National Case Study on the Situation of Early Childhood Care and Education Services in Indonesia
# TABLE OF CONTENTS

**Acronyms and Abbreviations** ................................................................. 4  
**Executive Summary** ........................................................................... 7  

1. Description of Early Childhood Services in Indonesia .......................... 16  
1.1 Community-based ECCD Programmes ............................................. 16  
  1.1.1 Pos Pelayanan Terpadu - Posyandu (Integrated Care Post) .............. 16  
  1.1.2 Puskesmas (Village Health Centres) and Polindes (Maternal Care Centre) Community-based Health Care Services ................................................................. 17  
  1.1.3 Bina Keluarga Balita, BKB (Mothers Programme on Child-Rearing for Children Under Five) ................................................................. 17  
  1.1.4 Taman Peningkatan Anak, TPA - Child Care Centres ...................... 18  
  1.1.5 Kelompok Bermain, KB - Playgroups ........................................... 19  
  1.1.6 Taman Kanak-Kanak (TK) Kindergarten ....................................... 19  
  1.1.7 Radhatul Athfal (RA) Islamic Kindergarten ................................... 19  
  1.1.8 Taman Pendidikan Al-Qur'an (TPAs - Al-Qur'an Study Group) ....... 20  
1.2 ECCD Pilot Programs ....................................................................... 20  
  1.2.1 Taman Posyandu, Tanjungsari: A Pilot project related to the posyandu 20  
  1.2.2 Ibu Maju Anak Bermanfaat, IMAB (Progressive Mother, High Quality Child) ... 21  
  1.2.3 Pusat PADU (ECCD Centres) .................................................... 21  
  1.2.4 TK - Seatap (Kindergartens in Primary schools) ............................. 22  
  1.2.5 Rumah Singgah Keluarga Asuhan Penjambuakan Sosial (Streetchildren's Shelter) ................. 22  
  1.2.6 Panti Asuhan Orphanage (Foster Homes/Orphanage) ...................... 22  
1.3 Ministerial Responsibility by Age Group - Indonesia .......................... 22  

2. Information about Early Childhood Care and Education in Indonesia ........ 23  
2.1 The quality of early childhood services .......................................... 23  
  2.1.1 How quality is defined and understood ...................................... 23  
  2.1.2 How quality is ensured and monitored ...................................... 23  
  2.1.3 How assessment result is utilized .......................................... 26  
  2.1.4 Quality-related indicators ..................................................... 27  
2.2 Curriculum or Interaction ................................................................ 28  
2.3 Effects of the programme on children and parents ............................ 29  
  2.3.1 Developmental Status of Indonesian Children ............................. 31  
  2.3.2 Children's School Readiness, School Performance and Completion 32  
  2.3.3 School repetition and drop-out ............................................. 32  
  2.3.4 Children's Health and Nutritional Status .................................. 33  
2.4 Number of Children per teacher/caregiver .................................... 35  
2.5 Teacher/Caregivers qualification .................................................... 36  
2.6 Resources and Physical Environment: funds and facilities ................. 39  
2.7 Community Participation and Support for the ECCD Programmes ......... 40  
2.8 Access to ECCD programmes ....................................................... 43  
  2.8.1 Access to TK – Kindergarten .................................................. 44  
  2.8.2 Participation in Posyandus ..................................................... 44  
  2.8.3 Participation in BKB ............................................................. 44  
  2.8.4 Participation in KB – Playgroups and Access to TPA – Childcare Centres 45  

3. Funding Sources and Distribution Channels for Various Early Childhood Services .............. 45  
3.1 Public ECCD Programme ............................................................... 45  
3.2 Financing Public ECCD programmes through special projects .......... 47  
3.3 The Private Sector and Non Government Organisations .................. 50  
3.4 Indonesian Families and the cost of ECCD programmes .................. 50  

4. Training and Education Requirements of Early Childhood Staff ............ 51  
4.1 Qualification and training of TK-Kindergarten teachers .................... 51  
4.2 Qualification of Teachers and service providers in other ECCD programmes 51
5. Curriculum and Pedagogical Guidelines ................................................................. 52
   5.1 The TK – Kindergarten Curriculum ............................................................... 52
   5.2 Programme of Activities and Guidelines for other ECCD programmes ............ 53
       5.2.1 BKB – Playgroups and TPA – Childcare Centres .................................. 53
       5.2.2 Taman Posyandu – Programme of Activities ......................................... 54
       5.2.3 The BKB Curriculum ........................................................................... 54

6. Inter-Ministerial Coordination for ECCD Policies & Programmes .................. 55
   6.1 Coordination Mechanism ........................................................................... 55
   6.2 Membership of the Coordination Mechanism .............................................. 56
   6.3 Mandate of the Coordination Mechanism .................................................. 57
   6.4 Status of the PADU Consortium ................................................................ 58
   6.5 Functionality of the PADU Consortium ..................................................... 58

7. Duplication and Fragmentation of Different ministries ................................. 61
   7.1 Parallel Actions, Lack of Coordination ...................................................... 61
   7.2 Various Curriculum Development Initiatives .............................................. 62
   7.3 Two ECCD Programs, Two developmental Screening Tools ....................... 63
   7.4 One Ministry, Two Directorates for ECCD Programmes .............................. 63

8. Government Initiatives and Measures ............................................................ 64
   8.1 The Leading Authority ............................................................................. 64
   8.2 The Purpose of co-ordination .................................................................... 65
   8.3 Progress so far ............................................................................................ 65

9. Pending Tasks and Actions planned ............................................................... 66
   9.1 Issues and Problems ................................................................................... 66

10. Recommendations ......................................................................................... 67

Bibliography ........................................................................................................ 70
Resource Persons ............................................................................................... 73

List of Tables and Figures
   Table 2.1. Provision of Early Childhood Services ............................................. 10
   Table 2.3-A. Student/Teacher Ratio in Kindergarten by province ..................... 35
   Table 2.3-A. Student/Teacher Ratio in Kindergarten by province ..................... 22
### Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADITUKA</td>
<td>Tanjungsari Integrated Women and Childhood Care and Development, WCCD</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infections National Development Planning Agency</td>
</tr>
<tr>
<td>BINS</td>
<td>Bailey's Infant Scales</td>
</tr>
<tr>
<td>BKB</td>
<td>&quot;Bina Keluarga Balita&quot; Parents programme on child-rearing for children under 5 years of age</td>
</tr>
<tr>
<td>BKKBN</td>
<td>National Family Planning Board</td>
</tr>
<tr>
<td>BPKB</td>
<td>&quot;Balai Pengembangan Kegiatan Belajar&quot; Community Educational Development Center</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention of the Rights of the Child</td>
</tr>
<tr>
<td>DDTKB</td>
<td>&quot;Deteksi Dini Tumbuh Kembang Balita&quot; Early Detection of Growth and Development of children under 5 years of age</td>
</tr>
<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
</tr>
<tr>
<td>GoI</td>
<td>Government of Indonesia</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>IFLS</td>
<td>Indonesian Family Life Survey</td>
</tr>
<tr>
<td>IMAB</td>
<td>&quot;Ibu Maju Bermutu&quot; Progressive Mother, High Quality Child IMCI Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>KB</td>
<td>&quot;Kelompok Bermain&quot; Playgroup</td>
</tr>
<tr>
<td>KKA</td>
<td>&quot;Kartu Kemajuan Anak&quot; Child Development Chart</td>
</tr>
<tr>
<td>KMS</td>
<td>&quot;Kartu Menuju Sehat&quot; Growth Monitoring Chart</td>
</tr>
<tr>
<td>KN</td>
<td>&quot;Kunjungan Neonatal&quot; Neonatal essential</td>
</tr>
<tr>
<td>MENEG-PP</td>
<td>Menteri Negara Pemberdayaan Perempuan&quot; Ministry of Women's Empowerment</td>
</tr>
<tr>
<td>Menko Kesra</td>
<td>Ministry of Coordination of People' s Welfare</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicators Cluster Survey</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MoHA</td>
<td>Ministry of Home Affairs</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Name</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

This country paper on early childhood care and education (ECCE) in Indonesia was commissioned by UNESCO-Jakarta in preparation for an EFA meeting involving the E-9 countries. The main purpose of the study is to understand the government’s role in ECCD policy and programme development and service delivery by looking into existing arrangements for coordination among ministries and various levels of government as well as with the private sector. It also provides a comprehensive and updated overview of ECCE programmes (description of services, target beneficiaries, service provision and coverage levels, service providers and their qualifications, training). There is a situational analysis on the current status of ECCE programmes and services through the selected and available indicators to assess the quality of ECCD programmes in Indonesia at this stage. The study takes a closer look at ECCD-related national laws, policies and programme management issues with a view towards understanding how these facilitate or impede the achievement of broader access and improved quality of ECCD programmes.

The most recent comprehensive processes in relation to assessment of the status of ECCD are the EFA National Planning and Assessment and the Situational Analysis of Women and Children, which the Government of Indonesia, UNICEF and partners in civil society have undertaken. In addition, there were also pre-project studies and reports from appraisal missions conducted by the World Bank and the Asian Development Bank; an overview on ECCE programmes prepared by the PADU (Early Childhood Education) Forum. All these activities involving the Indonesian government, multilateral and international organizations, partners in civil society and specialists in ECCD-related disciplines were in relative proximity to each other – from 1995 to 2000. The outcome documents of these significant processes have also informed this study.

There are several basic ECCD services that are currently provided for Indonesian children from the pre-natal period up to age 6. The first three are community-based ECCD programmes. These “entry level” frontline ECCD services are the two primary child health and nutrition services delivered. These are delivered through the: 1) puskesmas (village health center) where pregnant mothers receive pre-natal and maternal health care. In the rural areas where mothers give birth at home, most childbirths are attended to by midwives and traditional child birth attendants in rural areas. There are birthing clinics and public and private hospitals mainly in urban centers and cities. Child health services e.g. immunisation and treatment of common childhood illnesses are also provided here. 2) posyandu (Integrated care post) is designed primarily for mothers, infants and young children up to age 6. The posyandu concept involves mothers (community health workers trained to be the kaders or main service providers in the posyandu) working with other mothers converging once a month for child health and nutrition-related activities. The posyandu accounts for the largest coverage among all ECCD programmes. However, in 2000 national coverage was low at around 20%. UNICEF reported a significant decrease in the number of functional posyandu triggered in part by the serious economic crisis. There are considerable variations among provinces.

The second large-scale community-based ECCD programme is the Bina Keluarga Balita, BKB (Mothers Programme on Child-Rearing for Children Under Five.) It was designed to support families with young children aged 0-6 to enhance their knowledge and skills as caregivers. Parent-child groups are organised with parallel activities for mothers and children.
facilitated by BKB *kaders*. The BKB has expanded to around 244,567 BKB groups throughout Indonesia since it was established in 1982. In 2000, it accounted for the largest share in service provision (9.5%) for 0-6 year olds. One out of ten parents are involved in the BKB (UNICEF, 2000). There is also wide provincial variation in programme access and participation. The National Family Planning Coordination Board (BKKBN) is responsible for the BKB programme.

The other three national ECCD programmes are centre-based. These are also implemented by the government but at present, the private sector accounts for most of the service provision, thus families have to pay the necessary fees. There are non-profit foundations that provide services for children in poor communities. The centre-based ECCD programmes are: 1) *Taman Penitipan Anak*, TPA - *Child Care Centres* which are community or workplace-related childcare facilities serving children aged 3 months up to 6 or 7-8 years old while parents work. They provide full-day care services (8-10 hours a day) 5 to 6 days a week. The Ministry of Social Welfare is responsible for the TPA programme’s child care and social services component. The Ministry of Education is responsible for the educational component and curriculum. 2) *Kelompok Bermain*, KB – *Playgroups* are ECCE programmes for 3 to 5 year olds and are mostly in urban areas. Most playgroups cater to children from middle and upper income families. 3) *Taman Kanak- Kanak* (TK) *Kindergarten* and the Radhatul Athfal (RA) *Islamic Kindergarten* are the main ECCE programmes for children aged 4 to 6 year olds prior to their entry into primary school. There are two kindergarten groups: Group A is composed of 4 and 5 year olds while Group B is composed of 5-6 year olds. The Ministry of Education through the Directorate for Basic Education (SD and TK) is responsible for the supervision of the TK-Kindergarten. The RA - Radhathul Athfal is supervised by the Ministry of Religious Affairs.

There are also some pilot projects implementing programme models that build on or integrate existing ECCD programmes. One of these is the *Taman Posyandu* (*taman* means garden) which combines the features of the original *posyandu* and the BKB by adding a playgroup and enhancing parent education activities. This expands its services to include attention to children’s psychosocial, language and cognitive development. Another new programme feature which is linked to a World Bank-loan financed ECD project involves the construction of Pusat PADU (Centres). The Pusat PADU is envisioned to function as an Integrated ECCD Centre with various ECCD programmes such as the TPA-Child Care Centre, BK-Playgroup, TK-Kindergarten, *posyandu* located in proximity to each other or within one complex. 606 centres were built in the districts which are project sites for the GOI-WB ECD Project.

In order to assess the quality of ECCD programmes, selected indicators were used, namely: developmental status of Indonesian children, children’s health and nutritional status, school readiness, school performance and completion; school repetition and drop-out rates in the early years of primary school; community participation in ECCD programmes. Given the limited scope of the study, the selection of indicators had to take into consideration the availability of reliable data for each indicator. In regard to quality, there are many issues that can be addressed if only there will be a concerted effort to operationalize a truly effective mechanism for inter-ministry and multi-sectoral collaboration. This requires collaboration among all the stakeholders in ECCD whether in government, civil society and academe and most important of all - families and communities.

Expanding access to ECCD services particularly for children in rural areas and low-income families continues to be a major challenge. Improving the quality of existing programmes is the other main challenge. These twin goals of increasing access and improving quality can be achieved by ensuring that: 1) sufficient resources are allocated from both public and private sources of funds for ECCD programs; 2) the importance of ECCD is promoted among families and community support is
mobilized through ECCD–focused and culturally relevant information, education and communication activities; 3) service providers are provided adequate pre-service and in-service training and a support system exists at the level of communities and centres or schools; and 4) national and local level programme managers from each of the responsible ministries are providing effective supervision and frequently monitoring ECCD programmes.

The provision of programme guidelines and standards, capacity-building through pre-service and in-service training of service providers, supervision and provision of technical support, monitoring and reporting on programme implementation are among the most important means of ensuring programme quality. At this point each of the ministries is responsible for organising training programmes for the service providers e.g. bidan di desa, kaders, TK and BK-playgroup teachers, TPA-caregivers. These programme guidelines and training programmes are critical to ensuring that the service providers will have the knowledge, attitudes and skills to apply the appropriate practices and competently implement programmes. Improved coordination on programme design, curriculum development and training (pre and in-service) is crucial if only to maximise the severely limited resources available for ECCD. Inter-ministry and multi-sectoral collaboration on these should be prioritised in order to achieve coherence, consistency in ECCD principles and quality standards to be promoted.

There are basic legal frameworks to guide the concerned ministries and national programme guidelines for specific ECCD programmes have been developed. However, there is a need for a comprehensive national policy for ECCD which should also be clearly integrated within the national development plans (Repelita) to ensure political support and the provision of adequate public resources and support for national ECCD programmes. The development of a comprehensive national policy that articulates indicators of quality in ECCD within the Indonesian context could be the initial focus of the various stakeholders in ECCD. The National EFA Plan serves as a good starting point for this.

The same is true for programme frameworks, guidelines and standards. The government ministries responsible for initiating ECCD programmes have each developed their operational guidelines, programme requirements, materials. However, some guidelines e.g. for playgroups and child care centres do not sufficiently elaborate on the curriculum and essential programme elements. These will hopefully be addressed since the national curriculum for TPAs and Playgroups is now being completed by the recently organised inter-ministerial, multidisciplinary coordinating group: the PADU (ECCD) Consortium.

The PADU (ECE) Forum and the PADU Consortium are the most recently established ECCD-focused inter-ministerial and multi-sectoral coordinating bodies. They function as working committees but focus on different aspects of the national programmes: the Forum is focused mainly on policies while the Consortium, which involves more non-government and professional organisations, works on programme development issues including curriculum, management and capacity-building. The Forum and Consortium are lodged in the PADU (ECE) Directorate whose staff serves as the secretariat for both. The PADU Directorate is located under the Directorate for Non-Formal Education and Out-of-School Youth of the Ministry of Education.

It is too early to tell if the PADU Forum and Consortium as a mechanism for coordination will successfully contribute to the development and promotion of a comprehensive early childhood national policy and coordination of service provision in the field. Its mandate at this point is actually limited and specifically focused on non-TK early childhood education programmes. However, since the Consortium is focusing on educational components of ECCD programmes, which is a very important aspect of national ECCD policy, the Consortium may be well positioned to provide the impetus for eventually moving in the direction of developing a national ECCD policy. In time the level of participation and cooperation among its member ministries and civil society partners will determine whether the Consortium is the most effective and acceptable mechanism for this purpose.
The most pressing problems in regard to ECCD programmes in Indonesia are the following: limited coverage and access, low participation particularly among the poor and “high-risk” children, generally low quality of ECCD services. The study concludes with recommendations to improve the ECCD programmes, develop balita (under-5) focused enabling policies and mobilize community and public support. There are enough programme models, many years of extensive experience and a very rich resource of local and national expertise to initiate and sustain efforts to solve these problems. All these must be harnessed and at the soonest possible time. There are millions of reasons to consider this a matter of urgent national concern: they are the 5.8 million Indonesian children under–5 years of age who are being cared for in poor households. Yet only 1 out of 5 among them have access to ECCD programmes.

2.1 Table 1 provides an overview of the national programmes for early childhood care and development and some pilot programmes that are currently implemented in Indonesia.
<table>
<thead>
<tr>
<th>Name of the Service</th>
<th>Setting</th>
<th>Age served</th>
<th>Opening Hours</th>
<th>Enrolment</th>
<th>Responsible Ministry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posyandu Pos Pelayanan Terpadu (Integrated Service Post)</td>
<td>Centre or “multi-purpose” areas in villages</td>
<td>0-5 year olds</td>
<td>2-3 hours for a monthly session</td>
<td>151,000 posyandus (UNICEF, 2000) 245,758 children served in 1999 (EFA Assessment, Min. of Health, 2000)</td>
<td>Ministry of Home affairs-lead agency Ministry of Health-technical agency Others: Tim Penggerak Pemberdayaan dan Kesejahteraan Keluarga (TP-PKK-Team of Activators for Family Empowerment and welfare-operations for all Polyamide activities Supervised by the local Pukesmas</td>
</tr>
<tr>
<td>Puskesmas Pondek Bersalin Desa Polindes (Maternal Care Centre)</td>
<td>Community-based health Centres providing primary health care and Maternal Care Centres providing pre-natal, childbirth and post-natal care</td>
<td>Children 0-5 and pregnant mothers Newborns up to 2 month old infants Pregnant mothers</td>
<td>Usually open as needed</td>
<td>29.321 (Ministry of Health, 1998)</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Bina Keluarga Balita (BKB) Mothers Programme on Child-Rearing for 0-6 year olds</td>
<td>Home – Village facility e.g. hall</td>
<td>Mothers with children aged 0-6 years</td>
<td>Minimum once a month meeting with the parents Children’s activity - 2 - hour sessions, 3x a week</td>
<td>244,567 BKB 2,526,204 children (BKKBN, 2001) 119,481 with 5.97 million parents (Source: UNICEF)</td>
<td>Ministry of Women’s Affairs - policy formulation The National Family Planning and Population Coordinating Board - (BKKBN - Badam Koordinasi Keluarga Berencana Nasional) and PKK (Family Welfare Movement) - operations at village level</td>
</tr>
<tr>
<td>Name of the Service</td>
<td>Setting</td>
<td>Age served</td>
<td>Opening Hours</td>
<td>Enrolment</td>
<td>Responsible Ministry</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
<td>------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Child Care Centres (Taman Penitipan Anal - TPA)</td>
<td>For low-income communities: often close to or in the workplace of the parents e.g. TPA market, hospital, plantations For middle and upper income families: centers often located in or close to their residential villages</td>
<td>1.5 months up to 5 years</td>
<td>8-10 hours a day 5-6 days a week in some cases, the hours match parents’ work hours e.g. 6:30 a.m. to 6 p.m.</td>
<td>760 child care centers registered (UNICEF) 683,913 children (Country Report, GOI, ASEAN ECCD Working Group, 2000) 759 w/ 17,048 children (1997, (Source: EFA Assessment 2000) 9,216 children (PADU, 2002)</td>
<td>Ministry of Social Welfare – child care component Ministry of Education - curriculum Others: TPAs are mainly run by local private Foundations, Community Self-Help organisations, companies who own and run plantations, markets</td>
</tr>
<tr>
<td>Playgroup SKB – Sanggar Kegiatan Belajar (Learning Activities Center)</td>
<td>Centres – private or community as well as government-organized; also home-based and mobile playgroups Mostly in urban areas</td>
<td>3-6 year olds</td>
<td>2 ½ hours, 2-3 days a week</td>
<td>568 registered playgroups (UNICEF) 489,913 children served (GOI, ASEAN ECCD Working Group, 2000) 202 private playgroups with 6,185 infants (1997, EFA 2000) 4,848 children served (PADU, 2002)</td>
<td>Ministry of Social Welfare – child care component Ministry of Education - curriculum Others: TPAs are mainly run by local private Foundations, Community Self-Help organisations, companies who own and run plantations, markets</td>
</tr>
<tr>
<td>Name of the Service</td>
<td>Setting</td>
<td>Age served</td>
<td>Opening Hours</td>
<td>Enrolment</td>
<td>Responsible Ministry</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
<td>------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Kindergarten (TK)</td>
<td>Schools</td>
<td>Group A – 4-5 year olds&lt;br&gt;Group B – 5-6 year olds</td>
<td>2 hours- 2 ½ hours each day, Monday-Saturday</td>
<td>1,628,167 children enrolled in 41,746 (MOEC, National Statistics, 2000-01)</td>
<td>Ministry of Education (from national level to sub-district level (.57% - public TK)&lt;br&gt;Others: 99% Private kindergartens – run by national private foundations Organized as Federation of Kindergarten Implementation Organization of Indonesia (GOPTKI)</td>
</tr>
<tr>
<td>Taman Penidikan Al-Qur’an (TPA – Al-Qur’an Study Group)</td>
<td>Mosque or kindergartens in schools (after class hours)</td>
<td>60 – 90 minutes daily, usually in the afternoon</td>
<td>11,000 TPA’s (UNICEF) no enrollment figures</td>
<td>Ministry of Religion&lt;br&gt;Others: some are organized by private foundations</td>
<td></td>
</tr>
<tr>
<td>Name of the Service</td>
<td>Setting</td>
<td>Age served</td>
<td>Opening Hours</td>
<td>Enrolment</td>
<td>Responsible Ministry</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
<td>------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Taman Posyandu</td>
<td>Posyandu Centre with outdoor space – community-based Tanjungsari Village, West Java</td>
<td>Designed for 3 to 5 year olds</td>
<td>Posyandu – once a month Playgroup 2-3 hour sessions, 2-3 times a week</td>
<td>14 posyandus served total of 701 children aged 2-6 (UNICEF, 2002)</td>
<td>Others: University of Padjadjaran in collaboration with WHO, Collaborating Centre for Prenatal Care, Maternal and Child Health, supported by UNICEF</td>
</tr>
<tr>
<td>Ibu Maju Anak Bermutu (IMAB – Progressive)</td>
<td>Communities or centres where there are refugee mothers and their children Can also be integrated in early childhood education programs like the TK or in other community-based ECD programs</td>
<td>3 levels: mother with children aged 0-2 mother and children aged 3-5 mother + children aged 6-8</td>
<td>Variable length – group therapy and counseling sessions</td>
<td>Not known</td>
<td>Ministry of National Education Others: Psychology Department of the University of Indonesia</td>
</tr>
<tr>
<td>Pusat PADU (ECCD Centre) Integrated Service Centre</td>
<td>Centres - World Bank ECD project sites in six provinces</td>
<td>0-6</td>
<td>Open 7 a.m. up to 6 p.m.</td>
<td>No enrolment figures yet 606 centres built as of Nov. 2002</td>
<td>Ministry of Education – ECE Directorate Others: PADU Forum District Level – plan to organize PADU Forum counterpart Local puskesmas provides health services</td>
</tr>
<tr>
<td>Name of the Service</td>
<td>Setting</td>
<td>Age served</td>
<td>Opening Hours</td>
<td>Enrolment</td>
<td>Responsible Ministry</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>TK Seatap (Kindergarten “under one roof” in Primary School)</td>
<td>Public primary schools with unused classrooms transformed into TK 2001, pilot areas: South Sulawesi and Central Kalimantan; expansion to South Sumatra, North Sulawesi, NTB, Yogyakarta, Riau,</td>
<td>Group A – 4-5 year olds Group B – 5-6 year olds</td>
<td>2 hours- 2 ½ hours each day, Monday-Saturday</td>
<td>Not yet available</td>
<td>Ministry of Education – Directorate for Basic Education</td>
</tr>
<tr>
<td>Rumah Singgah Keluarga Asuh Penjankauan Sosial Streetchildren’s Shelter</td>
<td>centres in Jakarta</td>
<td>0-8</td>
<td>24 hours – providing children with a place to rest, sleep and eat</td>
<td></td>
<td>Ministry of Education – Directorate for Basic Education</td>
</tr>
<tr>
<td>Panti Asuhan Anak Orphanage/Foster Institutions for and Orphaned &amp; Abandoned Children</td>
<td>Institution - Children’s Homes</td>
<td>0-8</td>
<td>24 hours – home for children 5–6 year olds are enrolled in nearby TK</td>
<td></td>
<td>Ministry of Social Welfare</td>
</tr>
</tbody>
</table>
1. Description of Early Childhood Services in Indonesia

