The sample of Indonesian children we study have very high rates of stunting, wasting and being underweight that are typical of the Indonesian population but are very high compared to the rest of the world. Table 4 shows the share of children under 5 years of age who are stunted, wasted and underweight in Indonesia and selected comparator countries. Compared to several comparator countries the share of stunted and wasted children in Indonesia is relatively high. In Indonesia, 31.8% of children under 5 years of age were stunted in 2009-2010, compared to 21.3% in Vietnam, 15.5% in Thailand and 9.0% in the Philippines. In Indonesia, 19.1% of children under 5 years of age were wasted in 2009-2010, compared to 15.2% in Vietnam, 12.9% in Thailand and 8.7% in the Philippines. In Indonesia, 37.9% of children under 5 years of age were underweight in 2009-2010, compared to 22.4% in Vietnam, 17.4% in Thailand and 12.5% in the Philippines. These differences are particularly striking when compared to the shares in a number of developed countries, where the share of stunted children is typically very low. In the Netherlands, for example, only 1.8% of children under 5 years of age were stunted in 2010, and less than 1% were wasted or underweight. These differences are likely to reflect both genetic and environmental factors, as well as the availability and quality of health and nutrition services.

3.4. Does enrollment in ECED lead to better developmental outcomes for children?

Intergenerational choice to measure child development, enrolled children have better developmental outcomes than those who are not enrolled. This study examines outcomes on a range of child development instruments, gross motor skills, fine motor skills, socio-emotional maturity, physical health, language skills, communication and cognitive development, and executive function. These measures are collected using a battery of instruments including the Early Development Inventory (EDI), the Strengths and Difficulties Questionnaire (SDQ), and asking the children to play a visual sorting game intended to capture their executive function. While many of these instruments were adapted and applied systematically to children in Indonesia for the first time under this study. Figure 7 shows that enrolled children have better developmental outcomes than those who are not enrolled using the EDI and the measure of executive function.

Figure 7: Those who enrol in GID do better on a battery of child development instruments.

Recommendation: Enrollment in ECED can have significant benefits for children in terms of better developmental outcomes, even among children who are already stunted, wasted and underweight. For example, the children enrolled in ECED are more likely to be enrolled in the upper 3 standard deviation range than those who are not enrolled, and this is especially true for the Wisconsin/WHO standard. These differences are likely to be due to the fact that the children enrolled in ECED have better developmental outcomes than those who are not enrolled.

Figure 8: Communities must be sensitized to the need to raise funds if they are to keep centers open once the project closes.

Table 4: Rates of stunting, wasting and being underweight are very high.

<table>
<thead>
<tr>
<th>Country</th>
<th>Stunting</th>
<th>Wasting</th>
<th>Underweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>31.8%</td>
<td>19.1%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>21.3%</td>
<td>15.2%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Thailand</td>
<td>15.5%</td>
<td>12.9%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Philippines</td>
<td>9.0%</td>
<td>8.7%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1.8%</td>
<td>&lt;1%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Table 5: Enrollment in ECED can have significant benefits for children in terms of better developmental outcomes, even among children who are already stunted, wasted and underweight.
The project objectives are in two sections: (1) increase access to ECED services among the poor and vulnerable children’s household; this is the most important determinant of the project’s success and (2) delivering a package of interventions which are delivered sequentially and inclusive.

1. Community Facilitation. Sensitization of communities to the importance and benefits of ECED and training (and some low-cost unit) to submit a proposal for using project funds (provided as block grant – USD 15,000 – to villages that have not received any ECED services in the last 5 years). In order to ensure that projects are designed and built the evidence base for ECED policies and ECED services.

2. Block Grants: block grants (USD 18,000 over 3 years) with which to build the evidence-base for ECED policy, a multi-year impact evaluation study has been ongoing since 2009. The package has collected two rounds of data in 2010 and 2013 and will be evaluated in 2015. These data are from 50 districts – 100 villages which never receive treatment. The gross enrollment rate among 4 year olds from SUSENAS is 25% for children, which is lower than the level found in the project villages.

