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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?

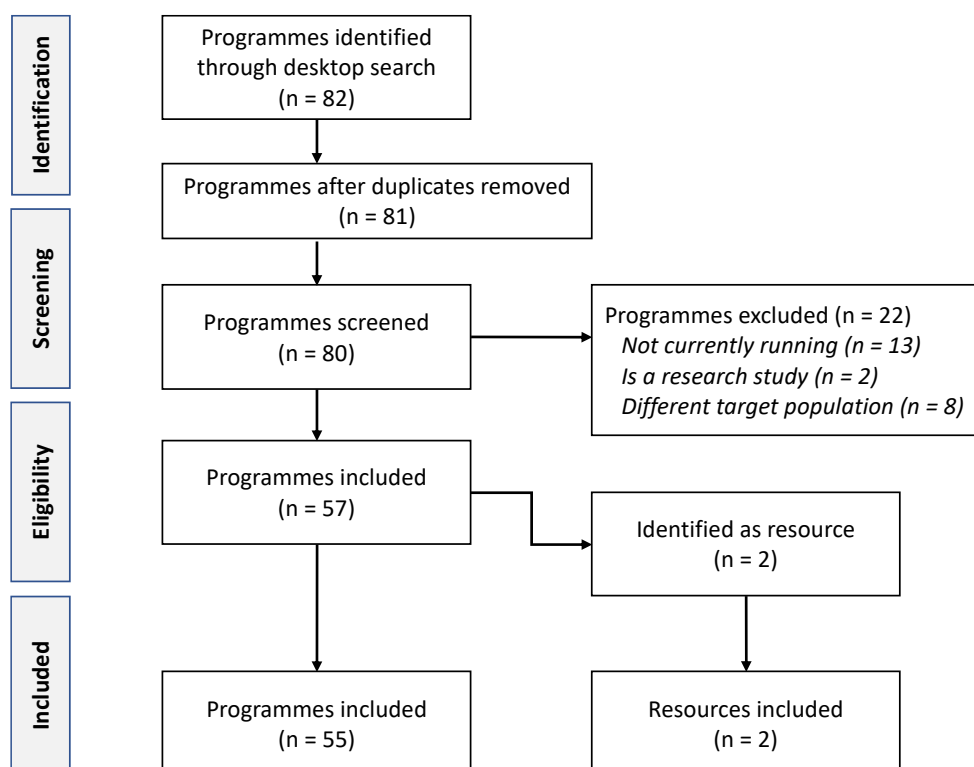
The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in Indonesia aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details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

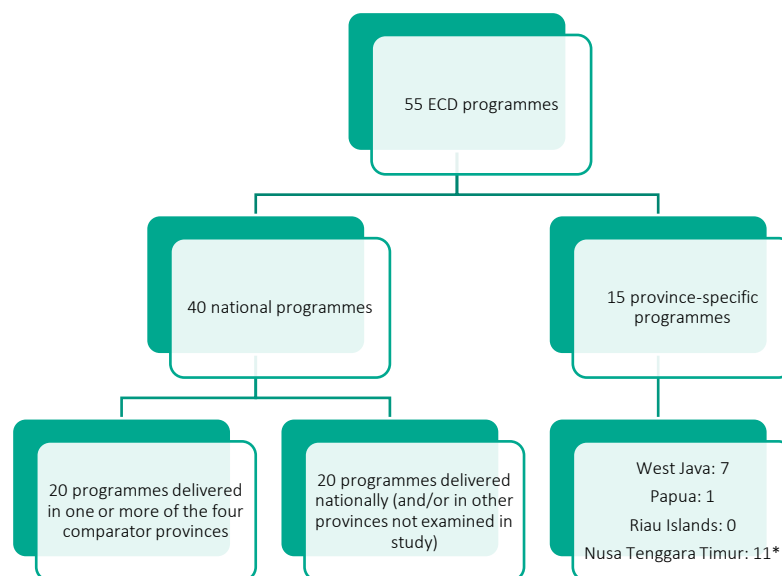


Of the 55 shortlisted programmes, two are defined in this landscape study as resources that are made available to caregivers. These resources have no active intervention or programme delivery to caregivers but are freely available online and therefore considered part of the landscape of ECD provision.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

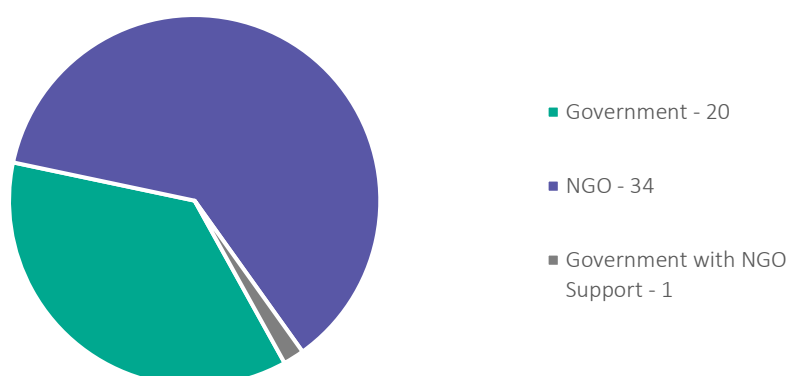
Figure 3-2. Breakdown of National and Provincial Programmes



