

EARLY CHILDHOOD CARE AND DEVELOPMENT



PLAN'S PARENTING EDUCATION PROGRAM IN INDONESIA

AN ASSESSMENT
PILOT PHASE IN NUSA
TENGARRA TIMUR



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Mothers in Indonesia discuss parenting practice with their peers.

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Findings reflected in this report are the work of the consultant team. This report is the property of Plan International.

ABBREVIATIONS

BAPPEDA	Badan Perencanaan Pembangunan Daerah (Local Development Planning Board)
BAPPENAS	Badan Perencanaan Pembangunan Nasional (National Development Planning Board)
BKB	Bina Keluarga Balita (Parental Education Program)
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional (National Population and Family Planning Board)
BPMD	Badan Pemberdayaan Masyarakat Desa (Empowerment of Village Community Board)
BPPKB	Badan Pemberdayaan Perempuan dan Keluarga Berencana (District Women's Empowerment and Family Planning Board)
ECD	Early Childhood Development (Pengembangan Anak Usia Dini)
ECCD	Early Childhood and Care Development (Pengembangan dan Pengasuhan anak Usia Dini)
ECE	Early Childhood Education (Pendidikan Anak Usia Dini --- PAUD)
EFA	Education for All (Pendidikan untuk Semua --- PUS)
FORADES	Village children's forum
HI-ECD	Holistic Integrative Early Childhood Development (Pengembangan Anak Usia Dini Holistik-Integratif --- PAUD HI)
HIMPAUDI	Himpunan Pendidik dan Tenaga Kependidikan Anak Usia Dini Indonesia (Association of Indonesian Teachers and Personnel of Early Childhood Education)
IGTKI	Ikatan Guru Taman Kanak-kanak Indonesia (Association of Indonesian Kindergarten Teachers)
KPA	Kelompok Pengasuhan Anak (Parenting Group --- PG)
KPAD	Village children protection group
MoEC	Ministry of Education and Culture (Kementerian Pendidikan dan Kebudayaan)
MoH	Ministry of Health (Kementerian Kesehatan)
MoSA	Ministry of Social Affairs (Kementerian Sosial)
NGO	Non Government Organization (Lembaga Swadaya Masyarakat --- LSM)
PAUD	Pendidikan Anak Usia Dini (Early Childhood Education --- ECE)

Perda	Peraturan Daerah (Local regulation)
PERPRES	Peraturan Presiden (President Regulation)
PG	Parenting Group (Kelompok Pengasuhan Anak --- KPA)
PKH	Program Keluarga Harapan (Family Hope Program)
PKK	Pemberdayaan dan Kesejahteraan Keluarga (Family Welfare Empowerment)
PNPM	Program Nasional Pemberdayaan Masyarakat (National Program for Community Empowerment)
Posyandu	Pos Pelayanan Terpadu (Integrated Health Post)
PP	Peraturan Pemerintah (Government Regulation)
Puskesmas	Pusat Kesehatan Masyarakat (Primary Health Care)
Perpres	Peraturan Presiden (President Regulation)
RPJMN	Rencana Pembangunan Jangka Menengah Nasional (National Medium Development Blueprint)
RPJMD	Rencana Pembangunan Jangka Menengah Daerah (Sub-National Medium Development Blueprint)
UUD 1945	Undang Undang Dasar 1945 (Basic Laws 1945)
UNICEF	United Nations Children's Fund



1. EXECUTIVE SUMMARY

The parenting program (KPA) in Indonesia is supporting child wellbeing and helping parents to understand their vital role in child development as their children's first teachers.

Plan Indonesia, with the support of Plan International Australia developed the Community Managed Early Childhood Care and Development (ECCD) project in the Sikka and Lembata districts of Nusa Tenggara Timur (NTT) Province in Eastern Indonesia starting in 2010. The project is now also implemented in Kefamenanu, Soe and Nagakeo.

A parenting program named “Kelompok Pengasuhan Anak” (KPA) is one of four components of a holistic ECCD approach, which also includes:

- A low cost, high quality early learning program that serves every child in the year or two before primary school to ensure school readiness.
- A transition to primary school program with school and community based activities enabling children to enter school on time, stay in school and learn.
- Increased collaboration with government and other actors to improve early childhood wellbeing.

KPA is the entry point for the wider ECCD program, designed as an empowerment program for parents, through which they can better understand what to expect of their child's growth and development milestones, while providing them with resources, skills, knowledge and tools to help them support their children.

The ECCD project being implemented in NTT is expected to show that children, especially those living in difficult circumstances can, with good parenting and effective support, achieve individual and social potential. The KPA program is designed as a powerful gateway for increasing parental demand for holistic early childhood development services. The program specifically targets the poor in underdeveloped and isolated villages.

Study design:

The study design used a mixed method between qualitative and quantitative approaches. The assessment was mainly qualitative in nature, with a quantitative study to measure effectiveness of the parenting program by comparing behaviour change between intervention vs. control groups. The study was conducted over four months covering two districts, at the end of the third year of implementation. The field data was collected over approximately 18 days by two teams, one in each district. In each district at least two villages (intervention and non-intervention) were visited to compare parenting behaviour.

Strengths of the program:

- KPA is educative, fun, and cost-effective in raising parental awareness and demand for holistic early childhood development services at the community level
- Parents enjoy the KPA classes and attendance is high
- KPA has been very inclusive of both fathers and mothers, as well as grandparents
- KPA has a holistic child development focus, more so than other programs. The parenting approach is empowering and leads to behaviour change

- The module is holistic and the presentation uses rational steps (starting from the most basic information required in the KPA program, “the why” – Part I, to a detailed explanation of “the how and the what” – Part II, and concluded by a discussion of directions for further development, “the so what” – Part III)
- KPA is particularly effective for poor and underprivileged parents
- KPA effectively uses Posyandu for implementation and transfer of skills to Posyandu cadres is high
- KPA contains tools for regularly monitoring child development directly in the home
- Evidence of support for KPA amongst village leaders/stakeholder groups
- Evidence of changes in knowledge, understanding, behaviour/practice as a result of KPA
- KPA promotes community action, with evidence of that community action
- The KPA requirement to discuss what parents have learnt with friends/neighbours builds on cultural practices
- Simple, straight-forward and eye-catching parenting cards
- Capacity to improve parents’ understanding, knowledge and skill is achievable because it is delivered interactively
- Promotion of the making of age appropriate, cost-effective toys using low-cost local materials
- Good monitoring tools and systems have been developed by Plan

Effectiveness of the KPA program:

Respondents collectively agree that KPA of Plan Indonesia is a very good and cost-effective community-based program, providing direct benefits from parenting skills and helping parents transform their behaviour as parents. They report becoming more aware of their roles towards their children, bringing about changes in their homes from early stimulation, balancing household responsibilities between mother and father and improving nutrition and care for children partly through increased participation in, and demand for, ECCD services. For Posyandu cadres, their knowledge and skills on child development are now much higher and complimentary with their main expertise in health and nutrition services and they report feeling empowered to help their community with holistic child development.