1.1 Community-based ECCD Programmes

1.1.1 Pos Pelayanan Terpadu - Posyandu (Integrated Care Post)

The **posyandu** started out as “village weighing posts” where mothers with children aged 0-5 years were gathered for activities facilitated by volunteers. “Posyandu” comes from “Pos Pelayanan Terpadu” which means Integrated Service Post. It was an expansion of the Family Nutrition Improvement Program (UPGK - Usaha Perbaikan Gizi Keluarga) which was designed specifically for overcoming main nutrition problems. The UPGK was linked to the GOBI-FFF approaches introduced by UNICEF in the 1980’s. The **posyandu** expanded the UPGK with the addition of immunisation for young children and pregnant women, family planning, primary health care provided by the health workers. The new program featured increased attention paid to health care with the involvement of a trained health worker.

It continues to rely on volunteers, often mothers, to work with other mothers. They converge once a month in an accessible place such as the village meeting hall or the village chief’s house for health and nutrition related activities. A community health worker or *kader* is the primary service provider in charge of each **posyandu**. The parents and children move through a 5-table system with one table each for 1) registration; 2) weighing; 3) recording the results in the KMS growth monitoring chart; 4) nutrition counseling and appropriate interventions based on the results of weighing the child; 5) family planning and other primary health care services like immunisations which a health worker from the Ministry of Health provides.

The main **posyandu** activities are growth monitoring (using the KMS – Growth Monitoring Chart), supplemental feeding (in some cases for malnourished children for 90 consecutive days), bi-annual micronutrient and vitamin supplementation, nutrition counseling and education. Primary health care services including diarrhea control through ORT, pre-natal care and immunisation are also provided. However, the *kader* refers mothers and children in need of treatment and other health services to the **puskesmas** (health center) where a doctor or a nurse may be consulted. Each **posyandu** is linked to and supervised by the health professionals of a **puskesmas**.

In areas where there is a convergence of **posyandus** and BKB groups, there is now attention to developmental screening for early detection of disabilities. The Ministry of Health is working with BKKBN on ‘table 4’ of the **posyandu** regarding BKB and DDTKB (Deteksi Dini Tumbuh Kembang Balita - Early Detection of Growth and Development of children under 5 years of age). The *kaders* convene at the **puskesmas** every three months to bring data and get information about 6 analisa (aspects of child growth and development) on a result chart.

So aside from health and nutrition education, the parents are now also provided with more information about child-rearing practices that support and promote optimum child growth and development. It is envisioned that as an integrated care post, the **posyandu** activities will also expand to the provision of more activities for children. These will be designed to address the overall development of children especially their psychosocial, cognitive and language development.

The lead government agency responsible for the **posyandu** is the Ministry of Internal Affairs. The Ministry of Health provides the technical inputs and guidelines for the **posyandu**. The Family Empowerment and Welfare Coordinating Team (TP PKK) from the Central office level to the sub-village administrative unit is responsible for actual operations.
According to the Ministry of Health, 245,758 children aged 0-6 in 26 provinces were served by the *posyandu* for 1999-2000. Other sources indicate that in 1998 there were 249,516 *posyandus* then in 1999 there were 151,000 (ADB Reports on pre-project studies, 1998; UNICEF, 2000). This decrease lends support to the observation reported by UNICEF that there was a marked decline in the number of functional *posyandu* triggered in part by the serious economic crisis. So even if there was a point when there was at least one *posyandu* in every village, in 2000, national coverage was low at around 20%. There are considerable variations among provinces with densely populated provinces like Java (east, west and central) posing the greatest challenge for programme coverage. At village level, *posyandus* have successfully targeted the poor communities with 77% of rural *posyandus* operational.

### 1.1.2 Puskesmas (Village Health Centres) and Polindes (Maternal Care Centre) Community–based Health Care Services

Young children and pregnant mothers can gain access to health services through the health centres and auxiliary health centres which have been established from the sub-district to sub-village levels. In most health centers at sub-district level, there is at least one medical doctor. There is at least one midwife for every *puskesmas* (village health center).

The community-based child health and nutrition programmes initiated by the Ministry of Health include growth monitoring; breast-feeding promotion; food, vitamin and mineral supplementation; expanded program for immunisation; and control of diarrhea, acute respiratory infections, malaria, and worm and parasitic infestations. The Ministry of Health recently started the implementation of the WHO’s IMCI – Integrated Management of Childhood Illnesses which is essentially a more effective approach to the diagnosis and treatment of sick children who are brought to the *puskesmas* or the public hospital at sub-district or district level. Midwives are being trained to implement the IMCI. The IMCI training includes a module on communicating with parents to teach them how to care for their sick children at home.

In some villages, *polindes* maternal care and birthing centres were established to provide pre-natal, childbirth and post-natal care to pregnant women. They are provided with immunisation and health information that helps them throughout pregnancy and in preparation for childbirth. They are also provided with information about caring for infants. However, since most Indonesian women in the rural areas and low income urban communities still deliver their babies at home, the Ministry of Health has also explored other approaches. One of the programmes that DEPKES is implementing is called KN– “Kunjungan neonatal” (Neonatal essential) which includes immunisation and preventive health measures. The midwife is required to visit homes of newborns twice: during the first week after child birth and then between the 7th and 28th day. This visit includes a physical assessment.

### 1.1.3 Bina Keluarga Balita, BKB (Mothers Programme on Child-Rearing for Children Under Five)

The BKB programme was designed to support families with young children aged 0-6 to enhance their knowledge and skills as caregivers. Its goal is to provide mothers and other caregivers with information about child development; monitoring their children’s growth and development; and ways to stimulate their children’s physical, social, emotional and cognitive development. This is done by organizing parent-children groups with parallel activities for mothers and children e.g. group discussions and instructional activities for mothers while their children are engaged in play activities. The BKB *kaders* also reach parents through home visits. This emphasis on parent education about child development makes the BKB a good complementary programme to the *posyandu* with its specialized focus on health and nutrition. And indeed in many places, the *posyandu* and BKB are integrated either through the *kaders* who are both *posyandu* and BKB *kaders* or through the groups
served by different posyandu and BKB kaders which are comprised by the same mothers and children.

From its beginnings in 1982, the BKB has expanded to around 244,567 BKB groups throughout Indonesia. It is estimated that 2,526,204 young children are served by the BKB (BKKBN, 2001). Next to the posyandu, in terms of scope and availability, the BKB is the second largest ECCD programme (45%). In 2000, it accounted for the largest share of service provision (9.5%) for 0-6 year olds (EFA Assessment, 2000). One out of ten parents are involved in the BKB (UNICEF, 2000). There is also wide provincial variation in programme access and participation. Although like the posyandu, the BKB programme coverage remains relatively low compared to the need, particularly in remote areas of the country, these two programmes have delivered viable, low-cost and essential ECCD services for children aged 0-5 for the past two-three decades.

The BKB programme design involves the recruitment and training of 10 kader members who work as a team and divide the work as follows: 5 kaders are assigned to work with parents and 5 kaders facilitate the activities for the children. The kaders use BKB books and a set of playthings and learning materials to teach mothers how to play with their children and stimulate their child’s development. The KKA (child development chart) is used to assess the children’s developmental status and discussed with parents to help them understand their child’s needs and development. The KKA chart includes information about specific suggestions on childcare practices or activities that parents can provide to address each aspect of child development.

The BKB programme in some areas has expanded to working with families with children aged 5 to 6 year olds. They BKB-Kemas (BKB-School Readiness) activities are designed to help parents prepare their children for entry into primary school. The 5 and 6 years olds are provided with activities and routines so that they will be better prepared for the formal and structured school environment.

The Ministry of Women’s Empowerment is responsible for policy and programme development. The BKKBN (Badan Koordinasi Keluarga Berencana Nasional) or National Family Planning Coordinating Agency is responsible for implementing the BKB programme.

1.1.4 Taman Penitipan Anak, TPA - Child Care Centres

These are community or workplace-related childcare facilities serving children aged 3 months up to 6 or 7-8 years old while parents work. They provide full day care services (8-10 hours a day) 5 to 6 days a week. There are TPAs located close to the parents’ workplaces and serve children whose parents work fulltime in plantations, markets, factories, offices. There are also TPA-child care centres which cater to children of middle and upper income families. These are located in the residential areas of big cities. Aside from providing childcare services, these centres also provide early childhood education programmes. They implement ECE curriculum that emphasizes learning through play and the development of essential skills and attitudes needed for adjustment to primary school.

Most of the childcare centres are privately run either by a community self-help group or a private foundation. Organisations like Plan International and Christian Children’s Fund have supported the establishment of considerable many child care centres in their respective programme areas. Aside from infrastructure and resources, they provide teacher training and continuing technical support for the teachers. For all private TPA - childcare centers, parents pay fees which vary depending upon the childcare centre’s target group, location and length of a child’s daily schedule. There are very few government-run childcare centres. 760 childcare centres are registered with the Ministry of Social Welfare which is responsible for the TPA programme’s childcare and social services component.
The Ministry of Education is responsible for the educational component and curriculum.

1.1.5 Kelompok Bermain, KB - Playgroups

These are early childhood education programmes for 3 to 5 year olds which are mostly located in urban areas. Playgroup activities are designed to 1) support children’s learning of basic values, religious beliefs and practices and support their moral development; 2) support children’s cognitive, language, socio-emotional development. The playgroups provide play activities and learning materials that are appropriate for children’s stages of development.

Most playgroups are organised by private groups or community self-help groups and cater to children from middle and upper income families. Only a few are managed by the government such as the Sanggar Kegiatan Belajar (SKB) - Learning Activity Centres which have been set-up in some areas to serve disadvantaged communities.

568 playgroups are registered with the Ministry of Social Welfare which is responsible for the KB-Playgroup programme. The Ministry of Education is also responsible for the curriculum of KB-playgroups.

1.1.6 Taman Kanak-Kanak (TK) – Kindergarten, and

1.1.7 Radhatul Athfal (RA) - Islamic Kindergarten

This is the main early childhood education programme designed for children aged 4 to 6 year prior to their entry into primary school. The programme goals, contents, approaches of the TK and the RA and the age groups they serve are the same. However, the main difference lies in the added emphasis on Islamic teachings in the Radhatul Athfal programme. The goal of the kindergarten programme is to help children develop the attitudes, skills, creativity and other competencies that will help them to become well-adjusted and independent students. This goal is addressed through the objectives and content of the educational program which include the following: 1) learning appropriate values and behavior through daily activities focused on moral education - Pancasila, religion, feelings and social skills needed for group life; 2) learning and developing physical, cognitive, language, creative skills and abilities; 3) supporting children’s health and nutrition by promoting appropriate feeding, health and hygiene practices. The activities in the kindergarten programme are anchored on the basic principle that children learn through play. A national curriculum has been developed by the Curriculum Centre of the Ministry of Education.

There are two kindergarten groups: Group A is composed of 4 and 5 year olds while Group B is composed of 5-6 year olds. They attend daily two and a half-hour sessions from Mondays to Saturdays.

The Ministry of Education, through the Directorate for Basic Education (SD and TK), is responsible for the supervision of the TK-Kindergarten. At the sub-district offices of the Ministry of Education there is an education supervisor for elementary education and kindergarten who is directly responsible for supervision of the kindergarten at school level. Parents and community volunteers are organized as support groups called BP3 - Badan Pembantu Penyelenggara Pendidikan to enhance the kindergarten programme.

---

2 Government Decree No. 27, 1990
3 The Decree of the Minister of Education and Culture No. 0486/U/1992, Chapter II article 3 clause 1.
The RA - Radhathul Athfal is supervised by the Ministry of Religion which has a Sub-Directorate for Radhathul Athfal.

Only 18.39% of the 4-5 year old population is enrolled in the kindergarten programmes. Most of them are enrolled in private kindergartens which account for 98% of total kindergarten service provision. There are currently 235 public kindergartens and 35,287 private kindergartens (PADU Forum, 2001).

Private institutions which run kindergartens are organised under GOPTKI - the Federation of Kindergarten Implementation Organization of Indonesia - which serves as a forum for coordinating the implementation of kindergarten programmes with attention to the benefits to children and teachers. Kindergarten teachers have also established a professional association - IGTK (Ikatan Guru TK) or Indonesian Kindergarten Teacher’s Association.

1.1.8 Taman Pendidikan Al–Qur’an (TPAs) - Al–Qur’an Study Group

These are religious education programmes for children starting age 4 up to the time they enter elementary school. They are taught to read the Al-Qur’an, which is the holy scripture of Muslims. With its focus on religion, these study groups complement the kindergarten programmes’ objective of developing children’s attitudes, values and knowledge. They contribute significantly to supporting children’s moral and spiritual development.

The Ministry of Religious Affairs is responsible for the 11,000 TPAs-Al-Qur’an currently organised throughout the country.

1.2 ECCD Pilot Programmes

1.2.1 Taman Posyandu, Tanjungsari: A Pilot project related to the posyandu

A pilot project, Taman Posyandu (taman means garden) expands the traditional posyandu activities by providing learning experiences for children through play activities and parent education about child development. In addition to improving the health and nutritional status of pregnant mothers, infants and young children and decreasing the incidence of malnutrition among them, the Taman Posyandu’s objectives include the provision of support to improve the children’s psychosocial development and their readiness for school. It is a good “programme mix” which combines the features of the original posyandu with a playgroup and more parent education activities thus expanding its services to include attention to children’s psychosocial, language and cognitive development. 14 posyandus in 14 villages out of more than 160 posyandus in 27 villages of Tanjungsari in West Java.

The Taman Posyandu program design involves learning experiences for children based on a developmentally appropriate curriculum. A play area has been set up in the Taman Posyandu where young children aged 2 ½ - 5 can be brought to participate in various informal activities either individually or in small-groups once-three times a week for 1 – 2 hours. The activities for children in the Taman Posyandu are organised and facilitated by the ibu kader who is trained to learn more appropriate ways of encouraging and supporting children’s play. The mothers pay a fee for every visit (about R.p.500) to help meet the additional costs of operating the Taman Posyandu. Project assessment showed that not all parents could afford to pay this monthly fee and this became an obstacle to children’s participation.

The Taman Posyandu model was developed within a project: ADITUKA (Tanjungsari Integrated Women and Childhood Care and Development, WCCD) which was organised by Dr. Anna Alisjahbana in 1999. It involves four main components: 1) child care and education through Taman
Posyandu; 2) prenatal, childbirth and postnatal care provided by bidan di desa (midwives) and dukun bayi (traditional childbirth attendants); 3) home visits by kaders for health and nutrition monitoring; 4) developmental screening for parent education and for early detection of disabilities. The parent education programme is designed to promote nine key messages for parents about childcare and child development. Sets of illustrated print materials in the local language were especially developed for parents. These relate to the 9 messages and a home-based developmental screening chart. These are also further discussed with the parents by the kaders during home visits.

The Taman Posyandu project is implemented by the University of Padjadjaran in collaboration with the World Health Organization (WHO), Collaborating Centre for Prenatal Care, Maternal and Child Health. It is also supported by UNICEF as one way of revitalising the posyandu and promoting an integrated approach to ECCD through long-running and broadly implemented ECCD programmes like the posyandu. Plan International also implements the Taman Posyandu Model in their programme areas.

1.2.2 Ibu Maju Anak Bermutu, IMAB (Progressive Mother, High Quality Child)

This programme involves the training of social workers to provide counseling services for mothers and children aged 0-8 who are internal refugees or victims of conflicts. It is an effort to provide them with a support system in order to help them cope with the trauma of witnessing conflicts or being victims of violence and other stressful condition that often also lead to their displacement. By applying child development principles and experiential learning, varied group activities and individual counseling are expected to help mothers and their young children recover from these very difficult experiences.

The programme is supervised by the Ministry of Education and is implemented in collaboration with the Department of Psychology of the University of Indonesia in Jakarta.

1.2.3 Pusat PADU (ECCD Centres)

The concept of PADU Centres is that of an Integrated ECCD Centre where various ECCD programmes described here, such as the TPA - childcare centre, BK-Playgroup, TK-Kindergarten, posyandu, are located in proximity to each other or within one complex. There are now 606 newly constructed PADU centres in the districts selected as project sites for the WB-loan funded ECD Project. Training of teachers, including newly recruited teachers, who will work in these Pusat PADU has also been conducted. The Directorate for ECE (PADU), under the Directorate for Out of School Youth in the Ministry of Education, is responsible for coordinating with the districts to establish the Pusat PADU. Specific responsibilities for the various ECCD programmes are expected to remain as currently assigned for the TK, posyandu, TPA and BK.

1.2.4 TK – Seatap (Kindergartens in Primary schools)

These are exactly like the TK-kindergarten with only one basic difference – the kindergarten classroom is in a primary school unlike the typical TK which is usually an independent facility. This pilot programme was initiated by the Ministry of Education as one more approach to expanding access to TK-kindergarten services. Due to the decline in enrolment in some primary schools with fewer school-aged children to serve from their respective villages, there are now a number of unused classrooms. The programme basically involves transforming these into TK-kindergarten classrooms.

1.2.5 Rumah Singgah Keluarga Asuh Penjankauan Sosial (Streetchildren’s Shelter)

These are shelters for streetchildren which have been established by the Ministry of Social Welfare and private foundations to provide street children in Jakarta with a temporary place to rest, eat, bath
and interact with other children. These shelters are open 24 hours daily and also accommodate young children aged 2 to 6.

1.2.6 Panti Asuhan Anak (Foster Homes/Orphanage)

The children who have been abandoned or orphaned are cared for in these centres or institutions until they are adopted by foster families. The children aged 3 to 6 who live in these centres are enrolled in the nearby BK or TK-Kindergarten with support from the Ministry of Social Welfare.

1.3 Ministerial Responsibility by Age Group in Indonesia

![Figure 1: Ministerial Responsibility by Age Group-Indonesia](image)

<table>
<thead>
<tr>
<th>Age</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(------------------------Ministry of Health ---------------------------)
(----------- Ministry of Education------------)
(-----------Ministry of Social Welfare------------)
(---Ministry of Women’s Affairs-------)
(---BKKBN, National Family Planning Board---)
(----- Ministry of Religion-----)

2. Information about Early Childhood Care and education in Indonesia

2.1 The quality of early childhood services:

2.1.1 How quality is defined and understood

There is no overall policy document that explicitly articulates the definition of quality in ECCD within the Indonesian context. However, the national government ministries responsible for initiating ECCD programmes designed to provide basic health, education and social services to young children and parents each developed their operational guidelines, programme requirements, materials. At this point, it is these programme guidelines which address content, processes or activities, resources that provide a definition of what constitutes “quality” and what is expected of ECCD programmes. The Ministry of Education’s Curriculum Development Institute developed a national curriculum for the TK-Kindergarten which is designed for 5 year olds. Existing guidelines for other programmes, such as those for playgroups and childcare centres which cater to the 2 to 5 year olds, do not sufficiently elaborate on the curriculum as well as essential programme elements such as daily routines for care.

