child-friendly streets and parks.⁸⁶

Programmes

An independent report on the Healthy Childhood Project in 2022 revealed that ECD in rural China is at risk and that interventions through public service projects are socially important.⁹⁰ A total of 17 programmes in China included elements of responsive caregiving. All 17 projects include educational guidance for caregivers to enhance parenting skills and improve the family environment to create a warm, safe, and equitable environment for children. One project is aimed at foster carers, one is for staff of child welfare agencies, and the remaining 15 projects are directed toward children. Evaluations have been conducted on four of the 17 projects.

Table 3-5. Responsive Caregiving programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Angel+ Gansu	See			

[Table 3-4. Opportunity for Early Learning programmes](#) for further details.

Child Friendly Communities in China	See Table 3-3. Good Health programmes for further details.
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Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Child Mothers Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Children's Happy Home	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Chun Hui Infant and Toddler Project	See Table 3-1. Adequate Nutrition programmes for further details.			
Chun Hui Pre-School Project	From the setting of the environment to the personalised teaching arrangements, the orphaned children's developmental patterns and interests are at the centre of the programme, with trained pre-school teachers applying the concept of responsive education to the echoing project curriculum and the integrated education programme.	National		✗
Chun Hui Spring Watch Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Early Education Mobile Vehicles	See			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	Table 3-4. Opportunity for Early Learning programmes for further details.			
Good Parenting Project for Pre-school Children	See 			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N

Table 3-4. Opportunity for Early Learning programmes for further details.

Magical Parent-Child Garden	See			
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Table 3-4. Opportunity for Early Learning programmes for further details.

Parenting the Future	See			
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Table 3-4. Opportunity for Early Learning programmes for further details.

Rural Education Action Programme (REAP)	See			
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Table 3-1. Adequate Nutrition programmes for further details.

Gaps

In recent years, China has placed increasing emphasis on responsive caregiving in early childhood, enhancing parenting skills by guaranteeing parental leave and providing parent-child classes. In addition to parent-child interactions in the home, responsive caregiving may also include interactions between practitioners and children for children in institutional or residential care. The Chinese government, together with society, is taking active steps to ensure the provision of diverse and quality childcare services for young children. Responsive caregiving also needs to be supported by adequate childcare facilities, and the number of children's centres has increased significantly across China due to the vigorous promotion of child-friendly cities and community children's homes in both urban and rural areas. At present, the main issues with responsive caregiving include the poor implementation of universal access to maternity leave, the need to improve the ability of caregivers to raise children with responsive and sensitive caregiving practices, and the need to increase the construction of care facilities.

Poor implementation of universal access to parental leave benefits

China is one of the leaders in Asia in terms of the length and benefits of maternity leave.⁹¹ Maternity leave provision from the state and province, combined, is generally around 130 to 160 days (average of 20 weeks), and paternity leave is generally between 10 to 15

days.⁹² In practice, however, these benefits do not reach all parents. As the cost of parental leave is largely borne by the employer, companies are often reluctant to implement the policy. Consequently, some companies intentionally avoid hiring women of childbearing age, or request for new hires to sign pledges that they would not get pregnant.^{93,94} In addition, women who are engaged in flexible employment, self-employment or agricultural work are not eligible for maternity leave.⁹⁵ This disproportionately affects women in rural provinces and areas.

Despite having legal standards for unfair dismissal, women still face overwhelming bureaucratic requirements for evidence of their unfair dismissal and do not receive consistent labour protection. Furthermore, companies who are found guilty are generally requested to make marginal compensation.

Improving caregiver skills

Responsive caregiving involves the parents' appropriate responses to a child's movements, voice, gestures, and verbal communication. Targeted parenting education aims to strengthen or change parents' understanding of caregiving practices, so that they can acquire the knowledge and ability to raise and educate their children, establishing a good parent-child relationship.⁹⁶ Currently, parenting education in China is lacking in terms of quantity and form. This was highlighted as a critical gap in the expert interviews.

"When parents return home from hospital, they receive little support in terms of breastfeeding and parenting knowledge. But the biggest problem ... is the lack of parenting knowledge among rural parents. They don't know how to create a developmentally appropriate environment for their children, they don't know how to tell stories or sing to their children, and they don't know what nutrition and food to provide for their children." — Prof. Scott Rozelle, Stanford REAP

Although there are few studies on parenting education, these studies generally find a high demand for programmes from parents, but a low level of satisfaction with the education provided.^{97,98} There have been a number of programmes that have addressed parenting education. They have provided programmes in less developed areas that focused on improving parenting behaviours through various methods such as in-home mentoring and parenting activities. However, due to funding and other factors, programmes have experienced barriers to sustainability, and scalability to less developed areas is difficult.⁹⁹ Overall, parenting education still needs to be strengthened and parenting skills need to be improved. Furthermore, for left-behind children, parenting education will need to extend to grandparents and extended family members who take over the primary care of the child.

Care facilities need to be strengthened

Responsive caregiving cannot be achieved without the support of relevant venues and facilities. Children's centres are places that provide integrated services such as play, recreation, education, health, psychosocial support, and referral for children and their families. In recent years, the construction of children's centres in urban and rural communities has been vigorously promoted across the country, and the number of children's centres has increased significantly. By the end of 2020, 321,000 children's centres had been built nationwide, but the target of the *Outline for Children's Development in China* (2011-2020) had not been achieved. Furthermore, the spread of children's centres is not even across the country, with less than 10% reach in the central and western regions of China.¹⁰⁰

Additionally, aside from the construction of facilities, attention will need to be cast on the breadth and quality of service provision at these facilities, together with the training and retention of practitioners.

3.2.5. Security and Safety

Key Messages

- ⇒ The Chinese government has made progress in ensuring access to clean drinking water and proper sanitation across the country. It has also made some progress to ensuring minimum wage, social protection and protection from abuse and violence. However, more can be done to ensure that the most vulnerable groups are protected and supported. This includes migrant and left-behind children.
- ⇒ The programmes in this component primarily work to ensure protection for vulnerable groups, particularly children with disabilities, left-behind children, or impoverished families.

Overview

The NCF component of Security and Safety focuses on addressing the needs of the most vulnerable children and families, particularly related to extreme poverty, low income, environmental risks, and child maltreatment. Security and Safety refer to provision of safe and secure environments for children and their families. This includes reduction of physical dangers, emotional stress, environmental risks, ensuring recognition by the state (e.g., birth registration), and having access to clean and safe food and water.²⁸

Promoting the safe and healthy development of children can provide valuable resources for the sustainable development of the country. China has always attached great importance to the safe development of children and has introduced relevant policies to ensure the survival, development, protection, and participation of children. There are also numerous public welfare organisations that provide services and assistance to children in vulnerable situations, so that they can grow up in a safe and healthy environment.

With the shift away from the One Child Policy, birth registration has increased across China. Birth registration is especially crucial in China, where the city in which the child is registered has consequences on the services he or she can receive.¹⁰¹ Also known as *Hukou* registration, it is a key component of population and household management in China. While there are no official statistics on the number of unregistered children in China, numerous studies dating back to 2010 have shown that the rate of birth registration is low in rural areas, particularly for marginalised children, such as female children, those with disabilities, or children of ethnic minorities.¹⁰¹

Aside from birth registration, the *Hukou* system and related service provision has made it difficult for children to access public education, healthcare, and social services outside of their designated *hukou*. This has led to 69 million 'left-behind children' – those who are unable to move when their parents migrate to other cities for economic and employment reasons. Of this, around 27%, or 18.6 million are children under the age of six.¹⁰² While the

government has taken steps to address and increase birth registration, the *hukou* system is another issue that requires attention in order to ensure the safety, protection, and well-being of left-behind children. Furthermore, a number of parents delay birth registration in hopes of being able to register their child to an urban *hukou*.¹⁰⁰

Providing a safe environment for young children includes ensuring that families have access to proper sanitation and clean drinking water. Due to the efforts of both the government and private organisations, China has increased access to clean water from 55% of households to over 95% of households in 25 years.¹⁰³ However, there is still an urban-rural divide, where only 64% of the rural population has access to improved sanitation facilities, compared to an average of 76% for both the urban and rural population across the country in 2015.¹⁰³

Policies

China has 12 national policies in relation to the security and safety of young children and families. Seven of these policies cut across multiple NCF components; only five policies are singularly related to security and the safety.

The *Law of the People's Republic of China against Domestic Violence*, implemented in 2015, proposes that additional protection should be offered to minors. The policy seeks to ensure adequate preventive measures and punishment are in place to protect young children. For children with disabilities, the Chinese government, through the General Office of the State, sought to establish a rehabilitation assistance system in 2018. The *Opinions of the State Council on Establishing a Rehabilitation Assistance System for Children with Disabilities* includes provisions for assistance to children with disabilities from birth to the age of 6 years. The provinces of Yunnan and Guangdong have also issued opinions and implementation guidelines specific to their provincial needs. Third, the *Action Plan against Human Trafficking (2021-2030)* has emphasized the care and protection of special groups such as left-behind children and children in difficulty. The policy outlines the role of rescue and protection agencies for minors and children's welfare institutions and strengthens the organisational structures around the protection of young children to reduce the prevalence of trafficking.

China's labour laws require local governments and provinces to set a minimum wage and to make periodic adjustments every two years, based primarily on cost of living.¹⁰⁴ This policy has been rigorously enforced across the country and led to increased wages. However, research has shown that minimum wage regulations have had a negative effect on the employment of young adults, particularly young women, and low-skilled workers.¹⁰⁵ Specifically, the implementation of minimum wage had significantly decreased employment opportunities for both groups.

It is unclear what percentage of children are registered within China.¹⁰⁰ In China, birth registration is especially crucial and is closely tied to the *Hukou* registration system. This system allows the child to access his or her rights and services within the municipality. In 2021, the General Office of the Health Commission released a set of guiding opinions to improve the birth registration system across the country.¹⁰⁶ This policy seeks to streamline the registration process and strengthen data sharing across government platforms.

In addition to the five policies outlined above, China has seven cross-cutting policies that contribute to the security and safety of young children and families. Across these policies, the government has taken steps to ensure the vulnerable groups such as left-behind children, children with disabilities, and children in impoverished settings are actively cared for and protected, with services being made available to them. Some of these policies are

further extended within specific provinces. For example, Gansu Province is concerned about children left behind in rural areas, and the *Implementation Opinions of the Gansu Provincial People's Government on Further Strengthening the Care and Protection of Children Left Behind in Rural Areas* aims to create a positive environment for the healthy growth of children, and safeguards the rights of these children to survive, develop and be protected. Additionally, Qinghai Province is concerned about children from birth to 6 years old with autism, and the *Specification for Autism Screening and Intervention Services for Children Aged 0-6* regulates the implementation of autism screening, diagnosis, and intervention services to promote children's health.

Notably, the *Outline for Children's Development in China (2021-2030)* includes provisions to ensure that children are brought up in a safe environment, with clean water and sanitation. All four provinces in this study have further provincial plans to increase the provision of clean running tap water and toilets in rural areas.

Programmes

Within the component of Security and Safety, the study team identified 19 programmes. All programmes are provided by NGOs. In terms of scope, four of the programmes are universal, aimed at all families and children, while eight are aimed at disadvantaged families and children, such as left-behind children, those who have suffered injuries, or those in less developed areas. There are seven programmes for families and young children with additional needs or disabilities.

Table 3-6. Security and Safety programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Aiyou children's heart	See Table 3-3. Good Health programmes for further details.			
Aiyou Morning Star Project	See Table 3-3. Good Health programmes for further details.			
Angel Journey campaign for children with prediabetes	See Table 3-3. Good Health programmes for further details.			
Blessed Angels Project	See Table 3-3. Good Health programmes for further details.			
Child Friendly Communities in China	See Table 3-3. Good Health programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Child Mothers Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Child Safety Education Project	The programme was launched and implemented with the aim of rallying the community, bringing the communities' attention to safety and emergency situations through education, equipping children and teenagers with the relevant skills, and improving the safety management procedures of relevant venues through a series of publicity, education and training activities.	National		✗
Child+365 Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Children's Director Project	Village Child Officers are established as frontline staff to implement community child welfare and protection intervention services to ensure that children, especially those in distress, can be protected, enjoy well-being and thrive in a supportive environment. These interventions include identifying and serving children in need, raising awareness of child welfare and child protection in the community, providing parenting skills training and needed services to families, providing comprehensive psychosocial support to children and assisting in the development of supportive local policies. The programme has been adopted by the Chinese government and is being implemented in villages across China, covering 31 provincial administrative units.	National		✗
Children's Happy Home	See			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Table 3-4. Opportunity for Early Learning programmes for further details.				
Children's Safe and Healthy Growth Guardian Action	See Table 3-1. Adequate Nutrition programmes for further details.			
Chun Hui Caring Home Project	See Table 3-3. Good Health programmes for further details.			
Go Baby - Children's Health Protection Programme	To help improve the health of children in less developed areas, the CFRD provides comprehensive public welfare insurance for children from low-income families to reduce the incidence of poverty due to illness and accidents and builds pilot children's centres in local primary care institutions to help build a child-friendly environment for medical care. The programme combines children's charity insurance with the establishment of children's centres in local primary healthcare institutions. Additionally, through an online platform, the programme provides children from low-income families in less developed areas with comprehensive children's insurance coverage of approximately RMB 85 per person per year.	National		✗
Hello Kids	See Table 3-1. Adequate Nutrition programmes for further details.			
Life Green Project	See Table 3-3. Good Health programmes for further details.			
Safe Childhood Rides - Walk with Heart Charity Project	Child road traffic injuries are the leading cause of injury and death among children in China. To reduce the occurrence of child injuries in China, especially road traffic injuries, Global Child Safety (China) and GM China launched the programme in 2014. Through traffic injury research, safety education, social awareness,	Other provinces; Guangdong		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	regulation promotion and capacity building, as well as multi-sectoral cooperation, the programme aims to help more children and families stay safe from traffic injuries and promote the long-term development of child passenger safety in China.			
Save the children	See Table 3-1. Adequate Nutrition programmes for further details.			
Small Grants Project	The programme is run by judges, prosecutors, lawyers, staff of the Youth League and Women's Union who handle minors' cases and apply on behalf of the children. After examination by the programme team, financial assistance is granted to children who meet the eligibility criteria. The programme aims to provide small amounts of financial assistance to minors whose rights have been violated in cases and whose families are poor but cannot receive compensation. The programme aims to give confidence and strength to children whose rights have been violated, so that they can grow up in a safe and healthy environment.	National		x
Sunshine Fund	See Table 3-3. Good Health programmes for further details.			

Gaps

Unequal service provision

The government has shown increasing concern in recent years about the welfare, safety, and protection of young children and families. However, all the programmes shortlisted in this study are led and operated by NGOs with private funding. Currently, the government is developing an integrated assistance system to ensure that children can access healthcare and has added support for children with disabilities.¹⁰⁷ It is crucial that this planned system works in tandem with the numerous local programmes led by NGOs, to ensure engagement of all key stakeholders and coordination of services.

Uneven insurance coverage between urban and rural areas

Since 2007, children in China's urban and rural areas have been covered by the basic medical insurance for urban residents and the new rural cooperative medical system. In 2016, the State proposed to integrate the two systems of medical insurance to gradually establish a unified basic medical insurance system for residents nationwide, so that urban and rural children would have equal access to basic medical insurance treatment. In addition, to further protect the rights and interests of children, the State introduced major medical insurance for urban and rural residents in 2012, incorporating serious childhood illnesses into the national medical insurance system to reduce the burden faced by families when their children experience major illness. Although children are covered by basic medical insurance for urban and rural residents in all parts of China, the non-compulsory nature of participation has led to a lower rate of participation in remote and rural areas.

Enrolment is based on families having previously completed the birth registration for their child, and then registering their child for the basic medical insurance scheme. In addition, some regions also restrict the participation of migrant children, leaving some children unable to access basic medical coverage.¹⁰⁸

Protection for migrant and left-behind children

With continuing urbanisation, the issue of protecting the rights and interests of migrant and left-behind children - a result of population movement - has become a growing societal concern. In recent years, several departments, including health, education and civil affairs have made comprehensive efforts to assist migrant and left-behind children with family guardianship and eligibility for schooling. At present, China has relatively good medical and schooling protection for migrant children in urban areas, but these children are often less prepared for schooling and have difficulty forming peer relationships compared to local children. For left-behind children whose parents are often absent, their upbringing and care issues need more attention.

A critical point to note here is that policies and programmes to support left-behind children are primarily focused on the provision of services and support, not reunification of the child with their parents. This would be an important aspect to consider, through conversations with employers and other stakeholders, such that children can be with their parents.

3.2.6. Cross-cutting Topics

Gaps

Urban-rural divide across and within provinces

China is a vast country with huge regional differences in economic level, population size, geography, and human environment. Despite strong central government co-ordination, ECD is still uneven across regions. In general, the development of the central and western regions falls behind that of the eastern regions. In addition, there are also relatively large differences in development within specific provinces. In Guangdong Province, for example, the ECD programme in the Greater Bay Area has adequate financial and human resources and is gaining momentum, but children in northwest Guangdong are unable to enjoy the same opportunities due to financial and material constraints. Therefore, the uneven development within the province is also a matter of concern.

During the period of planned economy, China separated urban and rural areas in terms of system and management, forming a socio-economic "urban-rural dichotomy". Since the reform and opening up, with the establishment and improvement of the market economy system, the division between urban and rural areas has gradually been broken down, but in reality, the phenomenon of the "urban-rural dual structure" still exists.¹⁰⁹ Rural areas generally lag behind urban areas in terms of economic development and social security, resulting in an imbalance in the development opportunities of rural children and urban children.

Quality and quantity of trained ECD practitioners

Quality ECD for children under six years of age needs to be supported by an adequate and stable supply of trained professionals. However, in China, the current mobility and shortage of relevant practitioners is a prominent problem. This has been a major constraint on the quality of preschool education. While there is a growing emphasis on the training of practitioners in infant and childcare services for children under three years of age, and the qualification requirements for educators are reflected in some policy documents, both entry requirements and training need to be further systematised.

In terms of quality, although the education and certification rates of preschool teachers have increased substantially over the last decade, the overall quality of the kindergarten workforce is still low. In 2017, the minimum education requirement for full-time kindergarten teachers in China was technical secondary school, which is equivalent to the senior secondary education level, while most OECD member countries require a bachelor's degree. In addition, a survey in 2019 on the professional foundation and certification of kindergarten teachers found that 61% of kindergarten teachers majored in preschool education, 25% majored in education-related subjects, and 14% majored in non-education subjects.¹¹⁰ Furthermore, over 20% of teachers are not certified at all.¹¹² This situation is further exacerbated by the constraints faced by educators in rural locations, as noted by an expert interviewed for this study.

“Many villages have only one teacher in the kindergarten... He [or she] has no opportunity to receive [additional] training, hence leading to a lack of quality in ECD settings.” — Expert interview from School of Preschool and Special Education in a university in Yunnan

Additionally, the ratio of paediatric practitioners to the number of doctors is relatively low and paediatric resources are very constrained. While the government had taken steps to train and increase the number of licensed doctors in rural locations, there are still persistent gaps in training and continuing professional development.¹¹¹ This is one of the major factors affecting the development of children from birth to six years in China at present.

Need for increased, targeted investment in ECD

In the interviews, many of the experts mentioned "investing more". Children are the future of the country and the hope of the nation. Although the Chinese government has made considerable investment and efforts in various areas of ECD, there is still a considerable gap compared to other OECD countries. As noted by an expert interviewee, this increase in investment is even more crucial now.

“Especially in this recent period of economic downturn, it is even more necessary to institutionalise investments [in early childhood development].” — Expert interview with researcher in a local preschool education policy research centre

In the consideration of where investments should be focused, within early childhood education, previous investments have been poured into infrastructure and facilities such as school buildings. However, this has been at the expense of “software” investments, such as human capital, including the salaries of educators, pre-service training, and continual professional development structures. Currently, these are critical gaps that require not just financial investment, but also consideration toward its structure and quality.

Resource needs do not end there. Particularly in remote and underdeveloped areas, such as rural kindergartens in Yunnan, basic supplies such as textbooks, storybooks and toys are still in short supply and could be the focus of future investment. These needs vary from province to province, and further investigation would be necessary to ensure investments are targeted at the more urgent needs.

Coordination across sectors

Early childhood development covers a wide range of aspects such as nutrition, health, education, and safety, and requires the collaboration of multiple departments. Currently, early childhood development in the majority area of China is divided into two different departments, with children under three years old under the management of the National Health Commission and children aged three to six years old under the management of the Ministry of Education. This division makes it difficult for the holistic nature of ECD to be considered.

In addition, experts interviewed also pointed out that various aspects of ECD would require the collaboration and coordination across local departments.

“For example, improving the working conditions for teachers ... requires the joint efforts of multiple departments such as the Development and Reform Commission, the editorial office and the finance department. This coordination mechanism between the various departments is not yet sound.” — Expert interview with researcher in a local preschool education policy research centre

Furthermore, the lack of interdepartmental coordination and cooperation has also led to a disconnect across services. As noted in the interview excerpt below, the lack of coordination has led to gaps in service provision, wasted resources and confusion among parents on which entity to approach.

“Institutions such as childcare centres and child-friendly community centres have separate identities, leading to a lack of consistent connection across services.” — Expert interview with the deputy director from a government department

Particularly in rural, low-resourced settings, stronger coordination would be crucial to streamlining efforts so that parents and families have access to the services they require. This is a gap that can be addressed both on the local village level, and at the provincial or national government level.

3.3. Conclusion

China has a comprehensive set of policies and programmes supporting ECD, with a mix of government and foundation-led and funded programmes. While the national government has set out strong policies to support young children and their families, the responsibility falls on the local provincial government to ensure that policies are implemented. This decentralised model extends to the funding available for policy and programme implementation. As such, poorer provinces are less able to ensure high quality and comprehensive support and services for young children and families. Although the country has made some gains in specific ECD areas, more can be done for vulnerable children, specifically migrant and left-behind children, and for women. This will require significant investment to understand the needs and barriers to implementation, together with time to understand specific needs on the ground.

4. What programmes have been evaluated?

This section will address the research question: “What evaluations have been undertaken of ECD programmes and services in China?”

4.1. Overview of evaluations

Of the 63 programmes, only 14 have been evaluated. Six of these evaluations were conducted internally (available in the grey literature), seven were published in academic journals and one evaluation was conducted externally. Three of the evaluated programmes are operated by the government and the remaining 11 are NGO-led. This is reflective of the breakdown of shortlisted programmes, where over 80% of programmes are led by the NGOs. The majority of the 14 evaluations are publicly available in Mandarin, although some full reports were not available.

Notably, none of the published evaluations included a cost-effectiveness evaluation or analysis. Given the breadth of programmatic work occurring within China, this is a crucial gap. Including a cost effectiveness component to evaluations would provide insights into if, and how, current levels of investments are impacting ECD outcomes.

Below is the list of programmes and their respective evaluation details

Table 4-1. List of programmes with evaluations

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Breastfeeding Promotion Initiative China Development Research Foundation. (2020). "Mu ru wei yang ti sheng ji hua" nan ning shi dian xiang mu jie duan zong jie hui yi zai nan ning zhao kai. ["Breastfeeding Promotion Program" Nanning pilot project phase summary meeting held in Nanning]. https://www.cdrf.org.cn/mrxmdt/5536.htm .	Internal report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration. Data collected through a survey developed by the programme team.	These omissions in information about study methods make it difficult to interpret the validity of the findings.
Study Findings				
		The evaluation was mainly conducted by a third-party evaluation agency. In the first year of implementation, the pilot project of the Breastfeeding Promotion Programme has been very effective. The external evaluation showed that the establishment of the breastfeeding counsellor system has significantly improved the local breastfeeding situation. According to preliminary monitoring data, several breastfeeding indicators in the pilot area of Nanning have improved significantly since the project began: the rate of exclusive breastfeeding at 6 months in the pilot area increased from 36.9% before the project to 47.1%; the number of mothers of infants (0-5 months) in the four pilot hospitals who had the correct definition of exclusive breastfeeding increased from 39.4% to 51.7%; the breastfeeding rate during hospitalisation in the pilot hospitals reached 91.7% and the breastfeeding rate within the first hour after delivery reached 96.3%.		
Chen Xing Vibrant Parent-Child Project Huo li qin zi yuan xiang mu ping gu bao gao. (2017). [Evaluation report on	External evaluation report	The purpose of the evaluation of the project was to reveal the social effects and to summarise the operational model.	The study used qualitative methods, primarily through interviews, supplemented by a quantitative survey and further statistical analysis. The evaluation surveyed 3 project sites in 2 districts and within each site, the site manager, the parenting class teacher and the parents involved in the project	N/A

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
the Lively Community Lively Parent-child Garden Project].			were interviewed. The interviews included 3 project supervisors, 4 project site managers, 5 parenting class teachers and 12 parents. Additionally, 162 parent questionnaires were collected. Finally, the heads of 2 partner organisations were interviewed.	
		Study Findings <p>The evaluation was conducted by the Beijing Qi Yue Social Welfare Service Centre. After a series of evaluations, the main findings include the following: Firstly, in terms of child development, the most obvious change was the increase in the child's cognitive level. In terms of parental influence, parents have learnt new approaches to education and have changed previously incorrect ways of teaching. Secondly, in terms of social significance, it makes up for the lack of early childhood education in mobile communities and improves the concept and action of early childhood education in this segment of mobile families. In the course of its operation, it focuses on parental participation through the delivery of the curriculum, activates the endogenous action of the community and forms a community in this way, which in turn partially changes the state of life of these parents and the state of life of the family. Thirdly, at the public good level, it meets a social need at the public level and brings support to the mobile population, while providing a purely public good and benefiting all the families in the community who have a claim to it. Fourthly, in terms of professionalism, it involves two levels of professionalism, namely the professionalism of community-based subject-driven activation and the professionalism of early childhood education. Fifthly, in terms of extended social impact, the project makes a positive social contribution to children, parents and families and communities as a whole.</p>		
Fuel for 5 - Nutrition Improvement Programme	Internal Report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	These omissions in information about study methods make it difficult to interpret the validity of the findings.
Amway Charity Foundation. (2019). Wei 5 jia you xiang mu cheng xiao ping gu wan cheng. [Fuel for 5 project effectiveness evaluation completed]. https://www.amwayfo		Study Findings <p>The Amway Community Foundation, in conjunction with the Institute of Nutrition and Health of the Chinese Centre for Disease Control and Prevention and the Institute of Psychology of the Chinese Academy of Sciences, conducted two evaluations of the programme's effectiveness in 2017 and 2019. The evaluations showed the following results:</p>		
			Data collected through a survey developed by the programme team.	

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
undation.org/zh/latest-news/project-progress/for5/20191230.html		<p>1. The anaemia rate of children dropped by 22% from 2016 to 2017, one year after programme implementation. In 2019, after three consecutive years, the anaemia rate of children dropped further by another 60.7% from the 2017 rate. Overall, the anaemia rate reduced from 37.6% to 11.4%. Children within the programme reached the National Nutrition Plan (2020) target of 12%.</p> <p>2. The stunting rate for children decreased by 44% between 2016 and 2017, one year into the programme, and in 2019, after three consecutive years, the stunting rate decreased by 76.5% from the 2017 rate. Overall, stunting reduced from 17.6% to 1.9%.</p> <p>3. In 2016, after pre-testing, the average cognitive level of children in poor areas was 2 years behind the national norm, but in 2019, after three consecutive years of the project, tested children in the project sites of Guzhang in Hunan and Xingxian in Shanxi, and the cognitive level of children was comparable to the national norm.</p> <p>4. The programme distributed multi-vitamins to children. The children's consumption rate is consistently over 92% since the start of the programme, which is much higher than the national nutrition package consumption rate of 70% for the Fuel for 5 project. Over the course of the programme, it has covered 833 kindergartens in 24 counties in 11 provinces, including Qinghai, Xinjiang, Gansu, Shanxi, Hunan and Guangxi, and has cumulatively distributed more than 40 million chewable tablets and conducted 25,000 nutrition education sessions, bringing nutrition benefits to 93,000 children.</p>		
Harnessing Opportunity through Parenting and Education (HOPE) Project (TF China)	Internal report	A new attempt to explore a feasible model of early childhood development intervention in underdeveloped rural areas and promote the comprehensive development of infants and young children has been made through the creation of education centres.	<p>HOPE Project conducted the evaluation on its impacts on the beneficiaries. The "experimental group-control group pre-test and post-test design" is adopted in the evaluation study. Both quantitative (questionnaire, surveys) and qualitative (interviews) methods are utilised in the research.</p> <p>Quantitative survey on children and primary caregivers: one-on-one face-to-face surveys with primary caregivers using a paperless questionnaire; quantitative survey on facilitators completed online; interviews on various beneficiaries of HOPE project conducted face-to-face.</p>	These omissions in information about study methods make it difficult to interpret the validity of the findings.
Study Findings				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
		The project has promoted the early childhood development of local children between 0-3 years old and has improved the current situation of early parenting. It improved the professional ability of centre facilitators, and centre facilitators adapted well to their work. The project had a positive impact on local early childhood education, and these impacts will continue to contribute to the future development of children. Finally, the project has received praise from the local government, community or village officers, kindergarten heads, and families.		
Harnessing Opportunity through Parenting and Education (HOPE) Programme (TF China) China Development Research Foundation. (2017). "Hui yu zhong guo" hua chi xian shi dian shi xian quan fu gai. ["Hui Yu China" Huachi County achieved full coverage]. https://www.cdrf.org.cn/jjhd/4373.htm	Internal report	n/a	HOPE Project conducted an evaluation of its impact on the beneficiaries. An experimental group-control group pre-test and post-test design was adopted in the evaluation study. Both quantitative (questionnaire surveys) and qualitative (interviews) methods were utilised in the research. Quantitative survey of children and primary caregivers consisted of: one-on-one, face-to-face surveys with primary caregivers using a paperless questionnaire; quantitative surveys with facilitators completed online; interviews with various beneficiaries on HOPE project conducted face-to-face.	
		Study Findings As of July 2017, analysis of the baseline, mid-term and end-term evaluations showed that the HOPE programme was able to effectively promote the development of infants' language, gross motor and health, significantly increase the normal rate of children's cognitive development screening, and significantly improve parenting behaviour and the parenting environment of families. The home visit intervention was also able to increase the height for age of the children, reduce the rate of wasting of children who underwent the programme and increase the rate of adherence to the nutrition package programme.		
Magical Parent-Child Garden - Mobile Early Childhood Development Project	Internal report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	The evaluation of the project mainly came from its internal evaluation and did not involve an independent evaluation.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
FAZE Community Well-being Foundation (Guangzhou). (n.d.) Shen qi qin zi yuan liu dong er tong zao qi fa zhan: yong ai shou hu sheng ming kai shi de1000tian [Early development of mobile children in Magical Parent-child Garden: guarding the first 1000 days of life with love]. http://www.fazecwf.cn/home/project/intro/id/3.html		Study Findings Changes were evident in three areas. Firstly, changes in the growth of young children were apparent. According to pre- and post-intervention measurements, the children who participated in the training had different degrees of development in the five major areas of movement, language, cognition, social and art. Secondly, changes in parents were also observed. Many parents have learned a lot about parenting and communication skills through attending morning classes and parent (micro) classes with their children, and have learned how to respect their children, and their parent-child and couple relationships have improved. Thirdly, in terms of teacher training, up to now, a total of 22 online and offline professional teacher training sessions have been conducted for community mothers recruited by the partner organisations, including theoretical training, drop-in training, practical training and management training, and the concept of participatory training has been incorporated into the training process, nurturing 290 community mothers to enter the early development industry.		These omissions in information about study methods make it difficult to interpret the validity of the findings.
National Training Plan for Primary and Secondary School Kindergarten Teachers Li, F. (2021). Pei yu da guo liang shi zhi cheng jiao yu gao zhi liang fa zhan. [Nurturing great teachers to support the high-quality	Published journal article	The UNESCO Centre for Teacher Education had conducted a comprehensive independent evaluation of the ten-year performance of the National Training Programme. The National Training Programme has been implemented in 31 provinces, municipalities, and autonomous regions over the past 10 years, of which 15.74 million (94%) have participated in the National Training Programme for Central and Western China and the National Training Programme for Early Childhood Teachers. The National Training Programme covered all deep-poverty	This study takes 2010 to 2020 as its designated time period and retrieved 1409 documents from the China National Knowledge Infrastructure (CNKI) with the “National Training Plan” as its relevant keyword. The selected documents were then screened, classified, and analysed into 2 categories – theoretical research versus empirical research.	n/a

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
development of education]. <i>Future Educationalists Magazine</i> , (Z1)23-25.		counties and rural teachers in poor areas. The programme stands out for its high degree of government attention, strong financial investment, large number of participants and long duration of development.		
Cheng, Y., Wang, J., & Liang, Q. (2021). Jin shi nian zhong guo "guo pei ji hua" yan jiu hui mou. [A review of the research on China's "National Training Program" in the past decade]. <i>Journal of Pingdingshan University</i> . 36(01), 115-118.		<p>Study Findings</p> <p>The evaluation showed that over the past ten years, a total of 16.6 million teachers from 31 provinces, municipalities and autonomous regions have participated in the National Training Programme. The National Training Programme has been implemented in 31 provinces, municipalities and autonomous regions over the past 10 years, of which 15.74 million (94%) have participated in the National Training Programme for Central and Western China and the National Training Programme for Early Childhood Teachers.</p> <p>In terms of effectiveness, studies have found that the National Training Programme has had a positive impact on the professionalism of trainee teachers. Participant teachers have improved their concepts, knowledge and competencies, and have been able to adapt their teaching behaviours to the content of the training. On the other hand, some studies have also found that the professional concepts and teacher ethics learned in the training are difficult to implement, the application of the training theory to post-training teaching practice shows mediocre results, and the trainee teachers are not effective in solving practical problems.</p>		
Nurturing the Future Centre for Experimental Economics in Education. (2020). "Yang yu wei lai" xiang mu jie shao. ["Nurturing the	Published journal article	Since the implementation of the project in 2012, more than 28,000 people have benefited from the project, including 9,565 children and 18,452 parents. Since the end of 2017, under the guidance and support of the Department of Population and Family of the National Health Commission, the project has been implemented in Ning Shaanxi and Qing Jian counties in Shaanxi Province and Xun Wu	The main measure used across the different collection groups was the Bayley Scales of Infant and Toddler Development-III.	

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Future" project introduction]. http://ceee.snnu.edu.cn/info/1329/1021.htm		County in Jiangxi Province, with 30 new parenting centres and 3 service points.		
		Study Findings The study found that the programme effectively reduced the rate of anemia in infants and young children in the short term and improved their cognitive development. After 6 months of intervention, the programme displayed effectiveness in reducing anemia (increased hemoglobin level by 1.77g/l) and improving cognitive ability (increased cognitive score by 0.13 standard deviations) in infants aged 12-18 months. In the follow-up survey of Phase 2 (every 6 months), it was found that the intervention had no significant effect on infants' anemia and cognition in the long term. This result was consistent with the compliance rate of taking nutrition packs and the statistical power of the project.		
National Immunisation Programme Chen, S., Yao, L., Wang, W., & Tang, S. (2022). Developing an effective and sustainable national immunisation programme in China: Issues and challenges. <i>The Lancet Public Health</i> , 7(12). https://doi.org/10.1016/s2468-2667(22)00171-2	Peer-reviewed published paper	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	
		Study findings The burden of vaccine-preventable diseases in China has decreased dramatically since the establishment of the National Immunization Program (table). High vaccine coverage is facilitated by strong implementation of the National Immunization Program and important factors, including the hukou and immunisation certificate system, which is the household registration system used in mainland China that grants residency-based access to education, health care, pension, and other social services and benefits. In addition, fast economic development, better nutrition, maternal and child health programmes, a strengthened health system, and advances in medical technique have all contributed to reduce deaths from vaccine-preventable diseases. There is evidence showing that the incidence of 11 monitored vaccine-preventable diseases was 1723 per 100000 population in 1959, and has decreased markedly since 1978, remaining at low incidence since 1990. For example, pertussis decreased by 98% from 1978 to 2018, and measles decreased by 99% during the same time. Annual vaccine-preventable disease mortality peaked at 49.96 per 100000 population in 1959, with the total number of vaccine-preventable disease deaths exceeding 0.3 million. By 2017, mortality decreased by more than 99% to less than 1 (0.038) per 100000 population. Nonetheless, some barriers remain. Key challenges include inclusion of all WHO-recommended vaccines into the routine programme, improving the function and support of the National Immunization Advisory Committee, increasing and sustaining reliable vaccination financing, ensuring uninterrupted vaccine supplies, overcoming regional disparities in immunisation practices and cold chain processes, strengthening the workforce, and integrating immunisation information systems into all aspects of the programme.		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
<p>Preschools of Future (POF)</p> <p>Zhang, M. (2019). Zhong guo jiao yu cai zheng. [Chinese Education Policy]. <i>China Academic Journal Electronic Publishing House</i>.</p> <p>Zhang, X. (2021). Zhong guo jiao yu cai zheng. [Chinese Education Policy]. <i>China Academic Journal Electronic Publishing House</i>.</p>	Published journal article	Based on management data and follow-up survey data, the research team analysed the impact of intervention programmes in kindergartens. The main objectives of this evaluation include: 1) The project's impact on children's development, 2) Process quality (mainly inspecting teacher-child interaction), 3) The impact of the project on kindergarten teachers and 4) Cost-effectiveness of the project model.	<p>Through sampling, the research group selected 133 kindergartens from Funing County Education Bureau. A total of 1,338 children were selected for the baseline survey, including 487 children from the project kindergartens. A total of 1,315 children's information was collected in the first follow-up survey. Among them, 1,125 children who participated in the baseline survey were successfully tracked. The second follow-up survey was successful, as 955 young children who participated in the baseline survey and the first follow-up survey were tracked.</p> <p>Information on the kindergartens, principals, teachers and children's family backgrounds was collected. Specific tools and measures include: 1) Early childhood development assessment tools (Tai Child Development Scale), 2) Kindergarten Learning Environment Evaluation Scale (Children's Comprehensive Evaluation Tool for Children's School Preparation), 3) Kindergarten Learning Environment Evaluation Scale, 4) Kindergarten Development Situation Questionnaire, and 5) Kindergarten Teacher Basic Information Form. Field visits and focus interviews were also conducted.</p>	n/a
Study Findings				
Based on three consecutive follow-up studies that were conducted in October 2018, May 2019 and July 2020 through field measurements, collection of administrative data and interviews, the results found that the children who took part in the programme showed an overall increase in cognitive development, compared to children located in rural kindergartens. However, there was no difference in non-cognitive development (i.e., physical, social and emotional).				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
		Additionally, kindergartens within the programme had a better learning environment, higher quality curriculum and facilities. However, the programme kindergarten educators showed lower amounts of prior teaching experience, lower income and higher turnover of staff.		
Rural Education Action Program (REAP)	Peer-reviewed published article	The results of a randomised experiment evaluating the effects of a home-based parenting programme delivered by cadres in China's Family Planning Commission (FPC)—the former enforcers of the one-child policy—were evaluated.	The main measure used across the different collection groups was the Bayley Scales of Infant and Toddler Development-III.	n/a
Sylvia, S., Luo, R., Zhong, J., Dill, S.-E., Medina, A., & Rozelle, S. (2022). Passive versus active service delivery: Comparing the effects of two parenting interventions on early cognitive development in rural China. World Development, 149, 105686. https://doi.org/10.1016/j.worlddev.2021.105686		Study Findings Research has found that fostering centres can significantly improve the physical commitment, mental commitment, and parenting skills of carers. Parenting programmes delivered in the home were more effective than those delivered through a parenting centre. The programme significantly increased infant skill development after six months and that increased investments by caregivers alongside improvements in parenting skills were a major mechanism through which this occurred. Children who lagged behind in their cognitive development and received little parental investment at the onset of the intervention benefited most from the programme.		
Sylvia, S., Warrinnier, N., Luo, R., Yue, A., Attanasio, O., Medina, A., & Rozelle, S. (2021). From Quantity				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
to Quality: Delivering a Home-Based Parenting Intervention Through China's Family Planning Cadres. The Economic Journal, 131(635), 1365–1400. https://doi.org/10.1093/ej/ueaa114				
Save the Children Save the Children. (2021). <i>2021 annual review</i> . http://savethechildren.org.cn/upload/file/20220801/1659326467769752.pdf	Evaluation report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	These omissions in information about study methods make it difficult to interpret the validity of the findings.
		Study Findings In terms of child nutrition, in 2019, the sub-project targeting Canyuan County in Yunnan provided breastfeeding support to around 2,000 mothers in two hospitals. An evaluation after six months showed that the rate of exclusive breastfeeding of newborns at hospital discharge increased from 3.13% (baseline survey data from 2017) to 64.29%. In July and August 2020, with technical support from the Institute of Experimental Economics in Education of Shaanxi Normal University, a final evaluation of the project was conducted in Longshu and Lehong towns in Lutian County. The evaluation report showed that twice-monthly home visits combined with monthly family group activities were effective in promoting the development of infants and toddlers aged 0-3 years in the four domains of language, motor, cognitive and socio-emotional development. The intervention significantly improved infants' Bailey test scores and standard scores; significantly reduced rates of early developmental delays and cognitive, language and socio-emotional delays; and improved caregiver mental health and reduced primary caregiver depression, anxiety and stress tendencies, which had a very positive impact on primary caregiver parenting behaviours and the development of a positive home parenting environment. Very positive impact on primary caregivers' parenting behaviour and the development of a positive family parenting environment. In December 2020, Save the Children, in collaboration with Peking University School of Medicine, conducted an external end-of-career evaluation in two county hospitals and eight administrative villages. The evaluation showed that the three-year project intervention led to significant improvements in early mother-infant contact, early maternal initiation, and exclusive breastfeeding behaviour during hospitalisation. There was also a significant increase in breastfeeding awareness among mothers and caregivers. The evaluation showed significant improvements in exclusive breastfeeding rates from 0-5 months and in the performance of the		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
		<p>'minimum meal frequency' and 'minimum acceptable diet' from 6-24 months as a result of the project intervention. In addition, an evaluation conducted by Peking University Medical Department showed that the exclusive breastfeeding rate within 6 months in the project intervention area increased from 8.7% to 83.3%. In terms of child education and development, from July to August 2020, with technical support from the Institute of Experimental Economics in Education of Shaanxi Normal University, we conducted a final evaluation of the project in Longshu and Lehong towns in Ludian County. The results showed that the "family group activity" intervention model designed by our project effectively promoted the development of infants and toddlers aged 0-3 years in four domains: language, motor, cognitive and socio-emotional. The intervention significantly improved infants' Bailey test scores and standard scores, and significantly reduced early developmental delays by 11%, 5% and 8% in cognitive, language and social-emotional development respectively. The evaluation also showed that the intervention improved caregiver mental health, reduced primary caregiver depression, anxiety and stress tendencies, and significantly improved primary caregiver parenting behaviours and the home parenting environment.</p>		
<p>The National Free Pre-Pregnancy Health Examination Project</p> <p>Zhang, L. (2022). Study on the preventive effect of pregnancy eugenic health checkups on neonatal birth defects. <i>China Practical Medicine</i>. 17(12), 38-40. DOI:10.14163/j.cnki.11-5547/r.2022.12.009.</p> <p>Song, W, Qian, Y. (2021). Analysis of the effectiveness of the implementation of the premarital health</p>	Published journal article	<p>The occurrence of adverse pregnancy outcomes and neonatal defects were compared between the conventional group and the observational group, and the causes of neonatal defects in the two groups were analysed.</p> <p>Study Findings</p> <p>The study on investigating the preventive effect of pre-pregnancy health check-ups on neonatal birth defects founds that pre-pregnancy health check-ups effectively lowered the birth rate of defective new-borns. From the research, the incidence of adverse pregnancy outcomes in the observation group was 1.37%, which was significantly lower than 6.73% in the conventional group, and the difference was statistically significant. The neonatal defect rate in the observation group was 0.62%, which was significantly lower than 6.28% in the conventional group, and the difference was statistically significant.</p> <p>Another study from Song Wangzhen on the analysis of the effectiveness of the implementation of premarital health screening and preconception eugenic health screening programmes founds the premarital health screening and preconception eugenic health screening were effective in reducing the incidence of adverse pregnancy outcomes and play an important role in birth selections and were more effective when combined.</p>	<p>A total of 1026 couples of childbearing age who underwent pregnancy check-ups were the subjects of this study and were divided into conventional group (223 couples) and observation group (803 couples) based on the random numerical table.</p>	n/a

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
screening and preconception eugenics health screening programmes. <i>Maternal and Child Health Care of China.</i> 36(13), 3115-3118. DOI:10.19829/j.zgfybj.issn.1001-4411.2021.13.060.				
Village Early Education Centre Programme (VEEC Project) Chen, S., Chen, Z., Shi, J., Chen, C., Snow, C. E., & Lu, M. (2019). Long-term effects of China's one village one preschool program on Elementary Academic Achievement. <i>Early Childhood Research Quarterly</i> , 49, 218–228. https://doi.org/10.101	Peer-reviewed journal article	This study implies that the village-level ECE settings with public financial support may be a vital next step of the education policy reform in China to help most disadvantaged children.	The county-wide elementary test scores of 1962 students from 70 elementary schools was collected. The longitudinal data included the first, third, and fifth grade test scores of every student.	
	Study Findings	Results from OLS regression models showed that compared to those children who never attended any ECE settings before elementary school, all three ECE auspices had a positive association with children's academic achievement in the first, third, and fifth grades. These results suggested that academic achievement was positively associated with children's early experiences of ECE settings. The public centre group consistently ranked the highest in our sample during the three waves of data collection, while the no-ECE children were the lowest. In Grades 1 and 3, OVOP children and private centre children did not differ, but in Grade 5 OVOP children showed a significantly higher achievement level than private centre children.		
		The most surprising finding was that OVOP students attained higher achievement than township private ECE children and caught up the township public ECE children by 5th grade, considering that township ECE enjoyed richer educational and economic resources than the poverty-stricken village centres. This finding suggested that for children in remote and poor villages in western China, the lack of resources, curriculum, or experienced teachers in their ECE environment could be offset by propinquity, easy access, affordability, and low student-teacher ratio.		

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6/j.ecresq.2019.06.010				

Abbreviations

APAC -----	Asia Pacific
CCF -----	China Children's Charity Foundation
CDRF -----	China Development Research Foundation
CFC -----	Child-Friendly Communities
CFRD -----	China Foundation for Rural Development
CH -----	Congenital hypothyroidism
CKDP -----	Countryside Kindergarten Development Plan
ECD -----	Early Childhood Development
ED -----	Education Department
ECE -----	Early Childhood Education
IDD -----	Iodine deficiency disorders
MAD -----	Minimum Acceptable Diet
MCH -----	Maternal and Child Health
MDD -----	Minimum Diet Diversity
MDG -----	Millennium Development Goals
NCF -----	Nurturing Care Framework
NGO -----	Non-Governmental Organisation
NIAC -----	National Immunisation Advisory Committee
NIP -----	National Immunisation Programme
OECD -----	Organisation for Economic Co-operation and Development
PKU -----	Phenylketonuria
SDG -----	Sustainable Development Goals
TF -----	Tanoto Foundation
UNICEF -----	United Nations Children's Fund
USI -----	Universal Salt Iodization
WHA -----	World Health Assembly
YYB -----	Ying Yang Bao

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Chapter 5

Indonesia



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Executive Summary

Indonesia's government has demonstrated a commitment to ECD development and ensuring that needs of all young children are met through various legislative and policy mandates. The challenge now lies in ensuring that these national policies are implemented well through programme and service delivery to meet ambitious ECD targets.

Since 2011, the Indonesian government has demonstrated an increased commitment to the early childhood development (ECD) sector. This has been particularly in evidence in its commitment to reduction of stunting and the introduction of long-term strategies for early childhood care and education. Financial and strategic policies that aim to improve the early education sector, with a focus on improving the quality of the workforce, also demonstrate a national commitment to early childhood development.

However, Indonesia's context presents unique challenges for these reforms. This study finds that Indonesia has a strong policy foundation on which to build its ECD sector, but more resources and capacity are required to ensure that on-ground and local implementation meets the ambitious goals reflected in the national policy agenda.

Indonesia is the world's largest archipelago and its fourth most populous country, with geographic spread across approximately 17,500 islands and 700 different ethnic groups

that speak about 1,000 different languages or dialects, with attendant religious, cultural, and historical diversity. Indonesia's Pacific location and geology make it vulnerable to natural disasters, creating challenges for the stability of infrastructure and development. It is also a young and rapidly urbanising country: two-thirds of its population is between 15 and 64 years of age, and by 2030 it is estimated that the same proportion of people will live in urban settings.¹ These factors complicate service provision across all sectors, and understandably create hurdles for policymakers and providers seeking to rapidly transform the life chances of babies and young children.

A total of 54 programmes and 19 policies relating to ECD were examined for this study. Both programmes and policies are represented within each component of the Nurturing Care Framework (NCF) indicating that all key areas of ECD are being addressed in the country, though there were some gaps – in particular, programmes and policies related to fathers and to caregiver mental health. Four provinces – Nusa Tenggara Timur, West Java, Papua, and Riau Islands – were studied in further detail to provide additional insights to province-specific needs, service provision, and programmatic gaps. While this assessment of four geographies is by its nature limited in scope, it helps to illustrate some of the realities of service availability and implementation at a local level. Most provinces benefited from both national programmes alongside programmes that were specifically designed and delivered for the local population.

However, the programme assessment and interviews with national and provincial sector experts underscore that while policies at the national level demonstrate significant focus on early childhood, Indonesia's key challenge is programme implementation at the local level. While there has been a national emphasis on the learning and development of the youngest children in Indonesia, this has come in tandem with increasing decentralisation of decision-making and programme implementation to the provinces, away from the national government, which complicates provision at the front lines.

The study found that major challenges in implementation are related to this devolution to the provincial and district level. The reasons for this are complex, including inadequate capacity at local level, challenges with resource allocation – both human and budgetary – and local government prioritisation that does not always count ECD among its most urgent needs. Implementation is further complicated by the ethnic, linguistic, economic, cultural, religious, and geographic diversity of the different provinces and regions of the country.

The study also examined all available evaluations of the 54 shortlisted programmes identified in the country. Fewer than half (23) of the 54 programmes shortlisted in this research had been previously evaluated. However, in contrast to other geographies, the majority of these evaluations are publicly available. This is a positive finding: sharing of evaluation findings is a key factor in understanding what is working, for whom, and in what context.

Two key common themes emerged from the analysis of programme evaluations that can shed light on potential areas for action. First, few evaluations are of large-scale implementation. That is, the evaluations, in general, examined outcomes of interventions delivered in a specific geographical location or for a specific group of families or children – not activities delivered at scale. Even if a programme is effective in one location, the results cannot typically be generalised to all locations or populations where the service is delivered. Given the diverse contexts in Indonesia, evaluations of programmes across service sites and populations are critical to understanding what works, for whom, and in what contexts. This assists programme providers to understand critical components of programmes and how these can be implemented effectively regardless of context.

Second, many evaluations revealed common implementation barriers or factors that may have hindered the effectiveness of the programme. These included: a lack of local capacity, issues with infrastructure, inconsistent understanding of key priorities or government directives, inadequate numbers of trained staff and/or high turnover of staff, and a lack of reliable data. The lack of data includes capabilities in data collection, together with the geographical reach of data collected. This reveals that there are likely to be interventions already available in Indonesia that may have potential for impact but fall short because of factors that may be addressable with appropriate implementation planning and support. Some of the most promising and effective programmes identified had delivery models that were contextualised to local settings.

Private philanthropists, institutional foundations, and donors can play an important part in closing gaps in Indonesia. Specifically, donors can contribute to advancing ECD and bolstering existing initiatives in Indonesia through:

1. **Scaling programmes and replicating approaches:** Donors might consider taking existing and effective programmes and interventions and working with partners to a) scale these programmes to new regions or new target populations, and/or b) apply effective programme elements to new initiatives. For example, there were interventions identified in teacher training with delivery approaches that would be relevant in training for community health workers.
2. **Supporting greater awareness of the importance of aspects of nurturing care for babies and young children to enable integration into national policy priorities:** The study revealed that ECD policies and priorities can be further enhanced by expanding into areas that are not yet well-reflected in the landscape.

In particular, building awareness and research on the importance of policies and programmes that support fathers and fatherhood should be a priority – Indonesia is similar to many other countries in prioritising women as primary caregivers, but it is well-evidenced that supporting fathers has a positive impact on women’s participation in the workforce and the reduction of domestic violence.

Caregiver mental health is also known to be critical to children’s development, but in many geographies, including Indonesia, this is an emergent area and not yet well reflected in policy. Building awareness and enabling decision-making that supports a national commitment to these areas will help to create needed momentum and impetus for community-level programmes to expand their scope.

3. **Increasing advocacy efforts with project partners and local government to enhance data collection and monitoring efforts.** Donors are in a unique position of being able to provide catalytic support to enable the development of data systems, skills, and approaches that can enable better governance and policymaking for babies and young children. Better and more complete data will contribute to evidence-informed decision making about where and how programmes need to be implemented, de-implemented, or modified to better meet the needs of the local population.
4. **Playing an active role in the coordination of civil society.** Our study reveals that there are areas of significant overlap in service provision, in part due to the lack of coordination between players in the sector. Expert interviews also focused on the need to bring key stakeholders together to ensure that efforts are not unnecessarily duplicated, leaving certain segments of the population or areas of the country without programmes or interventions.

5. **Providing targeted technical assistance to local governments.** Donors can work flexibly with local governments to ascertain what their most urgent needs are, and support those need through the allocation and provision of resources, support in planning and programme design, and support the development of enabling policies and regulations.

In the chapter that follows, we provide the key recommendations and potential areas for donor involvement based on the findings of our study. We then provide an introduction to Indonesia, the results of the study of policies, programmes and services in the ECD sector, and an analysis of the gaps that exist in policy or programmes. Where available, we also provide detailed information about evaluations that have been conducted of shortlisted programmes and services. Details about the methods used for this landscape study are provided in Chapter 1.

1. Recommendations for donors

Given Indonesia's strong policy foundations for ECD and public sector aspirations to ensure equality of opportunity to young children, Indonesia is a favourable environment for philanthropists to contribute to a wider movement for positive change. The section that follows explores where donors and philanthropists may consider focusing their efforts.

As this landscape study will demonstrate in later sections, Indonesia is on a development upswing. Children born today in the country will be, on average, better nourished, better protected, and better educated than their parents. And yet, it is also a country that still faces many challenges – many of them a product of its enormous diversity and sizeable population. Indonesia has a number of models that work, and that could be adopted by government, the private sector, or sustained by the donor community. However, there are key gaps in the identified programmes, and these are areas where donor funding can play a catalytic role in supporting the development and testing of new components of existing programmes or new interventions altogether. Donors in Indonesia can contribute meaningfully to improving life outcomes for babies and young children.

In the section that follows, we provide recommendations in each of the five areas of the Nurturing Care Framework (NCF). For each area, we provide a brief summary of what programmes and policies are currently being provided across the country, the key gaps in service and/or policy provision, and finally what donors can do to have an impact in the NCF component.

Figure 1-1. Nurturing Care Framework Components



Recommendations are directional and not exhaustive. Recommendations can apply to national-level programmes or those delivered in specific provinces or districts. Recommendations are not provided in a way that is immediately ‘implementable.’ Rather, donors will have to examine the recommendations in the context of their priorities and capacity to determine how to tailor them appropriately.

1.1. Adequate Nutrition

1.1.1. What do we know?

With a strong policy focus on stunting prevention and reduction, Indonesia has made significant policy and budgetary commitments to support a comprehensive package of services that are essential to addressing the issue of malnutrition. Concurrently, the promotion of exclusive and sustained breastfeeding, while incorporated into national policy, has been partially adopted within services.

There are a significant number of programmes that address the various aspects of Adequate Nutrition. The programmes work to reduce barriers to access for vulnerable and low-income families, providing accurate information to parents about stunting harm and strategies for reduction, distributing nutritional supplements to young children and pregnant women, and equipping the formal and informal workforce with the necessary skills to support the communities in which they work.

Table 1-1 provides an overview of policies and programmes. Please see Section 3.2.1 Overview for more detailed information.

Table 1-1. Overview of Adequate Nutrition

Number of policies	Number of programmes	Number of programmes evaluated
7	24	10

1.1.2. What are the gaps?

Our research shows that stunting remains a significant issue across the country. Additionally, there have been increasing difficulties for families to access a range of healthy foods. This has been exacerbated by the COVID-19 pandemic, when more families faced financial difficulties. Finally, to date, despite a focus on understanding and addressing the nutritional needs of pregnant women, breastfeeding mothers and women of childbearing age, programme implementation and workforce capacity has been persistently weak.

For more detailed information, see Section 3.2.1 Gaps.

1.1.3. What can donors do?

Support stunting reduction

To achieve the aspirational goal of reducing stunting to 14% by 2024, much more will need to be done over the next two years. Stunting is a particularly urgent issue as it has significant long-term effects both on individuals and the country. This includes poor cognition and educational performance, reduced capacity to earn a living wage, lost productivity, and an increased risk of nutrition-related chronic diseases in adult life.²

The National Strategy to Accelerate Stunting Prevention (StraNas Stunting) proposes that to close programmatic gaps, attention should be given to interventions such as behavioural change through interpersonal communication, ECD services for 1,000-day households, and enhanced nutrition benefits from the food assistance programme.³ Given that there are a number of existing interventions in the country that focus on reducing stunting, effort and investment should be channelled towards identifying and scaling up what works, with specific focus on service provision for hard-to-reach communities and families.

Recommendations

- ⇒ Donors can support innovative stunting reduction and health programmes, such as the World Vision's mHealth mobile application. The programme evaluation showed that the mHealth application increased the accuracy, timeliness and responsiveness to growth monitoring and measurement. It was also a platform where mothers actively sought out feedback. Previously untrained health workers were able to use the mHealth application to monitor growth and provide guidance to caregivers. The application is currently used in 14 Posyandus. Donors can consider providing support for such innovative programmes that have the potential for scale up or

replication. This should be done in alignment with the government to prevent unnecessary duplication of efforts.

- ⇒ Donor support can further extend to building the capacity of district and village level health workers who are currently working within existing programmes. This can also include support toward strategic planning with district-level governments to integrate and converge various government programmes, such that implementation can be conducted effectively.
- ⇒ Good nutrition for young children is a combination of both adequate quantity of food but also an appropriate diversity of dietary intake. Findings from this study suggest that many families continue to lack the capacity to provide an appropriately diverse diet for their children. This is due to both access and a lack of awareness. Donors can work with organisations (national or regional) that currently provide food supplements to enhance programmes with educational components for caregivers about dietary diversity and overconsumption, and to promote the use of locally available foods.
- ⇒ Data analysed in this study indicates that despite significant government efforts to provide food to families and children in need, the prevalence of malnutrition and stunting continue to be high in some regions. Donors can support efforts to study the particular issues facing families in regions with high rates of stunting. This data is vital for decision-making about how programmes can be modified to better meet the needs of families in specific areas of the country.

1.2. Good Health

1.2.1. What do we know?

The Government of Indonesia has made a commitment to ensuring the health and wellbeing of children and caregivers through the widespread provision of integrated health services and a funded national health insurance system. Additionally, a range of universal and targeted programmes are available to ensure that families have access to healthcare, parents are equipped with relevant health, nutrition and wellbeing knowledge, and that children are supported through regular health and developmental checks.

Table 1-2 provides an overview of policies and programmes. Please see Section 3.2.2 Overview for more detailed information.

Table 1-2. Overview of Good Health

Number of policies	Number of programmes	Number of programmes evaluated
7	20	9

1.2.2. What are the gaps?

A crucial gap in Good Health is the high out-of-pocket expenditure that Indonesians incur when seeking out healthcare. This is coupled with persistent inequalities in healthcare

infrastructure between well-off and poorer provinces. Additionally, the high rate of both infant and maternal mortality is concerning, despite widespread access to antenatal visits and skilled birth attendants at the time of delivery. Another significant gap is the lack of programmes that address caregiver mental health, despite the high reported rates of maternal depression and anxiety in Indonesia.

For more detailed information, see Section 3.2.2 Gaps.

1.2.3. What can donors do?

Support caregiver mental health

Caregiver mental health has an impact on child development, starting before the child is born. Maternal distress can reduce the placenta's ability to protect the foetus from elevated levels of stress hormones.⁴ Anxiety, depression and stress also reduce positive interactions between caregivers and infants. Studies in Singapore illustrate that prenatal maternal mental health also has an impact on school readiness.⁵ Data from WHO has shown that around 20% of women in low- or middle-income countries experience depression after childbirth,⁶ while in Indonesia, the reported prevalence is slightly higher at 26%.⁷

Effort and investment are required to address this issue: first to understand why mothers are experiencing higher than world average rates of depression after childbirth, and then to address maternal mental health either in existing programmes or through targeted support.

Support newborn health and development

Globally, research has shown that children who die within the first 28 days of birth often suffer from conditions and diseases associated with lack of quality care at birth or skilled care and treatment immediately after birth and in the first days of life. Given the high rate of infant mortality in Indonesia as compared to countries in the region, supporting mothers and families in the health and development of newborns is a critical area of focus for donors.

Recommendations

- ⇒ Donors can support ongoing parenting programmes, particularly those that target the health of expectant and new mothers, such as the Taman Posyandu and Program Pemberian Makan Bayi dan Anak (Infant and Young Child Feeding) to integrate interventions for maternal anxiety and depression. Integrating interventions that address mental health to existing maternal health programmes would provide holistic care for expectant and new mothers. It is unclear if stigma surrounds issues of mental health in Indonesia. By adding to existing programmes, rather than creating new programmes that specifically address mental health issues, there may be more acceptance by the target population. This will have to be tested and further studied.
- ⇒ Support the enhancement of existing health education interventions delivered at the local Posyandu level and provide additional training and capacity building for community health workers on appropriate recognition of – and response to – maternal or caregiver stress, depression, and anxiety. Consider programme models that are scalable and can be delivered in lower-resource settings by non-

experts. Given that there are ongoing issues with workforce capacity and training, providing additional training to existing community health workers would, in the short term, reduce the need to hire and train new health workers to specifically screen for and respond to mental health issues.

- ⇒ Commission local research to understand the depth and breadth of caregiver mental health issues, the barriers and facilitators to accessing support and its impact on children across Indonesia.
- ⇒ Depending on findings of further study into mental health needs of caregivers, donors can focus advocacy efforts at the national level and work with educational institutions to expand (or introduce) training for mental health professionals or paraprofessionals. Expanding the trained workforce sufficiently to meet needs across the country is a long-term goal and can be addressed in parallel to more short-term solutions.
- ⇒ Support broad-based campaigns to educate women and families on the importance of health checks for their newborn children.
- ⇒ Support the capacity building of midwives within villages and districts. This would allow for local midwives to build strong relationships with pregnant women and extend high quality support and care before, during and after childbirth.

1.3. Opportunities for Early Learning

1.3.1. What do we know?

Across this NCF component, much groundwork has been laid at both the national and sub-national level to encourage early learning within formal and non-formal settings. This includes funding and capacity building support for local governments. Additionally, the programme provision is flexible to allow non-governmental organisations (NGOs) to meet provision gaps. On the other hand, early learning within the home environment is not an area of priority for the government and is mainly addressed, if at all, through NGO programmes.

Table 1-3 provides an overview of policies and programmes. Please see Section 3.2.3 Overview for more detailed information.

Table 1-3. Overview of Opportunities for Early Learning

Number of policies	Number of programmes	Number of programmes evaluated
6	18	12

1.3.2. What are the gaps?

Among the main gaps across Opportunities for Early Learning, a key issue is related to the decentralised nature of governance and the lack of district-level capacity to ensure quality

early learning provision. Furthermore, despite attempts to ensure PAUD is accessible by every child, this has still not been achieved. Lastly, the early childhood workforce is largely composed of untrained individuals who are unable to access professional development or receive fair remuneration and recognition for their work.

For more detailed information, see Section 3.2.3 Gaps.

1.3.3. What can donors do?

Enhance the home environment

Little is currently known about the home environment for babies and young children in Indonesia. The global evidence concludes that a stimulating home environment has a positive impact on child development, especially for very young infants and children who are more likely to be cared for in the home and not at formal childcare centres. Enhancing home-care practices, ensuring access to developmentally appropriate playthings, books and quality interactions, facilitated each child's early social and emotional development, promoting secure emotional attachments and building the foundation for learning.⁸

In addition to the home learning environment, there is a need to further strengthen and develop the care options for children under the age of 3. Currently, most of the 300,000 PAUD centres in Indonesia provide early learning for children aged 3 to 6. There is a need to consider how adequate care can be provided for younger children and how parents and other caregivers can be equipped to provide sufficient stimulation.

Recommendations

- ⇒ Take advantage of existing contact points with families (e.g., within the Program Keluarga Harapan, at Posyandus, or in the Bina Keluarga Balita programme), and give caregivers culturally appropriate, evidence-based knowledge and methods to boost child development – such as encouraging them to play with and read to their children. This will range from local-level community health workers to population-level mass media campaigns. While there are programmes that provide books and toys to families, a more sustainable and scalable approach would be to work with parents and communities to create local capacity to make playthings using local resources that are easily available in the home.
- ⇒ Advocate for and support population-level data collection that includes common indicators to understand the home environment – this is currently missing from Indonesian data sets. One example would be the UNICEF Multiple Indicator Cluster Survey (MICS), in particular the Questionnaire for Children Under Five. Data collected from these tools would provide evidence for decision-makers on what is required and by whom. Given the current lack of data, it is not possible to know if families in specific regions or provinces require more support than those in other areas. Enhancing quality of data on the home environment has the potential to have strong impact in Indonesia because programmes can then be provided in a more targeted manner and are more likely to have a positive outcome.

1.4. Responsive Caregiving

1.4.1. What do we know?

With only one policy governing paid parental leave, and 22 programmes in this component, Responsive Caregiving is not currently a core policy priority of the government. Recent policy shifts have increased the provision of paid parental leave for both mothers and fathers, such that they are above the international norms. Most of the programmes seek to equip parents with parenting skills. In particular, the programmes are targeted at supporting vulnerable and low-income families and children.

Table 1-4 provides an overview of policies and programmes. Please see Section 3.2.4 Overview for more detailed information.

Table 1-4. Overview of Responsive Caregiving

Number of policies	Number of programmes	Number of programmes evaluated
1	22	8

1.4.2. What are the gaps?

A crucial gap within this component is that despite the recent increase in provision for paid parental leave, this does not include women who work within the informal economy. As these women make up 64% of women in the workforce, it is an urgent gap that needs to be addressed. Additionally, there is a lack of data, policies, and programmes about the needs of fathers as caregivers of young children.

Furthermore, while the policy related to PAUD HI, in place since 2013, lays out an action plan to support positive parenting, the content does not place sufficient focus on sensitivity and responsiveness to children's cues, and encouragement of play and communication activities between caregiver and child.

For more detailed information, see Section 3.2.4 Gaps.

1.4.3. What can donors do?

Focus on fathers

Global research has shown the wide-ranging benefits that arise from an increased involvement of fathers in the lives of their babies and children. Fathers' increased involvement as caregiving partners fosters women's and children's health, increases women's participation in the workforce, and decreases the incidence of domestic violence.⁹ Increasing the involvement of fathers can be facilitated through the provision of additional parental leave to fathers after the birth of their child. In Indonesia, while recent legislation brings paternity leave entitlement to within standards set by the ILO, it is unclear to what extent this is currently being implemented in practice.

However, it is likely that more targeted interventions are required to support fathers in order to have a positive impact on ECD. Only one programme was identified in our initial longlist that addressed the need and ways in which to engage men as active caregiving partners, but this programme is no longer running and thus not included in the final list of programmes. Further, the systematic reviews and evidence and gap maps included in the Campbell Mega-map do not include any international research in low- and middle-income countries that specifically looks at programmes that work with fathers. Studies either discuss ‘parents’ or ‘caregivers’, usually the mother, or then programmes that specifically address the needs of mothers in relation to child outcomes.

Recommendations

The evidence is clear that engagement of fathers leads to better outcomes for babies and children. Donors can:

- ⇒ Supplement existing parenting programmes to ensure that interventions explicitly respond to and address the needs of Indonesian fathers alongside other caregivers. For example, the Kelas Pengsuan or Bina Keluarga Balita programmes that provides parenting support can deliberately target fathers in their programming efforts. Ensuring that fathers’ unique needs are attended to in programming ensures that they begin to be engaged partners in childrearing.⁹
- ⇒ Develop new initiatives in provinces or regions where the involvement of fathers in childcare practices is minimal. This would require donors to (or support another organisation to) conduct a needs analysis to determine the focus of new initiatives and where these new initiatives would best be located. This would enable donors to not only expand the scope of parenting activities in new regions but to also ensure that the activities are meeting actual needs of fathers and thus are more likely to be acceptable to the target population.
- ⇒ Increase advocacy efforts at the national level to ensure that fathers are recognised as active and important caregivers in policies or regulations pertaining to ECD, including expanding parental leave benefits for fathers. This has the potential to create visible change in practice – changing policies at the national level will signal the government’s recognition of the importance of fathers in ECD.
- ⇒ Expand research on fathering in the Indonesian context by conducting or financially supporting research activities. While some research has been conducted in Indonesia, much more good quality research would be invaluable to further the understanding of the role that fathers play in Indonesian society. This information could then be used to develop new programmes or expand existing programmes.
- ⇒ Advocate for revisions to existing regulations and action plans to reflect support and capacity building toward sensitive and responsive caregiving, as outlined within the NCF.

1.5. Security and Safety

1.5.1. What do we know?

Indonesia has a number of policies that cover the key areas of Security and Safety. These include regulations related to adoption, social welfare, comprehensive health insurance and the protection of women and children against violence. The policies also have strong legal backing to ensure that they can be enforced. The programmes in this area are generally multi-sectoral and include elements of child protection bundled with another service or support mechanism.

Table 1-5 provides an overview of policies and programmes. Please see Section 3.2.5 Overview for more detailed information.

Table 1-5. Overview of Security and Safety

Number of policies	Number of programmes	Number of programmes evaluated
7	11	4

1.5.2. What are the gaps?

A crucial gap in this component of Security and Safety is the gap in understanding of how policies are implemented at the local level. There is also little accountability across the national and sub-national governments to the targets that the government had set out to achieve.

For more detailed information, see Section 3.2.5 Gaps.

1.5.3. What can donors do?

Birth registration in Papua

Birth registration is a crucial human right that ensures access to basics services and the ability to uphold rights and freedoms. Birth registration facilitates the ability for a person to access valid identification (e.g., passports, identity cards). UNICEF strongly promotes birth registration as a protective mechanism against violations of rights, including human trafficking.

Although over 90% of children were covered by birth registration in 2022, around 9.5%, or 8 million children were not registered. These children are vulnerable to exploitation and abuse and are also not able to access basic services. Less than half of all births in Papua are formally registered. Additionally, Nusa Tenggara Timur and Papua Barat are the two other provinces with very low rates of birth registration.

Recommendations

- ⇒ Donors can increase efforts to understand why children in Papua, NTT and Papua Barat are not being registered at birth. Insights will enable donors to work with the local community to increase awareness of the importance of birth registration, and work with local organisations to create the needed supports to allow all families to complete birth registration.
- ⇒ In areas where birth registration is high, little is known about the extent to which children are vulnerable to abuse and exploitation. Donors can support efforts to conduct research to better understand which children are at most risk, where this risk is highest (e.g., which areas/regions), and use this data to provide additional support to children and families to prevent abuse and exploitation. This may be in the form of public education campaigns, training community health workers to recognise and know how to respond to child abuse and exploitation or increasing the support to programmes that currently exist to provide interventions for children who have experience abuse or exploitation.
- ⇒ Donors can advocate for the national government to work with provincial leaders to ensure that national policies in the area of Safety and Security are implemented and enforced at the local level. While policy coverage is comprehensive, implementation and enforcement appear to be inconsistent at best, or lacking, at worst. Implementation and enforcement of these policies will go a long way in ensuring that the most vulnerable, including women and children, actually benefit from the protection as intended by the government.

1.6. Cross-cutting topics

1.6.1. Expand workforce training across service types

The research reveals that a key gap for Indonesia is in the quality and training of the ECD workforce, across areas including ECEC, community health and social protection. As observed across the shortlisted programmes, this is a gap that a number of NGOs and the Government has been trying to address. Specifically, Ishk Tolaram Foundation, Tanoto Foundation, the 1000 Days Fund, and Reach Out Foundation have taken essential steps to equip and train the workforce. However, this has been conducted at a smaller, limited scale. Given the size of the issue, with 68% of PAUD educators lacking formal training, there is an urgent need for workforce capacity building to be scaled up to ensure that programmes are sustained and implemented with quality.

Recommendations

- ⇒ Donors can work with local partners to develop evidence-based training content that is appropriate for the Indonesian workforce. This should include systems for

sustained engagement and mentoring such that new knowledge and skills are applied in the workplace and workforce turnover is minimised.

- ⇒ Work with national partners to increase access to accredited training courses across the ECD workforce. In addition, donors can work with the national government to provide formal recognition (e.g., diplomas or certificates) for people who receive this training. This has the potential to address the ongoing issues such as inconsistent quality of service provision, differential pay structures for trained vs untrained workers, lack of government-sponsored benefits (e.g., maternity leave) for untrained or informal workers, and may help to increase overall capacity in the ECD workforce.
- ⇒ Collaborate across organisations that currently deliver training to develop innovative methods to increase the scale of training. This can include examining the elements of training that have been shown to be effective and applying these elements for the training of a different workforce (e.g., using effective training approaches for educators and applying these to provide training for new or existing community health workers).

1.6.2. Coordination of Civil Society

Given the thriving civil society space in Indonesia, with numerous local and international NGOs providing support across all components of the NCF, there is a need for conversation, collaboration, and coordination across organisations. A core gap raised in the expert interviews is the absence of coordination across both philanthropic organisations and NGOs. Among NGOs, this has even led to competition for scarce funding. Additionally, this has also resulted in overlaps in service provision, creating excess in some areas and gaps in others. While not unique to Indonesia, this competitive landscape can be counter-productive to the end goal of ensuring comprehensive, high-quality service and support to young children and their families. Given the size and breadth of Indonesia, the coordination of civil society could take place at provincial level, to allow for more concerted discussions and knowledge exchange on issues that matter to the province.

Recommendations

- ⇒ Philanthropic organisations have the potential to play a key role in encouraging and building the foundations of local networks. Donors can work with agencies to coordinate efforts before implementing programmes, to share evidence and best practices, and learn from each other's failures.
- ⇒ Donors can work with district and city governments and service providers to determine programmatic gaps, and then facilitate the implementation of

programmes. This can be done by bringing onboard local NGOs and building strong public-private partnerships.

- ⇒ Donors can advocate for the national government to re-instate some oversight to provincial or regional efforts, particularly for areas of national priority. Devolution of decision making, while providing more autonomy to the provinces, has also come with insufficient oversight into how national policies are implemented on the ground. Experts interviewed in this study have indicated that this can lead to poor quality or inconsistent service provision.

1.6.3. Improving Policy Implementation

Indonesia has a comprehensive set of policies to address the immediate and long-term needs of young children and their families. A key issue is how policies set out by the central government are understood and implemented at the provincial and district level. The capacity of sub-national governments is crucial to ensure strong fiscal planning, understanding local issues, and taking active steps to address them. Increasing stakeholder engagement at the provincial level would allow the identification of local barriers to implementation of national policy.

Recommendations

- ⇒ Work with local governments to understand their capacity and their needs in implementing national policies. Donors can then support local governments to close these gaps, for example through capacity building, knowledge translation activities, or human resource development. By engaging with local governments in this way, donors can help to build a better foundation at the regional level on which programme implementation can occur.
- ⇒ Work with programme delivery organisations to understand the key barriers to policy implementation based on culture, capacity, financial limitations, or others. Understanding these barriers before service delivery occurs will facilitate the development of contextualised strategies that may lead to more successful programme implementation.

1.6.4. Strengthening Data-driven Decision Making

When an intervention or policy is data-driven, high-quality information is available to the right people when they need it, and it facilitates the use of the data to take meaningful actions. Data is much more than just numbers; it sparks critical conversations and bolsters the effectiveness of decision making. The lack of accurate and consistent data across several areas of ECD programme and service provision makes it difficult for policymakers and programme developers to understand the true needs of the community.

Recommendations

- ⇒ Donors can ensure that all programmes they fund include strong monitoring and evaluation frameworks. This includes supporting meaningful data collection and progress monitoring. Additionally, donors should ensure that all programme evaluations that they fund are publicly available. This includes both peer-reviewed publications in academic journals or providing access to full reports on their organisational or the programme website. Access to evaluation findings, whether positive or negative, is essential for other organisations to be able to learn from both successes and failures.
- ⇒ Donors can work with local governments to increase efforts to collect locally relevant data consistently and rigorously. This will enable the understanding of local needs within the larger national landscape and provide additional insights that are necessary to understanding how a programme needs to be contextualised to best meet the needs of the target population. Donors can also work collaboratively with government and programme providers to build a set of common indicators to strengthen this local-national conversation. This contributes to the development of interoperable data systems at a national level.

1.6.5. Targeted support to local governments

Within Indonesia, most policies and national programmes are implemented at the local district and provincial levels. A key gap identified across this chapter has been the need for more support and capacity building of local governments, such that they are able to increase their attention on ECD and to identify the needs of the local community.

Recommendations

- ⇒ Donors can build up the capacity of local governments to prioritise ECD and increase support for young children, mothers, and families.
- ⇒ Donors can support local governments to develop in-house capacity to plan and design programmes, and design enabling policies to further support children and families.

2. Introduction to Indonesia

Indonesia is the world's fourth most populous nation and its largest archipelago. It consists of five major islands and about 30 smaller island groups comprising a total of more than 17,500 islands, of which some 6,000 are inhabited. The total land area is 1.9 million square km.¹⁰ As of 2021, Indonesia has a total population of 276 million.¹¹

Table 2-1. Key Country Information¹

Data	Detail (Year)
Land Area ¹⁰	1.9 million square km (2021)
Population Size ¹¹	276 million (2021)
GDP Per Capita ¹¹	US\$4,292 (2021)
Yearly Births ¹²	4.8 million (2020)
Fertility Rate ¹³	2.3 (2020)
Infant Mortality Rate ¹⁴	19.5 (2020)
Under-5 Mortality Rate ¹⁵	23 (2020)

Indonesia is geographically situated in a natural disaster-prone location, making it vulnerable to earthquakes, tidal waves, floods, fires, and volcanic eruptions. Not only do natural disasters have a devastating impact on infrastructure, but these disasters directly impact the health of the population. Consequences of natural disasters can include severe injuries, increased risk of communicable disease spread due to infrastructure damage affecting the water supply, sanitation, and health facilities, and food shortages and

¹ Please note that data presented within the chapter was accessed and up-to-date as of October 2022.

population movements.¹⁶ Both the nature of Indonesia's physical geography and its vulnerability to natural disasters create challenges for those who provide early childhood development (ECD) services, particularly in delivering ongoing, consistent services across the country.

Indonesia is currently experiencing rapid urbanisation – by 2030 it is predicted that two-thirds of its population will reside in urban areas.¹⁷ Unlike some countries in the Asia-Pacific (APAC) region that are experiencing the effects of an aging population and workforce, two-thirds of Indonesia's population is between 15-64 years old. This significant population of people within a 'productive age' can be a compelling engine for development – a 'demographic dividend' that can be invested in the country's future. However, to be able to gain from such benefits, Indonesia must commit to investing in the younger generation, including their health, education, and well-being, to maximise their potential.¹⁷

2.1. Government commitments

Indonesia has just over 23 million children under the age of 5 years, constituting 8% of the population.¹⁸ The government has made significant commitments to guarantee children's well-being, including a pledge in 2017 to achieve the 2030 Sustainable Development Agenda.¹⁷ The 2030 Agenda introduces an important opportunity to expedite progress for children. The well-being of today's children's will be an essential marker of Indonesia's progress towards the Sustainable Development Goals (SDGs) by 2030.¹⁷

In 2011, Indonesia established a National Grand Design (NGD) which covers long term strategies for early childhood care and education (ECCE) development. It sets outcomes, targets, and principles for expanding ECCE from 2011 to 2025, aspiring to achieve a set of ambitious goals by 2045. The main goal of the NGD is to ensure that future generations have access to optimal development opportunities and grow to become citizens with strong characters, knowledge, and skills. Strategies found in the NGD included improving the quality of teachers and their academic qualifications, formulating the national curriculum, establishing integrated ECCE services, promotion of parental involvement in ECCE and the integration of character-building in the curriculum. The NGD has been a key point of reference for stakeholders and policymakers and has contributed to significant improvements of ECCE in Indonesia since 2011.¹⁹

2.1.1. Human resource development

The Government of Indonesia has recently shifted its focus from infrastructure development to human resources development.²⁰ This occurred in tandem with the integration of the SDGs and other international frameworks for action on children's rights in Indonesia's national development plans. Indonesia's national medium-term development plan 2020–2024, *Rencana Pembangunan Jangka Menengah Nasional 2020–2024* (RPJMN), prioritises investments in human development, including the provision of services for health, birth registration, social protection, education (including village-level early childhood education), and child protection.¹⁷ Early Childhood Care and Development is a priority in Indonesia with the inclusion of ECD within the National Education System Law No. 20 in 2003. A Presidential Declaration on the National Strategy for Holistic Integrated Early Childhood Development (HI-ECD), a strategic policy to improve the quality of early childhood education services, was actioned in 2008.²¹ This Declaration articulates the policy imperative against which ministries and government agencies are to formulate their respective strategic plans. The current president has also placed a strong focus on eradicating stunting in children and protecting women, children and other vulnerable groups from violence.¹⁷

2.1.2. Government spending

Following a constitutional amendment in 2002, the Government of Indonesia now mandates that 20% of the national budget shall be allocated to the education sector.²⁰ Partly as a result of this major step, the financial resources currently available to the education sector increased by over 200% in real terms between 2002 and 2018. For the 2020 fiscal year, the education budget was IDR 508 trillion (US\$34.5 billion) for pre-primary to Grade 12 school education, higher (tertiary) education, and vocational training.²⁰ This is about 17% of the entire annual government expenditure.

The Indonesian government has prioritised the elimination of stunting in children under 5 years of age. According to the Indonesia Nutrition Status Survey (SSGI) in 2021, the prevalence of stunting was 24.4%.²² In 2017, the government launched the National Strategy to Accelerate Stunting Prevention (StraNas Stunting), promising to invest \$14.6 billion over four years to converge priority services across 514 regions. Despite significant success in reducing stunting prevalence in the last three years, from about 31% in 2018 to nearly 7 percentage points lower in 2021, the Vice President of Indonesia re-emphasised a goal to reduce stunting prevalence to 14% by 2024, urging all stakeholders across the government to adopt the 2021 National Action Plan to Accelerate Indonesia's Stunting Rate Reduction (RAN-PASTI), which was developed by the National Population and Family Planning Board (BKKBN).