It is hoped that the results of the KPA program will inspire the government to adopt and extend the program to other villages in the districts.

Weaknesses of the KPA program:

Although the KPA program has many strengths and is found to be effective, some of the weaknesses found during the study include poor collaboration with government overall, limiting the sustainability and scale of the program, and underdeveloped aspects of health and nutrition with poor collaboration with the health sector. Additionally, supervisory support provided by cadres still needs strengthening, along with incentives for cadres to increase and sustain motivation. Other weaknesses related to program implementation include the need to: strengthen village socialization in order to increase community participation; increase the frequency of community meetings to help improve the process for producing community action plans; improve the use of child development and toy making pictorial cards at home; increase the use of toys in the KPA sessions to teach parenting skills; reduce the class size to 1:15; encourage parents to attend the full 10 sessions; and improve the monitoring and evaluation aspect, including the monitoring of indicators in the Child Wellbeing Index and home visits.

Conclusions and Recommendations:

Plan Indonesia has a very good model of parenting which has all of the ideal inputs: parent meeting groups, structured curriculum, support for facilitators and home visiting. But it still needs improvements in parent-child interaction in homes and group sessions, and a stronger focus on health and nutrition to make it even stronger as a gateway program for community empowerment resulting in holistic early childhood development.

Plan’s parenting approach is making a difference in Indonesia’s pilot villages, empowering parents and communities and giving them the tools and resources to improve parenting practices in early stimulation, health, nutrition and child protection areas. As a result, children’s lives are improving in pilot districts/villages.

The Child Wellbeing Index could play a powerful role in helping monitor child development outcomes with further effort to ensure that results for children are achieved and tracked through improvements in parenting.

The KPA program could become one of the alternative programs to support the implementation of the Presidential Decree of ECD (Perpres 60/2013) and the preparation of “Gold Generation” through the support of Bunda PAUD. While KPA has been positively received by various government departments and implementing parties, partnerships with government and other development organizations need strengthening and should be addressed urgently to expand and sustain the tremendous gains made to date.



2. OBJECTIVE OF THE ASSESSMENT

A mother brings her child to the Posyandu to participate in a meeting of KPA

The primary hypothesis of this assessment was that Plan's parenting program intervention leads to sustainable parental behaviour change towards better outcomes for children in selected growth, development and protection indicators. This assessment attempted to get to the core changes observable from participation in the parenting program by a random sample of respondents (including parents) from the two districts of Sikka and Lembata in Nusa Tenggara Timur, eastern Indonesia.

3. BACKGROUND

3.1 THE DEVELOPMENT IMPERATIVE

Scientific evidence and international experience in the past 10 years have found that Early Childhood Care and Development (ECCD) is key to human development, laying the foundation for the rest of life. ECCD includes physical, psychological, emotional, language, behavioural, and social development for children from prenatal to 8 years of age. Children in this age group experience the most rapid period of growth during the human lifespan.

3.2 WHY INVEST IN EARLY CHILDHOOD DEVELOPMENT

There is a compelling case for priority investment in early childhood because of the intrinsic right of every child for survival and for reaching his or her full human potential. Healthy cognitive and emotional development in the early years also translates into tangible economic returns in future years and for generations. Early interventions yield higher returns as a preventive measure compared with remedial services later in life. Policies that seek to remedy deficits incurred in the early years are much more costly than investment in the early years. Nobel Laureate Heckman¹ argues that investments in children, especially in early childhood development, bring a higher rate of return than investments in low-skill adults.

3.3 PROGRAM DESCRIPTION

Main elements of KPA:

Plan's ECCD project in Indonesia is holistic. It encompasses four key areas: 1) parenting (improving parents' knowledge and skills to support child wellbeing); 2) early learning (support for low cost, high quality early learning programs that serve every child's readiness to enter primary school); 3) transition to primary school (including school and community based activities to ensure that children enter school, stay in school and learn); and 4) collaboration with government and other actors to improve early childhood policies and practices. The project has been designed to demonstrate an approach to ECCD that can be replicated and scaled up by Plan and other stakeholders, including government. It has been supported by Plan International Australia with funding from Australian Aid. Through the project, Plan is working to contribute to the goals of the Government of Indonesia by improving early childhood outcomes.

1. Heckman and Carneiro (2003) Human Capital Policy

The parenting component “Kelompok Pengasuhan Anak (KPA)” of Plan’s ECCD project, which started in 2010, is the subject of this assessment. Plan’s parenting approach is expected to prove that children, especially those living in difficult circumstances can achieve individual and social potential with effective support – and with good parenting as its foundation. It is an empowerment program targeted at improving knowledge, skills and practice of parents to support holistic child development and protection in the four domains of social and emotional, motor, cognitive reasoning, and language skills.



Parents participating in KPA have taken community action to establish or re-activate PAUD for their children.

Program structure:

Using parenting education curriculum developed by Deborah Llewellyn², the KPA involves 10 face-to-face sessions, usually conducted monthly, which allow for interaction between the facilitator and parent participants, supported by home visits for supervision, monitoring and planning purposes.

Each 10-month module is divided into three phases. The first phase includes 4 sessions focusing on raising parental awareness of children’s needs and rights as well as reflections on how parents and society at large are meeting these. The second phase includes 6 sessions, which emphasize activities in early stimulation, growth and development using pictorial tools. The last and final phase is designed to encourage parents, whose knowledge, skills and practice have improved, to initiate collective actions in their community, supportive to child or family education and development. The KPA module is designed to be practical and easy to understand, including step-by-step guidance for facilitators to conduct the 10 sessions. The methodology used is interactive dialogue, modelling and practice using both Bahasa Indonesia and the local language and is designed to effectively engage parents even when their literacy levels are poor.

Program design:

The design of the KPA program follows a community-driven development approach, establishing a strong community base, and providing capacity building and advocacy throughout to transform and sustain behaviour change. Requirements for parents’ participation are simple. Any parents/caregivers including mothers, fathers, grandparents who have children of age birth-8, willing to practise at home, and inform other people (neighbours and extended families) are welcome to join KPA. Before KPA is implemented, village social mapping and community socialization is undertaken in order to measure conditions of children, parents, and overall family wellbeing as well as to better understand the nature of any existing support programs.

The Posyandu (integrated health post at community level) is used as the location for centre-based activities/sessions. Posyandu cadre are trained as KPA facilitators. Skilled parents can also undertake this role. Becoming a KPA facilitator or co-facilitator is a voluntary job for those who have ability and commitment to facilitate. Transfer of knowledge from Plan staff to Posyandu cadres and parents as KPA facilitators is carried out during training of trainers and refresher courses, coupled with supervision and mentoring from Plan staff.