---

4 Select and focus on a few major categories of early childhood services available in the countries including both formal and non-formal programmes.
giving and children’s activities, learning materials and playthings. Thus, they cannot yet be considered as adequate references for defining quality in ECCD to guide all those involved in programme implementation. However, the PADU Directorate and members of the Early Childhood Forum are now working on revised and improved guidelines in order to fill in this gap. Other organisations like CCF and Plan International who are involved in implementing ECCD programmes like childcare centres and playgroups have taken the initiative to define their own standards to guide their project affiliates or the staff in ECCD centres which they support.

Quality is also implicitly defined in terms of the achievement of selected programme objectives. Evidence of this is that programme achievements are defined in terms of coverage or access indicators of the various programmes. Programme effects on children are partly addressed through indicators such as the health and nutritional status of 0-5 year olds, developmental status of children, readiness for school as evidenced by their performance in the first grade of primary school. The changes in parents’ attitudes and child-rearing practices in favor of optimum child development would also be important manifestations of programme quality since there has been early attention paid to ECCD-related parent education through the posyandu and BKB. However, there are presently no large-scale studies focused on parents’ knowledge, attitudes and practices in relation to these programme interventions. Findings from studies conducted in selected provinces provide the only basis for assessment of parent participation and the impact of these two ECCD programmes. The most comprehensive processes in relation to assessment of the status of ECCD are the EFA National Planning and Assessment and the Situational Analysis of Women and Children, which the Government of Indonesia, UNICEF and partners in civil society have undertaken. Both have their respective documents as outcomes of these processes.

2.1.2 How quality is ensured and monitored

The provision of programme guidelines and standards, capacity-building through pre-service and in-service training of service providers, supervision and provision of technical support, monitoring and reporting on programme implementation comprise the current approach to ensuring quality of ECCD programmes. Each of the ministries is responsible for organizing training programmes for the service providers e.g. bidan di desa, kaders, TK and BK-playgroup teachers, TPA-caregivers. These training programmes are critical to ensuring that the service providers will have the knowledge, attitudes and skills to apply the appropriate practices and competently implement programmes.

Each government ministry responsible for specific ECCD programmes – either on its own or as a shared responsibility with other Ministries - is expected to monitor compliance with requirements, regulations and guidelines for the implementation of ECCD programmes. Theoretically, most of the elements have been defined and the organisational requirements are in place. But whether and how these are operationalised still needs to be evaluated. The mechanisms for monitoring whether these standards are being applied and complied with are supposed to be in place from central levels of government to the local levels. However, it is unlikely, given the vastness of the country and the limited resources of the government, that the government ministries through their field offices or local level counterparts are able to conduct frequent and regular field visits. In principle, supervisors of the Ministry of Education are in place from the district level up to the schools to regularly monitor the kindergarten programmes. However there were no reports available at the time of data gathering and consultations for this study. In general, there is very little documentation of the actual status and activities of various ECCD programmes.

Monitoring of programme implementation is critical and must be done regularly through visits, observations and consultations at the programme sites. Monitoring should also involve several observations and interaction with all the key participants over a period of time so that patterns can be noted and validated. There are usually many programme elements to consider for every ECCD programme. For example, in the BKB, there are activities involving parents and there are also parallel
activities with their children. But for playgroups or childcare centres, the programme guidelines provide basic information on requirements for setting-up childcare centers or playgroups, ages to be served, staffing patterns and qualifications, adult-child ratios. But the current version does not include any activity guide or curriculum which would provide more specific guidelines, objectives, caregiving routines, or play and other activities that will enhance children’s learning and development. There is a health manual for childcare centres and playgroups which was developed in collaboration with the Ministry of Health. This is important because attention to children’s health and safety is just as important as attention to their development and learning. Considering the multi-disciplinary nature of ECCD programmes, there is a need to pay attention to all the different programme elements and to assess these not just in terms of how they fulfill the expectations in regard to health promoting conditions or the quality of the learning environment but in terms of how these programme elements interact. There is always a need to analyse whether the different programme components complement one another or tend to weaken or negate each other. It is necessary to bring the pieces together to assess and understand them as whole programmes. Just as there is synergism among all the dimensions of child growth and development, all ECCD programme element and interventions are contingent on each other.

The government ministries usually monitor only the component of the programme for which they are responsible e.g. in relation to childcare centres and playgroups, the Ministry of Social Affairs says that they monitor the “childcare/welfare aspect” while the MoE is expected to monitor the implementation of the Learning Programme or curriculum. In the case of newly de-centralised government agencies such as the Ministry of Education, monitoring and supervision is undertaken by the district and sub-district offices and at the school level by the principal or school head/teacher. With regard to monitoring the quality of programmes which are implemented by the private sector, there is even less evidence that this is being undertaken systematically. Considering the fact that in the Indonesian context, at present, the majority of TK – kindergartens, playgroups and TPA - childcare centres are privately owned and run, this should be addressed. The Ministry of Education requires district level supervisors in charge of TK and SD to monitor both public and private TKs. They are expected to visit the private kindergartens. On average they report that each supervisor can visit each TK once every 3 months. However, at the moment there are no written reports on these monitoring visits that would give more information about the status of these private early childhood education programmes.

Programmes which involve the local governments and local level organisations such as the posyandu, BKB are supervised and monitored also by the local government officials, professional staff e.g. of the Ministry of Health or Social Affairs and the leaders of women’s organizations like PKK since they are directly involved in programme coordination or implementation. It is not clear whether consolidated assessment reports from these parallel monitoring efforts are prepared. Considering that the BKB and posyandu programme both involve broad-based interventions compatible with the holistic nature of child growth and development, it is imperative that such collaborative assessments be made to consolidate issues and insights from their separate monitoring activities and provide a comprehensive assessment. According to Indonesian ECCD health experts there have been no systematic attempts to thoroughly evaluate all these ECCD programmes. They noted that all the national ECCD programmes have not been formally and systematically assessed in terms of policies, content, quality, standards, cost-effectiveness and impact. (B. Utomo, 1998)

Theoretically these monitoring and supervision processes are expected to occur regularly. However, feedback from the local level ECCD service providers and reports from programme partners e.g. donors, local NGO partners indicate that kaders and teachers are not visited regularly and frequently enough. They also do not receive enough technical support. It will be difficult to achieve and maintain optimum levels of programme quality if there is insufficient support provided through adequate supervision, technical support and training for all concerned – from the management of ECCD programmes to the daily caregiving and teaching of young children.
The Ministry of Social Welfare and Ministry of Education, the two ministries concerned with playgroups and childcare centres, both state that the staff from the Central Office as well as the district level counterparts monitor these programmes to find out if they comply with the minimum service standards, the national curriculum or learning programme. However, there is little evidence to show whether these monitoring mechanisms are operational. Both Ministries confirm that reports are expected but have not been able to provide information about the contents of these monitoring reports. With the decentralisation of social services, it is even more difficult for the Ministry of Social Welfare to compel social welfare officers or supervisors at the district level to submit such monitoring reports. The transition to a decentralised form of government generally affects the monitoring process and this initially hampers the retrieval of reports and documentation of basic data regarding programme access, coverage, participation and impact.

While there are successful experiences in supervision of ECCD service providers within selected programmes, this is an area that needs to be strengthened. It appears that whether the programme is implemented through a centralised government ministry such as the Ministry of Education or within decentralised contexts such as the social welfare and health services provided by the local government units, there are problems to resolve. There is a need to establish viable supervision systems and processes with clearly defined procedures and appropriate tools for evaluating the performance of service providers, the assessment of their needs for professional development and the programme’s needs. Considering the size and cultural diversity of the Indonesian population, it would be useful to explore more responsive and viable approaches to supervising the different ECCD service providers and volunteers.

2.1.3 How assessment result is utilized

On a national scale, there were no systematic and comprehensive efforts to assess the quality of ECCD programmes. However, there were several opportunities for the Government of Indonesia and other stakeholders in ECCD from civil society, international development agencies and the academe to engage in various forms of preliminary assessments of the state of ECCD programmes over the past decade. For example, government agencies and international agencies like UNICEF were involved in conducting pre-project appraisals and studies on ECCD programmes which included observations, field visits, interviews and consultations with stakeholders e.g. kaders, bidan di desa, TK teachers, NGO partners, local government officials and national government officials and staff from the ministries involved in ECCD. These pre-project studies and sector reviews were done in preparation for the World Bank loan-financed ECD project and in the exploration of a possible ECD project to be financed through a loan from the Asian Development Bank. From 1998-99, all the participating agencies, organisations and institutions involved in various programmes linked to Education for All (EFA) also embarked on an assessment of the decade (from 1990-1999) as a contribution to Year 2000 EFA Assessment. UNICEF also undertook a review of its GOI – UNICEF Country Programme of Cooperation (1995-2000) and a situation analysis from 1999-2000 as part of the 3-stage process of preparing the current Country Programme (2000-2005). Throughout the assessment and analysis, strategy formulation and programme planning, UNICEF ensured broad participation beyond their government partners at central and local levels to include experts from the health, nutrition, education sectors and representatives from civil society. All these activities involving the Indonesian government, multilateral international organisations, partners in civil society and specialists in ECCD-related disciplines were in relative proximity to each other within a five-year period – from 1995 to 2000.

Shortly after, in 2001, the newly organised networks like the ECE PADU and PADU for Early Childhood Education also convened periodically and worked with member institutions which expanded these previous efforts to look into the situation of the ECCD programmes. There are also other international and local NGOs who are active in the various fields related to social development.
and which undertake child health, early education, parent education programmes. They too have taken the initiative to assess the status of ECCD programmes in Indonesia.

All of these combined provided valuable information and generated insights for both national government officials, ministry staff at various levels, programme managers and ECCD practitioners in the private sector. Some of those insights influenced programme planning and decision-making so that changes in the design of some public programmes were considered or some organisations developed alternative approaches or innovations in their ECCD programmes. Some of the data generated by these independent activities informed the process of prioritising provinces and districts for the implementation of special projects or where additional resources for public ECCD programme are needed. Some of them highlighted the need to monitor and regulate private ECCD programmes and prescribe certain guidelines, standards. All of these assessments pointed to the need to improve the quality of public ECCD programmes. A recurring recommendation was to re-invest anew in long-running programmes like the posyandu and BKB so that these will be strengthened and transformed into more integrated programmes. Revision of programme elements (e.g. activities, staffing patterns), provision of support such as increased training for kaders, provision of resources e.g. additional learning materials, and where needed, the improvement of facilities were recommended. It was also recommended that the government agencies and partners select or develop common tools for developmental screening and assessment to monitor children’s developmental status and detect disabilities to be used across the different public ECCD programmes.

Most of the aforementioned opportunities to review and assess the ECCD programmes in Indonesia also came at a time when there was increased understanding about the advantages of more comprehensive, complementary and integrated approaches that respond to the needs of the whole child. This has led to some important realisations about the nature and status of the posyandu programme: its current scope and considerable potential for reaching more children especially the 0-3 year olds; the need to maximize its potentials for supporting young children’s psychosocial, cognitive and language development. The implications for programme design, activities, and frequency as well as people who will need to be involved were then discussed. It was also acknowledged that there is a need for more serious efforts to monitor programme implementation in the light of some observations that the posyandu in some places are no longer fully functional or have become just a gathering for women and there were hardly any benefits for the children beyond growth monitoring. The insights from revisiting the objectives and the activities, materials of the posyandu as it was originally envisioned is providing new impetus for its revitalisation as a more integrated programme for child development. The development of pilot programmes like the Taman Posyandu were informed also by the proponents’ reflections on the quality of the posyandu and the yet untapped possibilities.5

The important pending issue of seeking and reaching consensus on the most appropriate tools and instruments to assess child development is now starting to be addressed. It was noted that in order to generate accurate and substantive information about the developmental status of Indonesian children, it was necessary to study the range of tools available e.g. the KKA used in the BKB and the developmental screening tool developed by UNPAP in Bandung, as well as adapted tools used in other programmes. This may lead to significant changes in both policies and programmes. Data about the developmental status of Indonesian children is critical for both planning for and evaluating programme quality and impact. Most of all, the matter of arriving at a consensus regarding developmental screening and assessment tools is critical to continuing parent and caregiver education about the growth and development of Indonesian children.

5 During discussions (and documented through aide memoirs, reports) in two ADB missions involving UNICEF and teams of national and international consultants
2.1.4 Quality-related indicators

Beyond measuring the “success” of ECCD programmes in terms of access, coverage, levels of sustained participation there is a need to both sharpen and broaden the focus on the quality of ECCD programmes. It is only by working towards in-depth understanding of the current status of ECCD programmes in regard to quality that all stakeholders can meaningfully work toward their improvement. The choice of indicators and the data-gathering tools and systems for each indicator will be critical to that process.

Programme quality can be assessed in several stages in the lifecycles of an ECCD programme: 1) in terms of what is to be invested in the programme e.g. staff who have been hired, resources made available like the physical facilities, toys, materials, the funds available for operations to cover salaries, supplies and special activities or programme features; 2) the processes and activities in day to day programme implementation that show how the programme principles, conceptual frameworks and educational philosophy is concretised, that reveal the curriculum or programme in action; 3) the effects of the programme on the children and on the other intended participants or beneficiaries such as parents and other caregivers.

The following indicators of quality in ECCD programmes represent each of these three "sets" of indicators and are applicable to the organised ECCD programmes in Indonesia. They are also applied in many other countries with similar socio-economic conditions as Indonesia. It would also be useful to consider these indicators of quality across a diverse range of social, cultural and economic contexts that prevail within Indonesia and its neighbors in the region.

2.2 Curriculum or Interaction

The best indicator of quality in an ECCD programme is one that encapsulates the quality of interaction between adults and children in the childcare or early childhood education setting. “Curriculum” here does not simply refer to the determination of whether a national curriculum or a national framework which defines standards, objectives, learning experiences, programme structure and activities is available and whether this is disseminated or not. The reference to curriculum here is not just the “paper” curriculum but the day to day activities and patterns of interaction over time e.g. child to child, adult-child, child and materials and the physical environment. The curriculum (or "learning programme" as it is referred to for TPA’s and playgroups) includes both the planned routines and activities as well as the incidental and spontaneous opportunities that arise from day to day.

Gathering data for this indicator requires an investment in systematic observations of children and adults in different ECCD programmes over a period of time. One example of a study that provides this kind of information about ECCD programmes is the IEA pre-primary study which has developed and used three sets of observation systems and tools in diverse ECCD settings in 15 countries – including Indonesia. These observation systems gather information about: essential elements of young children’s interactions and experiences: 1) percentage of time children are interacting with adults or with other children; 2) the types of activities in which children participate and the group structure proposed by the teacher; 3) who proposes the activity in which a child is engaged; 4) the percentage of observations in which teachers are listening to children’s responses or comments. Thus, the study provides a wealth of information about the quality of a child’s experiences in varied ECCD settings. The study was divided into three phases with Indonesia participating in Phases 2 and 3. Data-gathering for both phases has been completed but only Phase 2 findings have been published to date.
The Indonesian IEA pre-primary study focused on a sample of TK-kindergartens in three of the highly populated provinces – Jakarta (urban kindergartens), Central Java and West Java (rural kindergartens). 251 children in 67 urban and rural TK-kindergartens comprised the sample. Data were collected by 40 researchers from the Office of Educational and Cultural Research and Development (OERCD) from December 1991 to March 1992. The initial stage focused on a description of early childhood settings, national standards and caregiver qualifications. Most of the TK-kindergartens included in the study comply with national standards set by the Ministry of Education (97% of the urban and 96% of rural TK are licensed with 45% of rural TK and 36% of urban TK licensed for 11-20 years). Most TK (89% urban and 73% rural) reported that they were licensed as well as regularly supervised by the Ministry of Education. Most of the kindergartens meet teacher requirements and have adequate staffing patterns although rural TKs had head teachers who assumed both administration and lead teacher’s roles. The TK's studied generally meet recommended adult-child ratios and have adequate physical facilities (i.e. space like rooms, toilets) including child-structured rooms as well as rooms for adult use. However, since the data from Indonesia did not provide details on the kinds of learning materials, playthings and equipment for indoor and outdoor activities, the adequacy of facilities as child care and learning environments cannot be fully assessed.

Contact with parents is limited to meetings with individual parents in the TK. This indicates that frequent communication and close collaboration with parents of children enrolled in the TK does not seem to be a priority. However, in a separate section of the study, 39% (urban) and 31% (rural) TK teachers reported that they used newsletters or general notes to communicate with parents.

The World Bank commissioned Indonesian and international ECCD specialists to conduct a study on the status of ECCD programmes prior to planning the ECD project. To assess the quality of learning in the TK-kindergarten classrooms and other ECCD programmes, they examined the national curriculum and the application of child development principles, theories and knowledge. They concluded that:

1. The activities for children were most often product-oriented work and teachers did not focus on the learning inherent in the activity, but rather on whether the child correctly followed the model.

2. Implementation and expansion of the curricula is hampered by lack of materials in many programmes.

3. Emergent literacy materials were particularly scarce at all age levels. Items such as picture and story books, writing materials and paper were scarce especially in Bahasa Indonesia” (World Bank, Project Proposal: ECD Project in Indonesia and Aide Memoire, July 23 1997, by Ellen Frede)

Since there have been many years of work in programmes like the posyandu and BKB as well as more recent adaptations or alternative forms of these long-running ECCD programmes including the TK-kindergarten or TPA-childcare centre, it would be interesting to focus on the quality of adult-child and child to child interaction across these diverse settings and to look at the fine nuances of interaction as well as the child’s engagement with the learning environment based on what the curriculum and programme of activities provide in each setting.

2.3 Effects of the programme on children and parents
The primary purpose of ECCD programmes in Indonesia, like many other countries, is to facilitate, support and positively affect children’s development. So it would be logical to evaluate the effect of an intervention such as an ECCD programme through periodic assessments of the developmental status of participating children using appropriate tools. Unfortunately, at this stage when access to and participation in ECCD programmes is still very low, there are few studies that systematically demonstrate the effects of programme participation over a period of a few years at least. The available studies on Indonesian children's developmental status, however, are still significant because they show the effects of the lack of access to programmes or “non-participation” in ECCD programmes on child survival and development.

Eventually, as access to ECCD programmes increases, there is a need to keep track of ECCD programmes’ effects on children’s growth and development to be used as indicators for programme quality. To effectively gather data for this very important indicator, consensus must be achieved nationally in regard to the tool/s or instruments that will be used and applied to diverse ECCD settings. The instrument/s selected must be reliable, valid, comprehensive (i.e. cover all dimensions of child development), culture and language sensitive and appropriate. The instrument should be reliable and “user-friendly”. Its’ application must be at the least possible cost to the ECCD programme and to the government. The developmental assessment tool or instrument must be applied in a variety of ECCD settings and a nationally representative sample of children selected.

In the region, Indonesia can claim credit for producing one of the earliest simple developmental screening tools which was cross-referenced with other international tools and applied to a large-scale programme. This is the KKA (kartu kembangan anak = child development chart) which indicated selected developmental milestones for 0-6 year olds. The KKA was introduced through the BKB. Unfortunately, the processing and analysis of data generated from the KKA charts was not sustained long enough to be able to generate valuable information, albeit limited to a few indicators, about the Indonesian children aged 0-5 whose mothers participated in the BKB groups.

Aside from the KKA, there is ongoing work to test the applicability of BINS for developmental screening that is being undertaken by Dr. Anna Alisjahbana from UNPAD in Bandung, WHO. She has also developed pictorial materials on “nine messages” about ECCD that kaders use for parent education in the Taman Posyandu Project. Assessment of children (three age groups from 2 to 5) from the proposed target provinces of the World Bank ECD Project was also undertaken during the project preparation phased. As a participant in the 15-country IEA Pre-primary study there was also a battery of tests administered in addition to the surveys and observations involving TK-kindergartens. Nutrition programmes like the Pangalengan Nutrition Intervention Programme provided information about child development outcomes vis a vis nutrition interventions. The East Lombok study used the Barley’s Infant Scales to assess the psychomotor and cognitive development of infants in East Lombok. Sularyo and Akhib used the Denver Developmental Screening Test (DDST) to assess infants and children aged 6 months to 5 years living in two poor urban areas in Jakarta (Marunda and Pulo). Apart from these, psychosocial or cognitive assessment of children has yet to be done routinely within ECCD programmes on a national basis.

There is an ongoing project in collaboration with the WHO which involves combining the KMS (growth monitoring chart) with 5-10 indicators of the KKA. These will be indicators which predict later developmental delays, which can differentiate between good and inadequate development, feasible in terms of monitoring, and priority areas in the developmental process. (Satoto, 2001)

The Ministry of Education is currently working on a school readiness tool. The “Tes Kesiapan Sekolah Bidang Skolastik” is being developed by the Assessment Center in the Office of Research.
and Development, Ministry of Education. The school readiness test has just been validated with a national sample of Grade One students. This is a two-part school readiness assessment tool which measures the academic aspects of school readiness and psychological, social and emotional dimensions of school preparedness. The language used is Bahasa Indonesia. The “academic” component is a paper and pencil test to assess: 1) reading (symbol recognition, letter-sound recognition, vocabulary, verbal comprehension) and writing readiness (fine motor skills and eye-hand coordination for letter and numeral writing, drawing, copying) and 2) basic mathematics: sorting, classification and sequence based on attributes e.g. shapes, size, length and understanding of number concepts, numeral recognition and counting in sequence.

The 9-item observation checklist to assess psychological, social and emotional aspects focus on the following: children’s ability to select, accept, complete assigned tasks/activities; separate from his or her parent and control emotions e.g. tears; can work independently; communicate with adults or unfamiliar people, peer groups; respect others at work.