**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



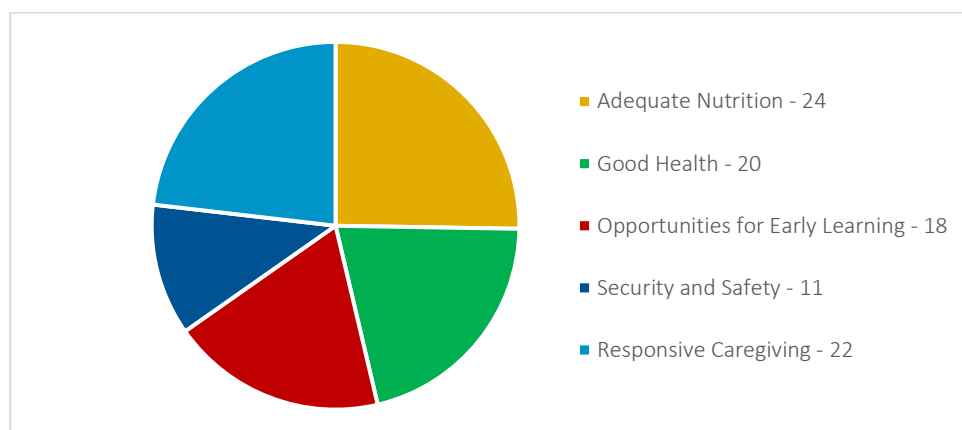
Of the programmes operated by NGOs, all are funded privately. This is mirrored across both national and provincial programmes. Funding sources include funding from international aid agencies and multilateral agencies, bilateral development assistance from other countries (e.g., Australia's Department 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

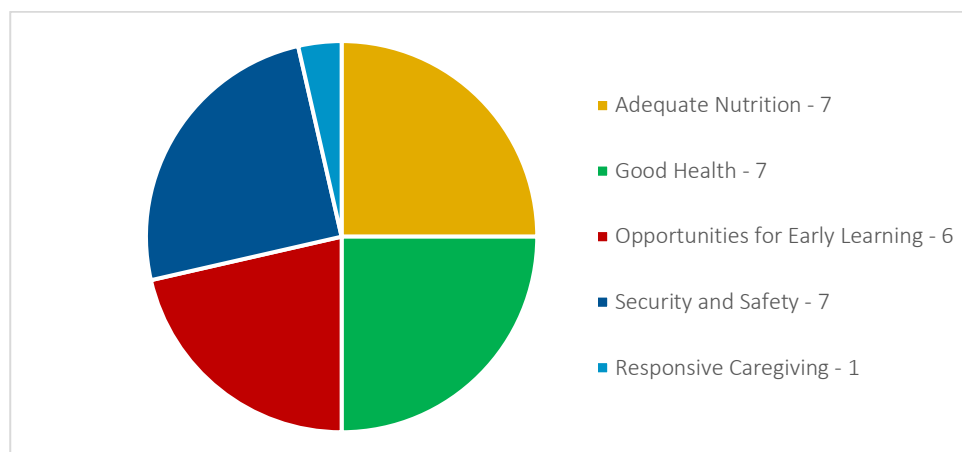


3.1.2. Policies

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		x
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

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
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>				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		<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	<p>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>	<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>	<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.</p>

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		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		<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		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
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>				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
<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>			

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
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>

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
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
	Study findings 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. 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.			

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		<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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		<p>two post-natal visits increased by nearly 21%. The likelihood of children (ages zero- to 5-year-olds) being taken to local health facilities to be weighed increased by 30% above baseline levels. At the same time, beneficiary households increased the likelihood of completing their children's vaccinations by approximately 11%. Increased usage of health services also contributed to an increase in the share of households that treated their children for diarrhoea by 13%. Beneficiary households, however, did not demonstrate increased usage of recommended vitamins (iron tablets for pregnant women or vitamin A for children), which is partly due to insufficient stocks. There is no evidence yet of changes in long-term health outcomes – such as child malnutrition and mortality rates – which are not expected to be observed over the short timeframe of the three-year survey.</p> <p>The benefits of the program also extended to neighbouring households that did not receive cash transfers but nevertheless changed their behaviours (i.e., a “spill-over effect”). Their pre-natal visits increased by over 6% compared to pre-program levels and child weighing increased by 10% compared to pre-program levels. Changes among these neighbouring households may have been encouraged by the positive example of beneficiaries as well as PKH facilitators who played an important role in helping to spread information about healthy behaviours.</p> <p>The pilot program had little impact on changing education behaviours. For children from beneficiary households who were already in school, the program helped to increase the time they spent in school. During the initial pilot phase, however, PKH had no impact on drawing more children into the education system and keeping them in school. Enrolment rates, drop-out rates, and the incidence of wage labour remained unchanged after three years. This is likely because the quarterly cash transfers were too late and too little. Payments did not coincide with the academic school year, so parents did not have the funds when needed. Also, the amount received was not adequate to cover additional fees that parents must usually pay.</p>		
Program Keluarga Harapan (PKH) Fitritia, I. S., & Matsuyuki, M. (2022). Role of social protection in coping strategies for floods in poor households: A case study on the impact of Program Keluarga	Peer reviewed journal article Study findings	This study explored the relationship between PKH and coping strategies, when dealing with natural disasters through livelihood capital.	Study design: Case study Study method: Quantitative – questionnaire survey.	Study was conducted in Pekalongan City, a coastal city on Java Island, in December 2020.
		The effect of PKH intervention on coping strategies was based on a two-time scheme: before the flood (ex-ante) and after the flood (ex-post). The two models revealed that PKH encourages ex-ante and ex-post coping strategies for floods through livelihood capital. PKH has the potential to play an additional		

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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.	Study design: Cross-sectional study Study method: Interviews and questionnaires.	The sample in this research was 98 cadres.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
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	

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		<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>		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		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>				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
		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		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Comments (from ECD Landscape Study team)
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)	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.	
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		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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