2. Llewellyn D. (2012), *Strengthening Families for Better Early Childhood Outcomes: A Parenting Education Curriculum Guide*, Plan International Australia National Office, Melbourne

Program coverage:

Plan's KPA program has been implemented in Sikka and Lembata Districts since 2010, with Kefamenanu District added in 2012, covering a total of 36 villages in Nusa Tenggara Timur Province in Eastern Indonesia. Kefamenanu was not a focus of this assessment. The program coverage targets poor and less educated people, especially villages in underdeveloped and/or isolated areas.



KPA facilitators receive training from Plan and have had an opportunity to feed in to development of the KPA program.

3.4 PROGRAM GOALS

The KPA program aims to: (1) increase awareness regarding the importance of caregivers' and parents' role in supporting their children's growth, development and protection; (2) strengthen or increase attitude, confidence and practice of nurturing parenting; and (3) increase parents' motivation to work in teams to solve problems in their communities so as to positively affect their children's development. The methodology aims to: (i) build awareness; (ii) grow commitment; (iii) improve knowledge and skills; (iv) apply at home; and (v) monitor and spread improved behaviour. A Child Wellbeing Index (CWBI) is used as a thinking and planning tool for discussions and activities, encouraging focus of individual parents and communities on changes at the child level.

The goal of Plan's ECCD project is to improve early childhood wellbeing (health, development/learning and protection) for targeted children birth-8 years old from poor communities, through holistic and integrated programmatic support in ECCD. Child wellbeing is measured as changes in health, development/learning, and protection/participation indicators for children in targeted communities.

The key objective of the parenting program is:

Targeted communities take community action through parenting groups (PG) to improve early childhood wellbeing (health, development/learning & protection).

Key indicators include:

1. % PG with community plans and actions to support child wellbeing
2. % PG members using new practices learned in session
3. % Effective PG established in targeted communities
4. % PG members selected and attending parenting group sessions
5. % PG facilitators trained and effective on parenting component
6. Parenting curriculum and materials developed and used
7. Project field staff and partners trained and effective on parenting

The following table includes a sample of achievements related to these indicators:

Table 1. Key Indicators of the ECCD Project as relevant to KPA

Project Objective: Targeted communities (36 villages) take community action through parenting groups to improve early childhood wellbeing (health, development/learning & protection)	
Indicators	Project Achievement FY11 – FY14
Output 1.1: #/% PG with community plans and actions to support child wellbeing	<p>79 of 85 PGs have taken community action (Sikka 43 of 46 PGs, Lembata 29 of 31 PGs, Kefa 7 of 8 PGs)</p> <p>Examples of community actions include: accompanying children while studying at home; supplementary feeding in Posyandu; parents cleaning their village environment including Posyandu and ECCD Centres; making local learning materials; building toilets and tipitap (hand washing); making nutrition calendar for children with nutrition socialization for parents in Posyandu.</p>
Output 1.2: #/% PG members using new practices learned in session	<p>Number of Parents visited by facilitators reporting they had practised what they learned in PG sessions at home:</p> <p>2012 : 500 out of 556; 2013 : 536 out of 569; 2014 : 576 out of 613</p> <p>Examples of improved parenting skills include: hygienic practices such as brushing teeth, bathing and washing hands; actively accompanying children in learning and playing at home; using child development pictorial tools to monitor and stimulate development; using positive statements and discipline for children rather than punishment.</p>
Output 1.3: #/% Effective PG established in targeted communities	79 PGs (Sikka 43, Lembata 29, Kefa 7)
Output 1.4: #/% PG members selected and attending parenting group sessions	2012 : 1,134; 2013 : 1,287; 2014 : 1,487
Output 1.5: #/% PG facilitators trained and effective on parenting component	2012 : 87 Facilitators; 2013 : 101 Facilitators (including 87 from 2012 got refresher training); 2014 : 153 Facilitators (including 101 from 2013 got refresher training)
Output 1.6: Parenting curriculum and materials developed and used	Parenting Modules, Pictorial Child Development Card, Pictorial Toy Making Card + work being done to develop guidelines for family workshops and fathers groups.
Output 1.7: Project field staff and partners trained and effective on Parenting component of the project	2011 : 18 Plan Staff (ECCD Team); 2012 : 10 Plan Staff, 6 Partners; 2013-2014 : additional and ongoing training/technical support provided to the ECCD team through support from Plan International Australia.



3.5 CONTEXT

There are benefits to child development and learning when parents improve their knowledge and practical skills through KPA.

3.5.1 ECCD -- A National Program

The development of human resources is one of the biggest national goals and efforts to make Indonesia prosperous as stated in UUD 1945 (Constitution 1945). In order to realize this goal, Indonesia recognizes that the development of the nation's human capital should begin with early childhood. As well as constitutional acknowledgement of child protection and development, there is recognition in other laws such as the Child Protection Law Number 23/2002; National Education System Law Number 20, 2003 and Health Law Number 38, 2009 of the right to education, including early childhood education, protection and health.

3.5.2 Presidential Regulation for HI-ECD

The seriousness of the Indonesian government in addressing early childhood education and development has been further strengthened through The Presidential Decree "Rule of President (Perpres) Number 60, 2013" about Holistic Integrative Early Childhood Development (HI-ECD).

HI-ECD is defined as a coordinated, systematic, and integrated system for meeting the essential needs of children from the womb to the time they enter primary school. Integrated and coordinated services include health, nutrition, education, protection and early stimulation, which require systematic parenting support from pregnancy to the early years of entering school. Achieving such a holistic system of care which places the child at its centre and which addresses the child's holistic needs from the very beginning, requires (a) commitment from relevant stakeholders, including parents, families, caregivers and communities; (b) services that are integrated and aligned across sectors, with administration and governance at all levels that enables synergistic impacts on the young child; and (c) adequate resources and capacity for program quality, sustainability, and management for results. The Presidential decree signals the intention of the government to expand and improve early childhood care and development systems and services for Indonesia.

Based on the mandate of the Presidential Decree, BAPPENAS has put the HI-ECD program in the RPJMN and RPJP (Medium-Term Development Plan and Long-Term Development Plan 2015-2020). Some provinces and districts have also developed ECCD policies and put them into local regulations, development or strategic plans.

3.5.3 National Standards and Curriculum

To date, Indonesia has not yet developed national standards or curriculum frameworks for parenting programs. However, there are a number of existing parenting programs in Indonesia including Pendidikan Keorangtwaan (Parenthood Education), MoEC; Pendidikan Kecakapan Keorangtwaan (Parental Skills Education), MoEC; Kelasibu (Mother Class), MoH; Program Bina Keluarga Balita (BKB Program), BKKBN; and Program Keluarga Harapan – PKH (Family Hope Program), MoSA. There are also other NGO and development-partner supported programs including from the World Bank and UNICEF.