### 2.3.1 Developmental Status of Indonesian Children

Results of the studies mentioned above showed developmental delays in gross-motor, social, language and fine motor development among children in poor communities with the delays increasing with age and most significantly for language and fine motor development (Sularyo and Akhib). Among infants assessed in East Lombok for cognitive and psychomotor development it was significant to note that there was a decrease in the percentage of children who were considered as “within normal limits” or “with slight delays” since later assessment results for some children showed “accelerated performance.” However, those who initially lagged behind their peers in terms of cognitive and psychomotor dimensions showed even more serious developmental delays. These patterns indicate the aggravating impact of malnutrition and illness during the first two years, further compounded by the poor quality of the children’s care giving and learning environments resulting in the lack of stimulation for language and cognitive development. Findings from other studies involving children from other provinces and using other tools and tests showed similar findings and reinforce this emerging pattern in regard to the developmental status of Indonesian children.

The World Bank ECD project preparation phase included a study on the developmental status of children aged 1.5 to 7.5. The sample of 2,857 children from five provinces consisted of three age groups: Phase One: 1.5 – 2.5 year olds, Phase Two: 3.5 - 4.5; Phase Three: 6.5 – 7.5. Results of the tests administered to the 3.5 – 4.5 year olds (Phase 2) would be of special interest since they are in the midpoint of the early childhood years. Tests of cognitive, language, social development, fine motor and pre-academic skills (early literacy and basic math concepts) were used to assess children’s competencies. One of two instruments used to assess social skills was a structured interview with parents. Results of these assessments showed that children’s language skills at age 3.5 to 4.5 were below age level expectations. This despite the fact that the assessment protocol involved the use of the children’s home language wherever needed and not Bahasa Indonesia, the national language. However, they performed better in the sub-tests for the cognitive domain which assessed their understanding of concepts like spatial relations, quantity and time in relation to daily life situations. But it should also be noted that among these three tests on cognitive development, the children scored lowest in the sub-test on concepts of time. This test required children to have language skills i.e. the vocabulary needed to mentally “label” activities done at specific times of day, or identify events in sequence. This is still consistent with the findings regarding significant delays in language development.

Similarly, the findings for social skills showed that children scored lower on the social thinking sub-test compared to the results of parents’ ratings of their children’s social skills. It is highly possible that these findings indicate some cognitive difficulties (comprehension) i.e. the difficulty with dealing
with abstract concepts like time and feelings or emotions. But it is definitely compounded by the fact that once again, both the comprehension and response parts of the testing process require language skills. These problems in regard to language development directly affect the children’s performance in tests which rely heavily on verbal comprehension and symbol recognition.

Children also did not do very well in the tests for fine motor development. The limited language abilities and fine motor skills combined with the lack of exposure to and experience with materials like story books, manipulative toys, art and writing materials, social situations with peers and adults that allow for active processing of information and basic concepts (including time, social thinking), evidently account for the children’s poor performance in tests of “pre-academic skills” which usually require their application of both language and fine motor skills. Experiences within the family such as limited verbal interaction between parents and children were cited by the researchers who noted that Indonesian parents do not usually engage children in conversation. In general, children are not encouraged to speak or ask questions. The dearth of language learning experiences and opportunities for fine motor development at home is further compounded by the lack of exposure to group experiences of the kind offered by ECCD programmes like playgroups or childcare centers. Among the children aged 3.5 - 4.5 who were part of the study, only 11% were in kindergarten, 5% were in some form of early childhood programme and 82% were not participating in any form of ECD programme. All these combined adversely affect children’s language and cognitive development.

2.3.2 Children’s School Readiness, School Performance and Completion

School Readiness: One study compared the school readiness of children who had kindergarten experience with those who did not attend the TK-kindergarten (D. Hariantti, 1998). The study sample involved 256 seven year olds who were all new entrants to Grade One. They were selected from 64 schools representing 24 sub-districts in four provinces (East Java, Bali, Jumbi and DKI Jakarta). The two groups were evenly divided between those who attended TK prior to first grade and those who did not attend TK-kindergarten. Assessment was conducted during the first month of the school year. The following dimensions of child development which are considered significant for adjustment to school and readiness for Grade One were assessed: cognitive development, language and early literacy and mathematics, self-expression, social and emotional development, self-reliance. The tools included those that were used in the IEA Pre-primary tools as well as nationally developed tools for psychosocial development of 4-6 year olds. Significant differences were found between the two groups of children in terms of cognitive development and pre-academic skills. Children who attended TK-Kindergarten scored higher on the tests used to assess cognitive skills, language and early literacy skills, understanding of mathematics concepts, fine motor skills. So upon entry into Grade One they already had an edge as far as these dimensions of child development and learning that are emphasized by formal primary schools.

The study provides support for the positive effects of children’s participation in ECCD programmes specifically in terms of facilitating their adjustment to primary school. Because they can easily adjust to school, they are likely to maximize the learning experiences in a more structured classroom. This would be a significant contributor to improved school performance.

2.3.3 School Repetition and Drop-Out

Two indicators most frequently used and which are available are: grade repetition and drop-out rates at the primary level. The problem of repetition and school failure is especially acute in the first and second grade where repetition is as high as 11.46 and 7.44 % respectively. The average drop-out rate for Grades 1 to 6 is 5.9% (MONE, 2000-01). Translated into absolute numbers, this implies a total of about 483,176 grade one repeaters and 312,750 grade two repeaters per year. In total about 1.5 – 2 million children (7%) repeat a grade every year at the primary level (Grades 1-6).
Based on MONE figures for 2000-01, about 671,656 children dropped-out of the school system. This represents an improvement compared to 1997-98 when 1.8 million children dropped out of school at the height of the economic crisis. Evidently the social safety net programmes, which included supplementary feeding for school children and intensive campaigns of the Indonesian government like Aku Anak Sekolah (Back to School), had positive effects on school enrolment during and immediately after the crisis. However, the drop-out rate at 2.62% is still high despite increased investments in improving basic education. A study which examined the determinants of drop-out and repetition found a high correlation between school repetition and drop-out (Boediono and Dhanani, 1996). They indicated that children who repeat a grade are most likely to drop-out. Since repetition is the most important predictor of the drop-out rate, it can be concluded that measures to reduce the rate of repetition would also reduce school drop-out. Measures to address repetition should pay careful attention to achieving learning outcomes throughout the primary school years.

Overwhelming evidence from research in various countries has demonstrated the positive impact of ECD programmes on school performance and completion. Children who participate in ECCD programmes are better prepared for school, learn and perform much better than children who did not have any access to ECCD programme. So ensuring and expanding children’s participation in ECCD programmes can reduce these high repetition and drop-out rates. In a way, the high rates of school repetition and drop-out at the primary school levels serve as “negative indicators”. They can also be considered as indicators of the effects of children’s “non-participation” or of the lack of access to ECCD programmes that directly benefit the children by providing them with experiences and supplementary feeding or through parent education that improves childcare practices. Only 1 out of 5 Indonesian children have access to an early childhood education programme prior to entry into primary school (UNICEF, 2000). Combined with other critical factors like health and nutritional status which affect children’s ability to maximise their learning capacity and succeed in school, the lack of opportunities to benefit from participating in early childhood education programmes continues to render so many Indonesian primary school children vulnerable to school failure, repetition and drop-out.

2.3.4 Children’s Health and Nutritional Status

There have been significant improvements in regard to children’s health with a reduction in the infant (by 25%) and under-5 mortality (by 25%) rates from 1991-1997. However, the poor maternal nutrition and health status in pregnancy compounded by the lack of access to pre-natal care often lead to low birth weight among 10% to 20% of Indonesian infants. Many newborns are also at risk because of conditions during childbirth that lead to illness and other complications. All these factors contribute to making newborns extremely vulnerable to illness, developmental delays and even death. 73% of child deaths occur in infancy. One third of infant deaths occur in the first month yet decline in neonatal mortality rates at 12% over a 7 years period is minimal and cause for serious concern (UNICEF, 2000).

National data on children’s growth (based on international reference standards for weight and height vis a vis children’s ages) such as rates of stunting, wasting and underweight children are not available. But there are significant findings from several nutrition surveys that indicate there are severe problems in children’s growth and nutritional status which in turn have serious implications for their development. The UNICEF Situational Analysis (2000) drew upon several studies conducted in specific provinces. In their analysis of the data, UNICEF concluded that although most Indonesian children are not born stunted, many become so due to a host of environmental factors and the poor quality of care that they receive especially in the first two years. The Helen Keller Institute’s Nutrition Survey revealed extremely high rates of wasting in children under-two from poor urban areas of the major cities. A World Bank report on ECD in Indonesia pointed out that Indonesia’s child malnutrition rate has generally been high compared to other countries in the region even
before the crisis (World Bank, 1998). According to SUSENAS and SDKI data, in 1998 14.46% of under-5’s were severely underweight. The World Bank’s analysis of SUSENAS data during the 1997-98 crisis indicated a 10% rate for severely underweight under-5’s. When translated into absolute numbers this means about 2.3 million Indonesian children under the age of 5 were severely malnourished at that time. And worse, during the 1997 crisis, 36.1% - 40% of young children under five suffered from Protein Energy Malnutrition (PEM) which has long-term effects on children’s development.

Child survival indicators such as mortality rates are important and reliable indicators of the quality of care that children receive from conception (through pre-natal care and the mother’s own physical and psychosocial conditions) through age 4. Unless there is a congenital problem or a crisis directly affecting the child’s community such as armed conflict or a natural disaster, the cause of an infant’s and young child’s illness and death can almost always be traced to weaknesses or limitations in the care giving processes within the family and the poor quality of their living conditions. In the case of Indonesia, the economic crisis adversely affected poor families’ basic care giving routines because of the deprivation of resources like food and health care. The capacity of families to provide good quality care depends not only on parental skills, knowledge and resources. It also depends on the quality of their immediate environment i.e. hygiene, sanitation and housing conditions and on their access to affordable health care services. The burdens on Indonesian mothers as caregivers are extremely demanding and they are generally left to single-handedly manage childcare and education, the household and most family needs. If women can afford to pay for all the services e.g. childcare support, domestic help, personal health care, etc. needed to ease these burdens, such an imbalance in responsibility for family care would not jeopardize the quality of care and interaction with children. But for many women, this is not the case. According to BPS data, 9% of poor households or 1 million households are headed by women. The implications for the quality of childcare are staggering given the existing cultural patterns in parenting-child care and the fact that “1 in 4 households live in absolute poverty. Poor households in Indonesia support and care for 5.8 million children under-5 years of age” (UNICEF, 2000).

The under-5 Mortality rate is a useful indicator for the quality of care provided at home by family members, the community’s hygiene and sanitation conditions, the quality of public health care services. This is because it indicates the result of the interaction of the various factors over time (at least from 12 months up to 3 or 4 years) which then have an impact on the child’s survival and development - for better or for worse. In the case of Indonesia, the decreasing trend for under-5 mortality rates is a positive indication and could mean there have been improvements in the quality of certain aspects of care giving - within the family and through the public health system – that keep children healthy enough to survive and celebrate their fifth birthday. However, there are still many factors that should be cause for concern such as the impact of high rates of children’s illness combined with the prevalence of malnutrition and micronutrient deficiencies. According to UNICEF, Indonesian children “spend 2.5 months per year with cough or cold, 40 days with fever, and two weeks with diarrhoea.” When considered alongside growth rates and malnutrition data mentioned above, this is a clear indication that the vicious cycle of malnutrition and disease is surely taking its toll on the development and active learning capacity of Indonesian children - the human beings underneath these statistics. Their right to reach their optimum potential for development and learning is – or was - pre-empted by inadequate care and support during the critical first three to four years of life.

The decisions parents make starting from the time a mother is pregnant; the knowledge, skills, cultural or traditional beliefs and customs that influence parents’ child-rearing practices; the lack or availability of public resources and support systems essential to
enabling families to provide for basic health and nutrition needs from conception through age 5 all come into play and determine the upward or downward trends in child health and nutrition indicators. Recurring illness and malnutrition directly affect a child’s chances for survival as well as the child’s development. The quality of care determines whether a child can be protected from disease and well nourished – or not. Thus, the health and nutritional status of infants and children are also important “quality indicators” for early childhood care and development.

2.4 Number of children per teacher/caregiver

The National Programme guidelines for Kindergarten, Playgroups and Child care centers prescribe a maximum number of children for each group in a childcare center, playgroup or a kindergarten class. Myers (2001) explains why this indicator was created by the Consultative Group on ECCD: “Most countries establish norms for the number of children it is thought can be reasonably attended to by teachers and caregivers. Usually these norms differ according to age group. It is assumed that fewer children per teacher/caregiver is usually preferred because it allows the adult to pay more individual attention to the child, which, in turn is assumed to promote better learning and development. A very large number of children per teacher tends to restrict one-on-one activities by requiring much more attention to group control and management instead of promoting learning through exploration and attention to individual needs.” This is one of the indicators that is also directly related to the first indicator of quality: curriculum and interaction.

The data in Table 2.3-A shows that there is no evidence of over-crowding in TK-kindergartens in Indonesia and that the students per teacher ratio is sufficiently low to ensure that children receive the appropriate amounts of attention in the classroom. The average national student teacher-ratio in Indonesia is about 21 students per teacher in private kindergartens and 19 students per teacher in public kindergartens. But this is mainly due to low enrollment rates rather than a strict implementation of policies. Variation among provinces seems low with one exception in public kindergartens in Papua where the ratio is about 40 students per teacher in public kindergartens (Economic analysis, ECD Project, World Bank).

Table 2.3-A. Student/teacher ratio in Kindergarten by province

<table>
<thead>
<tr>
<th>Province</th>
<th>Student/Teacher ratio</th>
<th>Province</th>
<th>Student/Teacher ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private</td>
<td>Public</td>
<td>Private</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>18</td>
<td>11</td>
<td>West Kalimantan</td>
</tr>
<tr>
<td>West Java</td>
<td>18</td>
<td>22</td>
<td>North Sulawesi</td>
</tr>
<tr>
<td>Central Java</td>
<td>21</td>
<td>23</td>
<td>Central Sulawesi</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>13</td>
<td>8</td>
<td>South Sulawesi</td>
</tr>
<tr>
<td>East Java</td>
<td>23</td>
<td>31</td>
<td>Maluku</td>
</tr>
<tr>
<td>NTT</td>
<td>19</td>
<td>19</td>
<td>Bali</td>
</tr>
<tr>
<td>Irian Jaya</td>
<td>18</td>
<td>14</td>
<td>NTB</td>
</tr>
<tr>
<td>National Average</td>
<td>21</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>
Data for the urban and rural TK-Kindergartens included in the sample from the IEA Pre-
primary Project Study showed that the median staff-child ratio was 1:17 for both urban and
rural kindergartens. This ratio is well within the recommended adult-child ratio for groups of 5
and 6 year olds. However, there is a significant disparity in the ratios when the range of staff-
child ratios is considered: for urban kindergartens the range is 1:6 to 1:34 and for rural
kindergartens staff-child ratios range from 1:9 to 1:45. Some kindergartens clearly exceed
the recommended group size and at the same time are under-staffed which affects the
quality of the staff member's work.

For Child Care Centres the prescribed adult-child ratio is: 1:5 for infants aged 1.5 months to 2.5 years
and 1:10 for children aged 2.6 up to 5 years. There is no data from the Ministry of Social Welfare
regarding compliance with these prescribed adult-child ratios. Although the staff at the Central office
sub-directorate for Early Childhood Development and the local social workers are supposed to
monitor the childcare centres and conduct supervisory visits, the Ministry did not have data on the
actual status.

Yayasan Insan Kamil recently conducted a survey among private TK and playgroups in Jakarta with
support from the Bernard van Leer Foundation. They found that ECCD centres range from small
centres with an enrolment of 20 to 30 children to some big schools with 100 children. The adult-child
ratios in the featured TK and playgroups range from a low of 1:7 up to a high of 1:20 (for 5 and 6
year olds.)

Almost all ECCD programmes in Indonesia serve the 4-5 year age range for children under
6, with some providing services for children aged 2-3. National programme guidelines
indicate that the children must be grouped further into groups, each group composed of two
age groups e.g. in TK Group A is for the 4 and 5 year olds and Group B of the 5 and 6 year
olds. Most playgroups admit children aged 3 and 4 years. The determination of an accurate
adult-child ratio for each of these settings should be based on the number of children of each
of the age groups which comprise the inter-age or multi-age group. If for example, there are
more 3 year olds than 4 year olds in a multi-age group, this would mean that the basis for
assessing whether adult-child ratio is acceptable should be based on the recommended ratio
for groups of 3 year olds. The number of children per age group in a particular setting must
be documented.

Age disaggregated data (e.g. number of 2,3,4,5 year olds) for most of the ECCD programmes like the TK, childcare centres, playgroups, posyandu and the BKB are not
readily available. Figures provided are currently grouped into two sets of three age groups:
0-3 and 4-6. Ideally, participation figures for each age group should be documented. This
can be done if the programme monitoring and information system is set-up to generate those
figures. It is expected that most of the children especially in the posyandu and BKB have
their child health and development records (KMS, KKA) so their birth dates and dates of
participation in either posyandu activities or BKB groups should be available. The TK, TPA
and BKB are all expected to maintain records which include basic child profiles and daily
attendance.

2.5 Teacher/Caregiver qualification

The assumption is that more highly qualified teachers or caregivers will be able to provide
better quality of care and facilitate young children's learning. This is one way of assessing
how qualified the staff of a particular ECCD programme with the end in view of studying the
implications for capacity-building to meet the requirements or develop competencies.
However, precautions are necessary when applying this indicator, particularly in the case of countries like Indonesia and others in the region where for decades, the ECCD programmes have been built largely on volunteer ECCD workers. In general, a comparison of ECCD teachers or caregivers' qualifications to determine who is “better qualified” will always include additional points for the teacher or caregiver who can show proof of the completion of formal academic training e.g. a degree in early childhood education or the completion of a certificate course in Early Childhood Care and Development. Although “formal credentials” such as these are the most generally accepted criteria, it is also important to keep in mind that formal qualifications will not automatically guarantee that an individual will be an effective and competent teacher or caregiver for young children. There are many other factors that will affect their performance e.g. lack of interest or low motivation, lack of experience and dissatisfaction with the working conditions. At the same time, enough documented evidence exists from many countries that show how so many “uncertified” and even “unschooled” teachers and caregivers have been doing an exceptional work among young children and families. As effective and caring teachers and community-based ECCD workers, they are largely responsible for the good quality of care and education provided through their ECCD programmes. Thus, the definition of “qualification” should go beyond “paper” credentials and make room for other factors like experience, attendance in training courses that may not be within the “standard certification process” and other self-improvement activities. Myers recommends that this indicator should be treated, at best as a rough indicator of quality. It is important to keep all options for programme standards in regard to staff qualifications and staffing patterns. For example, it is possible to continuing to build a broader ECCD cadre base composed of formally trained and certified teachers and caregivers while also continuing to invest in the continuing education of the competent but “not formally certified” caregivers already in place. They can organize “ECCD teams” composed of teachers and care givers from both groups who can work together in different settings. This is certainly an important consideration for the Indonesian context because current ECCD human resource base is composed of a large pool of “uncertified” ECCD service providers. The challenge is now is to build on and strengthen this human resource pool i.e. hundreds of thousands of BKB and posyandu kaders and child care givers in TPA and KB-playgroups.

According to Ministry of Education guidelines, teachers in TK and playgroups are supposed to complete two years of training in a teacher training college. There is no available data regarding the actual number of kindergarten, playgroup and child care centre teachers who have completed either the SPG (equivalent to senior secondary education) D2–PGTK program vis a vis those with certification or training in another discipline or those without any formal training beyond junior secondary school. There are only some references in the available reports and assessments that many TK-teachers still do not meet the requirement as far as formal pre-service training (either SPG or D2) is concerned.

Stated qualifications for teachers in Child Care Centres and Playgroups are also the same as the TK-Kindergarten - SPG and PGTK graduates. Other staff members like social workers are also required to have social work degrees. For caregivers the requirement is completion of junior secondary and special training in childcare. Various reports noted that most of the teachers in private kindergartens, childcare centres and playgroups do not meet these required qualifications.

---

6 Before the '90’s this was the pre-service training program for kindergarten teachers conducted by SPG-Sekolah Pendidikan Guru (Teacher Education schools). It was a three-year program and students were mostly junior secondary graduates. This was phased out in favor of the Diploma II programme (PGTK).
To address these shortcomings and upgrade the qualifications of TK teachers, in-service training for kindergarten teachers is conducted by the MONE-Directorate of Basic Education through a national trainers’ training which is then implemented at the provincial and other local levels by the trainers. Another approach to capacity-building is the organization of a “gugus” system at the local level. The “gugus” system involves the organization of peer support groups or clusters composed of kindergarten teachers. Groupings are formed based on geographical proximity so that they can convene periodically to discuss their experiences, engage in collaborative problem-solving and share ideas. The MONE-organized training is intended for TK teachers in public schools.

The Indonesian Kindergarten Teachers’ Association (IGTKI) which has many chapters throughout Indonesia also conducts training regularly both at the national and local level for their members. The Islamic kindergartens also conduct their own training for teachers. Training organized by the private schools generally involves fees which has been a deterrent to participation by some teachers.

For teachers and caregivers in childcare centres and playgroups there are new efforts to provide for in-service training. Provision for their training was prioritized by the newly organised Forum for ECE (PADU Forum) and the Consortium for ECE in 2002, which is the PADU Forum’s first full year of operations. 10 national workshops for trainers have been conducted so far and in turn the trainers have been able to conduct more than a hundred local level workshops. The ECE Directorate, which hosts the Forum, provided some subsidies for the districts which organized local workshops. More training activities are planned for next year. The Ministry of Education and the Ministry of Social Welfare who share responsibility for these two ECCD programmes are now working more closely than before within the Forum. Together with other Forum members from the private sector, they are now in the process of developing the national curriculum for the childcare centres and playgroups. They expected to complete the curriculum by the end of 2002.