3. Project Evaluation: impact evaluation research on ECED services. Figure 3 reveals that facilitation helped increase enrollment – a fact reinforced by evidence from national data sources. We conclude that the project is increasing enrollment – a fact reinforced by evidence from national data sources. For instance, children who live less than 30 minutes walking distance from the closest ECED center (approximately 2 km or 1.25 miles) have much higher enrollment rates than children who live more than 30 minutes away from a center. However, there is no significant difference in the age of enrolled and unenrolled children.

3.1. Does the project lead to increased enrollment in ECED?

The package of interventions was implemented sequentially and focalized on the importance of ECED. The second step was the measurement of baseline and the third step was the implementation of the project. The fourth step was the assessment of the project outcomes. The data analysis reveals that the effects of the project vary by baseline enrollment rates at different points during implementation.

3.2. What are the characteristics of those who enroll in ECED?

This policy relevant question raised by increased enrollment is important for the policy-makers. Therefore, in this section, we divide the data into two parts: those who are new enrollees and those who were already enrolled in early childhood education. We focus on two aspects: support to cognitive development and child health.

The vast majority of the children observed in this study grew up in households where parents report read stories to their children, which can limit their cognitive development. For many, the household environment is the primary source of information. It can be a significant advantage for those who are in treatment villages to have parents who read to their children. However, those who are in control villages are less likely to have parents who read to their children.

4. Distance to an ECED center is an important determinant of whether or not children enroll.

Within each district, priority villages were identified according to fixed criteria. Given the wide disparity that exists within districts, villages with the highest number of children ages 4-6 and the highest priority rates are selected and targeted as follows: Figure 4 presents evidence from nationally representative data that enrollment rates for children 0-3 children is low. This data source is based on a sample of 3000 children. It is lower than the level found in the project villages.

5.4. Do household environments support child development?

ECED centers are not the only place where child development takes place. As discussed in section one, children will self-select into ECED in order to ensure that project objectives are met and to build the evidence base for ECED policy.

Figure 5: Parents don’t read to their children or do they tell them stories?

Table: The World Bank supported ECED policy development and implementations at the central, provincial, and district level.

Table 2: The World Bank supported ECED policy development and implementations at the central, provincial, and district level.

Table 3: Impact evaluation randomly assigns when villages receive treatment.

Within each district, priority villages were identified according to fixed criteria. Given the wide disparity that exists within districts, villages with the highest number of children ages 4-6 and the highest priority rates are selected and targeted as follows: Figure 4 presents evidence from nationally representative data that enrollment rates for children 0-3 children is low. This data source is based on a sample of 3000 children. It is lower than the level found in the project villages.

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Figure 5: Parents don’t read to their children or do they tell them stories?

Recommendation: Community assessments should be carried out as part of initiatives to increase enrollment in order to appropriately cover the neediest segments of the village population.

Figure 3: Enrollment rates are higher for girls from wealthier, more educated households which are closer to centers and participate in social service groups.

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Figure 5: Parents don’t read to their children or do they tell them stories?

Recommendation: Community assessments should be carried out as part of initiatives to increase enrollment in order to appropriately cover the neediest segments of the village population.
The project objectives are to increase access to ECED services among the poor and enhance children’s school readiness. This is achieved through a package of interventions delivered sequentially and include:

1. Community facilitation: Sensitization of communities to the importance and benefits of ECED and training on how to submit a proposal for using project funds (provided as block grants to villages) to facilitate ECED. This was done over two years (2008-2009) with the aim to operate two centers per village.

2. Teacher training: 200 hours of training to one teacher and one ECED development worker for an average of 11 villages per district in 2008 as part of the ECD project.

In order to ensure that project objectives are met and to build the evidence base for ECED policy formulation, a research evaluation study has been ongoing since 2009. The project has collected two rounds of data in 2009 and 2011. The impact evaluation study is in progress.

This impact evaluation uses a randomized control design. Villages are randomly assigned to receive the block grant (control) or block grant plus one ECED center (treatment) at the 38 districts level (see Table 2). The project Randomized Controlled Trial (RCT) began working on ECED.

The villages in which interventions took place belong to districts that matched the characteristics of all districts in Indonesia. Since the ECD project is the only large-scale ECED development program currently in Indonesia, it can be considered as a natural experiment.

The package of interventions was implemented sequentially: the first step in the project was providing community facilitation – sensitization on the importance of ECED. The second step was disbursement of block grants and the third step involved training teachers and community facilitators. The impact evaluation study is in progress.