Recent developments in parenting curriculum in Indonesia have been associated with the current progress of Presidential Decree No. 60/2013 on HI-ECD. Under this guideline, all relevant ministries are expected to conduct a review of their programs and to comply with this regulation in which parenting is an integral part. A special taskforce on HI-ECD is assigned to coordinate policy arrangements and implementation of HI-ECD among various ministries, with responsibility for parenting education being given to BKKBN.



4. STUDY METHODOLOGY

Small group work, dialogue, modeling and practice are all features of Plan's KPA program.

4.1 STUDY DESIGN

The study design used a mixed method between qualitative and quantitative approaches. The assessment was mainly qualitative in nature, with a quantitative study to measure effectiveness of the parenting program by comparing behaviour change between intervention vs. control.

The study was conducted over four months covering two districts, at the end of the third year of implementation. The data collection in the field was collected over approximately 18 days by two teams, one in each district. In each district, at least two villages were visited to compare parenting behaviour, which included Plan intervention area vs. non intervention area.

4.2 POPULATION, SAMPLE SIZE AND METHOD FOR SAMPLING

4.2.1 General Socio-demographic Characteristics in two Districts

The profile of villages selected as intervention and control is provided in the following table:

Table 2. The profile of intervention and control villages of both districts

	Sikka		Lembata	
	Intervention	Control	Intervention	Control
Sub district (distance in km from district):	Magepanda (26 Km)	Koting (10 Km)	Ile Ape Timur (20.5 km) • Lamatoka	Ile Ape (12 km) • Kolipadan
Village	Reroroja (29 Km)	Koting D (10 Km)	Lebatukan (18 km) • Lamatukan • Waienga	Lebatukan (18 km) • Lewoeleng
			Buyasuri (65): • Panama	
Population size (people) in sub district level	12.465	6.775	Ile Ape Timur: 5.182	Ile Ape: 11.933
			Lebatukan: 8.815	Lebatukan: 8.815
			Buyasuri: 19.226	

4.2.2 Sample Size and Method of Sampling

The quantitative study measured different parenting behaviour between intervention and control villages, thus the target population for the quantitative study was parents with children birth-8 years living in both districts. For each district, the total sample size was 100 parents, selected from a total of parents who had received a maximum amount of Plan parenting education, from villages considered to perform best in the parenting program. Out of those who had received treatment, parents that have only received Plan intervention were separated and randomly selected for interview. These were then compared with another randomly selected group of parents who have not received any Plan intervention, but who may have received interventions of other programs. The purpose of the selection of respondents was to explain the qualitative findings but not to describe the achievements of the program for all villages, because no randomization was used to select the villages. In Sikka, there was one intervention village compared with one control village as the population was sufficient. This was not the case in Lembata where the population size was small. Several villages were selected to find 100 parents from the intervention group.

The sample size calculation was based on the ability to observe better parenting behaviour among the participants of parenting classes in Plan-supported villages. Differences in outcomes were determined based on a 20% difference, thus expecting that the percentage of better parenting was 20% higher in Plan villages compared to the control. Using the power of 80% and the probability to differentiate by 5% - a total of 100 subjects were considered sufficient to observe differences between the two groups.

The samples were drawn from the list of KPA participants provided by Plan, and for the control village, the Posyandu registration log was used. A systematic random sampling was applied to select the subjects' names. An additional 10% of names of total subjects were kept aside and used whenever the selected ones refused or were not available to participate.

4.2.3 Research Methods and Tools

At the village level: key informants included head of the village, other village officers, health cadres, PKK through FGDs and key informant interviews. For parents, to explore the direct impact of the parenting program, 125 questions were developed in a way that could measure knowledge (12 questions related to information received and understood); practice (65 questions related to 3 indicators - health practice, child stimulation and learning, and child protection); and child wellbeing (a simple measurement of impact on children through 19 questions on child wellbeing, comprising of health, child learning and stimulation, and child protection indicators). Each question was scored, where the right answer could be marked with a higher score than the false answer to measure improvements in knowledge, practice and wellbeing. Similarly, for measuring attitudes and practice, a higher score was given for favourable attitudes and practice of good parenting, based on the KPA module expectations. Home observation was carried out on 10 parents who were selected randomly out of 100 respondents in each village in both the intervention and the control villages. Qualitative findings confirmed knowledge, attitudes, practice and impact on child wellbeing, through a comparison cross-section study between the intervention village and its control. Home observation was conducted to cross-check the impact of KPA.

At the Kabupaten/District level: interviews took place with some of the government officers including education, health, women empowerment, planning and development, and village and community empowerment. There were also interviews at national level for government and other stakeholders.

At Plan level: project reports provided by Plan were reviewed, including monitoring, consultancy and donor reports. In-depth interviews and questionnaires were also used with Plan staff.

At government level: existing policies, strategies and regulations relating to PAUD and parenting programs were reviewed. Documents relating to socio-demographic background/statistics of the districts were also reviewed to help provide context.



4.2.4 Data Collection Method

Table 3. Summary of Respondents with Corresponding Use of Guidelines or Questionnaires

	Sikka	Lembata
Stakeholders at the District level	<ul style="list-style-type: none"> - Bunda PAUD and PKK - Representative of BAPPEDA - Representative of Dinas PPO: secretary, kabid PNFI, Kasie PAUD, and supervisor - Representative of Dinas Kesehatan - Representative of BP perempuan - Representative of BP2KB 	<ul style="list-style-type: none"> - Representative of BAPPEDA - Representative of Dinas PPO - Representative of Dinas Kesehatan - Representative of BP2KB - Representative of Badan Pemberdayaan Desa
In-depth interview		
Stakeholders at the village level	<ul style="list-style-type: none"> - Head of the village - Health cadres - Parenting cadres - Parents 	<ul style="list-style-type: none"> - Head of the village - Health cadres - Parenting cadres - Parents
FGD		
In-depth interview		
Direct and Indirect Beneficiaries		
Parents' Questionnaire	100 participants from intervention village vs. 100 of the non-intervention villages	100 participants from intervention village vs. 100 of the non-intervention villages
Home visit	10 houses at the intervention village vs. 10 houses of non-intervention villages	10 houses at the intervention village vs. 10 houses of non-intervention villages
Plan staff		
In-depth interview	M&E officer National office staff Provincial office staff	

4.2.5 Quality Control

Quality control of the study included engagement with/feedback from Plan on tool development and content; recruitment of university graduates from Sikka and Lembata as enumerators who understood the context; training of enumerators; field testing of tools; verification of quantitative data during interviews or focus group discussions and through observations and discussion with Plan staff and stakeholders; and supervision by a field supervisor during data collection.