A rapid appraisal of the TK and other ECD programmes was conducted by the World Bank before the preparation of the ECD Project. (World Bank, 1997). They noted the inadequacy of pre- and in-service training programs for both TK teachers and kaders (posyandu and BKB). Many of the TK teachers required upgrading to higher levels of qualifications. The WB-ECD study showed that kaders in the posyandu and BKB also lacked training and many of them were discouraged or bored with their work. Many BKB kaders have not received any kind of training within a ten-year period.

These findings indicate the effects of inadequate investments in capacity-building which is necessary to develop and sustain a competent human resource base for ECCD programmes. This has a detrimental effect on the quality of these two ECCD programmes which are important particularly for the large number of women who must work and need affordable child care support programmes. This inadequacy in capacity-building investments could also seriously jeopardise programme sustainability even of the relatively large-scale programmes like the posyandu and BKB. Sustaining parents’ participation in these programmes is heavily dependent on the kaders’ capacity to effectively implement the posyandu and BKB programmes.

The World Bank loan-funded ECD Project provided for the training of programme managers, service providers, community workers, financial and administrative staff in the project sites. As of November 2002, a total of 3,943 individuals were trained through pre-service and in-service courses which included: scholarships for Diploma, Masters and Doctorate degrees, special short training courses for ECCD service providers like BKB kaders, TK teachers for Pusat PADU, community workers/coordinators. There were also courses on the English
language, computer proficiency, management and accounting (World Bank Aide Memoire, November 2002).

2.6 Resources and Physical Environment: funds and facilities

Historically, it is in the field of early childhood development that much attention has been always been paid to the importance of the quality of the physical environment and the need for more resources beyond textbooks, paper, pencil, chalk and blackboards. There are many more considerations in planning physical space on account of young children's needs, developmental characteristics and emerging competencies. These considerations have to do with ensuring young children's safety, health, security, comfort, play and pleasure, opportunities for exploration, engagement and learning through the provision of developmentally appropriate playthings, materials and equipment. Even in parent education programmes, there is often emphasis on helping parents learn how to make their homes safe and stimulating environments for their infants and young children at the least possible cost. Because young children are active – physically, emotionally and cognitively - and they learn about their world by exploring it using all their senses, the importance of the physical environment as a learning environment is heightened.

However, it is necessary to provide two important caveats in the application of this indicator: first, that the standards for the quantity of resources and the overall quality of the physical environment cannot be uniformly and universally prescribed because even within most countries there will always be variations in the availability of resources as well as cultural factors to consider. The range of options should be broad enough to consider these variations as long as the essential conditions for ensuring children's health, safety, enjoyment and learning are met. Second, this indicator should not be treated as a “stand-alone” indicator. It should always be assessed in terms of how the physical environment and resources are used i.e. how these are used for care giving and teaching, the ways children are encouraged to interact with their physical environment. There are ECCD programmes where staff manage to make do with less and need to make their own playthings and learning materials from recyclables or have less space than the prescribed ideal size per square meter per child. Yet the teachers and caregivers are able to create a conducive environment for learning with a curriculum that is rich and developmentally appropriate. The quality of these programmes should not be assessed only on the basis of these limitations. There will be programmes with impressive “state of the art” facilities that meet every textbook requirement and undoubtedly involve a substantial investment. But if the curriculum is not well-developed and implemented by competent and caring teachers, even the high-quality and costly physical resources cannot ensure programme quality.

A World Bank study on ECCD was conducted in six of the project studies to assess the needs of existing TK-kindergartens. Most of the kindergartens in these districts were not receiving any government funds and financed their operations from the school fees paid by parents. The WB study found that many of the “poorer kindergartens reported that they were lacking adequate furniture, equipment and supplies. On average, 65 % reported lacking tables and chairs while nearly 100 percent reported inadequate supply of the basic educational materials (toys and books) for instructional use. A high correlation was found between the amount of school fees charged and the supply inadequacies. Field observations also showed that there was a severe shortage of educational materials and toys which hampered the implementation and expansion of the curricula in the classroom” (World Bank, 1997).

Although the level of public investment in ECCD programmes is in itself an important indicator, it can also be considered in relation to the availability of resources and the physical environment. The
provision of sufficient resources (human, financial, material) is also one important way of ensuring quality in ECCD programmes. Indonesia is similarly situated as many other countries who have to deal with serious economic problems and a very large population, with a considerable number of families living in poverty.

The Government of Indonesia spent only 8% of the annual budget on education, decreasing an already insufficient allocation. The health expenditure increased to 3.4% from 1.9%. However, compared to neighbors like Thailand and Malaysia who allocate more than 20% of national government funds for education and 6% for health, these expenditures and allocations are clearly inadequate (UNICEF, 2000). Public funding for ECCD programmes must be increased in order to reach more children from disadvantaged communities who need access to the public ECCD programmes. Although the trend in the past four years shows a slight increase in resources for ECCD programmes with international donors contributing resources and the Government of Indonesia embarking on an ECCD project financed through public funds and a loan from the World Bank, these are still insufficient for the essential requirements of existing ECCD programmes. Much more is needed to significantly expand programme coverage and improve the quality of programmes.

2.7 Community participation and support for the ECCD programme

Community participation in ECCD programmes can take many forms that range from using a service to working actively within the programme. The following are some of the ways in which communities participate in ECCD programmes: Parents and children go to the posyandu for the health and nutrition services. Parents bring children to join playgroups and to child care centers while they are at work. Parents or other adults in the community do volunteer work with the posyandu or an early childhood centre by helping attending to the children while mothers are being counseled by the health worker. Community members give their time and effort to construct outdoor play equipment or a community childcare centre. Parents join family activities organised by the TK-teachers or meet with their child’s teacher to discuss their child’s progress.

From the outset, since the early 1980’s when large-scale programmes like the posyandu and BKB were initiated, there was an expectation that community members would support these programmes - at minimum by attending the programme’s activities and at a more intense or active level as the volunteers who provide the essential human resources for programme operations. Both forms of participation are critical to the programme’s success and sustainability. In the case of Indonesia, there is a greater expectation from families and the private sector to be responsible for the costs and human resources needed for ECCD programmes. Mobilising community participation and motivating them to remain active for as long as possible are challenging tasks for all who are responsible for ECCD programmes at the village, district and central levels of government. It requires maintaining adequate levels of investments in the programmes by providing the necessary financial and other material resources, technical support and sustained capacity building efforts.

UNICEF cites the decline in parents’ participation in posyandu activities as one of the causes of poor health and nutritional status of a significant number of young children. Many of the 151,000 posyandus are thus inactive with 30 to 40% of mothers no longer bringing their children to the posyandu and participating in its activities. A 1998 Indonesian Family Life Survey (IFLS) also found a similar declining trend in the use of community health centers: puskesmas’ use decreased from 45 to 28% and the use of the posyandu went down from 50 to 40%. But there was a 10% increase in the use of private health facilities (from 30% to 40%).
The UNICEF report also noted a decline in the quality of some health services for children especially since the economic crisis (UNICEF, 2000). There is a relationship between the decline in quality of health services and the decline in parent attendance in posyandu activities because the posyandu has long served as the frontliner in mother and child-focused village level health service delivery and as such is often the first contact point with the public health care system. If parents do not see the more accessible posyandu as responsive to their needs it is unlikely that they will continue to bring their children.

Here we provide one more example of the application of the nature and level of community participation as an indicator of quality by looking at the BKB.

There are 119,481 BKB programmes throughout the country. This translates to 5.97 million parents based on an average participation rate of 21% of parents with children under-5 (UNICEF, 2000). The participation rates vary across provinces ranging from a low of 5% in East Kalimantan, Jakarta and the outer islands to a high of 66% in Yogyakarta. Observers have noted that the wide variation between participation rates can be attributed in part to the insufficiency of resources and other factors which hampered the BKB’s continued expansion in the last few years. A World Bank pre-ECD project study conducted in 1996-97 used possession of the KMS card (growth monitoring card) as an indicator of posyandu participation and possession of the KKA (Child Development card) as an indicator of participation in BKB. Findings indicate that compared to 90% of children in the sample whose parents said that they had the KMS card, only a small number of children (4.42%) owned the KKA. However, the fact that in certain provinces the participation rates in BKB could reach 66% shows that the BKB programme can successfully motivate parents to participate. It is also possible that there were more parents who understood the KMS and used it at least once a month while the use of the KKA or its relevance for them and their children was not yet sufficiently established for a variety of reasons including the manner of its introduction, the context and relevance of its use during BKB sessions which then affected its usefulness at home.

From the start, the recruitment and participation of kaders was the most important element of the BKB programme. It is the kaders who provide the critical human resources for the implementation of the programme. Thus the nature and the level of their participation is a good indicator of the programme’s effectiveness. The World Bank pre-project studies looked into the level of BKB activity and interest among village residents and used as a proxy indicator the average number of BKB kaders per BKB clusters in each of the provinces covered by the project study. The BKB programme design requires a team of 10 kaders for each BKB group: 5 to work with the mothers and 5 to take care of the children. They found that this high kader requirement was not being met at that time. An average number of three kaders participate in BKB meetings. They concluded that this low level of kader participation could indicate two significant points: 1) the requirement for 10 kaders for each BKB group is too high (and therefore difficult for communities to meet and sustain for various reasons) and 2) the BKB curriculum - which was designed on the premise that there would be such a 10-person kader team working with parents and children - was not being implemented successfully. An earlier study on the BKB by Prof. Satoto in 1992 found that 20-40% of BKB kaders dropped out after the first year and 10-30% were inactive.

These conclusions are also supported by observations of BKB activities during field visits: first, the supplies and learning materials were insufficient particularly the educational toys (APE). The curriculum for parents was much too complex for kaders to effectively implement since they lacked pre-service and in-service training. It demanded skills and abilities that the kaders could not learn within the expected period because of inadequate training and support. This combination - lack of training and materials – was a deterrent to the kaders’
success in working with parents and children which in turn affected their level of interest in the BKB activities. This led to demoralisation, disinterest and eventually a high drop-out rate among parent participants in the BKB as well as kaders themselves.

Volunteer drop-out is common in most community-based programmes or any social development programmes anywhere in the world. In most cases, the strategy always involves recruiting more volunteers than needed in anticipation of erratic participation or eventual drop-out. In the case of the BKB, their sustained participation is extremely critical to the programme’s survival and success. However, in the absence of data regarding the number of kaders vis-à-vis the number of parents and children in the sample BKB groups for the studies cited above, it is also difficult to judge whether it is in fact necessary to have more than three kaders for each of the BKB sessions. Assuming that there are 30 to 40 mothers in one BKB group session, a well-prepared and well-equipped 3 kader team would be sufficient and their work shared as follows: one more experienced kader could work with the parents and two kaders could facilitate the children’s play activities. To ease the burden on each village’s volunteer pool of kaders, it would even be advisable to establish a rotation system for the BKB sessions. Thus, the original 10-kader team requirement could be considered as a volunteer pool of kaders who could assume rotating schedules and assigned tasks or responsibilities for the BKB programme alternating over a 6 to 12 month period. There are many possibilities that can be explored to nurture and sustain kader participation which is in turn crucial to motivating and sustaining parent participation.

The BKB is distinct in its success - at some point in its history – in having established one of the first and largest volunteer human resource base for ECCD in Southeast Asia. Perhaps there are very few such programmes which succeeded in bringing together so many parents at the community level with a focus on early childhood care and development. It was an impressive achievement if only in terms of sheer numbers reached i.e. the BKB groups which were organized and the number of kaders who were recruited and mobilized albeit briefly or intermittently. In fact, the villages where the BKB-posyandu combinations were sustained, in which the same kaders worked with the same groups of parents and children, can be considered pioneering models of national integrated ECCD programming implemented at the village level. But the most important feature of the BKB programme design was that it had both content and a structure defined in relation to learning processes involving parents and children which offered much potential for expansion. Even if the emphasis was on family planning BKB can be considered as Indonesia’s “starter kit” for integrated early childhood care and development with a truly appropriate and relevant focus on parent-child interaction through play. These elements were good starting points that should have been sustained at original levels, at least; at best improved and expanded to respond to emerging needs and issues. Clearly there is much that must be improved in the programme details and materials to make these more responsive to parent-child needs. These can also be updated given the wealth of knowledge and experiences in ECCD at this stage. The programme design and curriculum must also be viable for implementation across a diverse range of kader competencies. The BKBBN and other government ministries involved must now address these and other critical issues such as: 1) the inadequacy of kader training, in-service supervision and support; 2) the weakening of partnerships with families and community volunteers; 3) the need to shift from a top-down centrally driven approach compatible with the political conditions of another time in Indonesia to working within a decentralised context where community responsibility and ownership for the programme must be nurtured in close partnership with community leaders and local officials at the district and village levels. If it succeeds in doing so, it will be able to create a new niche not just for the BKB as a programme but for another generation of parents and kaders who can build upon the legacy of the BKB pioneers because it is an ECCD programme which continues to be relevant. It is also still urgently needed because the after-effects of the
economic and political crises continue to adversely affect young Indonesian children and their caregivers.

The application of the forms and levels of community participation as an indicator of a programme’s quality cannot be based on numbers alone. The variations must be studied closely by analyzing programme activities and local conditions in the areas representing low, moderate and high levels of participation. Programme patterns that contribute to increased participation as well as those that impede or limit participation can be identified and compared. But these quantified levels of programme participation or drop-out must of course be validated by other sources of information like field observations of the programme in action, interviews with the community members and all others involved in the programme. The analysis must be based on a thorough study of all programme design elements vis a vis the local and national conditions that provide a context for the programme.

2.8 Access to ECD programmes

<table>
<thead>
<tr>
<th>Data on Early childhood population and access to care and education services outside of the family (Year 2000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Total population of Indonesia: 203,091,467</td>
</tr>
<tr>
<td>• There are 26.1 million Indonesian children aged 0-6 years. They comprise 12.8% of the total population. Majority (60%) of the children aged 0-6 live in rural areas.</td>
</tr>
<tr>
<td>• Among all the 0-6 year olds: 30.6% were served by ECCD services (any of the ff: posyandu, BKB, playgroups, childcare centres, TK-kindergarten, RA, TPA). 69.3% did not have access to ECCD programmes.</td>
</tr>
<tr>
<td>• There are 13,867,325 0-3 year olds: 42% have been served by ECCD programmes (any of the ff: posyandu, BKB, playgroups, childcare centres, TPA) while 58% have not been served.</td>
</tr>
<tr>
<td>• There are 12,226,675 4-6 year olds: 17% participated in ECCD programmes (any of the following: posyandu, BKB, childcare centres, TK-kindergarten, RA, TPA) while 83% did not have any access to ECCD programmes.</td>
</tr>
</tbody>
</table>

Source: All of the above are based on figures provided by the PADU (ECE) Directorate
Sources of population figures: National Social and Economic Survey -- National Census 2000; Central Agency of Statistics

For the Year 2001

• 4.5 million (17%) of the 26.2 million 0-6 year old Indonesian children received some form of early childhood care and education services through the different ECCD programs.

• The breakdown of the service coverage or access according to ECCD programmes is as follows:
  ➢ 9.5% through the BKB
  ➢ .4% through TPA - Childcare centres
  ➢ .02% through - KB playgroups

Source: Draft EFA National Plan, Chapter II: Care and Education Service for Young Children.

“Access to ECD services is low, particularly those for cognitive stimulation or early child education (such as the BKB, TK-kindergartens, childcare centres and play-groups). Consequently, there are
growing disparities in school-readiness of children along income-lines. Only 16% of the children in
the study sample reported attending any form of pre-school programmes and only 6% of households
reported using BKBs. The only exception in the study was the posyandus, where primary health care
interventions and services are provided free of charge. 89% of all households reported using
posyandus. The study also showed a very large enrollment rate gap between poor and non-poor-
children, and indicated that demand in the highest income quartile for TKs is double that of demand in
the lowest quartile.”

2.8.1 Access to TK- Kindergarten

There are 235 public TK kindergarten and 35,287 private kindergartens. Private
kindergartens comprise 98% of service provision.

Gross enrolment rate (GER) for kindergarten students (mostly 5 year olds) increased very slowly from
6 % in 1970 to 19.02% in 1999/2000. The highest TK participation rates are at 69.9% for Yogyakarta
and the lowest at 6.8% for North Sumatra.

Girls have a higher participation rate than boys in all provinces with a gender parity of 2.07. Gender
parity among provinces ranges from 1.27 to 5.80.
Sources: EFA 2000 Assessment Report, UNESCO Jakarta (N. Shatifan, 2001) and Education for All Indonesia,
R&D Ministry of Education, 2000

Less than 30% of new entrants to Grade 1 in 1997 participated in an early childhood
education programme. But the figures are higher at 50% for the larger provinces like
Central Java, East Java and Yogyakarta. The gender parity index showed little variation
across provinces with a range from 11 to 13.
Source: Education for All Indonesia, R&D, Ministry of Education, 2000

2.8.2 Participation in Posyandus

245,758 children aged 0-6 in 26 provinces were served by the posyandu for 1999-2000.
Source: Ministry of Health, in EFA 2000 Assessment

There are about 151,000 posyandu. Of these 45,000 are in cities. Many are inactive and participation
has declined in recent years, especially since the crisis in the late ‘90s. 30% to 40% of mothers no
longer attend the posyandu activities. Presently only half of Indonesia’s 0-6 year olds are served by
the posyandu.

2.8.3 Participation in BKB

There are 244,567 BKB groups. It is estimated that 2,526,204 young children are served by BKB
based on the assumption that for every family participating in the BKB there is at least one young
child in each family who benefits from the programme.
Source: BKKBN, 2001

There are an estimated 119,000 BKB groups, about two groups in every village. Participation rates
vary across provinces, ranging from 5% in remote rural areas like Kalimantan and poor urban areas in
Jakarta to 66% in Yogyakarta. The average parent participation rate is 21%. One out of 10 parents is
involved in the BKB.

2.8.4 Participation in KB-Playgroups and Access to TPA-Child Care Centers
There are approximately 3,200 KB-playgroups organised by the government, mainly in urban areas. There are about 700 TPA - childcare centres registered with the Ministry of Social Welfare. In addition there are also playgroups and childcare centers established by national and international NGOs some of which are not registered with the Ministry.

Source: UNICEF, 2000

For 1999-2000, available data from reports showed that:
- 202 children in 13 out of 26 provinces participated in KB-playgroups.
- 768 children in 24 out of 26 provinces attended TPA - Childcare centres.

Source: Based on Tables in EFA 2000 Assessment Report

A survey in 1997 conducted by the MONE and Ministry of Social Welfare (MENKO KESRA) showed that there are 202 private sector owned childcare centers in urban areas and 760 childcare centres at offices, plantations and markets. Participation rates for these programmes are still very low with only 0.45% of the children in the 3 to 5 age group attending childcare centres and around 0.05% participating in play groups. In 1998, there was a reported 10% increase in the number of children joining playgroups.

Source: ADB Sector Review Reports, 1999

3. Funding sources and distribution channels for various early childhood services

3.1 Public ECCD programmes

Public ECCD programmes such as the posyandu, BKB, TK in public schools are funded mainly through ministries. Government agencies can be something else (e.g. national research institutions, etc.) involved in specific aspects of national ECCD programmes i.e. the Ministry of Education, Ministry of Social Welfare, Ministry of Women’s Empowerment, Ministry of Health, National Family Planning Coordination Board. The allocated funds for these ECCD programmes which are provided by the Indonesian government move vertically from the central levels to the district level then to the village level. However, in most cases these funds are not sufficient to cover all the requirements of programme implementation e.g. caregivers and playgroup teachers, materials and additional equipment needed for the children’s activities, daily feeding. The resources are sufficient only to support some components of these programmes. National and local government funds are generally spent for salaries of TK teachers and a few childcare centres which are publicly funded, infrastructure or facilities (construction or rental), basic furniture and equipment, program development and management, monitoring by national ministries.

The salaries of teachers in the TK-kindergartens in public schools are paid for by the government and channeled through the MONE. The BKB provides some honorarium for the BKB kaders while the toys and printed materials for the parent education program are provided by the National Family Planning and Coordination Board. However, there are also some BKB volunteers who do not receive any honorarium and programme materials are also generated from community contributions and donations. The posyandu has always relied heavily on volunteers for the monthly activities, most of them from the PKK (Family Welfare Movement). However, the puskesmas staff (who are also involved in the posyandu activities) receives salaries from the government. Basic health centre supplies e.g. medical supplies, vaccines, medicines are covered by public funds and grants from international agencies. Aside from the regular budget allocations for these, the Ministry of Health also uses grants or loans to finance the procurement of vaccines, micronutrient supplements or equipment needed for the puskesmas and posyandu. UNICEF raised and invested USD$11.2 million to revitalize the posyandu from 1998-1999.
All public ECCD programmes are co-funded by local community resources, including some contributions from the local government, donations from the community members who support these children’s programmes and parents’ contributions.

For some ECD programmes, like the TPA – Childcare Centre, although the funds move downward vertically from the central levels of government, it is at the district level that the different government ministries combine their resources and expertise to fund the TPA. The Ministry of Home Affairs provides resources for administration and management. The Ministry of Social Welfare provides subsidies for some childcare centres which serve disadvantaged families. The Ministry of Health provides doctors and nurses who conduct health check-ups and provide health and nutrition education. The BKKBN provides the APE (toys and parent education materials). However, this is still part of the top-down, vertical system of combining expertise and resources from the different national government agencies to meet the requirements of an ECCD programme.

It has been noted that under the previous government administrations, some of these national government programmes demonstrated success largely because of the centralised approach to programme management. It allowed them to remain focused on the content of the programme and ensure that there are mechanisms for service delivery. For example, family planning and parent education through the BKB, the training of midwives by the Ministry of Health crucial for the puskesmas, each had one line government agency in charge. At the same time there was a sufficiently functional infrastructure at various levels to deliver the services. Complementary efforts exerted by the local government leaders and civil servants to promote the programmes at the RK (rural kampung) or the RW (urban area) contributed significantly to the success of these top-down, vertically driven programmes initiated by the central government.

But with decentralisation of the management of ECCD programmes, there are potential advantages such as closer supervision and the chance to generate much stronger support from the local government officials and the community. However, these advantages can only be manifest if there is a systematic way of facilitating the provision of resources from the financial management agencies at the central level to the district levels. This must be combined with an effective monitoring and information system and backed by a highly functional technical support and supervision system.

