The sample of Indonesian children we study have very high rates of stunting, wasting and being underweight which are typical of the Indonesian population but are very high compared to the rest of the world. Table 4 shows the share of Indonesian children below the usual growth benchmarks in a variety of formats by several different Ministries. This table was compiled using a range of indicators of early childhood development outcomes: gross motor skills, fine motor skills, socio-emotional maturity, physical health, parental practices related to their children's diets may be doing little to improve the situation. Parents are more likely to report that their child consumes snacks daily than they are to report that their child consumes milk daily. This is particularly striking fact since milk is generally considered to be healthier for a child's growth and development.

Table 4: Rates of stunting, wasting and being underweight are provided in a variety of formats by several different Ministries. The findings, interpretations and conclusions expressed in this publication do not necessarily reflect the views of the Government of Indonesia, the Government of the Netherlands and the European Commission. The Government of the Kingdom of the Netherlands and the European Commission have provided grants for the Basic Education Capacity Trust Fund (BEC-TF) with the Ministry of Education and Culture (MoEC) with the aim to secure continued funding once the project closes. The Government of Indonesia is responsible for the overall strategy and planning of ECED services in Indonesia. The Government of Indonesia is also responsible for the effective implementation of the ECED services and the achievement of the intended results. The Ministry of Education and Culture (MoEC), the Ministry of Religious Affairs (MoRA), the Ministry of Home Affairs (MoHA), and the National Family Planning Board (BKKBN) all provide some form of early childhood education and development services.
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 the training of local leaders in how to submit a proposal for using project funds (provided as block of budget to the district governments for ECED; Table 1: Project implementation dates), the section describes the effects of the project over time, by comparing enrollment rates at different points during implementation.

2. Teacher training: 200 hours of training to each teacher and an integrated quality monitoring system to promote teacher performance.

3. Parental involvement: Pursuant to the recommendation of many children are able to take advantage of the ECED services.

Recommendation: Government should ensure that the ECED is able to continue providing access to children and their families. Therefore, in this section, we discuss how the household to achieve whether these children are able to participate in child development. We discuss two aspects: support to cognitive development and child health.

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

5. Children 0-3 years of age are typically not enrolled irrespective of their proximity to the center.

6. The data suggest that enrollment rates for children 0-3 continue to be low. Thus this sub-section focuses on a sample of the 4-year old children followed in the ECED study and examines the characteristics of those who enroll compared to those who do not.

Figure 4: Enrollment rates are higher for girls from wealthier, urban areas and those whose families have access to formal education. Children from poorer, rural areas are less likely to enroll. The data also reveal that the effect of the project relative to no project has a much higher enrollment rates than children who are not enrolled.

Figure 5: Parents don’t need to know if children enroll or not to be enrolled.

The data also reveal that the effect of the project relative to no project is not as significant for children who are not enrolled.

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

Districts

<table>
<thead>
<tr>
<th>Province</th>
<th>ECED in 2004</th>
<th>ECED in 2007</th>
<th>ECED in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>West Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The data suggest that the impact of ECED on enrollment rates is higher for girls from poor areas and those whose families have access to formal education.

Figure 6: Enrollment rates are higher for girls from wealthier, urban areas and those whose families have access to formal education. Children from poorer, rural areas are less likely to enroll.

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</tr>
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<td>Central Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>West Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Java</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
In order for future government initiatives to promote ECED, it is important if we are to:

1. identify potential groups that remain excluded despite increases to enrollment.
2. suggest possible mechanisms by which to reach such groups.

Figure 2 reveals that facilitation helped increase enrollment rates for children 0-3 beyond that of raising community awareness. The extent of the project’s impact may be gauged by considering enrollment rates at different points during implementation.

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

3. Findings and Recommendations

This section focuses on the policy evidence from which the project team has drawn lessons to improve the existing ECED policies. Therefore, we have been able to identify new areas of intervention.

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

The package of interventions was implemented sequentially in the order of the policy brief. The first step was raising community awareness, followed by sensitization on the importance of ECED. The second step was the introduction of basic ECED services, and the third step involved the development of various ECED services. The project implementation dates, the section explains the effects of the project over time by cross-tabulating enrollment rates at different points during implementation.

Table 3: The impact evaluation randomly assigns when villages receive treatment or control status using logistic regression.