5. LIMITATIONS OF THE STUDY

Plan has had success with establishing Father's Groups in Sikka and Lembata. Engaging fathers in parenting is necessary because of the vital role that fathers play in all aspects of their children's lives.

Limitations mostly related to the pressure of time to complete the study. Some other important limitations included:

1. Although the Plan KPA program has parenting groups for both mothers and fathers, the parents as the respondents in the intervention villages were mostly mothers as data collection was during working hours when mothers were available. There were no specific questions for fathers i.e. on how father's parenting compares to mothers and where fathers did participate, they were not separated from mothers. As a result, this study has no specific findings regarding gender.
2. Selected villages were not meant to represent all villages covered under the program. There might have been other determinants of parental behaviour change that could not be well observed through the tools and methods adopted by the study, such as geographical (access to city), quality of facilitators, commitment of community etc.
3. The team did not have the opportunity to directly observe parenting classes or home visit methodology, because at the time of the study, no parenting sessions were running.
4. High turnover of government officers limited the quality of information gathered. Many of the key informants were relatively new in their positions, did not well understand KPA or the conditions before KPA started, so could not comment on changes/impact.



6. FINDINGS

KPA has a focus on parenting empowerment and helps build support systems for mothers and fathers.

6.1 DEVELOPMENT OF TRUST AND A CULTURE OF COOPERATION

An investment in basic needs sectors and efforts to build relationships with communities prior to the start of the parenting/ECCD program has created strong trust for Plan from the community. For example, in Sikka, Plan invested in clean water provision for villages. This has helped to build trust and cooperation, with communities now fully supporting Plan projects such as the ECCD/parenting program.

Interview in Reroroja Village

Reroroja village, Sikka, NTT has enjoyed clean water facilities years before the parenting program was introduced in their village. Plan also helped communities build Posyandu and PAUD.

“There is no one in our village that does not recognize Plan. Plan has been making a difference in our life. Before, our life was miserable due to the absence of clean water. Plan came with technology to bring water down from the mountain to every household. When Plan has another program, we will support it,”

Participants from Reroroja village stakeholders during FGD including the village head, village community development board chairperson, and sanitation water project manager.

“My house also has access to clean water which we use to wash, drink, cook and feed animals. I joined all sessions of KPA and from it I have learned many things; child development aspects, child rearing practices, and healthy lifestyle. Now I am able to read story to my children. I borrow books from ECCD centre (PAUD) which Plan has contributed. I am active cadre in Posyandu, PAUD (ECCD) and KPA until now. Plan has helped us to have better Posyandu and PAUD. Because of Plan, PAUD, Posyandu and KPA are integrated now,”

Ibu Elisabeth, a mother, Posyandu cadre and PAUD tutor in Reroroja, Sikka, NTT.

Communities in non-project villages have also received varying levels of support, so when communities like these become aware that Plan has another program (parenting) available, they want the program to be implemented in their village. Additionally, Plan's early investment in strengthening Posyandu in non-project areas has laid a good foundation for scaling up the parenting/ECCD program throughout the districts. This level of community demand for inter-related ECCD services, accompanied by the trust in Plan, is a key reason for the significant success of the program to date and provides opportunities for expansion. Communities respond very positively if asked about Plan activities and at the community level it is Plan who has become a catalyst through which communities have strengthened awareness on the importance of ECCD, parenting, etc.

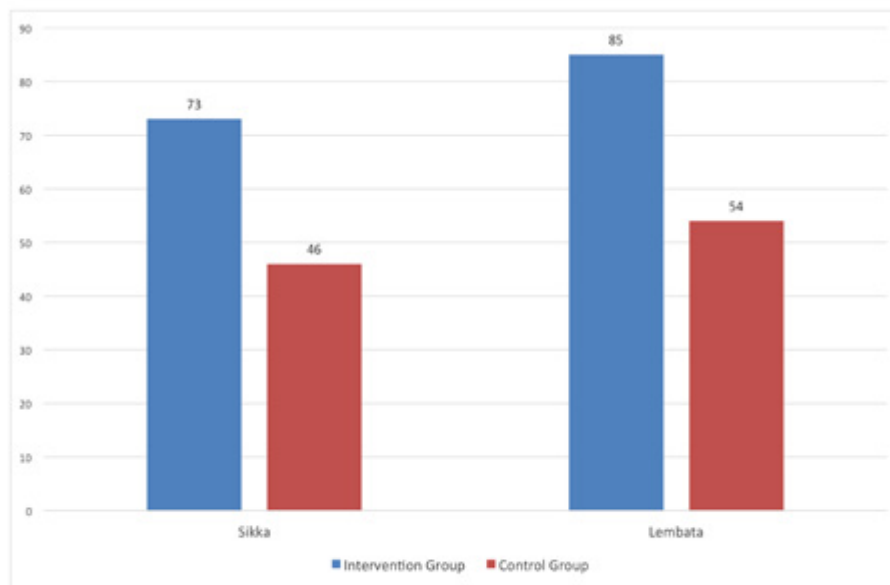
6.2 EFFECTIVENESS OF KPA

Four significant field findings confirm KPA's effectiveness in enhancing basic parenting competence:

- KPA is practical with a flexible mode of delivery that is user-friendly for local facilitators;
- KPA puts great emphasis on parents' reflecting on real-life experiences;
- KPA provides after-class support through home visit observation; and
- The KPA module and its delivery is cost-effective. It is affordable and can be organised even in the poorest areas.