In the villages that received facilitation, the increase in enrollment as the project unfolded is 3.4 percentage points. This result is significant and indicates that facilitation has had an impact on the likelihood of children enrolling in ECED.

Data collected prior to the implementation of the project provide a baseline from which to evaluate the project’s impact. The data show that the baseline enrollment rate among 4-year-olds is 80% in control villages and 85% in treatment villages.

The study focuses on 22 districts in 22 provinces, 3,000 villages, 6,000 centers, and 12,000 teachers. The study included two rounds of data collection, one in 2009 and the other in 2011. The data were collected with World Bank support using a randomized controlled trial design.

Volunteer teachers were trained to provide ECED services. The training included topics such as child development, child health, and social skills. The training was provided in two parts: one for facilitators and one for teachers.

Within each district, priority villages were identified according to fixed criteria. Given the wide disparity that exists within districts, villages with the highest number of children aged 3-5 and those with the greatest number of trained and trained were included.

**Table 2: The World Bank supported ECED policy development and implementation at the provincial, central, and district level.**

**Project Phase** | **2008** | **2009** | **2010**
--- | --- | --- | ---
**Community facilitation** |  |  |  
**Teacher training** |  |  |  
**Block grants** |  |  |  
**ECED centers established** |  |  |  

**3.3. Does the project lead to increased enrollment in ECED?**

The package of interventions was implemented sequentially: the first step was providing community facilitation – sensitization on the importance of ECED. The second step was disbursement of block grants and the third step involved training teachers and community facilitators.

The project unfolds in an staggered manner. The project implementation also takes a similar pattern in different districts at different points of implementation.

Takaragawa et al. (2012) also supports that raising community awareness and opening additional centers matter for raising enrollment. Figure 3 shows an increase in enrollment on the project site. This result indicates that while enrollment tends to increase in ENAC when all centers are operational.

Table 3 shows that the impact evaluation randomly assigns children to treatment and control villages.

**Table 3: The impact evaluation randomly assigns children to treatment and control villages.**

<table>
<thead>
<tr>
<th>Village Type</th>
<th>Ever Enrolled (%)</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td>Control</td>
<td>40%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**4. Does enrollment in ECED lead to better developmental outcomes for children?**

An additional center has a positive effect on enrollment. However, it is important to note that the combination of new centers and facilitators leads to a higher rate of enrollment. This result is significant.

Furthermore, we find that longer exposure to the project results in a higher enrollment rate. The data also reveal that the effect of the project relates to no project specific variables. This result is significant.

Lastly, we find that the project is increasing enrollment – a finding we can confirm from evidence from national data.

**4.1. Does the project lead to increased enrollment in ECED?**

The impact evaluation study is in progress. The study is a randomized controlled trial design. The villages in which interventions took place belong to districts that matched the characteristics of all districts in Indonesia. Since the ECD project is the only large-scale ECED development program currently in Indonesia, it can be considered as a natural experiment.

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<td></td>
<td></td>
</tr>
<tr>
<td>Block grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECED centers established</td>
<td></td>
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<td></td>
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</tbody>
</table>

**3. Findings and Recommendations**

This section focuses on the findings from the project and those related to recommendations. The government is making progress as it develops other ECED initiatives. Data from the first year of the culture study are analyzed and used to answer the following questions:

1. Does the project lead to increased enrollment in ECED?
2. What are the characteristics of those who enroll in ECED?
3. Do household environments support child development?
4. Are there improvements in child development?
5. What are the impacts of ECED on child health?
6. What are the impacts of ECED on child health and education?

**5. Conclusion**

The project is making progress as it develops other ECED initiatives. Data from the first year of the culture study are analyzed and used to answer the following questions:

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2. What are the characteristics of those who enroll in ECED?
3. Do household environments support child development?
4. Are there improvements in child development?
5. What are the impacts of ECED on child health?
6. What are the impacts of ECED on child health and education?

**6. Recommendations**

Community involvement should be increased in order to appropriately cover the neediest segments of the village population.

ECED centers are not the only place where child development takes place. All settings in society, including children's own homes, also play important roles in children's development. Therefore, in this section, we discuss the role of communities in facilitating children's development. We focus on two aspects - support to child development and child health.