In 2018, general health expenditure was about 8.5% of the total government expenditure.²³ In 2020, there were nearly 40 nursing and midwifery personnel per 10,000 people.²⁴ Based on guidelines from the WHO², this is considered adequate coverage for primary health care interventions.²⁵

2.2. What provinces did we study?

Indonesia implemented a large-scale fiscal decentralisation reform to improve its public service delivery at the local level in 2001. A key feature of this reform was the range of powers devolved to both the first tier of regional governments (provinces) and the second tier (district level).²⁶ The transferred powers include a wide range of responsibilities in the areas of health, primary and secondary education, public works, environment, communication, transport, agriculture, manufacturing, and other economic sectors.²⁷ In 2015, a government act (Act No. 9 of 2015 on Regional Government) brought about a further move towards decentralisation. This resulted in a transference of power and authority from the national government to local governments over their own regions, including in education.²⁸

The policy push toward decentralisation over the last two decades has a significant impact on the capacity of provincial and district governments and their ability to manage the implementation of decentralised services. This is a critical factor in determining the quality and progress of early childhood services in Indonesia, including education.²⁹

In order to provide a comprehensive picture of the ECD landscape in Indonesia, it is important to examine not only national-level programmes, but those delivered at the provincial level. This is in recognition not only of the diversity of the provinces that make up Indonesia, but also the decentralised nature of decision-making and service provision.

² The World Health Organization (WHO) suggests that countries with fewer than 25 health care professionals (counting only physicians, nurses and midwives) per 10,000 population fail to achieve adequate coverage rates.

There are over 1,000 ethnic groups and over 700 languages spoken across Indonesia. Its provinces also vary greatly in culture, history, and religious practices.

As such, an examination of comparator provinces provides a more comprehensive – if not exhaustive – understanding of the issues facing the ECD sector, particularly in terms of service provision and needs. The four provinces selected for further study were West Java, Papua, Riau Islands and Nusa Tenggara Timur. These four were chosen as they are representative of the economic, geographic, and demographic diversity across Indonesia.

Each of these conditions (population size, accessibility, low gross regional product) have implications for the provision of ECD services. For example, in densely populated provinces, or those with high number of young children and families, key issues may be the availability of ECD services and infrastructure (e.g., buildings) in which they can be provided. Conversely, ECD service providers may not be able to access remote or hard-to-reach areas or have adequate numbers of appropriate staff to serve more remote communities. Provinces with a low gross regional product may not be able to allocate as much to ECD programmes and thus may rely more heavily on external funding or service provision. By examining ECD programmes in each province, we will be able to examine how different factors affect ECD service provision and where further strengthening may be required.

2.2.1. Selection of Provinces

The four comparator provinces selected for the landscape study are described below.

West Java

West Java is the most populous province in Indonesia, with a population of 48 million. It comprises 9 cities, 17 regencies, and 620 districts, made up of close to 1,500 urban³ and 4,300 rural villages. It has the third highest GDP in Indonesia after Jakarta and East Java.³⁰

Papua

The province of Papua has the largest land area in Indonesia with a population of just over 3 million. Papua was granted special autonomy in 2001 to regulate and manage the interest of the local people based on the aspiration and fundamental rights of its people.³¹ A further amendment in 2021 included the creation of a special autonomy fund for the region, ensuring affirmative action for indigenous Papuans in local politics, boosting healthcare and education, and directing more proceeds from oil and gas companies to communities. This was done in hopes of accelerating the development of Papua.³² However, this is set to change with the recent legislation passed in April 2022 to create three new provinces in Papua, resulting in new administrative divisions and possible fragmentation of services.³³ Papua was chosen to represent a province with a large land mass, and also because of its unique status as a special autonomous province of Indonesia.

Riau Islands

Comprising nearly 1,800 islands, the Riau Islands are the least geographically accessible province in Indonesia with a population of just over 2 million. Administratively, the province consists of seven cities and regencies, 70 districts, and 416 villages. About 40% of the province's islands are uninhabited.³⁴

³ The Indonesian Central Bureau of Statistic defines urban villages as areas that have a composite score based on population density, percentage of agricultural households and the number of urban facilities. For more information, visit: <https://unstats.un.org/unsd/demographic-social/meetings/2019/newyork-egm-statmeth/docs/s08-01-IDN.pptx>

Nusa Tenggara Timur

The province of Nusa Tenggara Timur has a population of just over 5 million. It has the country's lowest Gross Regional Product, about three times lower than the national average and 13 times lower than the city of Jakarta.³⁵ Additionally, 27% of children live below the official poverty line of 9,793 rupiah, or about US\$0.70 a day.³⁶

Table 2-2 below compares key data about young children from the four selected provinces with national data. The dates of the most current data available at the provincial level is included in the table. The data in bold are the highest across the four selected provinces. West Java has the largest overall population and highest proportion of children under 5 when compared to all provinces in Indonesia. Nusa Tenggara Timur has the highest reported prevalence of stunting across all provinces in Indonesia.

Table 2-2. National and province-specific data

Data (Year)	National	West Java	Papua	Riau Islands	Nusa Tenggara Timur
Population (in millions) (2020) ³⁷	270.2	48.3	4.3	2.1	5.3
Children under 5 years old (in millions) (2020) ³⁷	22.07	3.91	0.41	0.19	0.56
Children under five years old (% of national/province population) (2020) ³⁷	8.17%	8.11%	9.56%	9.23%	10.43%
Infant mortality rate (per 1,000 resident live-births) (2017) ³⁸	24	24	39	13	35
Maternal Mortality rate (per 100,000 live births) (2017) ³⁹	177	N/A*			
Low birthweight (< 2500g) (2021) ²²	6.6%	7.0%	7.8%	5.1%	10.3%
Preterm births rate (per 100 live births) (2010) ⁴⁰	15	N/A*			
Stunting prevalence (height by age) (2021) ²²	24.4%	24.5%	29.5%	17.6%	37.8%

**No data available for maternal mortality or pre-term birth rate at the provincial level.*

The examination of both national and provincial ECD programmes and policies in this landscape study aims to contribute to multi-sector efforts to improve maternal and early childhood outcomes across the country and identify areas in which further support or strengthening may be required.

2.3. Who did we interview?

Through the desktop search and consultation with CEI's networks and the Advisory Group's networks, CEI compiled a list of Indonesian experts to interview for the study.

We interviewed 19 people who covered a range of expertise across government, academia and community services.⁴ The full list of interviewees is provided in Table 2-3, together with rationale for their selection.

Table 2-3. List of Stakeholders Interviewed

Name	Role	Organisation	Rationale
NATIONAL			
Mr. Adithya Franciscus	Head	Reach Out Foundation	Mr. Franciscus leads an NGO that works closely with local communities to provide early learning, nutritional support and training for educators.
Ms. Dewi Susanti	Senior Director of Research	Global School Leaders	Previously at the World Bank, Dr Susanti has deep expertise in teacher training and development.
Dr. Irma Ardiana	Director of Children under Five	National Population and Family Planning Board (BKKBN)	As part of senior leadership within the BKKBN, Dr Ardiana has in-depth knowledge and experience in the research, development and implementation of programmes for young children and families.
Dr. Ith Vuthy	Deputy Director for Program	SEAMEO CECCEP	Dr Vuthy and the team at SEAMEO Regional Centre for Early Childhood Care Education and Parenting (CECCEP) have worked across Indonesia, both with the government and with NGOs.
Dr. Jannsen Edelweiss Nunes Teixeira	Senior Education Specialist	World Bank	Dr. Teixeira is conducting a parenting feasibility study in Indonesia, working with government agencies to streamline and improve programme uptake and quality.
Ms Komalasari	Acting Director of Early Childhood Education (PAUD)	Ministry of Education, Culture, Research and Technology	Leading the PAUD programme across the country, Ms Komalasari is able to provide insights to the government's work and focus on young children.
Ms. Najeela Shihab	Founder	Pusat Studi Pendidikan Dan Kebijakan (PSPK)	Ms Najeela and her team work as a trusted strategic partner of the Government to strengthen education and early learning policies, at both the national and province level.

⁴ CEI contacted a further 12 individuals who either did not respond or declined to participate in the study, including a number of government representatives.

Name	Role	Organisation	Rationale
Mr. Nugroho Warman	Education Specialist	UNICEF	Mr. Warman has an understanding of the policy and programmatic landscape across the country.
Ms. Rohika Kurniadisari	Assistant Deputy for the Fulfillment of Children's Rights	Ministry of Women's Empowerment and Child Protection (KPPPA)	Ms Kurniadisari has a keen understanding of both policies and government programmes related to young children, families and their protection across the country.
Mr. Widodo Suhartoyo	Senior Technical and Liaison Advisor (ECED)	Tanoto Foundation	Mr. Widodo has over 30 years of experience in the education and ECD sector in Indonesia, spanning local to national-level work.
Dr. Yulida Pangastuti	President Director	Tulodo	Dr. Pangastuti has worked in early childhood development and the development sector for the last 20 years. She also has expertise in women's care, labour, and education.
Mr. Zack Petersen	Lead Strategist	Thousand Days Fund	Mr. Petersen is currently working on stunting reduction and prevention in local communities across Indonesia.
WEST JAVA			
Dr. Hani Yulindrasari	Lecturer / Researcher	Indonesia Education University (UPI)	Dr. Yulindrasari lives and works in West Java, with her research focused on early childhood development, education, and teaching.
Mr. Samsul Maarif	Programme Manager	Yayasan Usaha Mulia (YUM)	Mr. Maarif brings deep expertise and knowledge of the region and programmes across the province. YUM is a local NGO founded in 1975 that provides education, health and community development projects in West Java and Central Kalimantan.
PAPUA			
Ms. Kayee Man	Director	Credo Foundation	Ms. Man has worked across a number of provinces, including West Java, Papua, and Nusa Tenggara Timur, focused on teacher training. She has worked closely with local government authorities and is able to speak to their context and struggles.
Ms. Rika Setiati	ECD Consultant	UNICEF Papua Office	Ms Setiati has an understanding of the situation and programme provision across Papua.

Name	Role	Organisation	Rationale
RIAU ISLANDS			
Ms. Rini Septiani	Manager	Sekolah Kasih Maitreya; Member of HI-ECD Taskforce	Ms Septiani has expertise in the situation and ECD programme provision across the Riau Islands.
NUSA TENGGARA TIMUR			
Mr. Vincent Kia Beda	Director	Yayasan Pijar Timur	Mr. Vincent has an understanding of the situation within the province, its strengths and struggles. Yayasan Pijar Timur is a local NGO in Nusa Tenggara Timur that works to provide quality HI-ECD through addressing nutrition, health, water and sanitation, early learning, social protection and community empowerment.
Mr. Samuel A. Niap	Child Deveopment and Protection Programme Manager	Plan International (Indonesia)	Mr. Samuel has expertise both at the national level and within the province, in working closely with the national and local governments, and on programme implementation.

In the section that follows, we provide details about the ECD programmes and policies that are currently implemented in Indonesia, information that is available about the programmes that have been evaluated, and the gaps in both policies and programmes across the ECD landscape.

3. What ECD policies and programmes are currently being implemented in Indonesia?

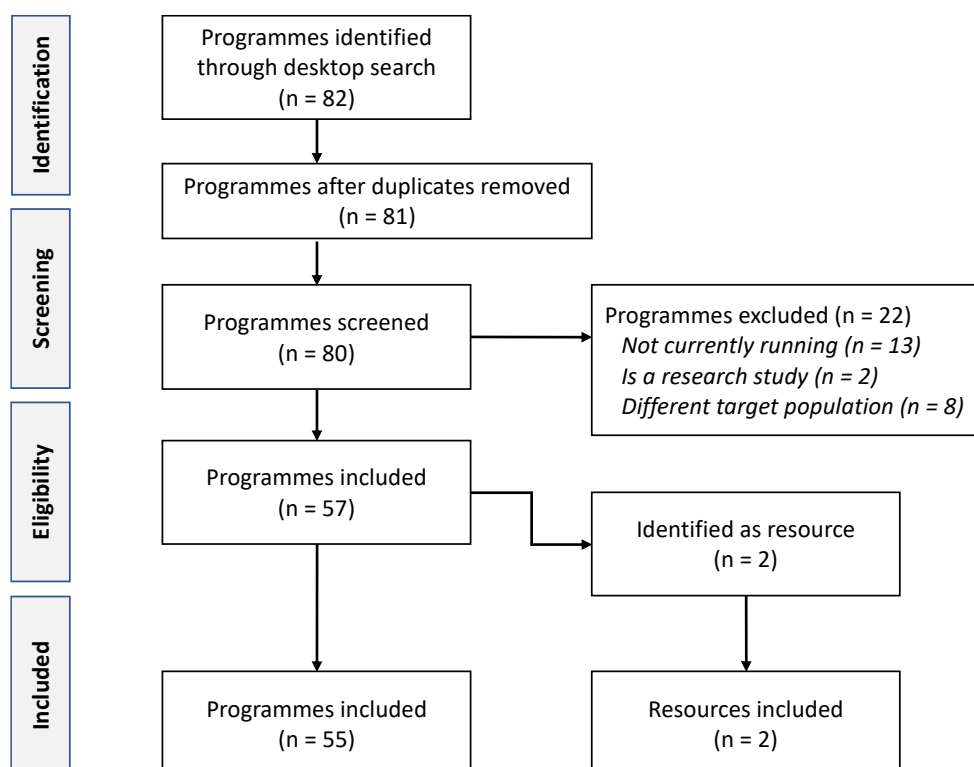
The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in Indonesia aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details using the Nurturing Care Framework to structure the findings, followed by an analysis of the gaps.

3.1. Identifying programmes and policies

3.1.1. Programmes

Through desktop research conducted between March and June 2022, we identified 82 programmes that address ECD. Figure 3-1, below, illustrates the shortlisting process and created a final list of 55 programmes and two resources that were included for further study.

Figure 3-1. Programme inclusion flow diagram

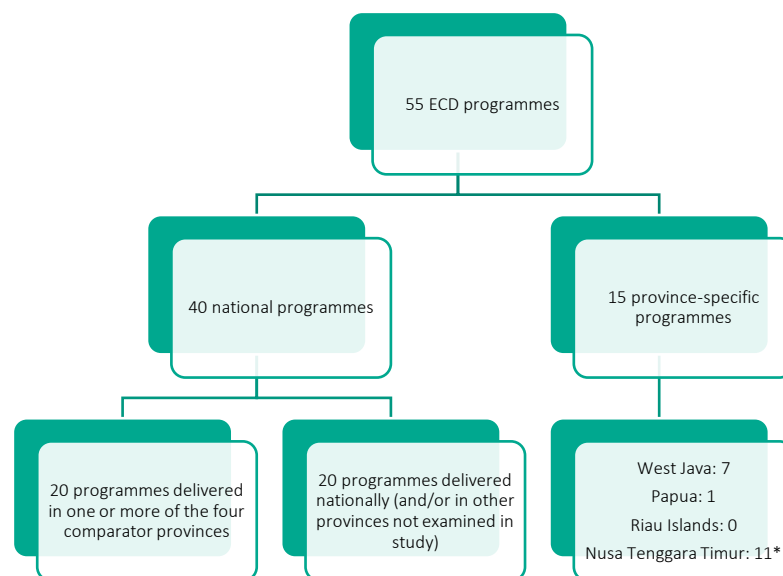


Of the 55 shortlisted programmes, two are defined in this landscape study as resources that are made available to caregivers. These resources have no active intervention or programme delivery to caregivers but are freely available online and therefore considered part of the landscape of ECD provision. Details about these resources are provided here.

- The **Komunitas SIGAP**, established and sustained by Tanoto Foundation, aims to provide a space for parents to contribute to and take part in a community, so that they can learn from one another and from ECD experts and educators. The resource sits under a larger umbrella of programmes that form the Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) work developed and funded by the Foundation.
- The **Wahana Pendidikan Anak Usia Emas** is a comprehensive digital resource set up by Wahana Visi (also known as World Vision Indonesia). Comprising 72 downloadable modules, the resource includes basic information on a variety of topics related to the needs and caregiving of young children. Each module guide includes information on the topic written in basic language, with visual representation and ideas for activities.

Forty of the 55 programmes are national-level programmes while 15 are delivered only in one or more of the comparator provinces. The figure below provides an overview of the shortlisted programmes by location of delivery. Because of the study scope, an exhaustive search for all available programmes and services at the provincial level (beyond the four selected provinces) was not feasible.

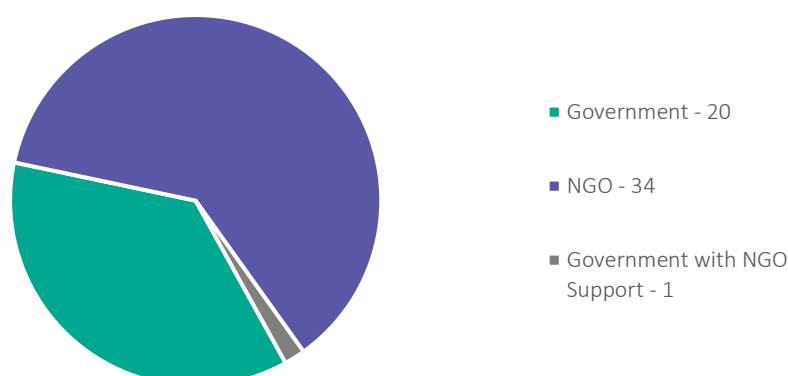
Figure 3-2. Breakdown of National and Provincial Programmes



**Note that 4 province-specific programmes are delivered in more than one province.*

Of the 55 shortlisted programmes, 20 are delivered by the Indonesian government and 34 are operated by non-governmental organisations (NGOs) (see Figure 3-3). One programme is led by the regency government within Papua province, with support from NGOs.

Figure 3-3. Overview of Programme Operators



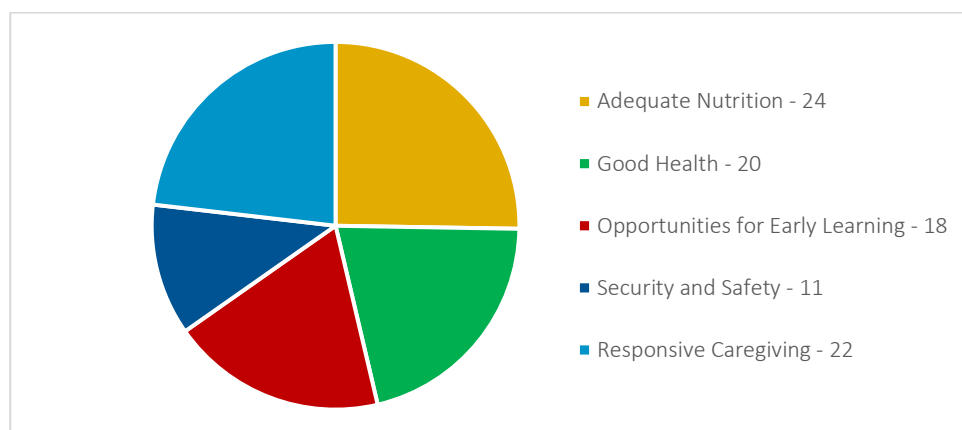
Of the programmes operated by NGOs, all are funded privately. This is mirrored across both national and provincial programmes. Funding sources include funding from international aid agencies and multilateral agencies, bilateral development assistance from other countries (e.g., Australia's Department of Foreign Affairs and Trade), private philanthropic foundations (local and international), and funding raised by the NGO themselves. While some NGO-led programmes do have access to government funds, this is often not in large amounts or cover one-off activities.⁴¹

Of government-run programmes, 15 of 20 are funded by the national government. Four programmes, Diklat Berjenjang, Kelas Pengasuh, Perinatology Mentorship Initiative, and Taman Penitipan Anak, are funded in part by the central government, with additional funds from NGO or private entities. One programme, the Social and Behaviour Change

Communication strategy on Parenting, is fully funded by a private philanthropic foundation.

The 55 shortlisted programmes were then mapped to the components of the NCF. As some programmes can be mapped to multiple components of the NCF, the total number in this chart is more than 55.

Figure 3-4. Programmes mapped to NCF Components

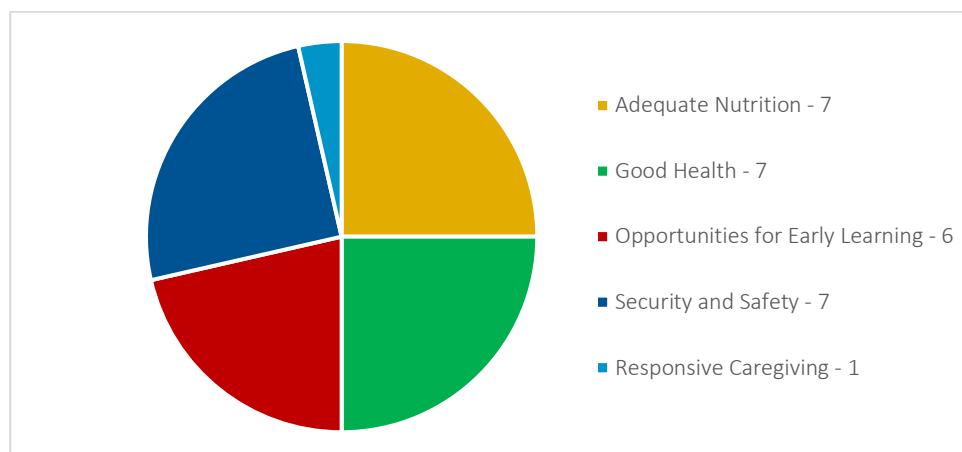


3.1.2. Policies

Indonesia's policy foundations for ECD are strong, with strong central government support and understanding of the importance of the early years. Many policies span multiple government ministries and agencies. All components of the NCF are addressed across the 19 policies identified in this study. A number of policies have been reviewed in recent years to ensure that they are up-to-date and are meeting both international guidelines and the evolving needs of the population. While some aspects of ECD policies are multi-sectoral in nature, others remain siloed within specific agencies or ministries. For example, the policies governing local and international adoption is within the sole remit of the Ministry of Social Affairs. In contrast, the policy around holistic integrative ECD requires the active collaboration of the Ministries of Education, Health, Social Affairs, Religious Affairs and Villages. The government has aspirational goals to ensure that all children are afforded the same opportunities in their early life.

All ECD-related policies have been mapped to the Nurturing Care Framework.

Figure 3-5. Policies mapped to NCF Components



The figure above illustrates the relatively even distribution of policies between four NCF components – Adequate Nutrition, Good Health, Opportunities for Early Learning, and Safety and Security. However, there is only one policy in the component of Responsive Caregiving. Despite this, there are 22 programmes that map to this NCF component. One explanation could be that, similar to many other countries, the government does not view caregiving, parenting, and the home environment to be an area under their remit. As a result, most of the programmes mapped to Responsive Caregiving also map to other areas of the NCF, showing the cross-sectoral nature of programmes.

Although a total of 19 policies have been identified in the desktop search, six policies map to more than one NCF component:

- The National Strategy for Holistic Integrate Early Childhood Development (HI-ECD) maps to Good Health, Adequate Nutrition, Opportunities for Early Learning and Responsive Caregiving. This policy also requires multi-sectoral collaboration across the Ministries of Health, Education and Culture, Religious Affairs and Villages.
- The related Presidential Regulation No. 60/2013 on HI-ECD also maps to Good Health, Adequate Nutrition and Opportunities for Early Learning.
- The Health Law No. 36/2009, Government Decree 33/2012, and the Presidential Instruction No. 1/2017 map to both Good Health and Adequate Nutrition. Both components are closely related, and this is evident in the policies in Indonesia.
- The National Health Insurance Law No. 40/2004 maps to both Good Health and Security and Safety. The figure above illustrates the relatively even distribution of policies between four NCF components – Adequate Nutrition, Good Health, Opportunities for Early Learning, and Safety and Security. There is only one policy in the component of Responsive Caregiving.

3.2. Findings on Nurturing Care Policies and Programmes in Indonesia

The section that follows is organised by the components of the NCF and intended as a thorough map of the landscape for ECD provision in Indonesia. Appendix C provides details about the 55 shortlisted programmes and two resources, including the programme name, provider, a brief description of the programme and how it maps to both the NCF and the World Bank 25 ECD Interventions. Appendix D provides information about the 19 policies, including the policy name, the year it was implemented or amended, the government ministry in charge of the policy and a brief description of what the policy entails.

3.2.1. Adequate Nutrition

Key Messages

- ⇒ Government policies on Adequate Nutrition focus on the elimination of stunting in young children but may not sufficiently reflect the need for breastfeeding support as a component of adequate nutrition. Although the government has adopted, in part, the International Code of Marketing of Breastmilk Substitutes, there are no monitoring mechanisms in place to ensure compliance.
- ⇒ Many nutrition programmes also include components of health and/or caregiving support. Government has also mobilised action across multiple ministries and policy areas to address stunting. This is in line with global best practice to ensure children and caregivers are provided with meaningful, holistic support and reflects the fact that stunting is a product of multiple interrelated factors.
- ⇒ Of the four comparator provinces, just West Java and Nusa Tenggara Timur have province-specific Adequate Nutrition programmes in addition to national-level programmes. This may indicate a gap in provision of nutritional support in Papua and Riau Islands and suggests there could be limited programmatic offerings for Adequate Nutrition support in some provinces of Indonesia.

Overview

Adequate nutrition, as a component of the NCF, includes maternal and child nutrition. Good maternal nutrition during pregnancy has a positive impact on both the mother's and the unborn child's health. Good nutrition after delivery affects the mother's ability to breastfeed and care for her child.

In Indonesia, while less than half of new mothers initiate breastfeeding within 24 hours of childbirth, the rate of exclusive breastfeeding at 6 months after birth remains high at approximately 70%.²² In comparison, only 54% of infants are exclusively breastfed at 6 months after birth across low- and middle-income countries in the APAC region.⁴²

Across the four provinces, data from Nusa Tenggara Timur is the most concerning in terms of health and nutrition. It has the highest prevalence of stunting - 37.8%, which is over 13

percentage points higher than the national average.²² Furthermore, approximately three of every four children were not fed the minimum acceptable diet.⁴³ Despite the WHO recommendation that children aged 6-23 months be fed eggs, fish or meat on a daily basis, a survey conducted by UNICEF found that 37% of children in Nusa Tenggara Timur did not consume any of these nutrient-rich foods during the previous day and approximately 26% children had not eaten any vegetables or fruits.^{43,44}

Policies

In 2017, the government, supported by the World Bank, launched the National Strategy to Accelerate Stunting Prevention (StraNas Stunting), promising to invest US\$14.6 billion over four years to converge priority services across 514 regions.³ The StraNas Stunting scheme adopts a “whole-of-government” approach involving 22 ministries that cover health, ECCD, water, sanitation and hygiene (WASH), food security, and social protection incentives, and aligns different levels of government.

StraNas Stunting is a significant policy commitment to ensuring that households with expectant mothers or children under 2 years have access to the complete package of services essential to reducing stunting. This includes interventions for mothers and children in the first 1,000 days of life, focusing on strengthening the delivery of a core package of high-impact nutrition-specific and nutrition-sensitive interventions in health and nutrition, early childhood development, water and sanitation, and food assistance. In addition to the committed resources to bring together priority multisector interventions, the strategy proposes closing important sector programming gaps such as behavioural change through interpersonal communication, ECD services for 1,000-day households, and enhanced nutrition benefits from the food assistance programme.⁴⁵

The National Action Plan to Accelerate Indonesia’s Stunting Rate Reduction (RAN-PASTI), which was developed by the National Population and Family Planning Board (BKKBN), was created to further reduce the stunting prevalence to 14% by 2024. The five pillars of RAN-PASTI include the commitment and vision of national and regional leadership, communication of behaviour changes and community empowerment, convergence of specific and sensitive interventions at the central level and the regions, food and nutrition security, and improved and developed systems, data, information, research, and innovation.⁴⁶

The International Code of Marketing of Breastmilk Substitutes (the Code) is an international health policy framework to regulate the marketing of breastmilk substitutes to protect and promote breastfeeding. Within the NCF, this is a crucial policy indicator within the component of Adequate Nutrition. In Indonesia, there is partial adoption of the Code through various mandates around exclusive breastfeeding, workplace provisions, and advertisement guidelines for breastmilk substitutes. For example, Health Law No. 36/2009 provides some degree of protection to exclusive breast-feeding in the health-care system, and the Government Decree (PP 33/2012) provides guidelines for the implementation of Health Law No. 36/2009. This covers exclusive breastfeeding, the restriction of advertisements for breast-milk substitutes for infants under 6 months old and making the establishment of nursing rooms for mothers at workplaces mandatory. However, there is no monitoring or enforcement mechanism for these mandates, making it difficult to understand their prevalence and effectiveness.

To promote breastfeeding, the NCF includes the adoption of the Baby Friendly Hospital Initiative (BFHI) as a recommended national policy. The BFHI outlines ‘Ten Steps to Successful Breastfeeding’ and evidence indicates that implementing these ten steps leads to significant improvement in breastfeeding rates.⁴⁷ While the BFHI initiative has been integrated across national policies, strategies, and plans, as of 2017 (the last year for which data were available) only 12% of facilities in Indonesia were designated as BFHI facilities, suggesting gaps in making this policy priority a reality for women and babies.

Programmes

Twenty-four of the shortlisted programmes address the component of Adequate Nutrition, of which 11 has been evaluated. Eight of the programmes are fully funded and operated by the Government. Aside from Program Keluarga Harapan (PKH), seven of the Government programmes are available to all families, pregnant women, and young children. PKH is a targeted programme that provides social assistance and cash transfers to low-income families. The other 16 programmes within Adequate Nutrition are run by either local or international NGOs through private and philanthropic funding. The programmes primarily work with families, pregnant women, and young children from at-risk and vulnerable populations.

Overall, the shortlisted programmes work to reduce barriers to access for vulnerable and low-income families, providing accurate information to parents, nutritional supplements to young children and pregnant women, and equipping the formal and informal workforce with the necessary skills to support the communities in which they work.

Six focus on stunting prevention through increasing public awareness and assisting district and central governments to develop policies related to the national stunting prevention acceleration programme, while the remaining 18 address the dietary and nutritional needs of mothers and young children together with an overall focus on child health or parenting practices. The 24 programmes are described in the table below.

Table 3-1. Adequate Nutrition Programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Better Diets for Children - Micronutrient Powders	The Global Alliance for Improved Nutrition (GAIN) is testing the commercialisation of micronutrient powders (MNPs). MNPs are single-dose packets of vitamins and minerals that can be sprinkled onto any semi-solid food consumed at home or in school, increasing the micronutrient content without changing usual dietary habits. This programme targets children aged 6-23 months in Java. The programme could guide development of a longer-term business plan for sustained impact and expanded reach.	Not offered in study provinces		x
Better Investment for Stunting Alleviation	Run by Save the Children and Nutrition International, the programme supports the Government to realise the StraNas goals, specifically to improve nutrition within the pre-pregnancy stage as well as across the critical first 1000 days of a child's life—from conception to age 2.	West Java, Nusa Tenggara Timur		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>Specifically working in two provinces – West Java and Nusa Tenggara Timur, the programme assists the provincial governments to improve the operationalisation of nutrition policies and plans and create accountability systems such that evidence-based, cost-effective, and sustainable interventions are delivered at both household and community levels.</p> <p>The main programme components include:</p> <ol style="list-style-type: none"> 1. Social and Behaviour Change Communication Package focused on improved maternal, infant, and young child nutrition and the WASH practices of adolescents, pregnant women, and caregivers of children under two; and 2. Technical assistance to the national, District and Provincial government and health service providers. 			
Bina Keluarga Balita (BKB) (Toddler Family Groups)	Run by the National Family Planning Board, the community-based programme provided parents and caregivers of young children from birth to 6 years of age with knowledge and skills to foster child development, nutrition and responsive caregiving.	National	✓	
Cipanas YUM Village	The Children's Village, run by Yayasan Usaha Mulla, in West Java currently operates as a Community Development Centre, providing services to close to 4,000 community members. The Centre includes a wide range of programmes for the community, with the following specifically for young children: Early Childhood Learning Centre, Toy Library, Playground, and Health Promotion through Health Service Centres.	West Java		✗
Community Action to Improve Maternal and	The programme, by Plan International, seeks to improve children's nutrition and health during the first thousand days of life. The project is conducted by parenting groups with target	Nusa Tenggara Timur		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Child Nutrition (CAIMN)	groups comprising pregnant women, breastfeeding mothers, and children under 5 years old.			
Early Childhood Care and Nutrition Education (ECCNE)	The community-based programme, run by the SEAMEO Regional Centre for Food and Nutrition, has led to the empowerment of health cadres and nutritionists working in Puskesmas (Government-run Public Health Centres) and in PAUDs. Additionally, the programme has built expertise around the formulation of localised food-based recommendation (FBR) for mothers and young children.	Not offered in study provinces		x
Enhanced Homestead Food Production Programme (EHFP)	This programme, run by Helen Keller International, seeks to empower women from poor households with the education and resources needed to raise their own nutritious foods. The programme works with local farmers and community organisations to train women in gardening and farming practices, particularly promoting the growing and eating of iron-rich green leafy vegetables, vitamin A-rich fruits, and vital protein sources such as poultry, goats, and fish. The programme also imparts knowledge on infant feeding practices, and the dietary needs of breastfeeding mothers.	Nusa Tenggara Timur	✓	
Emo-Demos	Run by the Global Alliance for Improved Nutrition (GAIN), Emo-demos are interactive activities to equip caregivers with health and nutrition knowledge. The approach was developed based on London School of Hygiene and Tropical Medicine (LSHTM) Behaviour Centred Design theory, and seek to intentionally avoid teaching about health. They operate by creating a moment of surprise or re-evaluation and by heightening or changing the emotion associated with behaviour. The demonstrations are useful and aim to improve caregiver awareness and practices of good nutritional behaviour.	Not offered in study provinces	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Health & Stunting Alleviation Programmes	Run by Yayasan Usaha Mulla, the programme works with local village Posyandu cadres to provide health check-ups, and nutritional supplements to babies, toddlers, pregnant mothers. The programme also conducts monthly health education talks on a number of nutrition-related topics.	West Java		x
Iron and folic acid supplementation	The Ministry of Health provides iron and folic acid supplements to pregnant women. As part of this programme, healthcare workers and midwives at community and facility levels are provided with training and supportive supervision.	National		x
Kelas Ibu Balita (KIB) (Mother-Toddler Class)	In this government-run programme, mothers who have children from birth to 5 years come together to discuss, exchange opinions and experiences on nutrition, stimulation, child growth and development. The sessions are guided by facilitators, who use materials that include content related to exclusive breastfeeding, immunization, complementary feeding, balanced nutrition, stimulation of toddler development, dental care, hygiene practices and the prevention of illness.	National		x
Kelas Pengasuhan	Run by the Ministry of Education and Culture (MoEC), the programme engaging parents in sessions on parenting in the first thousand days of life. The programme uses PKK volunteers and provides parenting books and resources for parents. The sessions take place on the premises of government preschools.	National		x
mHealth	Wahana Visi has developed a smartphone application for parents to accurately monitor the growth of their child and to receive nutrition counselling. The application is used in conjunction with the Posyandus and is for pregnant women and parents with children under the age of 6.	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Micronutrient Supplementation for Reducing Mortality and Morbidity in Indonesia	The Nutrition International programme seeks to improve the quality of care provided by health and nutrition services. The programme trains health care workers on iron and folic acid supplementation for pregnant women, the treatment of diarrhoea and to improve caregiver awareness on the benefits of zinc and oral rehydration salts to treat diarrhoea.	Nusa Tenggara Timur		x
Nutrition and care practices programmes	Run by the Action Contre la Faim (ACF), the programme conducts monthly meetings with pregnant women and mothers of young children, equipping them with information on topics including breastfeeding practices, how to incorporate local, nutritious foods into children's diets and the importance of hygiene and handwashing. The programme seeks to prevent and reduce wasting by improving maternal care behaviours and dietary diversity.	Nusa Tenggara Timur	✓	
Pembinaan Kesejahteraan Keluarga (PKK) (Family Welfare Guidance Programme)	Run at the village level, the PKK is a community organisation programme that empowers women and seeks to improve family welfare across urban and rural communities. The programme comprises 10 main aspects, including but not limited to health, education and skills, and household management. PKK volunteers also support the registration of infants, recording their weight, providing vital information on health, nutrition and personal and environmental hygiene and sanitation.	National		x
Positive Deviance/Hearth	This is a community-based nutrition rehabilitation, run by Wahana Visi, to rehabilitate malnourished children without food aid in Nusa Tenggara Timur. The programme seeks to improve parental behaviours around child feeding, hygiene, care and health-seeking practices.	Nusa Tenggara Timur	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Posyandu (Integrated health service unit)	Posyandus are integrated health service units within villages that are opened once a month by community volunteers. Families may bring their infants and young children for regular health and nutrition checks, and mothers are able to receive accurate information on health, nutrition and child development.	National		x
Program Keluarga Harapan (PKH) (Family Hope Programme)	The programme, run by the Ministry of Social Affairs, provides cash grants and social assistance to households living below the poverty line, in order to improve their access to healthcare and education. While eligible households receive a fixed annual amount, pregnant women, children, those with severe disability and the elderly are able to receive an additional amount. As part of the PKH programme, families are obligated to attend pre-natal checks, regular health check-ups, secure immunisation, and receive nutritional supplements for young children.	National	✓	
Program Pemberian Makan Bayi dan Anak (PMBA) (Infant and Young Child Feeding)	This government-run programme encourages the early initiation of breastfeeding, exclusive breastfeeding for infants up to 6 months old, adequate complementary foods children aged 6 to 24 months and continued breastfeeding for up to 2 years or more.	National	✓	
SOS Children's Villages	Working with local authorities, the programme aims to support families at risk of abandoning their children to encourage them to stay together. The SOS Social Centre offers counselling, community support and psychological support. Children are able to access to essential services, such as education, health services, and psycho-social therapy. For children whose families can no longer take care of them, the programme provides a loving home, where they grow up with their brothers and sisters and are cared for by an SOS mother. These children can attend the SOS Kindergarten, where they are taught together with children	West Java, Nusa Tenggara Timur		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	from local families. The programme is currently run in eight cities, namely Banda Aceh, Meulaboh, Medan, Jakarta, Lembang, Semarang, Tabanan, and Flores.			
Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Stunting Prevention	The programme seeks to change people's behaviour in terms of diet, parenting, and a clean and healthy lifestyle. This is enabled through a multi-pronged approach. At the national level, the programme assists the government in developing policies and advocacy related to the national stunting prevention acceleration program. At the sub-national level, the programme develops and implements behaviour change communication strategies in conjunction with district governments. Lastly, at the community level, the programme disseminates accurate information to raise awareness on the prevention of stunting.	National		x
Taman Posyandu	This programme expands the Posyandu (integrated health service unit) activities by providing learning through play experiences for children and introducing child development tips to parents. In this model, health, nutrition, psycho-social, education, and cognitive development aspects are integrated into one service. In addition to improving the health and nutritional status of pregnant mothers, infants and young children and decreasing the incidence of malnutrition, the programme's objectives include the provision of support to improve children's psychosocial development and their readiness for school.	National	✓	
Thousand Days Fund (Yayasan Seribu Cita Bangsa)	The programme seeks to equip health workers with accurate information and tools for stunting prevention and reduction. Through their Kader Academy, the programme trains and certifies health workers and volunteers across Indonesia. Additionally, the programme disseminates charts, blankets and	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	parenting tips to families, so that they are equipped with vital stunting prevention information.			

Gaps

Stunting prevalence

The prevalence of stunting in Indonesia has decreased over the last five years. However, accelerating the reduction in stunting rates continues to be a national priority. Programmes to address stunting require a combination of growth monitoring conducted by trained workers, timely and appropriate screening, and direct intervention. Appropriate growth monitoring and the accurate reporting of data on stunting is a key issue in the efforts to reduce the rate of stunting across the country.

“...actually, the issue is, if parents don’t understand what stunting is or if they don’t have someone who they trust to ask questions to, ..., giving them food is not going to do much for them.” — Expert interview

An expert interviewed for the study noted that in some cases, the stunting rate can appear to increase with programmes that focus on training of community health workers. This may occur for two key reasons. First, trained workers measure children more accurately and consistently, so reported data is more reliable. Second, the increased availability of trained health workers increases awareness of stunting in the community, and as a result, more families bring children in for screening and health checks. The expert we interviewed advised that data on stunting prevalence, in particular data that suggested dramatic decreases in prevalence, should therefore be interpreted with caution as greater data quality and availability would likely show more significant challenges. In addition, differences in programme implementation and training of health workers across the country may lead to inconsistencies in reported data. Interpreting this data to make informed decisions about where and how to enhance stunting reduction programmes is therefore problematic.

Addressing the issue of stunting in Indonesia also requires careful collaboration and coordination. In areas such as Nusa Tenggara Timur, with the highest rate of stunting among all provinces across Indonesia, at 38%²², it is clear that additional efforts need to be made to address barriers to effective implementation of stunting reduction programmes. High rates of stunting prevalence in provinces like Nusa Tenggara Timur are likely multi-factorial, with contributing factors including, but not limited to, limited access to health services, inadequate numbers of trained healthcare workers to deliver intervention and conduct effective screening, low levels of public awareness, or lack of coordinated services.³⁶

Access to healthy food

Poor-quality diets are another obstacle to the survival, growth, development, and learning of children today.⁴⁸ Difficulty accessing healthy food has been exacerbated by the COVID-19 pandemic, and families are struggling to buy their usual range of foods. Young children's diets and nutritional status are thus likely to suffer. Many households reported that they had reduced, stopped or replaced their purchases of nutritious foods because of financial difficulties.⁴⁸ The effects of these changes in purchasing patterns can be seen in the decline in minimum diet diversity and meal frequency, consumption of eggs, fish and/or meat, dairy products, and pulses and/or nuts.⁴⁸ The decline in minimum meal frequency (15 percentage points) was smaller than for minimum diet diversity (26 percentage points), suggesting that households prioritised the frequency of feeding (having fuller stomachs) over the quality of food for their children aged 6 to 23 months.⁴⁸ Programmes that seek to provide or facilitate access to healthy food should also consider diet diversity to ensure that children have sufficient dietary intake of nutrients.

Maternal nutrition

Aside from the nutrition of the child, the nutrition of pregnant women, breastfeeding mothers and young women of childbearing age is also crucial to ensure the health of the next generation. While the government has rolled out a programme to provide iron and folic acid supplements to women, the programme's reach, duration, and quality is unclear. The lack of recent data on maternal nutritional status also makes it difficult to gain a clear understanding of this issue.¹⁷ This is an area that would benefit from added attention.

3.2.2. Good Health

Key Messages

- ⇒ The government of Indonesia has demonstrated a commitment to the NCF component of Good Health through the provision of universal healthcare and the coordinated, multi-sectoral provision of health in schools through School Health Units. Health policies, while not specifically targeted at families and young children, provide needed access to young families for essential health services.
- ⇒ Indonesia has several innovative programmes to address Good Health, including the mHealth app by Wahana Visi, and the Worker Dignity, Health and Leadership programme. These programmes seek to disseminate accurate and meaningful healthcare information.
- ⇒ Three of the four comparator provinces, (West Java, Papua, Nusa Tenggara Timur) have province-specific programmes that address Good Health, demonstrating that there is programmatic activity beyond national interventions to support Good Health within the province.

Overview

Good health refers to the health and well-being of the children and their caregivers. In Indonesia, approximately 77% of women attend at least four antenatal visits, with over 90% having a skilled birth attendant during delivery. Furthermore, over 90% of pregnant women receive iron supplements over their pregnancy. Despite these promising statistics,

the national maternal mortality rate of 177 per 100,000 live births is still higher than the average of 73 per 100,000 live births in Southeast Asia (excluding high-income countries).⁴⁹

From birth to 2 years of age, the primary point of contact, especially for households in rural areas, is a *Posyandu*, an integrated health service post. Posyandus are a village-based entity specifically mandated to attend to the needs of pregnant women, mothers, and newborns. The typical Posyandu program includes pregnancy monitoring, growth monitoring for newborns, immunisation, and child health monitoring.⁵⁰ Posyandus are available in approximately 95% of the villages in Indonesia and estimated to be utilised by 60-70% of children, but typically only for the first 12 months of life.

At the provincial level, only about 50% of women in Papua give birth in health facilities, attended by a skilled birth attendant.²² Nusa Tenggara Timur has the highest percentage of children born with low birthweight (less than 2500g) at just over 10%, compared to the national average of just under 7%.²² Nusa Tenggara Timur also has the highest proportion of children under-5, over 6,000 cases, diagnosed with acute respiratory infections among all the provinces in Indonesia.²²

Policies

In 1998, the Indonesian Government began to provide healthcare assistance to vulnerable families through the Social Safety Net for Health programme.⁵¹ This provided healthcare and hospital referrals to families affected by the 1998 economic crisis. This was followed by the passage of Law No. 40/2004 on the National Social Security System that mandated universal health coverage in Indonesia through the creation of a national health insurance system. The National Health Insurance is fully funded through the federal budget and seeks to improve the health outcomes and reduce the rates of severe illness of vulnerable and poor individuals. While the law mandating universal health coverage is not specific to families and young children, it has a profound impact on their ability to access a full range of vital health services, including, but not limited to immunisation, antenatal and postnatal care, and early screening for developmental delays and disability.

The Ministries of Health, Education, Religious Affairs, and Home Affairs came together to sign a Joint Decree in 2014 to establish School Health Units across all government-run schools. The School Health Units were first set up by the Ministry of Education in 1980 and have since been consolidated under a multi-ministry Steering Committee. This is significant as it demonstrates the importance placed by the government on good child health and improving access to healthcare. Religious schools and preschools are included within this policy.

In 2017, President Jokowi issued a Presidential Instruction (No. 1/2017) on the People's Health Lifestyle Movement (*Germas*). While not specific to young children, the policy seeks to change people's behaviour and to encourage a healthier lifestyle. This includes a focus on preventive and promotive measures. However, the current study did not identify any data pertaining to the implementation of this policy or its effectiveness, both at the national and provincial level.

Programmes

There are 20 programmes that address the NCF component of Good Health, of which nine have been evaluated. Eleven programmes are run by local and international NGOs. All except one programme cover multiple NCF components, especially Adequate Nutrition.

Nine programmes are operated by the government and include targeted interventions such as the provision of folic acid and iron supplementation to pregnant women, and

universal programmes such as the Pembinaan Kesejahteraan Keluarga (PKK) that focuses on family welfare and equips parents with health, nutrition, and well-being knowledge. In addition, one of the programmes focuses on rolling out an integrated approach to the management of infant and child health within healthcare settings. This includes the training of community members as health cadres and ensuring that both healthy and ill children are able to access necessary health services in a timely manner.

Table 3-2. Good Health Programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Better Investment for Stunting Alleviation	See Table 3-1. Adequate Nutrition Programmes for further details.			
Cipanas YUM Village	See Table 3-1. Adequate Nutrition Programmes for further details.			
Community Action to Improve Maternal and Child Nutrition (CAIMN)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Early Childhood Care and Nutrition Education (ECCNE)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Health & Stunting Alleviation Programmes	See Table 3-1. Adequate Nutrition Programmes for further details.			
Iron and folic acid supplementation	See Table 3-1. Adequate Nutrition Programmes for further details.			
Kelas Ibu Balita (KIB) (Mother-toddler class)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Kelas Ibu Hamil (KIH) (Pregnancy class programme)	In this government-run programme, women who are 22 – 36 weeks pregnant come together in groups of up to 10 with a midwife or health worker. The sessions focus on equipping mothers with accurate and adequate information relation to	National		✓

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	maternal and child health issues, delivery, breastfeeding, immunisations and how to prevent illnesses.			
Kelas Pengasuhan	See Table 3-1. Adequate Nutrition Programmes for further details.			
Manajemen Terpadu Balita Sakit Berbasis Masyarakat (MTBM) Community-based sick toddler integrated management	The Integrated Management of Young Infants (MTBM) is an approach in the health management of healthy and sick infants aged 1 day – 2 months. Community members are trained as health cadres to be able to provide basic healthcare, and also to be able to identify when children need to be referred to health facilities.	Not offered in study provinces		✗
mHealth	See Table 3-1. Adequate Nutrition Programmes for further details.			
Nutrition and care practices programmes	See Table 3-1. Adequate Nutrition Programmes for further details.			
Pembinaan Kesejahteraan Keluarga (PKK) Family Welfare Guidance Program	See Table 3-1. Adequate Nutrition Programmes for further details.			
Perinatology Mentorship initiative	In order to enhance service delivery to sick newborns, UNICEF supported the Ministry of Health to mentor doctors and nurses. The mentorship programme is delivered by paediatric experts through a series of mentoring trainings conducted every 3-4 months, on both the provision of care and on skills related to the utilisation of specialised medical equipment.	Papua		✓
Prevention of Mother to Child Transmission (PMTCT) program	The programme supported the early diagnosis, care, treatment and support of HIV infections in order to eliminate the occurrence of new HIV infections among newborns. The programme is provided to young girls, women living with HIV and pregnant women that have not been tested with HIV.	National		✓

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Program Keluarga Harapan (PKH) (Family Hope Programme)	See Table 3-1. Adequate Nutrition Programmes for further details.			
SOS Children's Villages	See Table 3-1. Adequate Nutrition Programmes for further details.			
Taman Posyandu	See Table 3-1. Adequate Nutrition Programmes for further details.			
Thousand Days Fund (Yayasan Seribu Cita Bangsa)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Worker Dignity, Health and Leadership (WDHL)	Through Care Indonesia, female garment works are provided with training and knowledge enhancement on health-related matters, financial literacy and leadership skills. The programme facilitates the formation of EKATA (Empowerment, Knowledge, And Transformative) Action group as a platform for women to voice their concerns and pursue their well-being and dignity.	West Java		x

Gaps

Healthcare Coverage

Eighteen years since its inception, coverage of the National Health Insurance system is at around 85%. This is below the government target of 95% by 2019. Indonesians also still incur significant out-of-pocket expenditures on healthcare, accounting for about 30% of the country's total health expenditure.⁵² While this is a significant reduction from around 50% in 2014, it is still high, particularly for vulnerable populations. There are also persistent inequalities in the provision of adequate health infrastructure and facilities in poorer provinces, and low awareness and dissemination of health information.

Maternal mortality

The Indonesian maternal mortality rate (177 per 100,000 live births) is higher than the average in Southeast Asia.⁴⁹ Given the relatively high percentage of women who receive at least four antenatal visits, and the high number of births attended by a skilled birth attendant, this rate is unexpectedly high. This may be attributed to factors such as poor organisation and lack of strategic management plans to treat women who arrive in hospitals with complications from pregnancies or childbirths. Other factors include challenges with staffing, staff knowledge and application of skills, and gaps in the management processes for women experiencing complications due to pregnancy or

birth.⁵³ The challenges to infrastructure and workforce are two factors that may be preventing Indonesia from reaching Sustainable Development Goal 3.1 - to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.⁵⁴

3.2.3. Opportunities for Early Learning

Key Messages

- ⇒ The government's policies and national strategies demonstrate a commitment to increasing both access to, and quality of, opportunities for early learning for all children.
- ⇒ Programme provision, while focused on Opportunities for Early Learning, is frequently multi-faceted and includes elements of Good Health or Adequate Nutrition.
- ⇒ Programmes at both the national and provincial level are addressing the issue of educator training – an important facet of ensuring high quality early childhood education.
- ⇒ Two of the provinces included in the study (West Java and Nusa Tenggara Timur) have specific, locally delivered programmes to address Opportunities for Early Learning. The cultural and linguistic diversity of the other provinces included in this study suggest that locally delivered programmes for early learning would be of potentially greater benefit for young children than nationally delivered programmes.

Overview

The component of Opportunities for Early Learning goes beyond the formal care and education of young children in kindergarten and includes the myriad ways in which young children can learn. For infants, this includes adult-child interactions and responsive caregiving.

Pre-school education is not compulsory in Indonesia but is designed to prepare children for elementary school. Early Childhood Education and Development services, also known as *Pendidikan Anak Usia Dini* (PAUD), aimed at children from birth to 6 years old, are provided in formal and non-formal settings. Examples of formal settings are kindergartens (*Taman Kanak-Kanak*, or TK) or Islamic Kindergarten (*Raudatul Athfal*, or RA). Nearly all (99%) of the roughly 91,000 kindergartens in Indonesia are privately run.⁵⁵

PAUD services provided in non-formal settings can be in Playgroups (*Kelompok Bermain*, or KB), Childcare Centres (*Taman Penitipan Anak*, or TPA), Centres for Community Learning Activities (*Pusat Kegiatan Belajar Masyarakat*, or PKBM), Learning Activity Studios (*Sanggar Kegiatan Belajar*, or SKB) or other similar forms (*Satuan PAUD Sejenis*, or SPS). Lastly, informal education can take the form of family education (PAUD Berbasis Keluarga, or PBK) or education in the surroundings.²¹ Through PAUD services, children are taught basic reading, writing, and counting skills.

In 2018, enrolment at a national level in pre-primary education was about 62%.⁵⁶ Specifically, participation rates in PAUD centres were 35% for children 3 years of age, 73% for children 4 years of age, and 101% for children 5 years of age.⁵⁷ In comparison, 6.5% of children under 2 years of age are enrolled in ECCE, suggesting that most are cared for in the home.⁵⁷

Across Indonesia, district-level education offices play a significant role in providing education services through planning, implementing, and monitoring education programmes in their region. This decentralisation has led to schools and community members being more involved in local education management and decision making. It has also empowered districts and provinces to adapt the national curriculum and guidance, to ensure it is meaningful within the local context. However, the central government no longer has direct control over the quality and practices of educators, nor is it able to address mismanagement or issues within school districts. This creates a disconnect between nationally mandated curriculum and policies and the implementation at the local level, with little oversight possible at the national level.

Of the four comparator provinces, Papua has the lowest rate of kindergarten enrolment (one year before primary school age) of approximately 50%, as compared to the national average of 92%.⁵⁸ Papua also has the lowest rate of enrolment for PAUD (approximately 10%), three times lower than the national average.⁵⁹

Little is known about the home learning environment across Indonesia. At a national or provincial level, no data is collected about the presence of children's books and toys in the home, or about early stimulation activities that occur between the caregiver and child. In the NCF, a stimulating home learning environment is an important facet in stimulating early child development. Given that the majority of children under the age of 2 years are cared for in a home environment, ensuring that this provides adequate and appropriate stimulation for development is important.

Policies

The Indonesian government is increasingly placing strong emphasis on the provision of quality childcare and pre-primary education. Through the adoption of an integrated approach and the establishment of the Directorate of Early Childhood Education, the government has shown a long-term commitment to ECD and young children. As in many other countries, early childhood education has not traditionally been a purview of the state, and as such expansion of provision is more recent.

The National Education System Law No. 20/2003 sets out a legal framework of major educational goals, policies, and plans. The key targets include expansion and equity, the improvement of quality and relevance, and the implementation of autonomy in higher education. The Law seeks to open access to education at all levels and all types – formal, non-formal, and informal – for all the citizens of Indonesia. Its main thrust is to make education relevant to societal needs, to develop further community-based education, and to enhance participation by community in supporting basic education. Specifically, the Law outlines that free and compulsory education must be provided to all children from the age of 6.⁶⁰ A large proportion of families have taken advantage of this free education and enrol their children into Grade One a year early. This has led to a gross enrolment ratio exceeding 100%.

⁵ Gross enrolment ratio exceeds 100% due to the inclusion of over-aged and under-aged students as a result of early or late school entrance and grade repetition.

The National Strategy for Holistic Integrated Early Childhood Development (HI-ECD), implemented in 2008, is a strategic policy to improve the quality of ECCE services. Its purpose is to meet the essential needs of children so that they can achieve optimal growth and development. These needs include health and nutrition, educational stimuli, moral-emotional fostering and nurturing. This policy forms the legal foundations for the development of an integrated holistic programme for young children, as well as the standardization of programme implementation with schools and the community. It is also intended to guarantee the fulfilment of the right to early childhood development.

The National Strategy for HI-ECD was further bolstered by the Education Ministry Regulation No. 58/2009 on PAUD HI standards and the Presidential Regulation No. 60/2013 on HI-ECD. The Regulation on PAUD HI standards sought to extend the HI-ECD goals to include younger children, under the age of 2 years. This led to the development of curricula and national standards for PAUD. The Presidential Regulation in 2013 further outlines and provides detailed norms, standards, and criteria to enhance the HI-ECD strategy. It also outlines the collaborative role that various government ministries and agencies, including education, health, child protection, and social welfare must take to ensure that every child has the best chance in life.

In 2019, the Ministry of Education and Culture introduced the Ministry's Strategic Plan (*Rencana Strategis* or RENSTRA). This strategic plan is reviewed every five years and outlines the ministry's objectives for the next five years. The main goals include increasing participation in education and improvement and equal distribution of quality education services. For ECCE specifically, this means ensuring that educators are trained, families have access to affordable PAUD, young children are not stunted or malnourished, and centres are supported to provide the best care for young children.

Programmes

Eighteen programmes delivered nationally or at the provincial level address the component of Opportunities for Early Learning, of which 12 have been evaluated. Seven of these programmes are run by the government and include universal childcare programmes and services for young children, and one mobile application developed by the MoEC for educators. It is important to note that while the childcare programmes are funded by the Government, the responsibility for fund management, prioritisation and operations lie at the district or village level. As such, coverage and quality vary greatly from district to district.

Of the 11 programmes run by NGOs, two focus solely on teacher training, two focus on quality service provision together with teacher training, and the other seven bring together early learning opportunities and equipping parents with strong knowledge and skills to provide a stimulating and safe home environment.

Table 3-3. Opportunity for Early Learning programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Aku Pembelajaran	Led by the Djarum Foundation, AJARI seeks to train and enhance the capability of educators to implement inquiry-based learning within the	Not offered	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Inquiry (AJARI)	early childhood classroom. The training equips educators to support children in critical thinking, problem solving and to become a lifelong learner. Educators who have been trained are encouraged to share their knowledge with other educators and to enhance their pedagogical skillset together.	in study provinces		
Cipanas YUM Village	See Table 3-1. Adequate Nutrition Programmes for further details.			
Community-Led Action for Children (CLAC)	Led by Plan International, the programme aims to support children's holistic development and increase their readiness for school. It includes two main components. First, parents were engaged in a programme to build their knowledge and practical skills to boost child health, learning and protection in the home and in the wider community. The other component is the provision of a low-cost, high-quality play-based early learning program that is managed by the community and encompasses playgroups for younger children and centre-based activities for older children. This component aims to support the children's holistic development and increase their school readiness.	Not offered in study provinces		✗
Diklat Berjenjang	Focused on improving the quality of educators, this programme, led by the Ministry of Education and Culture and the Ministry of Villages, with support from the Australian Government and the World Bank, focused on improving the quality of and access to professional development for early childhood educators. The programme includes face-to-face training based on national standards, followed up by on-the-job assignments, visits to other teachers' classrooms and knowledge exchange in with other local educators. Trainers were also provided with enhanced materials to encourage the use of more engaging methods and practical and applicable content.	National	✓	
Early Childhood Learning Centre	Led by Yayasan Usaha Mulia, the programme provides free early learning sessions for children under the age of 6, for three hours daily. The programme focuses on the development of creative thinking through exploratory and interactive session. Children are provided with milk every day and also	West Java		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	taught basic hygiene practices. In addition, workshops are held four times a year for parents on a variety of topics, including responsive parenting, nutrition and health.			
For Families Programme	Led by The Human Safety Net and HOPE Worldwide, the programme supports both children and parents, so that children are able to receive the care and education they need for optimal development. Parents are encouraged to attend parenting workshops and financial literacy classes to provide a framework for combining character development with financial education, helping put them in a position to raise a generation that is mentored to become financially stable and independent. Children under the age of 6 are provided with basic healthcare and tutoring so that they are ready for school.	Not offered in study provinces		x
Indonesia Early Childhood Education and Development (ECED) Project	Led by the Government with support from the World Bank and the Dutch government, this programme worked directly with districts to set up local ECCD centres and playgroups. The programme aims to increase local access to quality early learning and increase the school readiness of children. Additionally, some districts also established community-led playgroups for children aged 4 to 6.	National	✓	
Ishk Peduli Anak Indonesia (IPAI) Teacher Training Program	This programme focuses on the provision of high quality formal professional development for existing educators and centre leaders, such that they are equipped to facilitate play-based, child-centred and inquired-based learning. Educators undergo a multi-phase training programme that includes hands-on learning, giving them the platform to enhance their own creativity and confidence when working with children.	Not offered in study provinces	✓	
Merdeka Mengajar	The Merdeka Mengajar application is an educational super-app designed by the Ministry of Education, Culture, Research and Technology to help teachers teach, develop competencies, and work better. The app includes training material, guidance and tools for educators, and support to improve student assessment and planning. Educators are also able to share good practices and learn from	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	other educators. It was also developed to compliment the current Merdeka Curriculum.			
PAUD (Wahana Visi)	Wahana Visi supports the provision and operation of a large number of PAUDs across Indonesia. The PAUDs provide childcare and early learning opportunities to children under the age of 6. The programme also ensures that educators at the PAUDs are provided with regular training.	National		x
PAUD SuryaKasih Project	Led by the Reach Out Foundation, the programme takes a holistic approach to early childhood education by providing free preschools and teacher training in areas without existing access to PAUD. It provides qualified teachers and a standardized methodology in the classroom and emphasizes parental involvement through regular awareness building initiatives.	Not offered in study provinces		x
Satu Desa, Satu PAUD (One Village, One Early Childhood Centre)	This Government-led programme seeks to expand local access to PAUDs across the country. The government provides funds to villages that do not currently have a PAUD, to cover infrastructure costs. Additionally, the programme works with PAUD Mothers, usually the wife of the village head or regional head, to promote and increase local understanding of the importance of early learning and stimulation.	National	✓	
SOS Children's Villages	See Table 3-1. Adequate Nutrition Programmes for further details.			
Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Early Childhood Care (0-3 years)	This programme, funded and run by the Tanoto Foundation, includes the SIGAP Children's Home - a centre for early care and learning for children from birth to three years old. Primarily, the programme aims to improve the quality of parenting and early learning within the home environment. To do so, the programme has collaborated with UNICEF to develop messaging to equip parents and caregivers on the importance of care, considering factors such as eating and dietary requirements, hygiene practices, and other parenting practices.	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Early Childhood Education (3-6 years)	This programme, funded and run by the Tanoto Foundation, provides technical assistance and support to improve service delivery in 22 PAUD locations. Support is provided primarily to improve the quality of educators, infrastructure and materials available for children. The programme also provided learning materials and toys that children could bring home and continue learning with their parents.	National		✗
Taman Anak Sejahtera (TAS)	Led by the Ministry of Social Affairs, the social welfare programme seeks to provide treatment, care and protection to children from 3 months to 8 years old. Working through existing ECD facilities such as a PAUD, orphanage, or urban day care centre, the programme delivers a parenting education programme with funds from the government. Children who are eligible for this programme include children in poor families, street children, orphans, children in single-parent families, abused children, children with disabilities and victims of disasters.	National	✓	
Taman Penitipan Anak (TPA) (Child Care)	Led by the Ministry of Education and Culture, the programme provides care for young children, before they are able to attend playgroups or kindergarten. Some TPAs also provide care to children in the morning or evening before their PAUD session begins or after the sessions are completed in the evening.	National	✓	
Taman Posyandu	See Table 3-1. Adequate Nutrition Programmes for further details.			

Gaps

Decentralisation and district-level capacity

One gap within the NCF component of Opportunities for Early Learning is the impact of decentralisation on the quality of early learning provision in provinces and districts. The school-based management (SBM) policy was mandated in Ministerial Regulation No. 44/2002, which delegates responsibilities such as school planning and budgeting, staff management, and curriculum development to principals and school committees. As noted by an expert, some local districts do not allocate any budget to EC education as it is not compulsory, unlike primary or secondary education. While some funding is raised by the central government, the district governments are responsible for managing schools and

educators, including hiring. The shift in power has had complex effects on accountability relationships. While teachers are now more accountable to local elected leaders, the ability of the central MoEC to address challenges, particularly related to educator quality and performance, has been reduced. Experts interviewed for this study expressed concerns that in some areas, favouritism and political patronage are driving recruitment and decisions regarding teachers' certification, thus reducing the effectiveness of these programmes.

Decentralisation has also empowered schools and community members to be more involved in local education management and decision-making. Districts and provinces are in charge of student learning, such as the availability and quality of textbooks and other teaching and learning materials, as well as in-service teaching training and monitoring and supporting teachers, principals and schools.⁶¹

"The tricky part [about decentralisation] for the central government is to set boundaries. [Decentralisation] ...should not limit the ability to innovate and to bring in the local context to learning." — Expert from policy advocacy NGO

Multiple expert interviewees noted persistent gaps in how district governments understand and translate national regulations into action within local schools. These interviewees noted a lack of capacity at the district level. Furthermore, as district governments are responsible for hiring teachers and school leaders, they set the salary benchmarks for educators. This is usually insufficient and inconsistent across the workforce. As a result, many informal, untrained educators leave the role once they find better paying or more stable employment.

Access to and quality of PAUDs

A second gap in Opportunities for Early Learning is in the lack of access to and low quality of care across PAUDs in Indonesia. About 35% of three-year-old children and 70% of 4-year-old children are enrolled in PAUDs. While ECD fees are partially subsidised by the government, the out-of-pocket fees are still beyond the reach of many families.¹⁷ As a result, many children do not have access to early learning opportunities.

In the government's endeavour to ensure that every village has at least one PAUD, they have provided funds to every village through the Satu Desa, Satu PAUD programme to set up a PAUD early learning centre. However, an expert from an international organisation noted that many villages set up the PAUD but were not able to hire a trained early educator to work with children. While some village heads, who understand the importance of ECD, prioritise funding to ECD or seek out external philanthropic or NGO support for ECD, others may choose to prioritise other more immediate needs across the village. This has led to inequitable access to quality early learning, despite the presence of a physical PAUD location.

Additionally, around 80% of PAUDs are not accredited by the central government.¹⁷ Many PAUDs operate out of private homes or garages, or are operated in conjunction with another service in the village, such as a health clinic. The PAUDs also lack sufficient materials and equipment. As noted in an interview with an NGO representative, there are "problems with governance, ... budgeting, resource allocation, ... and curriculum implementation." Many PAUDs are operating with little to no oversight from either the district or central government, leading to large variations in the quality of care and education provided for young children.

An expert interviewee noted that in 2023, the government rolled out the Learning Environment Survey (*Survei Lingkungan Belajar*) across a nationally representative sample of PAUDs in Indonesia. The aim of the survey is to provide critical data related to the learning environment and leadership of PAUDs and would inform government-led reforms. While this is a step to improve the quality and accreditation of PAUDs, it remains to be seen if reforms can be equitably implemented across the country.

Recognition and quality of the early childhood workforce

Across the early childhood education workforce, only 32% of preschool teachers have a diploma or bachelor's degree in education. The vast majority (68%) are primary or secondary school graduates and earn an average monthly salary equivalent to just US\$35. This data only refers to formal ECCE educators.

The majority of the PAUD workforce are informal ECCE educators. These individuals are not trained and have little access to training opportunities. The current policies discriminate against informal ECE educators, making it difficult for them to access professional development, fair remuneration, job protection and recognition. This was highlighted by an expert interviewee, who noted that some NGOs have stepped in to provide much needed training for informal ECE educators, but it has not been sufficient to significantly improve the quality and standard of ECCE and PAUDs across the country.

Additionally, informal educators were profoundly impacted during the COVID-19 pandemic as they were not entitled to the same allowances provided to formal educators and did not have access to support from a teacher union. This meant that once PAUDs were closed, educators were immediately laid off, with no possibility of recourse. This loss of informal educators has had a significant negative impact on the provision of ECCE services across the country.

3.2.4. Responsive Caregiving

Key Messages

- ⇒ Indonesia has one law governing paid parental leave and one strategic plan addressing access to affordable childcare – it is a less crowded policy area than any other within the NCF.
- ⇒ By contrast, there are 22 programmes that address Responsive Caregiving. Many of these programmes have multiple elements that also address other components of the NCF. This signals a recognition at the programmatic level of the importance of Responsive Caregiving and the need to support parents in this regard.
- ⇒ The focus of many available programmes under Responsive Caregiving is to provide support to vulnerable or low-income families and children.
- ⇒ Three of the four comparator provinces (all but Riau Islands) have province-specific programmes addressing Responsive Caregiving. Given the paucity of data on some aspects of responsive caregiving, particularly at a provincial level, further

investigation is warranted to understand if province-specific programmes are needed.

Overview

The NCF component of Responsive Caregiving refers primarily to interactions between caregivers and young children. For infants, this includes responsive feeding. The interactions within responsive caregiving include observing and responding to children's movements, sounds and gestures, should be mutually enjoyable and build an emotional bond to help young children understand the world around them.

The provision of responsive caregiving helps to safeguard the children's nutrition and safety, recognise illnesses, as well as foster closer bonds between the caregiver and child, allowing for "social engagement, cognitive stimulation, emotional regulation and soothing".⁵⁰ Policies that support responsive caregiving include paid parental leave and affordable childcare services. Responsive caregiving programmes should not only include parental education but also focus on caregiver wellbeing, particularly caregiver mental health.

Notably, the World Bank is currently conducting a Parenting Feasibility Study, to inform decisions on parenting activities focused on early stimulation of children in the first 1,000 days of life. Given an increased national focus on ECD, this study will shine a light on the constraints and opportunities on both the supply and demand sides for ECD services.

Policies

The laws and policies within the NCF component of Responsive Caregiving, include those related to paid parental leave, affordable childcare services, and urban design. In June 2022, the Maternal and Child Welfare (MCW) Bill was raised. Under this Bill, working mothers are entitled to 24 weeks of maternity leave⁶², with three months at full pay and three months at 75% salary. Six weeks of this leave must be taken prior to the birth. Fathers will be provided with 40 days of paternity leave. At the time of writing this report, however, the Manpower Law and other labour-related regulations were yet to be updated to reflect the additional benefits included in the MCW Bill. National statistics show that nearly two-thirds of women in the workforce are in the informal economy as casual workers, self-employed workers, small-scale business owners, or women who work as unpaid assistants, and therefore ineligible for maternity leave provisions.⁶³

In relation to the provision of affordable childcare services, the government has developed the Strategic Plan (*RENSTRA* 2020-2024) that looks to increase ECCE participation rates and improve the quality and distribution of ECCE services. Furthermore, the government has also outlined strategies to provide ECCE subsidies for children from families who are not able to afford caregiving support, with the aim of helping with school readiness through ECCE Assistance for Operations and Maintenance. While the central government provides funding and direction for ECCE, each province and district is able to establish its own priorities and budget to decide how funds are spent. As such, the provision of affordable childcare may be different across provinces and districts, based on the priorities of the district government.

The NCF component of Responsive Caregiving also refers to the inclusion and development of green and child-friendly spaces that promote play and learning. Currently, Indonesia does not have any policies that regulate the development of child-friendly urban spaces

that encourage play and learning⁶. While this may be occurring at a local level, no information was found in this study about if and how communities are making provisions for child-friendly spaces.

Programmes

In comparison to the relatively low number of policies in this component, 22 programmes were identified that included an element of Responsive Caregiving, of which eight have been evaluated. Half of the programmes are run by the government, with the other half being provided by NGOs. Five of the programmes focus solely on parenting skills. This includes a programme by UNICEF that seeks to equip parents with financial literacy skills, in order to enhance their abilities to provide responsive and nurturing care. Another programme run by the National Population and Family Planning Agency (BKKBN), the *Kelas Orang Tua Hebat*, focuses on the first 1,000 days of an infant's life and supports caregivers in the provision of nurturing care. The other 17 programmes aim to equip parents with the necessary parenting skills while addressing other needs such as improving family welfare, increasing access to healthcare, providing immunisation, or enhancing access to early learning.

Table 3-4. Responsive Caregiving programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Bina Keluarga Balita (BKB) (Toddler Family Groups)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Child and Family Welfare Programme	This programme, led by local NGO Peduli Anak Foundation, supports disadvantaged children and their families by providing a safe and secure environment for children, therefore allowing them to focus on their learning and development. Parents also receive training, counselling, and supervision to help them keep their children at home.	Nusa Tenggara Timur		✗
Child Friendly City/District (CFC/D) programme	The CFC/D programme aims to meet the rights of children by establishing district or city government initiatives, such that there is a comprehensive and sustainable system. Led by the Ministry of Women’s Empowerment and Child Protection (KPPA), the programme includes elements from five clusters: civil freedom rights; basic health and welfare; special protection; family environment and alternative parenting; and education, free time use and cultural activities.	West Java, Papua, Other Provinces	✓	

⁶ The report notes that Indonesia has the Presidential Regulation 25/2021 on Child Friendly City and the Ministerial Regulation 11/2010 on Child Friendly Village Technical Instructions. Both policies do not expand on play and learning, and has a strong focus on structural provisions.

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	Each district or city makes an assessment of what is most meaningful and necessary for them, with the support of the central government, community and private sector.			
Cipanas YUM Village	See Table 3-1. Adequate Nutrition Programmes for further details.			
Community-Led Action for Children (CLAC)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
ECD Program	This parental education programme is led by Save the Children. Trained facilitators meet with parents on a regular basis. The sessions include discussions on specific topics of interest. Facilitators also conduct home visits to further build rapport with families and identify additional areas of support. Generally, the children are current attendees of the Save the Children early learning programme.	Nusa Tenggara Timur		✗
Emo-Demos	See Table 3-1. Adequate Nutrition Programmes for further details.			
For Families Programme	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Kelas Ibu Balita (KIB) (Mother-toddler class)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Kelas Ibu Hamil (KIH) (Pregnancy class programme)	See Table 3-2. Good Health Programmes for further details.			
Kelas Orang Tua Hebat (Kerabat) (Class for Great Parents)	The programme, led and run by the BKKBN, aims to educate parents on the importance of the first 1,000 days of a child's life so that they can grow and develop optimally. The programme targets adolescents, couples contemplating marriage, pregnant women, breastfeeding women, and parents with children aged 0–59 months.	National		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Kelas Pengasuhan	See Table 3-1. Adequate Nutrition Programmes for further details.			
Parenting Financial Literacy Module	Developed during the Covid-19 pandemic, the programme, led by UNICEF, provide parents with financial literacy education to enrich their abilities to provide responsive and nurturing care for their children. The programme provides parents with practical tools to manage their resources so their children can grow up in a secure environment and the household can cope with emergencies. The module is delivered through multiple delivery platforms, including a digital learning approach.	National		x
Pembinaan Kesejahteraan Keluarga (PKK) Family Welfare Guidance Program	See Table 3-1. Adequate Nutrition Programmes for further details.			
Posyandu (Integrated health service unit)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Program Keluarga Harapan (PKH) (Family Hope Programme)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Responsive Protective Parenting (RPP)	Led by ChildFund, this programme seeks to increase the knowledge and skills of parents to meet the basic needs of children from birth to the age of 5. Topics covered include health, nutrition, early stimulation, and mainstreaming child protection as well as the disaster risk reduction.	West Java, Nusa Tenggara Timur		x
Social and Behaviour Change Communication Strategy on Parenting	The National Population and Family Planning Board (BKKBN), in partnership with UNICEF and Prudence Foundation, is developing a national Social and Behaviour Change Communication strategy on parenting and COVID-19 Early Moments Matter Family Response Plan.	Not offered in study provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	This strategy is informed by the Nurturing Care Framework as well as a knowledge, attitudes, and practices study in the pilot districts to improve parenting demand and assess how responsive parenting can be replicated throughout Indonesia. The initial rollout in two districts of West Papua Province is expected to reach 30,000 parents with parenting communication materials to benefit 60,000 children under 5 years of age.			
SOS Children's Villages	See Table 3-1. Adequate Nutrition Programmes for further details.			
Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Early Childhood Care (0-3 years)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Rumah Anak (Children's Home)	This programme, funded and run by the Tanoto Foundation, supports parents and children through play and parenting activities, family consultations and home visits. Facilitators are community members elected by the Village government.	National		✗
Taman Anak Sejahtera (TAS)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			

Gaps

Parental leave provisions for the informal economy

While maternity leave has numerous benefits to the mother, newborn and the family, the most crucial benefit is that it directly impacts and protects the mother's ability to breastfeed her child for as long as possible and develop the bond with her infant that is critical to early development. Given that maternity leave is associated with higher rates of breastfeeding across low- and middle-income countries, investing in maternity leave protection for mothers in the informal work sector creates better conditions for women to support their ability to breastfeed.⁶⁴

Before the passage of the 2022 Maternal and Child Welfare Bill, Indonesia fell short of the standards for parental leave outlined by the International Labour Organisation (ILO). While the ILO recommends a minimum maternity leave period of 14 weeks, women in formal employment in Indonesia were eligible for 12 weeks of maternity leave, and fathers could take two days of paternity leave. Although the new Bill makes provisions for significantly more leave, the changes have yet to be implemented in the laws governing parental leave. Additionally, the law does not cover informal workers or individuals who work in small family businesses. Given the high number of women engaged in the informal economy in Indonesia (64% of women in the workforce), this is a significant gap that needs to be addressed. Additional concerns have been voiced about the contents of the MCW Bill, which only outlines the role of the mother in raising children, with no mention of the role or responsibility of the father.

The government has outlined strategies to provide ECCE subsidies, but this funding seems to come primarily through philanthropy and crowdfunding, not from the government. This has the potential to create year-on-year fluctuations in available funds that will impact on families in need. While the central government provides funding and direction for ECCE, each province or district establishes its own priorities and budget to decide how funds are spent. As such, the provision of affordable childcare may be different across provinces, based on the priorities of the Governor.

Support for caregiver health

All programmes identified in Responsive Caregiving either focus on the mother, or both the mother and father as a parental unit. None of the programmes are aimed specifically at fathers. While research has shown that societal values and norms, socioeconomic background, the attitudes of the school, and the work commitments often lead to low engagement and involvement of fathers in child development, fathers generally have a positive attitude towards being involved in their child's development and education.⁶⁵ As such, this is a critical gap that requires more attention to understand how best to engage and involve fathers, in order to have a positive impact on the child and the family unit.

There is also a lack of data, policies and programmes related to parental mental health and provision of support to parents and caregivers for their own needs. None of the programmes or policies identified in the desktop search included a specific focus on parental mental health. Given that mental health has been called a “second pandemic”, with global rates of depression and anxiety having grown by 28% and 26% respectively in 2020,⁶⁶ this is a crucial exclusion that would require significant investment – first to understand the situation within communities, and then to address specific needs in a contextually appropriate manner.

3.2.5. Security and Safety

Key Messages

- ⇒ At a national level, Indonesia has seven policies that cover the key areas of Security and Safety.
- ⇒ Recent changes in legislation addressing sexual violence and minimum wage demonstrate the importance the government places on security and safety,

particularly for children and the most vulnerable. Information is not yet available about the implementation of these revised policies.

- ⇒ The majority of programmes that address Security and Safety include other components of the NCF, including health and parenting support, to provide a holistic approach for families and children.
- ⇒ Three of the four comparator provinces (all but Riau Islands) have province-specific programmes that address Security and Safety. All but one programme include other interventions in addition to those related to security and safety.

Overview

The NCF component of Security and Safety focuses on addressing the needs of the most vulnerable children and families, particularly related to extreme poverty, low income, environmental risks, and child maltreatment. Security and safety refer to provision of safe and secure environments for children and their families. This includes reduction of physical dangers, emotional stress, environmental risks, ensuring recognition by the state (e.g., birth registration), and having access to clean and safe food and water.⁸

Nationally, just under 90% of Indonesian children are registered at birth and hold a birth certificate.⁶⁷ However, in Papua, less than half of all births are registered.⁶⁷ This is concerning as birth registration helps ensure that other rights are upheld – such as protection against violence and essential social services. Information collected from birth registration records also helps governments decide where and how to spend money, and what areas to focus on for development programmes, such as education and immunisation.⁶⁸ Birth registration is the first step to attaining a birth certificate, a legal proof of identity that can help protect children from violence, abuse, and exploitation, as well as ensuring access to other essential services like health care and justice. As noted by UNICEF, “Without legal proof of identity, children are left uncounted and invisible.”⁶⁸

The NCF component of Security and Safety also includes access to proper sanitation. Poor sanitation puts children at risk of childhood diseases and malnutrition, which can impact their overall development, learning, and economic opportunities later in life. When children, especially menstruating girls, cannot access private and decent sanitation facilities in their schools and learning environments, their right to education is threatened.⁶⁹ On a national level, 82% of households in Indonesia have access to adequate sanitation.²² But in comparison, only 57% of households in Papua have access to adequate sanitation. Nationally, 66% of households have access to clean drinking water.²² Other than Nusa Tenggara Timur, where only half of all households have access to clean drinking water, the number of households with access to clean drinking water is higher than the national average in the other three provinces.

Policies

The provision of social protection and social services is a key element within the NCF component of Security and Safety. Additional elements include provisions for birth registration and minimum wage.

In Indonesia, the National Health Insurance Law No. 40/2004 is a key feature of the NCF component of Security and Safety. This regulation provides comprehensive social protection to all citizens. It lays the foundation for Indonesia to develop a national social

security system, so that access to care and public health is improved across the country. This is further supplemented through Program Keluarga Harapan (PKH), that provides conditional cash transfers to families, pregnant women, and children.

Law No. 11 of 2009 governs the delivery of social welfare services at the national and subnational level. The Law outlines the roles and responsibilities of the national social welfare ministry, local governments, and communities in the provision of social welfare services.⁷⁰ The main beneficiaries of social welfare are poor and vulnerable people (e.g., homeless, street children, child labourers, migrant workers), although the general population, especially those facing social problems (e.g., persons with disabilities, persons with HIV/AIDS, victims of domestic violence), can also receive social welfare programs.⁷¹

Indonesia has legislation related to child protection, adoption, and sexual violence. The objective of Child Protection Law No. 23/2002 is to guarantee and protect the rights of children to ensure their survival, growth, and development. It includes the elimination of child labour and protection of children and young persons. This law was further amended in 2014 through the Child Protection Law No. 35/2014. It maintains the provision that children shall be protected from involvement in armed conflict or war.

The Intercountry Adoption Law No. 54/2007 outlines a set of principles to guide intercountry adoption. This includes: the best interest of the child, considerations toward the child's religion, that adoption does not detach blood relation, and that foreign adoption is a last resort. This law seeks to ensure that as far as possible, children are reunited with their families or extended family, and aims to prevent child trafficking.

The Sexual Violence Bill passed in 2022 targets nine forms of sexual violence against women and children: physical assault, non-physical sexual harassment, forced contraception, forced sterilisation, forced marriage, sexual torture, sexual exploitation, sexual slavery, and circulating sexual content online without consent. The law favours the victims, so it aims to be a strong legal umbrella for law enforcement officers to deal with cases of sexual violence against women and children.