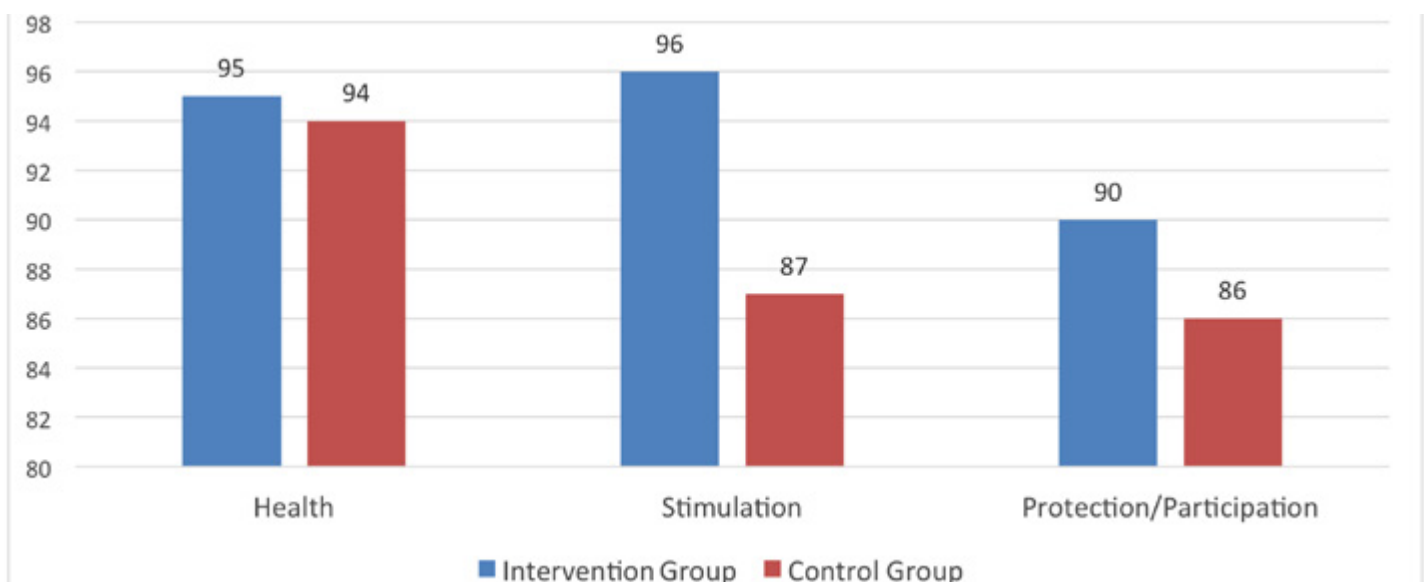
The following chart shows that good parenting knowledge was observed more in intervention villages than control ones, for both districts. This confirms the effectiveness of the KPA class in improving knowledge of the respondents.

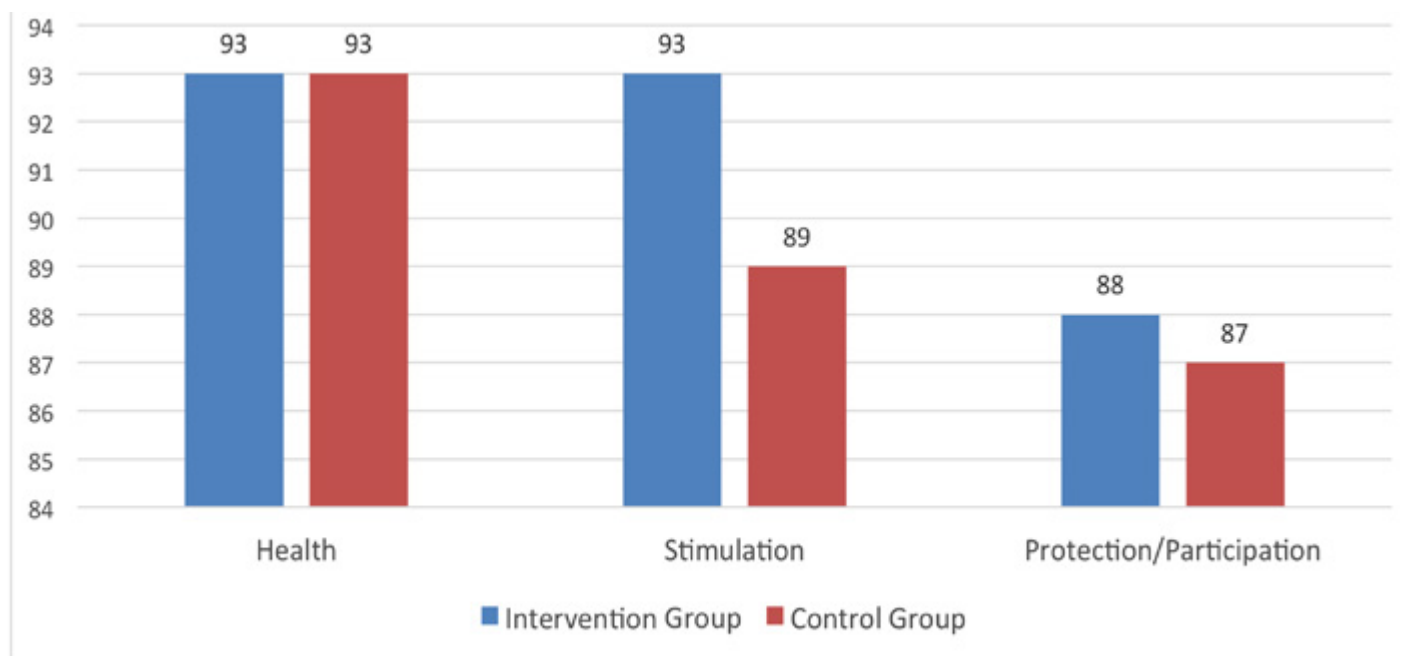
Figure 1. Comparison of the proportion of good knowledge about parenting in intervention and control villages of both Kabupaten -- Sikka and Lembata



Proportion of positive practices broken down by health, stimulation, protection reveals a different story. As shown in the graph below, parenting practice related to stimulation and child protection is better among respondents in the intervention group, compared with the control villages in both districts. However, this was not observed in parenting practice related to health. Possible reasons for this difference include well established health programs through Posyandu in both districts, socio-economic differences and the finding that the KPA program is stronger on stimulation and protection than on health and nutrition.

Figure 2. Proportion of positive parenting practice based on intervention compared with control villages in A) Kabupaten Sikka and B) Kabupaten Lembata – breakdown by Health, Stimulation and Protection





During FGDs and home visits, it was clear that in Sikka, the treatment village showed much better understanding on development domains (motor, cognitive, language, social emotional, and religious/culture) than the control village. Parents in the treatment village were able to mention each of the domains and give correct examples. This is compared to the control village where parents were confused with what cognitive and motor meant, and were not able to provide correct examples. Similarly, it was also the finding in Lembata that mothers in the intervention villages were more confident about child development concepts.

With regard to child health and nutritional status, child growth, including pregnancy, pre and post-delivery, parents in the control village showed much more understanding than in the intervention village of Sikka. Through discussion with the health cadres, it was found that the Posyandu as well as the Puskesmas program were well implemented in the control village. The strong presence of Puskesmas (sub-district health centre), along with its visiting doctor, midwives, health workers and counselling workers, plus sufficient financial support from PKK and village funds (ADD), might explain why health and nutrition interventions in the control village are dominant. Posyandu cadres are very active in conducting individual home visits to mothers who are pregnant and mothers who have small babies. Strong bonds between communities and the local Posyandu and Puskesmas have created a mutual partnership in health and nutrition development. This strong link between Posyandu and Puskesmas was not observed in the intervention village in Sikka. Nevertheless, the community (control) is still lacking knowledge and practices on child development due to absence of a parenting program such as KPA.

It was not possible to observe whether the Posyandu and Puskesmas were working closely together in Lembata during the data collection phase. Although Posyandu were operational in every village, it was not functioning during the days of the field work.