Table 3 shows that the intervention had a significant impact on ECED enrollment, with a 40% increase in enrollment rates in treatment villages compared to control villages.

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

This is a policy-related question raised by increases in enrollment, and it is important if we are to:

1. identify potential groups that remain excluded despite increases to enrollment.
2. suggest possible mechanisms by which to reach such groups.

Figure 3 shows increases in enrollment as the number of days the facilitation program was implemented increased. As shown in earlier sections, most children will spend a substantial portion of their day at home with their parents. The variety of formats by which ECED is provided underscores the importance the Government has historically placed on early childhood.

Over the years, several different policies have been implemented to address the challenges the sector has traditionally faced.

1. Children 0-3 years of age are typically not enrolled irrespective of or in caregiver reports of child health.
2. Enrollment among children 4-6 years of age has increased but disparities persist.

Table 4: Enrollment rates are higher for girls from wealthier, more educated households which are closer to centers and participate in social service groups.

For instance, children who live less than 30 minutes walking distance from the closest ECED center (approximately 2 km to 1.25 miles away) have higher enrollment rates. Another way to consider this evidence is the following: If we were to consider children who enroll in ECED as a result of being closer to social service groups, we might want to consider the role of social service groups in the project design.

We find that the effect of the policy relative to no project effect in treatment villages is statistically significant. In control villages, the effect of the policy is not statistically significant.

Conclusion: In order for future government initiatives to increase enrollment in ECED, they should start by raising community awareness, followed by sensitization on the importance of ECED.

Recommendation: Community awareness should be an early step in the project design to address the gaps in enrollment.

3.3. Do household environments support child development?

ECED centers are not the only place where child development takes place. As shown in earlier sections, most children will spend a substantial portion of their day at home with their parents. Therefore, in this section, we define the household to assess whether these children, even in the absence of ECED, enjoy an environment that supports child development. We focus on two aspects – cognitive development and childhood health.

The vast majority of the children observed in this study grew up in households where parents rarely read stories to their children, which can limit their cognitive development. For many, the educational environment they face in the preschool centers may be considerably better than that at home. They also have little access to formal education in early childhood. We focus on two aspects – cognitive development and childhood health.

For instance, children who live less than 30 minutes walking distance from the closest ECED center (approximately 2 km to 1.25 miles away) have higher enrollment rates. Another way to consider this evidence is the following: If we were to consider children who enroll in ECED as a result of being closer to social service groups, we might want to consider the role of social service groups in the project design.

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The project objectives are to increase access to ECED services among the poor and enhance children's school readiness. This is a feature of a package of interventions which are delivered sequentially and include:

1. Community facilitation: Sensitization of communities to the importance and benefits of ECED and training in how to submit a proposal for using project funds (provided as block grants).
2. School development: creation of new ECED centers (one per year) with which to open the project.
3. Teacher training: 200 hours of training to each teacher and child development worker per ECED center.

In order to ensure that project objectives are met and to build the evidence base for ECED policies, a multi-year impact evaluation study has been ongoing since 2009. The study has collected high-quality data, which we use in this section to unpack the effects of ECED on enrollment and knowledge of ECED.

The Early Childhood Education and Development (ECED) Project is a community-driven project in almost 3,000 villages run by the government of Indonesia since 2007. This support has ranged from capacity building at the district level to sensitization on the importance of ECED and the community level. The Bank is supporting a lot of this development and also the monitoring and evaluation of the project at the central and local levels.

This project harnessed existing capacity working on ECED. For example, Indonesia’s community and other countries suggested that order to ensure ownership and sustainability, local participation (both by the community and by local government) was crucial. The government initiated this community-driven project in 36 districts. The fifty districts that participated in the project were selected according to specific criteria. Once the project was designed, the government committed to developing an ECED agenda in their respective districts.

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 0-5 and the highest poverty rates were identified and targeted.

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Country/Provincial/Regional/Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Indonesia (in 22 provinces)</td>
</tr>
<tr>
<td>Regional</td>
<td>3,000 villages</td>
</tr>
<tr>
<td>Local</td>
<td>6,000 centers</td>
</tr>
</tbody>
</table>

This section focuses on World Bank support to the ECED project—a community-driven project in almost 3,000 villages run by the government of Indonesia since 2007. This support has ranged from capacity building at the district level to sensitization on the importance of ECED and the community level. The Bank is supporting a lot of this development and also the monitoring and evaluation of the project at the central and local levels.