Another aspect of Security and Safety is that children's rights are protected through access to birth registration. In Indonesia, the law on population administration, ratified in 2006, abandoned the discriminatory rules that were originally introduced between 1848 and 1933. It guarantees all Indonesian citizens equal recognition of their citizenship, with equal access to documents such as ID cards and civil registration certifications. The country has made strong and rapid progress in increasing birth registration across the country from 47% in 2015 to 77% in 2021. However, there are still persistent issues due to the cultural and religious sensitivities within the country, resulting in relatively low birth registration rates in some provinces.

In 2021, Indonesia passed the Government Regulation No. 36/2021 that eliminated the sector-specific minimum wage, while establishing a provincial minimum wage.⁷² This takes into account the variations to cost of living and purchasing power parity across provinces, and also provides annual increments based on inflation. Regulation of minimum wage can increase financial security for families and thus have a direct effect on ECD of young children.

Programmes

Of the 11 programmes that fall under the NCF component of Security and Safety, five are run by the government and six are led by NGOs. Only four of the programmes have been evaluated. Among the government programmes, only one programme has a sole focus on

child protection by leveraging the community. The other four programmes include elements of child protection, together with other NCF components, including cash transfers, healthcare, and parenting support. This is similar among the six NGO-led programmes, where two of the programmes have a singular focus on child protection, and the other four take a more holistic approach to ensuring children are safe and protected.

Table 3-5. Security and Safety programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Child and Family Welfare Programme	See Table 3-4. Responsive Caregiving Programmes for further details.			
Child Friendly City/District (CFC/D) programme	See Table 3-4. Responsive Caregiving Programmes for further details.			
Cipanas YUM Village	See Table 3-1. Adequate Nutrition Programmes for further details.			
Komite Perlindungan Anak Desa (KPAD)	Led by Wahana Visi, the programme seeks to establish and empower the Village Child Protection Committee (KPAD) to provide social services for child protection. Through the KPAD, parents and caregivers can report any suspicions of violence against children and the village has local mechanisms for child protection. This system is currently implemented in 8 service areas, reaching 1,567 children and 4,960 adults.	National		✗
Pembinaan Kesejahteraan Keluarga (PKK) Family Welfare Guidance Program	See Table 3-1. Adequate Nutrition Programmes for further details.			
Perlindungan Anak Terpadu Berbasis Masyarakat (PATBM)	Led by the Ministry of Women's Empowerment and Child Protection, the community-based integrated child protection initiative is a community-level network that coordinates efforts on-the-ground to ensure adequate child protection measures are in place. The PATBM also builds public awareness on child protection as a prevention initiative to change attitudes, behaviours and knowledge.	National		✗
Program Keluarga Harapan (PKH) (Family Hope Programme)	See Table 3-1. Adequate Nutrition Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Proyek Setara Sejak Dini (Equal Early On)	The programme, led by Save the Children, aims to reduce gender-based violence against children by increasing gender awareness and strengthening school-based referral mechanisms in West Sumba District, East Nusa Tenggara. This is done through working closely and equipping educators.	Nusa Tenggara Timur		x
Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Rumah Anak (Children's Home)	See Table 3-4. Responsive Caregiving Programmes for further details.			
Taman Posyandu	See Table 3-1. Adequate Nutrition Programmes for further details.			
Worker Dignity, Health and Leadership (WDHL)	See Table 3-2. Good Health Programmes for further details.			

Gaps

Within the NCF component of Security and Safety, the Indonesian government has a comprehensive breadth of policies to protect children from harm and abuse. For example, the Government had adopted regulations in 2017 to move away from institutional care, towards family-based care. However, there is no clarity on how this change will be implemented, especially given the large number of privately-run, unregistered institutions for abandoned, orphaned and neglected children.¹⁷ This need was reiterated in an expert interview, who noted that there is a need for stronger inter-ministerial collaboration to build a foster care network.

The same situation is observed in the national action plan for child protection and a national strategy for eliminating violence against children. The government set aspirational targets which were not binding, and thus has fallen short of these targets with little accountability. There has also been little investment to bolster programmes and services in the prevention of violence against children and women.

3.2.6. Cross-cutting Topics

Gaps

Implementation of policies and programmes

A key gap that cuts across all areas of ECD and all components of the NCF is the uneven and at times ineffective implementation of policies and programmes across provinces and districts. According to experts consulted for this study, many policy reforms were designed in a top-down manner, with insufficient collaboration between actors in the system. This lack of consultation and ownership at the district level has resulted in indifference at best and resistance at worst from district offices that do not report directly to ministries.

Furthermore, due to Indonesia's decentralised governance structure, experts identify challenges in coherence and collaboration among stakeholders and a lack of clarity about who is responsible and accountable for results. Particularly for policies that are cross-sectoral in nature, as noted by an interviewee from an international NGO, the lack of a formal leading ministry has led to gaps in technical guidance, quality standards, and common monitoring frameworks. This has resulted in challenges linked to capacity and the weak system of checks and balances in service delivery, for example in the provision of high-quality early childhood education services across the country.

Additionally, the reforms and policies may not yet benefit from well-supported processes, and this may impede on-the-ground implementation. This was a key gap raised across interviews, both at the national and provincial levels. An expert noted that while regulations are in place, there is still much to be done to understand and improve on how these policies are being implemented locally. As noted by another interviewee from an international NGO, given the limited capacity within district-level governments, they may have trouble understanding and translating national-level regulations for their district.

*“You need [existing] capacity in order to build capacity.” —
Interviewee from local policy advocacy NGO*

In part, this is due to the lack of understanding at local and regional levels about the essential core components of the policy, and the lack of capacity of local officials to enact or implement policies. Furthermore, provincial leaders need to prioritise ECD in order to allocate sufficient funding and implement processes for training and hiring of professionals to support the sector. There is a low level of oversight at the national level of how local priorities are set and if they are reflective of national priorities for the ECD sector.

Adapting for local needs and contexts

There is also a need for programmatic adaptation at the province or district level to account for local needs and contexts, which may not yet be fully in place according to interviewees. Adaptation and contextualisation have a crucial impact on both access and quality of programmes.⁷³

In Papua, for example, as shared by an interviewee from an international NGO, there are groups that are nomadic by nature. As such, while the national focus is on the provision of quality ECCE provision, the issue at the local level is to ensure consistent access for nomadic groups; the district government is therefore more focused on setting up a system to accurately track child development of the nomadic population than on curriculum implementation.

While there have been efforts to support local adaptation, such as the utilisation of mother tongue languages in PAUDs and kindergartens as the primary language of

instruction, experts believed that there had been insufficient support provided in primary school, when the child has to begin learning in Bahasa Indonesia.⁶¹

These examples demonstrate the importance of local contextualisation, adaptation, and effective implementation as key factors in achieving policy objectives.

Coordination across civil society

With more than half of the programmes shortlisted in this study being operated and led by NGOs there is also an urgent need for coordination and collaboration across stakeholders. As highlighted by an interviewee from a local NGO, the NGOs across Indonesia that work in the same area may not be well coordinated. Stunting was cited as a particular example.

A lack of coordination leads to overlaps in programme coverage, with gaps that are not addressed. It also means that good practices may not be shared as quickly and there may not be sufficiently rapid or widespread learning among programme providers. Fostering collaboration across implementing NGOs, researchers, and policymakers would also support the development of the local evidence base for ECD. This is a key strategic action point raised within the NCF.

Consistent data for learning and action

The NCF identifies strategic actions that countries can take to improve service delivery. One such action is to monitor progress (Strategic Action 4) through accurate measurement and accountability. Across Indonesia, there is a need to strengthen data collection and monitoring systems, together with strategic actions to utilise the data in programme development and refinement.

As noted by an interviewee from a local policy advocacy NGO, within ECCE for example, the data is not ‘clean’ and there are often overlaps and double counting. This is because some programmes are registered to specific ministries, some to multiple ministries, and other programmes are not registered at all. As such, the data is not always reliable and can lead to an inaccurate understanding of the current situation and inaccurate decision-making. Stunting data, cited earlier, is another example.

Moreover, an interviewee from an international NGO noted that while a lot of data is being collected, there is a lack of expertise in processing and analysing data. Therefore, meaningful insights may fall behind data collection. This finding was further corroborated by an interviewee from a university, who noted that there is a lack of guidance when programmes are trying to undergo refinement, with no clear understanding of whether the programme is on track to meet its objectives.

Most recently, the government has adopted the Early Childhood Development Index (ECDI) and the Caregiver Reported Early Childhood Development Index (CREDI) into the annual national socio-economic survey. While this is a step toward ensuring a consistent dataset exists, an interviewee noted that the government needs to commit time and resources to analyse the data and then follow through with programme refinements. A crucial need is therefore for better coordinated, more accurate, and better analysed data that is publicly available and used to monitor, refine, and improve programmes.

3.3. Conclusion

Indonesia has a comprehensive set of policies and programmes supporting ECD, with a mix of government and NGO-led and funded programmes. Of the four comparator provinces, there are no province-specific programmes delivered in the province of Riau Islands across any NCF domain. While most national programmes would be delivered here, the absence of programmes that specifically address the needs of families and young children in Riau

Islands is notable. Compared to West Java and Nusa Tenggara Timur, Papua also has relatively few province-specific programmes. Given the unique cultural considerations of Papua and its special status, as well as the known challenges of reaching children and families in the Riau Islands, these differences may warrant further investigation. This means that while national averages for key indicators of ECD may be good or improving, there are significant and concerning provincial differences. The next section will explore the evaluations across national and provincial programmes and policies in further detail.

4. What programmes have been evaluated?

This section will address the research question: “What evaluations have been undertaken of ECD programmes and services in Indonesia?” The programme interventions and intended outcomes will also be mapped to the Campbell Mega-map to identify the international evidence base for the different programmes based on both interventions and intended outcomes.

4.1. Overview of evaluations

Of the 55 programmes, 23 have been evaluated. These evaluations were either conducted internally (available in the grey literature) or have been published in peer-reviewed academic journals.

Although fewer than half of the 55 programmes shortlisted in this study have been evaluated, the majority of these 23 evaluations are publicly available. Moreover, some programmes in the study have been extensively evaluated (e.g., the PHK programme of conditional cash transfers and stunting reduction programmes), which provides a more comprehensive understanding of the ways in which programmes may and may not be effective in reaching target outcomes for service populations across contexts.

The findings of some programme evaluations echo the findings from the desktop research and expert interviews. One key cross-cutting theme is the complicating effect of decentralisation on programme implementation, which can be exacerbated by a lack of coordination between service providers or programme implementers. Programme evaluations and data gathered through expert interviews both suggest that the lack of data collection, and the inconsistent quality of data collection, hampers efforts to understand the impact of interventions and decision-making for intervention needs. The study also highlights the need for local contextualisation of interventions in order to achieve the desired level of uptake and acceptance by families and programme staff. Finally, training of ECD staff – health, education, and community workers – is a key to the success of programme implementation and acceptance in local communities.

Only one of the 23 published evaluations included an evaluation of cost effectiveness. The study conducted by Kusuma et al. (2017) on the impact of conditional cash transfers on child vaccination rates examined cost effectiveness of the programme and found that overall, the intervention was cost effective due to minimal leakage of benefits and reduced overhead expenditures. More evaluations in Indonesia should include a cost effectiveness component to provide insight into if, and how, current levels of investments are impacting on ECD outcomes. Further, the information available from the programme evaluations included in this study is not sufficient to make further conclusions about their cost effectiveness or cost-benefit.

Below is the list of programmes and their respective evaluation details.

Table 4-1. List of programmes with evaluations

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
Government Programmes				
Bina Keluarga Balita, BKB (Toddler Family Groups) Tomlinson, H.B. & Andina, S. (2015). <i>Parenting education in Indonesia: Review and recommendations to strengthen programs and systems.</i> World Bank Group	Report by the World Bank	The study is an evaluation of the materials and implementation of the BKB program in Klojen Malang.	Study design: Cross-sectional study Method: National survey using block sampling - Systematic Random Sampling.	Participants were from 40 groups of BKB in the sub-district of Klojen Malang.
	Study findings The study was conducted in 2012 of 44,000 member households, of which 13,500 (32%) were families with young children. Of these, approximately 16% attended the BKB programs within the previous three months. Parents who attended reported they more actively supported children's creativity and play, intentionally acted as role models, worked to increase children's gratitude and respectfulness, and better protected children's physical health as the result of the program. Observed results were parents' gains in knowledge about child development and reduced use of physical punishment. However, there were several problems with the materials, such as the need to simplify the language, use more illustrations, be more consistent with goals for young children, and to provide more useful means of charting child growth and development. In particular, they found the Child Development Chart (KAA) to be confusing and not well used by facilitators or parents. Evaluators found the capacity of facilitators to be relatively low and parents' application of new knowledge at home limited. Another concern is the high turnover rate among kaders.			
Bina Keluarga Balita, BKB (Toddler Family Groups) Wahyuningsih, F., Wahyuni, S., & Widiyanto,	Peer reviewed journal article	This study describes the implementation of BKB in Klojen Sub-District.	Study design: Cross-sectional study Method: Quantitative approach using descriptive statistical technique - Proportional random sampling. Primary data obtained from	1062 participants from the 40 groups of BKB in the Sub-District of Klojen Malang. No control/comparison group.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
E. (2020). Implementation of the Bina Keluarga Balita Development Program: Efforts to Strengthen Parents' Ability in Caring for Children. <i>Journal of Nonformal Education</i> , 6(2), 176-184.			questionnaire distribution of respondents, and secondary data in the form of documents from the Malang City Social Service and KB Counseling Center Sub-District Klojen Malang.	
		<p>Study findings</p> <p>The implementation of BKB program in the Sub-District of Klojen to increase the ability of parents in childcare is very effective with a percentage of 80.05%. (Based on the following sub-variables used to describe the implementation of the program)</p> <ul style="list-style-type: none"> - Accuracy: 87.33% of respondents state that the implementation of BKB in Klojen Sub-District is in accordance with the BKKBN guidelines, such that the target of the BKB is parents who have children aged 0-6 years old. - Socialization: 81.77% of respondents state that the media used, materials delivered, methods use, intensity of duration, and participation of program participants were suitable for the BKB program. - Goals: 81.90% of respondents state that the suitability of program goals (increase parents' knowledge about parenting, improving parenting skills, managing timing of parenting, applying good communication to children, caring for children, improving parenting skills with APE) were suitable for the BKB program. <p>Monitoring: 67.93% of respondents state that the monitoring of the BKB program is suitable. The monitoring includes implementors/executors of the BKB program conducting evaluations and home visits to participants of the BKB program.</p>		
Child Friendly Cities/Districts (CFC/D) Carvalho, M.A. & Koteng, Z. (2014). Systematic	Report by UNICEF	Systematic assessment to document and collect lessons learnt on the CFC/D initiative in Indonesia, focusing on the districts	<p>Study design: cross-sectional study</p> <p>Study method: mixed methods - desk review</p>	Cities/districts that are part of the assessment were: Surakarta (also known as Solo) in the Central Java, Puliwali Mandar in West Sulawesi, Aceh Besar in

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assessment of the Child Friendly City/District initiative in Indonesia. UNICEF.		where UNICEF has supported the local government in the CFC/D implementation while also taking into consideration how the initiative has evolved in a non-UNICEF supported context.	analysis, field visits, interviews, consultative meetings	<p>Aceh Province, Balikpapan in East Kalimantan.</p> <p>The research team tried to compare a set of indicators between those cities and districts that are part of the initiative, with others that are not, trying to search for possible causal associations. Unfortunately, the only data available from the Central Statistics Office at city and district levels are from before the start of the CFC/D in the country.</p>
<p>Study findings</p> <p>Cities and districts used indicators different from the original list for monitoring and evaluation purposes. They had the initiative to adapt their indicators to their reality and added new ones that they considered necessary to monitor. The local changes to the original list of indicators happened because (1) the indicator did not exist at local level – meaning that it was not being collected by the local government, and showed a possible lack of structure or local capacity to properly collect the data; (2) the indicator did not reflect the reality of the locality, making local government to report another similar indicator, and/or to add completely new ones. Also, most of the cities and districts did not understand the indicators, and they reported what they thought was appropriate. However, the problem arises when the inconsistent data is used in the comparison among cities, resulting in inconsistencies in the overall initiative, and creating possible criticisms to the reliability of the results. One of the objectives of having a common set of indicators is to have a common ground for comparison in areas that are considered essential for children, allowing for a better overall analysis of problems and solutions.</p> <p>The quality of indicators in the CFC/D initiative is directly connected to the overall characteristics of the indicators and data management systems in the country. This quality is affected by the decentralised governance system that is adopted in Indonesia, influencing not only how policies are implemented, but also how data at local level is collected, treated, and used. The report from the Ministry of Health (Centre for Data and Information / Ministry of Health of Indonesia, 2007) mentions that this decentralisation has affected the information flow from District/City to Province level. This reporting system is</p>				

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		<p>considered as voluntary; therefore, it is not continuous. The report also mentions the lack of personnel for data collection, and gaps in training for those responsible for data collection and reporting.</p> <p>One of the common criticisms of the CFC/D initiative in Indonesia is how some cities and districts that present numerous problems and violations related to children can call themselves “child-friendly”. One of the main problems with the child friendly process currently in place is the high turnover of strategic people for the CFC/D initiative in the local governments. Even though in most geographies, the initiative is encompassed in the mid-term city/district plan, if a local leadership does not take it as a priority, there is a risk that the initiative is not going to move forward. Analysis of data collected in the field visits indicated a high demand for a more constant presence of the Ministry of Women Empowerment and Child Protection.</p>		
Diklat Berjenjang Sulistiani, I. (2022). The evaluation of enhancement competency policy through Diklat Berjenjang for early childhood teachers. <i>Int. J. of Arts and Social Science</i>, 5(7), 216-228.	Peer reviewed journal article	Evaluation of the policy of increasing competence through the Diklat Berjenjang project for early childhood education teachers in the first five years of policy implementation carried out by the unit (directorate) in the Indonesian government that handles early childhood education teachers and education personnel.	<p>Study design: Cross-sectional study</p> <p>Study method: Qualitative methods supported by quantitative methods, - interviews, document analysis/study, observation, questionnaires, data triangulation.</p>	Respondents in this study were leaders and staff in related units, leaders and members of ECE partner organizations, officials in charge of ECE in the province, and several principals of ECE schools/institutions.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
Diklat Berjenjang World Bank (2019). Preliminary evaluation report: Lessons from improving the delivery of quality professional development to ECED community teachers with village support.	Report by World Bank	Study findings The directorate's performance in the implementation process is perceived as good by the training provider as the education and training provider and has an effect on the performance of training providers, educational institutions, and training targets. In terms of the target of the State Budget program, the achievement of the Diklat Berjenjang exceeded the target (125%). Empirical facts regarding the management of policy concepts have a good impact (80%) on society. The support for the concept in the form of providing resource persons and the composition of the curriculum prepared for policy implementation was also perceived as good (71%) by the community. The availability of resource persons is only 62%. The performance of the directorate in preparing policies was felt very well (83%) by the public. This study found that the directorate took the steps of formulation, implementation, performance evaluation, and policy revision. Empowering the participation of partner organizations is an important component. Diklat Berjenjang project can be a movement to improve the competence of ECE teachers. Norms, procedures, criteria, and standards can be used as a reference. The directorate has not yet coordinated institutionally with educational institutions at the regional level, causing a lack of control over the implementation of education and training.	Study design: pre-post study Study method: primary data- focus group discussions, in-depth interviews. Secondary data – village allocation plans and their realization (Anggaran Pendapatan dan Belanja Desa APBDes), as well as district development plans and policies related to early childhood education.	Pilot carried out in 25 districts in 11 provinces, but data reported in this preliminary evaluation report were from only three districts: Polewali Mandar (Sulawesi), Timor Tengah Utara (East Nusa Tenggara) and Gorontalo (Sulawesi).
		Study findings		

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		<p>In 2016-2017, results from the Diklat Berjenjang training found significant improvements in village teachers' skills following participation in professional development. Overall scores for the Measuring Early Learning Environment (MELE) tool increased from pre- to post-training, including in six out of eight categories of teacher competence. The teachers who enrolled in this program gained competence in aspects of good teaching and learning environments for young children, such as their interactions with children, attention to individual needs, use of curriculum themes, concrete, relevant math experiences. Basic training that included practical, engaging group sessions and follow-up activities also raised teachers' competence. This increase was seen in 14 out of 20 practices observed with the MELE instrument.</p> <p>The evaluation showed that it is possible to create a system that connects demand and supply to implement a national training program (Diklat Berjenjang) in poor, village settings. On the demand side, using the existing facilitators and fund channelling mechanism of the Generasi program, the Pilot used earmarked block grants to provide village communities with better information and resources to support their ECED teachers' professional development. On the supply side, the Pilot supported the Ministry of Education and Culture (MoEC) in enhancing the content and delivery mechanisms of their existing teacher training program, called Diklat Berjenjang. To connect the demand and supply sides, the Pilot strengthened the capacity of district governments and local training providers to implement the training program effectively.</p>		
Holistic Integrative Program in Early Childhood Education and Development (PAUD HI) Wulandari, H., Supriyati, Y., & Jalal, F. (2018). Evaluation of Holistic Integrative Program in Early Childhood Education and Development (PAUD HI). <i>Int. J. of Multidisciplinary and Current research</i> , 6.	Peer reviewed journal article	The study evaluated the effectiveness of PAUD HI implementation at three integrated institutions, including PAUD Anggrek, BKB Anggrek and Posyandu Matahari in Cilincing Village, North Jakarta.	Study design: Cross-sectional study. Study method: Qualitative method, evaluated using the context, input, process and product (CIPP) model approach - interview, documentation and observation.	The study here is only an evaluation in a small village in Mataharai in Cilincing Village, North Jakarta
	Study findings	Results shown that the purpose of Context Evaluation of PAUD HI Program Implementation is in accordance with the sustainability criteria identified by PAUD Anggrek, BKB Anggrek and Posyandu Matahari. Input Evaluation aims to see how the utilization of existing resources can be used to support the implementation of the programs. In terms of PAUD educators, the facilities and infrastructure has not been qualified and are still lacking. The input from BKB		

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and Posyandu are in accordance with the criteria only in terms of finance . Process Evaluation obtained showed that the implementation process of PAUD, BKB and Posyandu programs have been in accordance with the evaluation criteria. Lastly, the Product Evaluation determined that PAUD, BKB, and Posyandu programs are in accordance with the evaluation criteria.				
Indonesia Early Childhood Education and Development Project Jung, H., & Hasan, A. (2014). The Impact of Early Childhood Education on Early Achievement Gaps: Evidence from the Indonesia early childhood education and development (ECED) project. <i>World Bank Policy Research Working Paper</i> , (6794).	Report by World Bank	This paper examines the impact of the project on enrolment as well as on an array of child development outcomes and assesses the degree to which this project was able to reduce gaps in child development between richer and poorer children, henceforth referred to as the early achievement gap.	Study design: longitudinal RCT (approximately 14 months, random assignment of villages into the treatment and control groups) Study method: Quantitative – baseline study (March – June 2009) and a follow-up survey (July – August 2010)	Longitudinal data collected in 2009 and 2010 on approximately 3,000 4-year-old children residing in 310 villages located in nine districts across Indonesia. Comparison between richer and poorer children living in the project villages with those of richer and poorer children living in non-project villages.
<p>Study findings</p> <p>Achievement gap between richer and poorer children decreased in project villages, whilst the gap either increased or stayed constant in non-project villages.</p> <p>For most outcomes studied in this paper, the early achievement gap decreased for children from project villages. In particular, in project villages, the early achievement gap in social competence and in communication and general knowledge decreased significantly as did the early achievement gap in pro-social behaviour problems. In contrast, there was no change in these dimensions among children from non-project villages. For other outcomes, such as the draw-a-house task – the early achievement gap increased in both project and non-project villages. However, the increase in the gap was twice as large in non-project villages as in project villages suggesting that the ECED project may have prevented even more adverse outcomes from materializing.</p>				

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<p>Kelas Ibu Hamil (KIH)</p> <p>Azahr, K., Dharmayanti, I., Tjandrarini, D.H. & Hidayangsih, P.S. (2020). The influence of pregnancy classes on the use of maternal health services in Indonesia. <i>BMC Public health</i>, 20, 372.</p>	Peer reviewed journal article	<p>This study aims to understand the influence of KIH on mothers' use of maternal and neonatal health services, which are known to improve pregnancy and delivery outcomes.</p>	<p>Study design: Causal-comparative</p> <p>Study method: Using the 2016 National Health Indicators Survey, the study used simple random sampling to select 25 households in 1,200 census blocks, totalling 30,000 households.</p>	
		<p>Study findings</p> <p>This study assessed the influence of mothers' participation in the pregnancy class (KIH) program on the utilisation of maternal and newborn health (MNH) services along the continuum of care, including adequate antenatal care (ANC), use of a skills birth attendant (SBA) and delivery in health facility. The study found that mothers who took KIH classes used adequate ANC at higher rates compared to those who did not take the classes. The analysis from the study also showed that mothers with complete participation in KIH made use of birth attendants at health facilities, both in the health centre and the hospital (51.90 and 33.50% respectively). In other words, the study showed that the KIH program helped prevent the first delay in the decision to seek care.</p> <p>However, based on the 2016 data, 49.8% of mothers did not know about the KIH program, which may explain the low levels of participation.</p>		
<p>Satu Desa, Satu PAUD</p> <p>Direktorat Pendidikan Anak Usia Dini (2018 November 22). <i>Early Childhood Education in Indonesia</i>. https://paudpedia.kemdikbud.go.id/tata-kelola/pedoman/pendidi</p>	Government website	Report on programme reach	N/A	<p>This is not a full evaluation but an examination of reach. Factors that influenced the increase of operational PAUDs were not discussed.</p>
		<p>Study findings</p> <p>Through the government website, it was reported that the number of villages with an operational PAUD increased from 46,889 in 2012, before the programme was launched, to 58,196 villages in 2017. This meant that there was a 24% increase over five years.</p>		

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kan-anak-usia-dini-di-indonesia?ref=20181122105925&ix=18				
<p>Perinatology Mentorship Initiative</p> <p>UNICEF Indonesia (2017). <i>Improving maternal and newborn health services in Eastern Indonesia: Findings from an external review</i>. https://www.unicef.org/indonesia/media/1801/file/Improving%20maternal%20and%20newborn%20health%20services%20in%20Eastern%20Indonesia.pdf</p>	<p>External review report by UNICEF</p>	<p>Internal programme evaluation</p>	<p>Study design: Exploratory sequential</p> <p>Study methods: Mixed-method involving a document review, qualitative study and secondary data analysis</p>	<p>Study findings</p> <p>The study aimed to describe the programme, identify the potential successes and challenges in implementing, replicating and scaling up the programme, and to identify strategies to improve the programme. The study found that the programme improved the clinical skills and knowledge of participants and improved best practice across the hospital.</p> <p>The programme was also successful in advocating the participating hospitals to improve the perinatology unit using their own budget allocations - supporting infrastructures required to deliver high-quality of neonatal care. However, there are limited number of doctors and nurses working in the neonatal units and the increase in demand could affect their performance. Additionally, there was inadequate management support and commitment, and insufficient financial and logistic support.</p>
<p>Posyandu (Integrated health service unit)</p> <p>Widayanti, A. W., Norris, P., Green, J. A., & Heydon, S. (2020). <i>Is expanding service</i></p>	<p>Peer reviewed journal article</p>	<p>This study aimed to explore mothers' experiences in immunizing their children through Posyandu in Nusa Tenggara Timur, and West</p>	<p>Focus Group Discussions (FGDs)</p>	<p>Study only conducted in two provinces, Nusa Tenggara Timur and West Sumatera.</p> <p>No FGD were conducted with comparison groups of mothers who did not use Posyandu services to explore</p>

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through an outreach programme enough to improve immunisation uptake? A qualitative study in Indonesia. <i>Global Public Health</i> , 15(8), 1168-1181.		Sumatera, two provinces located outside Java Island.		reasons for lack of utilisation. Information about why some mothers did not use Posyandu was from study participants, and thus not first-hand information.
		<p>Study findings</p> <p>Some participants reported that other mothers lacked motivation to attend Posyandu services. Additionally, the lack of funding hindered the sustainability of this food supplementation programme.</p> <p>At times, the child's immunization schedule does not match with the day of the Posyandu services, children who were considered sick at the time of Posyandu services, and thus there were concerns about vaccine wastage. The success of the immunization programme through Posyandu relied on the role of community-based health workers. Their ability to integrate with the community increased people's trust. This trust encouraged mothers to immunize their children, despite their limited knowledge about immunization. Most participants mentioned that the main reason for mothers who refused to take their children to immunization programme was that they were not allowed to do so by the father. Personal characteristics including religious beliefs and limited understanding about immunization and the concept of prevention were also found to influence immunization acceptance.</p>		
Posyandu (Integrated health service unit) Pangestuti, R., Dewi, Y.L.R & Sulaeman, E.S. (2020). Contextual factors of Posyandu on cadre performance in providing maternal and child health service in	Peer reviewed journal article	This study determined factors affecting cadre performance in Surakarta, Central Java	Study design: Analytic observational study with cross-sectional design Study method: Quantitative - questionnaire	A sample of 200 cadres was selected by simple random sampling. Posyandu was selected by stratified random sampling. Performance of cadres in maternal and child health services was the dependent variable but it is unclear how this performance was rated and determined. Authors state that this was defined as 'overall success rate...carrying out their

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Surakarta, Central Java. <i>J Matern Child Health</i> . 5(1): 27-34. https://doi.org/10.26911/thejmch.2020.05.01.04				duties...' but appears to be self-reported, making it a less reliable measure of performance.
Study Findings				
Good cadre performance increases with age ≥39 years, education ≥senior high school, working at home, tenure >3 years, had training, married, good knowledge, and good information. Posyandu has strong contextual effect on cadre performance.				
Program Kesejahteraan Sosial Anak Integratif (PKSAI) UNICEF. (2021). <i>Compendium of Good Practices to support achievement of Sustainable Development Goals for Children in Indonesia 2021</i> . https://www.unicef.org/indonesia/media/10571/file	Grey Literature	The studies evaluated the PKSAI pilot in 2018.	Not mentioned	The evaluations are not publicly available. Information is not available on how the evaluations were conducted, sample, etc.
Study findings				
A project evaluation conducted in 2018 showed that the intervention had yielded significant results. PKSAI was successfully delivered services related to prevention, early detection and rehabilitation. Using the balanced scorecard method, the evaluation showed significant increases with respect to: types of service (from 16.7% to 100%); organizational structure (27.8% to 88.9%), human resource availability (13.3% to 46.7%) and data management (0% to 33.3%). Moreover, PKSAI engaged effectively with several sectoral agencies in the district, improving overall accessibility to services. PKSAI also reached vulnerable children and their families, using the Unified Database, and referred cases to the agencies concerned.				
However, some key challenges include human resource capacity . The limited number of social workers cannot cope with the increasing demand for proactive services, especially to do outreach activities. There is a lack of job security among front staff due to the short-term contractual arrangement. At				

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		the structural level, frequent changes in personnel affect information flows and follow-up action . Coordination remains an issue as well, especially with other service providers and frontline staff. Also, the lack of data on child vulnerability and child protection cases resulted in insufficient planning and budgeting for services . Lastly, there is a need for a specific place for the secretariat that is accessible, not only where children and families in need can report but also to ensure the confidentiality of services, data security and coordination.		
Program Keluarga Harapan (PKH) Cahyadi, N., Hanna, R., Olken, B.A., Prima, R.A., Satriawan, E., & Syamsulhakim, E. (2020). Cumulative impacts of conditional cash transfer programs: Experimental evidence from Indonesia. <i>American Economic Journal: Economic Policy</i> , 12(4), 88-110.	Peer reviewed journal article	This study examined whether conditional cash transfers continued to have impacts on incentivized behaviours, even after the program had been running at scale for 6 years (from 2007-2013).	Longitudinal study	Included a comparison group of households that were not in PKH
		<p>Study findings</p> <p>Six years after the implementation of PKH, households that were in PKH were more likely to have childbirths assisted by trained professionals and deliveries were more likely to take place in a health facility. Specifically, the PKH program led to a 17%-point increase in delivery at a health facility, and a 23%-point increase in the probability a birth was assisted by a trained midwife or doctor. This was approximately double the effect found two years following the introduction of the PKH program. These results imply that the PKH program reduced the share of children born outside a health facility by 62 percent and virtually eliminated births not assisted by trained midwives or doctors.</p> <p>However, the frequency of pre- and post-natal visits did not show further improvements after six years. This may be explained by increases in the number of comparison households utilizing these services—allowing them to essentially catch up to PKH recipient households. There was no effect after two or six years on women receiving a full set of iron pills during pregnancy. Additionally, there was no impact of the PKH program after two or six years on the percent of age-recommended immunizations completed and no increase in the number of times between the ages of 6 months and 2 years that children received vitamin A.</p>		

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		<p>As for the health outcomes, children aged 0 to 60 months from families who received the PKH cash transfers experienced large reductions in stunting. After six years, among children in households that received the program, stunting declined by 9 percentage points (or 23 percent reduction in the probability of being stunted) relative to the comparison group, where 39 percent of children were stunted. The program also reduced severe stunting by roughly 10 percentage points relative to the comparison group mean of 18 percent. The effect was slightly larger among boys than girls. The PKH program had no impact on stunting or severe stunting after two years. There were no impacts on malnourishment after two or six years.</p>		
<p>Program Keluarga Harapan (PKH)</p> <p>Kusuma, D., Thabrany, H., Hidayat, B., McConnell, M., Berman, P., & Cohen, J. (2017). New evidence on the impact of large-scale conditional cash transfers on child vaccination rates: the case of a clustered-randomized trial in Indonesia. <i>World Development</i>, 98, 497-505.</p>	<p>Peer reviewed journal article</p>	<p>This study aims to find the impact of large-scale conditional cash transfers on child vaccination rates from 2007 to 2009.</p>	<p>Randomised controlled trial</p>	<p>Study findings</p> <p>This study showed that PKH significantly increases child vaccination rates for all basic vaccine types by up to 30% compared to those not in PKH for children aged less than 12 months old. Furthermore, PKH is equity enhancing by increasing child vaccination rates for most vaccine types by up to 52% among children aged less than 12 months old living with less educated mothers. But PKH shows modest effects among children aged 12–23 months old.</p> <p>After six years, researchers observed increases in school enrollment for children aged 7 to 15. This effect was slightly smaller from what was observed at two years—a 6.4 percentage point increase in enrollment, which represented a 66 percent decline in the nonenrolment rate—though the decline from two years to six years post-launch was due to an increase in enrollment in the comparison group rather than a decrease in the program group.</p> <p>Children from households who received cash transfers showed reduced participation in child labor, while young adults from these households did not participate more in paid jobs. Lastly, for household consumption and assets, households who received cash transfers showed no increase in land or livestock ownership after two or six years. Furthermore, they did not increase consumption and employment rates of the household head were unchanged after two or six years.</p>

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<p><i>Cost Effectiveness:</i></p> <p>PKH is a cost-effective program due to the limited leakage of benefits and reasonable overhead costs. Program administrative costs – averaging approximately Rp 200,000 per beneficiary per year – accounted for 14% of total spending in 2008 and 2009. These costs are moderate in comparison with other cash transfer programs in Indonesia and compare relatively well to conditional cash transfers programs in other countries.</p> <p>In 2009, benefits account for 86% of total program spending, while administrative costs account for 14%. PKH's average administrative costs per beneficiary total around Rp 200,000 or roughly US\$20 per year, while the overall administrative overhead ratio was between 14-15%. These costs appear moderate compared to other cash transfer interventions in Indonesia.</p>				
<p>Program Keluarga Harapan (PKH)</p> <p>World Bank (2011). <i>Program Keluarga Harapan: Main findings from the impact evaluation of Indonesia's pilot household conditional cash transfer program.</i></p> <p>https://documents1.worldbank.org/curated/en/589171468266179965/pdf/725060WP00PUBLOIua tion0Report0FINAL.pdf</p>	Grey Literature	<p>This study evaluated the PKH program by comparing behaviours and outcomes with households that received the cash transfers to those that did not receive. A baseline household survey was conducted in 2007 and again in 2009.</p>	<p>Study design: Longitudinal Randomised Controlled Trial</p> <p>Study methods: Quantitative - baseline and endline survey of a random sample of beneficiary and non-beneficiary households in randomly select PKH treatment sub-districts.</p>	<p>Study findings</p> <p>The evaluation found that PKH was effective in terms of improving the welfare of beneficiary households. Their average monthly expenditures increased by Rp 19,000 per person, equal to a 10 percent increase in comparison to pre-program levels. Households used this additional income to increase their spending on food (especially high-protein foods) and health costs. There is no evidence that beneficiaries misspent the additional funds on non-productive goods such as tobacco or alcohol.</p> <p>The program also demonstrated a positive impact on helping households to increase their usage of primary healthcare services. The likelihood of mothers from beneficiary households completing four pre-natal check-ups increased by more than 13% above pre-program levels and completing the recommended</p>

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Harapan on labor households in Indonesia. <i>International Journal of Disaster Risk Reduction</i> , 103239.		role in disaster risk reduction for low-income households and finding social/financial capital, thereby encouraging ex-ante and ex-post strategies. Another finding was that incorporating PKH into disaster risk reduction and linking it to human and physical capital will improve its efficiency.		
Program Keluarga Harapan (PKH) Lestari, W., Kartono, D. T., Demartoto, A., & Setiyawan, K. B. (2019). The Empowerment of Households towards Independence through Social Capital in Program Keluarga Harapan (PKH). <i>Society</i> , 7(2), 268-280.	Peer reviewed journal article	This study investigated the role of PKH and social capital in empowering beneficiary households	Study design: Case study Study method: Qualitative – observation, interviews, documentation	Research was conducted for 10 months from January 2019 to October 2019. Purposive sampling of beneficiary households who were still receive PKH assistance was used, resulting in eight beneficiary households from the 2013-2018 membership year. No data was collected from comparator households and was only conducted in one district.
	Study Findings The PKH program can improve the condition and situation of the beneficiary households. The empowerment of poor households in the Sukoharjo district is strongly influenced by the existence of PKH and its implementation. Beneficiary households can use PKH to increase their access to public services, improve the quality of education and health of household members, increase social support, increase household economic activities, and improve patterns of problem-solving in the household.			

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
Program Keluarga Harapan (PKH) Lee, K. W., & Hwang, M. (2016). Conditional cash transfer against child labor: Indonesia Program Keluarga Harapan. <i>Asia Pacific Education Review</i> , 17(3), 391-401.	Peer reviewed journal article	This study analyzed whether subsidies provided by the Indonesian conditional cash transfer against child labour program (Program Keluarga Harapan: PKH) were sufficient for children to stop working and go back to schooling.	Study design: Secondary data analysis (post-intervention) Study method: Quantitative – secondary data from the Indonesia Family Life survey (IFLS) 4, secondary data from World Bank and Central Board of Statistics, Indonesia.	Children participating in the program (treatment group) were compared to children not in the program (control group).
Study Findings Ex-post evaluations of the program found that it did not improve children’s enrolment rate and reduce child labour significantly. The study analysed the financial returns, on the short-, medium-, and long-term bases, of the children who attend school by participating in the program, in comparison with those children who did not attend school. The results demonstrated that the financial returns to children joining PKH to attend primary school were lower than those of their non-participating counterpart in the short and medium terms. Only in the long term, the financial returns to most program participants were greater than those of non-participating counterparts. The subsidy was too low and of a short duration to make children attend school , driving children to workplaces. Therefore, this study recommends that the government extend the subsidy period and sensitize families, or reduce their burden of educational expenditures by awarding them scholarships for their children’s education, or combine both policy actions.				
Taman Anak Sejahtera (TAS) & Taman Penitipan Anak (TPA) Pranawati, R., Naswardi, N., & Zulkarnaen, S. D. (2021). The fulfillment of standards on child cares	Peer reviewed journal article	This study measures the quality of childcare from three aspects, namely institutional, human resources, and service programs.	Study design: Purposeful sampling Study methods: Quantitative – survey conducted via face-to-face interviews	The sample in the study consisted of 75 respondents representing 75 TPA and TAS in 9 provinces (DKI Jakarta, Aceh, Bali, Banten, DKI, West Java, West Kalimantan, Riau Islands, North Sumatra, Yogyakarta) and 20 city districts in Indonesia.

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(Taman Penitipan Anak (TPA) and Taman Anak Sejahtera (TAS)) for the quality improvement of alternative care with the child protection perspective. <i>Journal of Social Studies (JSS)</i> , 17(1), 95-114.	Study Findings	<p>The study found that the need for childcare due to the busyness of parents is quite high. However, there are still 44% of childcare that has not been licensed which will influence the institutional quality of childcare, including the vision of the agency's mission, structure, work programs, and operational standards. In terms of human resources, the selection of childcare staff is very important to ensure the track record and perspective of child protection. The staff have adequate quality, but it is necessary to hold a selection process ensuring the child protection perspective and a good track record. Training is necessary to improve the knowledge and skills related to child protection and development. The support of professionals is very important such as health workers, social workers, counsellors, and psychologists to improve the quality of childcare services. Then, training to improve knowledge and skills with child protection perspectives should be conducted as a process of mainstreaming safe and child-friendly childcare services.</p> <p>In terms of services, approximately one-fifth of childcare is still in need of service improvement. Among them are the ratio of caregivers and children under 2 years, building facilities, outdoor playgrounds, and child-friendly toys, storage of milk and food, nutritional and food support services, religious education, sports, PAUD, and health services. Childcare also needs to improve cooperation and partnerships, counselling services, and support the development of child interest talents. Studies on the quality of services specifically and childcare studies with specific locations are very important in line with the increasing needs of childcare.</p>		
Taman Posyandu Nur, D. R. N., & Husodo, B. T. (2018). Factors related to the evaluation of the toddlers' growth early detection program at Taman Posyandu in	Peer reviewed journal article	The purpose of the research is to analyse the factors associated with the evaluation of the early detection program of toddlers' growth at Taman Posyandu in Puskesmas (Public Health Centre) Lamongan.	<p>Study design: Cross-sectional study</p> <p>Study method: Interviews and questionnaires.</p>	The sample in this research was 98 cadres.

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Puskesmas Lamongan. <i>Jumantik</i> , 5(2).	Study Findings	The results showed that the early detection program ran well (58.2%). Most of the respondents were 48-65 years old (55.1%), highly educated people (67.3%), unemployment (5.2%), people receiving training (77.6%). Chi Square test showed that age ($p = 0.026$), training ($p = 0.000$), cadre incentive fund ($p = 0.000$), Posyandu infrastructure facilities ($p = 0.000$), manuals of Posyandu activities ($p = 0.000$) were the variables related to the program implementation. Moreover, the variable related to the output range of the toddlers’ growth early detection program is the implementation of the toddlers’ growth early detection program ($p = 0.015$). Suggestion for this research is the necessity to conduct the training for the cadres to improve the ability to conduct this toddlers’ growth early detection program.		
Non-Government Programmes				
Aku Pembelajar Inquiry (AJARI) Australaian Council for Educational Research Indonesia. (2022). <i>Studi Output dan Outcome Program Inquiry-Based Learning – Kudus, Jawa Tengah</i> . (Shared with team via email)	Internal commissioned evaluation	The study was an evaluation of an inquiry-based learning (IBL) programme that was implemented in 2021-2022 in early childhood education units in the Kudus Regency, Central Java. The programme was designed for ECE teachers to adopt play-based and inquiry-based learning approaches in their teaching practices.	Study design: Cross-sectional study (intervention group vs non-intervention group) Method: Mixed methods (qualitative and quantitative) – online assessment, interviews, observations, surveys, focus group discussions Comparative causal design to measure outputs and outcomes of IBL programme	

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		<p>Study Findings</p> <p>Overall, ECE teachers in the intervention group performed better than ECE teachers in the non-intervention group in their knowledge of IBL and Authentic Assessment. ECE teachers in the intervention group are able to make good daily and weekly lesson plans, with the majority of indicators in the weekly plans being fulfilled, except for the explicit use of the Inquiry Play-based Learning Model. However, the learning strategies used by ECE teachers in the intervention group had elements of IBL learning e.g., observing, asking, searching, discussing, and evaluating.</p> <p>Principals reported an increase in ECE teachers' knowledge and skills after undergoing training. They also reported that teachers still faced issues in limitations in exploring students' curiosity. Parents reported that students in the intervention group had quite a positive experience, with students bring happy to share their school experiences with their parents.</p> <p>Students were also observed to have a fairly good ability to ask/answer questions, and enjoyed participating in learning activities in school, conducting experiments and opportunities to share with the class. Students generally preferred learning in groups, particularly in activities linked with play.</p> <p>Facilitators were seen to have good facilitation skills. However their mastery of IBL varies and their explanation of concepts could be strengthened. ECE teachers found that the facilitators' explanations were relatively detailed, clear and easy to understand, and referred to aspects of child development. Teachers also found that the facilitators were available to help and provide feedback, and were able to manage the class well</p>		
Emo-Demos Emo-Demo (2021). <i>Scientific evidence of the effectiveness of Emo-Demo for changing behaviour.</i> https://emodemo-org.translate.google/?_x_tr_sl=id&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc	Grey Literature	Evaluation Study conducted from 2015-2017 in East Java Province, Indonesia, to test the effectiveness of Emo-Demo.	Randomised Controlled Trial	Study included more than 3,000 pregnant women and mothers with children under two years of age in East Java Province, Indonesia.
		<p>Study findings</p> <p>Results found an increase in the prevalence of early initiation of breastfeeding (Control: 51% vs Intervention: 66%), increase in the prevalence of exclusive breastfeeding (Control: 51% vs Intervention: 66%), increase in the prevalence of breastfeeding according to children aged 23 months (Control: 59% vs Intervention: 66%), decrease in the prevalence of prelacteal feeding/drinks (Control: 49% vs Intervention: 34%) and the increase in the proportion of</p>		

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		children aged 6-23 months consuming food sources of nutrients (Control: 39% vs Intervention: 51%) in the intervention group was higher and significant than the comparison group.		
Enhanced Homestead Food Production Programme Gupta P, Basuki D, Utari D, Pujnari A et al. A cluster randomized trial to assess the impact of income generation on nutrition sensitive agriculture initiative in Timor Tengah Selatan (TTS) district in the Nusa Tenggara Timur (NTT) province in Indonesia. Helen Keller International Indonesia. 2017	Grey literature	This study examined changes in nutritional outcomes, income generation from the collective marketing approach, and if increased income was associated with improved household food consumption	Study design: Cluster-randomised trial Study method: Quantitative - questionnaire	Households in the 9 demonstration farms were selected for the intervention group (collective marketing) and another 9 demonstration farms were selected as the control group.
	Study findings By the end of the programme, 11% of control households and 12.3% of the intervention households implemented collective marketing for their surplus produce, a point of emphasis in the training of the intervention group. Households among the control group increased their year-round production of vegetables from 33.7% to 46.6%. However, there was a decrease from 47.8% to 45.2% among the intervention households. Sales to village markets increased for the control group by 6.9% but decreased 1.5% among the intervention group. Among both intervention and control groups, households earning additional income from their gardens decreased—from 22.3% to 13.3% for the intervention households and from 19.5% to 9.8% for the control households. However, income earned from raising chickens increased in control households from 23.7% to 37.9% while decreasing from 39.1% to 37.9% in intervention households. Among the households that earned additional funds, the money spent on food consumption increased from 47.7% to 67.2%.			
Ishk Peduli Anak Indonesia (IPAI) Teacher Training Program	Grey Literature – report published by Ishk Tolaram Foundation	This report is an impact and evaluation study on IPAI's teacher training program, including monitoring and	Study design: non-randomised controlled trial Study method: Mixed-methods - one-on-one interviews, school visit evaluations, pre-post-	Intervention group: Ishk's Diklat Mahir, Ishk's Diklat Dasar

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
Ishk Tolaram Foundation (2020). <i>Ishk Peduli Anak Indonesia: An Impact Study of Our Early Childhood Education Program in Indonesia</i> . https://www.ishktolaram.com/_files/ugd/874072_2a14054f9086482faf94a2e4bc984d8a.pdf		evaluating the process made by teachers, students and parents.	training surveys.	Control group: UM's Diklat Dasar, non-Diklat
<p>Study findings</p> <p>The evaluation of the efficacy of IPAI's teacher training program found that overall, teachers reported feeling a boost in their confidence and an improvement in their abilities as ECED teachers, they also started responding more to the students' needs rather than worry about the needs of the parents and their own colleagues. As for curriculum development and delivery, teachers found that using themes for curriculum-making and lesson planning was helpful in integrating inquiry and play-based learning into everyday lessons.</p> <p>After completing Diklat Dasar (Basic Training), teachers reported that their lesson plans reflected the interests, abilities and skills of their students. Organizational skills, such as planning daily learning activities, allowed teachers to focus on the most important development areas for children, such as language development and literacy, physical and motor development, religious and moral development, cognitive development and artistic development. Play-based learning allowed teachers and children to grow closer. Subsequently, parents found new faith in play-based and inquiry-based learning. Documentations of learning processes in the classroom increased and teachers reported collaborating with one another to design new activities to implement in the classroom. As for student engagement, open-ended questions and loose parts were popular motivational tools that led to increased student engagement. Teachers reported that they were able to observe the difference their new teaching techniques brought to the classroom, and reported students to be more responsive to the activities.</p> <p>Other positive impacts included teachers who attended Ishk's Diklat Mahir (Advanced Training) demonstrated a deeper level of understanding about pedagogical concepts related to ECED, were more likely to use observation as their primary learning assessment tool for children. Also, those who attended IPAI's training program (Diklat Mahir and Diklat Dasar) engaged with children for a longer period of time in the classroom than teachers who did not attend. Outcomes of children with teachers who had attended IPAI's training program were in general better than students whose teachers had not attended the training. Also, Teachers who had attended Ishk's Diklat Mahir received the highest Process Quality score, while teachers who had attended Ishk's Diklat Dasar received the second highest Process Quality scores.</p> <p>Some limitations of the programme include gaps in pedagogical knowledge. Teachers faced implementations barriers as well. They encountered difficulties getting approval for their new teaching methods from their colleagues and school leaders and changing set school programs to include the materials from</p>				

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		the training. Teachers reported a decrease in morale at ECED centres as a result of the friction between teachers who had attended IPAI's training and those that had not. Lastly, teachers reported struggles in appropriately handling and dealing with parents who were heavily involved in their kids' educational journeys.		
mHealth application (World Vision) Barnett, I., Sulistyo, S., Befani, B., KariSari, K., Sharmin, S., & Dewi, D. (2016). Mixed-method impact evaluation of a mobile phone application for nutrition monitoring in Indonesia (No. IDS Evidence Report; 200). IDS.	Grey Literature – report by IDS.	For this evaluation, a mobile phone application was integrated into the existing national growth monitoring system delivered through the integrated health posts (Posyandu) programme over a period of 12 months (January 2015 to January 2016) in rural (Sikka) as well as urban (North and East Jakarta) sites in Indonesia, to assess the impact of the mobile phone application on data accuracy, timeliness, and real-time responsiveness.	Study design: multi-site case study Study method: mixed methods	The 14 study Posyandus (10 in Sikka; 2 in East Jakarta; 2 in North Jakarta) for this evaluation had already been selected by the World Vision team prior to the evaluation and could not be changed. Quantitative analysis drew on evidence from 747 matched mobile phone and paper-based child records, time records of 52 Posyandu sessions and 2,276 direct observations of growth monitoring activities at child level. Qualitative analysis drew on evidence from 42 focus group discussions with 3–6 participants each.
Study Findings				
The mobile application increased the accuracy of growth monitoring, including classification of children's growth status. Improvements in accuracy were greatest in the rural Posyandu in Sikka (94%), followed by North Jakarta (64%) and East Jakarta (31%). The effect of the mobile phone application was most				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		pronounced in Posyandus with younger and/or less-educated cadres (community volunteers) and in contexts within which cadres received limited training and supervision for manual growth monitoring status classification.		
		The mobile phone application also improved the timeliness of growth monitoring and data submission from the Posyandu to the sub-district level. The improvement in timeliness was especially pronounced in urban Posyandus in Jakarta. According to the qualitative data, the mobile phone accelerated the procedure of nutrition data collection by facilitating quicker retrieval of each child's details and automated classification of growth monitoring status. Mothers also actively requested to receive feedback based on the phone and were willing to wait for it.		
		The mobile phone application increased responsiveness during growth monitoring. Cadres who used the mobile phone for growth monitoring were significantly more likely to provide feedback and arrange follow-up counselling sessions/referrals than cadres without a phone. In particular, in contexts where cadres were unsure of how to calculate or interpret the growth charts correctly, the automated calculation and visual presentation of the child's growth monitoring status on the mobile phone enabled cadres to provide the feedback more easily. The evaluation also identified some unintended changes. These changes and other lessons learned may influence sustainability of the mobile phone application for growth monitoring.		
Nutrition and Care Practices Kariger, P. (2010). <i>External Evaluation of Care Practices Program, Timor Tengah Selatan District in Nusa Tenggara Timur Province, Indonesia.</i> https://www.alnap.org/help-library/final-independent-evaluation-of-the-care-practices-	Grey Literature – Evaluation Report	The evaluation uses existing and newly gathered data to address the program's impact on household food security, child nutritional status and caregiving behaviors.	Study design: Case study Study method: mixed methods	The program is carried out in East Nusa Tenggara. No control or comparison group.
		Study Findings The main findings indicate that after one year's time, there was a reduction in wasting among children under five years, with rates dropping from 13.3% to 11.4%. This small decline in wasting was far below the 50% reduction hoped for when the programs were conceived. There was some improvement in care practices. The KAP surveys showed the rate for continued breastfeeding (beyond first year of life) increased by 14%, and the rate for delaying introduction of food until 6 months of age increased by 21%. Reported handwashing more than doubled, and the proportion of adults who read or told stories with their		

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program-timor-tengah-selatan		young children increased by 10% and 29%, respectively. Changes in other key care behaviours (exclusive breastfeeding, dietary diversity) could not be evaluated with the data provided. However, through interviews with 20 mothers, it was found that the diets of young children were clearly lacking the diversity necessary to sustain growth and development. It may be that a 50% reduction in wasting was not feasible without more intensive intervention, such as supplementation. Other international indicators for feeding (WHO) and care practices (UNICEF) were not used, making it difficult to adequately evaluate program impacts.		
Positive Deviance/Hearth Approach	World Vision Indonesia Website	N/A	N/A	Outcomes was mentioned briefly in World Vision Indonesia's website. Full evaluation details were not found.
Our Work (n.d.). Wahana Visi Indonesia. https://wahanavisi.org/id/tentang/kerja-kami/detail/kesehatan		Study Findings It was briefly mentioned on World Vision Indonesia's website that community-based nutrition rehabilitation has been proven to be effective in rehabilitating malnourished children without food aid in 4 areas in East Nusa Tenggara. A total of 56 children out of 90 children (62%) experienced weight gain after attending 10 nutrition, education, and rehabilitation (NERS) sessions.		
Prevention of Mother to Child Transmission (PMTCT) Adawiyah, R. A., Boettiger, D., Applegate, T. L., Probandari, A., Marthias, T., Guy, R., & Wiseman, V. (2022). Supply-side readiness to deliver HIV testing and treatment services in	Peer reviewed journal article	This study explored supply-side barriers to the delivery of PMTCT services in Indonesia and whether these factors are associated with the uptake of antenatal HIV testing.	Study design: Ecological study Study method: secondary data from World Bank Quality Service and Delivery Survey (2016) with routine data from Indonesia's HIV and AIDS case surveillance system and district health profile reports.	
		Study Findings		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
Indonesia: Going the last mile to eliminate mother-to-child transmission of HIV. <i>PLOS Global Public Health</i> , 2(8), e0000845.		The analysis showed that the proportion of pregnant women tested for HIV was more likely to be greater than or equal to 10% in facilities with a higher readiness score and a higher number of trained counsellors available, and less likely in facilities located outside of Java-Bali and in facilities supporting a higher number of village midwives. While it is recognised that improving the availability of resources in facilities for the provision of services like PMTCT will not on its own lead to major improvements in the quality of care, the availability of key inputs such as infrastructure, equipment, diagnostics, and human resources does provide a critical foundation for the delivery of care.		
Prevention of Mother to Child Transmission (PMTCT) Lumbantoruan, C., Kelahe, M., Kermode, M., & Budihastuti, E. (2020). Pregnant women's retention and associated health facility characteristics in the prevention of mother-to-child HIV transmission in Indonesia: cross-sectional study. <i>BMJ open</i> , 10(9), e034418.	Peer reviewed journal article	This study was conducted to describe PMTCT programme performance and to identify health facility characteristics associated with this performance in order to inform programme planning and policy development.	Study design: Retrospective cross-sectional study Study method: secondary data – data extracted from the PMTCT program, and Ministry of Health (MoH) report on data and information of Indonesian Health Profile 2017	
		Study Findings In this study, the level of retention in the PMTCT programme for at least 3 months among 3072 HIV-positive pregnant women until childbirth was 59%, lower than the 70% retention reported in Uganda and much lower than 88% 6-month retention in a smaller study in Cameroon. We observed no differential retention between women who initiated PMTCT under different options.		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
Program Pemberian Makan Bayi dan Anak (PMBA) / Infant and Young Child Feeding (IYCF)	Peer reviewed journal article	To correlate knowledge of infant and child feeding (PMBA) of mothers to nutritional status of infants.	Study design: cross-sectional study using purposive sampling technique Study method: quantitative – questionnaire	
Tanuwijaya, R. R., Djati, W. P. S. T., & Manggabarani, S. (2020). Correlation Between Mother's Infants And Young Child Feeding (IYCF) Knowledge With Nutritional Status Of Toddlers. <i>Jurnal Dunia Gizi</i> , 3(2), 74-79.		Study Findings Results found that there was significant relationship between maternal PMBA knowledge and nutritional status according to weight / age ($p = 0.028$). Mother's knowledge about IYCF has an important role in the success of IYCF and will affect the improvement of nutritional status for children.		
Thousand Days Fund 1000 Days Fund (2021). <i>Lasting Impact: Longitudinal Study Assessing Smart Charts & Stunting Prevention</i> . https://drive.google.com/uc?export=download&id=13JvkegWiGm-ie2os4Ahl1nZnJzxz7zwz	Grey Literature	The research aims to see the sustainability of the results of the smart poster intervention 2 years after the program, as a follow-up to the research funded by the World Bank in 2019	Study design: Longitudinal study, and cross-sectional study – Saturated sampling and Incidental sampling Study method: self-report	
		Study findings		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		<p><u>2019 Research funded by World Bank</u></p> <p>In the 2019 research, the pilot project found 62% of mothers reported changes in behaviour, including frequency of attendance at Posyandu and exclusive breastfeeding, while 75% of trained health workers and cadres have increased self-confidence to provide counseling about stunting. At baseline, only 4% of respondents knew about stunting, and at the end of the study, 70% knew about stunting. Within 6 months, there was an increase in knowledge about stunting by 17 times.</p> <p>A follow-up study was conducted 2 years after the pilot project, in 2021. This study found that 88% of respondents were able to recall the word “stunting”, compared to 70% in 2019. Also, 61% of respondents knew and understood the dangers of stunting, compared to 74% in 2019. Additionally, 55% of respondents still remember the importance of exclusive breastfeeding and 71% of respondents still had the smart chart installed in their home after 2 years. 90% of respondents reported that by having a Smart Poster and getting stunting education, they are motivated to take at least one stunting prevention action. 69% of respondents reported that they come to Posyandu more often, 58% reported that they maintain clean and healthy behaviour, and respondents who understood the importance of exclusive breastfeeding increased almost 2 times.</p> <p><u>Cross-sectional study</u></p> <p>The cross-sectional study compared the knowledge of moms who have received the 1000 Days Fund program intervention and those who have not. The study on the effectiveness of the smart chart program in increasing parents’ knowledge of stunting found that the intervention had significant correlation with mom’s ability to recall “stunting”. Moms who had received the intervention tend to recall the word “stunting” 3.7 times than those who did not received the intervention. The intervention also has significant correlation with mom’s ability to explain stunting (3 times more likely to be able to explain stunting). Also, the intervention has significant correlation with mom’s knowledge of stunting danger (4.9 times more likely to know the dangers of stunting).</p> <p>However, the intervention had no significant correlation with mom’s knowledge of stunting danger, and having a smart chart installed at home has no significant correlation with mom’s ability to recall “stunting and explain stunting.</p>		

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Abbreviations

BFHI-----	Baby Friendly Hospital Initiative
BKB-----	Bina Keluarga Balita (Toddler Family Groups)
BKKBN-----	Badan Kependudukan dan Keluarga Berencana Nasional / National Population and Family Planning Board
CREDI-----	Caregiver Reported Early Development Index
EC-----	Early Childhood
ECD-----	Early Childhood Development
ECDI-----	Early Childhood Development Index
ECCE-----	Early Childhood Care and Education
EGM-----	Evidence and gap map
GDP-----	Gross Domestic Product
HI-ECD-----	Holistic Integrated Early Childhood Development
ILO-----	International Labour Organisation
KPPA-----	Ministry of Women's Empowerment and Child Protection
MCW-----	Maternal and Child Welfare
MNP-----	Micronutrient powders
MoEC-----	Ministry of Education and Culture
NCF-----	Nurturing Care Framework
NGD-----	National Grand Design
NGO-----	Non-Governmental Organisation
PAUD-----	Pendidikan Anak Usia Dini (Early Learning Centres)
PKH-----	Program Keluarga Harapan
PKK-----	Pembinaan Kesejahteraan Keluarga
RAN-PASTI-----	National Action Plan to Accelerate Indonesia's Stunting Rate Reduction
RPJMN-----	Rencana Pembangunan Jangka Menengah Nasional / National Medium-term Development Plan
SDG-----	Sustainable Development Goals
SEAMEO-----	Southeast Asian Ministers of Education Organisation
SIGAP-----	Strengthening Indonesia's Early Generation by Accelerating Potential
SSGI-----	Indonesia Nutrition Status Survey
StraNas Stunting-----	National Strategy to Accelerate Stunting Prevention
TPA-----	Taman Penitipan Anak (Childcare centres)
UNICEF-----	United Nations Children's Fund
WASH-----	water, sanitation and hygiene
WHO-----	World Health Organisation
YUM-----	Yayasan Usaha Mulia

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Chapter 6

The Philippines



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Executive Summary

Through a strong policy foundation and wide-reaching programme delivery, the government of the Philippines has provided clear and consistent central government support and understanding of the importance of the early years.

The Republic of the Philippines is a sovereign state in archipelagic Southeast Asia, with over 7,600 islands spanning more than 300,000 square kilometres of territory. Located in the Pacific typhoon belt, the Philippines experiences many forms of natural disasters.¹ Both the nature of the Philippines' physical geography and its vulnerability to natural disasters create challenges for those who provide early childhood development (ECD) services, particularly in delivering ongoing, consistent services across the country.

The Philippines has experienced rapid economic growth in the last decade.² In 2019, the Philippines was one of the fastest growing economies in the world. A demographic dividend is the economic growth experienced by a country resulting from the change in the country's population structure. The Philippines has experienced declining mortality and fertility rates, resulting in a shrinking of the proportion of the population who are of a dependent age (0-14) and an expansion of the workforce (ages 15-64). With the largest productive working-age population and exponential economic growth, in this demographic-economy window of opportunity, this is an opportune time for the government to allocate its resources toward economic development and social services (education, health and nutrition).³

Five percent of the total population of the Philippines are children under the age of 5 years. The national government has demonstrated its commitment to the early years through various pieces of legislation and the formation of the Early Childhood Care and Development (ECCD) Council. The Council covers the areas of health, nutrition, early education and social services for children 0-4 years old. In 2018, the ECCD Council, with the support of UNICEF, adopted the National ECCD Strategic Plan 2019-2030.

A total of 76 programmes and 36 policies relating to ECD were examined for this study. When mapped to the Nurturing Care Framework (NCF), there was an even distribution of ECD programmes across the five components. While there were policies in each component of the NCF, the majority of the 36 policies examined in this study were in the areas of Adequate Nutrition and Safety and Security. Given the large geographical spread of the Philippines, four provinces were studied to provide additional insight. These provinces were Cavite, Palawan, Mountain Province, and Basilan. While the assessment of four geographies is by its nature limited in scope, it helps to illustrate some of the realities of service availability and implementation at a local level. Most provinces benefited from both national programmes alongside programmes that were specifically designed and delivered for the local population.

The analysis of programmes and policies in the Philippines revealed several gaps in each of the five NCF components. The gaps are listed below for each of the five NCF components:

Adequate Nutrition

Malnutrition and poor-quality diets remain a significant issue across the Philippines. It is unclear based on current research insights if the barrier to ensuring adequate nutrition for children is due to lack of caregiver knowledge or the inability to access healthy food. Both issues need to be addressed to ensure adequate nutrition. The Philippines has also seen a concurrent rise in the number of children who are overweight. This further underscores the need to address access to healthy food and increasing public awareness about appropriate nutrition.

Good Health

There are three key gaps in this NCF component. First, there is no existing data on maternal mental health and a lack of service provision to support maternal and caregiver mental health. Second, access to health centres in some areas is low, leading to decreasing uptake of routine childhood immunisations. Vaccine hesitancy can also be further attributed to a mistrust of the government. Finally, more capacity building of the healthcare workforce is needed to ensure continued service provision for families.

Opportunities for Early Learning

There is a lack of reliable population-level data on enrolment and learning conditions and a disconnect between national strategies and programmes and their local implementation. Missing data means that gaps in early learning are poorly understood. School closures related to COVID-19 – the most extensive anywhere in the world – has had an impact on child development, learning and access to essential services, but the extent to which this has affected young children is still not fully known.

Responsive Caregiving

There are still persistent gaps in caregiving, particularly in relation to corporal punishment, even with programmes that aim to improve parenting practices.

Social workers and others who support families and parents are often overworked and underpaid. Increasing responsibilities as well as inadequate training has resulted in low-quality support for families.

Safety and Security

Poor implementation and enforcement of policies remains the biggest challenge for safety and security. This is exacerbated by families and communities that are unaware of policies meant to afford protection, as well as limited avenues through which to report issues of safety and security. Rural communities still do not have access to support, particularly to water, sanitation and hygiene (WASH).

The study also examined all available evaluations of the 76 shortlisted programmes identified in the Philippines. About one-third, or 21 of the 76 programmes have been evaluated. Findings are available in both peer-reviewed and grey literature, although not all evaluations are available in full. None of the evaluations included information about cost-effectiveness or offered cost-benefit analyses of programme delivery. Sharing of evaluation findings is a key factor in understanding what is working, for whom, and in what contexts. Programme evaluation could be improved in the Philippines across NCF components to aid in the understanding of what more is needed to support families and young children.

Although only 21 programmes were evaluated, some common themes emerge when examining the findings. First, none of the evaluations examined scalability of programmes. While some programmes were found to be promising (e.g., parenting programmes to improve marital relationships and reduce violence against children), the analysis did not provide insights into potential for scale up. Second, many programmes failed to meet targets or achieve goals because of barriers to implementation. Most often, these barriers were related to financing (lack of funding or sustained funding) or capacity (lack of training, lack of local capacity for service delivery). Implementation barriers found in smaller scale pilot programmes will have a significant impact on the potential for sustaining effective interventions and on scaling.

Much more needs to be done in the Philippines ECD sector to build on the knowledge of what is working for young children and how this can be scaled to areas that are most in need.

Private philanthropists, institutional foundations, and donors can play an important part in improving lives of young children and families in the Philippines. In addition to the gaps discussed above in each of the five NCF components, donors can play a role in addressing the cross-cutting issues that affect the entire ECD sector. The recommendations below focus on the cross-cutting issues. More detailed recommendations for each of the five NCF components are provided in the first section of this report.

1. Build the local knowledge base

Without a strong local knowledge base, there are gaps in understanding of the impact of programmes and policies on families and young children. Donors can help to build this knowledge base by supporting organisations to conduct evaluations and working with local government units (LGUs) to embed learning into programme implementation. Donors can also advocate for the national government to strengthen policymaking in areas of most need.

2. Build the capacity of local government units

While the government has demonstrated a commitment to ECD through national-level policies, the implementation of these policies through programme provision at the local level is the responsibility of the LGUs. This study has found that capacity and capability within LGUs can be a significant barrier to both policy and programme implementation. Lack of adequate funding, shortages of trained staff, and insufficient knowledge about the importance of ECD interventions all have an impact on what is, or can be, implemented by the LGUs.

Donors can help to build capacity of the LGUs by providing funding for training to build a skilled workforce, work with LGUs to conduct local needs analyses in order to understand the priorities of the local population, and work with LGUs to advocate with the national government for required resources.

3. Strengthen data-driven decision making across the ECD sector

The Philippines does not currently have consistent, periodic national surveys to collect household data and to understand shifts within families and communities. These shifts can impact on ECD in significant ways and having reliable data would aid in evidence-informed policy making. The last major national demographic and household survey (DHS) was conducted in 2017, but information was only collected from 31,000 households.

At the local government (LGU) level, methods of data collection are inconsistent and outdated. Reliance on physical logbooks mean that connected data (e.g., child and maternal health) are frequently collected separately and not analysed together. Natural disasters have led to the loss of logbooks. Reliable local data is as important as national level data, especially considering that most programme delivery is conducted by the LGUs.

Donors can ensure that any programmes they fund have embedded mechanisms for evaluation and data monitoring. This information should be shared publicly in order to influence decision-making at both the programme and policy levels. Donors can also provide support to the programmes they fund to use data and evidence in decision making for programme sustainment or scale-up. Finally, donors can increase advocacy efforts at the national level to increase the consistent collection of data.

In the chapter that follows, we provide the key recommendations and potential areas for donor involvement based on the findings of our study. The report will then provide details about the Philippines, the programmes and policies shortlisted for the landscape study, and an in-depth analysis of the gaps that exist in ECD policy and programmes. Details about available programme evaluations are provided. Information about the methods used for this landscape study are provided in Chapter 1. Appendices at the end of the chapter provide detail about programmes and policies included in the study.

1. Recommendations for donors

In the following section, we explore where donors and philanthropists may consider focusing their efforts.

The landscape study has identified that the government of the Philippines has established a strong set of policies related to ECD across the five Nurturing Care Framework (NCF) components. The programmes that support young children, pregnant women and families are also evenly distributed across the five NCF components. Despite this strong programme and policy foundation, there are persistent and systemic gaps in the ECD landscape that donors may consider addressing to strengthen the sector.

In the section that follows, we provide recommendations in each of the five areas of the NCF (Figure 1–1). For each area, we provide a brief summary of what programmes and policies are currently being provided across the country, the key gaps in service and/or policy provision, and finally what donors can do to have an impact in the NCF component. This section concludes with a set of recommendations for cross-cutting issues that affect the ECD sector.

Recommendations are directional and not exhaustive. They can apply to national-level programmes or those delivered in specific provinces or districts. Recommendations are also not provided in a way that is immediately ‘implementable.’ Rather, donors should tailor potential actions to their priorities, capacity, and key interest areas.

Figure 1–1. Nurturing Care Framework Components



1.1. Adequate Nutrition

1.1.1. What do we know?

Through a strong policy focus on nutrition, the Philippines has made some progress on reducing stunting. The Philippines is also on track to meet the Sustainable Development Goals (SDG) targets for exclusive breastfeeding in infants 0-5 months: at least 70% exclusive breastfeeding to be achieved by 2030.^{4,5} However recent data suggests that the Philippines is not on track to improve wasting in young children. There is also a concurrent increase in the prevalence of overweight young children.⁴

Across the Adequate Nutrition programmes identified in this landscape study, there is a strong focus on workforce training, parental education, and advocacy. Programmes seek to equip parents and caregivers with evidence-based knowledge, while overcoming the accessibility barriers through the use of radio to deliver messaging, particularly for families in remote areas.

Table 1-1 provides an overview of policies and programmes that address Adequate Nutrition. Please see Section 3.2.1 Overview for more detailed information.

Table 1-1. Overview of Adequate Nutrition

Number of policies	Number of programmes	Number of programmes evaluated
14	23	8

1.1.2. What are the gaps?

Programmes that aim to reduce stunting equip parents and caregivers with accurate nutritional information and knowledge. However, research shows that malnutrition and poor-quality diets remain a significant issue across the Philippines. This finding raises a crucial question on whether the barrier to ensuring that children have adequate nutrition, particularly in the home environment, is the lack of accurate caregiver knowledge, or an inability to access a range of healthy foods. Solving one of these gaps without addressing

the other will not address adequate nutrition needs for children. The concurrent rise in the prevalence of overweight in young children also suggests a need to improve both knowledge and awareness, and access to healthy food.

For more detailed information, see Section 3.2.1 Gaps.

1.1.3. What can donors do?

Support stunting reduction in hardest-hit areas

Stunting is a particularly urgent issue as it has significant long-term effects both on individual development and financial and social implications for the country. In the Philippines, while the prevalence of stunting has decreased on a national level, it remains an urgent issue in the regions of BARMM and MIMAROPA, where the provinces of Basilan and Palawan are located. The prevalence rate of stunting in these provinces is over 40% compared to the national average of 29%.⁶

There are examples of successful stunting reduction programmes that have been implemented in other parts of the Philippines. These include programmes such as the government's Barangay Nutrition Scholar programme and the World Vision Positive Deviance/Hearth programme. Elements of successful programmes could be applied to regions such as Palawan and Basilan that are still experiencing high rates of stunting. Programme elements can also be examined for ways in which support can be scaled up quickly, particularly for hard-to-reach communities and families.

Examine ways to reduce the double burden of overnutrition and undernutrition

The landscape study also revealed that young children in the Philippines are affected by both stunting (undernutrition) and rising rates of overweight and obesity. Targeted efforts to reduce stunting and malnutrition should be implemented in high-risk regions. Additionally, nutrition programmes should focus on the most vulnerable women - pregnant women who are in the poorest quintile, single, with little to no completed education, are not working, or teenage pregnant mothers. Donors can look to programmes that currently implement interventions for stunting to see how they can concurrently provide interventions to foster healthy eating habits. This can include:

- Providing adequate and nutritious diets
- Supporting caregivers to access and prepare healthy food
- Promoting physical activity in children – e.g., physical games like soccer or basketball, ways to spend more time outdoors
- Increasing the deliberate inclusion of outdoor physical activities in early childhood settings (e.g., kindergarten and childcare)

Recommendations

- ⇒ Donors can support efforts to study the barriers and facilitators to the provision of adequate nutrition to young children; this is an area where more research is strongly advised. This includes issues facing families as well as existing programme

providers. Such data would be vital to decision-making about how programmes can be modified or expanded to better meet the needs of families.

- ⇒ Donors can support innovative stunting reduction and health programmes to scale up existing efforts and adapt them for conflict-prone or low-resourced contexts. These include the Barangay Nutrition Scholar and the Positive Deviance/Hearth programmes.
- ⇒ Donors can support the advocacy efforts of existing organisations that are working across the national and local governments in their work to advocate for additional support to lower-income local government units (LGUs). Donors may also be in the position to advocate directly with national and local governments. Nutrition programmes are often delivered through the LGUs and increased support, including capacity-building, at the local level could ensure sustainability of successful programmes.
- ⇒ Donors can work with community partners to increase access to physical activity opportunities for young children who may be at risk for being overweight or obese. This includes working with early childhood care and education providers to identify innovative ways to foster healthy eating and physical activity habits.

1.2. Good Health

1.2.1. What do we know?

Philippine government policies in the NCF component of Good Health address access to universal health coverage and universal oral health coverage. Particular attention is paid to ensuring those in the lowest income quintiles have appropriate support.

The 21 programmes shortlisted in this study cover interventions in the areas of health services (oral health, health check-ups), education, advocacy, and immunisation. Two programmes provide conditional cash transfers, while only one provides training and capacity building for the healthcare workforce.

Table 1-2 provides an overview of policies and programmes. Please see Section 3.2.2 Overview for more detailed information.

Table 1-2. Overview of Good Health

Number of policies	Number of programmes	Number of programmes evaluated
7	21	13

1.2.2. What are the gaps?

There are three key gaps that have been identified in the NCF component of Good Health in the Philippines. First, there is no existing data on maternal mental health and a lack of service provision to support maternal and caregiver mental health. Second, access to health centres is low, particularly in hard-to-reach areas. This has led to decreasing rates of routine immunisation in children and reduced healthcare seeking behaviours by families in

some areas. Finally, there is a need for further training and capacity-building of the healthcare workforce to ensure adequate service provision for families and young children.

For more detailed information, see Section 3.2.2 Gaps.

1.2.3. What can donors do?

Support programmes that address caregiver mental health

Caregiver mental health has an impact on child development, starting before the child is born. Maternal distress can reduce the placenta's ability to protect the foetus from elevated levels of stress hormones.⁷ Anxiety, depression, and stress also reduce positive interactions between caregivers and infants.

Reducing caregiver stress and supporting caregiver well-being – including through home visiting interventions – is particularly valuable during pregnancy and early infancy.⁸ Parental mental health care should be integrated into early childhood health and development services because of the indirect benefits to caregiving and child development outcomes.⁹

Address behavioural and physical barriers to accessing immunisations

Low uptake of childhood immunisations requires a multi-faceted solution. Physical barriers to accessing health centres prevent many parents and caregivers from ensuring childhood immunisations are up to date. Mobile immunisation campaigns that go directly to families can address issues of physical access. These mobile clinics can simultaneously provide health checks, nutritional supplementation, and other services. While these services exist in some areas, expansion of mobile campaigns into remote areas would benefit children and families.

Vaccine hesitancy is also a critical issue in the Philippines that needs to be addressed. This is, in part, due to the dengue vaccine scandal in 2017, where the newly approved vaccine made children more susceptible to severe and at times fatal dengue. Public health campaigns that address hesitancy and provide education to parents and caregivers would improve immunisation rates.

Support workforce training and capacity building

Only one of the shortlisted programmes addresses capacity building in the healthcare workforce. There is a need for additional workforce training and capacity building in public health systems in the Philippines. Proper planning, supportive supervision, and suitable allocation of resources are required to make these programmes work.¹⁰ Donors can examine ways in which they can support existing programmes that provide training, or work with community partners to identify new avenues for increasing workforce training.

Recommendations

- ⇒ Donors can work with existing early childhood health service providers to add components addressing caregiver mental health, particularly maternal mental health. As many women in the Philippines deliver their babies at health facilities (86% in 2018/9)¹¹, donors can work with service providers to implement mental health screening for new mothers and provide referral pathways.

- ⇒ Donors can work with organisations providing routine immunisations to identify ways in which these services can be expanded or re-imagined as mobile offerings to reach remote communities, drawing on the examples already in place (e.g., the Knockout Tigdas campaign). Using mobile efforts that have been shown to be effective, donors can work with service providers to identify programme components that can be implemented in other remote communities.
- ⇒ Donors can partner local government to increase public health education campaigns to address vaccine hesitancy, or support media- or community-led efforts to raise awareness of vaccine benefits.
- ⇒ Donors can identify workforce training organisations and work with them to increase training and capacity of the public health workforce. This may also be supported by efforts to support national government to establish training standards that may be implemented across the country in order to ensure that all families and young children benefit from a trained health workforce.

1.3. Opportunities for Early Learning

1.3.1. What do we know?

The Filipino government has increasingly focused policies and programmes that encourage and provide early learning opportunities, particularly since passing the Early Years Act in 2013. This is done through a number of avenues, including setting up model preschool centres, training educators, and working with parents to increase awareness of the importance of early learning, both in the home and in preschools.

Table 1-3 provides an overview of policies and programmes. Please see Section 3.2.3 Overview for more detailed information.

Table 1-3. Overview of Opportunities for Early Learning

Number of policies	Number of programmes	Number of programmes evaluated
9	28	6

1.3.2. What are the gaps?

Crucial gaps within early learning in the Philippines include the lack of reliable population-level data on enrolment and learning conditions and a disconnect between national strategies and programmes and their local implementation. The lack of data has prevented the country from having an accurate understanding of the gaps in enrolment and early learning, with little clarity on whether programmes are effective. More recently, the COVID-19-related school closures had a significant impact on child development, learning and access to essential services for over 10.6 million children under the age of 5 years who did not have access to early learning and care for more than two and half years. The full impact of these closures is likely to be better understood in years to come.

For more detailed information, see Section 3.2.3 Gaps.

1.3.3. What can donors do?

Support local government units (LGUs) in developing local implementation strategies

At the local level, there are numerous barriers that are evident from the gaps identified in the study. Additionally, extended school closures through the COVID-19 pandemic have led to declining rates of enrolment in early education as parents do not see the value of early learning. This is due to the difficulty of teacher-child interactions during the pandemic, with parents being the main point of contact for transference of activities and knowledge.

By examining the barriers and facilitators to early learning access and quality and working with both the local government officials and the communities, donors can work to ensure that adequate planning and development is given to taking a staged approach toward explicit goals to increase early learning opportunities, both in the home and within the childcare setting. Building out a robust implementation strategy would also allow LGUs to understand and articulate what resources they would need to improve reach and access to early learning. This may include hiring and training educators, setting up adequate childcare spaces that are accessible to families, or working with families to understand and address their hesitations.

Recommendations

- ⇒ Donors can work with individual, or a group of LGUs to understand the barriers and facilitators to the provision of opportunities for early learning. This can be followed by supporting LGUs to develop more robust implementation strategies to increase the quality and availability of early learning provision.
- ⇒ Evidence about the impact of COVID-19 related school closures on young children is only now emerging. Donors can work with early education and care providers to gather locally relevant data on the ways in which the closures impacted children and families. Using this information, donors can then work with LGUs and service providers to increase service provision in areas where there are identified gaps in learning and development. Remedial education interventions that target specific areas of learning loss may be beneficial.
- ⇒ The extended school closures have led to a perception by families that early learning is not a priority, according to experts in the country. Donors can work with LGUs to implement public education campaigns that target families of young children to change perceptions and increase enrolment in early education.
- ⇒ Donors can support the development of simple, low-tech data collection and management systems, and the subsequent training of LGU staff and workers to ensure adoption of the system. These data collection systems can focus on gathering regular information about enrolment and engagement in early learning, which can then be used to refine programmes to better meet the needs of local families. Data systems targeted at the level of LGUs to track activity within local systems would also support better ongoing monitoring and performance management within the education system.

1.4. Responsive Caregiving

1.4.1. What do we know?

Under the NCF component of Responsive Caregiving, the Filipino government has set generous policies to support women through the Expanded Maternity Leave Law. While fathers also have access to some paternity leave, it is not as comprehensive. The programmes in this component are primarily focussed on equipping parents with evidence-based knowledge and parenting skills. This is done in coordination with other support, such as health, nutrition, and social assistance for the family.

Table 1-4 provides an overview of policies and programmes. Please see Section 3.2.4 Overview for more detailed information.