Field findings did indicate that despite being rich in early stimulation and learning content, including child protection, KPA curriculum is weak in health and nutrition aspects. Although KPA is based in Posyandu, it is not safe to assume that Posyandu cadres, who have strong competence in health and nutrition (usually through other interventions and training), will positively contribute to KPA in terms of health and nutrition topics. There are many reasons for this:

- a. Posyandu and KPA events are organized at different times, and Posyandu cadres who become KPA facilitators tend not to combine the two modules;
- b. The quality of Posyandu varies, and their capacity to deliver early childhood services in health and nutrition therefore also varies. Parents might receive good information on health and nutrition from strong Posyandu; but might not receive it from weak or inactive Posyandu.

The qualitative data also reveals that before participation in KPA (in the treatment village) both mothers and fathers focused on daily work such as cooking, washing, gardening and planting, and were less attentive to their children's needs of learning, development and growth, child feeding. They were looking after their children without much interaction and stimulation. In contrast, after participation in KPA, parents' roles are strengthened in providing time for their children to grow and learn. There is also more balance in the roles between mothers and fathers, who have altered and strengthened their roles as parents. Some of the ways in which mothers have strengthened their roles include:

- Looking after their children, but now with stimulation, playing together and talking to their children more
- Putting knowledge/skills they receive in class into practice at home
- Providing more time for children

And fathers' strengthened roles include:

- Getting involved in looking after children, for instance, taking them to PAUD
- Playing with their children
- Helping mothers with their daily work, reducing the burden of mothers

The KPA module would be enriched by including supporting materials on health and nutrition (cards, pocket books, CD/DVDs). Such materials could be taken from available BKB or UNICEF kits, or other MoH resources.

Paulus Kasa – the only father who attended the FGD in Reroroja is a member of father parenting class. He has a 6 year old daughter, named Nenciana. He says:

“When I was a little boy, my parents were very hard on me. They beat me and often cursed me with words that hurt my heart. But now after joining parenting class, I realized that I cannot use the way my parents used. I need to respect my child, and treat her well. I teach her to behave if she is disobedient. When she does good things, I praise her. Now my child is thinking fast, can communicate very well, and has wider perspective on many things. I always try to practise what I have learned from the parenting class”

6.3 CHILD-CENTRED APPROACH

Although the team did not directly observe how a KPA class is planned, implemented and evaluated, they did receive extensive information on KPA methodology from numerous desk materials and interviews with Plan staff and facilitators. From these, the team drew several conclusions regarding KPA's child-centred approach.

First, the ideal size for a child-centred KPA class is around 15, with one facilitator who is assisted by one co-facilitator. According to cadres and parents, this class size frequently grows bigger, often doubling in size due to high demand from parents and caregivers. Some of the biggest classes can be up to 30 parents, and this has made facilitation more difficult. It is strongly advised that class sizes remain more manageable and effective at 15.

Second, by encouraging parent-child interaction in the KPA class, in addition to supervised home visits, stimulation practice could be significantly intensified. Plan staff stated during an interview that some KPA do allow parents to work with children in the class, but discussions with cadres and facilitators proved otherwise. The general consensus was that such parent-child interaction does not happen in the KPA class.

This is seen as one of the shortcomings of the otherwise excellent curriculum. It would be very useful to see a KPA that encourages parents to work with children in the sessions to increase facilitator-parent-child interaction. One such example is the government program BKB in which parents and their young children are invited into the session and toys are involved in the learning process.



6.4 POSITIVE EFFECTS OF USING POSYANDU FOR KPA

One of the strong design elements of the KPA program is to use the Posyandu as the centre for implementation. Below are some of the key findings in support of this design element:

- Field findings from both the intervention and control villages show that as an accessible community health centre where mothers and female cadres are particularly attached to one another, the Posyandu creates a powerful facility for women's empowerment and for improving child and family wellbeing. This is also an aim of KPA so the decision to link KPA to Posyandu is a good one.
- Attaching KPA to the Posyandu enables Posyandu to become more holistic and integrated, giving the community more support for improving childrearing practices with the powerful injection of early learning and stimulation which is provided by KPA, and which is rare in many Posyandu.
- Attaching KPA to Posyandu has helped many of them become more active and has increased demand for their services.
- Plan's capacity building program for Posyandu cadres is complimentary to the financial support that cadres receive from the local government. These two combined supports are together critical for cadres to continue their services on the ground.
- Link to Posyandu increases sustainability of KPA.

6.5 USE OF LEARNING TOOLS

KPA tools are quite comprehensive. These include the parenting card, home observation sheet, toy making guidelines and facilitator evaluation sheet. The evaluation team reviewed these kits and for the village level, they are relevant, highly applicable and cost-effective. However, the extent to which these have been used effectively, and how to further improve their use, was not studied.

Figure 3. The Parenting cards



The evaluation team observed that whilst parenting cards seem to be used by KPA facilitators during class, they were generally not being used by parents at home. The field findings through home observation indicate a missing parenting card from the majority of the parents visited, because the parents report having either lost or broken it.

For parents, information to be used as a reminder or checklist is perhaps best in the form of a pocket book, which is slim, small but concise, consisting of pictures and simple tips, and in a colourful design. Parents, especially mothers will find such a resource easy to keep.

6.6 PARENTAL BEHAVIOUR CHANGE

This section highlights some of the significant ways in which parenting activities have improved through the KPA program in Sikka and Lembata. On the whole, parents are taking positive steps in improving feeding, reducing punishment, increasing play, reading and talking time with children.

6.6.1 Reduction in Physical Punishment and Child Protection

Domestic violence disrupts children's learning and development. Plan's parenting program aims at reducing this negative practice through a reflective approach that encourages parents to think about their own past experiences and how they want to change for their children. In Nusa Tenggara Timur, there is a cultural idiom, "di ujung rotan ada emas", which intrinsically means that a naughty kid deserves punishment. The charts below show prevalence of physical punishment which the participating parents received when they were a child and the prevalence of use of physical punishment against their own children after participating in KPA. Although the percentages are not big, the difference is remarkable because changing parents' behaviour regarding use of punishment is a considerably difficult task. KPA has clearly helped some parents realize that punishment can be implemented using positive discipline techniques. During FGD, a majority of parents responded positively that they would agree to use social punishments rather than abusive ones, and they have begun acknowledging children's positive activities. Although there is still a lot of work to do in this area, as a result of the KPA, fewer parents now use punishment (physical as well as non-physical). These results were confirmed by the qualitative findings.