The extent of the work that children observed in this study grew up in Indonesia where parents own their stores to their children, which can limit their cognitive development. For many parents, the undersirable social service groups via the knock上门 network, which parents can react to. Yet the situation is very similar when at an alternative which requires no books is considered - few parents reporting telling stories to their children.

**7. Future research**

Parents need to build their children’s trust and use them to tell their stories.
The project objectives are to increase access to ECED services among the poor and vulnerable children’s households. This is achieved by a package of interventions delivered sequentially and include:

1. Community facilitation. Sensitization of communities to the importance of ECED and the benefits of ECED including opening new centers and new ideas on how to use ECED services.

To ensure that project objectives are met and to build the evidence base for ECED policies, the research and evaluation methodology for the ECED project evaluation study has been ongoing since 2009. The impact evaluation study has collected two rounds of data in treatment villages and one round of data in other villages where this had not yet taken place. This impact evaluation study uses a randomized controlled design. 35 districts were randomly assigned to receive the package of interventions vs. continuing with the status quo. The evaluation is being done through a quasi-experimental design at the individual level (see Table 2).

The project intervention package is working on ECED. To measure success of the intervention, the following table shows some indicators. For instance, children who live less than 30 minutes walking distance from the closest ECED center are more likely to have caregivers with a senior high school education or higher (Figure 4).

2.2. ECED policies in Indonesia

The variety of format by which ECED is provided anchors the importance of Government involvement in order to effectively implement ECED policies in Indonesia. In 2006, the Government with support from the World Bank has set up the National Early Childhood Development (PAUD) Census. It is a national level policy initiative for early childhood development and implementation at the central, provincial and district levels. These standards are a response to the challenges the sector has faced historically.


While it is too soon to see the impact of these standards on children’s outcomes, the figures below show some striking facts about disparities in need, access, participation and wealth.

Enrollment among children 4-6 years of age has increased by 7 percentage points when compared to other villages in the study where this had not yet taken place. Furthermore, we find that lower ages are more likely to be enrolled in ECED than older children. This is consistent with findings from the World Bank’s Indonesia Early Childhood Development, and implementation at the central, provincial and district levels.

Table 3: Findings and Recommendations

This section focuses on findings from the project and uses them to provide recommendations. It is important to note that the impact evaluation study is ongoing and it will be the basis on which to develop future recommendations for policy makers, practitioners, and program developers. For instance, children who live less than 30 minutes walking distance from the closest ECED center are more likely to have caregivers with a senior high school education or higher (Figure 4).

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Figure 2: Very young children do not enroll in ECED centers and disparity in enrollment by wealth (stata).

2.3. The Early Childhood Education and Development (ECED) Project

This section focuses on ECED policy development and implementation at the provincial and district levels.
The Indonesia Early Childhood Education and Development (ECED) Project: Findings and Policy Recommendations

1. Introduction

The Government of Indonesia is pursuing a number of strategies to improve child well-being, including and building on early childhood education (ECED) programs. These include increasing access to early childhood education through constructing and expanding ECED centers. This policy brief provides an overview of the ECED sector and uses findings from an ongoing World Bank-supported ECED project to make preliminary policy recommendations to guide these strategies.

This brief shows that the ECED project has had several positive effects, including increased enrollment rates and higher developmental outcomes for children. But it also suggests that these outcomes might have been higher if home environments were more supportive of child development. The analysis supports several policy recommendations – ranging from the need to address rapid increases in ECED enrollment, to the need to improve ECED to the need for communities to take responsibility in order to maintain ECED centers. These recommendations are intended to be guidance for policymakers and practitioners.

2. Overview of the ECED sector

A number of different ministries in Indonesia are responsible for providing early childhood education services. This brief, with the fact that several strategic policy documents have been issued, presents a classification of different ECED services, and how they are being provided. These services range from nursery centers to community-based initiatives. In general, the ECED sector has seen rapid growth, with the government committing more resources to ECED. However, the location of ECED centers and the quality of services vary widely. ECED centers are intended to cater to specific ages, but these differences should be taken into account when evaluating the effectiveness of ECED.

3. How to ensure financial viability of project centers

If they are to remain financially viable, all project centers will need to secure extended funding once the project closes. This brief suggests that to ensure continued funding, ECED centers should be provided with information on the short and long-term benefits of early education, and be aware of the full spectrum of benefits they will reap.