Table 1-4. Overview of Responsive Caregiving

Number of policies	Number of programmes	Number of programmes evaluated
5	21	5

1.4.2. What are the gaps?

Despite the programmes addressing parenting practices, there are still persistent gaps in caregiving, particularly in relation to corporal punishment (a third of children experienced severe physical violence). Additionally, social workers and those working with families and parents are often overworked and underpaid. As noted in multiple interviews, the increasing responsibilities placed on these practitioners, together with the lack of training, has led to low quality support and counselling for families.

For more detailed information, see Section 3.2.4 Gaps.

1.4.3. What can donors do?

Promote positive and responsive caregiving practices

From the expert interviews and desktop search, it is clear that more support is needed to critically review and consider how to shift parenting practices to support an authentic move toward responsive caregiving. Despite the delivery of numerous parenting programmes, there have been few shifts in approaches to parenting. An expert from an international agency who was interviewed for the study reported that they are strongly advocating for added support for parents and caregivers to ensure that they are equipped for responsive caregiving.

Recommendations

- ⇒ Donors can support the work of local researchers and behavioural scientists to understand the barriers and facilitators to positive parenting. Findings can then be used to modify approaches within existing programmes to further improve and refine programme content. It is clear from the current study that parents and

caregivers require more than just training or information about responsive or positive parenting.

- ⇒ Develop new initiatives in provinces or regions where support to caregivers is most needed. This would require donors to (or support another organisation to) conduct a needs analysis to determine the focus of new initiatives and where these new initiatives would best be located. This would enable donors to not only expand the scope of parenting activities in new regions but to also ensure that the activities are meeting actual needs of parents and thus are more likely to be acceptable to the target population.

1.5. Security and Safety

1.5.1. What do we know?

While there are a large number of policies at the national level that aim to protect children, women, and families, the coverage and enforcement of these policies is often uneven. The national provision of social assistance is a large part of the safety net afforded to families. Through social assistance programmes, the government is also able to provide additional support and knowledge for families, particularly in ensuring that children have access to regular health checks, are enrolled in school, and families have access to support and information. However, many of the programmes addressing Safety and Security have not been evaluated.

Table 1-5 provides an overview of policies and programmes. Please see Section 3.2.5 Overview for more detailed information.

Table 1-5. Overview of Security and Safety

Number of policies	Number of programmes	Number of programmes evaluated
16	24	6

1.5.2. What are the gaps?

Among the main gaps in the component of Security and Safety, a crucial issue is the poor implementation and enforcement of child protection policies. Several interviewees noted that labour and sexual exploitation of children is common and frequent at the barangay level. Parents and communities are often not aware of existing policies that address safety and security, or have few avenues to report issues when they arise. With the low levels of awareness and enforcement, the national policies have not led to a shift in behaviours, attitudes and practices at the local level.

In addition, another key issue within Security and Safety is the ability to access safe drinking water and sanitation facilities. Currently, many rural communities still do not have access to support to ensure the presence and safe management of facilities, particularly in the area of water, sanitation and hygiene (WaSH).

For more detailed information, see Section 3.2.5 Gaps.

1.5.3. What can donors do?

Improve support and access for rural communities

Given the geographical spread of the country and the relative inaccessibility of some communities, it is apparent that some lower-income LGUs require additional resource support to ensure basic service provision. This could come in a variety of forms, from support towards the building of adequate WaSH facilities, to the provision of basic services such as adequate and reliable healthcare, childcare, and early learning.

Recommendations

- ⇒ Donors can conduct needs analyses with low-resource LGUs, or those in remote areas in order to identify specific needs for safety and security (and other areas). Donors can then work with other service providers to coordinate the provision of additional supports (financial or material) in order to assist the LGUs in meeting the identified needs.
- ⇒ Although policies exist to address issues of safety and security, enforcement mechanisms and avenues for reporting are inadequate. Donors can advocate to the national government to implement consistent and effective enforcement mechanisms. Donors can also work with the LGUs to identify specific areas for which further support is required for families or communities, and then provide the resources required for LGUs to provide these supports.
- ⇒ Donors can work with service providers who have successfully built or provided WaSH facilities and programmes to scale these initiatives up to under-resourced and remote areas.

1.6. Cross-cutting topics

1.6.1. Building Local Knowledge Base

The research reveals that a key gap for the Philippines is the lack of detailed understanding of the country's context and the impact of specific policies and programmes. For example, an expert from an international NGO who was interviewed for the study suggested that there is a need for further research to understand the economic cost of not breastfeeding, and to analyse the economic impact of the expanded maternity leave coverage. Building the knowledge base about early childhood policies and programmes would enable the government, both national and LGUs, to make contextually specific, evidence-informed decisions about policy revisions and programme provision.

This local knowledge base would include an understanding of the cultural contexts and needs of specific minority populations, for example Indigenous communities. By having a deeper understanding of the needs of Indigenous populations, LGUs will be able to provide more targeted support and build authentic connections. Using data and local knowledge would assist the LGUs to co-create solutions that are welcomed by the local populations.

Recommendations

- ⇒ Donors could work with local academic institutions to develop research that addresses the current gaps in understanding. This could include, but is not limited to the following topics:
 - The economic cost of not breastfeeding
 - The economic impact of the expanded maternity leave coverage
 - The impact of the Early Years Act on children, families, and service providers
 - Understanding parental attitudes toward day care and childcare, and the role of the home learning environment across the Philippines
- ⇒ Considering the findings that may arise from this type of research, donors could consider how to utilise the data gathered to advocate for shifts in policy and practice.

1.6.2. Building Local Government Capacity

Across the five NCF components, a persistent barrier to the strong implementation of quality programmes is the capacity and capability of the LGU. Due to the decentralised model of governance across the country, the extent to which nationally developed programmes are implemented is dependent on the priorities and resources of the LGUs.

“The adaption is based on capacity of the local government. While they are expected to adopt a portion of the law..., if they do not know the law or do not have the funds to implement the services, or to have an ECD coordinator, [the LGU] would really have difficulties in terms of implementing what is set by the national agency. — Expert interviewee from a foundation

Furthermore, LGUs do not always receive accurate and adequate information about policies developed by the national government. They also have limited opportunities to provide input to the development or refinement of these policies. These issues have resulted in LGUs lacking adequate awareness of how to implement policies and needing additional support to strengthen their ability adopt national policies. It is critical that the overall capacity of the LGUs is increased so they are better able to implement nationally mandated policies and programmes. Crucially, learnings from the implementation of programmes and policies by LGUs should be carefully documented as part of policy development at the national level.

Recommendations

- ⇒ Donors can work with LGUs to understand their capacity and their needs in implementing national policies. Donors can then support LGUs to close these gaps, for example through capacity building, technical assistance, knowledge translation activities, or human resource development. By engaging with LGUs in this way, donors can help to build a better foundation at the regional level on which programme implementation can occur.

1.6.3. Strengthening Data-driven Decision Making

Another cross-cutting topic is the lack of comprehensive early childhood-related data across the country. Crucially, the Philippines does not consistently conduct periodic national surveys to collect household data. Such surveys would aid in the understanding of shifts within families and communities, including beliefs, priorities and behaviours related to early childhood development. The last national nutrition survey was conducted in 2014 and the last national demographic and household survey (DHS) was conducted in 2017. However, the DHS only collected data from 31,000 households.

An expert from an international NGO noted that LGUs often have outdated data collection and monitoring methods. There is persistent use of physical logbooks, particularly in rural areas, that record preschool enrolment, that is separate from the records of child health or women's health. The data is often not consistently recorded, and the issue is further exacerbated by the frequent occurrence of natural disasters across the country, which has led to logbooks being destroyed or lost.

Finally, the Philippines does not have a clear set of ECD-related indicators that are regularly collected across the country. This includes indicators related to, but not limited to feeding and breastfeeding practices, the home learning environment and caregiver mental health.

Recommendations

- ⇒ Donors can ensure that all programmes they fund include strong monitoring and evaluation frameworks. This includes supporting meaningful data collection and progress monitoring. Additionally, donors should ensure that all programme evaluations that they fund are publicly available. This includes both peer-reviewed publications in academic journals or providing access to full reports on their organisational or the programme website. Access to evaluation findings, whether positive or negative, is essential for other organisations to be able to learn from both successes and failures.

⇒ Donors can work with national and local governments to increase efforts to collect ECD data. In order to provide appropriate programming in the areas where it is most needed, reliable data about the extent of the needs is required. These data points could include:

- Caregiver mental health
- Participation in early learning, parenting or health programmes
- Women's and child health

2. Introduction to the Philippines

The Republic of the Philippines is a sovereign state in archipelagic Southeast Asia, with over 7,600 islands spanning more than 300,000 square kilometres of territory. It is divided into three island groups: Luzon, Visayas, and Mindanao. The Philippines is a unitary presidential constitutional republic, with the President of the Philippines acting as both the head of state and the head of government. As of 2021, the Philippines had a population of 111 million.¹²

Table 2-1. Key Country Information

Data	Detail (Year)
Land Area ¹³	300,000 square km (2020)
Population Size ¹²	111 million (2021)
GDP Per Capita ¹⁴	US\$ 3,549 (2021)
Registered Life Births ¹⁵	1.5 million (2020)
Fertility Rate ¹⁶	2.5 (2020)
Infant Mortality Rate ¹⁷	21 (2020)
Under-5 Mortality Rate ¹⁸	26 (2020)

Located in the Pacific typhoon belt, the Philippines experiences many forms of natural disasters.¹ Consequences of natural disasters can include severe injuries, increased risk of communicable disease spread due to infrastructure damage affecting the water supply,

sanitation, and health facilities, and food shortages and population movements.¹⁹ Prior research has found that the repeated use of school structures as evacuation centres has negatively impacted on school performance in children due to learning disruptions.²⁰ Both the nature of the Philippines' physical geography and its vulnerability to natural disasters create challenges for those who provide early childhood development (ECD) services, particularly in delivering ongoing, consistent services across the country.

The Philippines has experienced rapid economic growth in the last decade.² In 2019, the Philippines was one of the fastest growing economies in the world. However, as a result of the COVID-19 pandemic, economic growth faltered in 2020 and entered negative territory for the first time since 1999.¹ A demographic dividend is the economic growth experienced by a country as a result of the change in the country's population structure. The Philippines has experienced declining mortality and fertility rates, resulting in a shrinking of the proportion of the population who are of a dependent age (0-14) and an expansion of the workforce (ages 15-64). This transition has led to steadily rising savings and investment rates, and hence, faster economic growth and improved living standards.³ The Philippines is predicted to be the last major Asian economy to profit from the demographic dividend between the years 2050-2070. The Responsible Parenthood and Reproductive Health Law mandates the government to adequately address the needs of Filipinos on responsible parenthood and reproductive health.²¹ If the law is not fully implemented, along with adequate investment in human capital, particularly health and education for children and the youth, Philippines would need to wait until at least 2050 to benefit from the demographic dividend, or possibly miss it all together.³ With the largest productive working-age population and exponential economic growth, in this demographic-economic window of opportunity, it is advisable for the government to allocate its resources toward economic development and social services (education, health and nutrition).³

2.1. Government commitments

The current Philippine Development Plan for 2017-2022 has highlighted the significance of family planning (FP) interventions to manage population growth and reach the demographic dividend.²² The Executive Order (EO) No. 12, "Attaining and Sustaining Zero Unmet Need for Modern Family Planning," was issued in 2017 to further strengthen the Responsible Parenthood and Reproductive Health (RPRH) Law (Republic Act 10354), the primary policy intervention that governs the provision of FP and maternal health services in the country.²² The policy recognizes the rights of Filipinos to decide when to have children and provides the mechanisms to significantly reduce the unmet need for modern FP for all Filipinos.²² The policy also directs all relevant national agencies to allocate resources for the FP program and has mandated the local government units (LGUs) to operationalize and achieve its objectives.²²

The Philippines has approximately 10.6 million children under the age of 5 years, constituting 10% of the population.²³ The Republic Act No. 10410 (or the Early Years Act of 2013) recognizes the ages of 0-8 years as crucial developmental stages.²⁴ As a result, the Early Childhood Care and Development (ECCD) Council was established by the government to act as the primary agency supporting the government's ECCD programs that cover health, nutrition, early education and social services for children 0-4 years old.²⁵ It is responsible for developing policies and programmes, providing technical assistance and support to ECCD service providers, and monitoring ECCD services, benefits, and outcomes.²⁵ The ECCD Monitoring and Evaluation Framework continuously ensures that all programs, projects and activities focused on ECCD are in accordance to the approved standards and guidelines.²⁶ The National Early Framework is a policy document that consolidates and unifies the various early learning programs of government and non-government organisations. It contains appropriate early learning experiences which

various ECCD practitioners can use as anchors to ensure the delivery of a full range of health, nutrition, social and early learning services for the child at all levels of development.²⁷

In 2018, the ECCD National Council Governing Board, supported by UNICEF, adopted the National ECCD Strategic Plan 2019-2030.²⁴ The Strategic Plan guides integrated local planning through multi-sectoral programming for each outcome; the nationwide roll-out has yet to be implemented.²⁴

The Philippines Government has been making consistent efforts to improve the health status of children and passed the First 1000 Days Law (or the Republic Act No. 11148) in 2018.² It includes a law and framework for integrated programming in the early years.²⁴ The First 1,000 Days Manual of Operation was completed and approved by the Department of Health for nationwide dissemination between October and December 2021.²⁴ It consists of information on nurturing care and integrated ECD to further guide integrated local planning.²⁴

2.1.1. Multisectoral Coordination

The ECCD Council Governing Board meets quarterly to share updates and initiatives across different sectors and approve resolutions related to ECD.²⁴ Its membership includes heads of each member agency and the ECCD Technical Working Group with technical staff representing each member agency and a representative of the private sector.²⁴ Member agencies include the Department of Health, Early Childhood Care and Development Council, National Nutrition Council, Department of Education, Department of Social Welfare and Development (DSWD), Union of the Local Authorities of the Philippines.²⁴ Other government agencies are also invited as needed.

2.1.2. Financing

ECD funding comes primarily from the ECCD Council and the Local Government Units (LGUs) as ECD services are devolved from national government allocations of technical assistance for LGUs.²⁴ The nature of national financing support depends on each agency's mandate.²⁴ For instance, the health sector allocates budget for vaccination and health needs of children while DSWD allocates budget to implement the supplementary feeding programme in child development centres nationwide. Furthermore, various non-governmental partners and organisations are keen to promote integrated ECD.²⁴ The National Nutrition Council, through its LGU mobilisation strategy, conducted an investment planning workshop to highlight and scale up the investment for the First 1,000 Days. Through local mobilisation activities, LGUs have developed Local Nutrition Action Plans as a basis for inclusion of Nutrition in Annual Investment Plans of LGUs.²⁴

According to a briefing document on the 2023 Budget Priorities Framework, one of the prioritised ECD sectors will be Education and Health.²⁸ For health, the focus will be to promote nutrition and health-related interventions especially during the first 1,000 days of life for children and their mothers, to adopt a multisectoral approach to the causes of childhood malnutrition to reduce hunger incidence in the country, to accelerate and expand the COVID-19 Vaccination Program, especially for infants and children, and to intensify the implementation of the Family Planning Program.²⁸ For education, the focus will be on ensuring a safe return to in-person schooling (i.e. vaccination, well-ventilated classrooms, availability of water, sanitation, and hygiene [WaSH] facilities), and enhancing the implementation of student financial assistance programmes.²⁸

Based on the Proposed Budget for Fiscal Year 2023, the education sector will receive an 8.2% increase next year at Php 852.8 Billion, with the Department of Education getting an increase from Php 633.3 Billion in 2022 to Php 710.6 Billion in 2023, and will remain the highest budgetary priority as mandated by the Constitution.²⁹ This includes provisions for children aged five to eight, but no breakdown was provided. The health sector will receive a 10.4% budget increase at Php 296.3 Billion in 2023, with Php23 Billion allocated to the Health Facilities Enhancement Program (HFEP).²⁹ The Department of Social Welfare and Development will receive a budget of Php197 Billion, which supports various programs such as the Supplementary Feeding Program.²⁹ Finally, it is to be noted that the ECCD Council's budget was Php 269 Million in 2021.

2.2. What provinces did we study?

Philippines has a decentralized structure where the LGUs (municipality/city) are the decision-makers for planning, budget allocation, and implementation of ECD interventions.² Additionally, the Philippines has a devolved health system that directs the provision, management, and maintenance of health services to LGUs at the provincial, municipal and city levels.²² However, the inherent socioeconomic inequalities and wide disparities in health governance and system capacities across localities have also led to disproportionate financing, delivery of, and access to services, and many LGUs have limited capabilities in carrying out devolved health functions.²² In order to provide a comprehensive picture of the ECD landscape in the Philippines, it is important to examine not only national-level programmes, but those delivered at the provincial level. This is in recognition not only of the diversity of the provinces that make up Philippines, but also the decentralised nature of decision-making and service provision. There is a total of 182 ethnolinguistic groups in the country, around 110 of which are considered as Indigenous groups.³⁰ Its provinces also vary greatly in culture, history, and religious practices. Some minority groups in the Philippines have sought self-determination and have been granted concessions on matters related to autonomy.³¹

An examination of comparator provinces provides a more comprehensive understanding of the issues facing the ECD sector, particularly in terms of service provision and needs. The four provinces selected for further study were Cavite, Palawan, Mountain Province, and Basilan. These four were chosen as they are representative of the economic, geographic, and demographic diversity across the Philippines.

Each of these conditions (population size, accessibility, gross regional product) have implications for the provision of ECD services. For example, in densely populated provinces, or those with a high number of young children and families, key issues may be the availability of ECD services and infrastructure (e.g., buildings) in which they can be provided. Conversely, ECD service providers may not be able to access remote or hard-to-reach areas or have adequate numbers of appropriate staff to serve more remote communities. Provinces with a low gross regional product may not be able to allocate as much to ECD programmes and thus may rely more heavily on external funding or service provision. By examining ECD programmes in each province, we will be able to examine how different factors affect ECD service provision and where further strengthening may be required.

2.2.1. Selection of Provinces

Most populous: Cavite

Cavite, a province in the Region IV-A (Calabarzon), is the most populous province, at 4.34 million persons in 2020, representing 3.98% of the entire population of the Philippines.^{32,33} The population density is 2,847 inhabitants/km².³³ It is also the fastest growing province in

the region, with an annual population growth rate of 3.57% from 2015 to 2020.³⁴ It comprises of 16 municipalities, 7 cities and 829 barangays.³³ Cavite is one of the most industrialized and fastest-growing (economic and population) provinces in the Philippines.³⁵

Largest land area: Palawan

Palawan, a province in the MIMAROPA region, had a population of 939,594 in 2020, representing 0.86% of the entire population of the Philippines.^{32,36} The population density is at 64 inhabitants/km².³⁶ It is the largest province in the Philippines in terms of land area.³⁷ The whole archipelago of Palawan is composed of 1,769 islands and islets and has a land area of approximately 17,030 square km.³⁸ It comprises of one highly urbanized city, 23 municipalities and 367 barangays.³⁶

One of the least accessible: Mountain Province

Mountain Province lies in the middle of Grand Cordillera, and had a population of 158,200 in 2020, representing 0.15% of the entire population of the Philippines.^{39,40} The population density is at 66 inhabitants/km².⁴⁰ It comprises the Philippine's biggest and highest chain of mountains and is landlocked.⁴⁰ It is one of the provinces in the Philippines with the lowest Rural Access Index (RAI), at 0.601. This means that it has one of the lowest proportion of rural populations that live within 2 km of an all-season road.⁴¹ It has 10 municipalities and 144 barangays.⁴⁰

Lowest GRP/Least Accessible: Basilan

The island province of Basilan is situated in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and had a population of 426,207 in 2020, excluding the City of Isabela.³² This represented 0.39% of the entire population of the Philippines and the population density is 123 inhabitants/km².⁴² Additionally, it is the province with the lowest Rural Access Index (RAI), at 0.000, which means that almost all of the rural population do not live within 2km of an all-season road.⁴¹ It has one city, 11 municipalities and 210 barangays.⁴²

As a province-specific Gross Regional Domestic Product (GRDP) is not available, examining the Regional GRDP shows that BARMM has the lowest GRDP amongst all the regions in the Philippines, at 285 million PHP.⁴³ However, BARMM recorded the second-fast growth among all regions, at 7.5%, and contributed to 0.1 percentage point to the country's economic growth in 2021.⁴³ The main industries that registered the highest growth were human health and social work activities, at 22.2%.⁴³

Risks and challenges in peace, stability, and budgetary appropriations for BARMM impact the implementation of ECD programmes in the area. ^{44 45}

2.3. Who did we interview?

To provide further insights into the findings of the desktop research, we interviewed a group of experts. These individuals were identified through the desktop search and consultation with CEI's networks and the Advisory Group's networks.

We interviewed 16 people who represented a range of expertise across government, international development agencies and community services. The full list of interviewees is provided in Table 2-2, together with rationale for their selection.

Table 2-2. List of Stakeholders Interviewed

Name	Role	Organisation	Rationale
NATIONAL			
Dr. Teresita Inciong	Expert Consultant	ECCD Council	Dr. Inciong is the former Executive Director of the ECCD Council and had led the formation of the ECCD Council.
Ms Barbra C. Dumlao	National Programme Manager	ECCD Council	Ms. Dumlao has deep expertise in policy development and implementation, and works closely in the training of ECCD teachers, centre leaders and LGUs.
Ms Forcefina Frias	Senior Programme Officer	Teaching and Learning Division, Department of Education	Ms Frias works across kindergartens and basic education in the Philippines. She has in-depth knowledge of the policy, programmes and training of educators across EC education.
Ms Alice Nkoroi	Nutrition Manager	UNICEF Philippines	Ms Nkoroi has led the design and implementation of nutrition programmes across Africa and Asia. She is currently leading UNICEF's strategic nutrition programmes in the Philippines.
Ms Psyche Vetta Olayvar	ECD Specialist	UNICEF Philippines	Ms Olayvar has an understanding of the policy and programmatic landscape across the country.
Dr. Paul Zambrano	Regional Technical Advisor	Alive & thrive	Dr. Zambrano and his team at Alive & Thrive advocate for changes in nutrition policy and funding in the Philippines and across the Southeast Asian region. He has conducted research on breastfeeding policy and coverage.
Ms Marlene Floresca	Educational Programme Specialist	ChildFund Philippines	Ms Floresca works in ECCD programme implementation and delivery across several provinces.
Mr. Enrico Baloro		Plan International	Mr Baloro has worked within NGOs, focused on ECCD programme development and delivery.
Ms Rina Lopez		Knowledge Channel Foundation	Ms Lopez and her team at Knowledge Channel Foundation have developed programmes to train ECD educators remotely during the Covid-19 pandemic.
Ms Sealdi Gonzales		Zuellig Family Foundation	Ms Gonzales has worked to fund and support programmes for young children and families.
Ms Amaya Aboitiz	Chief Executive Officer	Ramon Aboitiz Foundation	Ms Aboitiz has worked to fund and support programmes for young children and families.

Name	Role	Organisation	Rationale
Ms. Jenny Menchavez	Head of EC Programmes	Ramon Aboitiz Foundation	Ms Manchavez leads the foundation's work in ECD.
BASILAN			
Ms. Tanzina Dina	Manager (ECD)	BRAC	Ms Dina works closely with the team in the Philippines to develop and deliver the PlayLabs programme for young children in the BARMM region.
Ms Janifa Bangcola	Programme Officer	BRAC	Ms Janifa developed and delivers the PlayLabs programme, working to ensure high quality that resonates with the local community.
CAVITE			
N/A			
MOUNTAIN PROVINCE			
Mr Leo L. Quintilla	Regional Director	Provincial Government of CAR	Mr Quintilla has worked across both civil society and in the provincial government to meet the needs of children and families through policy and programmatic development.
PALAWAN			
Ms Abigail D. Ablaña	Provincial Social Welfare Development Officer	Provincial Government of Palawan	Ms Ablaña works within the province to ensure that social workers are equipped to deliver adequate support to young children and families.

3. What ECD policies and programmes are currently being implemented in the Philippines?

The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in the Philippines aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details using the Nurturing Care Framework to structure the findings, followed by an analysis of the gaps.

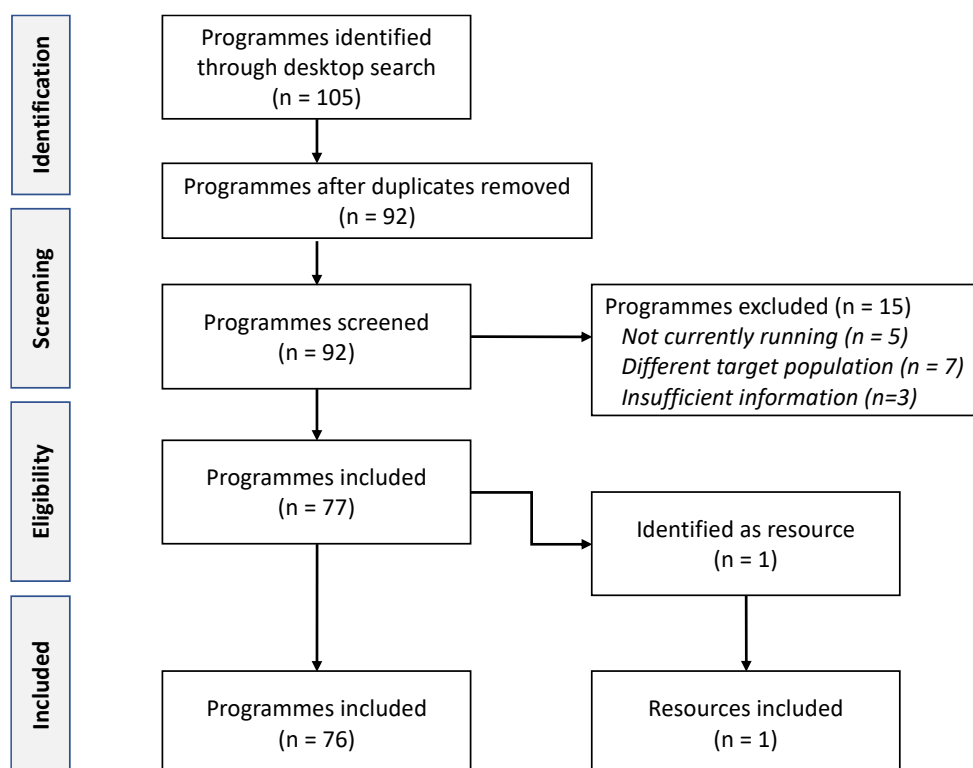
3.1. Identifying programmes and policies

3.1.1. Programmes

Through the desktop research conducted between July and September 2022, we identified 105 programmes that address ECD. The programmes and services available to young children and families are comprehensive in their scope and reach. Figure 3–1 below illustrates the screening process using the inclusion and exclusion criteria (described in

Chapter 1), with a final shortlist of 76 programmes included for this analysis. One of the programmes shortlisted in the Philippines is a resource that is available to caregivers and educators.

Figure 3–1. Programme inclusion flow diagram

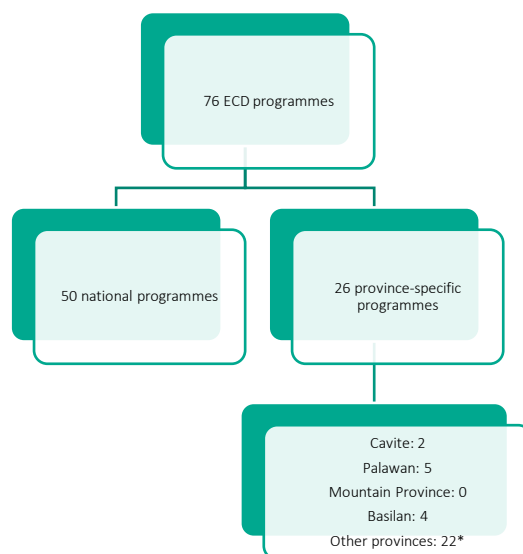


Fifty of the 76 programmes are national-level programmes while 26 are delivered only in one or more of the comparator provinces. The figure below provides an overview of the shortlisted programmes by location of delivery. Because of the study scope, an exhaustive search for all available programmes and services at the provincial level (beyond the four selected provinces) was not feasible.

As noted in the figure, one resource was identified in the desktop research. The resource has no active intervention or programme delivery, but is freely available online and therefore considered part of the landscape of ECD provision. Details of the resource is provided here:

- Videos for Children and Parents, developed by the Knowledge Channel Foundation, is a set of videos that parents and educators can utilise. The videos provide research-based evidence on parenting and responsive caregiving, and also content that educators can use with young children. The repository of videos are used in conjunction with online and in-person educator training.

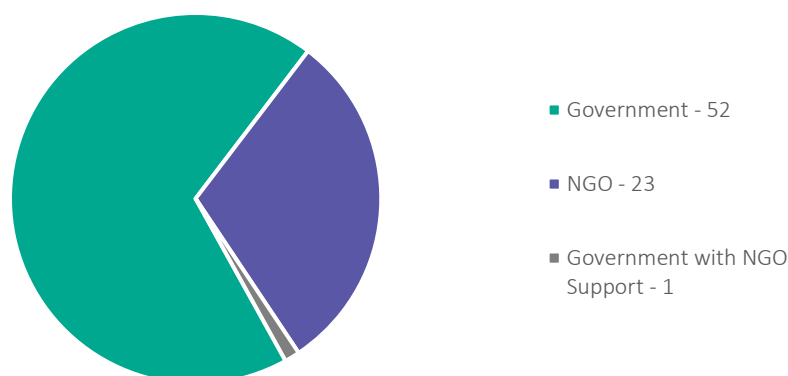
Figure 3–2. Breakdown of National and Provincial Programmes



**Note that 6 province-specific programmes are delivered in more than one province.*

Of the 76 programmes and services identified in the research, 52 are delivered or run by the government, and 23 are operated by non-governmental organisations (NGOs) (see Figure 3–3). One programme is led by the national government with support from hospitals across the country.

Figure 3–3. Overview of Programme Operators



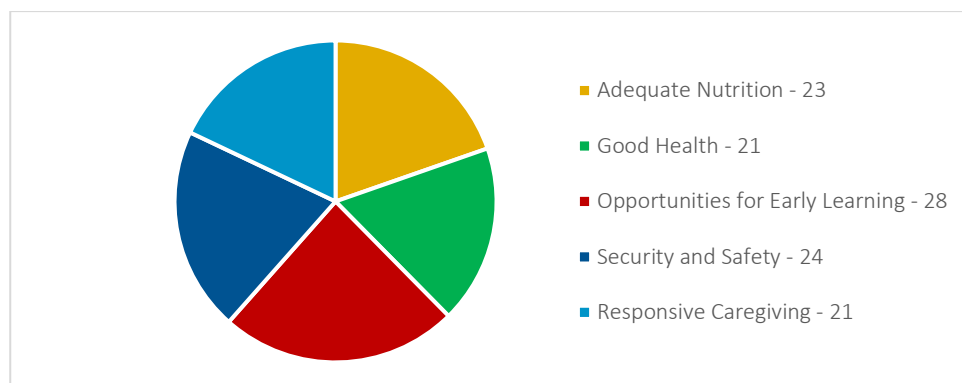
Of the programmes operated by the government, four out of 52 have some non-governmental support, usually from international agencies, such as UNICEF and WHO, or bilateral aid agencies, such as the Deutsche Gesellschaft für Internationale Zusammenarbeit. The remaining 48 programmes are fully funded by the national government or Local Governmental Units (LGUs).

Of the programmes operated by NGOs, all are funded privately. This is mirrored across both national and provincial programmes. Only one programme includes some funding from LGUs as it is related to technical support to develop local nutrition action plans and required the government's input and collaboration. Funding sources include funding from international aid agencies and multilateral agencies, bilateral development assistance from

other countries (e.g., Canadian International Development Agency), private philanthropic foundations (local and international), and funding raised by the NGO themselves.

The 76 shortlisted programmes were then mapped to the components of the NCF. As some programmes can be mapped to multiple components of the NCF, the total number in this chart is more than 76. The chart below illustrates that the shortlisted programmes are generally evenly distributed across the five NCF components.

Figure 3–4. Programmes mapped to NCF Components



3.1.2. Policies

The Philippines has a strong ECD policy foundation, with clear, consistent central government support and understanding of the importance of the early years. The Filipino government has aspirational goals to ensure that all children are afforded the same opportunities in their early life. Many policies span multiple government ministries. All components of the NCF are addressed across the 36 policies identified in this study. A number of policies have been reviewed in recent years to ensure that they are up-to-date and are meeting both international guidelines and the evolving needs of the population.

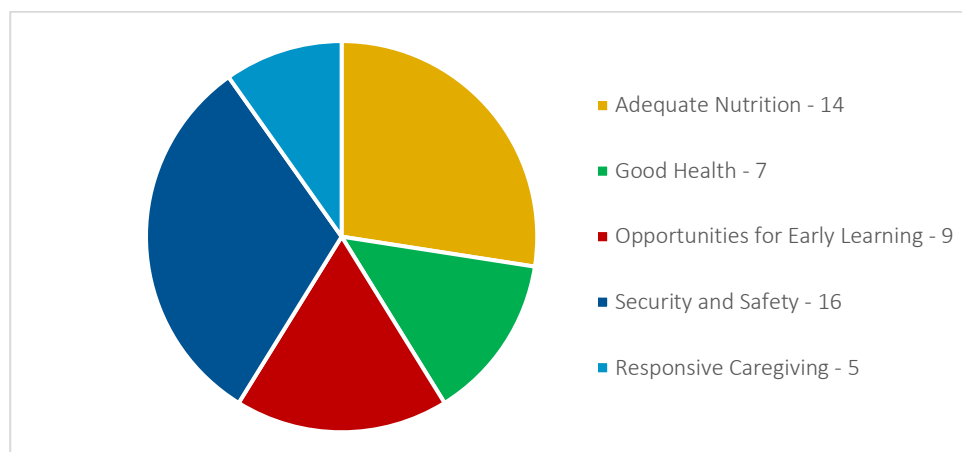
While some aspects of ECD policies are multi-sectoral in nature, others remain siloed within specific agencies or ministries. For example, the policies governing breastfeeding is within the sole remit of the Department of Health. In contrast, the Early Years Act requires the active collaboration of the Departments of Social Welfare and Development, Education, Health, and the Interior and Local Government, to name a few.

Although there is coordination in some areas of ECD policy, a number of policies related to child protection and anti-trafficking do not have a distinct lead agency or department. While this ostensibly places the responsibility of child protection on all departments that work with children, it also creates a vacuum where this area of need is not necessarily prioritised.

All 36 ECD-related policies identified in this study have been mapped to the Nurturing Care Framework, illustrated in

Figure 3–5. Policies mapped to NCF Components, below. The total number in the figure below is greater than 36 as some policies map to more than one component.

Figure 3–5. Policies mapped to NCF Components



The figure above illustrates the distribution of policies between the five NCF components. The components of Adequate Nutrition and Security and Safety have the largest number of policies, while Good Health and Responsive Caregiving have relatively few.

Although a total of 36 policies have been identified in the desktop search, five policies map to more than one NCF component:

- **Barangay-Level Total Development and Protection of Children Act:** This Act, implemented in 1990, outlines the role of each barangay in providing care and protection of children up to the age of 6. This includes the establishment of a day care centre and the collection of child-specific data.
- **Early Childhood Care and Development Act:** This Act, implemented in 2000, led to the formation of the ECCD Council and sought to promote the rights of children from birth to the age of six years. The Act also acknowledged and sought to enhance the role of parents as every child's first teachers, while ensuring that additional support is provided for the poorest and most disadvantaged families. Thus, the Act cuts across all areas of the NCF.
- **Early Years Act:** This Act, implemented in 2013 and amended in 2015, further establishes an ECCD system that covers health, nutrition, early education and social services for children from birth to the age of 8. This Act pertains to the NCF components of Adequate Nutrition, Good Health, Opportunity for Early Learning and Security and Safety.
- **Local Government Code:** The Code, implemented in 1991, mandates the local government units (LGUs) ensure that basic services are effectively provided to citizen. This includes the provision of child welfare and nutrition services.
- **Parent Effectiveness Service Program Act:** This Act, implemented in 2022, mandates the establishment of the Parent Effectiveness Service Programme in every city and municipality. This programme aims to support parents to strengthen their knowledge and skills about child development and learning. This Act is related to the NCF components of Opportunities for Early Learning and Responsive Caregiving.

3.2. Findings on Nurturing Care Policies and Programmes in the Philippines

The section that follows is organised by the components of the NCF and intended as a thorough map of the landscape for ECD provision in the Philippines. Appendix E provides details about the 76 shortlisted programmes, including the programme name, provider, a brief description of the programme and how it maps to both the NCF and the World Bank 25 ECD Interventions. Appendix F provides information about the 36 policies, including the policy name, the year it was implemented or amended, the government ministry in charge of the policy and a brief description of what the policy entails.

3.2.1. Adequate Nutrition

Key Messages

- ⇒ This is an area of concerted effort by the National Government - the majority of the Adequate Nutrition programmes are nationally provided. These range from advocacy to delivery of services and capacity building. This is alongside the multiple policies focusing on breastfeeding, addressing malnutrition and adequate diet and nutrition.
- ⇒ Breastfeeding is widely promoted and guided in the Philippines, with policies and programmes to support and protect women to breastfeed, even after they return to work.
- ⇒ Of the four comparator provinces, Mountain Province has no province-specific Adequate Nutrition programmes in addition to national-level programmes. This may indicate a gap in provision of nutritional support in Mountain Province and suggests that there could be limited programmatic offerings for Adequate Nutrition support in some provinces in the Philippines.

Overview

Adequate nutrition, as a component of the NCF, includes maternal and child nutrition. Good maternal nutrition during pregnancy has a positive impact on both the mother's and the unborn child's health. Good nutrition after delivery affects the mother's ability to breastfeed and provide adequate care to her young child.⁴⁶

As of January 2022, 86% of mothers initiated breastfeeding of their newborns immediately after birth, while 21% infants were exclusively breastfed until 6 months old.²⁶ Early initiation of breastfeeding is guided by the essential newborn care (ENC) protocol, or Unang Yakap, which ensures that newborn infants, regardless of gestation period or manner of delivery, are immediately and thoroughly dried, and have skin-to-skin contact.⁴⁷ Furthermore, the mother and her newborn are not separated and remain together to promote exclusive breastfeeding.⁴⁷ Eleven percent (11%) of infants between 6 and 11 months and 6% of children between 12 to 23 months of age completed Micronutrient Powder (MNP) supplementation,²⁶ which contains a recommended daily allowance of 15

different vitamins and minerals.⁴⁸ Three in four pregnant women reported taking micronutrient supplements in 2018/19, with the main reasons for not taking being no prenatal check-up yet (27%) and not liking the taste (16%).¹¹

The Philippines is ranked fifth among countries in the East Asia and Pacific region with the highest prevalence of stunting and is among the 10 countries in the world with the highest number of stunted children. In 2019, data showed that 1 in 3 children under that age of five years experienced stunting.⁴⁹ The highest prevalence of stunting is in the BARMM region, where 45% of children below five are stunted, followed by the MIMAROPA region, which has a prevalence rate of stunting of 41%.⁴⁹ Both regions include two provinces included in this study – Basilan and Palawan.

Stunting is due, in part, to both a lack of dietary diversity and inadequate meal frequency. From 2015 to 2019, there was a significant decrease in the proportion of infants and young children who were meeting the minimum diet diversity, from 29% to 21%.¹¹ In a similar time period, there was a significant decrease in the proportion of children between 6 and 23 months who met conditions for minimum meal frequency, from 94% to 91%.¹¹ There was also a decline in the proportion of children in the same age group who had a minimum acceptable diet¹, from 19% to 12%.¹¹ Given that the number of children who meet conditions for minimum meal frequency is relatively high, it is likely that poor dietary diversity is the primary driver that impacts on the low proportion of children who meet conditions for a minimum acceptable diet.¹¹

Policies

In 1986, the Philippines was one of the first countries to pass legislation on the International Code of Marketing of Breastmilk Substitutes. The Executive Order 51⁵⁰, known as the Philippine Milk Code of 1986, encompasses a set of legally binding measures that cover significant portions of the International Code. The law regulates the marketing of breastmilk substitutes, including the quality, availability and accurate information relating to its use. In a review conducted by UNICEF, the legal provision in the Philippines has a few gaps, including the lack of specificity in the age range applicable to the term “breastmilk substitute”; inadequate checks and balances on industry-funded research and sponsorship; and a vague definition of the effects of using breastmilk substitutes, allowing for cross-promotion of the same product to occur.⁵¹

In alignment with the Baby-friendly Hospital Initiative (BFHI), the Philippines passed the Rooming-In and Breastfeeding Act of 1992. Within this act, the Mother-Baby Friendly Hospital Initiative was launched, and all private and government hospitals that offer maternity and newborn care service had to be accredited to implement the BFHI global criteria.⁵² As of 2007, around 83% of eligible hospitals have been accredited.⁵²

Breastfeeding was further addressed in the Expanded Breastfeeding Promotion Act in 2009.⁵³ This included specific guidance and mandates ensuring that infants are placed in the same room as their mothers immediately after delivery, hospitals are equipped to collect human breastmilk donations for infants in need, and that lactation stations are provided in both health and non-health facilities. The Act also included guidance on workforce training and raising public awareness. The 2019 National Demographic and Health Survey showed that there was a statistically significant increase of exclusive breastfeeding of infants from birth to 6 months, from 49% in 2015 to 56% in 2019.¹¹

¹ Minimum acceptable diet (MAD) is a core indicator developed by WHO to assess infant and young child feeding practices, specifically for children aged 6 – 24 months. MAD is a composite indicator that is calculated based on the dietary diversity for both breastfed and non-breastfed children.

Aside from the Magna Carta of Women², exclusive and continued breastfeeding among women who will return to or resume work is well-supported by the Republic Act 10028. Workplace policies on lactation breaks and establishing lactation stations allow women who work, even in the informal sector, to express their breastmilk in order to continue breastfeeding after returning to work.⁴⁷

Aside from the four policies noted above on breastmilk substitutes and breastfeeding, the Philippines has 10 other policies covering Adequate Nutrition. This includes the overarching Barangay-level Total Development and Protection of Children Act, ECCD Act, Early Years Act and Local Government Code. The other six policies have a strong focus on feeding and nutrition, including the creation of an Anti-Hunger Taskforce within each LGU, a National Feeding Programme to address malnutrition, and the First Thousand Days Act that aims to scale up interventions to address the nutritional status of infants and young children. Given that the percentage of children aged 6 to 24 months who receive a minimum acceptable diet was approximately 12% in 2019, these policies are vital to addressing an urgent nutritional need across the country. In 2021, Quezon City was the first LGU to implement the Healthy Public Food Procurement Policy.⁵⁴ It introduced mandatory nutrition standards for all food supplies in city-run hospitals, offices, departments and institutions. A programme to source nutritious foods and healthy ingredients from micro-, small- and medium-sized enterprises (SMEs), supports the policy.⁵⁴

Programmes

Twenty-three of the shortlisted programmes address the component of Adequate Nutrition, of which eight have been evaluated. Sixteen of the programmes are fully funded and operated by the national Government. All the Government programmes are available to all families, pregnant women, and young children. One programme, The Human Milk Bank programme, is provided in both private and Government hospitals. The other six programmes within Adequate Nutrition are run by either local or international NGOs. Among them, two are funded by both NGO and the Government, while the other four are funded through private and philanthropic funding. The programmes primarily work with families, pregnant and lactating women, and young children from at-risk and vulnerable populations.

Overall, the shortlisted programmes work to advocate and educate parents on proper nutrition. Sixteen of these programmes are advocacy and education programmes. Specifically, two of them are delivered via radio to educate listeners about proper nutrition. Five programmes focus on training and capacity building of personnel working with families, infants, and young children.

Four programmes focus on direct provision of micronutrients, nutritious food, or human milk, while three programmes provide services such as health check-ups and the provision of necessary health assessment equipment and tools directly to local health facilities and families, and one programme provides mother-baby friendly workplace certification. The 23 programmes are described in the table below.

A new upcoming project supported by The World Bank, the Philippines Multisectoral Nutrition Project, will support the delivery of nutrition and health care services at the primary care and community levels to help reduce stunting in municipalities known to have high rates of poverty and malnutrition.⁵⁵ This project will deliver nutrition-specific

² The Magna Carta of Women is a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling, and promoting the rights of Filipino women, especially those in the marginalized sectors.

and nutrition-sensitive interventions across the various local government platforms together with a social behaviour change and communication interventions. Additionally, this project will support behavioural change campaigns for targeted households and communities to adopt behaviours crucial to improving nutrition outcomes for women and children and promoting access to Pantawid Pamilya Pilipino Programme (4P), one of the country's social protection programmes.⁵⁵

Table 3-1. Adequate Nutrition programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Bangsamoro Umpungan sa Nutrisyon (BangUN) Project	The Bangsamoro Umpungan sa Nutrisyon (BangUN) Project is a convergence of services addressing the high incidence of hunger and malnutrition among children in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The BangUN includes Nutrition Direct Services (i.e., weight and height measurement, health check-up, deworming and micronutrient supplementation), Nutrition Education and Advocacy (i.e., nutrition literacy classes, responsible parenthood sessions, and nutrition and health-related events) and Building Resilient Communities (i.e., livelihood skills training, livelihood capital, food-for-work, cash-for-work, access to potable drinking water, production of indigenous food for children, psychosocial interventions, etc.).	Basilan	✓	
Barangay Nutrition Scholar (BNS) Program	<p>The Barangay Nutrition Scholar (BNS) Program is a human resource development strategy of the Philippine Plan of Action for Nutrition, which involves the recruitment, training, deployment and supervision of volunteer workers called the Barangay Nutrition Scholars (BNS).</p> <p>Presidential Decree No. 1569 (1979) mandated the deployment of at least one (1) BNS in every barangay in the country to monitor the nutritional status of children and other nutritionally at-risk groups and link them with nutrition and nutrition-related service providers. PD 1569 also mandated the NNC to administer the program in cooperation with local government units.</p>	National	✓	
Family MUAC Approach	With social distancing and mobility restrictions in the Philippines, UNICEF supported the use of MUAC measuring tapes to allow parents to assess their	Other Provinces		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>children for wasting. Working with local government units supported by the Department of Health, family MUAC training was rolled out in three UNICEF-supported provinces, with training materials and monitoring tools developed in partnership with World Vision International. More than 1,330 health-care providers were trained using online platforms, in some cases combined with face to-face training, while observing social distancing rules.</p> <p>Community health workers trained more than 2,480 mothers and caregivers using blended virtual and small group face-to-face approaches.</p>			
First 1,000 Days (F1K) Programme	<p>The program operationalizes the concerns of the Early Childhood Care and Development Program per RA 10410, or the Early Years Act of 2013 and the priorities for action of the NNC's Philippine Plan of Action for Nutrition 2011-2016 and 2017-2022 (and onwards). It is also a component of the Maternal, Neonatal, and Child Health and Nutrition Strategy of the Department of Health, and the DOH Comprehensive Nutrition Intervention Strategy, 2014-2025.</p> <p>This period has been called the "golden window of opportunity" during which the delivery of key health, nutrition, and early learning interventions could result to optimum physical and brain development.</p> <p>Specifically for mothers from indigenous sectors, learning sessions under the early childhood care and development in the first 1,000 days after a child is born. Its key component is the conduct of nutrition education for women planning to get pregnant, pregnant and lactating women to promote improved infant and young child feeding practices, facilitated by nutrition officers and staff.</p>	Palawan; Other Provinces	✓	
Human Milk Bank	<p>A human milk bank is a service established for the purpose of collection, screening, processing, storing and distributing donated human milk to meet the specific medical needs of individuals for whom human milk is prescribed. These individuals include preterm babies, critically ill neonates with necrotizing enterocolitis, immunodeficiency disease, feeding intolerance, allergies,</p>	Other Provinces		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	inborn errors of metabolism, who are admitted in hospitals.			
Infant and Young Child Feeding Programme	IYCF program is considered a key area in improving nutrition status and promoting healthy growth and development of children. Its sole goal is to reduce child mortality and morbidity through optimal feeding of infants and young children.	National		x
Integrated Action for Children's Nutrition Project (INTERACTION)	<p>This nutrition programme included the following elements:</p> <ul style="list-style-type: none"> - Community-based Breastfeeding Support Groups for mothers - Dissemination of hygiene kits for children under 5 - Caregiver counselling sessions on feeding, childcare, hygiene practices, - Building and/or repair of health stations - Equipping Barangays with necessary health assessment equipment and tools 	Other Provinces	✓	
Kupkop Program	To provide orphaned children with the necessary financial resources that would give them access to balanced nutrition, education, healthy lifestyle, and a secure and caring alternative care arrangement.	National		x
Kwentuhang Bulilit	An online program produced to help service providers and stakeholders of early childhood care and development gain a deeper understanding of ECCD in the Philippine context. Produced by the ECCD Council, the audio-video program focuses on early learning, health and nutrition, and social services provided for both children and their families.	National		x
Local Nutrition Action Plans	In three provinces of the Philippines, UNICEF supported 19 municipalities/cities to develop costed Local Nutrition Action Plans and 15 municipalities to develop or review costed WASH plans to be included in their annual investment plans. This included capacity-building of Governors and Mayors to deepen their understanding of nutrition and WASH, advocating for budget allocation and facilitating multisectoral programming at the local level. Resolutions were passed to facilitate investment and implementation of	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	nutrition and WASH activities benefiting women and children in the three provinces.			
Micronutrient Supplementation	Focuses on the provision of pharmaceutically prepared vitamins & minerals for treatment and prevention of specific micronutrient deficiency to complement sustainable food-based approaches (e.g., food fortification and diet diversification) to address deficiencies in micronutrients. (DOH, LGUs, CSO, development partners)	National		x
Mother-Baby Friendly Workplace Certification	<p>A “mother-baby friendly workplace” certification means that the workplace ensures the promotion and practice of breastfeeding by providing healthy and safe working conditions for women through the establishment of a lactation station or facility.</p> <p>Under the certification criteria, lactation stations should be adequately provided with necessary equipment: lavatory for hand washing, refrigeration or appropriate cooling facilities for breast milk expression and storage, electrical outlets for breast pumps, a small table, comfortable seats and other items that conform to the standards defined by the Department of Health.</p>	National	✓	
National Dietary Supplementation Program / Tutok Kainan Supplementation Program	Provides supplemental food to pregnant women for 90 calendar days and complementary food for children 6-23 months for 180 calendar days. Priority will be given to those who are nutritionally at-risk or undernourished to avert the impact of COVID-19 and recent natural disasters (Ulysses, Rolly); Implements, monitors, and evaluates an integrated nutrition program that helps ensure delivery of complementary early childhood care and development services in the first 1000 days as provide in Republic Act 11148 or the Kalusugan at Nutrisyon ng Mag-Nanay Act; and Documents program experiences and strategies for replication in other local government units of the country.	Cavite; Basilan; Other Provinces		x
National Nutrition Promotion	Will combine communication approaches such as behaviour change communication, social and community mobilization, and	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Program for Behaviour Change	advocacy to support individuals, families, communities, and institutions to adopt and maintain high-impact nutrition-related practices. Effective nutrition SBCC seeks to increase the factors that encourage these behaviours while reducing the barriers to change. It will be supported by the appropriate policy cover as well as efforts to ensure adequacy of supply of services and related needs to create an environment that will facilitate the adoption of desired practices.			
Nutriskwela Community Radio Network Program	Nutriskwela aims to educate or teach listeners about proper nutrition through airing correct, current, and relevant information on nutrition and health of national and local governments and partners.	National		x
Nutrition Sensitive CoMSCA	<p>COMSCA refers to the Community-Managed Savings and Credit Association programme. Leveraging on the families who engage with this savings programme, the nutrition programme seeks to promote proper nutrition feeding.</p> <p>One of its approaches is the Go Baby Go (GBG) where the participants are trained about their roles as caregivers especially to a child's holistic development during its 0-5 years.</p> <p>Some of the important topics discussed include Sensitive and Responsive Caregiving, Nurturing Physical Development, Nurturing Cognitive Development, and Community Action Planning for community-level implementation.</p>	Other Provinces	✓	
Overweight and Obesity Management and Prevention Program (OOMPP)	Involves the promotion of healthy eating environments and healthy lifestyle; also involves the management of those already overweight and obese.	National		x
Philippine Integrated Management of Acute Malnutrition	This nutrition-specific program is recognized by UNICEF and WHO as the only established, evidence-based intervention which successfully addresses the problem of acute malnutrition. It involves capacity building to local implementors and provision of services	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
(PIMAM) Program	to acute malnutrition cases both under routine health program and during emergencies. It aims to locate the acutely malnourished especially those with severe acute malnutrition, and to provide the needed medical and nutritional intervention. To locate the acutely malnourished especially those with severe acute malnutrition, and to provide the needed medical and nutritional interventions.			
Positive Deviance/Hearth Approach	During the hearth sessions, the children are fed nutritious meals based on positive deviant foods, which the caregivers prepare together using ingredients they have contributed. As the children respond to the improved nutrition by gaining appetite, energy and weight, their families experience first-hand the value of the positive deviant practices. After the hearth session, volunteers continue to monitor the children's growth and support the families to apply the new behaviours they have learned.	Other Provinces	✓	
Promote Good Nutrition (PGN)	The programme aims to improve the nutrition knowledge, attitudes, and practices of families to increase demand for adequate, nutritious, and safe food.	National		✗
Radjo Bulilit	Produced by the ECCD Council and Radjo Pilipinas, the program focuses on early learning, health and nutrition, and social services provided for both children and their families.	National		✗
Supplementary Feeding Program	The Supplementary Feeding Program is the provision of food, in addition to the regular meals, to currently enrolled day care centre children. This is in the form of hot meals, as recommended by Food and Nutrition Research Institute, and served during break time to children in day care centre.	National		✗
Transform	Transform programme takes a whole of family approach to help ultra-poor families in the Philippines. They engage in parental education in terms of children's health, hygiene and nutrition, and financial education, as well as engage in home-based	Palawan; Other Provinces		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available
			Y N
	feeding programmes and medical interventions for the children.		

Gaps

Malnutrition and Undernutrition

Despite efforts and various education and advocacy programmes, children in the Philippines are still experiencing malnutrition, other forms of undernutrition, or overweight and obesity.⁵⁶ Malnutrition is still very prevalent in the Philippines and has been exacerbated by the COVID-19 pandemic and food insecurity brought about by the current global political tensions. According to the Child Nutrition Report 2021 by UNICEF, based on an evaluation of the progress to meeting the SDG 2030 target, the Philippines is on track to meeting the targets for breastfeeding and has made some progress on reducing stunting.⁴ However, it is not on target to address infants and young children who experience severe malnutrition (wasting), and the incidence of overweight is worsening.⁴

“For nutrition, there are a lot of post pandemic effects...In Cebu alone, ... there is already an increase in malnutrition, and especially for waste ... the numbers are up for Cebu City alone. There’s already a rising number of ways that children [are affected] and overweight and obesity is also increasing. So that’s something that we are also looking into.” — Expert Interview, Philanthropic Organisation

Diets

Poor-quality diets are another obstacle to the survival, growth, development, and learning of children today.⁴ Difficulty accessing healthy food has been exacerbated by the COVID-19 pandemic, and families are struggling to buy their usual range of foods. As a result, young children’s diets and nutritional status are likely to suffer. According to the 2018/19 Expanded National Nutrition Survey, only one in ten young children was meeting the minimum acceptable diet at the national level.¹¹ Programmes that seek to provide or facilitate access to healthy food should also consider diet diversity to ensure that children have sufficient dietary intake of nutrients.⁴ Poor diets, inadequate nutrition and failing food systems also contribute to the increasing problem of overweight and obesity.⁵⁶

“When you also look at the budget of the local government units on nutrition, it’s there but it’s very low. That’s also where I think the opportunities can go [with] the local government units, some emphasis on nutrition, and especially in the budgets...” — Expert Interview, Philanthropic Organisation

Addressing the issues of adequate nutrition requires concerted efforts, starting at the local level, within LGUs, to the national level, within the national government. Specific regions are doing much worse than others in terms of nutrition and diet, such as the BARMM

region and the MIMAROPA region, which have the highest rate of stunting in the Philippines.⁴⁹

3.2.2. Good Health

Key Messages

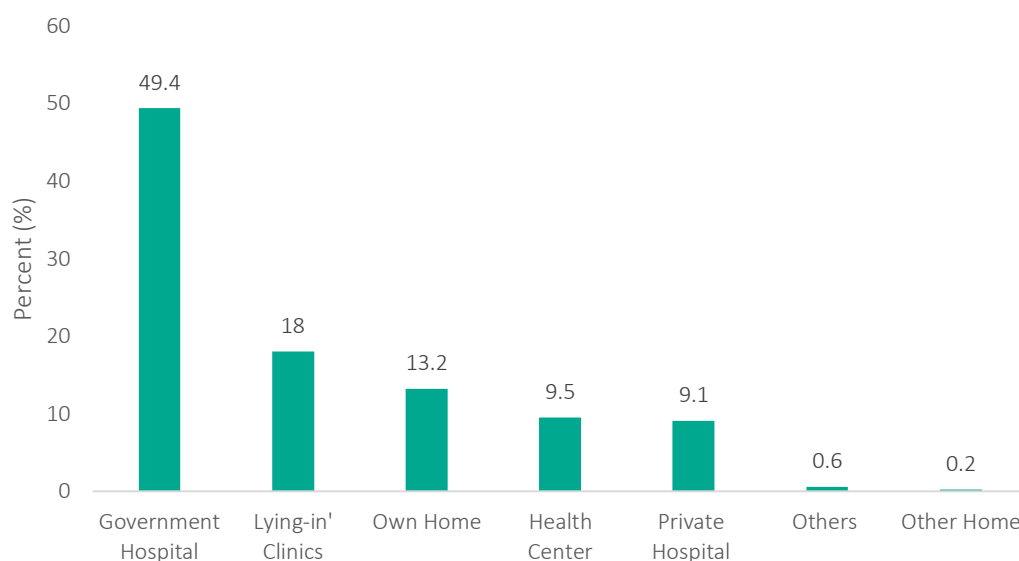
- ⇒ The Government of Philippines has demonstrated a commitment to Good Health through the provision of services, education, and advocacy. Health services at the barangay (village) level are generally provided by the barangay health station (BHS). These provide basic health services to all the members of the community in which they are located and are commonly staffed with various health workers. BHS also provide free routine immunisations for children.
- ⇒ Health policies, while not specifically targeted at families and young children, provide needed access for essential health and dental services. However, it is noted that some rural and hard-to-access areas still face difficulties accessing healthcare services and are not equipped with a BHS.
- ⇒ Two of the four comparator provinces, Cavite and Mountain Province, have national-level programmes but no province-specific Good Health programmes. This may indicate a gap in the provision of health support in Cavite and Mountain Province and suggests that there could be limited programmatic offerings for Good Health support in some provinces in the Philippines.

Overview

Good health refers to the health and well-being of children and their caregivers, and it includes both physical and mental health.⁴⁶ According to the 2018/19 Expanded National Nutrition Survey, less than half of pregnant women had at least four prenatal visits, while the majority (83.0%) received at least one pre-natal visit, with over 70% of them having had their first prenatal check-up within the first trimester of pregnancy.¹¹ Location of prenatal check-ups are quite balanced; more than half of pregnant women with at least four pre-natal visits attended private hospitals and clinics, while almost half visited a government hospital for their maternal health services.¹¹

A facility-based delivery attended by skilled birth professional is one of the key interventions to reduce maternal and neonatal mortality.¹¹ Some statistics regarding place of childbirth are provided in the figure below.

Figure 3–6. Key Information on Place of Childbirth (2018/9)¹¹



Over eight in ten mothers had a skilled birth attendant during delivery, and 10% had a traditional birth attendant.¹¹ Among those who did not give birth in a health facility, the main reason cited was that the health facilities were too far or transportation was unavailable (43%). Other reasons included the high costs (31%), the mother did not reach the facility on time due to an unexpected delivery (22%), or they did not feel that it was necessary (12%).¹¹

Postnatal care is critical in ensuring the safety of the mother and infant, as most maternal and infant deaths occur in the first month after birth.⁵⁷ The national maternal mortality rate was 121 per 100,000 live births in 2017⁵⁸, higher than the average of 73 per 100,000 live births in South East Asia (excluding high-income countries).⁵⁹ The infant mortality rate the Philippines was 21 per 1,000 live births in 2020¹⁷, lower than average of 27 per 100,000 live births worldwide.⁶⁰ These figures are due in large part to the high number of women who reported receiving a post-natal check-up after giving birth to their youngest child (86%). Most of these check-ups were within one to three hours after giving birth. Only 14% mothers reported not having postnatal check-up.¹¹

Local health services are generally provided by the BHS. These provide first aid, maternal and child health care, diagnosis of communicable diseases, and other basic health services to all the members of the community.⁶¹ The BHS is commonly staffed with rural health midwives, barangay nutrition scholars and barangay health workers.⁶¹ Routine vaccination for children are provided by the Government for free in public health centres and facilities.⁶²

Policies

In seeking to achieve universal healthcare coverage (UHC) for all Filipinos, the government passed the Aquino Health Agenda, Administrative Order No. 36, also known as Kalusugan Pangkalahatan (KP).⁶³ This policy led to the drafting of a UHC roadmap, including implementation and operational guidelines, by the Department of Health, along with related stakeholders. As part of this policy, the National Health Insurance Programme was strengthened to ensure that financial risks in its expansion were mitigated. Additionally, hospitals and healthcare facilities were upgraded, and public health programmes focused on maternal and child health and mortality were strengthened through additional funding

and training. The KP also had a specific focus on ensuring the most disadvantaged people (lowest two quintiles of income levels), have equitable access to affordable healthcare. This policy is further linked to the 2018 Universal Health Care Act.

In addition to the KP policy on UHC, the government also implemented a policy on oral health (Administrative Order No. 101) in 2003.⁶⁴ This policy sought to improve the oral health of Filipinos through ensuring the provision of, and access to oral health services that are promotive, preventative and curative. This policy was specifically targeted toward vulnerable, high-risk groups, children, pregnant women, and the elderly.

Finally, the ECCD Act and the Early Years Act are overarching policies that include provisions related to healthcare for young children, women, and families. These are further bolstered by the Barangay-level Total Development and Protection of Children Act and the Local Government Code, that outline the role of the local government in ensuring sufficient healthcare provision for young children and families.

Programmes

Twenty-one of the shortlisted programmes address the component of Good Health, of which 13 have been evaluated. Sixteen of the programmes are fully funded and operated by the Government. Two programmes within Good Health are run by either local or international NGOs and are funded by the NGO themselves. Additionally, three programmes are operated by the Government but receive funding from both the Government and external donors.

Overall, the shortlisted programmes work to provide services, education, and advocacy. Thirteen of these programmes provide services such as dental services, sanitation facilities, and health check-ups. Six of the programmes focuses on providing vaccination or micronutrients to mothers, infants and young children, while six of the programmes focus on education and advocacy.

Two programmes provide conditional cash transfers to families who comply with specific health-related conditionalities. Only one programme focuses on training and capacity building of public health workers and hospital staff. The 21 programmes are described in the table below.

Table 3-2. Good Health programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Bangsamoro Umpungan sa Nutrisyon (BangUN) Project	See Table 3-1. Adequate Nutrition Programmes for further details.			
Comprehensive Water, Sanitation and Hygiene in	The DepED WASH in Schools Program has eight components, namely:	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Schools (WinS) Program	<ol style="list-style-type: none"> 1. Oral hygiene and proper handwashing; 2. Provision of safe and adequate water supply; 3. Provision of toilet, handwashing, and drainage facilities; 4. Environmental sanitation (including the elimination of breeding grounds for mosquitoes that carry the dengue virus) and solid waste management; 5. Food sanitation; 6. Menstrual Hygiene Management; 7. Deworming; and 8. Hygiene and sanitation education 			
Dental Health Program	The program seeks to achieve these objectives by providing preventive, curative, and promotive dental health care to Filipinos through a lifecycle approach. This approach provides a continuum of quality care by establishing a package of essential basic oral health care (BOHC) for every lifecycle stage, starting from infancy to old age.	National		✗
Early Childhood Care Development Program	Facilitates access to health services from pregnancy to 35 months old to promote the physical growth and development of the child. It also includes providing responsive caregiving, opportunities for early learning, and child's safety and security to enhance holistic development of young children.	National		✗
Expanded Program on Immunization	The Expanded Program on Immunization (EPI) ensures that infants/children and mothers have access to routinely recommended infant/childhood vaccines.	National	✓	
Family Development Sessions (FDS)	The FDS is a monthly group activity and discussion attended by grantees, mostly mothers, to discuss topics, such as parental roles and responsibilities, and health and education-promoting behaviours for families and children	National	✓	
First 1,000 Days (F1K) Programme	See Table 3-1. Adequate Nutrition Programmes for further details.			
Fit for School Programme	The "Fit for School" programme intervenes and prevents diseases among children by	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>institutionalising healthy behaviours at school.</p> <ul style="list-style-type: none"> • Daily supervised hand washing with soap. • Daily supervised toothbrushing with fluoridated toothpaste. • De-worming children bi-annually by swallowing albendazole tablets. 			
Garantisadong Pambata	Comprehensive and integrated package of services and communication on health, nutrition, and environment for children available every day at various settings such as home, school, health facilities and communities by government and non-government organizations, private sectors and civic groups.	National	✓	
Healthy Starts for Hopeful Hearts	<p>Provides the follow list of services:</p> <ul style="list-style-type: none"> • Pregnancy check-up • Pregnancy and newborn health classes • Pregnancy micronutrient supplementation • Labour and Delivery • Postpartum Care • Newborn screening • newborn hearing screening • Newborn immunization • Lactation Support/Counselling • Home visits • Voluntary HIV Screening • Sexually transmitted infection screening • Cervical Cancer screening (pap smear) • Reproductive Health Education • Reproductive health care • Maternal Mental Health Counselling • Psychosocial Support (Social Work Program) • Referral to other NGO's for further assistance • Ministry services and counselling 	Other Provinces	✓	
Integrated Helminth Control Program (IHCP)	<p>Comprehensive Packages</p> <ul style="list-style-type: none"> • Harmonized Schedule and Combined Mass Drug Administration (HSCMDA) for the month of January and July in health centres, stations, and schools. • Diagnosis and selective treatment in health centres 	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<ul style="list-style-type: none"> Provision of safe drinking water, basic sanitation and hygiene (WASH) in schools and community Health promotion and hygiene education 			
Integrated Management of Childhood Illness Program (IMCI)	Integrated Management of Childhood Illness (IMCI) is a strategy for reducing the mortality and morbidity associated with the major causes of childhood illness. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) started to develop the IMCI strategy in 1992, and today more than 100 countries worldwide have adopted it. This strategy primarily aims to reduce death, illness, and disability, and to promote improved growth and development among children under 5 years of age. It includes both preventive and curative elements that are implemented by families and communities, as well as health facilities.	National	✓	
Knock Out Tigdas	Vaccination teams go from door-to-door of every house or every building in search of the targeted children who need to be vaccinated with a dose of measles vaccines, Vitamin A capsule and deworming drug. All health centres, barangay health stations, hospitals and other temporary immunization sites such as basketball court, town plazas and other identified public places will also offer free vaccination services during the campaign period.	National		✗
Kwentuhang Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
National Safe Motherhood Program	<p>The Programme contributes to the national goal of improving women's health and well-being by:</p> <ul style="list-style-type: none"> Collaborating with Local Government Units in establishing sustainable, cost-effective approach of delivering health services that ensure access of disadvantaged women to acceptable and high quality maternal and new-born health services and enable them to safely give birth in health facilities near their homes Establishing core knowledge base and support systems that facilitate the 	National	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	delivery of quality maternal and new-born health services in the country			
Operation Timbang Plus	Operation Timbang (OPT) Plus is the annual weighing and height measurement of all pre-schoolers 0-59 months old or below 5 years old in a community to identify and locate the malnourished children. Data generated through OPT Plus are used for local nutrition action planning, particularly in quantifying the number of malnourished and identifying who will be given priority interventions in the community. Moreover, results of OPT Plus provide information on the nutritional status of the pre-schoolers and the community in general, thus, providing information on the effectiveness of the local nutrition program.	National	✓	
Pantawid Pamilyang Pilipino Program	A social protection programme that focuses on human capital development through the provision of cash grants to eligible poor households subject to their compliance with education and health conditionalities.	National	✓	
Radyo Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Tamang Sagot (Newborn Care Package)	As part of the PhilHealth Benefit Package, the Newborn Care Package aims to ensure all newborns have access to essential care, health screening and hearing tests.	National		✗
Transform	See Table 3-1. Adequate Nutrition Programmes for further details.			
Women And Children Protection Program	The Women and Children Protection Program (WCPP) provides technical and management support to ensure that Women and Children Protection Units (WCPUs) are established and operational as mandated under Section 40 of Republic Act 9262. This program aims to provide medical assistance to violence against women and their children (VAWC) survivors and increase cases appropriately managed in health facilities. To achieve this, the WCPP focuses on the primary prevention and response through establishing and ensuring the functionality of WCPUs, strengthening management structures, capability building of public health workers and hospital staff, health promotion, and advocacy.	National		✗

Gaps

Immunisation

Routine immunisation coverage has declined in the period from 2010 to 2021, from 64% to 47%.⁶⁵ This has been exacerbated due to the pandemic-related disruptions, such as lower demand for routine immunisation and diverted resources to COVID-19 vaccine roll-out.⁶⁵ Furthermore, barriers to access to health centres and vaccines prevent families and their young children from getting their routine immunisations. Only a few programmes provide mobile checks to identify young children who have yet to be immunised. An example is the Knock Out Tigdas campaign. In this campaign, vaccination teams go from door-to-door of every house or every building in search of children who need to be vaccinated with a dose of measles vaccines, provided a Vitamin A capsule, and deworming drug. All health centres, BHS, hospitals, and other temporary immunisation sites such as basketball courts, town plazas, and other identified public places will also offer free vaccination services during the campaign period.

“In our partner communities, ... parents are afraid to have their children vaccinated, particularly in rural areas. Secondly, ... access particularly in remote areas [is a key barrier]. While there will be some hesitant parents, there are also willing parents, but the problem is access to health centres and to the vaccine.” — Expert Interview, ChildFund (Philippines)

An expert interviewed for this study noted that sometimes, parents have difficulties accessing health centres, especially in remote areas. There is a gap in access to services across Philippines and routine immunisation coverage has not reached the ideal 95% target set by the Department of Health, Philippines, despite immunisations being free.⁶⁶ Some vaccine hesitancy in parents stems from the politicization of vaccination programmes and concerns over side effects.⁶⁶ This hesitancy was further exacerbated by the 2016 scandal where about 1 million children were given a dengue vaccine, before the vaccine was halted due to the discovery that it increased the occurrence of severe or fatal dengue.

Mental health

Parental mental health has been shown to have impacts on the future health and development, including mental health, of unborn children. Poor nutrition, exposure to drugs or toxins, maternal infections or stress, and birth complications can all adversely affect foetal development and put a child’s later mental health at risk.⁶⁷ Pregnant women with untreated depression or anxiety are more likely to have birth complications or die during pregnancy, and to have a low-birthweight baby.⁶⁸ After birth and beyond, many caregivers experience psychological distress. In some cases, this distress, particularly if left untreated, can result in serious consequences for both caregivers and their children. For example, depression and anxiety can impair a mother’s ability to bond with her baby. Preventive interventions that support caregiver mental health both before and after birth can make considerable contributions to preventing mental health conditions in children.⁶⁹

Little is known about the incidence and prevalence of maternal mental health issues in the Philippines. Further, only one of the shortlisted programmes, by Glory Reborn Organization, provide maternal mental health counselling in Cebu.

Capacity building of the workforce

Only one shortlisted programme addresses capacity building of public health workers. Building a strong public health workforce requires investment and strengthening of national health systems through capacity building and training to improve and address the healthcare needs of maternal, newborn and children health.¹⁰ Proper planning, supportive supervision and proper allocation of resources are required to make these programmes work.¹⁰ There is a clear gap in the public health workforce capacity in the Philippines.

3.2.3. Opportunities for Early Learning

Key Messages

- ⇒ Government policies on Opportunities for Early Learning are increasingly comprehensive and show a strong commitment towards ensuring the optimal growth and development of the youngest children.
- ⇒ The shortlisted programmes are evenly spread between government and NGO providers, with a strong focus on teacher training and development and building up best practice within local contexts.
- ⇒ Most of the programmes that address Opportunities for Early Learning are at the national level. Only Palawan and Basilan have province-specific programmes as well as national-level programmes.
- ⇒ National-level programmes, led by the ECCD Council, do not have even coverage across the country, resulting in some provinces and LGUs with limited programmatic offerings.

Overview

The component of Opportunities for Early Learning goes beyond the formal care and education of young children in kindergarten and includes the myriad ways in which young children can learn. For infants, this includes adult-child interactions and responsive caregiving.

In the Philippines, early learning for children under four years falls under the responsibility of the ECCD Council, and early education for children aged five to eight years is under the remit of the Department of Education. Given the relationship between the national government and LGUs, there is an expectation for LGUs and by extension, barangays, to oversee and implement public services, including childcare and early learning.

A presidential decree in 1977 required every barangay to establish at least one childcare centre.⁷⁰ However, an in-depth review conducted in 2011 showed that despite having over 50,000 centres across the country, the centres only reached about 20% of children from birth to four years of age.⁷¹ The existing centres were also of poor quality and educators were not adequately trained. As a result, the ECCD Council set up National Child Development Centres (NCDCs), often referred to as *bulilit* centres, in selected LGUs. These centres serve as model centres to introduce best practices to the community. They also

promote professional development for existing service providers and educators, and act as a resource centre for caregivers and the community.⁷² To date there is no publicly available data on the enrolment rates for children in childcare, daycare, or in NCDCs.

While preschool education is not compulsory in the Philippines, steps have been taken to ensure that children are prepared for primary school. All 5-year-old Filipino children are able to access free kindergarten education in the year before they begin Primary education.

The home learning environment is also a key part of Opportunities for Early Learning. Little is known about the home learning environment in the Philippines. At a national or provincial level, no data is collected about the presence of children's books and toys in the home, or about early stimulation activities that occur between the caregiver and child. There are, however, existing parenting programmes, together with play, reading, and storytelling groups for caregivers and children. These are usually delivered by the NGOs, mostly in specific provinces, rather than the national government.

Policies

Since the 2000s, the government has steadily increased its focus and investments in early learning, particularly in the ensuring universal access to day care and pre-primary education. In 2004, the government implemented the provision of an eight-week intensive early childhood education experience for all children in Grade One, due to the low rates of kindergarten attendance. In 2011 the government implemented universal kindergarten education for all five-year-old children in the year before they begin Primary education. This policy was further enhanced in 2012 and 2013, in two separate Acts, the Kindergarten Act and the Enhanced Basic Education Act, that ensured that all eligible children have access to free kindergarten education, and that kindergarten is part of the legal provision of basic education. The Acts outline clear guidance on funding, curriculum development, teacher training, and hiring. As a result, the kindergarten enrolment rate has increased to 84%, as of 2017.⁷³

The Early Years Act in 2013 institutionalised a national system for ECCD, with the establishment of NCDCs and the remit to ensure universal access to ECCD for all children from birth to the age of four. It should be noted that the Early Years Act does not receive national funds but is financially supported through a five-year commitment of funding support from the Philippine Amusement and Gaming Corporation (PAGCOR) that goes to the ECCD Council to ensure that the stipulations within the Early Years Act are implemented. From 2018 – 2022, PAGCOR committed 500 million Pesos per year to the ECCD Council.⁷⁴ Currently, the continued funding of the ECCD Council from PAGCOR is a Bill pending approval in the Lower House of Congress. This was highlighted in an interview with Dr Inciong, who noted that this funding instability has a profound impact on the ability of the ECCD Council to plan for long term goals.

Programmes

Within the NCF Component of Opportunities for Early Learning, there are 28 programmes, of which 11 are led by NGOs and 17 are run by the government. Six of the programmes have been evaluated. The programmes cover a wide range of efforts, including early learning provision for young children, teacher training and professional development, and support for parents in the home learning environment.

Most of the government-run programmes are led by the ECCD Council. These programmes range from teacher training and development, to the setting up of model *Bulilit* centres, NCDCs, in close collaboration with LGUs. Additionally, the Department of Health and the

Department of Social Welfare and Development also run a limited number of programmes based on specific needs of the population, for example, with Indigenous populations.

Across the NGO-led programmes, there are some early education programmes for vulnerable and low-income children, often including some parental education. Additionally, two of the programmes are focused on equipping existing child development teachers (CDTs) and workers (CDWs) with evidence-based knowledge and skills.

Table 3-3. Opportunity for Early Learning programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Arcanys Early Learning Foundation	Taking an evidence-based approach, the programme works with preschool aged children and their parents to equip them with basic math and logic skills. Parents learn positive parenting techniques at the same time, and children are scaffolded in their learning through a play-based curriculum.	Other Provinces	✓	
Breaking Barriers for Children	BBC-STAC provides free physical and occupational therapy, social activities, special education as well as inclusive education.	National	✓	
Bukas Palad Learning Centre (BPLC)	In cooperation with the other NGOs and community learning centres, BPLC gives quality education to children from 2 to 6 years old. The school provides opportunities for parents and families to build hands-on learning experiences from the training received by the teachers in the community school.	Other Provinces		✗
Bulilit Centres (National Child Development Centres (NCDCs))	<p>The NCDCs are the community-based flagship program of the ECCD Council. It is the ground level venue of the implementation of ECCD activities, particularly the Early Learning Program and the Family Support Program.</p> <p>The NCDC is typically located near a public elementary school campus, or in a government property, identified and recommended by the local government where it operates. It is designed as a child-friendly facility with a welcoming and nurturing environment that attracts the interest of young children and helps in developing their love for learning.</p>	National		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Drop-in Centre Ermita (DICE)	The programme provides safe, educational spaces for vulnerable children within the slums to learn and play, so that they would be ready for elementary school.	Other Provinces		x
Early Childhood Care Development Programme	See Table 3-2. Good Health Programmes for further details.			
Early Childhood Education Program	A scholarship program granted by the ECCD Council to Child Development Teachers (CDTs) and Child Development Workers (CDWs) from LGUs with a newly established NCDC. This is to ensure that Service Providers have a strong foundation in early childhood education, and so LGUs can deliver ECCD programs and services that are compliant to the national standards and guidelines. The program aims to equip teachers and workers with 18 masters or undergraduate-level units in Early Childhood Education through partner State Universities and Colleges.	National		x
Early Childhood Teacher Education Program	The ECTEP is a six-week training program that provides CDTs with 18 units of Early Childhood Education, as well as a practicum in a Child Development Centre.	National		x
Educational Programmes for Children	The programme consists of two arms. The Day Care Centre offers free education of children aged 5 - 6 years old. Through an integrated programme that covers feeding, medical care, dental care, it prepares children for elementary school. The second arm is the Playgroup, where children aged 3 - 4 attend with trained teachers and the regular help of mothers.	Cavite		x
Enhanced Early Childhood Education Eight-Week Programme	The Department of Education (DepEd) has rolled out an eight-week early childhood experiences (ECE) curriculum to all Grade One pupils in public elementary schools before they begin formal academic lessons in the initial grade level. The programme utilised a school readiness assessment tool to identify children who are not ready for elementary education to take part in this programme.	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Enhanced ECD Model	The Cartwheel Foundation's enhanced ECD model support young children within disaster or conflict-affected communities. The model aims to transform classrooms into healing environments to help children build resilience and thrive in adverse post-disaster conditions. Its resilience-based curriculum integrates psychosocial programming support into Cartwheel's core ECD programme. Concurrently, the programme equips educators with the knowledge and skills to support adults, educators and caregivers.	Palawan		x
Family Academy Program	Family Academy teaches ultra-poor mothers to be their children's first teachers. Mothers learn how to lead their children in educational games and songs, such that their children can begin to grasp math and phonics skills that prepare them for a smooth transition to school.	Palawan; Other Provinces		x
Family and Community Welfare Program (FCWP)	The programme provide assistance to socially disadvantaged families through an individualised family plan. This includes services such as, but not limited to: Parent Effectiveness Services, family planning guidance, capital assistance to engage in income generating activities, and parental skills development.	Basilan; Other Provinces		x
Family Development & Preschool	The programme includes a child-centred preschool curriculum that ensures each child is prepared for elementary school, and supports families in fostering responsible parenthood and meeting basic needs.	Other Provinces		x
Free Online Course in Early Childhood Education for Teachers and Workers in ECCD	The massive open online course (MOOC), developed by the University of Philippines Open University, Faculty of Education, is designed to train teachers, practitioners and workers in ECCD. It provides a sound rationale for the creation and development of child-centred learning and curriculum. The programmes is first offered to Cebu educators, with plans to scale up.	Other Provinces		x
Individual Plans for Professional Development	The programme aimed to provide in-service training to early childhood teachers during the summer on a number of topics including curriculum use, principles of teaching and learning, classroom management, and student assessment.	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Induction Programme	This capacity building programme is designed to orient ECCD service providers to current developments on early childhood care and development, and to provide skills and competency training. Through this program, a local ECCD committee, which includes the Mayor, Barangay Captain and other local stakeholders, will be created, strengthened or reactivated.	National		x
Infant-Toddler Early Development Program (ITED)	Involving both the parents of children 0-3 years old, and the CDT or CDW, the programme provides an avenue for teachers to equip parents with developmentally appropriate learning activities that they can do at home. The parents and teachers meet in small groups for one hour weekly, in order for the teachers to demonstrate and explain the activities to the parents. This weekly meeting also allows for a time of reflection and peer learning.	National		x
Integration Program for New Child Development Teachers	This pre-service training program is for newly hired CDTs in newly established NCDCs nationwide. It is designed to equip CDTs with the essential knowledge, skills, and resources on ECCD service delivery. After the training, CDTs are expected to carry out interim activities within the NCDC.	National		x
Inter-generational Program for Older Persons and Children (INTERGEN)	This programme addresses critical problems of ageing while allowing the transfer of culture across generations. The programme encourages the sharing of knowledge and skills with the younger generation (children under six and their families) in an integrated and intergenerational environment.	National		x
KapitBahay-Aralan (KBA)	KBA is an alternative neighbourhood-based early learning program for children aged 3-5 years old. It focuses on the development of early literacy, numeracy, self-care, health practices, and socialization. Through KBA, the programme improves access to quality learning opportunities for children from very poor households in urban settlements or rural areas.	Other Provinces	✓	
Knowledge Channel Teaching in the New Normal (KC-)	The KC-TINN (online training) and LEEP-ECD (in-person training) programme comprises of a three-day training that covers topics including the National Early Learning Framework, National Early Learning Curriculum, the Filipino	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
TINN) for Early Childhood Development	Child, teaching strategies for early learning, nutrition and health, child safety and protection, and stakeholder engagement strategies. Participants also receive a copy of the National Learning Resource Package, an external hard disk with video material and lessons for educators and young children, and a smart TV. Finally, participants are given a six-month online monitoring and mentoring programme after completing the training. Before each programme, a Training Needs Analysis is also conducted in order for the team to contextualise the training programme for each Local Government Unit.			
Kwentuhang Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Leading and Managing an Integrated ECCD Program (LMIEP)	This programme was set up to build the capacity of local ECCD supervisors in terms of planning, supervising, monitoring, and evaluating evidence based ECCD programs. It is delivered through partnerships with State Universities and Colleges and is designed to equip participants with 12 graduate units in a management course. Local ECCD Supervisors who undergo this program are expected to gain a broader perspective on the ECCD work context vis-à-vis local policies and administrative practices. The programme is delivered through a blended learning approach, utilizing face-to-face sessions and online sessions.	National		x
Parent Effectiveness Service (PES)	<p>The programme provides and expands on the knowledge, skills and attitudes of parents and caregivers, particularly vulnerable and low-income families, to become better parents, and to play an educational role in their child's growth and development. The PES also provides parenting training to fathers as primary educators in the development of children, provides materials for effective parenting, and offers radio listening parenting programme to reach parents in very remote areas who cannot benefit from the aforementioned programs.</p> <p>This project engages parents at the village level by providing parent meetings and support systems. In 2020, the PH government passed a bill to make PES mandatory in all LGUs.</p>	National		✓

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Radyo Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Sama-Bajau Localized Intervention & Learning Approach for Holistic Improvement (Sallnlahi)	<p>This is a community-based project anchored in rights-based, child protection and cultural approaches. It is focused on the early learning and development of Sama-Bajau children under four years old. The project aims to ensure and sustain the protection and promotion of the rights and well-being of Sama-Bajau children.</p> <p>The core component of the programme is the Culture-based ECCD Sessions. These modular learning sessions are formulated to help respond to the needs of the Sama-Bajau children and to prepare them for the formal learning system.</p>	Other Provinces	✓	
Tahderiyyah Programme	<p>The Tahderiyyah Programme aims to help these children by providing better access to pre-primary centres, a more balanced, “Islam-responsive” kindergarten curriculum by mainstreaming ECD with preschool curriculum for Muslim children, and better school readiness.</p> <p>The programme includes three core components, (1) ECE that is responsive to the needs of the Bangsamoro children, (2) child protection, and (3) water, sanitation and hygiene through daily group hand washing at critical time; daily group tooth brushing; and participation in regular deworming programs.</p>	Basilan	✓	

Gaps

Lack of data

While the lack of data and monitoring is an issue across all components of the NCF, it particularly stands out for the component of Opportunities for Early Learning. Overall, there is insufficient national data on children’s participation in childcare, day care and early learning.⁷⁵ This includes national and local disaggregated data on enrolment rates, student to teacher ratios and the situation of vulnerable populations. The data that exists is also not up to date.