The move towards decentralisation of government is certainly beginning to alter the way that public funds and resources for ECCD programmes are allocated, channeled and disbursed. As of 2001, Indonesia’s 32 provinces and over 300 districts have more control over resources and planning. However, the decentralisation process is slower than expected and multilateral financial institutions have expressed their apprehension about the capacity of local governments to finance and manage basic public programmes and services.

The international partners of the Indonesian government have already made adjustments because of decentralisation. UNICEF has been working with the government at district level where growth monitoring and the promotion of immunisation and breastfeeding is now managed and implemented. To assist the districts in project planning, in 2001, UNICEF undertook a situation analysis in every district based on the findings from the KMS (kartu munuju sehat = growth monitoring chart). Since then UNICEF has supported a variety of special projects for each of the districts that were based on every district’s needs.

Many international and national NGOs also work mostly at the district level. Those who work with the government by providing subsidy for some components e.g. materials, capacity building, infrastructure support disburse their funds through the district level of government. The district offices manage these resources for the programmes which are being implemented in specific villages.
There are also examples of decentralised management of finances for ECCD services mainly for health care. This was provided through the Social Protection Sector Development Program (SPSDP) which was primarily designed to mitigate the effects of the economic crisis on the poor. Its specific objectives were to a) protect access by vulnerable groups to essential social services, especially education and health; b) maintain the quality of social services provided to the poor; c) initiate sustainable policy reforms related to the provision of key social services.

The management structure of SPSDP was decentralised to allow local decision-making and beneficiary targeting. There were also capacity building components which were geared to developing the capacity for decentralised management. The financing mechanism involved the allocation of block grants to beneficiary facilities.

In the health sector, the beneficiaries of these block grants were the health centres. The amount of each grant was determined by the number of poor families living in the health center’s service area. The idea was for the government to provide subsidies for poor families by ensuring that the most accessible health centre would be able to provide them with a package of health services.

The same decentralised approach to financing was applied to the education sector through schools but only for the elementary and junior secondary programme. The funds flow involved the direct transfer of block grants to the bank accounts of the beneficiary or user facilities e.g. the health centre or school. The scheme effectively gave the responsibility and power to manage additional support funds to the health center staff and the school administration i.e. the principal. They were given the authority to decide how to use those funds. The issues, problems and successes in the implementation of the SPSDP can inform the ongoing process of decentralisation which affects several ECCD services and programmes.

3.2 Financing Public ECCD Programmes through special projects

During the economic crisis in 1997-98, when children’s health and development was adversely affected, the Government of Indonesia responded by implementing a series of Social Safety Net Programs in Health (Jaring Perlindungan Sosial Bidang Kesehatan, or JPSBK) for the poor. Among the programs was the ‘revitalisation’ of the posyandu which included the provision of supplementary feeding for children ages 2 to 5 years. The crisis had affected the community-based health system such that participation levels and use of services were very low. The JPSBK project was designed to revitalise the system by providing kader training, equipping the posyandu with simple cooking implements, providing IEC leaflets, and supporting it with some operational funds (Source: ADB, Pre-project Sector Review, 1998).

In 1996 the government received a grant form the Japanese government to undertake a comprehensive study on ECCD in the country. This study provided a basis for the planning and preparation of a 5-year ECD project to address emergency nutrition support and early childhood education. It was envisioned to be an integrated programme, with MoE (Diklusepora) playing the lead role. The ECD project was to be financed through a loan from the World Bank amounting to US$24 million and counterpart funding from the national and local governments of the provinces involved. Project implementation began in 1999 and will continue until the end of November 2004. It is being implemented in three provinces: Bali, Java and South Sulawesi, with an initial coverage of six districts expanding to 12 more districts over the 5 year project period. Some problems were encountered with the procurement of supplies for the supplementary feeding component so this was discontinued after the first two years of the project. The project has provided for the training of various ECCD service providers and programme managers in the project sites as well as at the central government level where the project management is lodged at the ECE Directorate of the Ministry of Education (under the Directorate for Out of School Education). 222 new TK teachers were recruited and trained. Their salaries are covered by project funds. The new teachers are expected to join the
other TK teachers who were also trained in preparation for their work in the Pusat PADU (ECCD centers). The project is now focused on the construction and furnishing of these Pusat PADU which are described as Integrated ECCD facilities combining the posyandu, BKB and playgroups or childcare centers in one “complex.” 606 out of the projected 681 Pusat Padu have been built so far by the participating districts (ECE Directorate, MoEC, 2002).

Support for public ECCD programmes also comes from the international multilateral agencies and non-government organizations. The World Health Organization (WHO) funds a neonatal and perinatal care, training of midwives and nutrition programmes. The WHO is also supporting the Ministry of Health in its implementation of the Integrated Management of Childhood Illness (IMCI). IMCI is a WHO-led global initiative in the developing world intended to tackle the 5 main yet preventable causes of child mortality through an improved approach to diagnosis and treatment of these diseases.

UNICEF has invested heavily in the posyandu since the 1980’s with a renewed effort in 1998-99 to generate financial support needed to revitalise the posyandu. UNICEF is currently supporting a pilot programme with 14 posyandus in Tanjunsari, West Java which is a contribution to revitalising the posyandu and transforming them into more integrated early childhood development “posts”. The project “Taman Posyandu” involves organizing playgroups for 0-5 year olds which are attached to the original posyandu. Parents also contribute Rp 500 for their children’s participation in the Taman Posyandu. For 2003, UNICEF will support an expansion of the pilot project in three provinces (Nusa tenggara Barat, Nusa Tenggara Timur and Papua).

UNICEF is also participating in the newly organised Consortium for ECE to explore options for other forms of programming support for ECCD programmes implemented by the Consortium. UNICEF also supported the participation of the Indonesian delegation to the first two meetings and seminars of the ASEAN Working group for ECCD which is comprised of multi-disciplinary, inter-agency delegations from the ASEAN member countries.

Other international NGOs involved in ECCD are Christian Children’s Fund, Plan International, Bernard van Leer Foundation, Save the Children and Care International. They support national or local (regional or province-based) NGOs as partners and facilitate children’s access to public ECCD programmes like the TK, childcare centres, posyandu in their respective programme areas.

Christian Children’s Fund-Indonesia (CCF) currently has 54 (out of a total of 62) affiliated ECD projects which serve a total of 15,363 children under-five. These CCF affiliates run a variety of early childhood programmes: 1) 291 centre-based programmes (playgroups & pre schools) serve 9,662 children under-five; 2) 1,517 under-3’s and their mothers participate in early childhood stimulation programmes which involve home visits for parent education on ECCD. CCF reports for 2002 showed that parents and caregivers of 5,354 children participated in monthly parent education activities about the importance of early childhood development and childcare for the early years.

CCF conducted a survey among the project affiliates who implement ECCD programmes to develop a profile of their work in ECCD and determine the needs and issues that will have to be addressed to strengthen these ECCD programmes. The initial survey focused on the early education programmes but CCF projects also involve health and nutrition interventions such as the posyandu. CCF supports operational costs and physical facilities (rental costs or construction of permanent physical facilities), resources e.g. toys, learning materials, books, outdoor play equipment. The CCF’s ECCD programmes use an adaptation of the national TK curriculum developed in cooperation with local education authorities and also encourage each project to enrich the curriculum as they see fit. For example, 88% of the CCF projects address environmental awareness in their curriculum. According to the CCF survey on their childcare centres, most of these meet the CCF-established standards for ECCD programmes in regard to the following: teacher qualification and training, the physical
environment (access, safety, adequacy and appropriate use of space, equipment and learning materials), and the provision of programme activities that promote children’s learning. Activities in CCF ECCD centres include play and exploration of various materials, storytelling, singing and other opportunities for language use, symbol recognition for early literacy and learning mathematics concepts. The survey also indicated programme needs and limitations that CCF plans to address in order to improve the quality of the child care centres’ programmes.

**Plan International** is also actively involved in community-based ECCD programmes which are focused on early childhood education, health and parents’ education. Plan International aims to “improve and expand comprehensive community-based ECCD service which address the physical, cognitive and affective development of children aged 4 to 6”. They seek to enhance parents’ knowledge, skills and practices for “educaring” i.e. education and caregiving. Plan in Indonesia is also committed to strengthening institutions involved in ECCD. They are currently working in three provinces (East Java, East Nusa Tenggara, South Sulawesi) and serve a total of 9,566 children who are mostly in center-based programmes such as TK, playgroups and Sanngar Anak (“children’s group”). In Kebumen, there are home-based programmes in addition to the center-based programmes. Parents’ participation in monthly meetings is at 60% of the total number of enrolled children so about 5,800 parents participate.

Plan provides financial support for some programmes including short-term provision for teacher’s salaries. But in most cases, the communities shoulder these costs. Plan supports teacher training and access to resources for technical support from government and other NGOs as well as facilitates their membership in ECE teachers’ associations. With a grant from AusAid, in 2002 Plan has trained 341 teachers at provincial and district levels and will also expand its support by including training for supervisors. Plan is working on these training activities with CLR, an ECCD-focused NGO in India. To fulfill its goal of strengthening ECCD institutions, Plan has also organised and invested in the training of a technical support group for ECCD and hired an in-house ECCD specialist. With the same AusAid grant, Plan has been able to support the construction of 27 new ECCD centres and the renovation of 24 centres. 30 centres are to be constructed in 2003.

Plan has also collaborated with LSPPA and supported the setting up of an ECCD Resource Centre in Yogyakarta which is designed to support all ECCD programmes in Plan programme areas. The Resource Centre is presently working on their Early Childhood Curriculum to include a child rights and gender-fair perspective. The curriculum that Plan has been using so far was adapted from the national TK curriculum. It was simplified and revised in collaboration with Yayasan Bina Anaprasa in Surabaya.

In addition to these centre-based ECD programmes, Plan is also collaborating with the UNPAD-WHO centre, proponents of the Taman Posyandu (Tanjungsari Project). Plan supports the application of the Taman Posyandu model in three provinces (Java, South Sulawesi, and East Nusa Tenggara).

**3.3 The Private Sector and Non-Government Organisations**

Indonesia also has a long tradition of working on early childhood care and development programmes with local NGOs or private groups like Yayasan (foundations). They have been more involved in the establishment and implementation of the TK’s, BK-playgroups and TPA-childcare centres serving mainly the middle class up to the high income families. Many of them are now actively involved in the PADU Forum (Forum for Early Childhood Education). Private sector ECCD programmes are usually autonomous as far as financing their programmes. They operate mainly from funds generated by charging user fees or
“parents’ contributions”. Most of the TK-kindergartens in Indonesia are privately owned. Many are also run by Islamic associations. Private schools and early childhood centres cover all their costs – buildings, equipment, materials, teacher’s salaries and other operational costs from the fees that they collect. The fees that parents pay vary from a minimum of Rp 3,000-5,000 a month up to Rp 36,0007 a month. Some private schools charge as high as Rp.150,000 - Rp.200,000 (UNICEF, 2000). In Jakarta, the fees for TK and playgroups range from Rp 200,000 – Rp. 300,000. Monthly fees can amount to Rp. 20,000 – Rp. 1,120,000 (Yayasan Insan Kamil, 2002). But there are also foundations who run playgroups and childcare centres in poor villages without charging fees.

Private childcare centres and playgroups can also apply for subsidy from the government through their respective service funds (APBN/APBD) if these funds are available. Some private ECCD centres and schools also seek support from international NGOs, national civic organizations or philanthropic foundations. These donations or grants subsidize some of their programme costs.

3.4 Indonesian families and the costs of ECCD programmes

Indonesian families always have to bear the costs of their children’s participation in private kindergartens, playgroups and childcare centres.

The IEA Survey on Child Care and Education (3.5 – 4.5 year olds) among parents found that the parents of 64.5% of the children who are cared for by non-family members or outside the home have to pay an average of Rp.36,000 each month. In rural areas, 45% require caregiving services which cost an average of Rp.12,500 a month. In addition to paying for these fees, 28% of urban parents and 32% of rural parents provide in-kind support, generally by providing for their children’s food while in the centre.

Although there are government-run as well as private sector or NGO-run childcare centers and playgroups for children from low-income families, there are generally some forms of financial or in-kind contributions for their children’s participation. For the Tanjungsari Project’s Taman Posyandu, for example, the parents contributed Rp. 500 for playgroup sessions. In childcare centres established by Christian Children’s Fund, contributions from parents are in the form of food, time and labor (to assist with feeding and other programme activities, construction of centres). Parents also pay fees ranging from Rp.2,500 up to Rp. 7,500.

The IEA Pre-primary Project Study reported that 97% of urban TK-kindergartens and 71% of rural TK-Kindergartens charge fees. On top of these “regular fees” 73% of urban TK and 64% of rural TK charge additional fees for books, special instruction like tutorials for reading.

TK-Kindergarten fees range from Rp. 3,000 per month but some can reach up to Rp 36,000 a month. UNICEF estimates that the total costs shouldered by families are high. Considering the parent’s average travel time and wage loss for accompanying a child to TK, the total costs for kindergarten per month could increase fourfold, to about Rp. 14,000 per month for parents who are already paying the lowest monthly fees of Rp.3,000.

4. Training and Education Requirements of Early Childhood Staff

4.1 Qualifications and training of TK – kindergarten teachers

7 $US1 = Rp 8,600
ECE teachers working in Kindergartens are expected to complete two years of training in a teacher training college which offers the Diploma Two Educational programme for Kindergarten Teachers (D2/PGTK). In reports on the assessment of early childhood education in Indonesia, the lack of qualified TK teachers in the public schools is often cited as a problem. Many private kindergarten teachers seem to be able to comply with at least a DI and some have DII.

After the original three year kindergarten teacher training programme was phased out, the Diploma 2 program was introduced. This is a two-year post-secondary course designed for TK teachers and was offered at three Teacher Training Institutions (IKIP). This program is also offered by the Open University and other private universities to broaden access by kindergarten teachers. Aside from the DII program, the Jakarta State University also offers an undergraduate (Strata–1) and graduate (Strata 2) course in Early Childhood Education.

The MoE kindergarten education policy also addresses the improvement of the management of kindergarten programmes through the development of the Minimum Service Standard (SPM) and Professional Guidance System (SPP) for the TK teachers. The MoE organizes training programs for kindergarten teachers and headmasters to improve their knowledge base and skills. Topics covered are: school management; curriculum, assessment, school and class organization; developing the learning models; teaching practices.

4.2 Qualifications of teachers and service providers in other ECCD programs

4.2.1 KB – Playgroups
KB- Playgroup teachers’ qualifications are varied - most of them are graduates of SPG-TK – Kindergarten Teacher’s Education – senior secondary level. Some have undergone additional training provided by teachers of nearby Kindergartens. The requirement for playgroup teachers is similar to the school-based kindergarten teacher which is a Diploma II in Kindergarten Education and teaching experience. Most of the playgroup teachers currently do not meet this requirement.

4.2.2 TPA - Child Care Centres
Caregivers in TPA - Child Care Centres are usually graduates of elementary school or junior secondary school. But for some childcare centres that cater to the middle class (e.g. office employees) most caregivers are at least senior secondary school graduates or even more. The requirement for teachers in childcare centres is also a Diploma in Kindergarten Education. Other childcare centre staff are required to have at least completed Junior Secondary school and attended special training courses on nursing and child care. Social workers are also expected to complete formal training in a School of Social Work.

The EFA 2000 Assessment concluded that the quality of playgroups and day care centres still needs improvement. The report highlights the need to focus on upgrading teacher and caregiver qualifications which are still below the optimum levels.

4.2.3 BKB Kaders
Many BKB kaders have SD level education. However, there are some kaders who have attended universities or SMP/SMA. Kaders undergo training to prepare them to implement the program. They learn the activities for parent education; how to use the learning materials, toys as well as the tools for monitoring child growth and child development and to maintain the programme records. Kaders have expressed the need for more intensive pre-service training and continuing support through in-service training. It has been noted that the BKB programme of activities is rather complex and the tasks are difficult for kaders with SD level education to comprehend and apply. Those who attended post-secondary courses have less difficulty. Nevertheless the expectations are deemed to be unrealistically
high and the tasks demanding. *Kaders* must thoroughly learn and understand the concepts, information about child health, childcare practices, family planning as well as know how to implement the activities and use the materials so that they can in turn teach parents. Yet they do not receive adequate pre-service training and technical support while on the job. For example, because of budget constraints there were some adjustments made so that out of a team of ten *kaders* only three were trained and then they were expected to train the other 7 *kaders*. The original five-day training was shortened to three days (Satoto, 1997).

5. Curriculum and pedagogical guidelines

5.1 The TK-Kindergarten Curriculum

There is a national curriculum for the TK – Kindergarten that was developed by the Curriculum Development Centre of the Ministry of Education. This national curriculum is also used by the Radhatul Athfal (Islamic Kindergarten). Most private TK and NGO-established TK also adapt this curriculum.

The curriculum states that the objective of kindergarten is to develop basic skills and concepts, attitudes, knowledge, capabilities and creativity in order to prepare children to adjust to their environment and promote their continuing growth and development.

For the Radhatul Athfal, the goal is to respond to children’s basic needs and the growth and development of their attitudes, knowledge, skills and creativity so that they can adapt themselves to their environment and become a good Moslem.

The TK curriculum is described as “an integrated programme” that consists of two components:

1. Learning Activity Programme to develop attitudes through daily routines and activities related to Civics, religion, discipline, social and emotional development; and

2. Learning Activity Programme to develop basic skills through activities prepared by the teacher which focus on language development, intellectual development, creativity and physical development.

The TK curriculum covers the following content areas and aspects of child development: civics, religion, discipline, social and emotional development, language development, intellectual development, creativity, physical skills. In the case of the Radhatul Athfal, the teachings, beliefs and practices of Islam is integral to the curriculum.

Themes are used to organise and integrate the TK curriculum content. The themes for the TK-Kindergarten curriculum cover a range of developmental issues and topics corresponding to curriculum content areas: Myself, My Senses, My Family, My House, My School, Food and Beverage, Clothes, Cleanliness, Health and Safety, Animal, Plants, Jobs, Picnics, Water and Air, Fire, My country, communication tools, The sun, moon, stars, sky, earth, urban/rural, mountains/ plains.

5.2 Programme of Activities and guidelines for other ECCD programmes

5.2.1 BK-Playgroups and TPA-Child Care Centres

Playgroups are expected to follow the “National Learning Programme for Playgroups” as well as “to develop and use their own curriculum” (MONE). According to a study conducted by the Curriculum Development Centre, the teaching-learning processes in the playgroup are just the same as that of the
kindergarten. Some playgroups adapt the TK national curriculum. In some cases they collaborate with internationally known ECE programmes or adapt their curriculum e.g. Montessori, High Scope. The coordinator of the Forum for ECE noted that in many cases the adaptations of the national TK curriculum result in practices inappropriate for 3 and 4 year old. Many implement a formal and structured curriculum that is not suited for 3 to 5 year olds. This is because most playgroups aim to prepare children for primary school so that parents as well as teachers often resort to applying TK-kindergarten practices for 5 and 6 year olds. They assume that this is the logical way of teaching their children the necessary “school readiness” skills. In theory, the national KB-Playgroup programme emphasises the importance of play and other experiences for children’s learning. The daily activities are supposed to consist of “praying, singing, storytelling, arts and crafts, free play”. To address these issues, the PADU Forum has prioritised teacher training. They are also working closely with the Directorate for ECE at the Ministry of Education and the Ministry of Social Welfare on the development of the KB-playgroup and TPA curriculum.

Childcare centres are similarly expected to implement a “National Learning Programme for Child Care Centres”. They are also allowed to develop their own curriculum. They are required to provide at least some educational activities in addition to custodial and physical care.

However, based on a review of the two programme manuals for these programmes and a discussion with the Ministry of Social Welfare, there is currently no existing curriculum for these two programmes. There is no mention of a curriculum in any of the two programme manuals. However, the Ministry of Social Welfare confirmed that the Ministry of Education has started the development of the curriculum within the Forum on ECE. The existing TPA and KB programme manuals provide only basic information regarding age groups, staffing patterns and requirements, adult-child ratios, facilities and administrative procedures for setting-up and registration of playgroups and childcare centres. Essential programme features critical to EC CD programmes are barely addressed. There are no substantive descriptions of the programme structure e.g. caregiving routines, play and other individual and group activities within a daily 2-3 hour session or a full day child care programme. In addition to the curriculum that is being developed, these are essential programme details that must be elaborated on. The other reference material is a Manual on Health developed in collaboration with the Ministry of Health.

5.2.2 Taman Posyandu - Programme of activities

The *kaders* in the *Taman Posyandu* implement a programme which consists of informal, individual or small group activities. They are discouraged from requiring children to sit in passive, structured whole group activities. Children are encouraged to select their activity but the CDC or *kader* will also guide them and give suggestions when a child tends to play with the same toys or engage in the same activities.

There are two kinds of activities in the *Taman Posyandu*:

1) indoor activities like: reading a picture book, storytelling, singing, listening to music, playing with educational materials like lego, puzzles, games for color, shapes, number recognition and matching, arts and crafts, sorting and classification games;

2) outdoor activities: ball games, circle and chasing games, pair games, traditional games involving physical activities and movement.

---

9 Pedoman Penyelenggaraan - Usaha Kesejahteraan Anak Panti melalui Sosial Taman Penitipan Anak (Encouraging Child welfare through Child Care Centres), 1997
Pedoman Penyelenggaraan - Usaha Kesejahteraan Anak Panti melalui Kelompok Bermain (Playgroup), 1997

10 By curriculum we mean a plan for learning that includes goals and objectives, a content outline and corresponding learning experiences or activities to address the objectives and teach identified concepts, skills, attitudes and practices. In early childhood curriculum, there are at least examples of daily activities which include play with a variety of materials, games, storytelling, role-playing, music and movement, arts and crafts, field trips.
5.2.3 The BKB curriculum

The BKB parent education curriculum was first developed in 1982. The curriculum covers basic child development principles and information that is designed to help parents support their children’s growth, development and learning. The BKB programme involves the introduction of toys, activities and child care practices to mothers. The aim is to help mothers to learn activities and childcare practices that are appropriate for their child’s age and stage of development and that stimulate children’s cognitive, motor and socio-emotional development. There are BKB books and materials to be used as learning-aids. The KKA chart is a simple developmental screening tool that is introduced to parents so they can monitor their children’s development. In addition to the developmental milestones, there are corresponding suggestions for parents to support their children’s development along physical (fine and gross motor), social, emotional, cognitive and language dimensions. However, there is now a need to review the BKB curriculum in the light of more updated knowledge about child growth and development and to assess its cultural relevance. Further, the kinds of activities and materials that can be used to support children’s cognitive development need to be expanded so that there is enough variation to maximise the interest of the mother and the child and reflect cultural diversity.