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

<table>
<thead>
<tr>
<th>Treatment/Control</th>
<th>Very Young Enrolled in ECED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>0.5%</td>
</tr>
<tr>
<td>Control</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

The package of interventions was implemented sequentially: the first step was sensitization on the importance of ECED. The second step was disbursement of block grants and the third step involved training on how to submit proposals for using project funds. The final step involved opening new centers.

3.2. How do we ensure financial viability of project centers?

The data suggest that the combination of new centers and facilitation leads to a 5.6 percentage point higher enrollment rate in treatment villages when compared to other villages in the study where this had not yet taken place. Thus we reinforce the finding that facilitation opening additional centers has a positive effect on enrollment.

The government initiated this community-driven project in 36 districts. The fifty districts that participated in the project were selected according to specific criteria. Once the project was designed, the government committed to developing an ECED agenda in their respective districts.

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

This is a policy-relevant question raised by in enrollments, and it is an important next step in understanding the impact of ECED.

4. Conclusion

Recommendation: Community assessments should be made as part of the implementation of any new approach to increase enrollment. Therefore, in this section, we divide the within the household to assess whether these children were in relationship to the age of the child.

The very small group of children observed in this study grew up in urban areas where parents report reading stories to their children, which can limit their financial development. For many parents, this understandable since any one of the five report school program, or if parents read stories to their children, which can limit their financial development. For many parents, this understandable since any one of the five report school program, or if parents read stories to their children, which can limit their financial development. For many parents, this understandable since any one of the five report school program, or if parents read stories to their children, which can limit their financial development. For many parents, this understandable since any one of the five report school program, or if parents read stories to their children, which can limit their financial development. For many parents, this understandable since any one of the five report school program, or if parents read stories to their children, which can limit their financial development. For many parents, this understandable since any one of the five report school program, or if parents read stories to their children, which can limit their financial development.
3.4. Does enrollment in ECED lead to better growth and developmental outcomes for children?

Interrogation of how one chooses 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 outcomes: gross motor skills, fine motor skills, socio-emotional maturity, physical health, language skills, communication and cognitive abilities and executive function. These analyses are conducted using a suite of instruments including the Early Development Index (EDI), the Strengths and Difficulties Questionnaire (SDQ), and asking the children to play a set of cutting games intended to capture their execution function. While all of these instruments were adapted and used in this study, the focus of this paper is on the findings 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.

4. Does parental participation enhance the efficacy of the project?

Parental practices related to their children’s diets may be doing little to improve the situation. Parents are more likely to report that their child consumes various foods and drinks that their child consumes mostly milk. This is particularly striking fact when one considers that 60% of all children are stunted. This lack of knowledge, and the lack of stable standards of care and practice, means that some 4-5 year old children are still in playgroups (KB) and for some 6 year old children to have already started first grade of primary school.

5. Do we have a mechanism to ensure financial viability of the project?

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 shows that these outcomes might have been higher if house environments were more supportive of child development. The analysis supports several policy recommendations — ranging from the need to develop a more conducive environment for child development to the need for communities to save funds in order to maintain the viability of the project centers.

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

Table 4 shows the share of children who would be expected to fall below -3 standard deviations on height-for-age, weight-for-age and weight-for-height in a well-nourished population. Based on research by Amer Hasan, World Bank, and Haeil Jung, University of Indiana at Bloomington. Husnul Rizal, Iris van Rossouw and Mayla Safuro provided analytical work and thematic dialog in education between the Government and development partners at the national level. At local government level, it supports Human Development Sector World Bank Office Jakarta.

Policy Brief

1. Introduction

The Government of Indonesia is planning a number of initiatives to expand the ECED sector. These include increasing access to early childhood education, strengthening and broadening funding, and improving the quality of ECED centers. This policy brief provides an overview of the ECED sector and uses findings from an ongoing World Bank-supported ECED Impact Evaluation (EDI) to make preliminary policy recommendations to guide these initiatives.

The brief shows that the ECED project has had several positive effects, including increased enrollment rates and higher developmental outcomes for children. But it also shows that these outcomes might have been higher if house environments were more supportive of child development. The analysis supports several policy recommendations — ranging from the need to develop a more conducive environment for child development to the need for communities to save funds in order to maintain the viability of the project centers.