Furthermore, in the latest Multiple Indicator Cluster Survey (MICS), carried out in 2016, only 36 out of approximately 1,500 municipalities were included. This coverage of 2.5% of municipalities presents a limited view of the population and cannot be considered representative. However, even within the 36 municipalities, there is significant variation in attendance of preschool with a low attendance rate for children between 3 and 4 years old.

Further examination of the four comparator provinces reveals that there is no comparable data about kindergarten or childcare enrolment. Of the four provinces, Palawan and Mountain Province have five NCDCs each, and Cavite has six NCDCs. Basilan does not have any NCDCs.²⁶ This would indicate that the former three provinces have access to at least some expertise, funding, and support to improve early learning. It is unclear what kind of support is available in Basilan.

Local implementation of national programmes

As noted in the introductory section, the Philippines has a decentralised governance structure, with a lack of strong alignment between the national government, the ECCD Council, and the LGUs. This means that while the national government can develop programmes, it is often up to the municipalities and LGUs to train their workforce and implement the programme. While LGUs are responsible for running programmes and services on the ground, they are not required to have a local ECCD coordinating committee.⁷⁵ Furthermore, there are no designated funding sources for ECCD within LGUs. Even when LGUs do allocate an early learning budget, it has been observed that LGUs have consistently underspent the ECCD budget, either due to poor planning or inability to spend (e.g., due to lack of staffing structure to support). This is further exacerbated by the lack of relevant data to inform planning and the need to comply with national government budgetary guidelines and requirements.

The decentralised structure has led to uneven coverage and access to childcare and NCDCs across the country. From the ECCD Council Annual Report 2021, over 850 NCDCs have been established, in over 1,600 eligible cities and municipalities. Additionally, while some provinces, such as Cavite, Palawan and Mountain Province have five to six NCDCs across the provinces, Basilan does not have any.²⁶ This gap was further highlighted in an interview with BRAC, an NGO active in BARMM, who noted that not all barangays have day care centres as they do not have access to basic government services and funding.

Additionally, the autonomy of local governments has led to very limited vertical and horizontal integration of programmes, as noted in an interview with an expert from the Department of Education. While the national government may develop programmes, they are implemented to varying degrees within LGUs. This has led to misalignment of initiatives or priorities at the local school district level (i.e., horizontal integration), and limited communication of priorities from school district to municipal and regional levels (i.e., vertical integration). Furthermore, the implementation of programmes within LGUs are often not in accordance with the intent and provisions of national policy.

An example of this disconnect was provided in an interview with the Provincial Social Welfare Development Officer. While the national government outlined an updated accreditation system for child development centres (CDCs) and child development workers (CDWs), it is still not fully implemented within the province. This is due to the lack of information that CDCs and CDWs have about the new accreditation system, the lack of training and understanding, and the need for the provincial government to engage each LGU or CDC individually to ensure clear understanding before the new accreditation system can be fully implemented. At the provincial level, this has taken a few years.

Impact of school closures during Covid-19 pandemic

The impact of the COVID-19 pandemic was severe in the Philippines, particularly due to the strict extended length (over two years) of school closures. While the government tried to mitigate learning loss through a home-based ECCD programme, this relied on the capacity and capability of parents to facilitate learning and development activities at home. For a number of reasons, including lack of parental confidence to conduct their activities, and lack of time or motivation, enrolment in early learning programmes

decreased over the duration of school closures. As highlighted in an interview with UNICEF Philippines, the rate of learning loss or developmental delays in children has not yet been studied. This issue has been included within the national household survey, conducted in early 2022. It is hoped that the survey results (not yet available) will provide more insights into the impact of extended school closures in the Philippines.

In addition to school closures, the lockdown restrictions in the Philippines also meant that children were not allowed to leave their homes. This may have had negative impacts on social and emotional development, and access to health and social services for children and their parents.

If children are not going out [and] meeting other people, then we don't know what impact [the lockdown] had on children and is going to have on children in the long term. — ECD expert, UNICEF Philippines

3.2.4. Responsive Caregiving

Key Messages

- ⇒ The Philippines government has enacted policies for parental leave, with repercussions for employers who do not comply with these provisions. Maternity leave is available to women in both the formal and informal work sectors.
- ⇒ Many programmes include responsive caregiving as a part of a larger programme of activities. Only three programmes identified in this study focus exclusively on responsive caregiving.
- ⇒ Despite the nationally provided programmes on responsive caregiving, parents generally have an authoritarian approach to childcare. This includes the use of corporal punishment with children.
- ⇒ Support for parents is usually provided by social workers. Across provinces in the Philippines there is a shortage of well-trained social workers, leading to over-worked staff who are unable to provide adequate supports to parents and caregivers.

Overview

The NCF component of Responsive Caregiving refers primarily to interactions between caregivers and young children. For infants, this includes responsive feeding. The interactions within responsive caregiving include observing and responding to children's movements, sounds and gestures, should be mutually enjoyable and build an emotional bond to help young children understand the world around them. Provisions for parental leave after the birth of a child is included in Responsive Caregiving.

Within the Filipino context, parents generally have an authoritarian attitude toward childrearing, obedience and conformity.⁷⁶ This is in part due to the collectivist culture in society that values relational and familial bonds, with an emphasis on respect and gratitude to the older generation. This attitude is also related to the use of corporal punishment by Filipino parents. In a national violence against children study involving approximately 4,000 Filipino youth aged 13–24, 50% of participants reported having experienced mild forms of physical violence (such as spanking using bare hands), and one in three have experienced psychological violence.⁷⁷ A third also reported having experienced severe forms of violence such as being slapped or kicked.

Across the country, home visits and parenting education programmes are available through multi-sector collaborations. These programmes aim to equip parents with responsive caregiving knowledge and practices, such as improving their sensitivity to children's cues. They also provide support for caregiver mental health and engage fathers and other family members in positive caregiving. Several government policies support these practices. These programmes need to be planned with local stakeholders, specifically with the decision makers within a local community or LGU. As noted in an interview with ChildFund Philippines, working with the local community helps to build strong safety nets for parents and caregivers. Together with creating conducive and safe home environments, this collaborative manner of working empowers the community to support positive parenting.

The COVID-19 pandemic exposed the need for caregiver support, particularly within impoverished and vulnerable communities. In an interview with an expert from BRAC, an NGO working in the BARMM region, psychosocial support became a critical need during the pandemic; there was an urgent need to support parental wellbeing in a time of great distress across the community.

Policies

In 2019, the government passed the 105-Day Expanded Maternity Leave Law (R.A. No. 11210). Under this law, all working mothers, including those within the informal sector, can take up to 21 weeks of maternity leave with full pay, with the option to take an additional six weeks without pay.⁷⁸ Additional provisions are available for single mothers. The law also stipulates penalties for employers who violate these provisions. For fathers, the Paternity Leave Act (R.A. No. 8187) in 1996, stipulates that all fathers are eligible to seven days of fully paid paternity leave.

Access to affordable childcare services is included in the Early Years Act (2013) with the establishment of NDCs in every barangay. This is further augmented by the Local Government Code (1991) that mandates LGUs to ensure basic services are provided for all young children. The Philippines does not have specific policies or laws related to child-friendly urban design. However, in collaboration with UNICEF⁷⁹, the Department of the Interior and Local Government has worked to promote child-friendly cities and communities through the development of a Child Friendly Local Governance Audit.

Programmes

Twenty-one programmes shortlisted in the study were identified as having an element of Responsive Caregiving, of which five have been evaluated. Eight of the programmes are run by NGOs and the other 13 are led by the government. The majority of programmes aim to equip parents with necessary parenting skills while addressing other needs, such as health, nutrition, and social assistance for the family.

Notably, only three of the programmes focus specifically on Responsive Caregiving. This includes the government-run Family Welfare Programme, the NGO-led iMulat mobile application, and the Responsive and Protective Parenting programme. The Family Welfare Programme is led by the Department of Labour and Employment and works with employers to create a work environment that actively encourages and promotes responsive caregiving, while concurrently equipping parents with some of the necessary skills. This is done through the lens of improving workplace productivity.

Table 3-4. Responsive Caregiving programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Bangsamoro Umpungan sa Nutrisyon (BangUN) Project	See Table 3-1. Adequate Nutrition Programmes for further details.			
Bukas Palad Learning Centre	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Early Childhood Care Development Program	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Enhanced ECD Model	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Family and Community Welfare Program (FCWP)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Family Development & Preschool	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Family Development Sessions (FDS)	See Table 3-2. Good Health Programmes for further details.			
Family Welfare Programme	The programme seeks to introduce the concept of promoting the welfare of workers and their families as a key to workplace productivity and improved worker-management relations. It is an advocacy	National		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>program that draws corporate support in promoting workers' quality of life by adopting a family-centred approach in the workplace.</p> <p>The FWP advocates for the integration of the 10 dimensions which also serve as a guide in implementing the program. This includes, but is not limited to reproductive health, education and gender equality, income generation, healthcare, nutrition and transportation.</p>			
iMulat app	The iMulat app was developed to complement the First Read programme in the Philippines, that sought to equip parents with emergent literacy and numeracy skills. The app contains ten topics related to home-based mentoring on emergent literacy and numeracy. Key concepts about the topics are briefly discussed, followed by an easy-to-follow step-by-step guide on how parents and caregivers can apply what they have learned at home. This app is intended to bring the contents of the parenting programme to scale.	National		x
Infant-Toddler Early Development Program (ITED)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Kupkop Program	See Table 3-1. Adequate Nutrition Programmes for further details.			
Kwentuhang Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Masayang Pamilya (Parenting for Lifelong Health)	Parenting for Lifelong Health for Young Children (PLH for Young Children) is a group-based parenting programme that aims to establish and sustain nurturing relationships between parents and caregivers and their children ages 2-9 years, and thereby prevent and reduce the risk of violence against children and maltreatment at home and in the community. In the Philippines, the programme is embedded in a case transfer system in low-income urban areas.	Other Provinces		✓

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Pantawid Pamilyang Pilipino Program	See Table 3-2. Good Health Programmes for further details.			
Parent Effectiveness Service (PES)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Radyo Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Responsive and Protective Parenting (RPP)	The programme aims to ensure that from pregnancy through age 5, children enjoy improved development and early learning outcomes and are protected at home and in their communities. The model improves the health, nutrition and development outcomes of children 0-5 years of age by increasing the skills, knowledge and awareness of primary caregivers. It also links families to public health, child protection and education services. It seeks to achieve this by building and reinforcing the nurturing care capacity of local partners/community-based organizations (CBOs) and Sub-National Government Partners, local stakeholders, and caregivers.	Other Provinces		x
Tahderiyah Programme	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Tamang Sagot (Newborn Care Package)	See Table 3-2. Good Health Programmes for further details.			
Transform	See Table 3-1. Adequate Nutrition Programmes for further details			

Gaps

Caregiving practices

Despite the programmes currently in place to support parents in caregiving and parenting practices, there are persistent gaps in practice. As noted above, Filipino parents generally take an authoritarian attitude towards caregiving. Parents usually prioritise their role as providers, ensuring food is on the table, resulting in lower engagement with children and understanding of developmental milestones. In an interview with Plan International, the expert noted that because of this authoritarian attitude, it is crucial that parents are

continually and increasingly engaged to ensure positive and responsive parenting practices are inculcated, particularly with fathers.

Furthermore, despite the current efforts in parenting programmes, there are still parents who think that early stimulation or early learning is unnecessary for young children as they are too young to learn or benefit from the programme. As highlighted in an interview with ChildFund, in addition to communities that still use corporal punishment, some families also forgo nutritious food for the youngest children, as they are not yet contributing members of the family and do not 'need' the added nutrition.

Workload and capacity of social workers

Another aspect of a decentralised governance structure is that the LGUs are responsible for the hiring and workload assignments of social workers. This has led to increasing responsibilities on social workers who are often insufficiently compensated and working long hours. LGUs also face constraints in their capacity to hire additional social workers due to national guidelines and hiring parameters as set out within the Local Government Code.

In Palawan province, in municipalities with an average population of 6,000, there are only two social workers who must meet all the needs of the municipalities. This was underscored by an expert from Alive & Thrive, who stated that health and social workers tend to have many responsibilities placed on them, with large amounts of information to be communicated to every parent. This results in very low quality of interpersonal counselling for mothers due to a lack of time and poor training. The UNICEF ECD Rapid Assessment also found that a core challenge is to build the capacity of health and community-based social workers, such that parents are empowered to engage in responsive and nurturing interactions with young children.⁸⁰

3.2.5. Security and Safety

Key Messages

- ⇒ The Philippines government has a set of policies that regulate issues of social protection, minimum wage, protection from abuse and violence, and access to clean drinking water. A notable provision at the national level is the conditional cash transfer provided to lower income families for health, education, and family development.
- ⇒ Despite the established policies, there are ongoing issues with implementation. This has resulted in areas of the country that still do not have access to clean drinking water, and families that do not have access to toilet facilities.
- ⇒ Challenges with implementation also means that often families are not aware of policies that are meant to protect them. Even when there is awareness, families often lack information on where and how to report policy violations. This increases the vulnerability of children to exploitation and abuse.

Overview

The NCF component of Security and Safety focuses on addressing the needs of the most vulnerable children and families, particularly related to extreme poverty, low income, environmental risks, and child maltreatment. Security and Safety refer to provision of safe and secure environments for children and their families. This includes reduction of physical dangers, emotional stress, environmental risks, ensuring recognition by the state (e.g., birth registration), and having access to clean and safe food and water.⁴⁶

Nationally, over 90% of children are registered at birth and hold a birth certificate.⁸¹ However, within the BARMM region where the province of Basilan is located, just under 70% of births are registered within the first 30 days.¹⁵ This is concerning as households are only able to access social assistance programmes, such as the Pantawid Pamilyang Pilipino Program (4P), and basic education when family members and children are registered. Most recently, the Department of Social Services and Development⁸² worked with LGUs in Basilan and two other BARMM provinces to roll out a registration drive, offering a fee waiver to promote birth registration. The one-time service was also brought to the community to reduce access barriers.

The NCF component of Security and Safety also includes access to proper sanitation. Poor sanitation puts children at risk of childhood diseases and malnutrition, which can impact their overall development, learning, and economic opportunities later in life. On a national level, 82% of households in the Philippines have access to adequate sanitation.⁸³ However, this means that around 1.8 million families (or 9 million Filipinos) are still using unimproved toilets or none at all. Nationally, 94% of households have access to clean drinking water.⁸³ There is still an urban-rural divide, however, where fewer rural homes have access to clean drinking water than those in urban areas. Of concern is the fact that almost 80% of families do not practice any method or treatment to ensure that their drinking water is safe for consumption.⁸⁴ Furthermore, BARMM, where Basilan is located, is the region with the highest percentage of families with no toilet facility or still practicing open defecation (16%)⁸⁵, and the region with the highest proportion of families without access to basic water services (25%).⁸⁴

Policies

One crucial social protection policy in the Philippines is the 2018 Act institutionalising the Pantawid Pamilyang Pilipino Program (R.A. 11310). The Pantawid Pamilyang Pilipino Program (4P) is a national conditional cash transfer programme that invests in the health, nutrition, and education of children under the age of 18 years. The programme provides social assistance concurrent to health check-ups, school enrolment and family development sessions. The policy means that this programme is now institutionalised and ensures that sufficient funds are set aside for the programme in the long term.

In terms of minimum wage, the Philippines passed the Wage Rationalisation Act (R.A. 6727) in 2010 that has a mandatory minimum wage and an additional voluntary productivity-based pay, implemented through a central productivity committee.⁸⁶ The minimum wage varies from region to region and is set annually by tripartite regional wage boards for every region.⁸⁷

The Philippines also has an array of policies to protect women and children from abuse, exploitation, violence and trafficking. Notably, there is a policy to regulate the television content that is broadcasted to children. The Children's Television Act (R.A. 8370) establishes a set of guidelines and has led to the establishment of the National Council for Children's Television.

The National Policy on Water Safety (A.O. 0027) sets out the standards, systems, and guidelines to increase the provision of clean drinking water across the country.

Programmes

Within the component of Security and Safety, the study team identified 24 programmes, of which six have been evaluated. Six of the programmes are led by NGOs and the other 18 are run by the government. Seven programmes focus solely on security and safety, and the rest are programmes that bring in aspects of security and safety into other content, including, women's health, early learning opportunities and positive parenting support.

Table 3-5. Security and Safety programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Aruga at Kalinga sa mga Bata sa Barangay	The Aruga at Kalinga project is a strategy to promote the implementation of foster care service within a Barangay with a pool of at least 10 foster parents to provide planned substitute parental care to abandoned, neglected children and other children in need of temporary parental care. These children may either come from institutions or are referred by the community or rescued from the street.	National		x
Bangsamoro Umpungan sa Nutrisyon (BangUN) Project	See Table 3-1. Adequate Nutrition Programmes for further details.			
Child Minding Service	Through this programme, children can be cared for by Child Development Workers while mothers attend to what they need to do.	National		x
Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program	See Table 3-2. Good Health Programmes for further details.			
Drop-in Center Ermita (DICE)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Early Childhood Care Development Program	See Table 3-2. Good Health Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Enhanced ECD Model	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Family and Community Welfare Program (FCWP)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Family Day Care	This programme provides childcare places within the homes of non-working mothers, who charge a small fee to taking care of other children.	National		✗
Family Like Care	SOS Children's Villages provide family-like care for children who have lost parental care. They are cared for in a home where they live with an SOS mother, their siblings, and other children. Children receive total quality care until they are ready to live independently.	Other Provinces		✗
Family Strengthening Programme	Through the Family Strengthening Program (FSP), support is provided to struggling families. They conduct counselling, skills training, and community-based programs to help families reach self-reliance and provide proper care for their children.	Palawan; Other Provinces		✗
Fit for School Programme	See Table 3-2. Good Health Programmes for further details.			
Healthy Starts for Hopeful Hearts	See Table 3-2. Good Health Programmes for further details.			
Kupkop Program	See Table 3-1. Adequate Nutrition Programmes for further details.			
Kwentuhang Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Masayang Pamilya (Parenting for Lifelong Health)	See Table 3-4. Responsive Caregiving Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Pantawid Pamilyang Pilipino Program	See Table 3-2. Good Health Programmes for further details.			
Parent Effectiveness Service (PES)	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Radyo Bulilit	See Table 3-1. Adequate Nutrition Programmes for further details.			
Rolling Day Care Centre	This programme brings day care centre resources, such as play materials from barangay to barangay, taking care of groups of up to 10 children. The teachers are primarily volunteers of the programme.	National		x
Strategic Helpdesks for Information, Education, Livelihood and Other Developmental Services: SHIELD against Child Labour	The project aims to withdraw children from the worst forms of child labour through the provision of holistic and immediate interventions at the community level. This project contributes to the removal of one million children from child labour by 2025 as committed in the Sustainable Development Goals (SDGs) and Philippine Program against Child Labour (PPACL).	National		x
Supervised Neighbourhood Play	Supervised Neighbourhood Play is a form of day care for children aged 3-6 years old. Children are provided with early childhood enrichment activities through a variety of play activities, guided exercises, and other learning opportunities by a trained child development worker and/or parent volunteers under the supervision of a social worker. The intervention provides a play-learning environment for optimum child growth and development.	National		x
Tahderiyyah Programme	See Table 3-3. Opportunities for Early Learning Programmes for further details.			
Women and Children Protection Programme	See Table 3-2. Good Health Programmes for further details.			

Gaps

Implementation of policy

While the Philippines has numerous policies aimed at ensuring children are protected, these are often not well-disseminated or implemented at the local level. In interviews with experts, they shared that the exploitation of children is common and frequent at the barangay level, particularly in rural areas. This is often due to parents not being aware of the protective regulations, for example in relation to child labour and education. In addition, the enforcement of these laws and policies is also relatively weak. Given that parents have low levels of access to information, including via the internet, the implementation of specific policies have not led to a positive shift in behaviour, attitudes, and practices within local communities.

Support to rural (hard to reach) communities

As part of the decentralised governance structure, water, sanitation and hygiene (WaSH) services have also been put under the charge of LGUs. Given that LGUs draw from a national budget and from the income of the local area, lower-income LGUs will need to receive additional resource support from the national government agency to ensure safe management of sanitation.²⁴

“Some LGUs don’t have resources to ensure that each preschool will have the appropriate and adequate intervention to support handwashing, sanitation, health and safety of children.” — Expert interviewee from UNICEF

In particular, after the COVID-19 pandemic, WaSH facilities are also a crucial component to ensuring the safe return to in-person childcare, healthcare and work. This support will need to be provided to both facilities that care for children and women, and for the poorest households, often in hard-to-reach areas.

3.2.6. Cross-cutting Topics

Gaps

Implementation of policies and programmes

A key gap that cuts across all areas of ECD and all components of the NCF is the ineffective and uneven implementation of policies and programmes at the provincial, municipal, and LGU level. In speaking with experts for this study, it was clear that while laws and policies are primarily formulated at the national level, the devolution of responsibility to LGUs has led to a gulf between policymaking and implementation.

“Not all LGUs have in-depth understanding of these laws. The lapse [occurs when] those who were mentioned in the law are not aware of what they are supposed to ... implement” — Expert interview from local office of international NGO

At the LGU level, a critical challenge has been to ensure that accurate information is communicated from the national government, with sufficient opportunity for feedback through the sub-national government office, such that the policy is meaningfully implemented at the local level. As noted by another interviewee, the process of engaging local government on ECCD is a challenge as it competes with other priorities and requires engagement across various individuals such that ECCD is prioritised and provided with the adequate funds.

Another issue in relation to implementation is that despite compliance with the national government, local governments are constrained by the local operating budgets that differ greatly across LGUs. This lack of adequate financial support makes it difficult for LGUs to ensure that policies and programmes are implemented robustly. This is further exacerbated by the lack of designated ECD representatives within LGUs, who could be responsible for ensuring coordination and collaboration across programmes.

Addressing the needs of Indigenous populations

Another area that requires more attention and understanding are the needs of Indigenous and Tribal populations in the Philippines. The areas in which they live are exposed to natural disasters, particularly typhoons, and territories have been affected by fast-growing development projects in recent years.⁸⁸ Indigenous people experience discrimination, and high rates of unemployment, and other challenges that affect stability of their environment and livelihoods.

In terms of early learning, there is often a learning divide for Indigenous children as there is little language support for them when they enter formal education at the age of six years. A particular point raised by government experts was that for government officials to gain access to Indigenous communities, they must first speak with and receive permission from the elders. Thus, while the ECCD Council is keen to encourage early learning opportunities and responsive caregiving for the youngest children, they must first build a bond with the elders and the community and demonstrate the benefits of ECCD.

Challenges in gaining access to Indigenous communities has also led to low health coverage, poor quality of care, and worse health outcomes compared to the general population.⁸⁹ Over 45% of Indigenous adults are not part of the national health insurance programme, meaning their children are also not covered.⁹⁰ To address these ongoing issues in the Indigenous communities, more research needs to be done to understand the specific barriers and facilitators to programme implementation. It is also critical to work with Indigenous communities to understand their needs from their perspective so national programmes can be appropriately adapted.

Coordination across sectors

The final critical gap across all areas of the NCF is the lack of coordination across sectors. Within the national government, there appears to be some collaboration as many key agencies include representatives from various departments. This includes the ECDC Council and the National Nutrition Council as some examples.

Despite this coordination within national government, interviewees still raised the issue that programmes are not being integrated across the various NCF components. As noted by an interviewee in an international agency, “there is a lack of coordination [and] weak linkages between different services.” This includes the lack of communication or formal channels for barangay health workers, nurses, and day care workers to connect, share learnings, and follow up on specific community needs. The onus, thus far, has been on the intrinsic motivation of professionals to reach out to their peers in other programmes.

Furthermore, if we take a child-centred approach to caregiving, synergy and convergence should occur at the level of the home or the child. Programmatic siloes continue to exist, with minimal coordination and alignment on key issues between different government departments. This issue was emphasised in an interview with an expert from an international NGO.

Coordination issues are also observed in the lack of integrated data collection and documentation across ECD sectors. As observed in an interview with an international NGO, there is no unified system to track data, and the data that is collected at the local level is often segregated between programmes and sectors. For example, the record of births is held by the Department of Health, but data on enrolment in day care is held by the DSWD.

Finally, an interviewee from a philanthropic organisation in the Philippines observed that there is a lack of coordination across NGOs and civil society organisations within the country. Without communication between NGOs about where and with whom they are working, and what they are learning, there are missed opportunities to build scalable solutions. In addition, increasing collaboration between the government and civil society can go a long way in democratising knowledge sharing, such that programmes become more meaningful and targeted towards those who need it most.

3.3. Conclusion

The Philippines has a comprehensive set of policies and programmes supporting ECD, with a mix of government and NGO-led and funded programmes. Of the four comparator provinces, there are no province-specific programmes delivered in Mountain Province. The continuing challenges, particularly in the areas of under-nutrition, in Basilan and Palawan provinces indicate a need for more contextualised programmes. Decentralisation of programme implementation from the national government to the LGUs has resulted in inconsistent service delivery. Further supports, in the form of financial support, capacity-building, knowledge and awareness, and workforce development need to be provided to the LGUs so that national policies can have the most impact on young children and families. Although the Philippines has made substantial gains in some ECD areas on a national level, more can be done in geographically remote areas and with Indigenous populations. This will require more investment in understanding the particular barriers to service delivery, but also time to identify what is needed from the perspective of families who live in these regions.

4. What programmes have been evaluated?

This section will address the research question: “What evaluations have been undertaken of ECD programmes and services in the Philippines?” The programme interventions and intended outcomes will also be mapped to the Campbell Mega-map to identify the international evidence base for the different programmes based on both interventions and intended outcomes.

4.1. Overview of evaluations

Of the 76 programmes, 21 have been evaluated. These evaluations were either conducted internally (available in the grey literature) or have been published in peer-reviewed academic journals. Thirteen of the evaluated programmes are operated by the government and the remaining eight are NGO-led. This is reflective of the breakdown of shortlisted programmes, where two-thirds are led by the government. The majority of the 21 evaluations are publicly available, although some full reports were not available.

Notably, none of the published evaluations included a cost-effectiveness evaluation or analysis. Given the breadth of programmatic work occurring within the Philippines, this is a

crucial gap. Including a cost effectiveness component to evaluations would provide insights into if, and how, current levels of investments are impacting ECD outcomes.

Below is the list of programmes and their respective evaluation details.

Table 4-1. List of programmes with evaluations

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Government Programmes				
Barangay Nutrition Scholar (BNS) Program	Peer reviewed journal article	The study assessed the pilot test of the BNS in 1977.	N/A	Pilot tested in 13 municipalities
Torres, R. T. (1979). The barangay nutrition scholar in action. <i>Initiatives in population</i> , 5(3), 14–19.	Study Findings By the end of 1979, 5220 BNS had been trained and deployed in their communities. An assessment of the BNS program indicated that about 80% of the BNS surveyed were effective implementors of their programs.			
Barangay Nutrition Scholar (BNS) Program	Peer reviewed journal article	The purpose of the evaluation was to assess the implementation of Barangay Nutrition Action Plan (BNAP) in selected municipalities, from different Barangay Nutrition Scholars' (BNS) Perspectives	Method: Qualitative - focused group discussions (FGDs), document review	57 BNS took part in the FGDs. 3 municipalities/barangays were selected based on their high or low prevalence of 0-71 month-old children.
Endrina-Ignacio, M.S. (2016). Assessment of Barangay Nutrition Program implementation in selected municipalities in Ifugao, Bulacan and Siquijor: community partners' perspectives. <i>Acta Medica Philippina</i> , 50(3), 176-185.	Study findings BNS' perception of the programme inputs that contributed to the positive outcome of the BNAP implementation are as follows: political support, functional barangay nutrition committees, support and guidance from supervisors, and high credibility in the community as a source of nutrition information. Some recommendations ranged from increased budgetary support, security of tenure as BNS and cooperation from community beneficiaries in their barangays.			

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
<p>Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program</p> <p>Rivera, L.G. (2020, July 17-29). The implementation of Water, Sanitation and Hygiene (WASH) in Schools (WinS): An evaluation. <i>DLSU Research Conference 2020: Building Resilient, Innovative, and Sustainable Societies</i>.</p>	<p>Grey Literature – Published paper at research congress</p>	<p>The study evaluated the implementation of the Water, Sanitation and Hygiene (WASH) in Schools (WinS) of the Tarlac Province from 2017-2019.</p>	<p>Method: Mixed-methods -- questionnaires, documentary analysis, focus group discussions, interviews and observations used.</p>	<p>There were 99 respondents, with 66 respondents who were principals, and the remaining 33 who were school health personnel.</p> <p>Lack of rigour throughout the paper - results were not properly described (e.g., FGDs and interviews were conducted but no mention of any insights) and methods were not written in detail.</p>
<p>Study findings</p> <p>Overall, the study revealed that WinS implementation on its five areas: water, sanitation, hygiene, deworming and health education, as well as online monitoring system were highly implemented while the performance of the steering structure and support system were very satisfactory. Problems that occurred during implementation included lack of funds, difficulties coordinating between agencies, having unsupportive and stubborn parents, and lack of accountability of the schools to ensure that standards are met</p>				
<p>Expanded Program on Immunisation (EPI).</p> <p>Ulep, V.G.T., & Uy, J. (2021). An assessment of the Expanded Program on Immunization (EPI) in</p>	<p>Grey Literature – Evaluation Report</p>	<p>The performance of the EPI in the Philippines is assessed. Central to this is the policy question of why the country has struggled to maintain immunization coverage over the years and repeatedly</p>	<p>Method: A mix of primary and secondary sources (e.g., nationally representative surveys, administrative data, review of literature)</p>	<p>N/A</p>

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
the Philippines: challenges and ways forward. <i>Philippine Institute for Development Studies.</i>		failed to achieve its national immunization target?		
		Study Findings Overall, national immunization coverage in the past three decades was characterized by large fluctuations. The evaluation found that many children fail to complete their vaccine series, with only 70% of children completing only their basic vaccination. In addition, many children, albeit vaccinated, had untimely immunisation, with only 38% to 65% of immunised children having timely administration based on the recommended vaccination schedule. One major reason for this is because the majority of additional DOH EPI funds from sin taxes were spent purchasing new vaccines and not strengthening the health system's ability to deliver said vaccines. Other factors, such as poor strategy and planning, lack of foresight during need's assessment and allocation, inadequate warehouse capacity and logistics system, and other bureaucratic processes, were also hindering factors that contributed to vaccine stock outs.		
Family Development Sessions (FDS) Sanchez, R.D., Bailey, R.R., Dy, M.R., Ferrer, R.M., Maneja, C.P., Pacarangan, S.J.C., Rogel, R.O., & Marcelino, R.T. (2018). <i>Assessment of Family Development Sessions of the Pantawid Pamilyang Pilipino Program: Effects of Family Development Sessions on family life.</i> Department of Social	Grey Literature – Evaluation Report	The report evaluated the effectiveness of FDS that were conducted in the provinces of four island groups: Luzon Island group, Visayas Island group, Mindanao Island group, and National Capital Region Island group.	Study design: Simple random sampling of provinces in four different island groups conducted to select one "rural-like" and one "urban-like" province. Method: Mixed methods -- Focused group discussions, key informant interviews, case studies of children of beneficiaries, and quantitative survey of beneficiary households.	Data collection over 2.5 months in 2016 consisted of 1113 respondents.
		Study Findings In summary, 95.61% of the 4P's beneficiaries mentioned that they regularly attend FDS. In fact, 89.74% said they attend seven to 12 times in a year. Some beneficiaries mentioned in the FGD that they are motivated to attend FDS because they gain knowledge and apply these to their families. They acquire skills		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Welfare and Development (DWSD).		<p>like dressmaking, cooking, food preservation, and business. However, some have said that they regularly attend FDS because it is a requirement and they do not want their benefits reduced.</p> <p>Finances were still considered a major problem even despite the financial assistance received from the attending FDS, and many beneficiaries expressed the need for additional sources of income to support parent-child relationships, marital relationships, education, nutrition, and resource management.</p> <p>Majority (71.97%) perceived that FDS attendance had a positive effect on their marital relationship, with reduced fighting, greater motivation to work and earn money, better communication skills, and more bonding activities. However, there was an increase in the number of beneficiaries who regarded marital relationships as a primary difficulty. This could be due to the mother's increased knowledge on her rights and how an ideal family should be like</p>		
First 1,000 Days (F1K) Programme Pacalioga, R.P.O. (2022). Poverty, practices of mothers and nutritional status of children below five years old in Cebu province, Philippines. <i>International Journal of Multidisciplinary Research and Development</i>, 9(7), 58-68.	Peer reviewed journal article	The study evaluated the effectiveness of improving delivery and nutrition services in the first 1,000 days of a child's life, in six municipalities of the Cebu Province.	<p>Study design: Cross-sectional study</p> <p>Method: Quantitative -- Questionnaire, with convenience sampling</p>	<p>Mothers with children below 5 years old (N=652) were selected from six municipalities of Cebu Province: three were pilot areas for the implementation of the First 1000 Days (F1K) program, while the other three were the control group. Nutritional status of children was obtained from the 2018 Operation Timbang (OPT) Plus data repository.</p>
		<p>Study Findings</p> <p>Findings suggest that the short-term impact of intensive health and nutrition programs did not reverse malnutrition. The occurrence of malnutrition was significantly linked with the practices of mothers (e.g., prenatal, neonatal, and postnatal care), and poverty.</p> <p>Nonetheless, as a result of the F1K program, mothers from that group were more compliant with availing services like prenatal visits and attendance to family development sessions, and also have better feeding practices s like delayed breastfeeding cessation and timely complementary feeding. Mothers in the F1K program also spent more time with their children as compared to mothers of the control group.</p>		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Fit for School Programme Monse, B., Benzian, H., Naliponguit, E., Belizario Jr, V., Schratz, A., & Helderma, W.v.P. (2013). The Fit for School health outcome study – a longitudinal survey to assess health impacts of an integrated school health programme in the Philippines. <i>BMC Public Health</i> , 13(256), 1-10.	Peer reviewed journal article	The evaluation assessed the impact of a longitudinal health study that aimed to reduce preventable diseases through cost-effective interventions.	Study design: Four-year longitudinal cohort study	In the cohort study, 412 children were examined at baseline and 341 children were examined one year after intervention. Four public elementary schools in Camiguin were randomly assigned to the EHCP experimental group, and three schools in Gingoog were randomly selected as concurrent control schools
Study Findings				
After one year of daily handwashing with soap, daily brushing with fluoride toothpaste, and biannual deworming, the study found a reduction in the prevalence of moderate to heavy STH (soil-transmitted helminths) infections, reduced caries, and a significantly higher increase in mean BMI.				
Integrated Management of Childhood Illness Programme (IMCI) Reñosa, M. D., Bärnighausen, K., Dalglish, S. L., Tallo, V. L., Landicho-Guevarra, J., Demonteverde, M. P., Malacad, C., Bravo, T. A., Mationg, M. L., Lupisan, S., & McMahon, S. A.	Peer reviewed journal article	The study evaluates operation challenges and opportunities in implementing IMCI, as described by frontline healthcare workers (HCWs).	Method: Qualitative -- in-depth interviews with 46 healthcare workers (HCWs) from 5 provinces.	N/A
Study Findings				
Findings from the study highlighted that HCWs feel demotivated because of overwhelming inadequacy in terms of support systems for IMCI execution. HCWs emphasized competing demands for their time, and difficulties in terms of sustaining the components necessary for implementation (with a particular focus on trainings and refresher trainings, tangible IMCI protocols such as forms and wall charts, and opportunities for technical support from higher-level				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
(2021). “The staff are not motivated anymore”: Health care worker perspectives on the Integrated Management of Childhood Illness (IMCI) program in the Philippines. <i>BMC Health Services Research</i> , 21(1), 1-13.		management). Despite the challenges described across interviews, our findings also highlighted HCWs’ positive faith in the program, with IMCI described as a premier strategy and a holistic means to reduce childhood morbidity and mortality, and to bolster quality of care for children in PHC (primary healthcare) facilities. The key barriers in this study relating to the weakness in the IMCI program execution amid health-system constraints are consistent with several country evaluations, as well as a high-level strategic review conducted by WHO and UNICEF, which cited waning funding, support and interest from global and local partners.		
National Safe Motherhood Programme Ruiz, K.C.N. (2016). Examining the Department of Health’s “National Safe Motherhood Program” as a policy addressing the increasing trend in the Philippine Maternal Mortality Ratio. <i>The</i>	Grey Literature – Published paper at academic conference	This study aims to analyse the progress of the National Safe Motherhood Program through a Normative Approach under a Multiple Streams Analysis Framework. This is done in order to create a concrete means of understanding how the DOH’s policy addresses the increasing trend in the Philippine MMR (maternal mortality ratio).	N/A	N/A

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
<i>Asian Conference on the Social Sciences 2016.</i>	Study Findings As of 2012, DOH's assessment of its overall performance in relation to its three indicators (antenatal care, facility-based delivery and post-natal care) was 65%, falling short of its 70% goal. This is attributed to underperformance on low post-natal coverage of 52% as well as technical, operational, and hierarchical issues such as procurement, differences in priorities and LGU organizational structures. There is also an uneven distribution of health goods, with the majority of the supply for medicines still privately controlled.			
Operation Timbang Plus Ramirez A.R.M., Viajar, R.V., Azana, G.P. (2019). Operationalizing local children nutrition surveillance system: The Philippines' Operation <i>Timbang</i> revisited, the case of Abra de Ilog. <i>World Nutrition</i> , 2019(10), 86-98.	Report by World Nutrition	The present study described municipal level assessment of OPT in 10 barangays of Abra de Ilog; identified facilitating and hindering factors in OPT; compared OPT results with DOST-FNRI local nutrition survey in Abra de Ilog; and identified potential sources of variance.	Method: Mixed-methods -- focused group discussions (FGDs), key informant interviews (KIIs) and anthropometric surveys were used.	The municipality of Abra de Ilog was selected. 657 children were selected based on a census of 3,542 households with children 0-71 months old.
	Study Findings Overall, the computed OPT plus data was consistently lower than the data set processed in DOST-FNRI. This could be due to common issues in studies that look at growth monitoring: lapses in following weighing protocol, incorrect reading of measurements, and calculation of age in months of children.			
Pantawid Pamilyang Pilipino Program	Grey Literature – Impact Evaluation Report	The study aimed to evaluate whether the overall program improved maternal health,	Method: RDD (regression discontinuity) comparison of households just above and	A sampling of 6,775 households in 180 barangays across 30 municipalities and 25 provinces was done at barangay level,

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Asian Development Bank. (2017). <i>Impact Evaluation of the Pantawid Pamilyang Pilipino Program</i> .		child health and nutrition, educational and labour outcomes of children, and socioeconomic indicators of the household. In addition, it also evaluated how monitored vs unmonitored children were affected by the program in terms of educational outcomes and child health and nutrition.	below the threshold of predicted income in 2009.	with the 20 available households closest to meeting the threshold, and 20 available households most barely exceeding the provincial cut-off selected as respondents. The sample consisted of households with two to nine years of program exposure.
<p>Study Findings</p> <p>Overall results confirm that the program has important significant effects. Prenatal behaviour, child school enrolment outcomes, and socioemotional skills of children are significantly improved on average for children of 4Ps households.</p> <p>However, the RDD (regression discontinuity) model provided some suggestive evidence that unmonitored children of 4Ps beneficiary households have worse educational outcomes relative to those in nonbeneficiary households</p>				
Parent Effectiveness Service (PES) Sarmiento, C.Q., Baguinat, E.T., & Basilio, E.T. (2010). Parent Effectiveness Service (PES): An Assessment in	Grey Literature – Evaluation Report	The study aimed to assess the gaps in the implementation of PES, the facilitating and hindering factors in the implementation of PES and the levels of service provided	Study design: Purposive sampling Method: Mixed-methods -- questionnaires, focus group discussions, workshop instruments for direct service providers	PES program conducted across 41 municipalities in the provinces of Zamboanga Sibugay and Zamboanga Del Norte. A total of 77 respondents that included direct service providers, local chief executives and end users participated in the study.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
the Provinces of Zamboanga Sibugay and Zamboanga Del Norte, Region IX. <i>Research Development and Evaluation Center (RDEC).</i>		by the LGUs in support to the PES program		
		Study Findings		
		Most end-users stated that the PES sessions improved their parental skills and strengthened their husband-wife relationship. Direct service providers were also committed in their tasks and responsibilities. However, difficulties in implementation included negative child-rearing attitudes from fathers, inadequate financial support from LGUs, and lack of manpower and learning materials. Additionally, many stakeholders at the LGUs were not cooperative when it came to the social protection of children.		
Sama-Bajau Localised Intervention & Learning Approach for Holistic Improvement (SaInLahi) Department of Social Welfare and Development. (2018). <i>Sama-Bajau localised intervention and learning approach for holistic improvement (SaInLAHI)</i> [PowerPoint Slides].	Grey Literature – Evaluation PPT	The evaluation aimed to find out whether the interventions were able to strengthen maternal and childcare education, promote culture-based learning sessions for Sama-Bajau children, and increase access of Sama-Bajau families to local services	N/A	Evaluation seems to have been conducted in 2 pilot areas: Barangay Bakod Bayan (121 families, 110 children aged 0-4 years old), and Barangay Moonwalk (300 families, 200 children aged 0-4 years old) although this information is not clear in the paper.
		Study Findings		
		More than 70% of Sama-Bajau children participated in ECCD sessions by end 2015. The role of parents as primary educators of their children was enhanced, with 90% of Sama-Bajau parents attending community assemblies at the Activity Centres. Children were also more prepared for the formal learning system, with 95% of Sama-Bajau children who participated continuing on to primary school. Lastly, 98% of Sama-Bajau children beneficiaries were at least 3 kilograms after undergoing health and food supplementary services.		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Tahderiyyah Programme UNICEF. (2018). <i>Evaluation of Tahderiyyah Program</i> . [PowerPoint Slides].	Evaluation PPT by UNICEF	The evaluation aimed to generate evidence of program achievements and offer recommendations around continuity and scaling-up of the program.	Method: Mixed methods with participatory approaches -- key informant interviews, focused group discussions, rapid facility reviews/assessments, checklist-based teacher assessments and validation workshop. Additional review of secondary sources.	Consisted of a total of three phases, which led to the implementation of the Tahderiyyah Program in over 800 Tahderiyyah centres (Madrassahs)
<p>Study Findings</p> <p>In terms of impact, the program was highly relevant and largely effective. Developing a ‘balanced’ criterion that enabled mainstream Madrassah education was deemed as the most profound achievement, in addition to the training of teachers and Mudirs. However, the weak monitoring system struggled to track outcome delivery and social impact, and the BDA (Bangsamoro Development Agency) were unable to retain Tahderiyyah-trained staff, which will negatively affect the sustainability of the program.</p>				
Non-Government Programmes				
Arcanys Early Learning Foundation Dulay, K. M., Cheung, S. K., Reyes, P., & McBride, C. (2019). Effects of parent coaching on Filipino children’s numeracy, language, and literacy skills. <i>Journal of</i>	Peer reviewed journal article	The current study evaluates the efficacy of parent coaching programs designed to enrich home numeracy and literacy environments in Cebu City, Philippines.	Study design: RCT Method: mixed methods	A total of 673 families with 3- to 5-year-old children in Cebu City, Philippines.
<p>Study findings</p> <p>Relatively specific effects of program content on children’s skills; thus, children who received the numeracy program improved in their numeracy skills (e.g., identifying numerals, counting objects), children who received the dialogic reading program learned more words that were in the storybooks that they were</p>				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
<i>Educational Psychology, 111(4), 641.</i>		exposed to, and children who received early literacy skills training learned more letters, demonstrated better awareness of print functions and conventions, and had better syllable deletion skills at post-test. However, early literacy skills training also produced some significant effects on children's numeracy performance, suggesting potential cross-domain benefits of intervention. Program effectiveness also varied in part by family socioeconomic status, level of parental involvement in the program, and teacher assignment.		
Breaking Barriers for Children (BBC) Claudio, E. A., Guinid, E. D. J. T., & Anicas, M. P. (2019). Stimulation Therapeutic Activity Center (STAC) in Santo Domingo, Ilocos Sur Philippines: An Impact Study. In Proceeding Subaraya International Health Conference 2019 (Vol. 1, No. 1, pp. 36-45).	Peer reviewed journal article	The study evaluated the impact of the Stimulation Therapeutic Activity Centre (STAC) where the Breaking Barriers for Children (BBC) project is.	Descriptive correlational method Questionnaire augmented with documentary analysis	This study was conducted during the Calendar Year 2014 to 2015 to determine the impact of the STAC in Santo Domingo, Ilocos Sur from Calendar Years 2008-2014. It utilized ten implementers and 123 mothers/caregivers of children with special needs.
		Study Findings The study revealed the following: 1) Out of the 123 recruited participants, seven transferred to another place, nine died and 59 had improved condition; 2) Of the 59 who had improved condition, a substantial percentage suffered from physical disability especially cerebral palsy who can now walk without assistance, do functional activities like rolling, creeping, head and trunk control, crawling, reaching, grasping and releasing and the least suffered from cognitive disabilities specifically down syndrome who can now copy words and phrases and needs minimal assistance in functional independence measure like eating, bathing, drawing and toileting; 3) All the children with special needs regardless of condition are continuously receiving the services of the STAC. The SPED teacher takes care of all those who can walk without assistance		
Integrated Action for Children's Nutrition Project (INTERACTION)	Grey Literature – Evaluation Report	The evaluation assessed how the project contributed to children becoming well-nourished, specifically via	Method: Mixed methods from primary and secondary sources -- Focused group discussions, key informant interviews,	184 caregiver survey respondents collected across three municipalities

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
World Vision. (2021). <i>Findings from the Evaluation of the Integrated Action for Children's Nutrition Project (INTERACTION Project)</i> .		nutritional status of children, infant and young child feeding practices of caregivers, caregivers' knowledge and caregiving practices, and improvements in caregivers' access to basic healthcare services.	document review, field visits and validation meeting with stakeholders	Note: Positive Deviance/Hearth was mentioned as a facilitating factor that contributed to the significant decreases in the number of malnourished children. This was due to key positive practices and local solutions e.g., starting a vegetable garden, led by trained volunteers.
<p>Study Findings</p> <p>There was a significant decrease in the number of households with malnourished children from evaluation conditions against baseline conditions. The project also contributed to caregivers' and stakeholders' knowledge and skills in proper caring practices for children. 3 health stations that can support 26,000 residents in total were constructed and/or rehabilitated, and an additional 35 barangays were provided with required medical tools, which helped increase accessibility to healthcare in communities.</p>				
KapitBahay-Aralan (KBA) Nava, F.J. (2016). <i>Competencies of Children Attending Preschool Programs</i> [Paper Presentation]. International Conference on Research in Teacher Education.	Grey Literature – Published paper at academic conference	The paper aimed to identify the competencies acquired by the children that participated in various early childhood development programs.	N/A	About half (N=333) of the children from Manila participated in KBA in 2012-2013, with the other half from Day Care services provided. Note: KBA was only one of the four programmes mentioned in this evaluation. Results were mentioned in general and didn't specify which competencies acquired were a result of which program.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Study Findings Children who did not exhibit school readiness competencies developed those skills that would qualify them to enter Grade 1 after attending the programs. Improvements were noted in terms of children’s skills as indicated by test scores and with regard to their qualitative classifications as being “average”, “advanced” or “school ready”. Children who already had competencies prior to attending the programs also benefited from the preschool instruction; however gains were minimal (possibly due to the so-called “ceiling effect”). Girls also profited more from the programs compared to boys.				
Local Nutrition Action Plans UNICEF. (2015). <i>The Ascent of Local Governments in Nutrition in the Philippines: A Compendium of Actions on Nutrition.</i>	Evaluation by UNICEF	The interest of the compendium of actions on nutrition (CAN) aims to get a selection from well-performing LGUs that can provide valuable insights and lessons on nutrition program implementation, as well as any barriers faced.	Method: Qualitative -- focused group discussions (FGDs) and key informant interviews (KIIs)	11 LGUs were selected for inclusion to provide a heterogenous spread of narratives. Mandaluyong City in Metro Manila served as the pre-test site for the KII and FGD instruments. As most of the data collected was qualitative, specific numbers/results of interventions were not mentioned in the report.
Study Findings All 11 LGUs showed adaptations in their structures and processes to allow for functionality and performance despite limited budgetary resources, challenging geographic features or specific program hurdles. Creative strategies by individual LGUs also helped in mandating behaviour and ensuring sustainability of the local programs.				
Masayang Pamilya (Parenting for Lifelong Health)	Peer reviewed journal article	This study examined the effectiveness of combining parenting interventions and conditional cash programs in	Study design: Randomised trial	Participants were randomly assigned (1:1) to either a 12-session group-based parenting programme or treatment-as-usual services (N = 120). Participation in

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
Lachman, J. M., Alampay, L. P., Jocson, R. M., Alinea, C., Madrid, B., Ward, C., Hutchings, J., Mamauag, B. L., Garilao, M. A., & Gardner, F. (2021). Effectiveness of a parenting programme to reduce violence in a cash transfer system in the Philippines: RCT with follow-up. <i>The Lancet Regional Health - Western Pacific</i> , 17.		reducing the risk of violence against children.		either service was required among the conditions for receiving cash grants. Baseline assessments were conducted in July 2017 with one-month post-intervention assessments in January-February 2018 and 12-month follow-up in January-February 2019. All assessments were parent-report.
	Study Findings	One-month post-intervention assessments indicated moderate intervention effects for primary outcomes of reduced overall child maltreatment, emotional abuse, physical abuse, and neglect. There were also significant effects for reduced dysfunctional parenting, child behaviour problems, and intimate partner violence, and increased parental efficacy and positive parenting. Reduced overall maltreatment, emotional abuse, and neglect effects were sustained at one-year follow-up.		
Nutrition Sensitive CoMSCA IIRR. (2020). <i>Strengthening Capacities on Nutrition-Sensitive Programming in the Philippines: Project Brief</i> .	Grey Literature – Evaluation Report	The research study evaluated whether CoMSCA was an effective platform in advancing nutrition education and healthy practices.	Method: Qualitative -- mainly key informant interviews (KIIs) and focused group discussions (FGDs)	The project is implemented in two program impact areas in North Cebu: Sogod and Tabogon, covering eight villages. The direct beneficiaries of this project are the 250 registered families, all caregivers of children under 5 years old (U5). There were 13 community volunteers trained as Health Advocates who lead in promoting health and nutrition education activities.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional Comments (from ECD Landscape study team)
				Note: Only one portion of this paper talked about CoMSCA.
		Study Findings Through CoMSCA, caregivers developed an attitude of savings, whereby their average savings in the past 12 months increased from Php6,000 to Php7,000, and many felt that CoMSCA is an effective platform in advancing nutrition education and healthy practices. Go Baby Go was also acknowledged by 80% of participants to have provided added value to CoMSCA sessions.		
Positive Deviance/Hearth Approach World Vision. (2021). Findings from the Evaluation of the Integrated Action for Children's Nutrition Project (INTERACTION Project).	Grey Literature – Evaluation Report	The evaluation studied the effects of sharing key positive practices, as well as home follow-up visits, on caregivers.	N/A	N/A
		Study Findings The implementation of PD/H allowed for the enrolment of 246 children, with 45% of children (N=112) that were able to be rehabilitated back to normal weight. With the help of breastfeeding kits, 97% of pregnant women surveyed took folate and iron supplements during pregnancy. What should be noted is that the active participation of trained volunteers (303 counsellors and volunteers were trained) was monumental in building practices that support proper nutrition of infants and children.		

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Abbreviations

4P-----	Pantawid Pamilyang Pilipino Program
Barangay-----	A native Filipino term referring to a village or suburb
BARMM-----	Bangsamoro Autonomous Region in Muslim Mindanao
BHS-----	Barangay Health Station
CAR-----	Cordillera Administrative Region
CDT-----	Child Development Teacher
CDW-----	Child Development Worker
DSWD-----	Department of Social Welfare and Development
ECCD-----	Early Childhood Care and Development
ECD-----	Early Childhood Development
ENC-----	Essential Newborn Care
FP-----	Family Planning
GRDP-----	Gross Regional Domestic Product
HFEF-----	Health Facilities Enhancement Programme
IYCF-----	Infant and young child feeding
KP-----	Kalusugan Pangkalahatan (the Aquino Health Agenda)
LGU-----	Local Government Unit
MNP-----	Micronutrient powders
MIMAROPA-----	Administrative region made up on five provinces: Mindoro, Marinduque, Romblon and Palawan
MUAC-----	Mid-Upper Arm Circumference
NCDC-----	National Child Development Centre
NCF-----	Nurturing Care Framework
NGO-----	Non-Governmental Organisation
NNC-----	National Nutrition Council
PAGCOR-----	Philippine Amusement and Gaming Corporation
PDP-----	Philippine Development Plan
RAI-----	Rural Access Index
SDG-----	Sustainable Development Goals
SME-----	Small- and medium-sized enterprises
UNICEF-----	United Nations Children's Fund
WASH-----	Water, sanitation, and hygiene
WHO-----	World Health Organisation

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Chapter 7

Singapore



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Executive Summary

In the past 60 years, Singapore's focus on economic growth and development has included a commitment to making progress in the early childhood landscape. Investments in the growth of this sector continue in recognition of the relationship of early childhood development to achieving long-term human development potential.

Singapore has undergone a dramatic transformation in the last 60 years, taking the city state from humble beginnings to the world's most globally competitive economy, boasting a highly skilled workforce that is ranked third in the world. These relatively rapid changes have been brought about through strong leadership, careful governance and policy planning, and a track record of strong implementation of these policies on the ground.

The country's commitment to progress is evident in its early childhood landscape. In the areas of health, nutrition, social safety and security, and early childhood education, tremendous gains have been made over the last 60 years. Singapore continues to invest in further advancing the early childhood sector. This is fuelled in part by advances in early childhood research. The government of Singapore has also committed to a national focus on child and maternal health and well-being to '...support our young achieve their maximum human development potential.'¹

In this period of renewed commitment to strengthening early childhood development (ECD) with the aim to improve long-term outcomes for children and families, a 'stock-

taking' of the existing ECD landscape is timely. Understanding what is currently provided, the intended outcomes and beneficiaries, as well as where gaps exist will contribute to ongoing strategic planning and programme implementation to ensure that services are coordinated and reaching those who most need them. Using an internationally recognised framework, the Nurturing Care Framework (NCF)², we map policies, programmes and services to key components of ECD, and identify specific areas that may benefit from strengthening or increased service provision.

A total of 83 programmes, two services, and 13 policies relating to ECD were examined for this study. When mapped to the Nurturing Care Framework (NCF), the majority of programmes focused on Opportunities for Early Learning. The 13 policies spanned all areas of the NCF except Adequate Nutrition.

The research highlights strengths in programme delivery in the areas of Good Health, Opportunities for Early Learning, and Responsive Caregiving. Areas with fewer programmes (e.g., Safety and Security, Adequate Nutrition) are those in which Singapore has achieved significant gains on a national level. The research does indicate that there are areas in which Singapore can continue to make progress in the ECD landscape. First, while the population in general enjoys the security of stable housing due in part to strong government policies, there are smaller groups of families with distinct needs who may still struggle with providing their children with safe and secure homes. Second, increasing concerns about obesity and overweight in young children point to different challenges in the component of Good Nutrition – the issue now is not one of a lack of access to food but equipping families with the right tools to access the 'right' kind of nutrition and instil healthy dietary habits for long term health.

In areas where Singapore has many services and programmes, for example Good Health and Opportunities for Early Learning, the research indicates that coordination of and integration between programmes and providers may require additional attention. Due to circumstance, location, or other factors, some families may still not be able to access needed programmes and services. In other cases, families are required to navigate a complex system with little support, leading to delays in access and intervention for identified issues. New government-led initiatives to address these issues through multi-agency taskforces has started the process of addressing these gaps.

The study also examined all available evaluations of the shortlisted programmes. Of the 83 programmes, only 12 have been evaluated based on either publicly available reports or publications, or information found on programme websites. Of these 12 evaluations, only four are openly available, and one report was made available to the study team. This is an area in which significant improvements can and should be made in the Singapore ECD landscape. Evaluating programmes, and sharing the findings, provides valuable information for other service providers, policymakers, and the sector as a whole, and facilitates the ongoing enhancement of ECD programmes and policies for all families and young children.

Donors can play an important part in improving lives of young children and families in Singapore. The recommendations below focus on the cross-cutting issues found through the study. More detailed recommendations for each of the five NCF components are provided in the first section of this report.

1. **Improving coordination of services across the ECD sector:** Donors might consider working with service providers, practitioners, and policymakers to identify ways in which to help families of young children navigate the comprehensive, but

complex system. Challenges are particularly acute for families with multiple needs or those with children with special needs.

2. **Improving retention and quality of the ECD workforce.** Singapore, like many other countries, is facing a high rate of turnover and attrition of the ECD workforce. This is not limited to the education sector, but many other services and programmes for families and young children. High levels of stress and burnout are frequently cited as the cause of attrition. In addition, quality standards and minimum qualifications for those working in the ECD sector are variable. While some organisations (e.g., ECDA) are taking steps to address these issues, more can be done. Donors can work with service providers and policymakers to support efforts to understand the reasons for turnover and attrition and can support programmes aimed at providing mental health services for staff in the ECD sector.
3. **Strengthening data and monitoring systems.** The lack of reliable and current data affects all sectors of ECD examined in this study. High quality data and monitoring is an essential part of the evidence-based decision-making process, for both policymakers and programme providers. Understanding how to improve or introduce new policies or programmes to best meet the needs of families and young children should be driven by data. Donors can support the work of service providers to enhance data collection processes and encourage the ongoing sharing of data between service providers and policymakers. Donors can also work with researchers to identify areas in which data collection and monitoring can be improved or enhanced.

In the chapter that follows, we provide an introduction to Singapore, the results of the study of policies, programmes and services in the ECD sector, and an analysis of the gaps that exist in policy or programmes. Where available, we also provide information about evaluations that have been conducted of shortlisted programmes and services. Details about the methods used for this landscape study are provided in Chapter 1.

1. Recommendations for donors

In the following section, we explore where donors and philanthropists may consider focusing their efforts.

The landscape study has identified that Singapore has a strong set of national policies related to ECD across the five NCF components (Figure 1-1). The policies are generally well-implemented and enforced. The programmes that support young children focus primarily on Opportunities for Early Learning, but there is representation of the other four NCF components. While there is a strong programme and policy foundation, there are still some gaps that could be addressed, with the support of donors, to strengthen the ECD sector.

In the section that follows, we provide recommendations in each of the five areas of the NCF. For each area, we provide a brief summary of what programmes and policies are currently being provided, the key gaps in service and/or policy provision, and finally what donors can do to have an impact in the NCF component. This section concludes with a set of recommendations for cross-cutting issues that affect the ECD sector.

Recommendations are directional and not exhaustive. Recommendations are also not provided in a way that is immediately ‘implementable.’ Rather, donors should tailor potential actions to their priorities, capacity, and key interest areas.

Figure 1-1. Nurturing Care Framework Components



1.1. Adequate Nutrition

1.1.1. What do we know?

Compared to other countries in the region, access to adequate nutrition by pregnant mothers and young children is less of a concern in Singapore. There are no specific laws or policies related to Adequate Nutrition, and only one programme found through desktop research. Specifically, this programme promotes breastfeeding in the hours immediately after birth and through the first six months of life.

More recently, increased attention has been paid to maternal well-being, including maternal nutrition. An inter-agency government task force was established in 2021 to oversee the development and implementation of a five-year Child and Maternal Health and Well-being action plan.³

Table 1-1 provides an overview of policies and programmes. Please see Section 3.2.1 Overview for more detailed information.

Table 1-1. Overview of Adequate Nutrition

Number of policies	Number of programmes	Number of programmes evaluated
0	1	0

1.1.2. What are the gaps?

Two key gaps revealed through this study related to the increasing prevalence of childhood obesity and rates of breastfeeding. The rates of childhood obesity are rising, due to multiple factors, including poor nutritional intake, sedentary lifestyles, and genetic predisposition. Many existing interventions that aim to address childhood obesity work in siloes, with little cross-sectoral collaboration.

There is also a lack of reliable and consistent population-level data on rates of breastfeeding – both initiation and extent. This is compounded by a lack of understanding of breastfeeding practices and what might facilitate women to continue breastfeeding for longer durations.

For more detailed information, see Section 4.2.1 Gaps.

1.1.3. What can donors do?

Support innovations in programme provision to reduce child obesity

Over the last five years, the rate of child obesity at the age of seven years has been steadily increasing. While the underlying causes are complex, contributing factors include poor nutritional intake and an increasingly sedentary lifestyle. The COVID-19 restrictions also likely contributed to the decrease in physical activity by children. Although resources do exist for families about healthy eating, good nutritional habits, and how to lead an active lifestyle, it is unclear if and how families utilise these resources. Few programmes work across sectors (e.g., health, education, environment) to address the issue.

Promote exclusive breastfeeding

In 2012, the World Health Assembly made a commitment to increase the rate of exclusive breastfeeding in the first six months to at least 50% by 2025.⁴ While infant mortality is not a crucial issue in Singapore, breastfeeding reduces the risk of infections in infants. It also provides essential energy and nutrients to young children and improves the health and well-being of mothers in the long-term by reducing the risk of ovarian and breast cancer.

The most recently available data in Singapore from 2019 found that approximately 38% of infants are exclusively breastfed at 6 months.⁵ While this data was from a small sample size of 2,000 mothers, it does suggest that more needs to be done in Singapore to promote the uptake and continuation of breastfeeding for the first six months.

Recommendations

- ⇒ Donors can support innovation in non-health sectors to address childhood obesity using existing research evidence about environmental, economic, and societal contributions to obesity.
- ⇒ Donors can work with existing community organisations to promote cross-sectoral approaches and collaboration to encourage a more holistic approach to addressing childhood obesity at the individual, family, and community level.
- ⇒ Donors can support large scale research efforts to understand the state of breastfeeding in Singapore, together with exploring the barriers and facilitators to breastfeeding. This includes understanding the issues faced by families and women in the workplace. In addition, donors can explore the activities conducted by existing service providers to identify gaps and opportunities for service strengthening.
- ⇒ Donors can support community⁴ and corporate level efforts to promote extended breastfeeding, including workplace support⁶ for breastfeeding such as lactation facilities and provision of nursing breaks.

1.2. Good Health

1.2.1. What do we know?

Within the component of Good Health, the Singapore government has established universal health coverage through a mixed financing system, with added support for lower income families. Childhood vaccination rates are nearly 100%. Most of the programmes identified in this study are operated by the Singapore government, or fully funded by the government. In doing so, the government aims to ensure accessibility to health programmes by all families. The programmes include health screening for young children, immunisation schedules, and support for children with developmental delays.

Table 1-2 provides an overview of policies and programmes. Please see Section 3.2.2 Overview for more detailed information.

Table 1-2. Overview of Good Health

Number of policies	Number of programmes	Number of programmes evaluated
2	11	1

1.2.2. What are the gaps?

There are three key gaps in the component of Good Health. First, families with multiple needs face outsized difficulties in navigating the healthcare system. The system, while comprehensive, is also complex and has multiple entry points and referral options. Choosing the most appropriate path through the system is complex for families with many needs. Second, while most women have access to antenatal care through a gynaecologist or midwife, there are no other programmes that focus on the physical and mental health of pregnant women and new parents. Finally, there is a stark lack of data on maternal mental health and wellbeing, and a lack of data on the programmes that support women.⁷

For more detailed information, see Section 4.2.2 Gaps.

1.2.3. What can donors do?

Build tools to support families seeking healthcare

The comprehensive nature of the healthcare system in Singapore is testament to the investment and attention the government has placed to ensuring all families are able to access the health services they require. However, this has also presented a level of complexity, due to the wide range of healthcare providers, service entry points and referral options. This complexity has created some difficulties, especially for families with the greatest needs. These families often have limited time to navigate the system and understand the best pathway for them. As a result, families are not able to access services in a reasonable amount of time.

Support caregiver mental health and wellbeing

Caregiver mental health has an impact on child development, starting before the child is born. Maternal distress can reduce the placenta's ability to protect the foetus from elevated levels of stress hormones.⁷ Anxiety, depression, and stress also reduce positive interactions between caregivers and infants.

In Singapore, there is a lack of data on how many pregnant women and mothers are anxious, stressed, or require mental health support. As such, it is difficult to understand what types of support should be provided to mothers and parents, in order to ensure adequate provision of services for mental wellbeing and health.

Recommendations

- ⇒ Donors can work with practitioners and service providers to identify innovative approaches to supporting families with multiple and complex needs to navigate the health system and services. This should also involve engagement with families themselves to better understand the types of support and services that would be most beneficial.
- ⇒ Donors can support large scale research efforts to understand the state of caregiver mental health and wellbeing in Singapore.
- ⇒ Donors can support screening and intervention efforts across existing assessment and service providers that focus on caregiver mental health. This could include enhancing training of different sectors of the workforce to be able to better identify mental health needs and concerns (e.g., childcare workers, nurses, social workers, etc.)

1.3. Opportunities for Early Learning

1.3.1. What do we know?

In the last decade, Singapore has placed increasing focus and funding towards improving access to and quality of childcare and formal early learning opportunities. Through a large number of subsidy schemes for both preschool providers and families, the government has been able to ensure that the majority of families are able to access childcare as needed. Over 70 programmes focusing on Opportunities for Early Learning were identified in the landscape study. These programmes cover private and not-for-profit childcare centres, as well as programmes for children with identified or suspected additional learning needs. Only six programmes include a focus on equipping parents and caregivers with the skills needed to scaffold learning and development in the home environment.

Table 1-3 provides an overview of policies and programmes. Please see Section 3.2.3 Overview for more detailed information.

Table 1-3. Overview of Opportunities for Early Learning

Number of policies	Number of programmes	Number of programmes evaluated
3	72	8

1.3.2. What are the gaps?

Although many programmes exist that address Opportunities for Early Learning, a number of gaps remain. First, while preschool coverage is high, at approximately 80% capacity nationally, places are not distributed proportionately to the needs of specific neighbourhoods. This has led to families experiencing extended wait times to get a childcare place for their child. Second, little is known about the home learning environment in Singapore, particularly about the role of non-parent caregivers in facilitating child development and early learning. Finally, while there is increasing attention being paid to the need for early intervention, provision is uneven across the sector. Some families, especially those who cannot access private services, faced long waiting times for assessment and consequent delays in receiving timely support.

For more detailed information, see Section 4.2.3 Gaps.

1.3.3. What can donors do?

Enhance the home environment

Learning does not begin in the preschool environment, but at birth. In the earliest years, children acquire skills through relationships and interactions with others, such as smiling, eye contact, talking, singing, imitation and simple games.² Interactions with caregivers is crucial in helping children learn and can take place throughout the day, such as during feeding, bathing or other routine household tasks. In Singapore, little is known about the home environment, including the role and capacity for engagement of the consistent caregiver in the home (e.g., grandparents, live-in domestic helpers).¹

Recommendations

- ⇒ Donors can support local research to understand the role, skills, and knowledge of non-parent caregivers in the home environment.
- ⇒ Donors can support programmes that equip all caregivers to provide a nurturing home environment that supports learning and development. This includes working with existing organisations to identify how to support caregivers to build knowledge and skills, and to facilitate peer-to-peer learning opportunities.

1.4. Responsive Caregiving

1.4.1. What do we know?

Responsive Caregiving, as the foundational component, includes programmes and policies that help caregivers to develop healthy supportive relationships with their child. Policies addressing paid parental leave, and access to safe spaces are part of this NCF component. Research conducted in Singapore has shown the positive impact of maternal sensitivity and responsiveness on child outcomes. Singapore has comprehensive policies related to paid parental leave and affordable childcare. However, Singapore does not have policies to regulate the development of child-friendly urban spaces that encourage play and learning. Most programmes identified in this component focus on supporting families in vulnerable situations and those from lower-income backgrounds. Supports provided include those to

equip caregivers with knowledge and skills, and also to support caregivers whose children have specific needs.

Table 1-4 provides an overview of policies and programmes. Please see Section 3.2.4 Overview for more detailed information.

Table 1-4. Overview of Responsive Caregiving

Number of policies	Number of programmes	Number of programmes evaluated
3	14	4

1.4.2. What are the gaps?

One gap in the component of Responsive Caregiving is the lack of gender parity in parental leave. While Singapore has generous paid maternity leave (16 weeks), the current paid paternity leave benefit is only two weeks. From 2024, this will increase to four weeks. In addition, only about 55% of new fathers utilised their paternity leave in 2019.⁸ Another gap is the lack of support or services provided for parental depression and stress, including that experienced by fathers. More deliberate engagement of fathers in caregiving, and supporting their mental health, is vital to both caregivers being responsive to the needs of young children. Finally, most programmes provided in Singapore focus on improving the maternal-child caregiving relationship, with comparatively little support provided to non-maternal caregivers (fathers, grandfathers, live-in domestic helpers/nannies) to improve their caregiving practices.

For more detailed information, see Section 4.2.4 Gaps.

1.4.3. What can donors do?

Include fathers and other non-maternal caregivers in programmes

A large proportion of young children in Singapore are cared for by grandparents and other non-maternal caregivers, particularly after women return to work. Enhancing the caregiving practices of non-maternal caregivers will be of benefit to young children.

Encourage Paternity Leave Utilisation

Paid paternity leave positively impacts the involvement of new fathers with their young children, enabling them to take on more childcare responsibilities and engaging with their child. Paid paternity leave may also reduce maternal stress and provide additional support for mother and child.

Recommendations

- ⇒ Donors can work with community partners who provide programmes and services on sensitive and responsive caregiving to expand their reach to non-maternal caregivers who have a significant role in the lives of young children.

- ⇒ Donors can support mass media campaigns to shift societal norms about fatherhood and the role of fathers in the first weeks after birth.
- ⇒ Donors can lobby employers to increase awareness and understanding of the benefits of paid parental leave, especially for low-income families. Donors can work with employers to encourage new fathers to fully utilise the paid paternity leave provision. Shifting employer culture is a crucial step to increasing leave utilisation.

1.5. Security and Safety

1.5.1. What do we know?

Singapore has a comprehensive set of policies that aim to protect young children, women, and families. These policies are generally well-enforced and provide a strong safety net for at-risk individuals and families. Only three programmes were identified in Singapore that fall in this NCF component. This may reflect a low perceived need for programme provision around safety and security. All three programmes are operated by the government and target the needs of at-risk families through additional social support and financial assistance.

Table 1-5 provides an overview of policies and programmes. Please see Section 3.2.5 Overview for more detailed information.

Table 1-5. Overview of Security and Safety

Number of policies	Number of programmes	Number of programmes evaluated
8	3	0

1.5.2. What are the gaps?

Two key gaps were identified in the existing policy and programme provision for Security and Safety. First, the needs of specific populations are not effectively met through existing service provision. This includes the needs of young unwed mothers, who face challenges in accessing stable, affordable housing. Second, there is no centralised service through which families can navigate and access required supports. This is similar to the gap within Good Health but includes access to child protection and social assistance.

For more detailed information, see Section 4.2.5 Gaps.

1.5.3. What can donors do?

Simplify System Pathways

The current system of supports is complex, without a central point of contact or referrals to enable families to access meaningful support. Research has shown that time-poor and multi-stressed families often face barriers in making informed decisions on the type of support they require and how to access this support. Simplifying access pathways would be a critical step in providing appropriate support to these families.

Recommendations

- ⇒ Donors can facilitate collaboration between social service agencies (SSAs) to identify ways in which they can collectively and holistically meet the needs of the community, particularly multi-stressed and low-income families.
- ⇒ Donors can engage with service providers and policy makers to identify ways in which to simplify the security and safety system and promote consolidated/common touchpoints.

1.6. Cross-cutting topics

1.6.1. Coordination across Providers

Singapore has a comprehensive breadth of ECD programmes provision and policy coverage. However, siloes in both policy and programme provision persist despite the known benefits of multi-sectoral and interdisciplinary approaches. This can lead to fragmentation and challenges for families with navigating the system. This is particularly true for families of children with special needs, or families with multiple needs. These families either get left out inadvertently due to overlapping needs or find it difficult to navigate the system. For families who are already time-poor, it adds a layer of complexity in accessing the services that are most meaningful and necessary.

Recommendations

- ⇒ Donors can work with community-based service providers and families to identify ways to create 'navigation aides' to support families. This can include creating a central repository or services and programmes that can be referenced by both families and service providers.
- ⇒ Donors can work with service providers and other agencies to discuss piloting the introduction of a system navigator – a person whose role would be to assist families in accessing the most appropriate services for their needs – and evaluate this pilot to determine if it improves the experiences of families who need the most help.

1.6.2. Retention and Quality of the Workforce

Across the identified programmes, there is little mention of efforts relating to the quality and retention of the early childhood workforce. While the Early Childhood Development Agency (ECDA) and SkillsFuture Singapore have taken concrete steps to develop and implement professional standards and career pathways, this is primarily for the early childhood education workforce, excluding the role of non-education professionals who work with young children and families (e.g., social workers, learning support practitioners and maternal and child health nurses).

Singapore, like many other countries, is experiencing a high turnover and attrition of ECD professionals. Many note burnout as a key stressor and factor in leaving the sector. While this issue is not unique to Singapore, local research is needed to understand the factors that lead to low retention rates. The high turnover of ECD staff has an impact on young children and the ability of the sector to provide high quality and consistent services for families and young children.

Recommendations

- ⇒ Donors can support local research to understand the barriers and facilitators to workforce retention in ECD.
- ⇒ Donors can support local organisations to work with ECD professionals in improving workplace mental health to address one factor that may lead to high rates of attrition and staff turnover.

1.6.3. Strengthening Data & Monitoring Systems

Another cross-cutting topic is the lack of specific ECD data at both a national and programmatic level. Missing critical data, such as data about initiation and sustainment of breastfeeding, impedes informed decision making about the need to refine existing programmes or introduce new services or policies. Expert interviews conducted in Singapore also underscored the need for a coherent long-term outcome monitoring system for the ECD sector. Such a system would further support the work of professionals who interact directly with children and caregivers, to understand the impact of service provision, and to address gaps in a timely manner.

Recommendations

- ⇒ Donors can support the work of statutory boards and SSAs to build data monitoring systems with accessible dashboards. This would involve the alignment of data collection, and capacity building in the sector about how to implement and utilise the dashboard across agencies and service providers.
- ⇒ Donors can work with researchers to identify priority areas for further data collection and monitoring, particularly in areas identified in this study. Rigorous and reliable data can be used to improve programme provision and more accurately identify areas for further policy expansion.

2. Introduction to Singapore

Singapore is a small country that has undergone 60 years of dramatic social and economic change from a trading settlement to a regional financial powerhouse. Singapore has rapidly transformed since it was established as an independent state in 1965, particularly in terms of its gross domestic product (GDP), where the average rate of growth from the 1960s to the 1990s was 8%, significantly higher than the regional GDP growth of approximately 4%.^{9,10} While this figure has slowed in recent years, Singapore still has one of the highest per-capita GDPs in the world, just below US\$60K.¹¹ The Government spends almost half its annual budget on the social sector, with a growth in spending from S\$17 billion to S\$31 billion over the last decade.¹² The steady economic growth, high per-capita GDP, and high spending on the social sector all indicate an ability and willingness to invest in ECD.

Singapore has been ranked the best country for children to grow up in since 2018 by the Save the Children End of Childhood Index.¹³ The Index ranks 174 countries based on a comprehensive set of life-changing events that signal the potential disruption to childhood. These include infant and child mortality, stunting, out-of-school rates, violence, child labour and child marriage. Singapore's maternal, infant and child mortality rates are among the lowest globally.¹³ Singapore has the 7th lowest infant mortality rate in the world, and one of the lowest under-5 mortality rates globally (see

Table 2–1).

Table 2–1. Key Country Information

Data	Detail
Land Area ¹⁴	709 km ²
Population Size ¹⁵	5,453,600
GDP Per Capita ¹⁶	US\$59,797.80
Yearly Births ¹⁷	38,672 (2021)
Fertility Rate ¹⁷	1.12
Infant Mortality Rate ¹⁷	1.8/1000 (2020)
Under-5 Mortality Rate ¹⁸	2.1/1000 (2020)

Despite these enormous gains, Singapore continues to invest heavily in the early childhood sector. Having achieved success in key indicators such as infant and child mortality rates, and maternal mortality, Singapore is now focusing on a renewed commitment to key aspects of early childhood. This includes a multi-sectoral approach to health and education, including updated policies and strategic approaches that reflect changing population needs.

2.1. Government commitments

The focus on the Early Childhood (EC) landscape was catalysed by the National Day Rally in 2012, where Prime Minister Lee Hsien Loong outlined some of the government’s intended developments in the EC sector¹⁹. Notable developments in education include the Singapore Pre-School Accreditation Framework (SPARK) established in 2010 by the Ministry of Education (MOE) that assesses the effectiveness of pre-school programmes and helps parents make informed choices, as well as the establishment in 2013 of the Early Childhood Development Agency (ECDA), an autonomous agency under the purview of the MOE and the Ministry of Social and Family Development (MSF).^{20,21} The inception of ECDA is particularly important for the EC sector as this was a shift towards developing more comprehensive policies across the EC landscape, integrating the MOE’s Pre-school Education Branch and the MSF’s Child Care Division.²²

The Ministry of Health (MOH) is leading an inter-agency taskforce for child and maternal health and well-being since 2021. The aim of the taskforce is to bring together agencies across the government to collectively address cross-cutting issues that affect mothers and young children and bring about improved health, education, and social outcomes. This taskforce will take a whole-of-society approach to ensure that programmes and services reach those who are most in need. Among other initiatives, the taskforce will develop and implement a five-year action plan, including a review of upstream preventive health efforts for women and children.²

Singapore’s early childhood landscape is also being shaped by the recent establishment of new institutions and research initiatives focused on babies and young children. These include the [Centre for Holistic Initiatives for Learning and Development](#) (CHILD), a centre based at the NUS Yong Loo Lin School of Medicine established through an endowment from the Lien Foundation and in partnership with the Centre for Evidence and Implementation (CEI) and A*STAR’s Singapore Institute for Clinical Sciences (SICS). The [National Institute of Early Childhood Development](#) (NIEC) was launched in 2019 to consolidate Singapore’s EC training facilities.

ECDA launched a key programme aimed at at-risk families and children, KidSTART, in 2016. The aim of KidSTART was to provide a comprehensive support system for parents and children from birth to 6 years from low-income households. In addition to the pilot intervention programme, the KidSTART project included a large evaluation study that is concluding in 2022. The Singapore Kindergarten Impact Project (SKIP), conducted through the National Institute of Education (NIE) was another significant development and Singapore’s first large-scale longitudinal study on pre-school students.¹³ Finally, the Singapore Longitudinal Early Development Study (SG LEADS), led by the National University of Singapore, Faculty of Arts and Social Science examines early childhood development in Singapore, with a lens on how investments affect intergenerational mobility and social stratification.²³ These recent developments signal the desire to increase the pace with which the latest evidence on ECD is put into policy and practice to benefit all of Singapore’s young children and their families.

Against this backdrop, this ECD Landscape Study will contribute key information to the multi-sector efforts to improve maternal and early childhood outcomes. Understanding the current state of the programme and policy landscape, and importantly, the gaps in both programme and policy, will aid in efforts to better integrate services. Further, knowing what is currently happening and what else is needed can ensure that services are better targeted at those who could most benefit from them.

2.2. Who did we interview?

Through the desktop search and consultation with CEI’s networks and the APC Advisory Group, the study team identified a list of Singaporean experts to interview for the study.

We interviewed five people who represented a range of expertise across government, academia, and community services.¹ The list of interviewees is provided in Table 2–2, including details about their area of expertise in relation to this ECD landscape study. Two of the interviewees have requested to remain anonymous; their names and titles have been removed.

Table 2–2. List of Stakeholders Interviewed

Name	Role	Organisation	Rationale
Anonymous	Senior civil servant	Ministry of Social & Family Development	This individual has expertise in early inclusion, mental health and social protection, both in policies and programme.

¹ CEI contacted a further seven individuals who either did not respond or declined to participate in the study.