4. Children who enroll in ECED services show significantly higher levels of physical, socio-emotional and cognitive development than those that do not. ECED services are intended to cater to specific ages, and vary in terms of intensity and participation. The government should also provide information on the short and long-term benefits of early education. The full spectrum of benefits will be reaped.

5. Box 1: Summary of findings and policy recommendations

The Indonesia Early Childhood Education and Development (ECED) Project: Findings and Policy Recommendations

Recommendation: If ECED centers are to be financially viable, communities need to be sensitized to the need to raise funds to support them. One possibility would be to extend the government’s program to support operational expenses to cover long-term costs and cover the costs to provide services to under-served communities such as those described.

Figure 8: Communities must be sensitized to the need to raise funds if they are to keep centers open since the project closes.

Recommendation: ECED centers are to be financially viable, communities need to be sensitized to the need to raise funds to support them.

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Recommendation: ECED centers are to be financially viable, communities need to be sensitized to the need to raise funds to support them.
The sample of Indonesian children we study has very high rates of stunting, wasting and being underweight which limits their ability to develop physically and cognitively. These are typical of a lot of developing countries, although very high compared to the rest of the world. Table 3 shows the share of children aged 0-5 in Indonesia who are stunted is 48.6%, the wasting prevalence is 17.6% and the underweight prevalence is 27.2% in 2012. This prevalence is well above the international reference population, while some of the samples of Indonesian children that we actually talk below the threshold in the world's highest population, with less than 1% of children are expected to be below the standard. By comparison, in Indonesia only 0.1% of children carry a prevalent rate of less than 1%, starting 1% and less than 2% is very high.

Table 4: Rates of stunting, wasting and being underweight are very high

<table>
<thead>
<tr>
<th>Underweight (%)</th>
<th>Stunting (%)</th>
<th>Wasting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>3.4</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Table 4 shows that in stunting, wasting and being underweight in Indonesia are very high compared to the world standard. The prevalence of stunting is 48.6%, wasting prevalence is 17.6% and underweight prevalence is 27.2%.

4. Does enrollment in ECED lead to better developmental outcomes for children?

Intervention of how much one chooses to measure child development, enrolled children have better developmental outcomes than those who are not enrolled. This study intervention on a range of child development outcomes across gross motor skills, fine motor skills, socio-emotional maturity, physical health, language skills, communication and cognitive development and executive function. These measures are collected using a variety of instruments including the Early Development Index (EDI), the Strengths and Difficulties Questionnaire (SDQ), and asking the children to play a card sorting game to capture their executive function. This study finds that enrolled children have better developmental outcomes than those who are not enrolled using the EDI and the measure of executive function.

Figure 7: Those who enroll in ECED do better on a battery of child development instruments

<table>
<thead>
<tr>
<th>Measure</th>
<th>EDI</th>
<th>SDQ</th>
</tr>
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<tbody>
<tr>
<td>Gains in developmental outcomes (%)</td>
<td>0.56</td>
<td>0.35</td>
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</table>

Figure 7 shows that enrolled children have better developmental outcomes than those who are not enrolled using the EDI and the measure of executive function.

Box 1: Summary of findings and policy recommendations

Type of Policy

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Box 1</th>
<th>Recommendation</th>
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<td>ECED projects</td>
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<td>Projects</td>
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<td>Projects</td>
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</tbody>
</table>

The Indonesia Early Childhood Education and Development (ECED) Project: Findings and Policy Recommendations

1. Introduction

The Government of Indonesia is pursuing a number of initiatives to improve early childhood education and development in the country. These include increasing access to early childhood education, strengthening and broadening enrollment, and improving the quality of services.

Policy Brief provides an overview of the ECED project and finds how it is expected to improve the situation. The policy brief provides an overview of the ECED project and finds how it is expected to improve the situation.

This brief shows that the ECED project has had several positive effects, including increased enrollment rates, higher developmental outcomes for children. But it also suggests that these outcomes might have been higher if home environments were more supportive of child development. The policy brief also shows how it is expected to improve the situation.

The ECED project is expected to improve the situation in several ways. These are increased enrollment rates, higher developmental outcomes for children in the ECED centers and raising parental awareness about good dietary and parenting practices.

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