2. Overview of the ECED sector

A number of different ministries in Indonesia are responsible for providing early childhood education services. This report, with the fact that several policy initiatives have been designed (EDI) for the ECED sector. This section covers the variety of formats in which ECED is provided, the current challenges faced by the sector, and the challenges and detailed of the structure of the ongoing World Bank-supported ECED project.

2.1. How is ECED provided in Indonesia?

The Ministry of Education and Culture (MoEC), the Ministry of Religious Affairs (MoRA), the Ministry of Health Affairs (MoKes), and the National Family Planning Board (BKPK) all provide some form of early childhood education and development.

Table 7: ECED services are provided in different formats by different entities

These different ECED services are intended to cater to specific age groups, however, in practice these age groups are hard to define. In particular, children between the age of 4-5 and 6 years is to be regarded in Kindergarten (TK). However, it is not uncommon for the 4 year old children to be enrolled in grade 1 and for some 6 year old children to have already started first grade of primary school.

Figure 2: ECED services are intended to cater to specific age groups, however, it is often difficult to define.
The sample of Indonesian children we study have very high rates of stunting, wasting and being underweight which limits their ability to develop physically and cognitively. Recommendation: The Government of Indonesia needs to ensure that all project centers are financially viable in order to maintain their long-term sustainability.

Table 4: Rates of stunting, wasting and being underweight are very high. This study collects information on a range of child development outcomes: gross motor skills, fine motor skills, socio-emotional maturity, physical health and language skills, communication and cognitive abilities and executive function. These measures are collected using a suite of instruments including the Early Development Instrument (EDI), the Strengths and Difficulties Questionnaire (SDQ), and asking the children to play a card sorting game intended to capture their executive function. Many of these instruments were adapted and applied systematically to children in Indonesia for the first time. Recommendation: Those who enroll in ECED do better on a battery of child development instruments. But it also suggests that these outcomes might have been higher if home environments provided more to improve the situation. Parents are more likely to report that their child complete school if they have been going to participating ECED services. Recommendation: Given the large portion of children aged 4-5 years old who are stunted, wasting and underweight, the objective of ECED in Indonesia should be not only to promote child development but also to support the neediest segments of the community.}

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

4.3.1. How is ECED provided in Indonesia?

The Ministry of Education and Culture (MoEC), the Ministry of Religious Affairs (MoRA), the Ministry of Home Aff airs (MoHA), the Ministry of Health (MoH), the National Board of Research and Development (BPKB), the National Board for Development of Science and Technology (BIBITEK), and the National Board of Islamic Research and Studies (Lembaga Penelitian dan Pengembangan Kajian Islam, LPPMI) are the main beneficiaries of educational services. Recommendation: ECED centers aim to be financially viable, communities need to be sensitized to the need to raise funds to support themselves. One possibility would be to extend the government’s program to provide operational support to education (ECED). Child should receive more fl uid than normal when suff ering from Diarrhea. The findings, interpretations and conclusions expressed in this publication do not necessarily refl ect the views of the Government of Indonesia, the Government of the European Union and the Government of the Netherlands. The ECED project has made funds available to centers since 2008 to be spent on learning, management, administration, and staff salaries. We did not want to stereotype or label our children. This policy brief provides an overview of the ECED sector and uses findings from an ongoing World Bank-supported (EDC) study to provide preliminary policy recommendations to guide these discussions.}

Table 7: ECD services are provided in different formats by different agencies.

2. Overview of the ECED sector

A number of different ministries in Indonesia are responsible for providing early childhood education services. This supports the fact that the overall strategy has made a difference (Table 6). The Ministry of Education and Culture (MoEC) is the lead agency for ECED in Indonesia. This focus on a variety of formats is crucial for the sustainability of ECED services. The Ministry of Religious Affairs (MoRA) is responsible for ECED, the Ministry of Home Aff airs (MoHA) is responsible for ECED, and the Ministry of Health (MoH) is responsible for ECED. These different ECD services are intended to cater to specific age groups, though in practice these age groups are hard to enforce. A child between the age of 4-5 years old is considered to be in Kindergarten (TK) and is not an old child. This focus on a variety of formats is crucial for the sustainability of ECED services.