Dr Sum Chee Wah	Associate Professor, ECE Programme	Singapore University of Social Sciences	Previously at ECDA and MOE, Dr Sum has knowledge and expertise of both the ECCD policy and the programme landscape.
Dr Christine Chen	Founder	Association For Early Childhood Educators	Dr Chen has worked closely with and advocated for practitioners and grassroots initiatives related to the early years. She brought strong insights on educational programmes and the workforce.
A/P Dr Chong Shang Chee	Head, Child Development Unit	National University Hospital	A/P Chong has extensive experience as a developmental paediatrician, as well as expertise in early childhood policy and service provision. She is a member of the Steering Committee of CHILd and brings key insights about policies and structures that affect young children and their families.
Anonymous	Senior academic	NIE/ NTU	As an experienced researcher, this stakeholder shared their expertise about ECD research in Singapore and the policy landscape.

Based on prior research in Singapore, the study team anticipated that securing interviews with key civil servants from specific ministries would be challenging. This was confirmed when some identified topic experts declined the opportunity to be interviewed for the study. To ensure that these perspectives were not omitted from the study, interviews were conducted with individuals who had prior experience or knowledge of these sectors. This included individuals who currently work closely with the Singapore Government or have recently worked within the government.

In the section that follows, we provide details about the ECD programmes and policies that are currently implemented in Singapore, information that is available about the programmes that have been evaluated, and the gaps in both policy and programmes across the ECD landscape.

3. What ECD policies and programmes are currently being implemented in Singapore?

The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in Singapore aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details using the Nurturing Care Framework to structure the findings, followed by an analysis of the gaps.

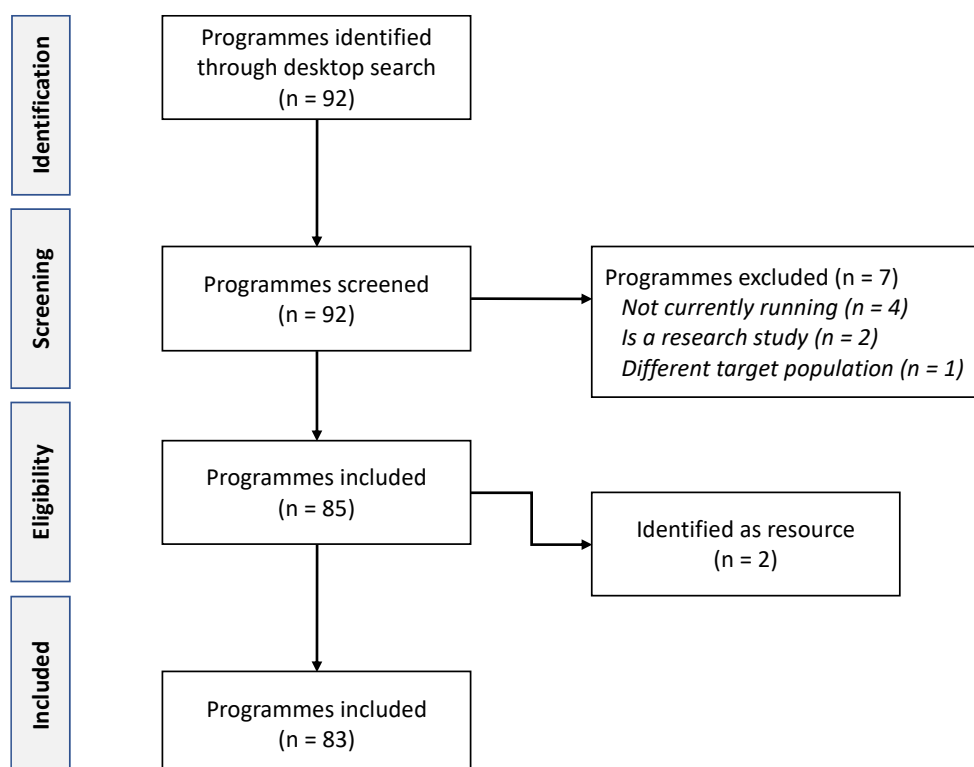
3.1. Identifying programmes and policies

3.1.1. Programmes

Through the desktop research conducted between March and June 2022, we identified 92 programmes that address ECD. the programmes and services available to young children and families are comprehensive in their scope and reach. As illustrated in Figure 3–1, a total of 92 programmes were identified through the desktop search. After screening these

programmes using inclusion and exclusion criteria (described in Chapter 1), a final shortlist of 83 programmes and two resources were included.

Figure 3–1. Programme inclusion flow diagram

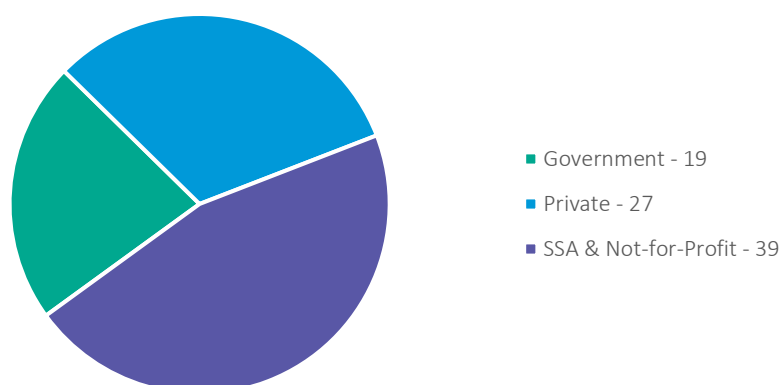


Of the shortlisted programmes, two are defined as resources that are made available to caregivers. These resources have no active intervention or programme delivery for caregivers and young children but are freely available online. Details about these resources are provided here.

- The **Families for Life Parenting Resources**, set up and managed by MSF, aim to provide evidence-based content to support parents in raising children who are happy and healthy.
- The **Parent Hub** is a comprehensive digital resource set up by MOH for parents that provides guidance on parenting and health, categorised by age group, from pregnancy to adolescence. Among other topics, the Parent Hub provides resources to guide parents in making optimal nutritional choices for their children. This includes guidance on serving sizes for different food groups at different ages starting from six months, information on healthier food choices, as well as the My Healthy Plate visual guide.²⁴ Articles on how to manage children's eating habits are also available on the website.²⁴ The Parent Hub also covers other facets of a child's health needs, including hygiene, and sleep practices, and helps to prepare parents in what to expect over different age groups and how to care for the child. There are also resources available on the website regarding maternal health, such as resources on post-partum depression.

Of the 83 programmes and services identified in the research, there is a relatively even distribution of programmes across operator types (see Figure 3–2). Seventeen programmes are delivered or run by the government, 27 are run by private organisations, and the remaining 39 are run by SSAs and not-for-profit organisations.

Figure 3–2. Overview of Programme Operators



Funding for programmes run by SSAs, not-for-profit and private organisations varies. Details are provided in Table 3–1, below.

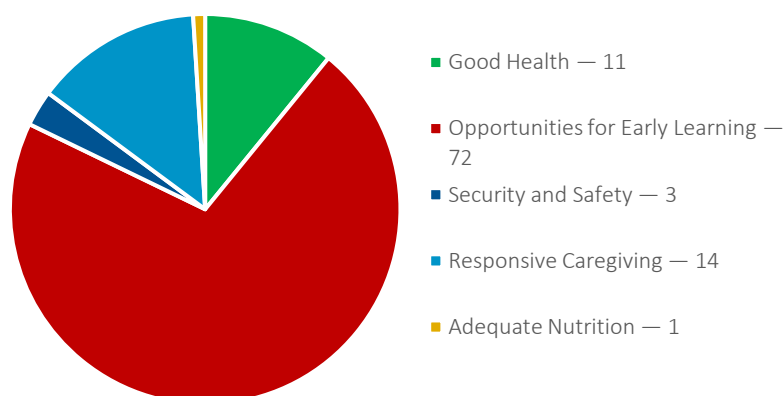
Table 3–1. Funding source for programmes operated by SSAs, Not-for-Profit and Private Organisations

Type of Funding	No. of Programmes	Additional Information
Government	2	These programmes are fully funded by the government, with no expectation of co-payment.
Government & Private	14	These programmes have significant government funding, requiring some co-payment from parents or the organisation themselves. It includes preschool operators in Singapore, all Baby Bonus Scheme approved institutions ² , and targeted programmes to meet specific needs of children, such as the Signposts Parenting Programme for parents with children with developmental needs.
Philanthropy	4	These programmes are fully funded by philanthropic organisations.
Private	21	These programmes typically include a varying amount of parental co-payment.
Non-Profit	23	

The 83 programmes shortlisted in the study were mapped to the NCF. Some programmes map to more than one NCF component. Additionally, we note that although many programmes are universally available, it was beyond the scope of the study to determine the extent to which these programmes are accessed or used by families. The majority of programmes available in Singapore focus on Opportunities for Early Learning.

² Baby Bonus Approved Institutions are organisations registered with the Ministry of Social and Family Development (MSF) to provide value-add services to parents and young children. For more information, see <https://www.babybonus.msf.gov.sg/ai/Pages/Home.aspx>.

Figure 3–3. Programmes mapped to NCF Components



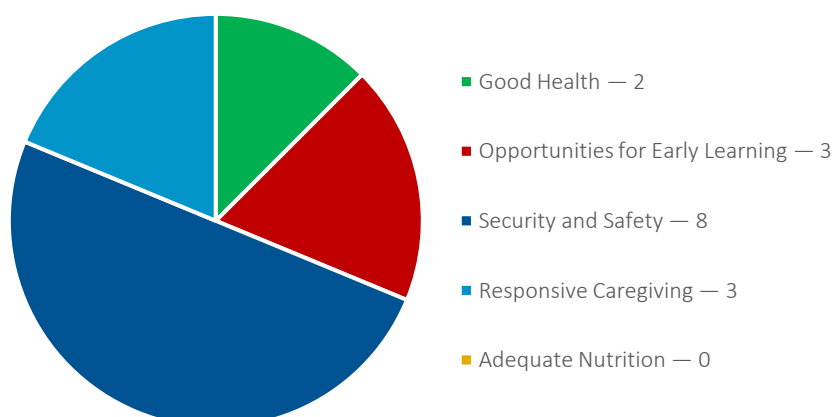
3.1.2. Policies

The desktop search revealed that Singapore has a comprehensive set of policies that govern the ECD sector – policies that span multiple government ministries and address each component of the NCF. In general, the Singapore government’s multi-sectoral approach to ECD is meant to ensure that services for young children and their families have broad coverage and address basic needs for care and development.

Although a total of 13 policies have been identified in the desktop search, three policies map to more than one NCF component. The Child Development Co-Savings Act and the Employment Act map to both Responsive Caregiving and Security and Safety, and the Child Care Subsidy maps to both Responsive Caregiving and Opportunities for Early Learning. There are currently no government policies that correspond to the NCF component of Adequate Nutrition. This does not mean that the government is not addressing issues related to nutrition of young children and mothers; rather, there are no legal structures or regulatory frameworks in place that pertain to Adequate Nutrition.

All ECD-related policies have been mapped to the Nurturing Care Framework.

Figure 3–4. Policies mapped to NCF Components



3.2. Findings on Nurturing Care Policies and Programmes in Singapore

The section that follows is organised by the NCF components and provides details about the policies, programmes and services provided in Singapore for young children and families. In some cases, programmes or services fall into more than one NCF component. In these cases, relevant programme components will be described within the NCF component. Appendix G provides details about the 83 shortlisted programmes and two resources, including the programme name, provider, a brief description of the programme and how it maps to both the NCF and the World Bank 25 ECD Interventions. Appendix H provides information about the 13 policies, including the policy name, the year it was implemented or amended, the government ministry in charge of the policy and a brief description of the policy.

3.2.1. Adequate Nutrition

Key Messages

- ⇒ Singapore has no policies or legal structures that specifically address Adequate Nutrition; however, it does adhere to some international frameworks on breastfeeding and provides guidance through government committees on sales of infant foods, and has implemented regulations on what foods can be served in childcare centres.
- ⇒ Only one programme was identified in the study that addresses Adequate Nutrition – the Baby-Friendly Hospital Initiative, which supports early breastfeeding.
- ⇒ While some resources are available for families that provide guidance on healthy eating, feeding, and nutrition, the degree to which families use these resources and the barriers and facilitators they face in implementing guidelines remains unknown.
- ⇒ Although access and availability of food is not a significant issue in Singapore, rising rates of childhood obesity indicate a need to improve awareness of the importance of healthy eating and active lifestyles. Barriers to good nutritional intake should also be explored.

Overview

Adequate nutrition, as a component of the NCF, includes maternal and child nutrition. Good maternal nutrition during pregnancy has a positive impact on both the mother's and the unborn child's health. Good nutrition after delivery affects the mother's ability to breastfeed and care for her child. In Singapore, malnutrition, stunting and access to adequate nutrition are not generally issues of concern.

Data from 2015 indicates that approximately 10% of infants have a low weight at birth, however more current data is unavailable. Additionally, about 4% of children are stunted, with 3% of children experiencing wasting. This is much lower than the regional average for Asia, at 22%.²⁵ Furthermore, although 99% of mothers breastfeed their infants within 24 hours of birth, only 38% are still exclusively breastfeeding at 6 months of age.^{26,27} Finally, there are no population level data in relation to feeding practices for infant and young children in Singapore.

Policies

Singapore does not have specific laws or policies related to Adequate Nutrition. Although not laws or policies, Singapore has loosely adopted the International Code of Marketing of Breastmilk Substitutes. While this has not been formally implemented, Singapore is in general alignment with the underlying intention of the code, which is to promote the exclusive breastfeeding of infants for at least six months. However, to our knowledge, data about breastfeeding by new mothers is not routinely collected and population-level statistics about breastfeeding practices are not available.

To promote breastfeeding, the NCF includes the adoption of the Baby Friendly Hospital Initiative (BFHI) as a recommended national policy. Singapore has not included the BFHI as a national policy, however, hospitals can attain accreditation as BFHI institutions through the Association for Breastfeeding Advocacy, a local NGO. For the purposes of this landscape study, the BFHI has been categorised as a programme in Singapore; more details are provided in the section that follows.

The NCF component of Adequate Nutrition includes feeding and healthy eating practices other than breastfeeding. In 1979, the MOH established the Sale of Infant Foods Ethics Committee, Singapore (SIFECs), to provide guidance to the practices of the infant food industry as well as protect and promote breastfeeding practices. This was done through the development and implementation of the Code of Ethics on the Sale of Infant Foods in Singapore, which regulates the marketing of infant food products and ensures that parents have sufficient information in making the choice to use products such as infant milk formula. In 2001, the administration of the SIFECs was transferred from the MOH to the HPB. The Code applies to the promotion and distribution practices of the infant food industry, distributors, retailers, the public, healthcare personnel and healthcare institutions. HPB and SIFECs carry out regular monitoring and checks to ensure compliance. This is accompanied with the publication of regular status reports, as well as the publication of names of violators and their violation on the HPB website. However, there are no regulatory measures to ensure compliance and distributors and retailers are only bound by their ethical obligations to mothers and young children.

The government has taken steps to increase regulation around what preschools can serve children for meals, including banning fried foods and sugary drinks. This is in part a response to the increasing rates of obesity in children in Singapore – in 2021, 13.4% of Primary One students (aged 7 years) were identified to be overweight or severely overweight, up from 9% in 2019.²⁸

Programmes

Of the 83 shortlisted programmes, there is one formal programme that specifically addresses adequate nutrition. UNICEF and the WHO launched the **Baby Friendly Hospital Initiative (BFHI)** in 1991, re-evaluated in 2015, to encourage health facilities around the world to better support breastfeeding. The BFHI outlines 'Ten Steps to Successful Breastfeeding' and evidence indicates that implementing these 10 steps leads to significant improvement in breastfeeding rates.²⁹ Eight hospitals in Singapore have received accreditation for the BFHI through the Association for Breastfeeding Advocacy. To

receive accreditation, hospitals must demonstrate management and clinical practices that align with the ten steps outlined by the BFHI, and successfully pass an evaluation conducted by the organisation. Activities conducted at the BFHI hospitals include providing antenatal classes to teach pregnant women about the benefits of breastfeeding, supporting new mothers with breastfeeding, and providing a conducive environment for the early initiation of breastfeeding.

Other informal programmes exist to support breastfeeding, including the Temasek Foundation Community Milk Bank programme, run by KK Human Milk Bank, which provides preterm and sick babies with pasteurised breast milk from donors unrelated to the recipient, and the Breastfeeding Mothers Support Group, which provides emotional support, encouragement and education for breastfeeding mothers, and advocates to increase awareness of breastfeeding in the community.^{30,31}

Online resources that provide guidance on healthy eating habits are occasionally supplemented in lower-income households by ad-hoc grocery donations provided by charities and grassroots organisations. Other grassroots initiatives include Free Food for All, a charity that aims to reduce food waste and food insecurity in Singapore through initiatives such as community fridges and ready to eat meals for low-income families and individuals.³² Such initiatives are particularly important – a study conducted by Singapore Management University's Lien Centre for Social Innovation in 2019 found that one in 10 Singaporeans struggled with food insecurity, with approximately 40% of these people struggling to find sufficient, safe and nutritious food at least once a month.³³

Gaps

In general, malnutrition, stunting, and access to adequate nutrition are not issues of concern in Singapore. However, the lack of policies and consistent enforcement of regulations around adequate nutrition may be problematic.

Data on Breastfeeding Practices

There is no up-to-date, publicly available data on breastfeeding in Singapore. The National Breastfeeding Survey found that almost all babies born in Singapore experienced early initiation of breastfeeding within 24 hours of birth.²⁶ A study conducted by De Roza et al. (2019) also found that approximately 38% of infants were exclusively breastfed at six months⁵. However, the first survey was conducted on a sample of under 2,000 mothers and the 2019 study was conducted on a sample of 400 mothers. Generalisation to the larger population based on these small studies is problematic.

This lack of up-to-date and consistent data also makes it difficult to understand the success of initiatives such as the BFHI, and what more needs to be done on a national level to improve the nutrition of mothers and young children. The research team reached out to the eight BFHI-accredited hospitals for additional data. However, the hospitals either did not have current data on breastfeeding or were unable to share their data. An expert interviewed for this study also highlighted the challenges faced by policy-makers and practitioners in decision-making as a result of the lack of a coherent and standardised outcome monitoring system across multiple areas of ECD in Singapore.

Childhood Obesity

Rates of childhood obesity and overweight in Singapore are rising. This is of concern due to the long-term health implications related to childhood obesity. The underlying causes of obesity, particularly in childhood, are complex. In addition to genetic predisposition and nutritional intake, sedentary lifestyles are also a contributing factor. Further, some researchers suggest that national economic expansion can be predictive of rising obesity

rates in children.³⁴ The affordability of healthy food, and the time required for food preparation also adversely impacts families who are time-poor and struggling with financial stability. There is a need to more closely examine if and how resources, such as those provided through the Families for Life or Parent Hub, are being used by families to instil healthy nutritional habits in their children. More work needs to be done to understand the barriers faced by some families in accessing and providing appropriate nutrition for their children. This is indicative of the need to understand and address appropriate nutrition, and not just ensuring access to adequate nutrition.

3.2.2. Good Health

Key Messages

- ⇒ Policies that cover Good Health have achieved a high level of universal health coverage and nearly 100% immunisation rates in childhood.
- ⇒ Shortlisted programmes and services in the NCF component of Good Health are characterised by a high level of government funding and support. Many programmes are either free of charge or highly subsidised.
- ⇒ The list of programmes covers both universal provision, such as the Parent Hub, Baby Bonus Scheme and Antenatal Screening, and targeted interventions such as Signpost Parenting Programme.
- ⇒ There is an even spread of programmes which are promotive, preventive, and diagnostic in nature. In an expert interview, it was noted that the “system is rationalised with as many children as possible being covered within the system.”

Overview

Within the NCF, a crucial policy to promote good health for young children and families is universal health coverage. The ability for families to access the full range of health services within their community is an important promotive and preventive measure.

While there is no publicly available data on the rate of antenatal visits in Singapore, 100% of births had skilled birth attendants and nearly 100% of births are registered.³⁵ Singapore also has a strong record of addressing maternal mortality: there were no maternal deaths per 100,000 live births in 2020.³⁶ However, Singapore has among the world’s highest incidence rates of gestational diabetes mellitus (GDM), where data from a universal screening as part of Singapore’s largest birth cohort study *Growing Up in Singapore Towards Healthy Outcomes* (GUSTO) showed that 18.9% of participants were diagnosed with GDM, significantly higher than the global average of 13.8%.³⁷ Early screening using the oral glucose tolerance test for women deemed to be at high risk only identified GDM in only 9.8% of women. The findings from the GUSTO study have changed current practice in Singapore to universal GDM screening for all pregnant women.

Policies

Singapore has achieved universal health coverage through a mixed financing system.³⁸ Healthcare in Singapore is highly subsidised by the Government, and policies such as **MediSave** (a mandatory savings account funded by working Singaporeans' Central Provident Fund contributions), **MediShield** (a national universal healthcare insurance scheme that acts on an opt-out basis), and **MediFund** (an endowment fund that acts as a social safety net for those unable to pay their medical bills after subsidies), have been put in place to ensure that healthcare is accessible regardless of income. Further, the **Community Health Assist Scheme (CHAS)**, which provides means tested subsidies in three different tiers at CHAS registered clinics, has been put in place to support the healthcare needs of low-income households.³⁹ The Affordable Health Care White Paper, while not regulation or a law, defines a framework for the health sector to provide broad, population-wide access to affordable healthcare.

Singapore has successfully implemented the **National Childhood Immunisation Programme (NCIP)** with near 100% coverage. More recently, Singapore has expanded low-cost immunisation at government-funded polyclinics to provide greater access to all families. All children from birth to 6 years of age have access to vaccines within the NCIP and developmental screenings at polyclinics and government-approved private general practitioners at no cost. This is a universal provision for all Singaporean and Singaporean Permanent Resident children.

Programmes

The study identified 11 programmes that fall under the NCF component of Good Health. The majority are run by the public hospital system in Singapore, including government-run polyclinics. Programmes cover health screening for young children, general health services to monitor child development and immunisation schedules, and programmes to address the needs of children with developmental delays both within preschools and in the health system. All 11 programmes are either fully funded by the government through the public health system or are provided free-of-charge to children and families. Government funded programmes for 'Good Health' also remove barriers to access for vulnerable or low-income families. The 11 programmes include:

Table 3–2. Good Health Programmes

Intervention Name	Brief Programme Description	Evaluation Available	
		Y	N
Antenatal Screening	Between six to 12 weeks of conception, all mothers have access to antenatal screening at all hospitals that provide maternity services. This includes a full blood count to check for anaemia and thalassemia, blood typing, hepatitis B screening, venereal disease research laboratory screening, HIV screening and oral glucose tolerance test for gestational diabetes		✗
Baby Bonus Scheme	The Scheme, set up and run by the MSF, includes a Cash Gift and Child Development Account (CDA) benefits for all Singaporean children. The Cash Gift is disbursed to parents in five instalments within 18 months of the child's birth. The CDA benefits comprise the CDA First Step Grant which will be automatically credited after CDA opening and dollar-for-dollar Government co-matching for each dollar		✗

Intervention Name	Brief Programme Description	Evaluation Available	
		Y	N
	that parents deposit in the CDA, up to the co-matching cap. The cash within the CDA can be used at approved institutions, including registered childcare centres, early intervention, health clinics and pharmacies, before the child turns 12 years old.		
Baby Friendly Hospital Initiative	BFHI hospitals implement best practices to support mothers in establishing breastfeeding. This includes antenatal classes to teach pregnant women about the benefits of breastfeeding, supporting new mothers with breastfeeding, and providing conducive environment for the early initiation of breastfeeding. When breastfeeding is not feasible or if a mother chooses not to breastfeed, education on the safe and hygienic preparation and handling of formula milk will be provided.		x
Comprehensive Developmental Screening and Assessment	<p>Identifying and screening children for possible development issues are primarily established through a national child development screening program. These visits are called the “well-baby checks” at the population level. They are tied with national vaccination visits where developmental screening is conducted by polyclinic doctors and nurses, or General Practitioners and Paediatricians. The Denver Development Screening Tests (DDST) was adopted in the child health booklet in the mid-1980s with further refinement and validation in 1994 for Singapore children.</p> <p>Parents who are concerned about their child’s development, or children who have been identified through the national child development screening programme to have child development concerns, can be referred to KKH and NUH where they are provided with a comprehensive developmental assessment.</p> <p>The assessment is run by a multi-disciplinary team coordinated by a trained paediatrician. Following the assessment, the team will work closely with the family to understand their needs and for the family to make an informed choice in relation to early intervention.</p>		x
KKH Department of Child Development	The Department at KKH provides diagnostic and intervention services for children with developmental or behavioural difficulties. They also work closely with community services such that children and families are referred to the appropriate supports. KKH DCD also runs programmes to support parents		x
NUH Child Development Unit	The CDU at NUH provides diagnostic and intervention services for children with developmental or behavioural difficulties. They also work closely with community services such that children and families are referred to the appropriate supports. NUH CDU runs various programmes		x

Intervention Name	Brief Programme Description	Evaluation Available	
		Y	N
	that relate to a variety of needs of parents, from supporting general parenting towards healthy child development, to supporting parents of children with developmental needs. There are also specific programmes for children with behavioural needs and supporting parents of children with medical complexities.		
Inclusive Preschools	Through the Inclusive Preschools initiative, ECDA plans to introduce inclusion coordinators to all preschools by 2023, where every preschool will have an inclusion coordinator familiar with resources and support for children with developmental needs, able to provide advice to teachers and families and to bring in relevant Early Interventionist support for the children.		✗
Integrated Child Care Programme (ICCP)	ICCP is an inclusive childcare programme for children requiring minimal levels of Early Intervention (EI) support. Run by ECDA, children in this programme attend preschool with other children, with no intervention, at selected preschools. The progress of each child is monitored with regular feedback between the preschool teacher and parent.		✗
Neighbourhood Health Service Kids	Since 2018, NHS Kids, run by the NUS Medical Society and ECDA, offers free health screening, along with other services such as dental cleaning, to children aged six and below. Screening is conducted to identify children and their families who could be facing medical issues or are in vulnerable situations, and to refer them to appropriate services.		✗
Polyclinic Child Health Services	Parents are able to bring their children, from birth to four years of age, to any polyclinic, in order to monitor their child's growth and development. The National Childhood Immunisation Programme also administered through the polyclinics.		✗
Signpost Parenting Program	Signpost, delivered by Fei Yue Community Services, and KKH DCD and NUH CDU, is an evidence-based programme that equips parents with skills to help them understand, prevent and manage their child's difficult behaviour through the development of a personalised programme that suits the unique needs of their child. Parents are also taught to develop strategies to prevent and manage difficult behaviour.	✓	

Gaps

Complex Service Pathways

In general, the health of young children and their parents in Singapore is adequately supported by government policies and programmes. However, a key gap noted during expert interviews is the difficulty faced by families who have multiple needs in navigating

the system. The health system, while comprehensive, is marked by multiple entry points and referral options. This requires families to follow up with referrals and services in order to access needed supports. Additionally, there is little clarity within the service provision pathway. Families may struggle to understand why certain steps are necessary, waitlists are long, especially for specialised services in developmental services and mental health services, and there is not always good communication between service providers in the system. One expert noted that while Singapore does not lack for programmes and policies to govern these programmes, services do not reach families in need in an appropriate or reasonable amount of time. Programme uptake across health systems is also unknown, and practitioners and policymakers do not have a comprehensive understanding of the barriers to health access especially for children from low-income families. Child development screening visits are also not tracked. The only available tracked data is for childhood immunisations.

Maternal and Parental Health and Wellbeing

None of the programmes identified in this study is specifically focused on the physical and mental health of pregnant women and new parents. This is particularly concerning given the impact of maternal mental health on newborn infants. Singapore also has a high prevalence of gestational diabetes mellitus (GDM). Research has shown that women who develop GDM are at increased risk for developing Type II diabetes later in life, and this elevated risk persists for up to 35 years after pregnancy.⁴⁰ While GDM is included within the antenatal screening provided to all pregnant women, there is little data to indicate how many of women with GDM are followed or monitored in the long-term. There is a correlation between parental obesity and childhood overweight and obesity⁴¹, but we do not have sufficient data about pre-conception health and wellbeing of parents in Singapore.

There is a lack of data on maternal wellbeing and both universal and targeted support for the mental health and wellbeing of caregivers. This is an area that is not well understood and under-researched in Singapore, particularly in reference to the mental health of fathers and the impact this has on the development of young children. The Singapore government's Working Group for Child and Maternal Health and Wellbeing is planning to focus on maternal mental health, with details to be released in 2023.

3.2.3. Opportunities for Early Learning

Key Messages

- ⇒ The Singapore government has policies that mandate the provision of both universal subsidies and targeted fee assistance; this way, the government ensures that all Singaporean and Singapore Permanent Resident children, regardless of family income, have access to childcare.
- ⇒ Implementation of frameworks and guidelines ensure the standardisation and improved quality of pedagogical and operational standards in early childhood care and education.
- ⇒ Singapore has a comprehensive landscape of formal early learning opportunities for young children.

Overview

In 2019, Prime Minister Lee Hsien Loong announced the goal to expand access to government-supported preschools to 80% of the preschool population by 2025.⁴² This was supported by the expansion of the Anchor Operator Scheme (AOP)³ and the Partner Operator Scheme (POP), as well as the expansion of the Ministry of Education (MOE) Kindergarten programme, which is set to run at least 60 kindergarten centres by 2025.⁴³ Government spending on the EC sector has already grown significantly over the past decade to around \$1 billion in 2018, and is expected to more than double over the next few years.⁴⁴

While enrolment rates in Early Childhood Education and Care (ECEC) have remained relatively stable, the number of preschool places more than doubled in the last 10 years, from 90K to over 200K. The AOP was implemented in 2009 to increase both the availability of childcare and access to quality education for lower income children.⁴⁵ AOPs receive additional funding and support from the government to keep fees at a pre-determined cap and to improve the quality of care. The POP was implemented in 2016 to further improve accessibility, affordability and quality of childcare services. This is a broader programme with lower funding support than the AOPs and fewer quality requirements of centres.⁴⁶ Notably, the preschool participation rate of children aged 3 to 4 years from lower income families was about 80%, slightly lower than the national average of about 88%⁴⁷. No discernible difference was observed for the enrolment of 5- to 6-year-old children.

Policies

In Singapore, the policies related to Opportunities for Early Learning include the Child Care Subsidy (CCS), the Kindergarten Fee Assistance Scheme (KiFAS), the Child Care Assistance Scheme (CCAS) and the Early Childhood Development Centre Act. The CCS is a universal subsidy available to all families, while KiFAS and CCAS are targeted fee assistance schemes for families with identified financial needs.

Families receive a basic subsidy of up to \$600 for full day infant care and up to \$300 for full day childcare with a co-payment by the family. Families earning a per capita monthly income of \$3,000 and below also qualify for additional subsidies, as well as subsidised kindergarten fees (for children aged four to six years) under the Kindergarten Fee Assistance Scheme (KiFAS) in schools run by AOPs or the MOE⁴⁸. Furthermore, under the additional subsidy, families where mothers are not in paid employment receive \$150 in childcare or infant care subsidies regardless of household income, while working mothers are eligible for a means-tested subsidy of up to \$710 for full day infant care and up to \$467 for full day childcare.⁴⁸ Further financial aid is available for lower-income families who are unable to afford childcare fees after these subsidies.⁴⁹

The Early Childhood Development Centre Act provides a set of guidelines for early childcare centres. These guidelines are enforced by ECDA and pertain directly to centre licensing and operations. This includes guidelines related to the safety, wellbeing and welfare of young children while they are attending a childcare centre or kindergarten, and the quality of services delivered at the childcare centre or kindergarten.

³ The Anchor Operator Scheme provides funding support to selected preschool operators to increase access to good quality and affordable care and education, especially for children from lower income or disadvantaged backgrounds. For more information, see <https://www.ecda.gov.sg/Parents/Pages/AOP.aspx>.

While not embedded in formal policy, ECDA has also taken incremental steps to standardise the quality of care across childcare and kindergartens through the development of the Early Years Development Framework (EYDF) for children from birth to 3 years, and the Nurturing Early Learners Framework (NEL) for children aged 4 to 6 years. These frameworks, together with the Singapore Preschool Accreditation Framework (SPARK), guide the improvement of both pedagogical and operational quality across preschools in Singapore. Additionally, a new Multitiered System of Support Framework in EC was put in place in 2021 to increase the level of targeted developmental support that children receive in preschools and expand the accessibility to public early intervention for children with additional learning or developmental needs.⁵⁰

Programmes

Of all components of the NCF, Singapore has the highest number of programmes and services (72) that fall into the component of Opportunities for Early Learning. Of these, 63 are early childhood or pre-primary programmes delivered directly to young children. These include the five AOP-run programmes, 17 private childcare centres, and 41 targeted programmes for children with identified or suspected additional learning needs.

There are currently close to 2,000 preschool and childcare services in Singapore, comprising a mix of for-profit (private) and not-for-profit service providers.⁵¹ Apart from MOE Kindergartens, preschools in Singapore are private business entities and largely deregulated in terms of curriculum and school fees.⁵² Preschool attendance is not mandated by the Singapore government. However, approximately 95% of children in Singapore are enrolled in formal care and learning settings in the year before Primary One.⁵³ This enrolment rate has remained consistent over the last 10 years, despite a 55% increase in available preschool places between 2017 and 2021. The high rate of enrolment is indicative of the success of both funding and subsidies provided to all families, as well as the regulation of the quality of early education settings. At the same time, it should be noted that children from lower-income families have a much lower preschool attendance rate than the national average.⁵⁴ This discrepancy requires further examination to determine what barriers are faced by lower-income families in accessing preschool, and what other factors affect their decision to enrol (or not enrol) their child in preschool.

The table below provides a sample of the 63 early childhood programmes. The full list is provided in in Appendix A.

Table 3–3. Opportunities for Early Learning programmes

Intervention Name	Brief Programme Description	Evaluation available	
		Y	N
Anchor Operators			
PCF Sparkletots Preschool	The five Anchor Operators have been selected by ECDA and provided with additional funding support. The centres run by AOPs are tasked to provide good quality and affordable early childhood care and education, with a fee cap. The centres are also expected to ensure that their educators have access to professional development and career progression opportunities. As of 2019, there were approximately 600 centres across the five AOPs.		
My First Skool			
My World Preschool			
Skool4Kidz			

Intervention Name	Brief Programme Description	Evaluation available	
		Y	N
E-Bridge Preschool			
Privately-run childcare centres			
Caterpillar Club	Led by aLife, a non-profit organisation, the programme aims to empower, educate and equip children aged four to 12 years from low-income and disadvantaged families with life skills. The programme includes elements of art and play therapy and takes place on a weekly basis.		x
Circle of Care	The programme aims to meet the educational and developmental needs of children from disadvantaged backgrounds. Through the provision of holistic support and strong collaboration between caregivers and professionals, the programme seeks to strengthen the parent-child relationship and equip children with essential life skills, while concurrently coordinating care components across various stakeholders (e.g., teachers, social workers and educational therapists).		x
YMCA Child Development Centre	The YMCA, a non-profit organisation, delivers a child-centred programme that integrates all areas of learning into an experiential journey and allows for learning outside of the classroom. The four centres are licensed through ECDA and enrolls children from 18 months to six years of age.		x
Targeted early learning programmes for children with identified or suspected additional learning needs			
Private Early Intervention Centres	There are a number of private early intervention centres and services in Singapore. Some of these programmes are covered under the EIPIC-Private Intervention Providers Programme (PIIP), a subsidy scheme provided by ECDA with income tiers. There are also non-funded, fully private centres, where parents pay full fee for the service.		x
Inclusive Preschools	ECDA plans to introduce Inclusion Coordinators to all preschools by 2023, where every preschool will have a trained individual who is familiar with resources and supports for children with developmental needs. The Inclusion Coordinator will be able to provide advice to teachers and families and to bring in relevant early intervention support for the children.		x
Making Every Preschool Inclusive	This pilot programme brings together collaborative teams of early childhood educators from two preschool operators and early interventionists from Rainbow Centre, to carry out a co-teaching model to support children with disabilities in an inclusive preschool setting. The programme will culminate in the development of a service manual and training framework that will guide similar partnerships between other early intervention centres and preschools.		x
Place for Academic Learning and Support	Through the Singapore Cancer Society, children aged three to 17 years, who are diagnosed with cancer, are provided with personalised academic support in an infection-controlled environment. The programme delivers a holistic curriculum, aimed at preparing children for their eventual return to school.		x

Other than the 63 early childhood or pre-primary programmes delivered directly to children, six programmes focus on parents and caregivers by equipping parents and caregivers with the skills needed to scaffold their child's learning and development through meaningful and sustained interactions. These include: **KidSTART**, **Mendaki's Play Fest**, and **KelasMateMatika@CC**. These programmes are also included in the NCF component of Responsive Caregiving.

Only the **KidSTART** programme includes a specific component to support pregnant women, caregivers and young children in the home environment. This includes regular home visits and guidance given to parents on topics such as child development, health and nutrition. The final three programmes are related to cash transfers (e.g., Baby Bonus Scheme) and general support for child development (e.g., KKH Department of Child Development and NUH Child Development Unit).

Funding sources

Close to 30% of programmes (21) are privately operated with no direct government funding. These programmes are run by private, for-profit operators with no means-tested subsidies available. They are primarily early intervention programmes for young children with developmental needs or delays.

Approximately 18% of the programmes (13) are fully funded and run by the Singapore Government. These include the Inclusive Preschools and Early Intervention Program for Infants and Children (EIPIC). Furthermore, 50% of programmes (37) are partially funded by the government and run by non-profit organisations. These programmes require varying amounts of co-payment from parents, but the amounts are usually means-tested based on the income level of the family. The programmes include those run by charity organisations (e.g., Down Syndrome Association), social service agencies (e.g., THK Children Therapy Centre) and other organisations such as the Singapore Science Centre. Finally, two of the programmes are funded by philanthropic organisations (Circle of Care and Making Every Preschool Inclusive).

Gaps

Early education

Despite the efforts made to increase accessibility (through subsidies and increases in preschool places), there is still an unmet demand for preschool places in some communities. While preschools are at approximately 80% capacity nationally, preschool places are not distributed proportionally to the needs across the country and some communities continue to face demand that outstrips supply. Families with young children living in estates such as Punggol are still facing long waiting lists, due to the relatively young demographic of the estate, where 8.3% of the population are children below the age of 5. The unmet demand for preschool spaces in some areas of the country is further exacerbated by the shortage of experienced and qualified preschool educators⁵⁵.

Home-based learning opportunities

The NCF component of Opportunities for Early Learning also includes any learning opportunities afforded to infants and young children within the home setting. This typically refers to the presence of children's books and playthings in the home, together with early stimulation activities between caregiver and child. In Singapore, there are currently no policies or regulations to guide the provision or quality of in-home learning opportunities. Aside from the KidSTART programme, no other programmes were identified that support parents within the home environment. Despite increasing use of digital devices in the home, very little research has been conducted to understand the resultant changes to

home-based caregiving practices. Activities that children a decade ago may have engaged in with their caregivers may now have been replaced by digital devices. The impact of this shift is poorly understood. This is a crucial gap as home-based learning environments and interactions with caregivers make up a significant amount of time in which children may have opportunities to gain critical developmental skills.

Some available research indicates that while many families have books in the home, a fewer percentage of these families are reading to children: a survey conducted as part of an early childhood parenting landscape study by ECDA in 2014 found that 96% of parents surveyed had books at home for their children but only 57% read to their children at least twice a week⁵⁶. One contributing factor may be the long working hours of many Singaporean parents. A survey by Kisi in 2019 found that Singaporeans worked an average of 44.6 hours a week and 23% worked more than 48 hours a week⁵⁷. By comparison, the average work week in comparable countries such as the US, UK, or Australia ranges between 31 and 33.5 hours. Long working hours may contribute to parents not having time to engage with their children in play or learning activities at home.

More research is needed to understand the relationship between early childhood education and home learning environments, and dual income families in Singapore. Further, little data is available about non-parent caregivers (e.g., grandparents, family members, live-in domestic workers) and their role in facilitating early learning in young children. None of the shortlisted programmes included storytelling by elders for children, or the use of local languages and mother tongue in the daily care of children. These are interventions specifically highlighted within the NCF as key opportunities for early learning, and areas that could be further explored within Singapore, where the basic provision of quality early learning has already been met.

Early intervention

Singapore has many privately-run early intervention or ECD programmes with limited government regulation and no caps on fees charged to parents. One expert highlighted the high degree of inequity when it comes to resourcing, particularly related to early intervention. They noted that parents who are able to afford the fees have easy access to many more resources than lower-income families. In view of a general shortage of resources for early intervention, for example, parents are left thinking that they are subject to market forces to access necessary services. In addition, many privately-run programmes are not regulated by other government policies concerning early child interventions or education. This expert highlighted that parents who pay for these programmes need to be informed and aware about what they are 'buying.' Several experts highlighted that the lack of regulation over private providers creates challenges when trying to understand the breadth and quality of services available to families and limits the ability of service providers to support families in navigating the ECD system. This is further exacerbated by the inconsistent communication between service providers within the system.

3.2.4. Responsive Caregiving

Key Messages

- ⇒ The Singapore government has comprehensive policies addressing Responsive Caregiving, including parental leave policies, provision of affordable childcare,

and a recently developed plan for more green spaces that could provide opportunities for outdoor play.

- ⇒ Fourteen programmes address, in whole or in part, Responsive Caregiving.
- ⇒ Most focus on equipping parents with skills for positive interactions with their children with the aim to improve child development outcomes.
- ⇒ Some programmes focus on children with identified special needs, but also provide support to parents on responsive caregiving
- ⇒ Both the government and NGOs provide free online resources for parenting, including guidelines on various aspects of parenting and caregiving and materials to enhance learning and development

Overview

The NCF defines responsive caregiving as “observing and responding to children’s movements, sounds and gestures and verbal requests” as well as “responsive feeding”. The provision of responsive caregiving helps to safeguard the children’s nutrition and safety, recognise illnesses, as well as foster closer bonds between the caregiver and child, allowing for “social engagement, cognitive stimulation, emotional regulation and soothing”.² In terms of policies, this includes paid parental leave and affordable childcare services. Responsive caregiving programmes should not only include parental education but also focus on caregiver wellbeing, particularly mental health.

The Singapore government provides 16 weeks of maternal leave entitlement for Singapore citizens who have worked for their employers for at least three months before the birth, and two weeks of paternal leave for men who meet the same criteria and are/were legally married to the child’s mother between conception and birth. Mothers who do not meet either of the criteria are entitled to 12 weeks of maternal leave. For mothers of non-Singapore citizens, eight weeks of leave are paid if the mother had been working with her company for at least three months prior to the birth and has fewer than two living children, while the remaining four weeks are either paid or unpaid depending on the mother’s employment contract. Mothers who have been employed less than three months at the time of birth are entitled to 12 weeks of unpaid maternal leave, while fathers who do not meet the criteria are not entitled to paternal leave.^{58,59}

Policies

Within the NCF component of Responsive Caregiving, the associated laws and policies include those related to paid parental leave, affordable childcare services, and urban design.

Paid parental leave

Paid parental leave is important in helping to foster parent-child relationships, allowing parents time to learn about their newborn and be more responsive to their child’s cues. It also leads to better child health outcomes, where paid parental leave “increased the overall duration of breastfeeding of infants by nearly 18 days” and was associated with a higher frequency of medical check-ups.⁶⁰ A study by Lichtman-Sadot and Bell (2017) found that improvements in health outcomes associated with paid parental leave “[were] driven

by children from lower socioeconomic households”, highlighting the impact that such policies have on this demographic.⁶¹ Paid parental leave is also important for the parent’s wellbeing. Research by Jou et al. (2017) found that paid maternal leave led to significantly lowered risks of re-hospitalisation for both mothers and infants, as well as higher odds of better exercise and stress management.⁶²

The International Labour Organisation (ILO) has standards that mandate a minimum maternity leave period of 14 weeks, with clear recommendations to increase it to 18 weeks to ensure adequate rest and recovery time⁶³. The ILO and other international organisations do not have explicit provision or regulations for paternity leave. In Singapore, paid parental leave for both mothers (16 weeks) and fathers (2 weeks) has been incorporated into laws covering early childhood (the Child Development Co-Savings Act), and broader labour laws (the Employment Act). Both provisions for mothers and fathers in Singapore exceed the current global standards. In this way, the Government has demonstrated its belief in the importance of this provision, with clear legal implications for companies that do not comply.

Affordable Childcare Services

While not a specific policy, the Child Care Subsidy provided through ECDA and included in the Government's Budget is crucial to the provision of affordable childcare services for all Singaporean children. Subsidies are provided in a tiered system, based on the employment status and household income of one or both parents. It is important to note that the subsidy for non-working parents is four times lower than for working parents. Non-working parents are those who are not in paid employment. While there are some exceptions (e.g., parent is pregnant, studying, deemed medically unfit for work, primary caregiver for another family member, incarcerated), these are approved on a case-by-case basis with limitations.

Urban Design

The NCF refers to the inclusion and development of green and child-friendly spaces that promote play and learning. Currently, Singapore does not have any existing policies that regulate the development of child-friendly urban spaces. However, the 2019 Masterplan developed by the Urban Redevelopment Authority (URA) of Singapore included the development and expansion of a network of play corridors, green spaces and natural playscapes.⁶⁴ While the Masterplan does not define play or the age range of children to which it intends to cater, this offers an opportunity for ideation and collaboration to create spaces that are friendly for the youngest children.

Programmes

Of the programmes identified in Singapore, 14 include components of responsive caregiving. Six programmes specifically seek to equip caregivers with the skills and knowledge to improve positive interactions with their children. This includes programmes such as **Parentwise** (Temasek Foundation) and **The Parenting Years** (Mendaki). Three of the programmes cater to caregivers whose children have specific developmental, behavioural, or learning needs. This includes children with Down Syndrome and anxiety disorders. Most programmes are aimed at families in vulnerable situations and from lower-income backgrounds.

Table 3–4. Responsive Caregiving programmes

Intervention Name	Brief Programme Description	Evaluation Available	
		Y	N
Baby Friendly Hospital Initiative	See Table 3-1. Adequate Nutrition Programmes for further details.		
Early Intervention Programme for Children Aged 2 to 6 with Anxiety Disorder	<p>This parent-based programme, run by KKH, seeks to equip parents with skills to manage their child's anxiety-related behaviour. Over 10 sessions, parents learn about anxiety and how to reduce the frequency of accommodating or giving in to their child's anxiety. They also learn how to support their child in anxious situations, and how to create a practical and detailed plan they can use to help their child cope with anxiety.</p> <p>Note: Each hospital has various programmes within each child development unit/department. This list is not exhaustive but provides examples of these types of programmes.</p>		x
Family Excellence Circle	This Mendaki programme seeks to bring parents together in an informal setting to facilitate a network of support where parents help on another and exchange knowledge and experience. The programme aims to increase social connectedness among parents and promote confidence in parenting skills.		x
Healthy START Child Development Centre	While primarily an early learning programme for children from lower socioeconomic backgrounds, the programme run by Beyond Social Services aims to increase parental and caregiver involvement through Individualised Education Plans.	✓	
KelasMate Matika@CC	Jointly run by Mendaki, the Islamic Religious Council of Singapore and the People's Association Malay Activity Executive Committees Council, the programme seeks to empower parents to be more confident in teaching their children basic numeracy concepts.	✓	
KidSTART	<p>This intervention was piloted by ECDA and is now operated by the KidSTART Singapore agency. The intervention comprises of three components:</p> <ol style="list-style-type: none"> 1. Home visits to pregnant mothers and children from birth to three, to guide parents with practical early childhood knowledge and skills, and to conduct regular developmental screening 2. Weekly playgroup session for children to play and parents to build a support network 3. Additional support in preschool to deepen parental knowledge on growth, development and health, and to ensure children are ready for school. <p>The KidSTART Program also works with KKH and NUH for the home visitation program, and partners with hospitals to support health of the children.</p>		x
KKH Department of Child Development	See Table 3-2. Good Health Programmes for further details.		

Intervention Name	Brief Programme Description	Evaluation Available	
		Y	N
NUH Child Development Unit	See Table 3-2. Good Health Programmes for further details.		
ParentWise	The programme aims to benefit children and uplift parents, through evidence-based parenting tips. Through ParentWise, parents are aided with new parenting ideas, helping them to be more confident in raising their children.		x
PlayFest	The programme, run by Mendaki, aims to generate parental awareness on the importance of play and its role in children's holistic development, to empower parents with knowledge on Mediated Learning Experience, and to develop critical skills amongst children.		x
Prenatal Support	The Down Syndrome Association provides support to expectant parents of children with Down syndrome. This includes up-to-date information, counselling, and preparation for when the child is born.		x
Preschool Outreach	In conjunction with ECDA and other community partners, the programme seeks to promote importance of preschool education and support families from low-income households enrol their children into preschool. Outreach agencies also work closely with the families to ensure regular attendance after enrolment.		x
Signposts Parenting Program	See Table 3-2. Good Health Programmes for further details.		
The Parenting Years	The Parenting Years provide parents with the skills to encourage their child to embark on a journey with them to create many happy memories, nurture a closer bond and meaningful relationship.		x

In addition to government-sponsored online resources, some programmes run by non-governmental organisations also provide accessible parenting materials. For example, Temasek Foundation's **Parentwise** provides parenting tips and educational materials for young children. Some government-supported parenting programmes such as Signposts are available for eligible families. These initiatives, which are complemented by other parenting programmes conducted by private organisations, aim to equip parents with the necessary skills and competencies to respond to their children's needs, particularly very young children.

Gaps

Support for caregiver health

In recent years, organisations in Singapore have begun to place increasing importance on responsive caregiving and on equipping parents with positive parenting skills and knowledge. This is observed through universal programmes such as Parentwise and accessible resources such as the Parent Hub. Further support is provided through programmes like Signpost Parenting Programme and PlayFest, for parents from a wider range of community and faith groups, particularly with lower incomes.

None of the programmes or policies specifically support the mental health and wellbeing of the caregiver or engage fathers and the extended family. This is concerning as international research has demonstrated that parental stress and depression, including that experience by fathers, has a negative impact on maternal-infant bonding and is also associated with increased risks of psychological and developmental difficulties in the child.⁶⁵⁶⁵

Paid parental leave

While Singapore is comparable to other high-income countries in terms of paid maternal leave, there is a large gap in gender parity when it comes to parental leave. Paternity leave is associated with higher paternal involvement in childcare duties and gender equality within the household, as well as better cognitive and developmental outcomes for the infant.⁶⁶⁶⁶ Additionally, local research has shown that longer paternity leave durations are linked to better child outcomes, more positive family dynamics and fewer behavioural issues.⁶⁷⁶⁷ It is thus important that Singapore public policy puts more focus on this area of leave entitlement.

Non-parent caregivers

In the NCF, Responsive Caregiving refers to any caregiver who is interacting with a young child. According to a study by the Singapore Children's Society in 2019, the main caregiver of children changed at different timepoints.⁶⁸ At 4 months of age, most children were cared for by their mother, at 18 months the main caregiver was the grandmother, and by 3 years of age, most children were cared for at a childcare centre. Grandmothers were the second most common caregiver at both 4 months and 3 years; the proportion of mothers who were the main caregiver declined across timepoints. This could be in part the result of women returning to the workforce after their maternity leave ended. A 2017 report by MSF found that the number and proportion of dual income families, defined as married couples with at least one child below the age of 21, have increased by 19.7 percentage points between 2000 and 2015 from 45.9% to 65.6%.⁶⁹ As such, it is no surprise that families depend on alternative childcare arrangements after mothers return to work.

The range of people providing caregiving for infants and young children necessitates that programmes seeking to equip parents with positive parenting skills broaden their reach to include other caregivers such as grandparents and other extended family or community members. As many as 20% of Singaporean households employ a foreign domestic worker. While it is unclear how many rely on these (primarily) women for childcare purposes, this is an area that also requires further investigation. Programmes that equip all caregivers with the skills required for responsive caregiving would be beneficial for young children across Singapore.

3.2.5. Security and Safety

Key Messages

- ⇒ The Singapore government addresses social protection and social services for children and families across several different policies and regulations.

- ⇒ The policies that meet the criteria of the NCF component of Safety and Security cover birth registration, access to clean drinking water, provisions for children who experience abuse, child protection, and adoption.
- ⇒ Singapore has no official poverty line or minimum wage mandate but has implemented the Local Qualifying Salary and a Progressive Wage Model.
- ⇒ Three programmes address Safety and Security in whole or in part by meeting the needs of low-income or at-risk families and young children.

Overview

Singapore is one of the world's safest countries in which to be a young child. In 2021, Singapore was tied with Slovenia at the top of Save the Children's End of Childhood Index Ranking. This ranking indicates the likelihood of children missing out on their childhoods in 174 countries, where a higher average score across eight domains indicated a lower number of children missing out on childhood due to various factors arising from poverty, conflict, neglect, and discrimination.⁷⁰ Safe drinking water and basic sanitation are also available to the entire population.⁷¹

The Housing Development Board (HDB) was established in 1960, with the mandate to provide affordable public housing to all Singapore citizens.⁷² In 2020, nearly 80% of Singapore's resident population lived in subsidised HDB flats, and nearly 90% of households across housing types owned their place of residence.⁷³ While there is no official data on child poverty or homelessness, in cases where a family is unable to afford the purchase of their own residence, the government provides highly subsidised rental flats in public housing estates. This ensures that at a minimum, children have proper shelter and basic amenities.

The Singapore government has not defined and does not use an official poverty line as a means of gauging the financial security of citizens. According to Minister Chan Chun Sing in 2013, former Minister for Social and Family Development, this was because the Singapore government believed that "a poverty line does not fully reflect the severity and complexity of the issues faced by poor families", and that implementing one might result in a "cliff effect" where genuinely needy families above the officially set poverty line may be excluded from assistance.⁷⁴ The Singapore Government has instead chosen to use broader definitions of poverty and make use of tailored schemes and different criteria to identify and assess those in need.

Policies

The provision of social protection and social services for young children and families is included across a number of Singaporean regulations and policies. Singapore has made birth registration compulsory and has also achieved access to clean water in every household. This is bolstered by the Environmental Public Health Regulations, that stipulates the quality of water required for drinking.

The Children and Young Persons Act has clear provisions for children who experience abuse and neglect. As noted in an expert interview, the recent update of the Child and Young Persons Act in 2020 has led to an increased focus on the most basic care and protection needs of children, together with a clear and comprehensive framework for the

care of vulnerable children. This act outlines what constitutes abuse and neglect of children and child trafficking as well as outlining the punishments for such offences. The 2020 revision expanded protection to children under 18 (previously below 16 years), increased the stability of children in the foster system through Enhanced Care and Protection Orders, and increased the jurisdiction of MSF and non-family caregivers over the child's development.⁷⁵ The bill also extended childcare benefits to foster parents for the care of their ward.⁷⁶ These changes allow the government and designated caregivers for vulnerable children to intervene and safeguard the child's safety more swiftly, make take decisive actions for the child's care and wellbeing, and minimise disruption to the child's care, better protecting this vulnerable group of children.

Protection of vulnerable children is enhanced through the National Standards for Protection of Children, which sets out the standards for management of child protection and referrals. The adoption of children, both locally and from overseas is regulated under the Adoption of Children Act, which was revised in 2022. The amendments have sought to increase the protection of children in vulnerable situations and make improvements to the adoption process, with greater transparency across stakeholders.

Within the NCF, minimum wage is a policy that has the potential to improve the lives of children, by ensuring caregivers are able to earn an adequate income to meet each child's basic needs. While Singapore does not have a national minimum wage policy, it has set out a Local Qualifying Salary (LQS) that outlines the minimum salary that a resident worker must be paid, in order for them to count towards the company's total workforce.⁷⁷ Furthermore, Singapore has developed a Progressive Wage Model (PWM) for specific blue-collar sectors (e.g., cleaning and security) where workers can earn higher wages as they upgrade their skills.⁷⁸ While not comprehensive or applicable across the entire workforce, both the PWM and LQS provide some guidance to employers on what a reasonable or fair wage is, and has an impact on expected salaries.

Programmes

Unmet needs within Security and Safety are relatively low in Singapore. In addition to universal access to clean and safe drinking water and basic sanitation, 99.9% of children are registered at birth. There are three programmes that either directly or in part addresses the NCF component of Security and Safety.

Table 3–5. Security & Safety programmes

Intervention Name	Brief Programme Description	Evaluation Available	
		Y	N
Baby Bonus Scheme	See Table 3–2. Good Health Programmes for further details.		
Safe and Strong Families Programme	This programme was piloted as a development of the National Standards for the Protection of Children policy. The programme outlines the role of the community and provisions to support families with child protection concerns in order to improve the environment that the child is in and support parents’ needs. This is centred around the goal of keeping families together.		x
KidSTART	See Table 3–4. Responsive Caregiving programmes for further details.		

The government has also implemented a range of services to support vulnerable families and children in the ECD sector.⁷⁹ This includes **KidSTART**, which is aimed at families from low-income households.⁸⁰ Welfare services are also supported by Social Service Agencies (SSAs), which often receive the majority of their funding from the government and provide targeted support for specific needs, such as in housing, access to household necessities, and legal services.

Gaps

Vulnerable Populations

First, the needs of certain vulnerable populations, such as young unwed mothers, are not being effectively met, in particular with challenges to accessing stable, affordable housing. Unstable, overcrowded and/or abusive housing situations for children in low-income families remains an under-researched area of concern.⁸¹ A report released by the Association of Women for Action and Research in 2022 on a pilot project that provided 18 vulnerable women and their children with stable housing by paying for the families’ rent and utilities for up to two years, found that it helped participants to secure more long-term stable housing, allowed them to improve their financial stability, and increased the families’ wellbeing. The report also highlighted the challenges that low-income single parents faced when applying for public housing, where barriers to application such as the age of applicant made it harder for them to gain access to stable housing and increased uncertainty as those who did not meet the criteria were assessed on a case-by-case basis and could have their applications rejected. This is a particular concern for unwed parents under the age of 21, as they are not eligible for public housing and shelters due to their age and often do not have the financial capabilities to seek other housing arrangements.⁸² This can have negative repercussions for their young children who lack stability and security as a result.

Centralised Access to Services

Second, there is no centralised point of contact for families to access the support they require and to which they have access. This means that families must navigate and understand a complex system, to find the best support for their specific needs. Based on expert interviews conducted for this study, this frequently results in missed opportunities for essential services or long delays for necessary early intervention. Existing programmes and services should investigate how they can best meet the needs of specific vulnerable or at-risk groups within the larger population of families to whom they provide services.

Other means of reaching children and families with integrated services brought to families and children within high-reach touchpoints, than a system requiring parents to access in multiple sites should be explored.

3.2.6. Cross-cutting Topics

Gaps

Coordination across providers

Singapore has a comprehensive breadth of programmes and services. This was affirmed in the interviews, where experts noted that there was a “good mapping of services... with as many children as possible being covered under the system.” As noted by another stakeholder:

“In a system where there is good mapping, there will be a service provider for everything. So, the challenge...is when we have children who fit multiple categories of support and whilst the support exists, ...caregivers may not always be able to navigate through the system.”

The range of options available to families for ECD programmes and services, while extensive, can lead to fragmentation and challenges for families with navigating the system. This is particularly true for families of children with special needs, or families with multiple needs. These families either get left out inadvertently due to overlapping needs or find it difficult to navigate the system. For families who are already time-poor, it adds a layer of unnecessary complexity in accessing the services that are most meaningful and necessary.

Long waiting lists for some services and a lack of communication between service providers mean that some parents seek support through privately-run organisations. As discussed, there is less regulation for some of these providers, which puts increasing pressure on families to determine if they are receiving high-quality services and value for money. Expert interviews revealed that this fragmentation of the system is equally challenging for service providers and practitioners, who are limited by resources and time to provide the services that they perceive are needed by some families. Further, while they understand that families often need support to navigate the system and organise required services, many providers do not have the capacity to provide this additional help.

Retention and quality of the workforce

Throughout the study, few references were made to the quality improvement and assurance, and retention of the early childhood workforce. The workforce, in the context of this landscape study, refers not only to early childhood educators, but also community health workers, early intervention specialists, nurses, doctors, social workers, child protection officers, and others who work with young children and their families.

Multiple experts noted the increased investments from the Government in the professional development and training of early childhood educators and early intervention specialists. Through the work of ECDA and SkillsFuture Singapore, professional standards and clear career pathways have been implemented across the sector. However, there are currently no programmes pertaining to the training or professional development of other professionals who work directly or indirectly with young children and families, particularly if their role is not specific to working with young children but spans a broader population group. There is also little opportunity for inter-agency and cross-agency learning and apprenticeship for the workforce who are looking after the most vulnerable children,

which could enhance skillsets and lead to better agency coordination with the increased breadth of knowledge and skills.

Furthermore, there is a high turnover and attrition rate of professionals within the ECD sector, which was likely exacerbated in the COVID-19 pandemic. In two expert interviews it was noted that educator burnout has been a prominent stressor on the sustained provision of high-quality care and services for young children. More research will need to be conducted in this area to have a clear understanding of the breadth and depth of the issue.

Data & monitoring systems

While Singapore has a well-developed and relatively advanced ECD sector in terms of programmes and policies, there is still critical data missing in specific areas that is required to make informed decisions about the need for new programmes or policies, or the enhancement of existing programmes. Two examples discussed previously are the lack of data about initiation and sustainment of breastfeeding, and the understanding of the home learning environment and its relationship to ECD.

Furthermore, Singapore is lacking a coherent long-term outcome monitoring system. This was highlighted during an expert interview. This person noted that such a system would allow the country to track long term outcomes and gain clarity of understanding about the needs of children and mothers. They also noted that a data monitoring system would support the work of professionals who interact directly with children and caregivers, to understand the impact and gaps of service provision. Such a system will allow systematic and cross-agency understanding of more complex issues where the needs of children and families cannot be addressed through single agency services and programmes alone.

3.3. Conclusion

Singapore has a comprehensive set of policies and programmes that address most components of the NCF. Where there are no formal policies (Adequate Nutrition), there are guidelines and oversight to ensure adequate coverage of key issues. Of the NCF components, the majority of the programmes fall in Opportunities for Early Learning, an indication of the country's strength and commitment to early education for young children. The establishment of new inter-agency taskforces addressing, among other issues, maternal and child health, are also an indication of the ongoing efforts to ensure that all young children have the same opportunity to achieve their potential.

While Singapore has obvious strengths in the ECD landscape and continues to make investments in improving outcomes for young children and families, there are areas in which additional research and resources are required. Singapore has moved beyond the requirement to meet basic needs of nutrition, clean water, and access to early education. Efforts could now be focused in coordinating services, collecting more and better data, and strengthening the workforce to appropriately meet the needs of the most vulnerable young children and families.

4. What programmes have been evaluated?

This section will address the research question: “What evaluations have been undertaken of ECD programmes and services in Singapore?”

4.1. Overview of evaluations

Of the 83 programmes shortlisted in Singapore, 12 programmes have been evaluated. This includes both publicly available publications (peer-reviewed articles or reports), and evaluations (completed or ongoing) to which reference is made on a programme website or related source. Of the 12 programmes that have been evaluated, six are government-run or supported and six are run by NGOs, social service agencies, or other non-governmental organisations.

Four evaluations have been published and are publicly available. Three have been published in peer-reviewed journals while one is available online through an internal programme report. A fifth programme evaluation summary was provided to the study team upon request.

Of the remaining seven programme evaluations, two are still undergoing evaluation while the rest do not have the evaluation details publicly available. As such, they have not been included in the table below.

Table 4–1 provides details about the five available programme evaluations.

Table 4–1. List of programmes with publicly available evaluations

Name of Programme/ Source document	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
<p>Development Support (DS) and Learning Support (LS) Programme</p> <p>(Previously known as Mission I'm Possible)</p> <p>Chong, W., Tang, H., Koh, P., & Choo, S. (2016). <i>Implementation of an Early Childhood Prevention Program from a Health Care to Community-Based Setting in Singapore: Lessons from "Mission: I'm Possible"</i>. In M. Israelashvili & J. Romano (Eds.), <i>The Cambridge Handbook of International</i></p>	Peer-Reviewed Journal Article	<p>This study evaluated the outcomes of Mission I'm Possible (MIP), a pilot which was eventually expanded into the nationwide Development Support and Learning Support programme. The full programme has not been evaluated since the publication of this pilot evaluation.</p> <p>The MIP programme aimed to screen and flag pre-school children with developmental needs and address the needs of these children. The evaluation aim was to generate information on the profiles of the children and families involved in MIP, review the program effectiveness, and identify barriers and challenges encountered in the process of programme delivery.</p>	<p>The study collected information on 149 parents and their children who received intervention through MIP. A comparison group of 281 children without developmental concerns was also evaluated.</p> <p>Given the highly individualised nature of the intervention, outcomes were based on the goals established for each child (Individualised Education Plans) and the degree to which children attained these goals, using Goal Attainment Scaling.</p> <p>Additional interviews with parents, surveys and FGDs of teachers and principals were also used to examine programme effectiveness.</p> <p>No objective measures were used to evaluate child outcomes, nor were control group measures used due to the nature of the intervention.</p>	<p>Due to the individualised nature of the intervention, programme evaluators did not use objective measures to assess programme effectiveness. The IEP goals set for each child are unique and thus not comparable to enable a robust assessment of programme effectiveness.</p> <p>The comparison group of peers did not have developmental needs and had significantly higher scores at baseline. Specifically, the children in the intervention group "were comparably less prosocial and adaptable, and displayed less adequate social skills than their peers in the comparison group. Furthermore, they were reported to display significantly more behavioral and attention problems."</p>

Name of Programme/ Source document	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Prevention Science (pp. 574-596). Cambridge: Cambridge University Press.				The lack of a true comparison group makes it difficult to attribute the changes seen in the evaluation to the intervention alone.
Study Findings				
Findings from the IEPs and Goal Attainment Scaling “suggested that specialized therapists, in general, set modest goals that can be realistically achieved within a fifteen-week intervention time frame and that children in the program made good progress in attaining them.”				
An additional evaluation of the MIP Literacy Therapy Program also demonstrated that children in the intervention group showed gains in certain aspect of literacy. Parent interviews and FGD with teachers and principals suggested positive shifts in childrens’ prosocial behaviours after intervention.				
Early Intervention Program for Infants and Children (EIPIC@Centre) Chong, W. H., Goh, W., Tang, H. N., Chan, W. P., & Choo, S. (2012). <i>Service practice evaluation of</i>	Peer-Reviewed Journal Article	This study aimed to evaluate the family-centred practices implemented as part of the services provided by EIPIC. The aim of EIPIC is to support the needs of children who require medium to high levels of EI support, and to improve the child’s development in their early years to facilitate integration into mainstream education.	Parent-completed measure (310 parents) and focus group discussions (70 parents) Study used the Measure of Processes of Care-20 (MPOC-20), a tool that measures five dimensions of family-centred service. The tool has been shown to be reliable and has been validated for the measurement of family-centred care.	This evaluation focused on aspects of the EIPIC programme – the extent to which services were family centred- and was not a full evaluation of the EIPIC approach.

Name of Programme/ Source document	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
<i>the early intervention programs for infants and young children in Singapore</i> . Children's Health Care, 41(4), 281–301. https://doi.org/10.1080/02739615.2012.721719	Study Findings	Results found that parents had a positive perception of the family-centred practices. Parents found the programme to be helpful in addressing the developmental needs of their children and particularly appreciated the personal nature of the service. However, they also highlighted the need for more resources on parental self-care and support.		
Healthy START Child Development Centre Keertana, P. (2020). <i>Evaluation report on research findings from parental survey (2017-2018)</i> . https://beyondresearch.sg/wordpress/wp-content/uploads/2020/06/HSCDC-Evaluation-report_2-Jun-2020.pdf	Internal Report	This report provided an analysis of the parental feedback surveys completed by recipients at the Healthy Start Child Development Centre and through the surveys, assessed the effectiveness of the programme.	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration. Data collected through a survey developed by the programme team. Survey themes are included in the report but not the full survey.	It was not clear how the survey was administered to parents and if changes were made to survey administration between 2017 and 2018. The response rate to the survey was not reported and no information was provided on how many reminders were sent to parents about the survey, or how many attempts were made to engage parents if the survey was conducted in person.

Name of Programme/ Source document	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
				These omissions in information about study methods make it difficult to interpret the validity of the findings.
Study Findings				
		In 2017, more than 50% of the respondents said that the current programme was adequate. The areas with more critical feedback included the literacy, numeracy, and socio-emotional skills parts of the curriculum. The parents were generally satisfied with the quality of care and felt that the centre was responsive to their feedback.		
		In 2018, the survey was modified to streamline the previous year’s survey. Respondents generally had good feedback on the programme, with at least two in three parents noticing progress in each of the educational domains.		
KelasMateMatika@CC (KMM)	Mendaki KMM Programme Evaluation Summary	The KMM programme sought to equip parents with the skills to teach their preschool children basic numeracy concepts.	RE-AIM Framework, Chi-Square statistical analysis and recursive partitioning	
Mendaki KMM Evaluation Summary (Shared with team via email)		This evaluation examined the relationship between the KMM intervention and the likelihood of children being deemed school ready		

Name of Programme/ Source document	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Yayasan Mendaki. (n.d.). <i>KELAS MATEMATIKA@CC. Yayasan MENDAKI.</i> Retrieved July 19, 2022, from https://www.mendaki.org.sg/programmes/kelasmatematikacc/	Study Findings	The study found that there was a statistically significant relation between the KMM graduation status and perceived school readiness of children. The evaluation also found that children whose parents had low expectations of their mathematical ability were more likely to require additional learning support in Primary One.		
Signposts Parenting Programme Yap, D., Lau, L., Nasir, N., Cameron, C., Matthews, J., Tang, H. N., & Moore, D. W. (2014). <i>Evaluation of a parenting program for children with behavioural problems: Signposts in Singapore</i> . Journal of Intellectual &	Peer-Reviewed Journal Article	This evaluation was of a systematic replication of the Signposts programme in Singapore, with the aim to determine if the outcomes would be similar to those found in an earlier Australian study. The researchers predicted that parents would be 'significantly less hassled, anxious, depressed, and stressed on completing the program. They would feel more confident and more effective in terms of their role as parents. We also predicted that they would rate their children's behaviour to be less difficult.	The study collected information on 1,021 participants, of which 98.5% (1,006) completed the pre-programme survey, 69% (704) completed the post-programme survey, and 37.3% (381) completed the 3 month follow up. The measures used were: 1) Parenting Sense of Competence Scale, 2) the Depression Anxiety and Stress Scale, 3) the Parenting Hassles Scale, 4) the Developmental Behaviour Checklist, and 5) the Difficult Behaviour Assessment Form. All measures have strong reliability and validity.	The authors acknowledge the lack of a comparison group and the inability to determine if the sample of voluntary participants is representative of the population to which the work will be generalised as limitations of the study. Early findings that fathers and mothers had slightly different outcomes on some measures should be examined in further studies to determine if there are differences in behavioural management approaches between parents, and thus if interventions should be

Name of Programme/ Source document	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Developmental Disability, 39(2), 214–221. https://doi.org/10.3109/13668250.2014.899567				further refined to reflect these differences.
		Study Findings		
		The study found that parents rated themselves to be significantly more confident in managing their child’s behaviour and were less hassled, stressed, depressed and anxious after attending the programme, with the small to medium effect sizes ranging from 0.12 to 0.59 across the measures. The highest effect sizes were seen in parents’ sense of competency. Parents were significantly less hassled by different behaviours following the intervention, and there were significant improvements in the parents’ ratings of their child’s level of compliance. Programme effects were maintained 3 months after the programme had ended.		

Conclusion

Despite a robust programmatic and policy landscape, the number of programmes that have been evaluated is very low. Furthermore, less than half of the evaluations are publicly available or published in peer-reviewed journals. There is an urgent need to conduct programme evaluations and openly share the findings. Doing so would support evidence-informed decision making about programme scale up, sustainability or the need for programme modification. Funding decisions, whether to continue funding existing programmes, to fund new initiatives, or to fund scale up of programmes can be evidence-informed if well-designed evaluations are conducted and the findings shared.

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Abbreviations

AOP-----	Anchor Operator Preschool
CCAS-----	Child Care Assistance Scheme
CCS-----	Child Care Subsidy
CDA-----	Child Development Account
CDU-----	Child Development Unit
CEI-----	Centre for Evidence and Implementation
CHAS-----	Community Health Assist Scheme
CHILD-----	Centre for Holistic Initiatives for Learning and Development
DS-LS-----	Developmental Support and Learning Support Programme
EC-----	Early Childhood
ECD-----	Early Childhood Development
ECDA-----	Early Childhood Development Agency
ECEC-----	Early Childhood Education and Care
ECHO-----	Early Childhood Holistic Outcomes Framework
EI-----	Early Intervention
EIPIC-----	Early Intervention Programme for Infants and Children
EYDF-----	Early Years Development Framework
GDM-----	Gestational Diabetes Mellitus
GDP-----	Gross Domestic Product
GUSTO-----	Growing Up in Singapore Towards Healthy Outcomes
HDB-----	Housing and Development Board
HPB-----	Health Promotion Board
ICCP-----	Integrated Child Care Programme
ILO-----	International Labour Organisation
KiFAS-----	Kindergarten Fee Assistance Scheme
KKH-----	KK Women's and Children's Hospital
LQS-----	Local Qualifying Salary
MOE-----	Ministry of Education
MOH-----	Ministry of Health
MSF-----	Ministry of Social and Family Development
NCF-----	Nurturing Care Framework
NCIP-----	National Childhood Immunisation Programme
NEL-----	Nurturing Early Learners Framework
NGO-----	Non-Governmental Organisation
NIE-----	National Institute of Education
NIEC-----	National Institute of Early Childhood Development
NUH-----	National University Hospital
PWM-----	Progressive Wage Model
SICS-----	Singapore Institute for Clinical Sciences
SIFECs-----	Sale of Infant Foods Ethics Committee
SKIP-----	Singapore Kindergarten Impact Project
SPARK-----	Singapore Pre-School Accreditation Framework
SSA-----	Social Service Agency
UNICEF-----	United Nations Children's Fund
URA-----	Urban Redevelopment Authority
WHO-----	World Health Organisation



June 2023 II

Regional ECD Landscape Study

Appendix



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Appendix A — Programmes and Services in China

S/N	Programme Name	Provider	NCF Mapping	WB Mapping	Location
1	Aiyou Children's Heart	Aiyou Charity Foundation	Security and safety; Good health	Child Protection Services; Access to healthcare; Social assistance transfer programmes	National

Aiyou Children's Heart is a project that has adopted a designated hospital cooperation model, selecting hospitals with high standards of treatment in various regions of the country. It has provided treatment for children with premature heart disease, and took the initiative to build a medical aid network in collaboration with government departments. It has also designated hospitals and donors, and provided affordable, high-quality diagnosis and treatment for children from remote areas and families in need.

2	Aiyou Morning Star Project	Aiyou Charity Foundation	Security and safety; Good health	Access to healthcare; Child protection services	National
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The Aiyou Morning Star project is an attempt by the Aiyou Charity Foundation to provide relief support for more children with serious illnesses from families in need, and to continuously enhance cooperation between charities and public hospitals. It has also become one of the first projects on several Internet public fundraising platforms to access blockchain payments, realising public welfare on the chain and improving the efficiency and transparency of the use of donations. As of December 2021, the project has provided assistance to nearly 4,000 sick children.

3	Angel Journey Campaign for Children with Prediabetes	China Red Cross Foundation, Red Cross Society of China Gansu Branch	Security and safety; Good health	Social assistance transfer programmes; Access to healthcare	Other provinces
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Angel Journey is a screening activity for impoverished children with congenital heart disease in Gansu, and was successfully completed in Huining County People's Hospital. The project has subsidized 952 impoverished children under the age of 14 with congenital heart disease and leukemia to complete surgery and follow-up medical rehabilitation.

4	Angel+ Gansu Red Cross Society's project to care for children with serious illnesses	Red Cross Society of China Gansu Branch	Opportunities for early learning; Responsive Caregiving	Education about early stimulation, growth, and development	Other provinces
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Since its inception, Angel+ Gansu Red Cross Society has carried out activities such as the Angel+ Wish Tour and New Year's Micro Wishes through both online and offline means. Nearly 200 children have participated in the offline activities, and wishes have been granted for nearly 130 children with pre-heart disease and leukaemia.

5	Anji Play	Anji Early Childhood Education Research Centre	Opportunities for early learning	Education about early stimulation, growth, and development	National
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Anji Play aims to implement current education policies by creatively exploring kindergarten curriculum systems with children's independent games as its core. This is done by creating a natural game learning environment by using local materials, designing flexible and independent game activities, and emphasising values of love and community.

6	Blessed Angels Project	Aiyou Charity Foundation	Security and safety; Good health	Access to healthcare; Child protection services	National
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The Blessed Angels project was established in May 2011, with the aim of helping children with blood diseases and/or tumours and their families overcome the difficult process of receiving treatment, as well as reduce the incidence of treatment abandonment. The project has established cooperation with many top medical treatment institutions across the country, and has also established a project expert committee, and via hospital teaching, improved the level of diagnosis and treatment of children's blood diseases and malignant tumours.

7	Breastfeeding Promotion Initiative	China Development Research Foundation	Adequate nutrition	Exclusive breastfeeding	Other provinces
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Based on a comprehensive analysis of the current situation of breastfeeding and its influencing factors in China, this initiative is designed to promote multi-sector cooperation, put breastfeeding on the agenda of policymakers for policy improvement, advocate for optimal breastfeeding practices, and shape supportive social environment for a healthier development of mother and children.

8	Chen Xing Vibrant	Sunrise Foundation	Adequate nutrition;	Adequate, nutritious, and safe diet;	Other provinces
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Parent-Child Project	Responsive caregiving;	Maternal education; Education about early stimulation, growth, and development;
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The project focuses on empowering parents, growing from beneficiaries to providers of parenting services, and supporting the formation of parent support networks and the exchange of knowledge between parents. The project joins forces with peer organisations and individuals to provide them with professional training and guidance, as well as matching them with project materials and start-up funds to support them in carrying out similar services with migrant and left-behind children, so that more children and their families can benefit.

9	Child-Friendly Communities in China	China Community Development Association, China Children and Youth Foundation	Good health; Opportunities for early learning; Responsive caregiving Security and safety	Access to healthcare; Education about early stimulation, growth, and development; Early childhood and pre-primary programmes; Continuity to quality primary education; Child protection programmes	National
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CFC provides inclusive community services for early childhood development, and strives to create a cross-border cooperation platform that is government-directed to promote the establishment of an inclusive community service ecosystem for children and families, the professionalisation of children's social workers, and the innovation of service-oriented community governance. This is currently being achieved through the creation of community spaces (outdoor play spaces, indoor public spaces, etc), the provision of supportive services (children's homes, family support services, etc), protective services, alternative services (childcare, short-term care, etc) and developmental services (family parenting guidance, early childhood development support, etc).

10	Child Hygiene Kit	Amway Community Foundation and China Children's Charity Foundation	Good health	Immunisations; Hygiene and handwashing	National
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In response to the challenges of kindergarten hygiene and prevention, the Amway Foundation and the China Children's Charity Foundation (CCF) have partnered to launch the Hygiene Protection Kit project. The project aims to provide cost-effective basic hygiene materials and necessary incentives to improve the hygiene system, improve teachers' health awareness and literacy, as well as raise indoor and outdoor sanitation levels and in kindergartens with weak hygiene infrastructure.

11	Child Mothers Project	China Rural Development Foundation	Opportunities for early learning;	Education about early stimulation, growth, and development;	National
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			Responsive caregiving; Security and safety	Parental leave and adequate childcare; Children protection services	
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The CRDF launched this programme in 2015 to nurture women in rural areas to carry out care and protection work for children, adopting the model of "one person, one home, one link", with a strong link between this programme and the Children's Homes, establishing a village-level network for child supervision.

12	Child Safety Education Project	China Children and Teenagers' Foundation	Security and safety	Child protection services; Social assistance transfer programmes	National
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The programme was launched and implemented with the aim of rallying the community, bringing the communities' attention to safety and emergency situations through education, equipping children and teenagers with the relevant skills, and improving the safety management procedures of relevant venues through a series of publicity, education, and training activities.

13	Child+365 Project	The China National Children's Centre, Beijing Women and Children Development Foundation	Opportunities for early learning; Security and safety	Education about early stimulation, growth, and development; Social assistance transfer programmes	Other provinces (Beijing)
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Child+365 Project is a public welfare project initiated by China Children's Centre and aims to provide educational services for the social integration of children with autism, cerebral palsy, are mentally handicapped, have hearing impairments impaired or are left-behind migrant children.

14	Children's Director Project	United Nations Children's Fund	Security and safety	Child protection services	National
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Covering 31 provincial administrative units across China, the programme establishes Village Child Officers as frontline staff to implement community child welfare and protection intervention services to ensure that children, especially those in distress, can be protected and thrive in a supportive environment. These interventions include identifying and serving children in need, raising awareness of child welfare and child protection in the community, providing parenting skills training, and needed services to families, providing comprehensive psychosocial support to children and assisting in the development of supportive local policies.

15	Children's Happy Home	China Children and Teenagers' Fund	Opportunities for early learning; Responsive caregiving; Security and safety	Education about early stimulation, growth, and development; Mental Education	National
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This is a public welfare programme launched by the All-China Women's Federation and the China Children and Teenagers' Foundation in 2014 for village communities with a high concentration of left-behind children, mainly providing a variety of care and service activities for left-behind migrant children and children in vulnerable situations, including learning and living, family care, safety and protection, and mental health.

16	Child Nutrition Improvement Project in Areas out of Poverty)	National Health Commission	Adequate nutrition	Complementary feeding; Adequate, nutritious, and safe diet	Other provinces
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With the support of the central government, the National Health Commission has launched a project to improve the nutrition of children in poor areas since 2012, providing infants and children aged 6 to 24 months in the country's concentrated areas of special difficulties with a daily nutrition pack, which is rich in protein, vitamins, and minerals as a supplementary nutritional supplement. At the same time, the project provides information and advice to caregivers on feeding children. The project relies on the three-tier network of the maternal and child health system at the county and village levels to distribute nutrition packs and promote scientific knowledge and education activities.

17	Children's Safe and Healthy Growth Guardian Action	China Children and Teenagers' Fund	Adequate nutrition; Security and safety	Adequate, nutritious, and safe diet; Adequate sanitation	National
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The Children's Safe and Healthy Growth Guardian Action aims to increase health awareness education and the formation of good hygiene habits through the cooperative efforts of urban and rural children. This is achieved through interactive exchanges between urban and rural children, so that food and personal hygiene, as well as useful general knowledge can be naturally disseminated through interactions between children. Eventually, the goal is for children to be in charge of their own health.