It has been suggested that the use and value of the toys/materials need to be evaluated at this point. It is unclear how the material was being used by the kader in “teaching” the mother. It was observed that neither the kader nor the mothers seem to understand the concepts that can be taught by the materials nor how to use them to extend children’s understanding of concepts. There were frequent complaints that the kader did not have enough toys and equipment. But even before the provision of additional materials are considered, more work needs to be done to enable the kader to use the existing materials effectively with mothers. Once the concepts being taught are really understood, then the kader and the mother could make additional play materials that could be used for the children’s benefit.

The materials in the BKB kit should also be more carefully produced so that there will be no confusion or mistaking of basic concepts like shape, size or sequencing according to physical attributes which depend on the quality of the materials used.

The BKB programme design and activities requires the kader to have an understanding of:

- Child growth and development and the characteristics of children’s development within each group;
- The kinds of activities that are appropriate to introduce at each stage to help promote the child’s development and learning;
- What mothers can do to support the child’s development (i.e. how to create appropriate activities, how to let the child explore on his/her own, how to encourage problem-solving, how to stimulate language development;
- How to teach mothers to do these things in a way that gives them the confidence that they can do it with their own children.

To achieve a level of comprehension of all the above requires intensive pre-service training and continuing technical support on the job (L. Gersch and J. Zevalkink, BVLF, 2001).

6. Inter - Ministerial Coordination for ECCD Policies and Programmes

6.1 Coordination Mechanism
There is a newly formed early childhood network called the “Early Childhood Education Consortium.” The ECE Directorate (PADU)\textsuperscript{11}, a specially created office for early childhood education within the Directorate for Out-of-School Youth and Non-formal Education of the Ministry of Education, spearheaded the organisation of this Consortium in 2001. They collaborated with the PADU Forum (Forum for Early Childhood Education). This is in fulfillment of its mandate to focus on the “non-school based” ECCD programmes for 0-6 year olds (apart from the TK-Kindergartens). The Consortium spent the initial year and a half engaged in organisational activities, convening consultations on the preparation of national programme guidelines for TPA-child care centres and KB-playgroups as well as conducting training for trainers at the national level and in seven provinces.

Although there is no national policy document that explicitly labels the PADU Forum and the PADU Consortium as the high-level, national coordinating mechanisms for all ECCD programmes, these are the most significant formations that currently exist at national level. Both of them fulfill the purpose of providing a venue for inter-ministry, multi-sectoral and multidisciplinary collaboration.

The PADU Forum serves as the coordinating mechanism for ECCD policy formulation and development. The PADU Consortium is concerned with programme development and involves the government ministries and their partners in the private sector, international development agencies and non-government organisations. There are plans to organise similar PADU Consortiums at the district level in the future.

6.2 Membership of the Coordination Mechanism

The PADU Forum, which is responsible for ECE policy development is composed of higher level government officials e.g. Director, Director-general level, representing the following government ministries: Ministry of Education, Ministry of Religious Affairs, Ministry of Social Welfare, Ministry of Health, National Family Planning Coordination Board (BKKBN), State Minister for Women’s Affairs, National Commission for Child Protection, Ministry of Home Affairs, Ministry of Justice, Human Rights Organisations\textsuperscript{12}.

There are also high level and experienced policy makers, ECE experts who have been invited to serve as PADU Forum members\textsuperscript{13}.

The Early Childhood Education (PADU) Consortium members at the national level are:

1. Representatives of government ministries concerned with ECE:

   The representatives of these government ministries who participate in PADU Consortium activities which mainly relate to technical matters and programme development issues are generally middle level managers at sub-director levels e.g. assistant directors, section or staff unit heads who have the necessary experience and skills for ECE curriculum and programme materials development.

\textsuperscript{11} Established by virtue of the Decree of the Minister of State Apparatus No. 81/M/PAN/3/2001, 30 March 1002 approving the establishment of Direktorat Pendidikan Anak Dini Usia (PADU) and Decree No. 051/0/2001 by the Minister of National Education

\textsuperscript{12} Specific information about representation and membership within the PADU Forum and PADU Consortium were provided by Ibu Ambar Rahayu, Asst. Director of Family Resilience Development – NFPCB/BKKBN, March 2003.

\textsuperscript{13} Current ECE member experts of the PADU Forum are: Prof Dr. Conny R.Semiawan (UNJ), Prof Dr Fawziah Aswin, Hadis, M.Psi (UI)
2. Early childhood education experts from the public, private sector and the academe: maternal and child health, neurology, child development, education, psychology; administrators of early childhood education centers, representatives of professional associations such as Reading Association and experts in educational and play media and materials\textsuperscript{14}.

3. Representatives of ECCD focused non-government organizations \textsuperscript{15}

There are plans to establish district level PADU Consortiums in the future with representatives of these ministries, ECE institutions (public and private) at the local levels of government and NGOs.

The ECE consortium is tasked to assist the ECE-PADU Directorate in the Ministry of Education with planning, developing and evaluating early childhood education programmes based on what is suited to Indonesian society and cultures and on scientifically proven principles and practices.

The requirements for membership of the Consortium are: early childhood education expertise, willingness, capability, and commitment. Indonesian citizens as well as foreigners with the proper immigration permits can be members of the Early Education Consortium. Thus, in addition to representatives of the key government agencies involved in ECCD, professionals and national or international NGOs are also part of this network. The members of the PADU Consortium are appointed to serve for a three year term subject to extension or renewal of their appointments at the end of the three-year term.

5.3 Mandate of the Coordinaton Mechanism

The Early Childhood Education Consortium is currently involved in programme development and monitoring specifically for the national programme guidelines for the TPA-childcare centres and KB-playgroups. This is part of their mandate and is a commitment of the Consortium members in order to improve the quality of these programmes which serve children aged 0-6. They make a distinction, however, between these programmes and the TK-Kindergarten for 5 and 6 year olds which is under the Directorate for Basic Education (SD). This is because the ECE Directorate, which provides the secretariat support for the ECE Consortium, is under the Directorate of Non-Formal Education.

They are involved in developing and implementing pilot programmes such as the Pusat PADU which they envision to be “learning models” for ECE. These are being constructed with funds from the World Bank loan for ECD. They also expect to build on the experiences of other pilot programmes of Consortium members such as the Taman Posyandu model of the Tanjungsari Project set-up by WHO-UNPAD with UNICEF support.

Information exchange among members and the general public, with particular attention to expanding and strengthening community awareness of and participation in ECCD programmes, is also a Consortium priority. Aside from printed materials about the ECE Directorate and the two newly established networks (PADU Forum and Consortium for ECE), there is also a PADU Bulletin. They have also undertaken a national media campaign.

The brochure of the PADU Consortium includes the following information:

\textsuperscript{14} Experts in fields related to early childhood education like health, psychology, arts and culture, media (producers and publishers of educational materials) have been recruited as members of the ECE Consortium.

\textsuperscript{15} NGO members of the PADU Consortium are: Yayasan Kesejahteraan Anak Indonesia, Yayasan Permata Bangsaku, Badan Pembina TK Islam Indonesia, Yayasan Permata Sari, Sasana Bina Balita “Mitra”, Taman Bermain “Kepompong”, Klub Ibu dan Anak, Manager Taman Bermain Cempaka putih, Manager Al Azhar, Manager Yayasan Hanaeka
The PADU Consortium’s organisational structure consists of four divisions: 1) Division of Learning Programme and Methodology; 2) Division of Educative Toys/learning materials; 3) Division of Training; 4) Division of Evaluation.

Their work plan has so far been defined as follows: To work technically and operationally in developing various policies, including in composing education instruction, technical standards, monitoring and evaluating operational programmes. The PADU Consortium members have been meeting regularly and expect to soon complete their initial work on national programme guidelines for TPA - childcare centres and BK-playgroups. The mandate appears to be “self-limited” to policy and programme development for non-school-based early childhood education programmes.

6.4. Status of the PADU Consortium

The Consortium is lodged in the ECE Directorate which is located under the Directorate for Non-Formal Education and Out-of-School youth of the Ministry of Education. It is a permanent network with the ECE Directorate as host and providing staff support. It is seen as a priority by the ECE Directorate. There are presently 65 staff members in the ECE Directorate. Their budget for this year is Rp 7 billion for PADU projects and Rp 3 billion for operations which is expected to increase to Rp 4 billion for 2003.

6.5 Functionality of the PADU Consortium

At the moment there is no comprehensive national policy framework that is fully focused on ECCD which clearly articulates the government’s goals, conceptual framework for programming, strategies and approaches, the roles and working relationships of various government ministries, local governments and the private sector. However, the National EFA Plan of Action which includes early childhood education, may be considered as the precursor of such a policy document. It is a major step towards the articulation of such a national policy framework. In the National EFA Plan, as well as in the documents from the PADU Directorate, the PADU Forum and Consortium as well as other programme descriptions, guidelines and reports, there is frequent reference to inter-ministry coordination. However, at present, there is no explicit policy that consolidates all the various ministries’ programmes or that defines the roles and functions of ministries at central or local level as well as of local government units. This is an indication that the primary ECCD stakeholders in Indonesia certainly acknowledge the importance of inter-ministry and multi-sectoral collaboration but have yet to take more concrete and definite steps to achieve and sustain effective coordination.

There are several national policies and regulations that are related to ECCD and provide the basis for establishing and supporting public ECCD programmes. The legal basis for ECD is “implicitly” provided by an amendment to the Constitution of 1945, specifically Section 28b, clause 2: “The state guarantees survival development and protection of a child against exploitation and violence. The Indonesian government has also ratified the UN Convention on the Rights of the Child through Presidential Decree No. 36, Year 1990, that articulates the State’s responsibility to provide services and programmes for the welfare of children in fulfillment of its obligations as a State Party to the UN CRC.

In relation to early childhood education the following are cited as the legal framework: the Law on the National System of Education (No. 2, 1989); Government Regulation No. 27 (1990) on Preschool Education; and Government Regulation No. 39 (1992) on People’s Participation in National Education. Basically these laws and regulations articulate the following policies in relation to early childhood education: 1) preschool education is not a pre-requisite for admission into primary school or access to basic education; 2) preschool education covers the 3 to 6 year old age range; and 3) the organization of preschool education programmes emphasises people’s participation.
In 1997 there were encouraging efforts by the government to strengthen its approach to ECCD that started with the inclusion of a statement in the GBHN (Basic Guidelines of State Policy), and a chapter for the five-year development plan – Repelita VII (1998/99 to 2003/4) which supports the development of an integrated policy framework for ECD. The Repelita VII policies which were being formulated in 1998 supported a more holistic approach to ECD. Even before the economic crisis of 1997, the Government of Indonesia acknowledged the need for a more integrated policy to guide its programmes for child survival and development. At that time, the government's increasingly active support for ECCD policy was anticipated to result in improvements, particularly greater coordination in the provision of health, nutrition and early education services, further improvements in ECD service delivery and increased support for early childhood education. In line with the Government's strategy for poverty reduction at that time, many improvements, particularly in the provision of ECD services, were expected to be implemented at the village level. It is not clear whether the present government is similarly committed to pursuing these plans to develop a comprehensive policy and ensure its inclusion in the national development plans.

It is too early to tell if the PADU Forum and the PADU Consortium - as complementary mechanisms for coordination of policy and programme development will successfully contribute to the development and promotion of a comprehensive early childhood national policy and improve coordination of service provision at the village level. Their mandates at this point are actually limited and specifically focused on early childhood education programmes, except for the TK-Kindergarten.

As the organisational structure and initial work plan indicate, the PADU Consortium will focus mainly on the educational components of ECCD programmes, actually an important aspect of national ECCE policy development so if the Consortium and the Forum are able to successfully implement their respective work plans and effectively coordinate with one another, these complementary programme and policy development activities may well provide the impetus for moving in the direction of developing a comprehensive national ECCD policy.

But over time, the responses and level of participation of the other government agencies and civil society partners will determine whether the Forum and the Consortium will be accepted as the mechanism for this purpose. At least, it is certain that the PADU Consortium is in a position to provide the technical input needed to develop such a policy since its members consist mainly of middle management level representatives of government ministries who are also programme managers, and ECCE specialists from academe and civil society.

To further ensure high level political support and the allocation of sufficient resources, improved linkages and coordination with other inter-ministerial bodies focused on social development may be helpful. It has been mentioned that there is a newly-appointed Minister whose primary task is to coordinate all ministries involved in social services i.e. health, education, social welfare ministries. The Minister reports directly to the President. It is not clear whether this appointment involves a permanent position, or is an ad hoc position and whether staff size and budget allocations of this new Minister’s office will be commensurate to the task. Nevertheless, it is worth exploring the possibilities to determine if it can complement the PADU Forum and the PADU Consortium as the highest level inter-ministerial structure to mobilise and sustain political support for ECCE programmes and services.

The ECE Directorate and PADU Consortium are currently working on a “National Curriculum for Child Care Centres” (for 0-6 year olds) and a “National Curriculum for Playgroups” (for 3-4 year olds). The proposed curriculum guide will provide a more detailed daily activity guide for organising learning activities in these two settings.
In August 2002, the Curriculum Centre completed the *Kurrikulum dan Hasil Belajar Kompetensi Dasar Pendidikan Anak Usia Dini 0-3 and 4-6* (Basic competencies for Early Childhood). This is intended to be a major reference for all ECCD programmes and services as the basis for developing programmes, detailed curriculum and activity plans. The “ECD Competencies” will serve as a curriculum framework which provides specific competencies for all ages from 0-6, organised according to all the dimensions of child development. Learning outcomes and indicators for each competency are provided. It will be disseminated among all concerned ministries and ECD programme providers in 2003. The ECE Consortium is currently referring to this for its task of developing the curriculum for childcare centres and playgroups.

There is a National Curriculum for the TK-Kindergarten (which serves 5 and 6 year olds) which was developed by the Curriculum Institute and the Directorate for Basic Education.

In regard to the TPA-Child Care Centres, at the national level, the Ministry of Education (through the ECE Directorate) and the Ministry of Social Welfare are expected to coordinate. Government’s Rule No. 27, Year 1990 defines their shared responsibility for Child Care Centres as follows: the Ministry of Social Welfare will manage the programme components for child welfare and social services. The Ministry of Education will manage the education component. Coordination between the two ministries is expected. This was not really achieved in the past as the two ministries worked mainly in parallel fashion with occasional information exchange or requests for technical assistance e.g., Ministry of Health providing the Ministry of Social Welfare the guidelines to ensure that health standards in childcare centres are well-defined. It is only recently, when the PADU Directorate was established and the PADU Forum organized, that actual coordination is taking place in regard to the TPA-Child Care Centres. This is being done mainly at the national level among the representatives of the responsible sub-directorates in the two ministries. They are now collaborating on the development of the national curriculum for the TPA-Child Care Centres. Other members of the ECE Forum from the private sector are also part of this endeavor. There is evidence of collaboration in the ongoing work related to the preparation of the revised programme manuals and guides by the Ministries of Education, Social Welfare, Health and the private sector members of the PADU Forum.

The TPA-Child Care Centres which serve low-income families and are usually linked to their workplaces or community-based can be considered as one programme through which the Ministry of Social Welfare and the Ministry of Education collaborate to serve the needs of children from socially disadvantaged groups.

The BKB programme, which is under the Ministry of Women’s Empowerment, collaborates with the Ministry of Education for the referral to the BKB of parents of young children enrolled in ECCD programmes. The BKB provides counseling and family planning services. The ECE Directorate of the Ministry of Education provides the BKB and posyandu-linked playgroups with recommendations for appropriate play and learning materials.

Coordination also occurs in relation to specific ECCD programmes. For example, there are some Child Care Centres which are managed by private institutions, some of which are non-profit foundations who serve children of poor families. For this ECCD service, there is also collaboration between the Ministry of Social Welfare, the Ministry of Health and the National Family Planning Coordination Board (BKKBN). The National Learning Programme for Child Care Centres, being prepared by the PADU Forum and ECE Directorate, will be used for these programmes. If the ECE Directorate has available funds, they also support teacher training and provide educational materials for these child care centres.

Public health programmes specifically intended for all young children (e.g. immunisation, IMCI, micronutrient supplementation), which are implemented by the Ministry of Health nationwide also
serve young children who are participants in ECCD programmes which are under the auspices of the Ministry of Education.

In principle, like the SD children, the children enrolled in public TK-kindergarten classes are also served by the local puskemas or district health facilities and staff. Health check-ups, immunisation, growth monitoring and health education are among the services provided by the Ministry of Health. However, it is not clear whether all these services are provided broadly and routinely countrywide.

7. Duplication and Fragmentation of Different Ministries

The nature of early childhood care and development - if it is to address all the dimensions of child growth and development - requires multidisciplinary and multisectoral collaboration. In relation to government agencies responsible for ECCD, this requires collaboration for planning, managing, promoting, implementing ECCD programmes and for service delivery. Inevitably there is an overlap as far as age groups to be served and the following examples of overlapping ministries are acceptable or necessary:

1) There are cross-cutting concerns and corresponding services that must be provided for children from ages 0-6 (see Fig. 1). Health services and parent education are examples of these. The government ministries inevitably overlap in terms of the age groups served through the interventions for health, nutrition and education.

2) There are some programmes designed to serve a specific purpose which may result in overlapping services for the same age group or even children. The child care centres (TPA’s) provide full or half-day child care services for children aged 0-6 who may also attend playgroups or the TK-Kindergarten for 2-3 hours a day. In this case, the overlap is necessary or even desirable to provide the full range of services needed by specific children and families, in this case.

3) The Ministry of Social Welfare and the Ministry of Education share responsibility for oversight of specific aspects of the child care centres’ programme. In principle, this is a necessary and desirable arrangement as both ministries each have the expertise and experience needed to plan and oversee multi-faceted ECCD programmes like childcare centres and playgroups. Aside from the national laws and regulations that provide a legal basis for ECCD programmes in general, there are several regulations and policy documents specifically for Child Care Centres and Playgroups which also define their responsibilities. These are: a) Ministry of Social Welfare, Decision no.47, 1990 on Establishing Playgroups and Childcare Centres; b) Ministry of Education’s Decision n. 018/V/1997 on the Rules on Establishing Playgroups and Childcare Centres; c) President’s Instruction No.3, 1997 about the Child’s Quality Management.

7.1. Parallel actions, lack of coordination

According to the ECE Directorate and PADU Forum, the two ministries are working together under the auspices of the PADU Consortium to improve the National Programme for Childcare Centres and Playgroups. How well they will coordinate in the course of monitoring programme implementation to the point of exchanging information and planning joint action on the basis of the results of monitoring remains to be seen. At this stage their openness and evident desire to communicate with one another and collaboratively develop programmes for childcare centres is evident and provide a good starting point for continuing collaboration.

Provision of technical support and training of teachers and caregivers is currently provided on a parallel basis by both ministries: 1) the Ministry of Education, through the ECE Directorate – Childcare Sub-Directorate or the Local Education units, organizes training for trainers at national level and some provincial level workshops; 2) the central office of the Ministry of Social Welfare provides training and guidance for administrators twice a year. About 60 heads of childcare centres participated in these training programmes on child development and early childhood education. They
are expected to train the teachers and caregivers from their own childcare centres. A major problem is that these parallel training activities sometimes result in confusion about programme guidelines, content and approaches. While the promotion of consistent guidelines and standards is identified as a priority, there is still need for each ministry and their counterparts at the local levels of government to provide sufficient information about these. To strengthen the Child Care Centres and Playgroups and to improve their quality, the two ministries (Education and Social Welfare) have to engage in joint planning, exchange monitoring information and coordinate their capacity-building efforts so that the training and technical support that they each provide will be complementary. It seems that in the past, very little has been done in this regard but they are now starting to work together. There has been a tendency to work in parallel fashion so that the benefits of coordinated planning and action are not attained. In this case, the problem is the lack of coordination and communication rather than duplication or overlap.

7.2. Various curriculum development initiatives

National programmes like the BKB and the posyandu, which are now being expanded and improved through pilot programmes like the Taman Posyandu, have been initiated by ministries other than the Ministry of Education. The educational components mainly for parents (BKB parent education programme) and the children (through the playgroups linked to both programmes) were developed by the BKKBN. There is really nothing wrong with these initiatives because they also consult and involve early childhood education curriculum specialists. Indeed, the mandate for curriculum development need not be exclusive to the Ministry of Education. The same is true for ECE curriculum developed by private organisations and NGOs. They are allowed to develop their own curriculum which is often helpful to encourage innovations and improvements in quality particularly in regard to social and cultural sensitivity and relevance. What would be helpful is to ensure throughout these diverse initiatives in ECE curriculum development, that there are standards that are set in accordance with child development principles and principles of learning to serve as an overall guiding framework for all ECE curriculum, regardless of programme design or context.

In many countries, this is exactly what the MOE is doing: mainly establishing a general guiding framework, flexible enough to be applied in various contexts. They often do this in collaboration with other ministries and with the private sector. It would not be productive for the MONE to develop, for instance, detailed syllabus or prescriptive activity plans, which cannot meet the diverse needs of children in various social and cultural contexts. Indeed, curriculum development and planning must be at the level closest to the children for whom it is intended. In the ASEAN ECCD working group, consensus was reached on this matter: that collaborative efforts and this regional level would focus on the development of shared frameworks and guiding principles for ECCE programme and curriculum development. The newly developed Learning Competencies for Early Childhood which the Ministry of Education’s Curriculum Development Centre has recently developed could eventually serve this purpose. However, it will be best to subject this document through a collaborative review process before it is finalized to allow ECE Consortium members to actively participate in its development and to arrive at consensus on its suitability as a national framework for ECCE curriculum.