18	China Rural Education and Child Health (REACH)	China Development Research Foundation	Opportunities for early learning	Education about early stimulation, growth, and development;	Other provinces
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Early childhood and pre-primary programmes

In 2015, the China Development Research Foundation (CDRF) launched the Early Childhood Parenting Intervention Project - "Huiyou China: Household Early Education Programme in Mountain Villages" - to provide weekly in-home parenting guidance to families with children in the project counties in less developed rural areas. The project promotes the cognitive, language, social and health development of children by improving the quality of interaction between young children and their caregivers in rural areas.

19	Chun Hui Caring Home Project	Chun Hui Children's Foundation	Good health; Security and safety	Access to healthcare; Child protection services; Social assistance transfer programmes	National
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The Chun Hui Care Home project works with a number of orphanages across China to provide a comprehensive service for orphaned children with serious illnesses to access medical treatment in Beijing, Shanghai and Guangzhou. They aim to provide full medical care for the children, including registration, accompanying examinations, professional escorting during hospitalisation and discharge procedures.

20	Chun Hui Infant and Toddler Project	Chun Hui Children's Foundation	Adequate nutrition; Opportunities for early learning; Responsive caregiving;	Adequate, nutritious, and safe diet; Education about early stimulation, growth, and development	National
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Chun Hui employs local women with a caring or professional background to become full-time early childhood teachers, who are trained in responsive nurturing and building stable emotional attachments with children. Each Chun Hui Mum regularly cares for a few children aged 0-3 years old (up to 4 years old for children with special needs), pays close attention to their needs and small changes, and responds appropriately and consistently to provide the children with brain stimulation, care and developmentally appropriate play experiences that are vital to their early healthy development. They also provide early intervention for special needs children in the form of rehabilitation and special needs education.

21	Chun Hui Pre-School Project	Chun Hui Children's Foundation	Responsive caregiving	Early childhood and pre-primary programmes	National
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From the setting of the environment to the personalised teaching arrangements, the orphaned children's developmental patterns and interests are at the centre of the programme, with trained

pre-school teachers applying the concept of responsive education to the echoing project curriculum and the integrated education programme.

22	Chun Hui Spring Watch Project	Chun Hui Children's Foundation	Opportunities for early learning; Responsive caregiving	Education about early stimulation, growth, and development; Maternal education	Other provinces
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The Chunhui Watch Project is a charity project initiated by Chunhui Boai to care for and protect children in distress. The project serves children who are at medium to high risk due to family difficulties under the district and county minor protection model. By recruiting, training and empowering local children's workers and applying the concept of child-centred integrated development, the project provides emotional support to children through intensive casework, family empowerment, resilience support networks and reintegration of families into society.

The project has been implemented in 57 villages and has directly served over 21,600 children and their families, with more than 75,000 home visits, 5,000 public parenting training sessions and an average of 70 community activities per village per quarter.

23	Chun Hui Training Program	Chun Hui Children's Foundation	Good health; Opportunities for Early Learning	Access to healthcare; Education about early stimulation, growth, and development	National
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To meet the needs of children's welfare institutions in the area of childcare, the Chun Hui training programme provides a combination of online, offline and remote interactive training for orphanage managers, caregivers, teachers and foster parents in relation to the care of orphaned children.

24	Countryside Kindergarten Development Plan (CKDP)	Beijing Zhongzhi Children's Care Foundation and the self-publisher "Children's Book Mother Rei Mikawa"	Opportunities for Early Learning	Education about early stimulation, growth, and development; Early childhood and pre-primary programs	National
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Since May 2014, CKDP aims to provide quality public welfare training for rural kindergarten teachers, as well as support the development of rural kindergarten education by setting up various training and assessment programmes.

In addition to the development programmes, CKDP also provided development kits, each containing a laptop, a projector, a large-sized curtain, and a set of speakers. CKDP Little Bookshelf was an initiative that provided classic picture books for 160 rural kindergartens, while CKDP Online

Public Welfare Classes invited education experts to organise 50 online public welfare classes for rural kindergarten teachers and parents.

25	Early education mobile programme	Shanghai Children's Foundation (SCF)	Opportunities for Early Learning; Responsive Caregiving	Education about early stimulation, growth, and development;	Other provinces
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The programme funds family education experts and volunteers to send educational materials to rural areas, to facilitate early education guidance for infants and toddlers for families in suburban towns and villages, so that rural children can share educational resources.

26	Flower Development Programme - Early Childhood Education Project	Beijing Royal Charity Foundation	Opportunities for Early Learning	Education about early stimulation, growth, and development	Other provinces (Beijing)
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Based on the problems that exist in child welfare and minor protection institutions, the project focuses on the early education development needs of orphaned children. By focusing on the staff of the institutions as an entry point, this helps them build a small internal learning system at a low cost by training the staff of the institutions to become teaching tutors for orphaned children and providing a standardised systematic learning curriculum.

27	Fuel for 5 - Nutrition Improvement Programme	Amway Foundation	Adequate Nutrition	Adequate, nutritious, and safe diet Prevention and treatment for acute malnutrition Micronutrients	National
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Through the free distribution of nutritional chewable tablets containing 17 types of vitamins and trace elements required for children's growth, as well as a nutrition and healthy food education programme for pre-school children, the project aims to help children aged 3-5 in poor areas to improve their health problems such as stunted growth, anaemia, vitamin and mineral deficiencies caused by malnutrition, and to eventually stop the inter-generational cycle of hidden hunger and poverty.

28	Go Baby - Children's Health Protection Programme	China Foundation for Rural Development	Security and safety	Child protection services	National
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To help improve the health of children in less developed areas, the CFRD provides comprehensive public welfare insurance for children from low-income families to reduce the incidence of poverty due to illness and accidents and builds pilot children's centres in local primary care institutions to help build a child-friendly environment for medical care. The programme combines children's charity insurance with the establishment of children's centres in local primary healthcare institutions. Additionally, through an online platform, the programme provides children from low-income families in less developed areas with comprehensive children's insurance coverage of approximately RMB 85 per person per year.

29	Good Parenting Project for Pre-school Children	Shanghai Municipal Committee and Municipal Government	Opportunities for Early learning; Responsive Caregiving	Maternal education; Early childhood and pre-primary programs;	Other provinces
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The project aims to ensure that children are enrolled in kindergartens, and to provide widespread coverage of kindergartens in streets and towns. It also aims to provide preschool education and childcare services that are of an acceptable standard, to take care of the healthy growth of infants and children. The project is aimed at families with infants and toddlers aged 0 to 6 years old who are in need of childcare guidance. The project will be implemented through four work initiatives: ensuring the supply of preschool education resources, improving the internal quality of preschool education, increasing the resources of inclusive childcare services, and enriching scientific childcare guidance for families.

30	Green Life Project	China Charity Federation, China Life Charity Foundation, Beijing New Sunshine Charity Foundation	Good health; Security and Safety	Access to healthcare; Child protection services; Security and Safety	Other provinces (Inner Mongolia, Chongqing)
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The Green Life project aims to integrate social resources for children's illness relief. The project aims to build a cross-border cooperation and innovation platform for social assistance, make use of the professional skills of financial institutions, innovate the assistance model, and promote the standardization and professional development of children's serious illness assistance, especially in poverty-stricken areas.

31	Happy Smile - Save Children with Cleft Lip and Palate Project	China Population Welfare Foundation	Good health	Access to healthcare	Other Provinces
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Since 2013, the Happy Smile sub-project has been set up to provide nutritional supplements for infants and toddlers with nutritional deficiencies or birth defects from rural families in remote areas. The programme aims to provide nutrition supplements for infants and toddlers who are

undernourished or have birth defects, focusing especially on children with cleft lip and palate from low-income families in underdeveloped areas.

32	Harnessing Opportunity through Parenting and Education (HOPE) Project (CFRD-TF China)	China Rural Development Foundation	Opportunities for Early Learning; Responsive Caregiving	Early childhood and pre-primary programmes; Education about early stimulation, growth, and development	National
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In response to the lack of early intervention for infants and toddlers in less developed rural areas, the China Foundation for Rural Development (CFRD) and Tanoto Foundation China (TF China) launched the Harnessing Opportunities through Parenting Education Project (HOPE Project) in 2022 to help infants and toddlers in less developed rural areas realize their developmental potential by founding a team of local facilitators, establishing early childhood development activity centers, carrying out early childhood development services and enhancing parents' scientific parenting concepts and skills. An evaluation will be conducted for this programme.

33	Harnessing Opportunity through Parenting and Education (HOPE) Project (TF China)	Tanoto Foundation (China)	Opportunities for early learning	Education about early stimulation, growth, and development	Other provinces
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In order to help more infants and toddlers in rural areas realise their developmental potential and get better development, Tanoto Foundation (China) launched the Harnessing Opportunities through Parenting Education Project (HOPE Project) in 2019. The project draws on the successful experience of Shaanxi Normal University and their project model to establish early childhood development activity centres in rural areas, providing free activity space for infants and toddlers aged 0-3. Parents are provided with professional guidance on early development.

34	Healthy Kids Paradise - Early Childhood Development Programme	Amway Foundation	Adequate nutrition; Opportunities for early learning	Adequate, nutritious, and safe diet; Education about early stimulation, growth, and development	National
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The project provides early development kits for families with children aged 0-6 years old in rural areas of China, and establishes small family playgrounds (family play corners) to improve the family's parenting environment. A secondary objective is developing and providing nutritional health and parenting courses suitable for rural families, in order to improve the health awareness and parenting skills of rural foster carers.

Regular group parenting activities are also organised to promote a supportive and supportive parenting atmosphere in the community.

35	Hello Kids	China Children and Teenagers' Foundation	Adequate nutrition; Opportunities for early learning; Responsive caregiving	Adequate, nutritious, and safe diet; Education about early stimulation, growth, and development; Access to healthcare	National
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Hello Kids is a charity project initiated by the China Children and Teenagers' Foundation to distribute daily student packages and post-disaster emergency packages to areas affected by sudden disasters and children in distress.

36	Home Tour Mum's Early Learning Empowerment Camp	Chengdu Tongmeng Social Work Service Centre	Adequate nutrition; Opportunities for Early learning; Security and safety	Adequate, nutritious, and safe diet; Education about early stimulation, growth, and development; Child protection services	National
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The project focuses on rural areas and aims to achieve sustainable community early childhood education through public welfare empowerment, such as through the use of online parenting classes to provide online parenting guidance services for families with infants and toddlers from 0-3 years old. In addition, through the provision of small financial support and professional capacity building, it aims to support the growth of grassroots social organisations and volunteer teams with the ability to integrate resources, so that they can more efficiently provide public welfare early childhood education services in the community.

37	Love for the Future	China Women's Development Foundation	Opportunities for early learning	Education about early stimulation, growth, and development;	National
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The project mainly relies on women's federations and social organisations to provide early education interventions for families with preschool children aged 0-6 years old, carry out public welfare services for early family education, explore the development model of early family education, and reaching rural communities that have previously not received early childhood development programmes. The hope is that through this project, families' awareness of early education and parenting skills can be improved, and empirical early education can be brought to every family.

38	Love Starts from The Beginning	All-China Women's Federation and UNICEF and hosted by the China Children's Centre	Opportunities for early learning; Responsive caregiving	Maternal education; Education about early stimulation, growth, and development	Other provinces (Beijing, Hebei, Shandong, Jiangxi, Jiangsu, Zhejiang)
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The project aims to promote scientific parenting concepts and skills, enhance community family education guidance services, strengthen advocacy for scientific childcare, and promote family building and healthy child development.

39	Magical Parent-Child Garden - Mobile Early Childhood Development Project	FAZE Community Well-being Foundation	Opportunities for early learning; Responsive caregiving	Maternal education; Education about early stimulation, growth, and development	Other provinces
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The Magic Parent-Child Garden Early Childhood Development Project is a community education project dedicated to providing early childhood development and parenting classes for migrant children aged 0-3 and their parents, aiming to address the most urgent needs of the migrant population regarding early childhood education. Through such education, the objectives are to enhance educational equity, reduce the intergenerational transmission of poverty, and enable every migrant child to develop sufficiently at an early age, so that life is given the quality it deserves from the beginning.

40	National Immunisation Programme	National Health Commission	Good health	Access to healthcare	National
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The National Immunisation Programme in China is provided at no cost to eligible-aged children. The programme currently protects children from 12 vaccine preventable diseases (VPDs): measles, polio, diphtheria, tetanus, pertussis, tuberculosis, hepatitis A, hepatitis B, rubella, mumps, Japanese encephalitis, and Meningococcal meningitis.

41	National Children's Empowerment Programme Project	China Foundation for Rural Development	Opportunities for early learning	Education about early stimulation, growth, and development	National
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In order to promote the holistic development of rural children, improve the current state of teaching, as well as the lack of adequate teaching resources in rural schools, the China Rural Development Foundation launched the Children's Empowerment Programme project in 2021 to carry out a series of arithmetic, cultural and reading lessons to improve their literacy levels and broaden horizons.

42	National Training Plan for Primary and Secondary School Kindergarten Teachers	Ministry of Education	Opportunities for early learning; Responsive caregiving	Education about early stimulation, growth, and development	Other provinces (Beijing, Guangdong, Anhui, Hubei, Hebei, Jiangsu, Yunnan, Hunan)
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The project includes five types of training: advanced training for trainer teams, the master teacher and principal pilot project, demonstration training for primary and secondary school leaders, demonstration training for key teachers in shortage areas, and comprehensive reform of teacher training. It focuses on rural areas with to enhance the capacity of key teachers. The aim is to promote teacher development, while providing professional support to teachers.

43	New Sunshine Ward School	New Sunshine Charity Foundation	Opportunities for early learning	Education about early stimulation, growth, and development	National
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In 2012, New Sunshine Charity Foundation integrated resources from various fields to create teaching venues in and outside of the hospital, so as to provide a companion-style education for long-term hospitalized children aged 3-14 years old. Small classes, one-to-one tutorials and thematic activities are used to help them maintain their learning and social adjustment skills.

44	Newborn Disease Screening Program in Poverty-Stricken Areas	National Health Commission	Good health; Opportunities for early learning	Access to healthcare; Education about early stimulation, growth, and development	National
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In order to detect newborns with genetic metabolic diseases and newborns with hearing impairment, so as to reduce the incidence of children with mental retardation and hearing disabilities, this project was implemented in 2014 to provide newborn disease-screening subsidies in poverty-stricken areas. Overall objectives include early detection of neonatal genetic metabolic diseases phenylketonuria (PKU), congenital hypothyroidism (CH) and neonatal hearing impairment, carrying out various health education activities, as well as quality control and evaluation.

45	No Trapped Future Project	China Birth Defects Intervention and Relief Foundation	Good health	Access to healthcare	National
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In order to sow hope for children with birth defects, the No Trapped Future Project provides a full chain of relief services for children aged 0-18 with birth defects and their families. This includes involving renowned hospitals, medical experts, public welfare organisations and caring enterprises, in order to provide families relief services to make it more timely, convenient, and warm.

46	Nurturing the Future	Hupan Modou Foundation	Good health	Access to healthcare	Other provinces
<p>The Nurturing the Future project aims to further research and explore the effectiveness of early development interventions for children aged 0-3 years in rural areas.</p> <p>The current focus is on exploring whole-county models, identifying innovative ways to promote early childhood development services in poor rural areas, exploring long-term mechanisms for local governments to interrupt the intergenerational transmission of poverty, and promoting the use of effective "Parenting the Future" programmes.</p>					
47	Nutritious Children's Paradise	Amway Foundation	Good health	Access to healthcare	Other provinces
<p>Through the usage of kindergarten class corners and the support of nutrition education courses, this project improves the teaching ability of preschool teachers, helps nursery classes create a beneficial environment, establish nutrition concepts for preschool children aged 3-6, and cultivate rural children's eating habits to ensure that they grow up healthily.</p>					
48	Playground for Rural Children	Meituan Charity and One Foundation	Opportunities for early learning	Education about early stimulation, growth, and development; Early childhood and pre-primary programme	Other provinces
<p>The Playground for Rural Children project was jointly launched by Meituan Public Welfare and One Foundation in September 2020, aiming to build multi-functional sports fields for public kindergartens in remote mountainous areas and villages, equip kindergartens with comprehensive equipment kits for physical play, and provide teacher training to support kindergarten teachers to carry out corresponding physical education and outdoor play activities. This is to help children to obtain a safer and more complete sports environment, and better promote a healthier growth of preschool children in mountainous areas.</p>					
49	Preschool of Future (POF)	Mutual Manifestation of Lovers and People (2007-2017), Shanghai Mutual Charity Foundation (2018 and beyond)	Opportunities for early learning	Early childhood and pre-primary programmes	Other provinces (Herb County, Hubei)

The Future Hope Early Childhood Classes is a charity project run by the Shanghai Mutual Aid Foundation, with two primary aims: The first is to efficiently utilise existing community resources,

such as unused classrooms or activity rooms. In addition, through the recruitment young people with junior high school education or above in the local area, the goal is for qualified early childhood teachers to be trained. The second aim is that, by providing funding for teacher training, project management and teacher incentive subsidies, a teacher and child evaluation system for the kindergarten classes can eventually be developed.

50	Running Angels - Early Treatment and Rehabilitation Programme for Children with Cerebral Palsy in Poverty Relief Fund	China Red Cross Foundation, Qinghai Provincial Red Cross Society	Opportunities for early learning	Education about early stimulation, growth, and development	Other provinces
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Running Angels is a special relief fund to support children with cerebral palsy from poor families. A total investment of RMB 1 million was used to subsidize the medical expenses of 100 poor children with cerebral palsy in the province, so as to alleviate the financial burden of the families of poor children with cerebral palsy.

51	Rural Education Action Program (REAP)	Stanford Centre on China's Economy and Institutions (SCCEI)	Good health	Access to healthcare	Other provinces
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REAP partners with pioneering minds to bring the most effective solutions to China's rural interior. Every year, REAP trains thousands of students in field research and quantitative methods. In addition, parenting classes are given to parents through early intervention and parenting training, and parenting centres are opened for caregivers and their young children to read, play and explore together.

There are several projects in nutrition to address rural nutrition for infants, such as the promotion of micronutrient powders. Micronutrient powders help support infants with nutrients to reduce anaemia.

The project is currently working with community health workers who can be integrated into the villages and help provide reliable information on age-appropriate nutrition for new mothers and caregivers.

52	Safe Childhood Rides - Walk with Heart Charity Project	Safe Kids Worldwide (China), General Motors (China)	Adequate nutrition; Good health; Responsive caregiving; Opportunity for early learning	Complementary feeding; Adequate, nutritious, and safe diet; Micronutrients; Access to healthcare; Education about early stimulation,	National
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Child road traffic injuries are the leading cause of injury and death among children in China. To reduce the occurrence of child injuries in China, especially road traffic injuries, Global Child Safety (China) and GM China launched the programme in 2014. Through traffic injury research, safety education, social awareness, regulation promotion and capacity building, as well as multi-sectoral cooperation, the programme aims to help more children and families stay safe from traffic injuries and promote the long-term development of child passenger safety in China.

53	Same language, same sounds	Department of Linguistics, Ministry of Education	Security and safety	Child protection services	Other provinces (Shanghai, Changsha, Qingdao, Suzhou, Hangzhou, Mianyang, Foshan & Zibo)
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The project, initiated by the Ministry of Education, aims to create a good environment for the education of young children in Mandarin, the common language in China. This is done by requiring all kindergartens teachers in ethnic and rural areas that do not use the national common language script to undergo training in batches so that eventually, a good language foundation is laid for these preschool children.

54	Save the children	Save the children	Opportunities for early learning	Education about early stimulation, growth, and development; Continuity to quality primary education	National
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The project aims to improve and enhance children's development in the following aspects: child nutrition and health, child education and development, child protection, child poverty, child rights advocacy and disaster mitigation and relief.

The project works by finding breakthrough solutions to issues regarding children's survival and development to bring about timely and lasting change in the lives of vulnerable children. For child health and nutrition, the project's main concern in the area of child health and nutrition projects is the survival and impact of children under 5 years of age, ensuring equal access to quality nutrition and health services for the target population. There is also a focus on areas such as common childhood illnesses, neonatal health and nutritional breastfeeding of children.

Early development projects in the field of child education for children aged 0-6 years include strengthening the capacity of early childhood development service providers, improving their knowledge and skills, and promoting healthy child development in the aspects of nutrition, language, movement, cognition and social-emotional development.

In the area of child protection, projects are committed to promoting the establishment of a comprehensive child protection mechanism to protect children from all kinds of harm.

55	Small Grants Project	Beijing Zhongzhi Children's Care Foundation	Adequate nutrition; Good health; Security and safety; Opportunities for early learning	Exclusive breastfeeding; Immunisations; Access to healthcare; Child protection services; Maternal education; Education about early stimulation, growth, and development; Early childhood and pre-primary programmes	Other provinces
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The programme is run by judges, prosecutors, lawyers, staff of the Youth League and Women's Union who handle minors' cases and apply on behalf of the children. After examination by the programme team, financial assistance is granted to children who meet the eligibility criteria. The programme aims to provide small amounts of financial assistance to minors whose rights have been violated in cases and whose families are poor but cannot receive compensation. The programme aims to give confidence and strength to children whose rights have been violated, so that they can grow up in a safe and healthy environment.

56	Special Programme for Teachers under the "Three Regions" Talent Support Programme	Ministry of Education	Security and safety	Social assistance transfer programmes	National
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This project includes the holistic training of a new generation of teachers, improving the quality of rural education, consolidating and expanding the achievements of poverty alleviation, and effectively linking up the strategy of rural revitalization. The revitalization of key aided counties and the former "three districts and three prefectures" and other deeply impoverished areas are given priority in this project.

57	Starting Point Project (Preschool Education)	China Charities Aid Foundation for Children	Opportunities for early learning	Education about early stimulation, growth, and development	National
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The project has the following objectives:

- (1) Improve the environmental quality of kindergartens, create a diversified and healthy environment, and promote the sustainable development of rural kindergartens.

- (2) Promote the harmonious and healthy development of children's body and mind, and enable rural children to obtain a holistic development in morality, intelligence, and labour, to lay a good foundation for children's lifelong development;
- (3) Improve the quality and professional level of preschool teachers, enhance their understanding of their profession;
- (4) Build a platform for preschool children's education and development, and advocate common pointers that will benefit children's survival, health and educational development.

58	Sunshine Fund	Shanghai Children's Foundation (SCF)	Opportunities for early learning	Early childhood and pre-primary programmes	National
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The Sunshine Fund aims to support poor children in recovering their health, and effectively improve their quality of life and quality of living. The fund supports several programs, which include:

- (1) The Autism Rehabilitation Training Program, which subsidizes social organizations and institutions in implementing relevant rehabilitation training. A multimedia sensory room has been successfully established in Xingyu Children's Health Centre in Xuhui District.
- (2) Projects that fund social organizations and institutions to actively carry out psychological counselling with left-behind children as the main beneficiaries.
- (3) Sunshine Cabin, which subsidizes the establishment of a "sunshine hut" in Shanghai Children's Medical Centre, bringing joy to sick children while integrating entertainment and knowledge.
- {4} New Life - Jinbao Newborn Structural Defects Charitable Relief Project, which subsidizes children who have financial difficulties and suffer from neonatal structural defects such as oesophageal atresia, abdominal fissure, huge umbilical bulge, congenital anorectal atresia, intestinal atresia, and biliary atresia.
- (5) New Life - Flower Blossom Charitable Relief Project, which funds the medical treatment and rehabilitation of children with serious diseases such as malignant tumours, nephrotic syndrome etc.

59	Sunshine Kindergarten	Western Sunshine Foundation	Good health; Security and safety	Access to healthcare; Child protection services	Other provinces
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The project provides high-quality education and care services for children aged 3-6 years old, exploring a "4+1" model that is low-cost, easily replicable, and sustainable for the operation and management of micro kindergartens at the village level. The model includes training, teaching materials, teaching and research, and assessment + hardware as its components.

60	The National Free Pre-pregnancy Health Examination Project	National Health Commission	Opportunities for early learning	Early childhood and pre-primary programmes	Other provinces
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The project provides planned pregnant couples with free pre-pregnancy health examination services such as health education, medical history inquiry, physical examination, clinical laboratory examination, imaging examination, risk assessment, consultation session and guidance.

61	Tongmeng Garden	Chengdu Tongmeng Social Work Service Centre	Good health	Antenatal visits	National
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Based in the community, Tongmeng Garden provides systematic, scientific and comprehensive parenting guidance services for young parents of the post-80s and post-90s generation and for intergenerational child carers. As a pioneer in community-based early childhood education, Tongmeng Garden had the original intention of making early childhood education easy, convenient, and enjoyable for every family, and focused on the research and promotion of community-based early childhood education courses, providing babies and caregivers with rich early education content and laying the foundation for babies' lifelong development. Classes cost only RMB30 per session, and can be paid as little as per month.

62	Wingless Angel Home Project	Gansu Red Cross Volunteer Association	Opportunities for early learning	Education about early stimulation, growth, and development; Early childhood and pre-primary programmes	Other provinces
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Since the summer of 2014, volunteers from the Red Cross have been going to the Lanzhou Deaf Children's Language Training Centre on a regular basis to practice "hearing" with these children through the "Wingless Angel Home" project. This includes gestures such as energetic dances, funny and interesting sitcoms, as well as various toys and picture books.

63	Village Early Education Centre Programme (VEEC Project)	China Development Research Foundation	Opportunities for early learning; Responsive caregiving	Education about early stimulation, growth, and development; Early childhood and pre-primary programmes	
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The One Village, One Preschool Project is a poverty alleviation project initiated by the China Development Research Foundation. The programme was started in 2009, combining governmental and social resources to provide full coverage of early education to children aged 3-6 in rural areas, in order to improve the quality of early education opportunities in poor and remote central and western China. Preschool education activities were implemented by having teachers attending multiple schools in a single area. Qualified early education volunteers were recruited, and unused housing in villages was used as venues for teaching.

Appendix B — Policies in China

S/N	Policy	Year Implemented	Government Ministry	Description
P1	14th Five-Year Plan Action Plan for the Development and Enhancement of Special Education	2021	7 departments including Ministry of Education	<p>This plan aims to establish a high-quality special education system by 2025 as its main goal, expanding school-section services and accelerating the improvement of the special education system by both continuously improving the level of universal compulsory education for children with disabilities and vigorously developing special education at non-compulsory education levels; promoting integrated education, especially the integration of general education, vocational education, medical rehabilitation and information technology with special education. The government has also made demands in terms of organisational leadership, working mechanisms and supervision and evaluation.</p> <p>Specific measures to guarantee schooling opportunities for children aged 3-6 include actively developing preschool special education, encouraging ordinary kindergartens to accept children with disabilities who are capable of receiving ordinary education to attend classes nearby, promoting the establishment of preschool departments or kindergartens attached to special education schools and children's welfare institutions and rehabilitation institutions for children with disabilities that are in a position to do so, and encouraging the establishment of special education kindergartens (classes) specifically for children with disabilities.</p>
P2	14th Five-Year Plan Action Plan for the Development and Improvement of Preschool Education	2021	Ministry of Education, National Development and Reform Commission, Ministry of	The plan sets out the general requirements for preschool education during the 14th Five-Year Plan period, pointing out that the current priorities are to make up for the shortcomings of inclusive resources, improve the mechanism for guaranteeing inclusive

Public Security, Ministry of Finance, Ministry of Human Resources and Social Security, Ministry of Natural Resources, Ministry of Housing and Urban-Rural Development, State Taxation Administration, National Healthcare Security Administration. education, and comprehensively improve the quality of education and protection. In terms of policy, it should optimise the layout of inclusive resources, promote the expansion of inclusive resources, improve the funding and cost-sharing mechanism, improve the quality of kindergarten teacher training, guarantee the staffing and salaries of kindergarten teachers, improve the standard management mechanism of kindergartens, and promote the reform of teaching and research in preschool education, and in terms of organisation, strengthen organizational leadership, improve incentive mechanisms, and strengthen supervision and accountability to further promote universal, inclusive, safe and quality development of preschool education. The main objectives are: by 2025, the national gross enrolment rate in the first three years of preschool will reach over 90%, the coverage rate of inclusive kindergartens will reach over 85%, and the proportion of children in public kindergartens will reach over 50%; the public service system of preschool education covering both urban and rural areas, with a reasonable layout, public welfare and inclusive education will be further improved, the mechanism for guaranteeing inclusive preschool education will be further improved, the quality of kindergarten education will be comprehensively improved.

P3	Action Plan for Healthy Children (2021-2025)	2021	National Health Commission	The action plan aims to further improve the health of children. By 2025, the children's health service system covering both urban and rural areas should be more complete, the grassroots children's health service network should be further strengthened, the capacity of children's healthcare services should be significantly enhanced. The key actions are: (i) Action to improve the safety of newborns (ii) Action to improve the prevention and control of birth defects (iii) Action to improve child health services (iv) Early childhood development services upgrading action (v) Action to improve Chinese medicine health care for children (vi) Action to upgrade the children's health
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				service system (vii) Action to upgrade intelligent child health services.
P4	Anti-domestic Violence Law	2015	Standing Committee of the National People's Congress	The purpose of the policy is to prevent domestic violence, protect the legitimate rights and interests of family members, maintain equal, harmonious, and civilised family relations, and promote family harmony and social stability. It emphasises special protection for minors who are victims of domestic violence, proposes that kindergartens should provide education on family virtues and anti-domestic violence, and provides for the treatment and penalties for encountering domestic violence.
P5	Breastfeeding Promotion Action Plan (2021-2025)	2021	15 departments including National Health Commission	The action plan is based on meeting people's growing needs for a better life and aims to enhance the health of mothers and babies, strengthen publicity and education, service provision and policy co-ordination, safeguard the rights and interests of mothers and babies, strengthen the whole society support system for breastfeeding and further enhance the level of breastfeeding. The main tasks include: (i) Disseminating scientific knowledge and vigorously carrying out breastfeeding publicity and education (ii) improve the service chain, and strive to strengthen breastfeeding consultation and guidance (iii) Improve the policy system and strive to build a supportive environment for breastfeeding (iv) Strengthen the supervision of the industry and effectively combat illegal and unlawful acts against breastfeeding
P6	China's Action Plan against Human Trafficking (2021-2030)	2021	State Council	In terms of child protection, the plan calls for the strengthening of kindergarten management, personal safety, and anti-trafficking education, as well as the construction of police rooms or school protection posts in surrounding locations. Full use will be made of rescue and management agencies, rescue and protection agencies for minors and children's welfare institutions to provide assistance and placement for vagrant minors and abandoned children, and to

implement the work responsibilities of children's supervisors and children's directors to provide timely assistance to minors who are vagrant and begging, being used or forced to break the law.

P7	China's Education Modernization 2035	2019	State Council	<p>The overall goal of promoting education modernisation is proposed as the main development objectives for 2035: to build a modern education system that serves lifelong learning for all, to popularise quality preschool education, to achieve quality and balanced compulsory education, to fully popularise senior secondary education, to significantly improve the service capacity of vocational education, to significantly improve the competitiveness of higher education, to enjoy suitable education for children and youth with disabilities, and to form a new pattern of education governance with the participation of the whole society. A new pattern of education governance will be formed with the participation of the whole society.</p> <p>In terms of pre-school education, the three years of pre-school education will be comprehensively popularised, a pre-school education system covering both urban and rural areas with a reasonable layout and a scientific system of education protection should be built, so that young children of school age can develop good behaviour and habits through quality pre-school education and promote healthy and happy growth. By 2035, the gross enrolment rate in preschool education should be greater than 95%, and the proportion of preschool teachers receiving professional education should exceed 95%.</p>
P8	Decision on Optimising Fertility Policy for Long-term Balanced Population Development	2021	State Council	<p>The policy aims to promote the long-term balanced development of the population, optimise the fertility policy, and complement the implementation of active fertility support measures. It is clearly stated in the document that the level of fertility services should be improved, with specific measures to safeguard maternal and child health, comprehensive prevention and treatment of birth defects,</p>

and standardisation of the application of human assisted reproductive technology. In addition, the document also proposes to develop an inclusive childcare service system and reduce the costs of childbirth, parenting and education, with specific measures such as improving the maternity leave and maternity insurance system, and promoting equity in education and the supply of quality educational resources. Corresponding to the education, responsive care, and safety dimensions in the NFC.

P9	Education Law of the People's Republic of China	Enacted 1995, revised 2021	State Council	The Education Law of the People's Republic of China is the basic law of education, the "mother law" in China's education law system, with the highest legal authority, and is the basis for the formulation of other individual laws on education. The Education Law stipulates that pre-school education is an integral part of the national school education system, emphasises that all children have an equal right to education, and requires that "people's governments at all levels shall take measures to provide conditions and support for children of school age to receive pre-school education", highlighting the main role of the state in ensuring educational investment and conditions.
P10	Family Education Promotion Law	2021	Standing Committee of the National People's Congress	The law was enacted to carry forward the tradition of the Chinese nation of attaching importance to family education, to guide the whole society to pay attention to family, family education and family style, to promote family happiness and social harmony. This law requires respect for the rules of physical and mental development and individual differences of minors, and the implementation of scientific concepts and methods of family education. It proposes to "provide parents or other guardians with targeted family education guidance services". When parents are found to be incorrectly educating their children at home, they will be reprimanded in order to protect the child's right to family education. Specifically, the law outlines the fundamental task of family education to

establish moral education and sets out requirements for family education across various government departments and social organisations. It also sets out the requirements for how parents and other guardians of minors should treat their children and how the government can support policy implementation.

P11	Guidance on Promoting the Development of Care Services for Infants and Toddlers Under the Age of 3	2019	State Council	<p>The policy aims to establish and improve the system of policies to promote the development of infant and childcare services, carry out infant and child care services in various forms, gradually meet the people's demand for infant and child care services, promote the healthy growth of infants and children, the harmony of families, and sustainable socioeconomic development.</p> <p>Specifically, corresponding requirements have been put forward for families, communities, and institutions. On the family side, there is a requirement to implement maternity leave policies throughout the year and to provide guidance to families on early infant and toddler development. In the community, facilities for infant and toddler care services and supporting safety facilities are to be built. In terms of institutions, the management of childcare institutions should be strengthened to enhance the quality-of-care services.</p>
P12	Guidance on vigorously promoting the science interface between kindergarten and primary school	2021	Ministry of Education	<p>The policy aims to comprehensively promote the implementation of school readiness and adaptation education in kindergartens and primary schools, and to help children make a smooth transition from kindergarten to primary school, to promote a marked change in the educational concepts and behaviour of kindergarten and primary school teachers and parents, to basically establish an effective mechanism for collaboration between kindergarten and primary school.</p> <p>For kindergartens and primary schools, the key points of guidance on school readiness and adaptation to school are formulated separately, covering four areas: physical</p>

and mental readiness, life readiness, social readiness and learning readiness.

P13	Guideline on Taking Better Care of Children in Difficulty	2016	State Council	Children in difficult circumstances include those whose families are poor and have difficulties in living, medical care, and schooling; children whose disabilities lead to difficulties in rehabilitation, care, nursing and social integration; and children whose personal safety is threatened or violated due to abuse, abandonment, accidental injury or unlawful infringement caused by lack of family supervision or improper supervision. As such, the formation of a family-led, government-led and socially engaged child protection system for children in difficulty will be established.
P14	Guiding Opinions on Improving the Birth Registration System	2021	National Health Commission	The policy outlines steps to be taken by the state and provincial governments to improve the birth registration system. This includes measures to streamline the registration process, related health services and outlines the resources required within health departments in order to support the policy.
P15	Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases	2020	National Health Commission	The revised Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases in 2004, made routine immunization for children free of charge. In 2007, the Government of China expanded the types of vaccines covered by the National Immunization Programme (NIP) to protect children from 12 infectious diseases. In October 2017, the first National Immunization Advisory Committee (NIAC) was established to provide advice to the development and revision of major national immunization policies, the NIAC reviews and develops resolutions for adjusting the types of vaccines in the NIP, and revising the immunization schedules in the programme, based on a comprehensive assessment of evidence such as the burden of vaccine-preventable diseases, and the safety, effectiveness, health economic evaluation, production and supply capacity of vaccines.

P16	Law on Maternal and Infant Health Care	Enacted 1994, revised 2017	Standing Committee of the National People's Congress	<p>The law aims to safeguard the health of mothers and babies and to improve the quality of the population at birth. It provides for specific screening methods, working methods, technical accreditation, and administration around the themes of premarital health care and maternity health care. Specifically, premarital health care includes premarital health guidance, premarital health consultation, and premarital medical examination. Maternity health care services include maternal and child health guidance, maternal health care, foetal health care, and neonatal health care.</p>
P17	Law on the Protection of Minors	Enacted 1991, revised 2021	Standing Committee of the National People's Congress	<p>The Law on the Protection of Minors takes the protection of the physical and mental health of minors as its main content and focuses on two aspects: the protection of the lawful rights and interests of minors and the education and training of minors. The policy contains seven chapters and 56 articles. These cut across the legislative basis, the rights of minors and corresponding legal liabilities and outlines the enforcement of these regulations.</p>
P18	Mother and Child Safety Action Enhancement Plan (2021-2025)	2021	National Health Commission	<p>The aim of the plan is to promote high-quality maternal and child safety, reduce maternal mortality and infant mortality, and reduce maternal mortality to 14.5 per 100,000 and infant mortality to 5.2 per 1,000 by 2025, laying a solid foundation for the timely achievement of the main goals of Health China 2030.</p> <p>It should further improve the level of maternal and child health services, improve the system for treating critically ill pregnant women and newborns, and provide women and children with high-quality maternal and child health services, so that the population will have a greater guarantee of safety and health.</p> <p>The action includes the improvement of the level of pregnancy risk prevention, the improvement of the level of critical care, the improvement of the level of quality and safety management, the improvement</p>

of the capacity of specialist services for women and children, and the improvement of the public's satisfaction with the consultation and delivery.

P19	National Action Plan for Disability Prevention (2021-2025)	2021	State Council	<p>By 2025, the disability prevention policy system covering all areas of economic and social development will be further improved, the network of disability prevention services for the whole population should be more complete, the disability prevention literacy of the whole population should be significantly enhanced. The main factors causing disabilities, such as genetics and development, diseases, and injuries, should be effectively prevented and controlled, while disability rehabilitation services should be continuously improved, and the main indicators of disability prevention will be at the forefront of middle and high-income countries.</p> <p>In terms of major indicators, those relating to the health sector include: pre-conception eugenic health screening coverage of more than 80 per cent of the target population by 2035, prenatal screening rate of greater than 75 per cent, new-born screening rate for genetic and metabolic diseases of no less than 98 per cent, new-born hearing screening rate of no less than 90 per cent, and systematic management of children under three years of age of no less than 85 per cent.</p>
P20	National Health Plan for the Fourteenth Five Year Plan	2022	State Council	<p>The plan is a further refinement of the Go Health China 2030, which aims to promote the construction of a healthy China in a comprehensive manner. Targets on maternal mortality, infant mortality and under-five mortality are proposed by 2025. Specific measures are as follows: Weave a solid public health protection net by: (i) Improving disease prevention and control capacity (ii) Improving monitoring and early warning mechanisms (iii) Improving the emergency response and disposal mechanism (iv) Improving the capacity to treat major epidemics. Comprehensive intervention in health problems and influencing factors: (i)</p>

Popularize healthy lifestyles (ii) Strengthen the prevention and control of infectious, parasitic and endemic disease. (iii) Strengthen integrated prevention and control of chronic diseases and injury prevention interventions. (iv) Improve mental health and mental health services. (v) Maintain environmental health and food and drug safety. (vi) Carry out in-depth patriotic health campaigns. Ensuring people's health throughout their life cycle: (i) Improve maternity and infant and childcare services (ii) Protect the health of women and children (iii) Promote the health of the elderly (iv) Strengthen occupational health protection (v) Safeguard health services for relevant key populations
Improving the quality of medical and health services by: (i) Optimising the medical service model (ii) Strengthening medical quality management (iii) Accelerate the shortcomings of services

P21	National Nutrition Plan (2017-2030)	2017	State Council	<p>The National Nutrition Plan aims to improve the nutrition and health of the nation and lay a solid foundation for building a healthy China. The following objectives have been set: the nutrition work system to be improved, the provincial, municipal and county nutrition work systems to be gradually improved, and the nutrition work at the grassroots level to be strengthened. The malnutrition situation of key populations should be significantly improved, the healthy lifestyle of eating and moving in balance should be further popularized, and the nutritional and health literacy of residents should be significantly improved.</p> <p>Other related implementation strategies include: the 1,000 Days of Life Nutrition and Health Action, the Student Nutrition Improvement Action, the Nutrition Improvement Action for the Elderly, the Clinical Nutrition Action, the Nutrition Intervention Action for Poor Areas and the Eat and Move Action.</p>
P22	Opinions on promoting the healthy	2020	State Council	<p>The policy points to providing care for the elderly and education for the young. The policy aims to expand the supply of</p>

development of
elderly care
services

services in a variety of ways, including enhancing the capacity of family care, optimising home and community services, improving the level of services provided by public institutions, broadening the supply channels of inclusive services and guiding financial institutions to improve the quality and effectiveness of their services. To create an innovative, inclusive and open development environment, specific measures include strengthening product research and development and innovative design, promoting the upgrading of the quality of the manufacturing of supplies, fostering new forms of smart elderly care and strengthening the construction of a liveable environment. Other proposals include improving the comprehensive regulatory system for elderly care services, optimising the environment for government services, actively bringing into play the combined efforts of multiple parties, and strengthening the support of data resources.

P23	Opinions on the Deepening Reform and Standardized Development of Pre-school Education	2018	State Council	<p>The main objectives of the policy are to achieve full universal access to pre-school education for three years by 2035, build a public service system for pre-school education that covers both urban and rural areas, form a sound pre-school education management system, and provide more abundant, more inclusive and better-quality pre-school education for young children.</p> <p>The main methods of doing so include optimising the layout and structure of preschools, broadening the ways to expand the supply of resources, improving the long-term mechanism of funding, vigorously strengthening the construction of kindergarten teachers, improving the supervision system, standardising the development of private kindergartens, improving the quality of kindergarten teaching and learning, and strengthening organisational leadership.</p>
P24	Opinions on the establishment of a rehabilitation	2018	State Council	This policy aims to improve the rehabilitation situation of children with disabilities, promote their comprehensive

assistance system
for children with
disabilities

development, reduce the burden on their families, improve the social security system, and establish a rehabilitation assistance system for children with disabilities. Ultimately, it strives to achieve "rehabilitation services for all" for children with disabilities, so that their families can have a fuller and more secure sense of access, happiness, and security.

P25	Special Provisions on the Labour Protection of Female Employees	2012	State Council	The policy seeks to ensure that women are provided with adequate workplace protection. This includes protection in relation to pregnancy, childbirth and breastfeeding, and subsequent maternity leave. The policy further outlines provisions for breastfeeding, protection from sexual harassment and unfair dismissal.
P26	The 14th Five-Year Plan for Public Services	2021	20 departments including the National Development and Reform Commission and the Ministry of Education	The goal of the document is to have a better system of public service systems by 2025, with a basic pattern of public service provision in which the government guarantees the basics, society participates in a pluralistic manner, and all people share in the process, and people's well-being reaches a new level. Among the specific indicators pointing to the early development of children aged 0-6 are: the number of childcare places for infants and toddlers under the age of 3 per 1,000 population, the coverage rate for orphans and de facto unsupported children, and the gross enrolment rate in preschool education. This is to ensure that young children have access to education and learning.
P27	The Health Plan China 2030	2016	State Council	<p>In order to promote the construction of a healthy China and improve the health of the people, this planning outline has been formulated in accordance with the strategic plan of the Fifth Plenary Session of the 18th CPC Central Committee</p> <p>In the area of health, the indicators related to ECD are: infant mortality rate, under-five mortality rate and maternal mortality rate. In addition, the document calls for improving the management of family</p>

planning services. In the area of nutrition, the document proposes to strengthen the guidance of nutritional health work in kindergartens, so that by 2030, the nutritional knowledge and literacy of the population will be significantly improved, the incidence of nutritional deficiency diseases will be significantly reduced, the national per capita daily salt intake will be reduced by 20%, and the growth rate of the overweight and obese population will be significantly slowed. In terms of safety, the construction of safe and up to standard drinking water sources will be promoted. It has also strengthened the management and protection of groundwater and promoted the treatment of groundwater overdraft areas and the comprehensive prevention and control of pollution.

P28	The Outline for Children's Development in China (2021-2030)	2021	State Council	The policy emphasises seven areas: health, safety, education, welfare, family, environment, and legal protection, proposing 70 main objectives and 89 strategic measures. In the area of health, the main objectives are the coverage rate of the children's health service system, mortality rate, etc., and 15 targeted strategies are proposed, such as giving priority to safeguarding children's health, improving the children's health service system, and increasing the publicity and dissemination of children's health knowledge. In the area of education, the main objective is to promote all-round development and quality improvement, and 13 strategic guidelines are proposed in terms of education policies, education strategies, methods and contents, evaluation systems, teachers, and schools, etc. In the area of welfare, the main objective is to improve the level of welfare and the public service system, and requirements are made for the implementation of welfare protection, public services, and service subjects, etc.; in the area of family, the main objective is to build family culture. In the area of family, the main objective is to improve the quality of family culture and family education, and the relevant measures are proposed in nine aspects, including the
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status of children, family culture, family education and parent-child relationship. In terms of legal protection, the main objective is to improve the laws on the protection of children at all levels, and to propose relevant strategies from the perspectives of legal construction and institutional protection.

P29	The Outline for Women's Development in China (2021-2030)	2021	State Council	The main objectives of the policy are for the basic state policy of gender equality to be thoroughly implemented, and the institutional mechanism for promoting gender equality and comprehensive development of women to be improved. Women should have equal access to a full range of life-cycle health services, education, economics rights and benefits, political rights and sustainable social security. Specifically, in the area of nutrition, emphasis is placed on improving women's nutritional status and preventing and reducing maternal anaemia. In the area of health, emphasis is placed on improving women's mental health literacy and reducing the rising trend of anxiety disorders and depression among women, as well as disseminating health knowledge and improving women's health literacy.
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Appendix C — Programmes and Services in Indonesia

S/N	Programme Name	Provider	NCF Mapping	WB Mapping	Location
1	Aku Pembelajar Inquiry (AJARI)	Djarum Foundation	Opportunities for Early Learning	Early childhood and pre-primary programmes	Other Provinces

Led by the Djarum Foundation, AJARI seeks to train and enhance the capability of educators to implement inquiry-based learning within the early childhood classroom. The training equips educators to support children in critical thinking, problem solving and to become a lifelong learner. Educators who have been trained are encouraged to share their knowledge with other educators and to enhance their pedagogical skillset together.

2	Better Diets for Children - Micronutrient Powders	Global Alliance for Improved Nutrition	Adequate Nutrition	Complementary feeding; Adequate, nutritious and safe diet	Other Provinces
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The Global Alliance for Improved Nutrition (GAIN) is testing the commercialisation of micronutrient powders (MNPs). MNPs are single-dose packets of vitamins and minerals that can be sprinkled onto any semi-solid food consumed at home or in school, increasing the micronutrient content without changing usual dietary habits. This programme targets children aged 6-23 months in Java. The programme could guide development of a longer-term business plan for sustained impact and expanded reach.

3	Better Investment for Stunting Alleviation	Save the Children & Nutrition International	Adequate Nutrition; Good Health	Adequate, nutritious and safe diet; Hygiene and handwashing; Adequate sanitation; Prevention and treatment for acute malnutrition	West Java, Nusa Tenggara Timur
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Run by Save the Children and Nutrition International, the programme supports the Government to realise the StraNas goals, specifically to improve nutrition within the pre-pregnancy stage as well as across the critical first 1000 days of a child's life— from conception to age two.

Specifically working in two provinces – West Java and Nusa Tenggara Timur, the programme assists the provincial governments to improve the operationalisation of nutrition policies and plans and create accountability systems such that evidence-based, cost-effective, and sustainable interventions are delivered at both household and community levels.

The main programme components include:

1. Social and Behaviour Change Communication Package focused on improved maternal, infant, and young child nutrition and the WASH practices of adolescents, pregnant women, and caregivers of children under two; and
2. Technical assistance to the national, District and Provincial government and health service providers.

4	Bina Keluarga Balita (BKB) (Toddler Family Groups)	National Family Planning Board	Adequate Nutrition; Responsive Caregiving	Counselling on adequate diet during pregnancy; Education about early stimulation, growth and development; Maternal education; Adequate, nutritious and safe diet	National
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Run by the National Family Planning Board, the community-based programme provided parents and caregivers of young children from birth to six years of age with knowledge and skills to foster child development, nutrition and responsive caregiving.

5	Child and Family Welfare Programme	Peduli Anak Foundation	Responsive Caregiving; Security and safety	Maternal education; Continuity to quality primary education	Nusa Tenggara Timur
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This programme, led by local NGO Peduli Anak Foundation, supports disadvantaged children and their families by providing a safe and secure environment for children, therefore allowing them to focus on their learning and development. Parents also receive training, counselling, and supervision to help them keep their children at home.

6	Child Friendly City/District (CFC/D) programme	Ministry of Women Empowerment and Child Protection (KPPA)	Responsive Caregiving; Security and safety	Child protection services	West Java, Papua
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The CFC/D programme aims to meet the rights of children by establishing district or city government initiatives, such that there is a comprehensive and sustainable system. Led by the Ministry of Women's Empowerment and Child Protection (KPPA), the programme includes elements from five clusters: civil freedom rights; basic health and welfare; special protection; family environment and alternative parenting; and education, free time use and cultural activities.

7	Cipanas YUM Village	Yayasan Usaha Mulla	Adequate Nutrition; Good Health; Opportunities for Early Learning; Security and Safety; Responsive Caregiving	N/A	West Java
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The Children's Village, run by Yayasan Usaha Mulla, in West Java currently operates as a Community Development Centre, providing services to close to 4,000 community members. The Centre includes a wide range of programmes for the community, with the following specifically for young children: Early Childhood Learning Centre, Toy Library, Playground, and Health Promotion through Health Service Centres.

8	Community Action to Improve Maternal and Child Nutrition (CAIMN)	Plan International	Adequate Nutrition; Good Health	Adequate, nutritious and safe diet; Education about early stimulation, growth and development	Nusa Tenggara Timur
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The programme, by Plan International, seeks to improve children's nutrition and health during the first thousand days of life. The project is conducted by parenting groups with target groups comprising pregnant women, breastfeeding mothers and children under five years old.

9	Community-Led Action for Children (CLAC)	Plan International	Opportunities for early learning; Responsive caregiving	Maternal education; Early childhood and pre-primary programs; Education about early stimulation, growth and development	Other Provinces
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Led by Plan International, the programme aims to support children's holistic development and increase their readiness for school. It includes two main components. First, parents were engaged in a programme to build their knowledge and practical skills to boost child health, learning and protection in the home and in the wider community. The other component is the provision of a low-cost, high-quality play-based early learning program that is managed by the community and encompasses playgroups for younger children and center-based activities for older children. This component aims to support the children's holistic development and increase their school readiness

10	Diklat Berjenjang	Ministry of Education and Culture; Ministry of Villages	Opportunities for early learning	Early childhood and pre-primary programmes	National
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Focused on improving the quality of educators, this programme, led by the Ministry of Education and Culture and the Ministry of Villages, with support from the Australian Government and the World Bank, focused on improving the quality of and access to professional development for early childhood educators. The programme includes face-to-face training based on national standards, followed up by on-the-job assignments, visits to other teachers' classrooms and knowledge exchange in with other local educators. Trainers were also provided with enhanced materials to encourage the use of more engaging methods and practical and applicable content.

11	Early Childhood Care and Nutrition Education (ECCNE)	SEAMEO Region Centre for Food and Nutrition	Adequate Nutrition; Good Health	Adequate, nutritious and safe diet; Education about early stimulation, growth and development	Other Provinces
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The community-based programme, run by the SEAMEO Regional Centre for Food and Nutrition, has led to the empowerment of health cadres and nutritionists working in Puskesmas (Government-run Public Health Centres) and in PAUDs. Additionally, the programme has built expertise around the formulation of localised food-based recommendation (FBR) for mothers and young children.

12	Early Childhood Learning Centre	Yayasan Usaha Mulla	Opportunities for early learning	Early childhood and pre-primary programmes	West Java
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Led by Yayasan Usaha Mulia, the programme provides free early learning sessions for children under the age of six, for three hours daily. The programme focuses on the development of creative thinking through exploratory and interactive session. Children are provided with milk every day and also taught basic hygiene practices. In addition, workshops are held four times a year for parents on a variety of topics, including responsive parenting, nutrition and health.

13	ECD Programme	Save the Children	Responsive caregiving	Maternal education; Education about early stimulation, growth and development	Nusa Tenggara Timur
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This parental education programme is led by Save the Children. Trained facilitators meet with parents on a regular basis. The sessions include discussions on specific topics of interest. Facilitators also conduct home visits to further build rapport with families and identify additional areas of support. Generally, the children are current attendees of the Save the Children early learning programme.

14	Emo-Demos	Global Alliance for Improved Nutrition	Adequate Nutrition Responsive Caregiving	Exclusive breastfeeding; Adequate, nutritious and safe diet	Other Provinces
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Run by the Global Alliance for Improved Nutrition (GAIN), the approach was developed based on LSHTM Behaviour Centred Design theory.

Emo-Demos are interactive activities which intentionally avoid teaching about health. They operate by creating a moment of surprise or re-evaluation and by heightening or changing the emotion associated with behaviour. The demonstrations are useful and aim to improve caregiver awareness and practices of good nutritional behaviour.

15	Enhanced Homestead Food Production Programme (EHFP)	Helen Keller International	Adequate Nutrition	Counselling on adequate diet during pregnancy; Micronutrients	Nusa Tenggara Timur
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This programme, run by Helen Keller International, seeks to empower women from poor households with the education and resources needed to raise their own nutritious foods. The programme works with local farmers and community organisations to train women in gardening and farming practices, particularly promoting the growing and eating of iron-rich green leafy vegetables, vitamin A-rich fruits, and vital protein sources such as poultry, goats and fish. The programme also imparts knowledge on infant feeding practices, and the dietary needs of breastfeeding mothers.

16	For Families Programme	The Human Safety Net	Opportunities for Early Learning; Responsive Caregiving	Education about early stimulation, growth and development; Maternal education; Early childhood and pre-primary programs	Other Provinces
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Led by The Human Safety Net and HOPE Worldwide, the programme supports both children and parents, so that children are able to receive the care and education they need for optimal development. Parents are encouraged to attend parenting workshops and financial literacy classes to provide a framework for combining character development with financial education, helping put them in a position to raise a generation that is mentored to become financially stable and independent. Children under the age of six are provided with basic healthcare and tutoring so that they are ready for school.

17	Health & Stunting Alleviation Programmes	Yayasan Usaha Mulla	Adequate Nutrition; Good Health	Adequate, nutritious and safe diet; Micronutrients; Antenatal visits; Access to healthcare; Hygiene and handwashing	West Java
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Run by Yayasan Usaha Mulla, the programme works with local village Posyandu cadres to provide health check-ups, and nutritional supplements to babies, toddlers, pregnant mothers. The programme also conducts monthly health education talks on a number of nutrition-related topics.

18	Indonesia Early Childhood Education	Government of Indonesia	Opportunities for early learning	Early childhood and pre-primary programmes	National
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and Development
(ECED) Project

Led by the Government with support from the World Bank and the Dutch government, this programme worked directly with districts to set up local ECCD centres and playgroups. The programme aims to increase local access to quality early learning and increase the school readiness of children. Additionally, some districts also established community-led playgroups for children aged four to six.

19	Iron and folic acid supplementation	Ministry of Health	Adequate Nutrition; Good Health	Iron-folic acid for pregnant mothers	National
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The Ministry of Health provides iron and folic acid supplements to pregnant women. As part of this programme, healthcare workers and midwives at community and facility levels are provided with training and supportive supervision.

20	Ishk Peduli Anak Indonesia (IPAI) - IPAI's Teacher Training Program	SINAU (Sanggar Aksara)	Opportunities for early learning	Early childhood and pre-primary programs; Education about early stimulation, growth, and development	Other Provinces
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This programme focuses on the provision of high quality formal professional development for existing educators and centre leaders, such that they are equipped to facilitate play-based, child-centered and inquired-based learning. Educators undergo a multi-phase training programme that includes hands-on learning, giving them the platform to enhance their own creativity and confidence when working with children.

21	Kelas Ibu Balita (KIB), (Mother-Toddler Class)	Government of Indonesia	Good Health Adequate Nutrition Responsive Caregiving	Immunizations; Hygiene and handwashing; Adequate nutritious and safe diet; Complementary feeding; Exclusive breastfeeding; Maternal Education; education about early stimulation growth and development	National
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In this government-run programme, mothers who have children from birth to five years come together to discuss, exchange opinions and experiences on nutrition, stimulation, child growth and development. The sessions are guided by facilitators, who use materials that include content related to exclusive breastfeeding, immunization, complementary feeding, balanced nutrition, stimulation of toddler development, dental care, hygiene practices and the prevention of illness.

22	Kelas Ibu Hamil (KIH), pregnancy class program	Government of Indonesia	Good Health Responsive Caregiving	Attended delivery; Maternal education; Immunizations; Hygiene and handwashing; Adequate nutritious and safe diet	National
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In this government-run programme, women who are 22 – 36 weeks pregnant come together in groups of up to 10 with a midwife or health worker. The sessions focus on equipping mothers with accurate and adequate information related to maternal and child health issues, delivery, breastfeeding, immunisations and how to prevent illnesses.

23	Kelas Orang Tua Hebat (Kerabat) (Class for Great Parents)	National Population and Family Planning Agency (BKKBN)	Responsive Caregiving	Maternal education; Education about early stimulation, growth, and development	National
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The programme, led and run by the BKKBN, aims to educate parents on the importance of the first 1,000 days of a child's life so that they can grow and develop optimally. The programme targets adolescents, couples contemplating marriage, pregnant women, breastfeeding women, and parents with children aged 0–59 months.

24	Kelas Pengasuhan	Ministry of Education and Culture	Good Health Adequate Nutrition Responsive Caregiving	Access to healthcare; Hygiene and handwashing; Adequate nutritious and safe diet; Maternal Education; Education about early stimulation growth and development	National
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Run by the Ministry of Education and Culture (MoEC), the programme engages parents in sessions on parenting in the first thousand days of life. The programme uses PKK volunteers and provides parenting books and resources for parents. The sessions take place on the premises of government preschools.

25	Komite Perlindungan Anak Desa (KPAD)	World Vision Indonesia	Security and Safety	Child protection services	National
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Led by Wahana Visi, the programme seeks to establish and empower the Village Child Protection Committee (KPAD) to provide social services for child protection. Through the KPAD, parents and caregivers can report any suspicions of violence against children and the village has local mechanisms for child protection. This system is currently implemented in 8 service areas, reaching 1,567 children and 4,960 adults.

26	Manajemen Terpadu Balita Sakit Berbasis Masyarakat (MTBM) Community-based sick toddler integrated management	Jayawijaya Government (cooperation with WVI and UNICEF)	Good Health	Access to healthcare	Other Provinces
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The Integrated Management of Young Infants (MTBM) is an approach in the health management of healthy and sick infants aged 1 day – 2 months. Community members are trained as health cadres to be able to provide basic healthcare, and also to be able to identify when children need to be referred to health facilities.

27	Merdeka Mengajar	Ministry of Education, Culture, Research and Technology	Opportunities for early learning	Early childhood and pre-primary programs	National
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The Merdeka Mengajar application is an educational super-app designed by the Ministry of Education, Culture, Research and Technology to help teachers teach, develop competencies, and work better. The app includes training material, guidance and tools for educators, and support to improve student assessment and planning. Educators are also able to share good practices and learn from other educators. It was also developed to compliment the current Merdeka Curriculum.

28	mHealth	World Vision Indonesia	Adequate Nutrition; Good Health	Access to healthcare; Prevention and treatment for acute malnutrition	National
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Wahana Visi has developed a smartphone application for parents to accurately monitor the growth of their child and to receive nutrition counselling. The application is used in conjunction with the Posyandus and is for pregnant women and parents with children under the age of six.

29	Micronutrient Supplementation for Reducing Mortality and Morbidity in Indonesia	Nutrition International	Adequate Nutrition	Iron-folic acid for pregnant mothers; Micronutrients	Nusa Tenggara Timur
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The Nutrition International programme seeks to improve the quality of care provided by health and nutrition services. The programme trains health care workers on iron and folic acid supplementation for pregnant women, the treatment of diarrhoea and to improve caregiver awareness on the benefits of zinc and oral rehydration salts to treat diarrhoea.

30	Nutrition and care practices programmes	Action Contre la Faim (ACF)	Good Health Adequate Nutrition	Education about early stimulation, growth and development; Counselling on adequate diet during pregnancy; Maternal education	Nusa Tenggara Timur
Run by the Action Contre la Faim (ACF), the programme conducts monthly meetings with pregnant women and mothers of young children, equipping them with information on topics including breastfeeding practices, how to incorporate local, nutritious foods into children's diets and the importance of hygiene and handwashing. The programme seeks to prevent and reduce wasting by improving maternal care behaviours and dietary diversity.					
31	Parenting Financial Literacy Module programme	UNICEF	Responsive Caregiving	Maternal education; Education about early stimulation, growth, and development	National
Developed during the Covid-19 pandemic, the programme, led by UNICEF, provide parents with financial literacy education to enrich their abilities to provide responsive and nurturing care for their children. The programme provides parents with practical tools to manage their resources so their children can grow up in a secure environment and the household can cope with emergencies. The module is delivered through multiple delivery platforms, including a digital learning approach.					
32	PAUD	World Vision Indonesia	Opportunities for early learning	Early childhood and pre-primary programmes	National
Wahana Visi supports the provision and operation of a large number of PAUDs across Indonesia. The PAUDs provide childcare and early learning opportunities to children under the age of six. The programme also ensures that educators at the PAUDs are provided with regular training.					
33	PAUD SuryaKasih Project	Reach Out Foundation	Opportunities for early learning	Early childhood and pre-primary programmes	Other Provinces
Led by the Reach Out Foundation, the programme takes a holistic approach to early childhood education by providing free preschools and teacher training in areas without existing access to PAUD. It provides qualified teachers and a standardized methodology in the classroom and emphasizes parental involvement through regular awareness building initiatives.					
34	Pembinaan Kesejahteraan Keluarga (PKK) Family Welfare Guidance Program	PKK	Good Health Adequate Nutrition Security and Safety	Birth registration; Maternal education; Access to health; Counselling on adequate diet	National

Responsive Caregiving

Run at the village level, the PKK is a community organisation programme that empowers women and seeks to improve family welfare across urban and rural communities. The programme comprises 10 main aspects, including but not limited to health, education and skills, and household management.

PKK volunteers also support the registration of infants, recording their weight, providing vital information on health, nutrition and personal and environmental hygiene and sanitation.

35	Perinatology Mentorship initiative	Ministry of Health	Good health	N/A	Papua
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In order to enhance service delivery to sick newborns, UNICEF supported the Ministry of Health to mentor doctors and nurses. The mentorship programme is delivered by paediatric experts through a series of mentoring trainings conducted every 3-4 months, on both the provision of care and on skills related to the utilisation of specialised medical equipment.

36	Perlindungan Anak Terpadu Berbasis Masyarakat (PATBM) Community Based Integrated Child Protection	Ministry of Women's Empowerment and Child Protection (KPPA)	Security and Safety	Child protection services	National
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Led by the Ministry of Women's Empowerment and Child Protection, the community-based integrated child protection initiative is a community-level network that coordinates efforts on-the-ground to ensure adequate child protection measures are in place. The PATBM also builds public awareness on child protection as a prevention initiative to change attitudes, behaviours and knowledge.

37	Positive Deviance/Hearth (PD/Hearth)	World Vision Indonesia	Adequate Nutrition	Adequate, nutritious, and safe diet	Nusa Tenggara Timur
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This is a community-based nutrition rehabilitation, run by Wahana Visi, to rehabilitate malnourished children without food aid in Nusa Tenggara Timur. The programme seeks to improve parental behaviours around child feeding, hygiene, care and health-seeking practices.

38	Posyandu (Integrated health service unit)	Ministry of Home Affairs; Ministry of Health	Adequate Nutrition; Responsive Caregiving	Adequate, nutritious, and safe diet; Education about early stimulation, growth and development	National
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Posyandus are integrated health service units within villages that are opened once a month by community volunteers. Families are able to bring their infants and young children for regular health and nutrition checks, and mothers are able to receive accurate information on health, nutrition and child development.

39	Prevention of Mother To Child Transmission (PMTCT) program	UNICEF	Good Health	Access to healthcare	National
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The programme supported the early diagnosis, care, treatment and support of HIV infections in order to eliminate the occurrence of new HIV infections among newborns. The programme is provided to young girls, women living with HIV and pregnant women that have not been tested with HIV.

40	Program Keluarga Harapan (PKH) (Family Hope Program)	Ministry of Social Affairs	Good Health Adequate Nutrition Security and Safety	Good Health; Social assistance transfer programs; Adequate, nutritious and safe diet; Access to healthcare	National
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The programme, run by the Ministry of Social Affairs, provides cash grants and social assistance to households living below the poverty line, in order to improve their access to healthcare and education. While eligible households receive a fixed annual amount, pregnant women, children, those with severe disability and the elderly are able to receive an additional amount.

As part of the PKH programme, families are obligated to attend pre-natal checks, regular health check-ups, immunisation and receive nutritional supplements for young children.

41	Program Pemberian Makan Bayi dan Anak (PMBIA) (Infant and Young Child Feeding)	World Vision Indonesia	Adequate Nutrition	N/A	National
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This programme encourages the early initiation of breastfeeding, exclusive breastfeeding for infants up to six months old, adequate complementary foods children aged six to 24 months and continued breastfeeding for up to two years or more.

42	Proyek Setara Sejak Dini	Save the Children	Security and Safety	Early childhood and pre-primary programmes	Nusa Tenggara Timur
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The programme, led by Save the Children, aims to reduce gender-based violence against children by increasing gender awareness and strengthening school-based referral mechanisms in West Sumba District, East Nusa Tenggara. This is done through working closely and equipping educators.

43	Responsive Protective Parenting (RPP)	ChildFund	Responsive Caregiving	Education about early stimulation, growth, and development	West Java, Nusa Tenggara Timur
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Led by ChildFund, this programme seeks to increase the knowledge and skills of parents to meet the basic needs of children from birth to the age of five. Topics covered include health, nutrition, early stimulation and mainstreaming child protection as well as the disaster risk reduction.

44	Satu Desa, Satu PAUD (One Village, One Early Childhood Centre)	Ministry of Education and Culture	Opportunities for early learning	Early childhood and pre-primary programs	National
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This Government-led programme seeks to expand local access to PAUDs across the country. The government provides funds to villages that do not currently have a PAUD, to cover infrastructure costs. Additionally, the programme works with PAUD Mothers, usually the wife of the village head or regional head, to promote and increase local understanding of the importance of early learning and stimulation.

45	Social and Behaviour Change Communication strategy on parenting	National Population and Family Planning Board	Responsive Caregiving	Maternal education; Education about early stimulation, growth, and development	Other Provinces
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The National Population and Family Planning Board (BKKBN), in partnership with UNICEF and Prudence Foundation, is developing a national Social and Behaviour Change Communication strategy on parenting and COVID-19 Early Moments Matter Family Response Plan.

This strategy is informed by the Nurturing Care Framework as well as a knowledge, attitudes and practices study in the pilot districts to improve parenting demand and assess how responsive parenting can be replicated throughout Indonesia. The initial rollout in two districts of West Papua Province is expected to reach 30,000 parents with parenting communication materials to benefit 60,000 children under five years of age.

46	SOS Children's Villages	SOS Children's Villages	Adequate Nutrition; Good Health; Opportunities for Early Learning; Responsive Caregiving	Access to healthcare; Adequate nutrition and safe diet; maternal education; education about early stimulation, growth and development	West Java; Nusa Tenggara Timur
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Working with local authorities, the programme aims to support families at risk of abandoning their children to encourage them to stay together. The SOS Social Centre offers counselling, community support and psychological support. Children are able to access to essential services, such as education, health services, and psycho-social therapy.

For children whose families can no longer take care of them, the programme provides a loving home, where they grow up with their brothers and sisters and are cared for by an SOS mother. These children can attend the SOS Kindergarten, where they are taught together with children from local families.

The programme is currently run in eight cities, namely Banda Aceh, Meulaboh, Medan, Jakarta, Lembang, Semarang, Tabanan, and Flores.

47	Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Early Childhood Care (0-3 years)	Tanoto Foundation	Opportunities for Early Learning Responsive Caregiving	Education about early stimulation, growth and development Early childhood and pre-primary programs	National
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This programme, funded and run by the Tanoto Foundation, includes the SIGAP Children's Home - a centre for early care and learning for children from birth to three years old. Primarily, the programme aims to improve the quality of parenting and early learning within the home environment. To do so, the programme has collaborated with UNICEF to develop messaging to equip parents and caregivers on the importance of care, considering factors such as eating and dietary requirements, hygiene practices, and other parenting practices.

48	Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Early Childhood Education (3-6 years)	Tanoto Foundation	Opportunities for Early Learning	Continuity to quality primary education; Early childhood and pre-primary programs	National
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This programme, funded and run by the Tanoto Foundation, provides technical assistance and support to improve service delivery in 22 PAUD locations. Support is provided primarily to improve the quality of educators, infrastructure and materials available for children. The programme also provided learning materials and toys that children could bring home and continue learning with their parents.

49	Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Rumah Anak / Children's Home	Tanoto Foundation	Responsive Caregiving Security and Safety	Maternal education; Education about early stimulation, growth, and development	National
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This programme, funded and run by the Tanoto Foundation, supports parents and children through play and parenting activities, family consultations and home visits. Facilitators are community members elected by the Village government.

50	Strengthening Indonesia's Early Generation by Accelerating Potential (SIGAP) - Stunting Prevention	Tanoto Foundation	Adequate Nutrition	Counselling on adequate diet; Prevention and treatment of acute malnutrition; Adequate nutritions and safe diet	National
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The programme seeks to change people's behaviour in terms of diet, parenting, and a clean and healthy lifestyle. This is conducted through a multi-pronged approach. At the national level, the programme assists the government in developing policies and advocacy related to the national stunting prevention acceleration program. At the sub-national level, the programme develops and implements behaviour change communication strategies in conjunction with district governments. Lastly, at the community level, the programme disseminates accurate information to raise awareness on the prevention of stunting.

51	Taman Anak Sejahtera (TAS)	Ministry of Social Affairs	Opportunities for Early Learning Responsive Caregiving	Maternal education; Education about early stimulation, growth and development; Early childhood and pre-primary programs	National
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Led by the Ministry of Social Affairs, the social welfare programme seeks to provide treatment, care and protection to children from three months to eight years old. Working through existing ECD facilities such as a PAUD, orphanage, or urban day care centre, the programme delivers a parenting education programme with funds from the government. Children who are eligible for this programme include children in poor families, street children, orphans, children in single-parent families, abused children, children with disabilities and victims of disasters.

52	Taman Penitipan Anak (Child Care)	Ministry of Education and Culture	Opportunities for early learning	Early childhood and pre-primary programmes	National
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Led by the Ministry of Education and Culture, the programme provides care for young children, before they are able to attend playgroups or kindergarten. Some TPAs also provide care to children in the morning or evening before their PAUD session begins or after the sessions are completed in the evening.

53	Taman Posyandu	Ministry of Education and Culture	Good Health Adequate Nutrition Security and Safety Opportunities for Early Learning	Good Health; Adequate, nutritious and safe diet; Access to healthcare; Early childhood and pre-primary programs	National
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This early learning programme for children aged three to seven with special needs aims to create an inclusive environment where each child has individual attention due to a low student-to-teacher ratio.

54	Thousand Days Fund (Yayasan Seribu Cita Bangsa)	Thousand Days Fund	Good Health Adequate Nutrition	Education about early stimulation, growth, and development	National
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The programme seeks to equip health workers with accurate information and tools for stunting prevention and reduction. Through their Kader Academy, the programme trains and certifies health workers and volunteers across Indonesia. Additionally, the programme disseminates charts, blankets and parenting tips to families, so that they are equipped with vital stunting prevention information.

55	Worker Dignity, Health and Leadership (WDHL)	Care Indonesia	Good Health Security and Safety	Maternal education; Parental leave and childcare	West Java
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Through Care Indonesia, female garment workers are provided with training and knowledge enhancement on health-related matters, financial literacy and leadership skills. The programme facilitates the formation of EKATA (Empowerment, Knowledge, And Transformative) Action group as a platform for women to voice their concerns and pursue their well-being and dignity.

Appendix D — Policies in Indonesia

S/N	Policy	Year Implemented	Government Ministry	Description
P1	Child Protection Law Number 35/2014 (revised from Law Number 23/2002)	2014	Republic of Indonesia	<p>Law number 35/2014 amends several provisions in the Law Number 23/2002 on Child Protection. The main amendment is related to the heavier criminal sanctions for sexual abuses against children.</p> <p>The 2014 law maintains the provision that children shall be protected from being involved in armed conflict or war. This particular provision stresses that such protection should be done directly and indirectly to ensure the protection of children's physical and psychological welfare.</p>
P2	Child Welfare: Law #4/1979	1979		<p>(Details in Indonesian) https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=91142</p>
P3	Education Ministry Regulation #58/2009 on PAUD HI standards	2009	Ministry of Education, Culture, Research and Technology	<p>Regulation 58 specifies standards for non-formal PAUD and for formal childcare. The areas regulated include the types of programmes and expected outcomes, standards for teachers/caregivers and managers, programme content, teaching approach and assessment criteria for children and the quality of facilities, infrastructure, management, and financing.</p> <p>The Ministry developed and provided teaching material and curricula, although centres are expected to develop their own programme.</p> <p>The Ministry also provides financial and technical support for capacity development activities at all levels of the system. Districts and Provinces also provides training and capacity development.</p>
P4	Government Decree (PP 33.2012)	2012	Ministry of Health	<p>The decree gives further clarity to the implementation of the 2009 Health Law, which covers exclusive breast-feeding for babies, restriction of advertisements for breast-milk substitutes for infants under 6 months old and</p>

making the establishment of nursing rooms for mothers at workplaces mandatory.

P5	Health Law No 36/2009	2009	Ministry of Health	<p>This Law replaces and repeals Law #23/1992 on Health. The Law regulates: the general provisions of health; the principles and objectives of health, rights and obligations of any person on health care; government's responsibility to provide health care; government's responsibility to provide resources in the health sector, efforts to realize the highest possible health for the community; health of mothers, infants, children, adolescents, elderly and disabled; mental health, infectious disease and not contagious, health and working environment; management, information and health financing; role of the community; body health considerations; guidance and supervision; investigation and sanctions for violation of health administration.</p> <p>In particular, the Law provides some degree of protection to exclusive breast-feeding in the health-care system;</p>
P6	Intercountry Adoption Law - Government Regulation #54/2007	2007	Ministry of Social Affairs	<p>The Regulation clearly outlines a set of principles to guide intercountry adoption. This includes: the best interest of the child, considerations toward the child's religion, that adoption does not detach blood relation and that foreign adoption is a last resort</p>
P7	Joint decree signed in 2014 by the Ministers of Health, Education, Religious Affairs, and Home Affairs on School Health Units	1984 (updated in 2003 and 2014)	Ministry of Health; Ministry of Education; Ministry of Religious Affairs, and Ministry of Home Affairs	<p>School Health Units, known as Usaha Kesehatan Sekolah (UKS), is a health promotion program led by the Ministry of Education. UKS has been developed in Indonesia since 1980, consolidated by the formation of a Steering Committee at all government levels in 1984.</p> <p>The decree regulates the guidance and development of UKS in pre-school, elementary school, and junior school up until senior high school. It is a mandatory program that should be implemented by each school, according to the Act of the Ministry of Education no 39, 2008, reinforced by the Act of Health no 36, 2009.</p>
P8	National Action Plan to Accelerate Indonesia's	2022	National Population and Family Planning Board	<p>The National Action Plan provide further detail and direction from the StraNas Stunting (2017). It is an effort from the central government to consolidate activities, programmes and budget, while providing local governments with support to address</p>

Stunting
Rate
Reduction
(RAN-PASTI)

stunting, taking the local context and distinct needs into account.

P9	National Education System Law #20/2003	2003	Republic of Indonesia	<p>The Law creates a legal framework for the major educational goal, policies and plans. The key targets include the expansion and equity, the improvement of quality and relevance, and the implementation of autonomy in higher education. The Law seeks to open access to education at all levels and all forms-formal, non-formal, as well as informal-for all the citizens of Indonesia. Its main thrust is to make education relevant to societal needs; to develop further community-based education; and to enhance participation by community in supporting basic education. It provides rights and obligations of citizens, parents, community, and Government.</p> <p>An outstanding feature of the Law is the implementation of compulsory basic education, free of cost, for all Indonesian citizens. In that spirit, the Law provides, in compliance with constitutional amendment of 2002 that 20 percent national budget shall be allocated for education.</p>
P10	National Health Insurance Law #40/2004	2004	Ministry of Health	<p>This Law was passed with the goal of providing comprehensive social protection to all citizens. It lays the foundation for Indonesia to develop a national social security system, so that access to care and public health is improved across the country.</p>
P11	National Strategy for Holistic Integrated Early Childhood Development (HI-ECD)	2008	Republic of Indonesia	<p>The National Strategy - elaborated in a process of collaboration between government and national/international stakeholders – establishes a vision and direction for ECD in Indonesia in which the developmental needs of all children are met in an integrated and holistic fashion and all stakeholders are organized to play their complementary roles in ensuring the healthy growth and development of young children. This policy is very much needed as a law shelter for an integrated holistic program for early childhood, as well as standardization in implementing the program at school and in the community.</p> <p>HI-ECD is a strategic policy of the Indonesian government in improving the quality of ECCE services. In addition, its purpose is to meet the essential needs of children so that they can achieve</p>

				optimal growth and development. These essential needs include health and nutrition, educational stimuli, moral-emotional fostering, and nurturing.
P12	National Strategy to Accelerate Stunting Prevention (StraNas Stunting)	2017	22 Ministries	The StraNas Stunting scheme adopts a “whole-of-government” approach involving 22 ministries that cover health, ECED, water, sanitation and hygiene (WASH), food security and social protection incentives, and aligns different levels of government.
P13	One Village, One Early Childhood Centre (“Satu Desa, Satu PAUD” / 1 Desa 1 PAUD)	2012	Ministry of Education, Culture, Research and Technology	This policy aims to increase and equalize access to PAUD services in Indonesia through the provision of infrastructure funds to each village to establish and run an ECE centre (PAUD).
P14	Population Administration Law	2006	Ministry of Home Affairs	The law on population administration, ratified in 2006, abandoned the discriminatory rules that were originally introduced between 1848 and 1933. It guarantees all Indonesian citizens equal recognition of their citizenship, with equal access to documents such as ID cards and civil registration certifications.
P15	Presidential Instruction #1/2017 on Community Movement for a Healthy Life (GERMAS)	2017	Coordinating Human Development and Culture Minister	This policy aims to accelerate and synergize actions from promotive and preventive efforts to healthy life for increasing human productivity and reducing the burden of health care due to financing.
P16	Presidential Regulation #60/2013 on Holistic Integrative ECD	2013	Ministry of National Development Planning	<p>The Ministry of National Development Planning had developed a national strategy HI-ECD which was then translated again into the general guidelines document the implementation of HI-ECD (see P2). To shape the coordination across various government sectors or ministries that have programs related to HI-ECD, the Presidential Regulation no. 60 was issued in 2013.</p> <p>HI-ECD policy set forth in this policy is intended to guarantee the fulfillment of the right to early childhood development. This includes education,</p>

care, health, child protection and welfare services. The development of a child would require a complete (holistic) effort to nurture a young generation.

P17	Regulation of Minister of Social #110/HUK/2009 regarding the requirements of adoption	2009	Ministry of Social Affairs	As an extension of P11, the Regulation further outlines the requirements that foster and adoptive parents must meet in order to be considered and approved. In particular, attention was paid to the protection of Indonesian children adopted by foreign parents.
P18	Sexual violence Bill	2022	Ministry of Women's Empowerment and Child Protection	<p>The Bill seeks to provide a legal framework for victims to secure justice. It also aims to increase awareness on the issue and eventually eliminate instances of sexual violence.</p> <p>The Bill provides victims with access to the judicial system, and also implements mechanisms for the protection and recovery of victims; prevent the actual "occurrence of sexual violence"; and involve the community, state, family, and business in "creating a sexual violence-free environment."</p>
P19	Strategic Plan (Rencana Strategis, RENSTRA) 2020-2024	2019	Ministry of Education, Culture, Research and Technology	This is a five-year planning document that guides the ministry's vision, mission, policy directions and overall work. Within the 2020 – 2024 Strategy, the Ministry is working towards increasing the participation rate for ECE and improving the quality and distribution of ECE services.

Appendix E — Programmes and Services in the Philippines

S/N	Programme Name	Provider	NCF Mapping	WB Mapping	Location
1	Arcanys Early Learning Foundation	Arcanys Early Learning Foundation	Opportunities for Early Learning	Early childhood and pre-primary programs	Other provinces

Taking an evidence-based approach, the programme works with preschool aged children and their parents to equip them with basic math and logic skills. Parents learn positive parenting techniques at the same time, and children are scaffolded in their learning through a play-based curriculum.

2	Aruga at Kalinga sa mga Bata sa Barangay	Department of Social Welfare and Development (DWSD)	Safety and Security	Child Protection Services	National
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The Aruga at Kalinga project is a strategy to promote the implementation of foster care service within a Barangay with a pool of at least 10 foster parents to provide planned substitute parental care to abandoned, neglected children and other children in need of temporary parental care. These children may either come from institutions or are referred by the community or rescued from the street.

3	Bangsamoro Umpungan sa Nutrisyon (BangUN) Project	Department of Social Welfare and Development (DWSD)	Adequate Nutrition, Good Health, Responsive Caregiving, Security and Safety	Antenatal visits, Attended Delivery, Immunisations, Deworming, Adequate, nutritious and safe diet, Prevention and treatment for acute malnutrition, Access to healthcare, Access to safe water, Maternal education	Basilan
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The Bangsamoro Umpungan sa Nutrisyon (BangUN) Project is a convergence of services addressing the high incidence of hunger and malnutrition among children in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The BangUN includes Nutrition Direct Services (i.e., weight

and height measurement, health check-up, deworming and micronutrient supplementation), Nutrition Education and Advocacy (i.e., nutrition literacy classes, responsible parenthood sessions, and nutrition and health-related events) and Building Resilient Communities (i.e., livelihood skills training, livelihood capital, food-for-work, cash-for-work, access to potable drinking water, production of indigenous food for children, psychosocial interventions, etc.).

4	Barangay Nutrition Scholar (BNS) Program	NNC	Adequate Nutrition	Adequate, nutritious, and safe diet	National
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The Barangay Nutrition Scholar (BNS) Program is a human resource development strategy of the Philippine Plan of Action for Nutrition, which involves the recruitment, training, deployment, and supervision of volunteer workers called the Barangay Nutrition Scholars (BNS).

Presidential Decree No. 1569 (1979) mandated the deployment of at least one (1) BNS in every barangay in the country to monitor the nutritional status of children and other nutritionally at-risk groups and link them with nutrition and nutrition-related service providers. PD 1569 also mandated the NNC to administer the program in cooperation with local government units.

5	Breaking Barriers for Children (BBC)	Katipunan ng May Kapansanan sa Pilipinas (KAMPI) and the Danish Society of Polio and Accident Victims (PTU)	Opportunities for Early Learning	Early childhood and pre-primary programs, Continuity to Quality Primary Education	National
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BBC-STAC provides free physical and occupational therapy, social activities, special education as well as inclusive education.

6	Bukas Palad Learning Centre	Bukas Palad Foundation	Opportunities for Early Learning; Responsive Caregiving	Education about early stimulation, growth, and development, Early childhood and pre-primary programs	Other Provinces
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In cooperation with the other NGOs and community learning centres, BPLC gives quality education to children from two to six years old. The school provides opportunities for parents and families to build hands-on learning experiences from the training received by the teachers in the community school.

7	Bulilit Centres (National Child Development Centres (NCDCs))	ECCD Council	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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The NCDCs are the community-based flagship program of the ECCD Council. It is the ground level venue of the implementation of ECCD activities, particularly the Early Learning Program and the Family Support Program.

The NCDC is typically located near a public elementary school campus, or in a government property, identified and recommended by the local government where it operates. It is designed as a child-friendly facility with a welcoming and nurturing environment that attracts the interest of young children and helps in developing their love for learning.

8	Child Minding Service	Department of Social Welfare and Development (DWSD)	Security and Safety	Child protection service	National
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Through this programme, children can be cared for by Child Development Workers while mothers attend to what they need to do.

9	Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program	Department of Education	Good Health, Security and Safety	Access to safe water, Adequate sanitation, Deworming, Hygiene and handwashing,	National
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The DepED WASH in Schools Program has eight (8) components, namely:

1. Oral hygiene and proper handwashing;
2. Provision of safe and adequate water supply;
3. Provision of toilet, handwashing, and drainage facilities;
4. Environmental sanitation (including the elimination of breeding grounds for mosquitoes that carry the dengue virus) and solid waste management;
5. Food sanitation;
6. Menstrual Hygiene Management;
7. Deworming; and
8. Hygiene and sanitation education

10	Dental Health Program	DoH	Good Health	Access to Healthcare	National
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The program seeks to achieve these objectives by providing preventive, curative, and promotive dental health care to Filipinos through a lifecycle approach. This approach provides a continuum of

quality care by establishing a package of essential basic oral health care (BOHC) for every lifecycle stage, starting from infancy to old age.

11	Drop-in Center Ermita (DICE)	Children of Asia	Opportunities for Early Learning; Security and Safety	Early childhood and pre-primary programs; Child protection services	Other Provinces
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The programme provides safe, educational spaces for vulnerable children within the slums to learn and play, so that they would be ready for elementary school.

12	Early Childhood Care Development Program	DoH	Good health, responsive caregiving, opportunities for early learning, safety and security	Access to healthcare	National
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A scholarship program granted by the ECCD Council to Child Development Teachers (CDTs) and Child Development Workers (CDWs) from LGUs with a newly established NCDC. This is to ensure that Service Providers have a strong foundation in early childhood education, and so LGUs can deliver ECCD programs and services that are compliant to the national standards and guidelines. The program aims to equip teachers and workers with 18 masters or undergraduate-level units in Early Childhood Education through partner State Universities and Colleges.

13	Early Childhood Education Program (ECEP)	ECCD Council	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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A scholarship program granted by the ECCD Council to CDTs and CDWs from LGUs with a newly established NCDC. This is to ensure that ECCD Service Providers have a strong foundation in early childhood education, and so LGUs are able to deliver ECCD programs and services that are compliant to the national standards and guidelines in ECCD. This program aims to equip CDTs and CDWs with 18 masters (for qualified participants) or undergraduate (for non-qualified participants) units in Early Childhood Education through partner State Universities and Colleges (SUC).

14	Early Childhood Teacher Education Programme (ECTEP)	ECCD Council	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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The ECTEP is a six-week training program that provides CDTs with 18 units of Early Childhood Education, as well as a practicum in a Child Development Centre.

15	Educational Programmes for Children	Pag-asa Social Center	Opportunities for Early Learning	Early childhood and pre-primary programs	Other Provinces
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The programme consists of two arms. The Day Care Centre offers free education of children aged 5 - 6 years old. Through an integrated programme that covers feeding, medical care, dental care, it prepares children for elementary school. The second arm is the Playgroup, where children aged 3 - 4 attend with trained teachers and the regular help of mothers.

16	Enhanced Early Childhood Education Eight-Week Programme	ECCD Council (DepEd)	Opportunities for Early Learning	Continuity to quality primary education; Early childhood and pre-primary programs	National
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The Department of Education (DepEd) has rolled out an eight-week early childhood experiences (ECE) curriculum to all Grade One pupils in public elementary schools before they begin formal academic lessons in the initial grade level. The programme utilised a school readiness assessment tool to identify children who are not ready for elementary education to take part in this programme.

17	Enhanced ECD Model	Cartwheel Foundation	Security and Safety; Opportunities for Early Learning; Responsive Caregiving	Maternal education; Early childhood and pre-primary programs	Palawan
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The Cartwheel Foundation's enhanced ECD model support young children within disaster or conflict-affected communities. The model aims to transform classrooms into healing environments to help children build resilience and thrive in adverse post-disaster conditions. Its resilience-based curriculum integrates psychosocial programming support into Cartwheel's core ECD programme. Concurrently, the programme equips educators with the knowledge and skills to support adults, educators, and caregivers.

18	Expanded Programme on Immunisation	DoH, WHO-UNICEF	Good Health	Immunisations	National
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The Expanded Program on Immunization (EPI) ensures that infants/children and mothers have access to routinely recommended infant/childhood vaccines.

19	Family Academy Program	ICM	Opportunities for Early Learning	Education about early stimulation, growth, and development, Early childhood and pre-primary programs	Palawan; Other Provinces
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Family Academy teaches ultra-poor mothers to be their children's first teachers. Mothers learn how to lead their children in educational games and songs, such that their children can begin to grasp math and phonics skills that prepare them for a smooth transition to school.

20	Family and Community Welfare Program (FCWP)	Ministry of Social Services and Development (MSSD), Bangsamoro	Responsive Caregiving, Opportunities for Early Learning, Security and Safety	Education about early stimulation, growth and development; Maternal education; Prevention and treatment of parental depression; Social assistance transfer programs	Basilan; Other Provinces
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The programme provide assistance to socially disadvantaged families through an individualised family plan. This includes services such as, but not limited to: Parent Effectiveness Services, family planning guidance, capital assistance to engage in income generating activities, and parental skills development.

21	Family Day Care	Department of Social Welfare and Development (DWSD)	Security and Safety	Child protection services	National
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This programme provides childcare places within the homes of non-working mothers, who charge a small fee to taking care of other children.

22	Family Development & Preschool	Little Bamboo Foundation	Opportunities for Early Learning; Responsive Caregiving	Education about early stimulation, growth, and development, Early childhood and pre-primary programs	Other Provinces
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The programme includes a child-centred preschool curriculum that ensures each child is prepared for elementary school, and supports families in fostering responsible parenthood and meeting basic needs.

23	Family Development Sessions (FDS)	Department of Social Welfare and Development (DSWD)	Good Health; Responsive Caregiving	Access to healthcare; Education about early stimulation, growth, and development	National
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Pantawid Pamilyang Pilipino Program:

Beneficiaries from the poorest families receive cash grants conditional upon attending or accessing various child services, including parenting sessions to promote behaviour changes for improved education and health outcomes. The FDS is a monthly group activity and discussion attended by grantees, mostly mothers, to discuss topics, such as parental roles and responsibilities, and health and education-promoting behaviours for families and children

24	Family Like Care	SOS Children's Village	Security and Safety	Child Protection Services	Other Provinces
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SOS Children's Villages provide family-like care for children who have lost parental care. They are cared for in a home where they live with an SOS mother, their siblings, and other children. Children receive total quality care until they are ready to live independently.

25	Family MUAC Approach	World Vision International	Adequate Nutrition	Prevention and treatment for acute malnutrition	Other Provinces
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With social distancing and mobility restrictions in the Philippines, UNICEF supported the use of MUAC measuring tapes to allow parents to assess their children for wasting. Working with local government units supported by the Department of Health, family MUAC training was rolled out in three UNICEF-supported provinces, with training materials and monitoring tools developed in partnership with World Vision International. More than 1,330 health-care providers were trained using online platforms, in some cases combined with face to-face training, while observing social distancing rules.

Community health workers trained more than 2,480 mothers and caregivers using blended virtual and small group face-to-face approaches.

26	Family Strengthening Programme	SOS Children's Village	Security and Safety	Child Protection Services	Other Provinces
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Through the Family Strengthening Program (FSP), support is provided to struggling families. They conduct counselling, skills training, and community-based programs to help families reach self-reliance and provide proper care for their children.

27	Family Welfare Programme	Department of Labour and Employment	Responsive Caregiving	Family planning	National
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The programme seeks to introduce the concept of promoting the welfare of workers and their families as a key to workplace productivity and improved worker-management relations. It is an advocacy program that draws corporate support in promoting workers' quality of life by adopting a family-centred approach in the workplace.

The FWP advocates for the integration of the 10 dimensions which also serve as a guide in implementing the program. This includes, but is not limited to reproductive health, education and gender equality, income generation, healthcare, nutrition and transportation.

28	First 1,000 Days (F1K) Programme	Department of Health, National Nutrition Council	Adequate nutrition, Good Health	Access to healthcare, Adequate, nutritious and safe diet	Palawan; Other Provinces
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The program operationalizes the concerns of the Early Childhood Care and Development Program per RA 10410, or the Early Years Act of 2013 and the priorities for action of the NNC's Philippine Plan of Action for Nutrition 2011-2016 and 2017-2022 (and onwards). It is also a component of the Maternal, Neonatal, and Child Health and Nutrition Strategy of the Department of Health, and the DOH Comprehensive Nutrition Intervention Strategy, 2014-2025.

This period has been called the "golden window of opportunity" during which the delivery of key health, nutrition, and early learning interventions could result to optimum physical and brain development.

Specifically for mothers from indigenous sectors, learning sessions under the early childhood care and development in the first 1,000 days after a child is born. Its key component is the conduct of nutrition education for women planning to get pregnant, pregnant and lactating women to promote improved infant and young child feeding practices, facilitated by nutrition officers and staff.

29	Fit for School Programme	Department of Education	Good Health; Security and Safety	Hygiene and handwashing; Access to safe water; Adequate sanitation	National
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The "Fit for School" programme intervenes and prevents diseases among children by institutionalising healthy behaviours at school.

- Daily supervised hand washing with soap.
- Daily supervised toothbrushing with fluoridated toothpaste.
- De-worming children bi-annually by swallowing albendazole tablets.

30	Free Online Course in Early Childhood Education for Teachers and on early childhood education Workers in Early Childhood Care and Development	University of Philippines Open University	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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The massive open online course (MOOC), developed by the University of Philippines Open University, Faculty of Education, is designed to train teachers, practitioners and workers in ECCD. It provides a sound rationale for the creation and development of child-centered learning and curriculum. The programmes is first offered to Cebu educators, with plans to scale up.

31	Garantisadong Pambata	DoH	Good Health	Access to healthcare	National
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Comprehensive and integrated package of services and communication on health, nutrition, and environment for children available every day at various settings such as home, school, health facilities and communities by government and non-government organizations, private sectors, and civic groups.

32	Healthy Starts for Hopeful Hearts	Glory Reborn Organization	Responsive Caregiving, Security and Safety, Good Health	Antenatal visits, Attended delivery, Immunisations, Family Planning, Iron-folic acid for pregnant mothers, Exclusive breastfeeding, Micronutrients, Birth Registration, Social assistance transfer programme, Maternal education, education about early stimulation, growth and development	Other Provinces
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Provides the follow list of services:

- Pregnancy check-up
- Pregnancy and newborn health classes
- Pregnancy micronutrient supplementation
- Labour and Delivery
- Postpartum Care
- Newborn screening (including hearing)
- Newborn immunisation
- Lactation Support/Counselling
- Home visits
- Voluntary HIV Screening
- Sexually transmitted infection screening
- Cervical Cancer screening (pap smear)
- Reproductive Health Education
- Reproductive health care
- Maternal Mental Health Counselling
- Psychosocial Support (Social Work Program)
- Referral to other NGOs for further assistance
- Ministry services and counselling

33	Human Milk Bank	The Philippine National Committee on Human Milk Banking (PNCHMB); with three hospitals	Adequate Nutrition	Complementary feeding	Other Provinces
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A human milk bank is a service established for the purpose of collection, screening, processing, storing and distributing donated human milk to meet the specific medical needs of individuals for whom human milk is prescribed. These individuals include preterm babies, critically ill neonates with necrotizing enterocolitis, immunodeficiency disease, feeding intolerance, allergies, inborn errors of metabolism, who are admitted in hospitals.

34	iMulat app	Save the Children	Responsive Caregiving	Education about early stimulation, growth, and development	National
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The iMulat app was developed to complement the First Read programme in the Philippines, that sought to equip parents with emergent literacy and numeracy skills. The app contains ten topics related to home-based mentoring on emergent literacy and numeracy. Key concepts about the topics are briefly discussed, followed by an easy-to-follow step-by-step guide on how parents and caregivers can apply what they have learned at home. This app is intended to bring the contents of the parenting programme to scale.

35	Individual Plans for Professional Development	ECCD Council	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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The programme aimed to provide in-service training to early childhood teachers during the summer on a number of topics including curriculum use, principles of teaching and learning, classroom management, and student assessment.

36	Induction Programme	ECCD Council	Opportunities for Early Learning	Education about early stimulation, growth, and development	National
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This capacity building programme is designed to orient ECCD service providers to current developments on early childhood care and development, and to provide skills and competency training. Through this program, a local ECCD committee, which includes the Mayor, Barangay Captain and other local stakeholders, will be created, strengthened or reactivated.

37	Infant and Young Child	DoH	Adequate Nutrition	Adequate, nutritious, and safe diet	National
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Feeding Programme

IYCF program is considered a key area in improving nutrition status and promoting healthy growth and development of children. Its sole goal is to reduce child mortality and morbidity through optimal feeding of infants and young children.

38	Infant-Toddler Early Development Program (ITED)	ECCD Council	Opportunities for Early Learning, Responsive Caregiving	Early childhood and pre-primary programs, Maternal education	National
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Involving both the parents of children 0-3 years old, and the CDT or CDW, the programme provides an avenue for teachers to equip parents with developmentally appropriate learning activities that they can do at home. The parents and teachers meet in small groups for one hour weekly, in order for the teachers to demonstrate and explain the activities to the parents. This weekly meeting also allows for a time of reflection and peer learning.

39	Integrated Action for Children's Nutrition Project (INTERACTION)	World Vision International	Adequate Nutrition	Exclusive breastfeeding; Complementary feeding; Adequate, nutritious and safe diet; Prevention and treatment for acute malnutrition	Other provinces
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This nutrition programme included the following elements:

- Community-based Breastfeeding Support Groups for mothers
- Dissemination of hygiene kits for children under 5
- Caregiver counselling sessions on feeding, childcare, hygiene practices,
- Building and/or repair of health stations
- Equipping Barangays with necessary health assessment equipment and tools

40	Integrated Helminth Control Program (IHCP)	DoH	Good Health	Immunisations	National
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Comprehensive Packages

- Harmonized Schedule and Combined Mass Drug Administration (HSCMDA) for the month of January and July in health centres, stations, and schools.
- Diagnosis and selective treatment in health centres

- Provision of safe drinking water, basic sanitation and hygiene (WASH) in schools and community
- Health promotion and hygiene education

41	Integrated Management of Childhood Illness Programme (IMCI)	DoH, WHO, UNICEF, Save the Children	Good Health	Access to Healthcare	National
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Integrated Management of Childhood Illness (IMCI) is a strategy for reducing the mortality and morbidity associated with the major causes of childhood illness. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) started to develop the IMCI strategy in 1992, and today more than 100 countries worldwide have adopted it. This strategy primarily aims to reduce death, illness and disability, and to promote improved growth and development among children under 5 years of age. It includes both preventive and curative elements that are implemented by families and communities, as well as health facilities.

42	Integration Program for New Child Development Teachers	ECCD Council	Opportunities for Early Learning	Education about early stimulation, growth, and development	National
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This pre-service training program is for newly hired CDTs in newly established NCDCs nationwide. It is designed to equip CDTs with the essential knowledge, skills, and resources on ECCD service delivery. After the training, CDTs are expected to carry out interim activities within the NCDC.

43	Intergenerational Program for Older Persons and Children (INTERGEN)	Department of Social Welfare and Development (DWSD)	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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This programme addresses critical problems of ageing while allowing the transfer of culture across generations. The programme encourages the sharing of knowledge and skills with the younger generation (children under six and their families) in an integrated and intergenerational environment.

44	KapitBahay-Aralan (KBA)	Save the Children	Opportunities for Early Learning	Early childhood and pre-primary programs	Other provinces
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KBA is an alternative neighbourhood-based early learning program for children aged 3-5 years old. It focuses on the development of early literacy, numeracy, self-care, health practices, and

socialization. Through KBA, the programme improves access to quality learning opportunities for children from very poor households in urban settlements or rural areas.

45	Knock Out Tigdas	DoH	Good Health	Immunisations	National
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Vaccination teams go from door-to-door of every house or every building in search of the targeted children who needs to be vaccinated with a dose of measles vaccines, Vitamin A capsule and deworming drug. All health centres, barangay health stations, hospitals and other temporary immunization sites such as basketball court, town plazas and other identified public places will also offer free vaccination services during the campaign period.

46	Knowledge Channel Teaching in the New Normal (KC-TINN) for Early Childhood Development	ECCD Council	Opportunities for Early Learning	Early childhood and pre-primary programs	National
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The KC-TINN (online training) and LEEP-ECD (in-person training) programme comprises of a three-day training that covers topics including the National Early Learning Framework, National Early Learning Curriculum, the Filipino Child, teaching strategies for early learning, nutrition and health, child safety and protection, and stakeholder engagement strategies. Participants also receive a copy of the National Learning Resource Package, an external hard disk with video material and lessons for educators and young children, and a smart TV. Finally, participants are given a six-month online monitoring and mentoring programme after completing the training. Before each programme, a Training Needs Analysis is also conducted in order for the team to contextualise the training programme for each Local Government Unit.

47	Kupkop Program	Ministry of Social Services and Development (MSSD)	Security and Safety, Adequate nutrition, Responsive Caregiving	Child protection services, Social assistance transfer programs	National
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To provide orphaned children with the necessary financial resources that would give them access to balanced nutrition, education, healthy lifestyle, and a secure and caring alternative care arrangement.

48	Kwentuhang Bulilit	ECCD Council	Responsive Caregiving, Opportunities for Early Learning, Adequate Nutrition, Good	Education about early stimulation, growth, and development, Maternal education	National
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Health, Safety and security

An online program produced to help service providers and stakeholders of early childhood care and development gain a deeper understanding of ECCD in the Philippine context. Produced by the ECCD Council, the audio-video program focuses on early learning, health and nutrition, and social services provided for both children and their families.

49	Leading and Managing an Integrated ECCD Program (LMIEP)	ECCD Council	Opportunities for Early Learning	Education about early stimulation, growth, and development	National
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This programme was set up to build the capacity of local ECCD supervisors in terms of planning, supervising, monitoring, and evaluating evidence based ECCD programs. It is delivered through partnerships with State Universities and Colleges and is designed to equip participants with 12 graduate units in a management course. Local ECCD Supervisors who undergo this program are expected to gain a broader perspective on the ECCD work context vis-à-vis local policies and administrative practices. The programme is delivered through a blended learning approach, utilizing face-to-face sessions and online sessions.

50	Local Nutrition Action Plans	UNICEF	Adequate Nutrition	Counselling on adequate diet during pregnancy; Iron-folic acid for pregnant mothers; Adequate, nutritious and safe diet; Prevention and treatment for acute malnutrition	National
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In three provinces of the Philippines, UNICEF supported 19 municipalities/cities to develop costed Local Nutrition Action Plans and 15 municipalities to develop or review costed WASH plans to be included in their annual investment plans. This included capacity-building of Governors and Mayors to deepen their understanding of nutrition and WASH, advocating for budget allocation and facilitating multisectoral programming at the local level. Resolutions were passed to facilitate investment and implementation of nutrition and WASH activities benefiting women and children in the three provinces.

51	Masayang Pamilya (Parenting for Lifelong Health)	Oxford University	Security and Safety; Responsive Caregiving	Social assistance transfer programs; Education about early stimulation, growth, and development; Maternal education	Other provinces
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Parenting for Lifelong Health for Young Children (PLH for Young Children) is a group-based parenting programme that aims to establish and sustain nurturing relationships between parents and caregivers and their children ages 2-9 years, and thereby prevent and reduce the risk of violence against children and maltreatment at home and in the community. In the Philippines, the programme is embedded in a case transfer system in low-income urban areas.

52	Micronutrient Supplementati on	DoH	Adequate Nutrition	Adequate, nutritious and safe diet	National
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Focuses on the provision of pharmaceutically prepared vitamins & minerals for treatment and prevention of specific micronutrient deficiency to complement sustainable food-based approaches (e.g. food fortification and diet diversification) to address deficiencies in micronutrients. (DOH, LGUs, CSO, development partners)

53	Mother-Baby Friendly Workplace Certification	DoH	Adequate Nutrition	Exclusive breastfeeding; Complementary feeding; Adequate, nutritious, and safe diet	National
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A “mother-baby friendly workplace” certification means that the workplace ensures the promotion and practice of breastfeeding by providing healthy and safe working conditions for women through the establishment of a lactation station or facility.

Under the certification criteria, lactation stations should be adequately provided with necessary equipment: lavatory for hand washing, refrigeration or appropriate cooling facilities for breast milk expression and storage, electrical outlets for breast pumps, a small table, comfortable seats and other items that conform to the standards defined by the Department of Health.

54	National Dietary Supplementati on Program / Tutok Kainan Supplementati on Program	NNC, DSWD and DepEd	Adequate Nutrition	Adequate, nutritious, and safe diet	Cavite; Basilan; Other Provinces
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Provides supplemental food to pregnant women for 90 calendar days and complementary food for children 6-23 months for 180 calendar days. Priority will be given to those who are nutritionally at-risk or undernourished to avert the impact of COVID-19 and recent natural disasters (Ulysses, Rolly); Implements, monitors, and evaluates an integrated nutrition program that helps ensure delivery of complementary early childhood care and development services in the first 1000 days as provide in Republic Act 11148 or the Kalusugan at Nutrisyon ng Mag-Nanay Act; and Documents program experiences and strategies for replication in other local government units of the country.

55	National Nutrition Promotion Program for Behaviour Change	DoH, NNC, LGUs	Adequate Nutrition	Adequate, nutritious, and safe diet	National
<p>Will combine communication approaches such as behaviour change communication, social and community mobilization, and advocacy to support individuals, families, communities, and institutions to adopt and maintain high-impact nutrition-related practices. Effective nutrition SBCC seeks to increase the factors that encourage these behaviours while reducing the barriers to change. It will be supported by the appropriate policy cover as well as efforts to ensure adequacy of supply of services and related needs to create an environment that will facilitate the adoption of desired practices.</p>					
56	National Safe Motherhood Programme	DoH	Good Health	Access to healthcare, Antenatal visits, Attended Delivery	National
<p>The Programme contributes to the national goal of improving women's health and well-being by:</p> <ul style="list-style-type: none"> • Collaborating with Local Government Units in establishing sustainable, cost-effective approach of delivering health services that ensure access of disadvantaged women to acceptable and high quality maternal and new-born health services and enable them to safely give birth in health facilities near their homes • Establishing core knowledge base and support systems that facilitate the delivery of quality maternal and new-born health services in the country 					
57	Nutriskwela Community Radio Network Program	NNC, NTC	Adequate Nutrition	Adequate, nutritious and safe diet	National
<p>Nutriskwela aims to educate or teach listeners about proper nutrition through airing correct, current, and relevant information on nutrition and health of national and local governments and partners.</p>					
58	Nutrition Sensitive CoMSCA	World Vision International	Adequate Nutrition	Exclusive breastfeeding; Complementary feeding; Adequate, nutritious, and safe diet; Prevention and treatment for acute malnutrition	National

COMSCA refers to the Community-Managed Savings and Credit Association programme. Leveraging on the families who engage with this savings programme, the nutrition programme seeks to promote proper nutrition feeding.

One of its approaches is the Go Baby Go (GBG) where the participants are trained about their roles as caregivers especially to a child's holistic development during its 0-5 years.

Some of the important topics discussed include Sensitive and Responsive Caregiving, Nurturing Physical Development, Nurturing Cognitive Development, and Community Action Planning for community-level implementation.

59	Operation Timbang Plus	NNC	Good Health	Access to healthcare	National
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Operation Timbang (OPT) Plus is the annual weighing and height measurement of all pre-schoolers 0-59 months old or below five years old in a community to identify and locate the malnourished children. Data generated through OPT Plus are used for local nutrition action planning, particularly in quantifying the number of malnourished and identifying who will be given priority interventions in the community. Moreover, results of OPT Plus provide information on the nutritional status of the pre-schoolers and the community in general, thus, providing information on the effectiveness of the local nutrition program.

60	Overweight and Obesity Management and Prevention Program (OOMPP)	NNC, UNICEF, DoH	Adequate Nutrition	Adequate, nutritious and safe diet	National
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Involves the promotion of healthy eating environments and healthy lifestyle; also involves the management of those already overweight and obese.

61	Pantawid Pamilyang Pilipino Program (conditional cash transfer)	Department of Social Welfare and Development (DWSD)	Good Health; Security and Safety; Responsive Caregiving	Antenatal visits; Access to healthcare; Social assistance transfer programs; Education about early stimulation, growth, and development; Maternal education	National
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A social protection programme that focuses on human capital development through the provision of cash grants to eligible poor households subject to their compliance with education and health conditionalities.

62	Parent Effectiveness Service (PES)	Local Government Units, with the Department of Social Welfare and Development	Responsive Caregiving, Opportunities for Early Learning, Safety and Security	Education about early stimulation, growth, and development, Maternal Education	National
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The programme provides and expands on the knowledge, skills and attitudes of parents and caregivers, particularly vulnerable and low-income families, to become better parents, and to play an educational role in their child's growth and development. The PES also provides parenting training to fathers as primary educators in the development of children, provides materials for effective parenting, and offers radio listening parenting programme to reach parents in very remote areas who cannot benefit from the aforementioned programs.

This project engages parents at the village level by providing parent meetings and support systems. In 2020, the PH government passed a bill to make PES mandatory in all LGUs.

63	Philippine Integrated Management of Acute Malnutrition (PIMAM) Program	DoH	Adequate Nutrition	Adequate, nutritious and safe diet	National
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This nutrition-specific program is recognized by UNICEF and WHO as the only established, evidence-based intervention which successfully addresses the problem of acute malnutrition. It involves capacity building to local implementors and provision of services to acute malnutrition cases both under routine health program and during emergencies. It aims to locate the acutely malnourished especially those with severe acute malnutrition, and to provide the needed medical and nutritional intervention. To locate the acutely malnourished especially those with severe acute malnutrition, and to provide the needed medical and nutritional interventions.

64	Positive Deviance/Hearth Approach	World Vision International	Adequate Nutrition	Prevention and treatment for acute malnutrition	Other provinces
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During the hearth sessions, the children are fed nutritious meals based on positive deviant foods, which the caregivers prepare together using ingredients they have contributed. As the children respond to the improved nutrition by gaining appetite, energy and weight, their families experience first-hand the value of the positive deviant practices. After the hearth session, volunteers continue to monitor the children's growth and support the families to apply the new behaviours they have learned.

65	Promote Good Nutrition (PGN)	NNC	Adequate Nutrition	Adequate, nutritious, and safe diet, Prevention and	National
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treatment for acute malnutrition

The programme aims to improve the nutrition knowledge, attitudes, and practices of families to increase demand for adequate, nutritious and safe food.

66	Radyo Bulilit	ECCD Council	Responsive Caregiving, Opportunities for Early Learning, Adequate Nutrition, Good Health, Safety, and security	Education about early stimulation, growth, and development, Maternal education	National
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Produced by the ECCD Council and Radyo Pilipinas, the program focuses on early learning, health and nutrition, and social services provided for both children and their families.

67	Responsive and Protective Parenting (RPP)	ChildFund Philippines	Responsive Caregiving	Maternal education, Education about early stimulation, growth, and development	Other Provinces
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The programme aims to ensure that from pregnancy through age 5, children enjoy improved development and early learning outcomes and are protected at home and in their communities. The model improves the health, nutrition and development outcomes of children 0-5 years of age by increasing the skills, knowledge and awareness of primary caregivers. It also links families to public health, child protection and education services. It seeks to achieve this by building and reinforcing the nurturing care capacity of local partners/community-based organizations (CBOs) and Sub-National Government Partners, local stakeholders, and caregivers.

68	Rolling Day Care Centre	Department of Social Welfare and Development (DWSD)	Security and Safety	Child protection services	National
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This programme brings day care centre resources, such as play materials from barangay to barangay, taking care of groups of up to 10 children. The teachers are primarily volunteers of the programme.

69	Sama-Bajau Localised Intervention & Learning Approach for Holistic	Department of Social Welfare and Development (DWSD)	Opportunities for Early Learning	Early childhood and pre-primary programs	Other provinces
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Improvement (Sallnlahi)

This is a community-based project anchored in rights-based, child protection and cultural approaches. It is focused on the early learning and development of Sama-Bajau children under four years old. The project aims to ensure and sustain the protection and promotion of the rights and well-being of Sama-Bajau children.

The core component of the programme is the Culture-based ECCD Sessions. These modular learning sessions are formulated to help respond to the needs of the Sama-Bajau children and to prepare them for the formal learning system.

70	Strategic Helpdesks for Information, Education, Livelihood and Other Developmental Services: SHIELD against Child Labour	Department of Social Welfare and Development (DWSD)	Safety and Security	Child Protection Services	National
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The project aims to withdraw children from the worst forms of child labour through the provision of holistic and immediate interventions at the community level. This project contributes to the removal of one million children from child labour by 2025 as committed in the Sustainable Development Goals (SDGs) and Philippine Program against Child Labour (PPACL).

71	Supervised Neighbourhood Play	Department of Social Welfare and Development (DWSD)	Security and Safety	N/A	National
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Supervised Neighbourhood Play is a form of day care for children aged 3-6 years old. Children are provided with early childhood enrichment activities through a variety of play activities, guided exercises, and other learning opportunities by a trained child development worker and/or parent volunteers under the supervision of a social worker. The intervention provides a play-learning environment for optimum child growth and development.

72	Supplementary Feeding Program	Department of Social Welfare and Development (DWSD)	Adequate Nutrition	Adequate, nutritious, and safe diet	National
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The Supplementary Feeding Program is the provision of food, in addition to the regular meals, to currently enrolled day care centre children. This is in the form of hot meals, as recommended by Food and Nutrition Research Institute, and served during break time to children in day care centre.

73	Tahderiyyah Programme	Bangsamoro Development Agency (BDA)	Security and Safety; Opportunities for Early Learning; Responsive Caregiving	Child protection services; Adequate sanitation; Early childhood and pre-primary programmes	Basilan
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The Tahderiyyah Programme aims to help these children by providing better access to pre-primary centres, a more balanced, “Islam-responsive” kindergarten curriculum by mainstreaming ECD with preschool curriculum for Muslim children, and better school readiness.

The programme includes three core components, (1) ECE that is responsive to the needs of the Bangsamoro children, (2) child protection, and (3) water, sanitation and hygiene through daily group hand washing at critical time; daily group tooth brushing; and participation in regular deworming programs.

74	Tamang Sagot (Newborn Care Package)	DoH	Good Health, Responsive Caregiving	Access to healthcare	National
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As part of the PhilHealth Benefit Package, the Newborn Care Package aims to ensure all newborns have access to essential care, health screening and hearing tests.

75	Transform	ICM	Adequate Nutrition, Good Health, Responsive Caregiving	Access to healthcare, Hygiene and Handwashing, Prevention and treatment for acute malnutrition, Maternal Education	Palawan; Other Provinces
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Transform programme takes a whole of family approach to help ultra-poor families in the Philippines. They engage in parental education in terms of children's health, hygiene and nutrition, and financial education, as well as engage in home-based feeding programmes and medical interventions for the children.

76	Women and Children Protection Programme	DoH	Good Health, Safety and Security	Access to Healthcare, Child protection services,	National
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The Women and Children Protection Program (WCPP) provides technical and management support to ensure that Women and Children Protection Units (WCPUs) are established and operational as mandated under Section 40 of Republic Act 9262. This program aims to provide medical assistance to violence against women and their children (VAWC) survivors and increase cases appropriately managed in health facilities. To achieve this, the WCPP focuses on the primary prevention and response through establishing and ensuring the functionality of WCPUs, strengthening management structures, capability building of public health workers and hospital staff, health promotion, and advocacy.

Appendix F — Policies in the Philippines

S/N	Policy	Year Implemented	Government Ministry	Description
P1	Adoption Act (RA 9523)	1995 (amended in 1998 and 2008)	Department of Social Welfare and Development (DSWD)	The Act outlines the steps that need to be fulfilled before a child can be placed for adoption. It outlines protection of the child and adds to previous policies related to both domestic and international adoption.
P2	An Act for Salt Iodisation Nationwide (ASIN) (RA8172)	1995	Department of Health (DoH)	The Republic Act No. 8172 also known as an Act for Salt Iodisation Nationwide (ASIN Law) aims to promote the use of iodised salt to address micronutrient malnutrition in the country, particularly iodine deficiency disorders (IDD). This act requires a collaborative effort of different agencies and sectors in the government for its effective implementation. The main purpose is the addition of iodine to food-grade salt intended for human and animal consumption by obligating all salt producers/manufacturers to iodise the salt they produce, manufacture, import, trade, and distribute in compliance with the standards imposed by the Food and Drug Administration (FDA), by undertaking salt iodization program under the DOH, by checking and monitoring the quality of food grade salt sold in the market within the areas of LGUs. Thus, mandating iodised salt to be available to all Filipinos while ensuring the programs sustainability (FAO, 1995).
P3	An Act Institutionalising the Pantawid Pamilyang Pilipino Program (RA 11310)	2018	DSWD	Pantawid Pamilyang Pilipino Program is a human development program of the national government that invests in the health and education of poor households, particularly of children aged 0-18 years old. The Act institutionalises the programme and ensures that national funds are set aside for it in the long term.
P4	Anti-Child Pornography Act (RA 9775)	2009	DSWD	This Act ensures the protection of children from all forms of exploitation and abuse in the use and involvement of children in pornography. It also establishes an Inter-Agency Council against Child Pornography with the Secretary of DSWD as Chairperson

P5	Anti-Trafficking in Persons Act (RA 9208)	2003	N/A	This Act sets in place the legal mechanism to protect women and children and eliminate all forms of human trafficking.
P6	Anti-Violence Against Women and Their Children Act (RA 9262)	2004	N/A	The Act establishes the protections afforded to women and child from violence and threats to their personal safety and security. It outlines the penalties for breaching the law.
P7	Barangay-Level Total Development and Protection of Children Act (RA 6972)	1990	Barangays	The Act outlines the role of the Barangay in providing care to children up to the age of six, through the establishment of a daycare centre. The daycare centre will also monitor birth registration, immunisation records, growth and nutrition, and protect children from abuse and neglect.
P8	Children's Television Act (RA 8370)	1997	National Council for Children's Television	The Act recognises the importance and impact that broadcast media has on children and outlines a set of guidelines and approval process for child-friendly broadcast. The Act also supported the establishment of the National Council for Children's Television.
P9	Children's Emergency Relief and Protection Act (RA 10821)	2015	DSWD; LGUs	Guided by the principles on survival and development, on child participation, and consistent with the United Nations Convention on the Rights of the Child, as well as the Children's Charter for Disaster Risk and Reduction, and the minimum standards for children in humanitarian action, the State shall establish and implement a comprehensive and strategic program of action to provide the children and pregnant and lactating mothers affected by disasters and other emergency situations with utmost support and assistance. Specifically, this includes the creation of child-friendly spaces
P10	Creating the Local Anti-Hunger Taskforce (EO No. 825)	2009	DoH; National Nutrition Council; LGUs	<p>Outlines the duties of each department/LGU in implementing the Accelerated Hunger-Mitigation Programme, addressing hunger both on the aspect of supply or the unavailability or insufficiency of food to eat and on the aspect of demand or the lack of money to buy food.</p> <p>This EO is not ECD specific but relevant</p>

P11	Domestic Administrative Adoption and Alternative Child Care Act (RA 11642)	2022 (prev. 2008, 1998, 1995)		The Act further refines the Adoption Act by strengthening domestic adoption process and reorganising the Inter-Country Adoption Board.
P12	Early Childhood Care and Development Act (RA 8980)	2000	National cross-ministry and LGUs	<p>Involves the DSWD, the Department of Education, Culture and Sports (DECS), the Department of Health (DOH), the Department of the Interior and Local Government (DILG), the Department of Labor and Employment (DOLE), the Department of Agriculture (DA), the Department of Justice (DOJ), the National Economic and Development Authority (NEDA), and the National Nutrition Council (NNC).</p> <p>This Act promotes the rights of children (ages 0-6 years old) to survival, development, and protection with full recognition of the nature of childhood and its special needs. It enhances parents' knowledge and capacities about their roles as the children's first teachers by ensuring that special support is provided to the poorest and most disadvantaged families. The Act also led to the setting up of the ECCD Council</p>
P13	Early Years Act (RA 10410)	2013 (amended 2015)	Cross-ministry	<p>In 2013, the Early Years Act called for the establishment of an ECCD system that covers comprehensive health, nutrition, early education, and social services for children between the ages of 0-8, with children ages 0-4 falling under the auspices of the ECCD Council, and children ages 5-8 under the Department of Education.</p> <p>The Act recognises the first four years of a child's life as the first crucial stage of their educational development. It calls for the implementation of a national ECCD system, consisting of an age-appropriate curriculum, parental education, human resources development and ECCD management committees.</p> <p>The Act also enhances the ECD system in the Philippines by appropriating funds and identifying the Early Childhood Care and Development Council as the national body responsible for the development of children from 0- 4 years old. It establishes an ECD system which promotes the holistic development for children age 0-8 y.o.</p>

				through the integrated management of services, specifically health, nutrition, early education and social services
P14	Enhanced Basic Education Act (RA 10533)	2013	Department of Education	This Act ensures the legal provision of basic education to all children, including one year of Kindergarten. This includes guidance to funding, curriculum development, teacher training and hiring practices.
P15	Expanded Breastfeeding Promotion Act	2009	DoH	The Act incentivises all government and private health institutions to promote positive breastfeeding practices. It further provides protection for women to have access to safe and healthful working conditions.
P16	Expanded Maternity Leave Law (RA 11210)	2019	N/A	This policy ensures that all women have access to 105 days of fully paid maternity leave, with the option to extend for an additional 30 days without pay. The policy covers women working in both formal and informal economies. It includes further provisions for single mothers, and in instances of miscarriage and emergency termination of the pregnancy.
P17	Food Fortification Law (RA 8976)	2000	N/A	The Law provides for the establishment of the Philippine Food Fortification Programs and its implementing rules, regulation and guidelines. The law targets addressing specific micronutrient deficiencies by mandatory fortification of staple food items such as rice with iron, wheat flour with vitamin A and iron, refined sugar with vitamin A and cooking oil with vitamin A and voluntary fortification of other food items.
P18	Guaranteeing Access to Basic Health Services (AO 36)	2010	DoH	This mandate outlines plans to provide universal healthcare in the Philippines, with a particular focus on 0-14 years old. The goal is to achieve better health outcomes, sustained health financing and responsive health system by ensuring that all Filipinos, esp. the disadvantaged group (lowest 2 income quintiles) have equitable access to affordable health care.
P19	Implementation of the Enhanced Eight-Week ECE for	2004	Department of Education	The policy calls for the provision of Enhanced ECE for all Grade One children, in light of low Kindergarten attendance rates.

Grade 1 (DO 10)				
P20	Kalusugan at Nutrisyon ng Mag-Nanay Act (First Thousand Days Act) (RA 11148)	2018	National Nutrition Council	The Act aims to scale up nutrition intervention programs in the first one thousand (1000) days of a child's life, and allocate resources in the sustainable manner to improve the nutritional status and address the malnutrition of infants and young children from zero to two years old, adolescent females, pregnant, and lactating women to ensure growth and development of infants and young children. The Act seeks to level out the playing field by ensuring children from poor families will have access to quality health and nutrition services. It also lays down the groundwork for evidence-based nutrition interventions, nutrition-specific and nutrition-sensitive mechanisms, strategies, programs, and approaches to eradicate malnutrition and hunger.
P21	Kindergarten Act (RA 10157)	2012	Department of Education	The policy requires children to attend Kindergarten in order to start Grade 1 and paved the way for free Kindergarten education for all eligible Filipino five-year-old children.
P22	Letter of Instruction, No. 441	1976	Cross-ministry	The document outlines the actions that various departments will take to reduce and ultimately eradicate malnutrition in the Philippines. This includes the Department of Social Welfare, Department of Agriculture, Department of Education and Culture, Department of Health and Department of Local Governments and Community Development. The document also authorises the DILG to establish functioning nutrition committees at different administrative levels (barangay, municipality, city, province, and region).
P23	Local Government Code (RA 7160)	1991	LGUs	The Code mandates LGUs to exercise their powers as are necessary and appropriate for the effective provision of basic services including child welfare and nutrition services.
P24	Masustansya ng Pagkain Para Sa Batang Pilipino Act (National Feeding	2018	Department of Education; DSWD	The Act establishes a comprehensive National Feeding Programme to address malnutrition among Filipino children. The programme includes the following components: a) Supplemental Feeding Program for Day Care Children for children ages 3 to 5 years b) School-Based Feeding Program for public

Programme)
(RA 11037)

school children from kindergarten to grade six
c) Milk Feeding Program to incorporate locally-produced milk products in fortified meals
d) Micronutrient Supplements including the use of iodized salt
e) Health Examination, Vaccination, and Deworming for program beneficiaries
f) Gulayan sa Paaralan to allocate space for the cultivation of vegetables and other nutrient-rich plants
g) Water, Sanitation, and Hygiene to establish and maintain water and sanitation facilities and promote good hygiene and food preparation
h) Integrated Nutrition Education, Behavioral Transformation, and Social Mobilization to promote a holistic and integrated approach to health and nutrition education

In addition, the law calls for the harmonization of all existing national and local nutrition databases to identify individuals, groups, and/or localities that have the highest magnitude of hunger and undernutrition. The Department of Education (public kindergarten and elementary schools) and the Department of Social Welfare and Development (public day care centers) are the lead agencies in the implementation of the Program.

P25	National Policy on Oral Health (AO 101)	2003	Department of Health	The Policy seeks to improve oral health of Filipinos through ensuring the provision of promotive, preventive, curative and rehabilitative care. The policy outlines that basic oral health services shall be made available to the general population particularly the vulnerable and high-risk groups, children (0-6 years old), pregnant women and the elderly, the disadvantaged and marginalized groups.
P26	National Policy on Water Safety Plan for All Drinking-Water Service Providers (AO No. 0027)	2014	Department of Health	This policy sets out to standards, systems, procedures and guidelines to increase the provision of clean drinking water.

P27	Nutrition Act of the Philippines (PD 491)	1974	Office of the President	This decree outlines the establishment of the National Nutrition Council (NNC), the NNC's mandate and funding structure.
P28	Parent Effectiveness Service Program Act	2022	Department of Social Welfare and Development ; LGUs	<p>This Act mandates the establishment of a PES programme in every city and municipality, such that all parents are supported in the strengthening of their knowledge and skills in responding to their parental duties, foster positive ECD and advance educational progress.</p> <p>DSWD is also mandated to develop a PES Module Manual in coordination with the Department of Education, the Early Childhood Care and Development Council, the School Governing Councils, the Department of Health, the Department of Justice, and the Department of the Interior and Local Government</p>
P29	Paternity Leave Act (RA 8187)	1996	N/A	This Act ensures that all fathers are able to take seven days of paternity leave on full pay.
P30	Philippine Milk Code (EO 51)	1986	Department of Health	This policy regulates the marketing of infant milk formula, other milk products, food and beverages, as well as feeding bottles and teats. This policy is one of the strongest globally in protecting breastfeeding and imposes strict regulations on formula milk companies.
P31	Policies and Guidelines for the Implementation of Universal Kindergarten Education (DO 37)	2011	Department of Education	The document lays out the policies and guidelines that must be followed in implementing Universal Kindergarten Education (all eligible 5-year-old children can access quality education).
P32	Rooming-In and Breastfeeding Act	1992	Department of Health; Department of Education; Department of Labour and Employment	This Act promotes the early initiation of breastfeeding after delivery, and encourages the establishment of lactation stations in workplaces to promote exclusive and complementary breastfeeding of mothers.

P33	Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act (RA 7610)	1991	N/A	The Act outlines the protections afforded to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and other conditions that impede their development. It provides sanctions and outlines a programme to prevent and deter child abuse.
P34	The Child and Youth Welfare Code	1974	N/A	This decree outlines the rights and social responsibilities of children and youth, the role of the parent, the protection and provision of child welfare across the home, community, school, church and the state.
P35	Universal Health Care Act (RA 11223)	2018	Department of Health	The Act emphasised the integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, protected from hazards, guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk through a framework that fosters a whole-of-system-government-society approach in the development, implementation, monitoring and evaluation of health policies, programs, and plans
P36	Wage Rationalisation Act (RA 6727)	1988	Department of Labour and Employment	The Act outlines the annual rationalisation of minimum by each region. It promotes collective bargaining and ensures that wages are adjusted in a fair and equitable manner.

Appendix G — Programmes and Services in Singapore

S/N	Programme Name	Provider	NCF Mapping	WB Mapping	Programme Elements
1	ABC EarlyPreps Preschool	ABC EarlyPreps Preschool	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	Applied Behaviour Analysis

An early learning programme for children aged three to six with special needs such as autism and other developmental delays. The centre aims to prepare children for mainstream or special needs schools, depending on the developmental level of the child. Each child also has an individual education plan to ensure that they learn according to their own special needs, learning style and pace.

2	All Hands Together's Early Intervention Programme	All Hands Together	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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A three-hour programme for children of neurological age from three to seven years. The programme is paired with group sessions to foster socio-emotional development and provide vital school readiness skills for the child. The programme is provided in a mainstream preschool setting but differentiated and personalised to suit the diverse learning styles and needs of each child.

3	Antenatal Screening	Singapore Hospitals	Good health	Antenatal visits, access to healthcare	N/A
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Between six to 12 weeks of conception, all mothers have access to antenatal screening at all hospitals that provide maternity services. This includes a full blood count to check for anaemia and thalassemia, blood typing, hepatitis B screening, venereal disease research laboratory screening, HIV screening and oral glucose tolerance test for gestational diabetes

4	Arc Children's Centre	Arc Children's Centre	Opportunities for early learning	Early childhood and pre-primary programmes, Continuity to quality primary education	N/A
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Children aged three to 18 diagnosed with cancer or other life-threatening conditions are supported in their learning and development, with the goal of integration back into mainstream education.

5	Baby Bonus Scheme	MSF	Good health, Opportunities for early learning, security and safety	Early childhood and pre-primary programmes, access to healthcare, parental leave and adequate childcare	N/A
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The Scheme, set up and run by the MSF, includes a Cash Gift and Child Development Account (CDA) benefits for all Singaporean children. The Cash Gift is disbursed to parents in five instalments within 18 months of the child's birth. The CDA benefits comprise the CDA First Step Grant which will be automatically credited after CDA opening and dollar-for-dollar Government co-matching for each dollar that parents deposit in the CDA, up to the co-matching cap. The cash within the CDA can be used at approved institutions, including registered childcare centres, early intervention, health clinics and pharmacies, before the child turns 12 years old.

6	Baby Friendly Hospital Initiative	Baby Friendly Hospitals	Good health, Adequate nutrition, Responsive caregiving	Maternal education, antenatal visits, attended delivery, access to healthcare, exclusive breastfeeding, complementary feeding	N/A
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BFHI hospitals implement best practices to support mothers in establishing breastfeeding. This includes antenatal classes to teach pregnant women about the benefits of breastfeeding, supporting new mothers with breastfeeding, and providing conducive environment for the early initiation of breastfeeding. When breastfeeding is not feasible or if a mother chooses not to

breastfeed, education on the safe and hygienic preparation and handling of formula milk will be provided

7	Book Wizards (Prev: Project READ)	SINDA	Opportunities for Early Learning	Early childhood and pre-primary programmes, Continuity to quality primary education	N/A
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SINDA Book Wizards is a community-based reading programme for Indian children aged four to seven years old. The programme seeks to cultivate reading habits and equip children with adequate reading skills. Each child is matched with a trained volunteer and attends the programme for one hour weekly.

8	Bridge Learning Neuroscience-based early intervention programme	Bridge Learning	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An early learning programme for children aged 18 months to 12 years old with mild to moderate learning disabilities or difficulties. The programme provides a specialised curriculum to suit each learners needs.

9	Bright Path Preschool	Bright Path Preschool	Opportunities for early learning	Early childhood and pre-primary programmes	Treatment and Education of Autistic and related Communications Handicapped Children
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An early learning programme that focuses on individualised education plans for each child, at the same time encouraging children to learn together so as to foster a sense of belonging. Children are grouped in three different classes based on their developmental level instead of their age group

10	Caterpillar Club	aLife	Opportunities for early learning	Early childhood and pre-primary programmes	Play Therapy
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Led by alife, a non-profit organisation, the programme aims to empower, educate and equip children aged four to 12 from low-income and disadvantaged families with life skills. The programme includes elements of art and play therapy and takes place on a weekly basis.

11	Centre for Child Development & Early Intervention	Nurture Pods	Opportunities for early learning	Early childhood and pre-primary programmes	Handwriting Without Tears; Treatment and Education of Autistic and related Communications Handicapped Children
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The Centre provides both individualised and group based early interventions for children with special needs. Using Treatment and Education of Autistic and Communication related Children (TEACCH) technique, an evidence-based approach developed by The University of North Carolina, the centre aims to uncover each child's strength and work towards achieving daily-skills, academic and social successes.

With a small teacher to children ratio, the centre also provides transition/ school readiness programme in which we aim to prepare the child for transition from SPED to mainstream schools. Our staff are also trained to use techniques employed in Handwriting Without Tears, an effective programme to help children with special needs to develop good handwriting skills.

12	Child and Parent Learning Experience (CAPLE)	Bartley Community Care Services	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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This programme promotes the development of phonological awareness, language acquisition and numeracy concepts for Kindergarten 1 and 2 children from lower income group who are lagging behind. It aims to equip and support parents' involvement in their children's studies.

13	Child at Street 11 Childcare	Child at Street 11	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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This childcare centre provides an integrated programme that targets the specific needs of children from low-income families

14	Circle of Care	Care Corner, NUHKids	Opportunities for early learning	Early childhood and pre-primary programmes	Mind in the Making
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The programme aims to meet the educational and developmental needs of children from disadvantaged backgrounds. Through the provision of holistic support and strong collaboration between caregivers and professionals, the programme seeks to strengthen the parent-child relationship and equip children with essential life skills, while concurrently coordinating care components across various stakeholders (e.g., teachers, social workers and educational therapists).

15	Community Chinese Reading Project	CDAC	Opportunities for Early Learning	Early childhood and pre-primary programmes, Continuity to quality primary education	N/A
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A reading programme that aims to cultivate a love of reading in Chinese, with activities like storytelling, arts and crafts and role-play for children aged four to nine.

16	Comprehensive Developmental Assessment	Department of Child Development & KKH / Child Development Unit, NUH	Good Health		N/A
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At both KKH and NUH, parents who are concerned about their child's development can be referred to a diagnostic and assessment centre through the public polyclinic system, where they are provided with a comprehensive developmental assessment.

The assessment is run by a multi-disciplinary team coordinated by a trained paediatrician. Following the assessment, the team will work closely with the family to understand their needs and for the family to make an informed choice in relation to early intervention.

17	Continuing Therapy Programme	SPD	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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This programme offers centre-based occupational and speech therapy service to complement existing therapy services that children may be receiving.

18	Development Support (DS) and Learning Support (LS) Programme (Prev: Mission I'm Possible)	ECDA	Opportunities for early learning	Maternal education, education about early stimulation, growth and development, early childhood and pre-primary programs, continuity to quality primary education	N/A
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The Development Support (DS) and Learning Support (LS) Programme is a short-term intervention programme that prepares children who require low levels of EI support for mainstream primary school education.

19	Dover Court International School supportive education programme	Dover Court International School	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An early learning programme for children aged three and older. The programme varies the level of support provided to meet each individual student's needs.

20	DS-Plus	ECDA	Opportunities for early learning	Education about early stimulation, growth and development, early childhood and pre-primary programs, continuity to quality primary education	N/A
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In this programme, early intervention (EI) professionals from the EI centre will work with the child in their preschool up to twice a week, co-teaching the child alongside the preschool teacher. This helps the child to adapt to the mainstream preschool setting, so that they can be equipped with skills within a larger class setting.

21	E-Bridge Preschool	Etonhouse International	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An Anchor Operator that have been selected by ECDA and provided with additional funding support. The centres run by the operators are tasked to provide good quality and affordable early childhood care and education, with a fee cap. The centres are also expected to ensure that their educators have access to professional development and career progression opportunities.

22	Early Intervention Program for Infants and Children (EIPIC@Centre)	ECDA, Selected Preschools	Opportunities for early learning	Maternal education, education about early stimulation, growth and development, early childhood and pre-primary programs, continuity to quality primary education	N/A
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In this programme, children with developmental delays receive centre-based developmental and therapy services to improve their motor, communication, social, self-help and cognitive skills. Children remain in the program until they graduate to primary school, unless they make sufficient progress to enter the DS-Plus.

23	Early Intervention Programme	Dynamics Therapy Group	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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Each child in the programme will have their own unique Individual Education Plan (IEP) developed with our specialist Teachers, Occupational Therapists, and Speech and Language Therapists. This is to ensure that each child's unique strengths and challenges can be utilised and addressed to help reach their goals.

24	Early Intervention Programme	iC2 Prephouse	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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The programme, for infants and young children with visual impairment, conducts a developmental assessment for each child, after which an intervention program suited to the child's needs is designed and delivered.

25	Early Intervention Programme for Children Aged 2 to 6 with Anxiety Disorder	KK Hospital	Responsive Caregiving	Maternal education, education about early stimulation, growth and development	N/A
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This parent-based programme, run by KKH, seeks to equip parents with skills to manage their child's anxiety-related behaviour. Over 10 sessions, parents learn about anxiety and how to reduce the frequency of accommodating or giving in to their child's anxiety. They also learn how to support their child in anxious situations, and how to create a practical and detailed plan they can use to help their child cope with anxiety.

26	EIPIC Under-2s	ECDA	Opportunities for early learning	Maternal education, education about early stimulation, growth and development, early childhood and pre-primary programs, continuity to quality primary education	N/A
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The EIPIC Under-2s programme focuses on training the caregivers of children under two with developmental needs so that they can effectively carry out intervention strategies in the child's daily routines.

27	Enhanced Pilot for Private Intervention Providers (Enhanced PPIP)	ECDA, Selected Preschools	Opportunities for Early Learning	Maternal education, education about early stimulation, growth and development, early childhood and pre-primary programs, continuity to quality primary education	N/A
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The programme is provided by ECDA-appointed private Early Intervention (EI) centres, for children aged two to six years old, diagnosed as falling within the mild to moderate range of developmental delays, autism spectrum disorder, physical disability, hearing and visual impairment. It offers more choices of EI for children who have been referred for the Early Intervention Programme for Infants and Children (EIPIC).

28	Extended Early Intervention Programme	Dynamics Therapy Group	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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The Extended Early Intervention Program (EEIP) is designed for increased intensity of early intervention for children who need extra support to develop their language and communication skills, improve their sensory integration, enhance their fine and gross motor skills, engage in pre-academics, and develop social skills.

29	Family Excellence Circle	Mendaki	Responsive Caregiving	Maternal Education, early childhood and pre-primary programmes	N/A
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This Mendaki programme seeks to bring parents together in an informal setting to facilitate a network of support where parents help on another and exchange knowledge and experience. The programme aims to increase social connectedness among parents and promote confidence in parenting skills.

30	Focused Language Assistance In Reading (FLAIR)	AECES	Opportunities for Early Learning	Early childhood and pre-primary programmes	N/A
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The programme engages para-educational professionals to provide focused language assistance to kindergarten children. The aim is to lay a strong oral-aural foundation in the English language for these children so that they will be ready to develop early reading skills.

31	Gain Reading Oral and Writing Skills (GROW)	Calvary Community Care	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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The programme, for children aged five to eight year old from disadvantaged families, aims to help children acquire reading skills.

32	Genesis School for Special Education	Genesis School for Special Education	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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This early learning programme for children aged two to six years old with special needs, focuses on areas of socioemotional development, receptive-expressive language, cognitive skills, motor skills and self-help skills.

34	Healthy START Child Development Centre	Beyond Social Services	Opportunities for Early Learning; Responsive Caregiving	maternal education, education about early stimulation, growth and development, early childhood and pre-primary programmes	N/A
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While primarily an early learning programme for children from lower socioeconomic backgrounds, the programme run by Beyond Social Services aims to increase parental and caregiver involvement through Individualised Education Plans.

35	Inclusive Preschools (Inclusion Coordinator)	ECDA, preschools	Good health, Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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ECDA plans to introduce Inclusion Coordinators to all preschools by 2023, where every preschool will have a trained individual familiar with resources and support for children with developmental needs, able to provide advice to teachers and families and to bring in relevant early intervention support for the children.

36	Inclusive Support Programme (InSP)	ECDA	Opportunities for Early Learning		N/A
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This multi-pronged programme aims to support children aged three to six years old with developmental needs that require medium levels of early intervention (EI) support. The child is supported in the preschool with a full-time EI professional and visiting allied health professionals. The preschool educator is supported to bring in inclusive practices into the classroom. Finally, the family is supported through building family-centre partnerships and involved in their child's progress and development.

37	Infant Toddler Program	Down Syndrome Association	Opportunities for early learning	Maternal education, education about early stimulation, growth and development, early childhood and pre-primary programmes, continuity to quality primary education	Play-Based Learning
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The play- and exploration-based New Zealand approach provides opportunities for families and children to experience learning in a meaningful and purposeful way. Infants and toddlers learn

through all their senses by touching, smelling, hearing, seeing, and tasting different materials from an early age, honing their skills in exploration, investigation, problem-solving and decision-making.

38	Integrated Child Care Programme (ICCP)	ECDA	Good health, Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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ICCP is an inclusive childcare programme for children requiring minimal levels of Early Intervention (EI) support. Run by ECDA, children in this programme attend preschool with other children, with no intervention, at selected preschools. The progress of each child is monitored with regular feedback between the preschool teacher and parent.

39	Integration Facilitation Support Program	Down Syndrome Association	opportunities for early learning	Maternal education, education about early stimulation, growth and development, early childhood and pre-primary programmes, continuity to quality primary education	N/A
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The programme collaborates with the child, their family, and their mainstream teachers to adopt a learning atmosphere that meets each student's unique needs. The programme provides support that enables families to be active participants in their child's education, make informed decisions regarding the nature of supports, resources and services that promotes family self-efficacy.

40	KelasMate Matika@CC	M ³ (MUIS, MENDAKI, PA)	Opportunities for Early Learning; Responsive Caregiving	Maternal education, education about early stimulation, growth and development, Early childhood and pre-primary programmes	Mediated Learning Experience
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Jointly run by Mendaki, the Islamic Religious Council of Singapore and the People's Association Malay Activity Executive Committees Council, the programme seeks to empower parents to be more confident in teaching their children basic numeracy concepts.

41	KidsConnect	Children's Cancer Foundation	Opportunities for Early Learning	Early childhood and pre-primary programmes	N/A
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This group programme is for children aged three to 12 who have survived cancer to develop their social skills and build connections with others who have similar experiences.

42	KidsFirst School	KidsFirst	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	DIR Floortime; Hanen Programme; Prompts for Restructuring Oral Muscular Phonetic Targets; Social Thinking
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The KidsFirst School programme, for children aged two to 12, is a therapy-based program, conducted in a school setting. The program runs daily, for three to six hours per session, during which the child receives speech and occupational therapy.

43	KidsRead	National Library Board	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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The programme, run by the National Library Board, engages children aged four to eight years old from less privileged families in an interactive session with trained volunteers. The programme includes story-related activities to spark each child's imagination and creativity.

44	KidsReady	Care Corner	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	Phonics/Pre-Phonics skills; Play-Based Learning
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This is an intensive intervention to support children attending EIPIC centres to prepare for primary school.

45	KidsSTOP Outreach	Singapore Science Centre	Opportunities for Early Learning	Early childhood and pre-primary programmes	N/A
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Curated for young children aged 6 and below, the programme comprises a 15-minute performance and a 30-minute hands-on activity for young children to encounter and understand STEM concepts.

46	KidStart	ECDA	Opportunities for Early Learning; Responsive Caregiving	Education about early stimulation, growth, and development; Maternal education; Early childhood and pre-primary programs	Abecedarian Approach; Parents as Teachers; SmallTalk
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This intervention was piloted by ECDA and now operated by the KidSTART Singapore agency. The intervention comprises of three components:

1. Home visits to pregnant mothers and children from birth to three, to guide parents with practical early childhood knowledge and skills, and to conduct regular developmental screening
2. Weekly playgroup session for children to play and parents to build a support network
3. Additional support in preschool to deepen parental knowledge on growth, development and health, and to ensure children are ready for school.

47	KidzRock International School	KidzRock International School	Opportunities for early learning	Early childhood and pre-primary programmes	Applied Behaviour Analysis; Treatment and Education of Autistic and related Communications Handicapped Children
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This is a preschool that offers a mainstream preschool curriculum for children with special needs, with the aim of preparing the children for either mainstream or special education school. Teachers are trained in educating children with special needs, and adopt a variety of teaching methodologies.

48	Kindle Garden	AWWA	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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The inclusive early learning programme for children aged 18 months to six years old provide a non-discriminatory environment for both typically developing children and children with special needs. Teachers are supported by a variety of allied health professionals, including special education trained inclusion facilitator, an occupational therapist, and a speech therapist.

49	KKH Child Development Unit	KK Hospital	Good health, opportunities for early learning, responsive caregiving	Prevention and treatment of parental depression, maternal education, education about early stimulation, growth and development, early childhood and pre-primary programmes	N/A
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The Department at KKH provides diagnostic and intervention services for children with developmental or behavioural difficulties. They also work closely with community services such that children and families are referred to the appropriate supports.

50	Little CAMPUS	Singapore Book Council	Opportunities for Early Learning	Early childhood and pre-primary programmes	N/A
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This programme brings Singapore literature to preschool students and centres, and are conducted in Chinese, English, Malay and Tamil.

51	Little Sprouts Reading Program	FILOS	Opportunities for early learning	Early childhood and pre-primary programmes	Phonics/Pre-Phonics skills
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The programme, for children aged four to six years old, follows an established phonics-based curriculum and uses interactive activities to inculcate a love for reading and build self-confidence.

52	Making Every Preschool Inclusive	Rainbow Centre, St James'	Opportunities for early learning	Early childhood and pre-primary programmes,	N/A
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	Church Kindergarten and PCF Sparkletots	continuity to quality primary education
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This programme brings together collaborative teams of early childhood educators from St. James Church Kindergarten and early interventionists from Rainbow Centre, to carry out a co-teaching model to support children with disabilities in an inclusive setting. The programme culminates in the development of a service manual and training framework that will guide similar partnerships between early intervention centres and preschools.

53	Melbourne Specialist International School	Melbourne Specialist International School	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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This early learning programme for children aged three to seven with special needs aims to create an inclusive environment where each child has individual attention due to a low student-to-teacher ratio.

54	Mighty Oaks Learning Centre	Three Oaks Pte Ltd	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	DIR Floortime
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Operated by a private, for-profit company, this programme aims to help children aged three to six with delays in social skills and academic readiness, become successful within a mainstream school setting. The programme integrates the DIR-Floortime model, an evidence-based intervention, with academic skills. The programme is led by certified early childhood educators and supported by occupational and speech therapists.

55	Modern Montessori International Katong Inclusion Programme	The Growing Academy	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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A programme for children with special needs to promote inclusive learning for children with behavioural issues and for those diagnosed with autism, with the focus of cultivating independence and self-awareness.

56	My First Skool	NTUC FIRST CAMPUS	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An Anchor Operator that have been selected by ECDA and provided with additional funding support. The centres run by the operators are tasked to provide good quality and affordable early childhood care and education, with a fee cap. The centres are also expected to ensure that their educators have access to professional development and career progression opportunities.

57	My World Preschool	Metropolitan YMCA	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An Anchor Operator that have been selected by ECDA and provided with additional funding support. The centres run by the operators are tasked to provide good quality and affordable early childhood care and education, with a fee cap. The centres are also expected to ensure that their educators have access to professional development and career progression opportunities.

58	Neighbourhood Health Service Kids	ECDA, NUS Medical Society	Good Health	Access to healthcare, Immunisations	N/A
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Since 2018, NHS Kids, run by the NUS Medical Society and ECDA, offers free health screening, along with other services such as dental cleaning, to children aged six and below. Screening is conducted to identify children and their families who could be facing medical issues or are in vulnerable situations, and to refer them to appropriate services.

59	NUH Child Development Unit	National University Hospital	Good health, opportunities for early	Prevention and treatment of parental	N/A
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learning,
reponsive
caregiving

depression,
maternal
education,
education about
early stimulation,
growth and
development,
early childhood
and pre-primary
programmes

The CDU at NUH provides diagnostic and intervention services for children with developmental or behavioural difficulties. They also work closely with community services such that children and families are referred to the appropriate supports.

60	Parentwise	Temasek Foundation	Responsive Caregiving	Maternal education, education about early stimulation, growth and development	N/A
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The programme aims to benefit children and uplift parents, through evidence-based parenting tips. Through ParentWise, parents are aided with new parenting ideas, helping them to be more confident in raising their children.

61	PCF Sparkletots	PAP Community Foundation	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An Anchor Operator that have been selected by ECDA and provided with additional funding support. The centres run by the operators are tasked to provide good quality and affordable early childhood care and education, with a fee cap. The centres are also expected to ensure that their educators have access to professional development and career progression opportunities.

62	Place for Academic Learning and Support (PALS)	Children's Cancer Foundation	Opportunities for Early Learning	Early childhood and pre-primary programmes, Continuity to	N/A
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quality primary
education

Through the Singapore Cancer Society, children aged three to 17, who are diagnosed with cancer, are provided with personalised academic support in an infection-controlled environment. The programme delivers a holistic curriculum, aimed at preparing children for their eventual return to school and early learning.

63	PlayFest	Mendaki	Opportunities for Early Learning; Responsive Caregiving	Maternal education, education about early stimulation, growth and development, Early childhood and pre-primary programmes	Mediated Learning Experience
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The programme, run by Mendaki, aims to generate parental awareness on the importance of play and its role in children's holistic development, to empower parents with knowledge on Mediated Learning Experience, and to develop critical skills amongst children.

64	Polyclinic Child Health Services	National Healthcare Group Polyclinics	Good health	Immunisations, Access to healthcare	N/A
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Parents are able to bring their children, from birth to four years of age, to any polyclinic, in order to monitor their child's growth and development. The National Childhood Immunisation Programme also administered through the polyclinics.

65	Prenatal Support	Down Syndrome Association	Opportunities for Early Learning; Responsive Caregiving	Maternal education, education about early stimulation, growth and development	N/A
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The Down Syndrome Association provides support to expectant parents of children with Down syndrome. This includes up-to-date information, counselling, and preparation for when the child is born.

66	Preschool Outreach	M ³ (MUIS, MENDAKI, PA)	Opportunities for Early Learning; Responsive Caregiving	Maternal education, education about early stimulation, growth and development, Early childhood and pre-primary programmes	N/A
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In conjunction with ECDA and other community partners, the programme seeks to promote importance of preschool education and support families from low-income households enrol their children into preschool. Outreach agencies also work closely with the families to ensure regular attendance after enrolment.

67	Ready Let's Go	Kaleidoscope	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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This early intervention programme is designed to address the key developmental domains, using evidence-based interventions, and an interdisciplinary approach. Additionally, the programme focuses on academic skills & school readiness, to ensure best outcomes.

68	Safe and Strong Programme	Various SSAs	Safety and Security	Child protection services	N/A
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The SSF programme aims to strengthen families with child protection concerns. Families with children who are at imminent risk of being removed due to safety concerns or families with children who are ready to return home after a period in alternative care will be provided with intensive support by caseworkers from SSF community agencies. The goal is to work with parents to overcome their challenges and improve their parenting skills and family functioning to provide a safe and nurturing environment for their children.

69	SAIL Playhouse	SAIL Playhouse	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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This preschool caters to the individual needs of each child, through designing specialised learning curricula and implementing support systems. An inclusive setting, the preschool allows children with special needs to develop social and communication skills while children with typical needs learn to empathise with their peers with special needs.

70	School Readiness Program	Dynamics Therapy Group	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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The programme is designed for children who need extra support to develop their group readiness skills, engage in early academics, enhance their social skills, improve their fine motor skills, and further develop their language and communication skills. Development opportunities are integrated into all aspects of our curriculum for optimal progress towards meeting their potential.

71	School Readiness Programme	HeadStart for Life	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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The programme supports the child's growth in the areas of communication (speech and language), motor skills (fine and gross), sensory integration, emotional well – being, social skills and cognitive skills. It also reinforces academic concepts in literacy, numeracy, handwriting and art.

72	Signposts Parenting Program	Feiyue, KK Hospital	Good health, Responsive caregiving	Maternal education, education about early stimulation, growth and development	N/A
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Signpost, delivered by Fei Yue Community Services, is an evidence-based programme that equips parents with skills to help them understand, prevent and manage their child's difficult behaviour through the development of a personalised programme that suits the unique needs of their child. Parents are also taught to develop strategies to prevent and manage difficult behaviour.

73	Skool4Kidz	Kinderland Educare Services Private Limited	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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An Anchor Operator that have been selected by ECDA and provided with additional funding support. The centres run by the operators are tasked to provide good quality and affordable early childhood care and education, with a fee cap. The centres are also expected to ensure that their educators have access to professional development and career progression opportunities.

74	StoryLAB (Literacy Awareness Builders)	Calvary Community Care	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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The programme seeks to help children engage meaningfully with stories through weekly volunteer-led reading sessions.

75	The Little Hands Bilingual-Bicultural Program	Singapore Association for the Deaf	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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The curriculum in this programme allows children with hearing loss to explore their environment and the activities at a level appropriate to their cognitive and learning development levels. It also provides a linguistic environment for children to develop their linguistic skills in Singapore Sign Language and English. They can practice the linguistic and social skills they have developed at home and in class in a broader social setting.

76	The Parenting Years	Mendaki	Opportunities for Early Learning; Responsive Caregiving	Maternal education, education about early stimulation,	N/A
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growth and
development

The Parenting Years provide parents with the right methods to encourage their child to embark on a journey with them to create many happy memories, nurture a closer bond and meaningful relationship.

77	Think Kids Applied Behaviour Analysis	Think Kids	Opportunities for Early Learning	Early childhood and pre-primary programmes, continuity to quality primary education, Maternal education, education about early stimulation, growth and development, prevention and treatment of parental depression	Applied Behaviour Analysis
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The programme seeks to create a positive learning experience for young children with challenging behaviours and Autism.

78	THK Children Therapy Centre	THK	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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Depending on the child's needs, the programme offers occupational therapy, speech language therapy and physiotherapy to children from birth to the age of 18, with developmental issues, learning difficulties and physical disabilities.

79	Toddler Program	Dynamics Therapy Group	Opportunities for early learning	Early childhood and pre-primary programs, continuity to quality primary education	N/A
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The programme, for toddlers aged 18 to 30 months, aims to prepare them for playgroup setting and addresses the developmental needs of the child individually.

80	TOTally Science	Singapore Science Centre	Opportunities for Early Learning	Early childhood and pre-primary programmes	N/A
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This programme teach young children aged two to three about basic science concepts through play and enquiry.

81	WeeCare Preschool	WeeCare Preschool	Opportunities for early learning	Early childhood and pre-primary programmes	N/A
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This preschool programme includes a daily programme for children with learning difficulties, individual therapy either at the centre or at home and group therapy based on the needs and developmental profiles of each child.

82	YMCA Child Development Centre	YMCA	Opportunities for Early Learning	Early childhood and pre-primary programs	N/A
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The YMCA, a non-profit organisation, delivers a child-centred programme that integrates all areas of learning into an experiential journey and allows for learning outside of the classroom. The centre is licensed through ECDA and enrolls children from 18 months to six years of age.

83	Young Arrows	TOUCH	Opportunities for early learning	Early childhood and pre-primary programmes, continuity to quality primary education	N/A
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This programme provides educational, social, emotional and moral support to children aged five to 12 years old from low-income or single-parent families.

Appendix H — Policies in Singapore

S/N	Policy	Year Implemented	Government Ministry	Description
P1	Adoption of Children Act	1939 (amended 1985, May be repealed in 2022 for a new version)	MSF	<p>The Adoption of Children Act outlines the provisions under which adoption of children in Singapore are allowed. However, the 1939 Bill mostly focuses on the age gap between the child and their adoptive parents, citizenship of parties involved as well as consent of parties involved, without significant provisions concerning the rights of the child other than the prohibition of payment for adoption to their legal parent/guardian.</p> <p>On April 4 2022, Minister for Social and Family Development Masagos Zulkifli tabled the Bill in Parliament, seeking to repeal the Adoption of Children Act 1939 and re-enact a new Adoption of Children Act 2022.</p>
P2	Affordable Health Care White Paper	1993	MOH	This white paper reviews the state's role in providing healthcare and recommends ways to improve the healthcare system
P3	Child Care Subsidy		ECDA/MSF	Outlines the basic and additional subsidies which all Singaporean children can access when they are enrolled in a ECDA-licensed infant/childcare centre.
P4	Child Development Co-Savings Act	2001 (amended 2021)	MSF	<p>Outlines maternity protection and benefits, childcare leave for parents, protection for adoptive parents</p> <p>The new Bill introduced on July 5 2021 will allow parents who are currently not eligible for paternity or adoption leave due to certain employment arrangements to qualify for paternity and adoption benefits of up to \$30,000, calculated based on their income.</p>

S/N	Policy	Year Implemented	Government Ministry	Description
P5	Children and Young Persons Act	1993 (amended 2020)	MSF / ECDA	The CYPA provides for the welfare, protection and rehabilitation of children and youths.
P6	Early Childhood Development Centres Act	2017	MSF / ECDA	The policy sets out a common licensing framework for childcare centres and kindergartens. It also requires that persons working in centres will need to be approved by ECDA to ensure their suitability to work with young children. In addition, there will also be clearer and more consistent requirements to guide centres in their operations. Finally, the requirements will be enforced through a more comprehensive and graduated enforcement framework with enhanced investigative powers to strengthen ECDA's oversight of the sector.
P7	Employment Act	1968 (amended 2020)		Part 9 of the Act outlines maternity protection and benefits, and childcare leave for parents
P8	Environmental Public Health Regulations	2019	MEWR	This act regulates the quality of water suitable for drinking.
P9	Kindergarten Fee Assistance Scheme / Child Care Assistance Scheme		MSF/ECDA	The Scheme helps parents defray their children's kindergarten fees and is administered by the Early Childhood Development Agency (ECDA). From January 2020, KiFAS will be extended to families with Singapore citizen children attending kindergarten programmes run by Anchor Operators or the Ministry of Education, if their gross monthly household income is \$12,000 and below. Eligible low-income families may also apply for a yearly grant to cover the costs of enrolling their children in kindergarten.
P10	National Childhood Immunisation Programme	Mid 1950s	MOH	The National Childhood Immunisation Programme (NCIP) in Singapore covers vaccination against TB (BCG); hepatitis B (HepB); diphtheria, pertussis and tetanus (DTaP); poliomyelitis (IPV/OPV); Haemophilus influenzae type b (Hib); measles, mumps and rubella (MMR);

S/N	Policy	Year Implemented	Government Ministry	Description
				pneumococcal disease (PCV); and human papillomavirus (HPV). Only vaccinations against diphtheria and measles are compulsory by law by the time a child enters primary school.
P11	National Standards for Protection of Children	2002	MCDYS	The National Standards for Protection of Children issued by MCDS sets out the framework for the management of child protection in Singapore and describes the referral standards as required by the different sectors involved.
P12	Registration of Births and Deaths Bill	2021	MHA	<p>The Bill will make it mandatory for every birth in Singapore to be reported to the Registrar-General of Births and Deaths (RG) as soon as practicable. The mandatory reporting requirement will allow the Government to have a comprehensive record of all births (and deaths) that have occurred in Singapore.</p> <p>For births in a hospital, the existing administrative arrangement for the hospital to report such births to the RG will continue. For births that occur outside of a hospital and the child is not brought to a hospital within 24 hours after birth, the parents of the child will need to go to ICA in person to report the birth, and may choose to provide birth particulars for the purpose of birth registration at the same time; for other responsible persons, they should report the birth to ICA via email.</p>
P13	Safe and Strong Families (SSF) Programme		MSF	The SSF programme aims to strengthen families with child protection concerns. Families with children who are at imminent risk of being removed due to safety concerns or families with children who are ready to return home after a period in alternative care will be provided with intensive support by caseworkers from SSF community agencies. The goal is to work with parents to overcome their challenges and improve their parenting skills and family functioning to provide a safe and nurturing environment for their children.

Appendix I — Overview of Programme Providers

China

Provider	
Aiyou Charity Foundation	FAZE Community Well-being Foundation
All-China Women's Federation	Gansu Red Cross Volunteer Association
Amway Foundation	General Motors (China)
Anji Early Childhood Education Research Centre	Hupan Modou Foundation
Beijing Royal Charity Foundation	Meituan Charity and One Foundation
Beijing New Sunshine Charity Foundation	Ministry of Education
Beijing Women and Children Development Foundation	Mutual Manifestation of Lovers and People (2007-2017), Shanghai Mutual Charity Foundation (2018 and beyond)
Beijing Zhongzhi Children's Care Foundation	National Health Commission
Chengdu Tongmeng Social Work Service Centre	New Sunshine Charity Foundation
China Birth Defects Intervention and Relief Foundation	Qinghai Provincial Red Cross Society
China Charities Aid Foundation for Children	Red Cross Society of China Gansu Branch
China Charity Federation	Self-publisher "Children's Book Mother Rei Mikawa"
China Children and Teenagers' Foundation	Safe Kids Worldwide (China)
China Community Development Association, China Children and Youth Foundation	Save the Children
China Development Research Foundation	Shanghai Children's Foundation (SCF)
China Foundation for Rural Development	Shanghai Municipal Committee and Municipal Government
China Life Charity Foundation	Stanford Centre on China's Economy and Institutions (SCCEI)
China Population Welfare Foundation	Sunrise Foundation
China Red Cross Foundation	Tanoto Foundation (China)
China Rural Development Foundation	China National Children's Centre
China Women's Development Foundation	United Nations Children's Fund
Chun Hui Children's Foundation	Western Sunshine Foundation
Department of Linguistics, Ministry of Education	

Indonesia

Provider	
Action Contre la Faim (ACF)	Nutrition International
Care Indonesia	Peduli Anak Foundation
ChildFund	PKK
Djarum Foundation	Plan International
Global Alliance for Improved Nutrition	Reach Out Foundation
Government of Indonesia	Save the Children
Helen Keller International	Save the Children & Nutrition International
Jayawijaya Government (cooperation with WVI and UNICEF)	SEAMEO Region Centre for Food and Nutrition
Ministry of Education and Culture	SINAU (Sanggar Aksara)
Ministry of Education, Culture, Research and Technology	SOS Children's Villages
Ministry of Health	Tanoto Foundation
Ministry of Home Affairs	The Human Safety Net
Ministry of Social Affairs	Thousand Days Fund
Ministry of Women Empowerment and Child Protection (KPPA)	UNICEF
Ministry of Villages	World Vision Indonesia
National Family Planning Board	Yayasan Usaha Mulla
National Population and Family Planning Agency (BKKBN)	

The Philippines

Provider	
Arcanys Early Learning Foundation	Little Bamboo Foundation
Bangsamoro Development Agency (BDA)	Local Government Units
Bukas Palad Foundation	Ministry of Social Services and Development (MSSD)
Cartwheel Foundation	National Nutrition Council
ChildFund Philippines	NTC
Children of Asia	Oxford University
Department of Education	Pag-asa Social Center
Department of Health, National Nutrition Council	Save the Children
Department of Labour and Employment	SOS Children's Village
Department of Social Welfare and Development (DWSD)	The Philippine National Committee on Human Milk Banking (PNCHMB)
ECCD Council	University of Philippines Open University
Glory Reborn Organization	UNICEF
ICM	World Health Organisation
Katipunan ng May Kapansanan sa Pilipinas (KAMPI) and the Danish Society of Polio and Accident Victims (PTU)	World Vision International
Knowledge Channel Foundation	

Singapore

Provider	
ABC EarlyPreps Preschool	KK Hospital
AECES	M ³ (MUIS, MENDAKI, PA)
aLife	Melbourne Specialist International School
All Hands Together	Mendaki
Arc Children's Centre	Metropolitan YMCA
AWWA	Ministry of Social and Family Development
Baby Friendly Hospitals	National Healthcare Group Polyclinics
Bartley Community Care Services	National Library Board
Beyond Social Services	National University Hospital
Bridge Learning	NUH Kids
Bright Path Preschool	NUS Medical Society
Calvary Community Care	NTUC First Campus
Care Corner	Nurture Pods
CDAC	PAP Community Foundation
Child at Street 11	Rainbow Centre
Child Development Unit, NUH	SAIL Playhouse
Children's Cancer Foundation	SINDA
Department of Child Development & KKH	Singapore Association for the Deaf
Dover Court International School	Singapore Book Council
Down Syndrome Association	Singapore Hospitals
Dynamics Therapy Group	Singapore Science Centre
Early Childhood Development Agency	St James' Church Kindergarten
Etonhouse International	SPD
Feiyue, KK Hospital	Temasek Foundation
FILOS	The Growing Academy
Genesis School for Special Education	Think Kids
HeadStart for Life	THK
iC2 Prephouse	Three Oaks Pte Ltd
Kaleidoscope	TOUCH
KidsFirst	Various SSAs
KidzRock International School	WeeCare Preschool
Kinderland Educare Services Private Limited	YMCA