7.3 Two ECCD programmes, two developmental screening tools

Two of the Ministries most involved in programmes and service delivery for young children are the Ministry of Health and BKKBN. In the past there have been some problems between the two Ministries. In order to address these problems, the two Ministries have divided their areas of responsibility for the BKB and posyandu programmes as follows: 1) the Ministry of Health will be responsible for the physical dimensions of child growth and development (i.e. health care and
monitoring, nutrition and growth monitoring, early detection of developmental delays); 2) the BKKBN will be responsible for “non-physical” dimensions of child development (i.e. mobilisation of local kaders, training, parent education, family planning, etc). BKKBN is responsible for the BKB programme (parent education). The Ministry of Health is responsible for posyandus and the technical back up such as immunisation, data gathering, etc. via the Puskesmas (sub district health office). Whether this will improve coordination between the two ministries remains to be seen.

One clear case of overlap and duplication which needs to be addressed however is that each of the two ministries developed and promote their own Child Growth and Development Chart (contained in the Mother & Child Handbook from the Ministry of Health; KKA chart from BKKBN) and related parent education materials. The Ministry of Health has produced a Maternal and Child Health Handbook with support from JICA. It is designed to be a record of children’s growth, their development and access to maternal and child health services including family planning. Aside from creating confusion among the intended users – parents and kaders, it was also recommended by ECCD specialists that both materials need further improvement. Both are not yet user-friendly and are not so easily understood by the kaders and parents who are the primary users. Since the BKB’s KKA was revised, it was overloaded with information and so it became too complex even for the kaders who are supposed to use it with parents (Satoto, 2001).

However, despite this duplication in materials, the best examples of collaboration at the local level include the community-based ECCD stakeholders involved in some of the highly functional posyandus and BKB groups. Posyandu kaders are often BKB kaders as well so they are familiar with the structure and materials of the two programmes. The teams of kaders are critical to the convergence of ECD interventions offered by the posyandu and BKB for parents and children. Collaboration with the puskesmas staff like the bidan di desa is generally good and they are able to mobilize community support, generate and maximise the local resources for delivering ECCD services through the posyandu and BKB.

7.4. One ministry, two directorates for ECCD programmes

Another example of potential difficulties in terms of programme responsibility and coordination emerges in the case of two Directorates under the Ministry of Education. The ECE Directorate is responsible for “all non-school-based” ECCD programmes e.g. the TPA - childcare centres and the KB-playgroups. It is also the host and provides secretariat support for the PADU Forum and Consortium. The Directorate for SD (Basic Education) has been responsible for the TK–Kindergarten programme for many years. When the ECE Directorate was asked about their responsibility for the TK-kindergarten programmes which are implemented by PADU Forum members, they said that they had no oversight function over the TK programme because it is under the Directorate for SD. At this early stage they are apparently cautious in approaching this issue. It is also unclear whether they seek closer coordination in order to develop comprehensive ECD policies for the whole range of ECCD programmes including the TK-Kindergarten, one of the longest-running programmes. Ideally programme standards and guidelines, curriculum (objectives and content) for the whole range of programmes serving children aged 0-6, from the BKB and posyandu to the TPA and BK then to the TK should be a complementary continuum of developmentally appropriate content and learning experiences. These should be flexible and open-ended enough to be applicable to a diverse range of ECCD programme settings. To achieve this, close collaboration between the two directorates within the Ministry of Education is necessary and crucial.

The ECE Directorate was also asked about the process of developing the Pusat PADU programme (design, features, guidelines etc). They said that they will be responsible for the Pusat PADU but will not be responsible for the TK-kindergartens that will be established also within the Pusat PADU because the TK programme is under the Directorate for SD. Soon after this consultation with the ECE Directorate in Jakarta in November 2002 (for this national case study), a World Bank mission was
wrapping up. It is serendipitous that some specific issues related to the two directorate’s programme responsibilities also emerged in relation to the newly established Pusat PADU which are in the World Bank ECE Project sites. During the discussions held for the WB mission, the matter of responsibility for the Pusat PADU at district and at the central levels surfaced within the context of sustaining Pusat PADU operations when the project ends. The concept of Pusat PADUs as “Integrated ECD Centers” provides for a variety of programme options sharing a physical space. While the infrastructure was provided for in the WB-ECD project design and budget, the matter of who will be responsible for managing the PADU programme providing supervision, financial and technical support is still unclear. While some of the districts are willing to assume some responsibility e.g. teachers’ salaries, operational costs of PADU centres, others are not yet committed. The matter of central level responsibility is still unresolved. The initial response of the two Directorates does not indicate a willingness to assume joint responsibility for the Pusat PADU at this point. The initial suggestion is that the “dominant” ECCD programme that will be implemented in the Pusat PADU will determine who will be responsible. So if the TK-kindergarten programme is being implemented in the Pusat PADU will determine who will be responsible. The PADU Forum will assume responsibility. However, the PADU Forum does not yet have a presence at the District level at this point. For now it is mainly Jakarta-based i.e. central level. There is clearly a need for the two directorates to work out a modus vivendi. The resolution of this matter is crucial to operationalising the Pusat PADU programme concept as an Integrated ECD centre. Ultimately it will also affect the viability and sustainability of the Pusat PADU as a functional community-based programme and facility. Otherwise, the returns on the investment in infrastructure will not materialize and the concept of integration they aim to promote will not be concretized.

8. Government initiatives and Measures

8.1 The leading authority

The World Bank project proposal for the Indonesia ECD Project described a national steering committee composed of key agencies involved in ECCD programmes and the project management committee which is based at the Ministry of Education. The ECD Central Steering Committee (CSC) was formally organized in July 1998 and is under the Director-General of the Directorate for Out-of-School Youth. The BAPPENAS Head of the Bureau for Religion, Health, Education and Welfare chairs the CSC and the members are representatives from all concerned agencies involved in ECD: Ministry of Education and Culture (MOEC - DKLUSEPORA and DIKDAS), Ministry of Health (MOH), National Family Planning and Coordination Board (BKKBN), Ministry of Home Affairs (MOHA), Ministry of Religious Affairs (MORA), Ministry of Social Welfare and Ministry of Finance. Based on the project proposal, this inter-agency committee was expected to provide policy leadership and serve as the main advisory body for the proposed ECD project. It was envisioned during the project preparation phase that it would also be responsible for the future development of the national ECD Program. It would formulate and revise national policies to be included in Repelita VIII, based on the findings and lessons learnt from the ECD project. Progress on this aspect of the World Bank ECD project has not yet been documented.

The project management structure for the WB-ECD project also includes a Central Project Management Unit (CPMU) established at DKLUSEPORA, headed by the Director of Dikmas as the Project Coordinator with a Project Manager from the ECE Directorate under his supervision. Based on the project proposal, the CPMU was expected to assume responsibility for coordinating the activities related to the development of the policy framework and other central level activities.

8.2. The purpose of coordination
The purpose at the moment is to provide a venue for communication and coordination among all ministries and private organisations implementing ECCD “non-school” based programmes (i.e. non-TK programmes). The PADU Consortium does not position itself to be the main or lead authority in ECCD. It is facilitative and inclusive in its approach. There is no consideration for merging programme responsibility under one ministry or mechanism and there is explicit acknowledgment of the necessity of inter-ministry coordination. However, the fact that they are initiating a pilot programme involving the Pusat PADU indicates their interest in promoting integrated ECCD programmes (as opposed to parallel or separate programming). This is seen as a joint responsibility of Consortium members and at the local level where programmes are implemented. This interest in promoting integrated programming appears to be based mainly on an appreciation of effective approaches to programming and is seen as distinct from the issue of managing or responsibility for programme oversight and policy development. There is no indication at all that integrated management of ECCD programmes under one entity at the central level is being considered. This appears to be a reasonable view because to attempt the integration of ECCD policy and programme development under one Ministry is impossible and inappropriate in most contexts including that of a large and populous country like Indonesia. It is also important to take into account the fact that there are various ECCD programmes that have been initiated and are being implemented by at least five different government ministries.

8.3. Progress so far

Since the PADU Forum and Consortium are fairly new, there is no sufficient basis yet to determine whether it is the best mechanism for national (and sub-national) coordination among government ministries involved in ECCD and partners in civil society. If it succeeds in building a collaborative network at central and district level, then it can very well expand its mandate beyond “non-school early childhood education.” At that point, these additional options may also be explored: 1) Identify a more “neutral” host ministry for the Consortium to ensure broader ownership for it. 2) A formal high-level Inter-Agency counterpart very closely linked to the PADU Forum and Consortium can be organized. It would be composed of the heads of government ministries involved in ECCD and some of the representatives from civil society and academe who are already members of the PADU Forum and Consortium. In a way this is a consolidation of the PADU Forum and Consortium but kept to a manageable number of members and with the main difference of participation by the heads of ministries as regular members. Its specific mandate would be to generate political support for the goals, plans and programmes developed by the PADU Forum and Consortium. This political support is to be manifested concretely through increased government allocations (human resources, financial and material) as well as moral support to actively promote ECCD in Indonesia. Thus, the primary role of this higher-level PADU Forum-Consortium is to ensure the visibility of ECCD at the highest echelons of the Indonesian government.

9. Pending Tasks and Actions Planned

There are efforts to improve coordination as described earlier which are expected to continue. But a more visible renewal of interest and a heightened momentum is needed to propel not just the establishment of a more explicit and effective inter-ministerial arrangement but the mobilisation of broader support for ECCD. Given the magnitude and scale of the problems affecting young Indonesian children and their caregivers vis a vis the current levels of provision for ECCD, the scale of efforts must clearly exceed the current attention to bureaucratic arrangements.

This section begins with a summary of the problems and current limitations of ECCD programmes in Indonesia, as identified by the stakeholders themselves. The intention is not to provide a critique but to sharpen the focus on priority issues and problems. The synthesis of the key issues and problems provides an anchor for recommended strategies
and priority actions including, but not limited to, achieving improved inter-ministerial coordination. These are recommended actions to broaden access and improve the quality of ECCD programmes in Indonesia. These recurrent issues and problems were identified through the previous efforts (see Sec. 2) of the Indonesian government and its partners to assess the status of ECCD in the country. The most recent significant national effort was the preparation of the National EFA Plan of Action. Many of these recommendations are based on the work of these inter-agency and multi-disciplinary groups who were involved in all those aforementioned activities from 1997 to 2002.

9.1. Issues and Problems

The most pressing problems in regard to ECCD programmes in Indonesia are the following: limited coverage and access, low participation particularly among the poor and “high-risk” children, low quality of ECCD services. These are evidently related to the following issues and problems:

- Lack of programmes especially in the rural areas where 60% of Indonesian children live
- Lack of awareness among parents and Indonesian society in general about the importance of providing good quality care and education in the early childhood years
- Lack of qualified teachers and caregivers and the inadequacy of resources for training and technical support while on the job
- Lack of financial and other resources aggravated by the prolonged economic crisis, making it more difficult for many families to provide for all their children’s needs for survival and development
- Lack of government support for ECCD programmes which severely restrict the provision of essential resources for ECCD programmes e.g. qualified caregivers and teachers, supplementary feeding supplies, learning materials and playthings, thus it ultimately pre-empts the equalising potential of quality public ECCD programmes
- Virtual absence of integrated services or at least convergent programmes which can provide for the health, nutrition and education of young children in a focused and more effective way that is attuned to the synergism between health, nutrition and early education interventions. Such an approach will also allow for more systematic identification and service provision for children from poor families who are at highest risk for health and nutritional problems, growth and developmental delays.
- Lack of coordination among government agencies concerned with ECCD hence the multiplicity of roles and overlapping functions at a time when there are critical service delivery (coverage and quality) gaps that urgently need to be addressed
- Lack of collaboration between the government and the private sector or members of civil society involved in ECCD programmes and services hence the absence of consensus around broadly applicable standards and programme guidelines as well as the mechanisms for monitoring their implementation
- Absence of a comprehensive policy for ECCD that is: 1) viable for implementation in a vast, culturally, socially and economically diverse country like Indonesia; 2) that provides for complementary programming approaches in ECCD that are operational in a decentralized context for governance; 3) and that addresses recurrent problems such as inadequate funding, poor quality and decreasing levels of participation.

Such flexible, adaptable, socially and culturally relevant policies are needed to provide practical guidance and promote contextually appropriate quality standards across a range of ECCD programmes for different age groups in a variety of settings.

10. Recommendations
1. Improve ECCD programmes so that these will be more responsive, flexible, culturally and socially acceptable/appropriate and truly maximise the synergistic relationship between health, nutrition and educational interventions by: a) building on the strengths of existing programmes, b) ensuring their sustainability in their improved forms and, c) systematically addressing the gaps in current programme models and service delivery systems.

This can be achieved by:

- Developing working models of integrated ECCD programmes consisting of improved adaptations and combinations of existing ones e.g. expanding activities in the posyandu and BKB to include attention to children’s psychosocial development and learning needs through direct services for children and using improved parent education programmes as an integrating mechanism; or systematically providing for health and nutrition interventions in KB-playgroups and TK-kindergartens beyond health and nutrition education;
- Strengthening and expanding parent education and support programmes to deepen awareness about the importance of the quality of care and education in the early childhood years and enhance parents’ caregiving and teaching skills in their own homes;
- Expanding access and improving the quality of TPA-childcare centres and KB-playgroups to ensure that all the mothers – especially those who must single-handedly care for their children and run their households - will benefit from accessible and affordable, good quality child care support programmes;
- Increasing public support for ECCD programmes by providing sufficient funds for programme implementation and ensuring that funds are efficiently channeled directly to communities with children who are in greatest need and at highest risk for malnutrition, poor health, developmental problems or abuse;
- Building partnerships between government and other stakeholders in civil society particularly child and family focused regional and national NGOs, various professionals in ECCD-related disciplines, and the private business sector or philanthropic groups who are potential supporters of ECCD programmes especially intended for children from poor families;
- Supporting and facilitating, through capacity-building and the provision of sufficient funds and other resources, the decentralised planning and management of ECCD programmes at the district, sub-district and village levels;
- Encouraging the proliferation of “home-grown” adaptations of various ECCD programmes initiated at the grassroots level rather than promoting prescriptive, uniform “one-size-fits-all” programme guidelines and curriculum. This approach to “national” ECCD programming will reinforce bottom-up programming processes, strengthen local capacity and help achieve the necessary goal of intensified family and community participation by nurturing their sense of ownership for these ECCD programmes.

2. Develop balita (young child) and family-focused ECCD policies which are cohesive, comprehensive, integrated, developmentally appropriate, socially and culturally relevant, attuned to diverse social and political realities including responsible governance and decentralisation as well as a broader democratic space for civil society participation in ECCD and other community development efforts. Such policies will also clarify and articulate programme frameworks, guidelines and standards which are anchored on the complementary nature of the various disciplines within ECCD. These shall be jointly applied and guide programme implementation across the different public and private ECCD programmes and services.

This can be achieved by:

- Re-orienting and redefining existing ECCD programmes and the presently separate, parallel, sometimes narrowly-focused national programme frameworks and
guidelines based on the following: 1) more careful consideration for the intersecting needs of women and young children; 2) the social and cultural patterns and practices within the context of Indonesian families as caregivers and the first educators of young children; 3) the existing conditions of their communities which are part of the children’s environment for growth, development and learning and 4) the major principles and articles of the UN Convention on the Rights of the Child which provides the moral and human rights justification for public investment in ECCD given the fact that the Indonesian government is a State Party to the UNCRC.

- Creating and sustaining highly-functional national and local level mechanisms for close coordination and collaboration among all the government ministries responsible for ECCD policies and programme development, capacity-building programmes, monitoring and evaluation with the active participation of ECCD partners in civil society, international donors and development organizations.

- Improving coordination and working towards consensus on complementary approaches and standards of “effective practices” for service delivery, programme management, monitoring and evaluation among the agencies, organisations and others involved in ECCD programme implementation at the local levels (district, sub-district and village) in order to sharpen focus on the most vulnerable and maximize the synergism between health, nutrition and educational interventions for all children.

- Intensifying sustained capacity-building efforts, developing diversified training programmes and technical support provision based on assessed needs of the different service providers, volunteers, supervisors and programme managers especially local government leaders (from the district to sub-district and village levels) to expand coverage and improve the quality of ECCD programmes.

- Developing and implementing a systematic and sustained advocacy and social mobilisation campaign on ECCD by working on coordinated information, education and communications (IEC) campaigns which maximize the high levels of exposure to mass media like radio and television as well traditional interactive forms of communication. These IEC components of ECCD programmes must be designed to reach out to and communicate specific ECCD messages and concepts for various groups and key stakeholders such as the following:

1) local government officials – e.g. Bupati, Camat, village chiefs, members of the LKMD (Village Welfare Committee), community and religious leaders - to strengthen their commitment to ECCD programmes and emphasise their responsibility for the well-being of young children in their respective areas;

2) parents and other community members - to broaden awareness about the importance of the early childhood years and their roles as caregivers and teachers to their own children, reinforce appropriate child care practices as well as increase family and community participation in ECCD towards nurturing a sense of community ownership for ECCD programmes;

3) policymakers, legislators, political, religious and other influential leaders at the national level and heads of large business corporations, media practitioners (TV and radio network managers, newspaper publishers and editors, advertising executives) to generate political support and increase public resources for ECCD, mobilize private sector support for ECCD programmes and fund IEC campaigns especially those intended for poor children and families in greatest need of improved access to ECCD services and helpful information.

---

16 Media access rates are quite high in both urban and rural areas, for men and women: 82% own radios and 75 % of households own TV. A 6-city survey representing 10% of the population found a significant increase in mass media use (TV and newspaper/magazine) from 13.7 million in 1997 up to 14.1 million in 1998. Close to 80% of people aged 15 and above - more than half of them are female - watch TV regularly (Source: UNICEF, 2000).
Ideally, a broader-based and highly participatory process should be established and facilitated by the stakeholders in ECCD to address these intricately related issues and recommendations. This process can be initiated by existing networks such as the PADU Consortium in collaboration with more national and regional child and women focused NGOs such as Kaliyana Mitra, Rifka Annissa, Yayasan Kusuma Buana, Yayasan Insan Kamil or other NGO networks, and professional associations such as IDAI (Indonesian Pediatrics Association), IBI (Indonesian Midwives Association), IGTK (Indonesian Kindergarten Teacher’s Association), international development agencies committed to ECCD like UNICEF, Plan International, Christian Children’s Fund and Bernard van Leer Foundation. Some of them are not currently members of the Forum and the Consortium so deliberate efforts to invite them to participate will be a significant move towards a broader network for ECCD within Indonesia. Such an inclusive and extensive “consultative process” is necessary in order to reflect the rich cultural and social diversity as well as build on the wealth of Indonesian experience and expertise in ECCD. The numbers of young Indonesian children who urgently need to benefit from good quality ECCD programmes are staggering. Thus, concerted action involving the policy makers, public civil servants, programme managers, grassroots or village-level service providers that require the activation of processes involving all the ECCD stakeholders in Indonesia should be given “high priority status” and made an integral part of the national development agenda.
BIBLIOGRAPHY

Alisjahbana, A. *The Tanjungsari Project: Taman Posyandu* powerpoint presentation, First Regional Seminar on ECCD Phase Two: ASEAN ECCD Project, October 2000. Iloilo City, Philippines

A Research Report IEA-Preprimary Project Phase I: *Children’s Care and Education for 3.5-4.5 Years Old in Indonesia* (1998). The Office of Educational and Cultural Research and Development, Department of Education and Culture, Jakarta


Brief Information: *Directorate of Early Childhood Education*. Ministry of National Education, Directorate of Out of School Education and Youth, Jakarta


Brief Information: *Early Childhood Care and Development in Indonesia* Early Childhood Care Forum, Jakarta

Budiardjo T. Information about CCF ECD Programmes (e-mail communication) 2002


*Child Care in Islam* (C5.1 UNICEF 90-C)

*Child Development and Care in Indonesia: A Country Paper* (n.d)


*Early Childhood Care and Development in Indonesia (1998).* UNICEF Regional Workshop on Early Childhood Care and Development


“Government to Standardize Preschool” .Jakarta Post, August 5, 2002


Margiyani, L. *Plan International Indonesia: ECCD Programmes*. (e-mail communication and unpublished programme progress reports), 2002


Shatifan, Nina (2001). *Equity in Basic Education in Indonesia: Challenges and Opportunities: A Discussion paper*, pp. 11-12. UNESCO.


*Taman Posyandu* (n.d) (unpublished document)


**RESOURCE PERSONS:**

1. Gutama, Director of Directorate of Early Childhood Education, Ministry of Education
2. Candi Rasidy, The chairman of Early Childhood Education Consortium
3. Ratna Megawangi, Founder, Semai Benih Bangsa Program
4. Soemiarti Padmonodewo, Founder, Progressive Mother-High Quality Child Program (Ibu Maju Anak Bermutu)
6. Ratna, Staff Playgroup Division, Directorate of Early Childhood Education, Ministry of Education.
7. Ida Azis, Staff of Childcare Division, Directorate of Early Childhood Education, Ministry of Education.
8. Meidina Kusumakhalik, Staff of Similar Early Childhood Education Unit Division, Directorate of Early Childhood Education, Ministry of Education.
9. Sri Ismiadi, Head, Sub-Directorate on Social Service for Toddlers (Balita), Ministry of Social Affairs.
10. Sri Nurwati, Staff, Directorate of Family Health, Ministry of Health.
15. Ambar Rahayu, Asst. Director of Family Resilience Development, National Institution of Family Planning Coordination (BKKBN).
16. Ratnaningsih, Staff, Sub-Directorate of Family Resilience, National Family Planning Coordinating Agency (BKKBN).
This national case study on ECCD in Indonesia was prepared by:

Feny de los Angeles-Bautista, *international consultant*
Diah Harianti, *national consultant*

in collaboration with a team of researchers from the Curriculum Centre:
*Suci Paresti, Yuke Indradi, Sri Yuniarti*