Figure 4: Proportion of Parents who Received Punishment as a Child

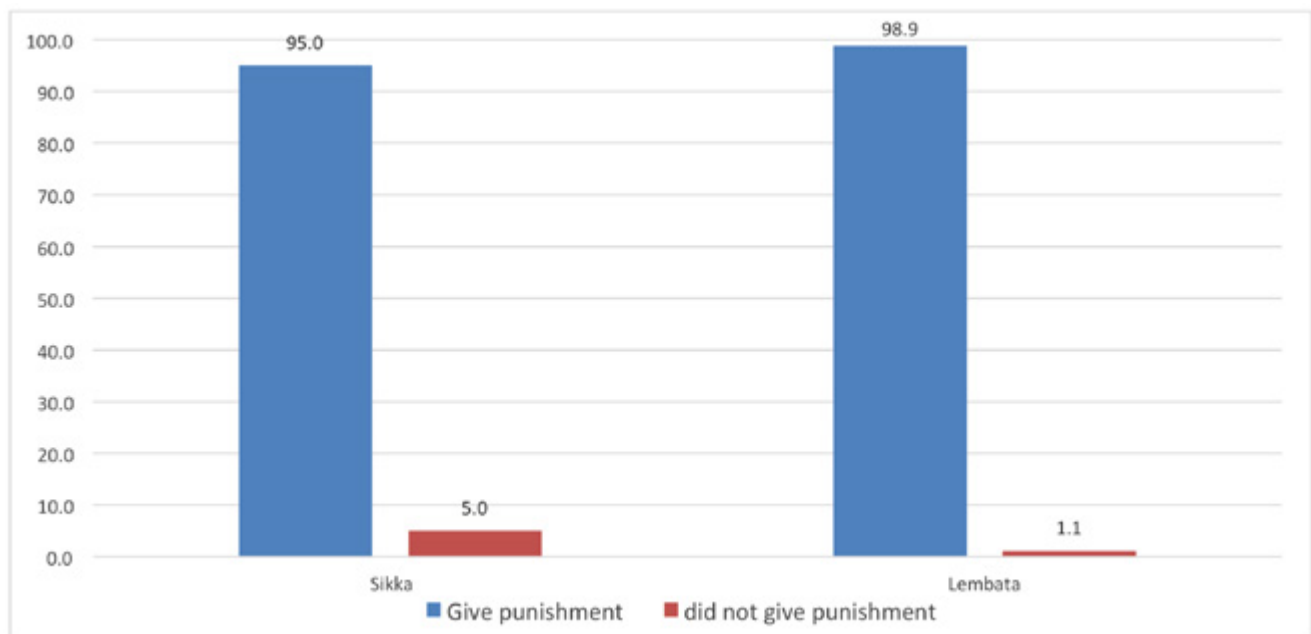
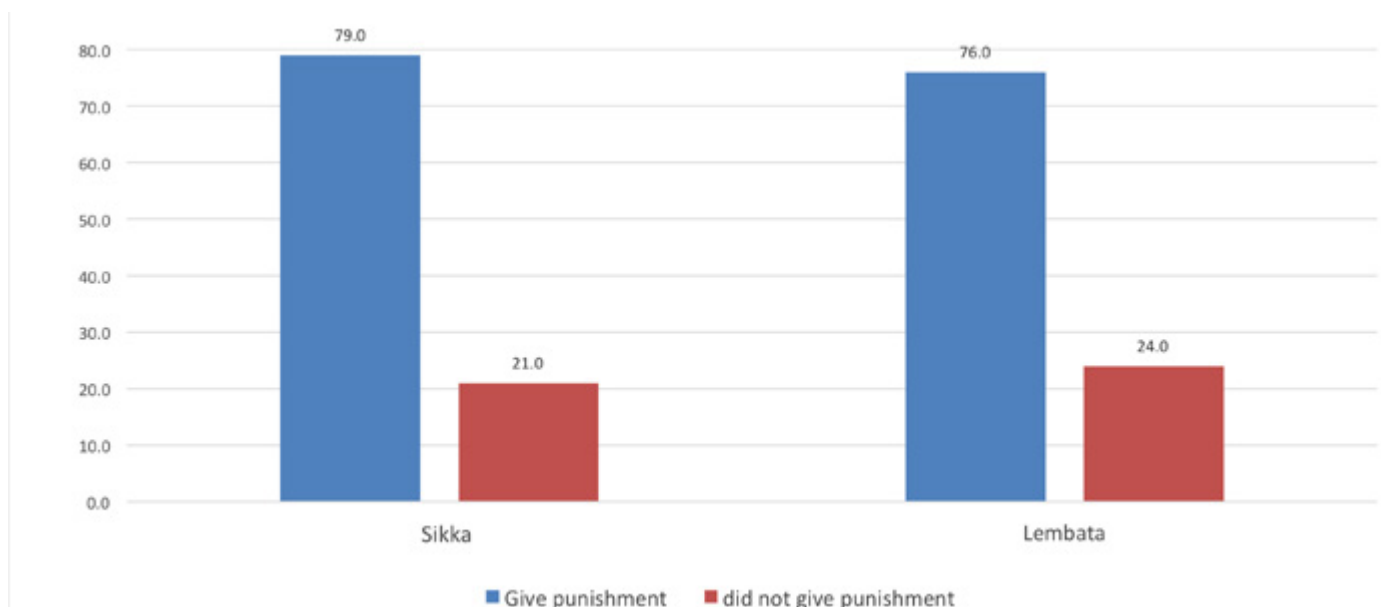


Figure 5: Proportion of Parents who Punish Their Children Now After KPA Class



I used to beat my son when he acted badly, so did his father. We were easily angry to him. We worked as sailors and life was tough so that we sometimes emotionally out of control. But since I have participated in parenting class, I stopped hurting my son. Every time I come home from the class I share to my husband what I receive from the class. I give him an advice that he should be tender to our son. Now he plays more often with our son. He makes him toys from rubber and wood. If I am angry, I try to be more patient and try to communicate with my son. We frequently have lunch together now, usually at 11 am. Parenting program has been making my life more meaningful to my son and family”

Suharni, a mother of 3.6 year old Fathul, living in Reroroja village, Sikka, NTT



A KPA group meeting in Sikka.

Plan has been a strong advocate of child protection through FORADES (village children forum) and KPAD (Village child protection group), which are a part of the wider ECCD program of Plan, promoting fulfilment of children’s needs and providing children with safe, secure and healthy environments, so that they can grow and learn well. Plan is also making the government more aware of children’s rights to protection and support, and is helping to create an enabling environment for child protection. In Sikka, Plan develops partnerships with the local government, aiming to persuade local stakeholders to develop child-friendly policies. Dozens of children’s groups have been trained to take part in children’s rights assessments. In Lembata, Plan helps set up community-based child protection and participation systems to prevent child abuse and promote child rights through KPAD in 40 villages. Overall, Plan has led the formation of KPAD in 235 villages in eight districts of East Java and in Surabaya.

Although these KPAD are not currently connected to KPA, opportunities for this should be explored, including to address the issue of low birth registration.

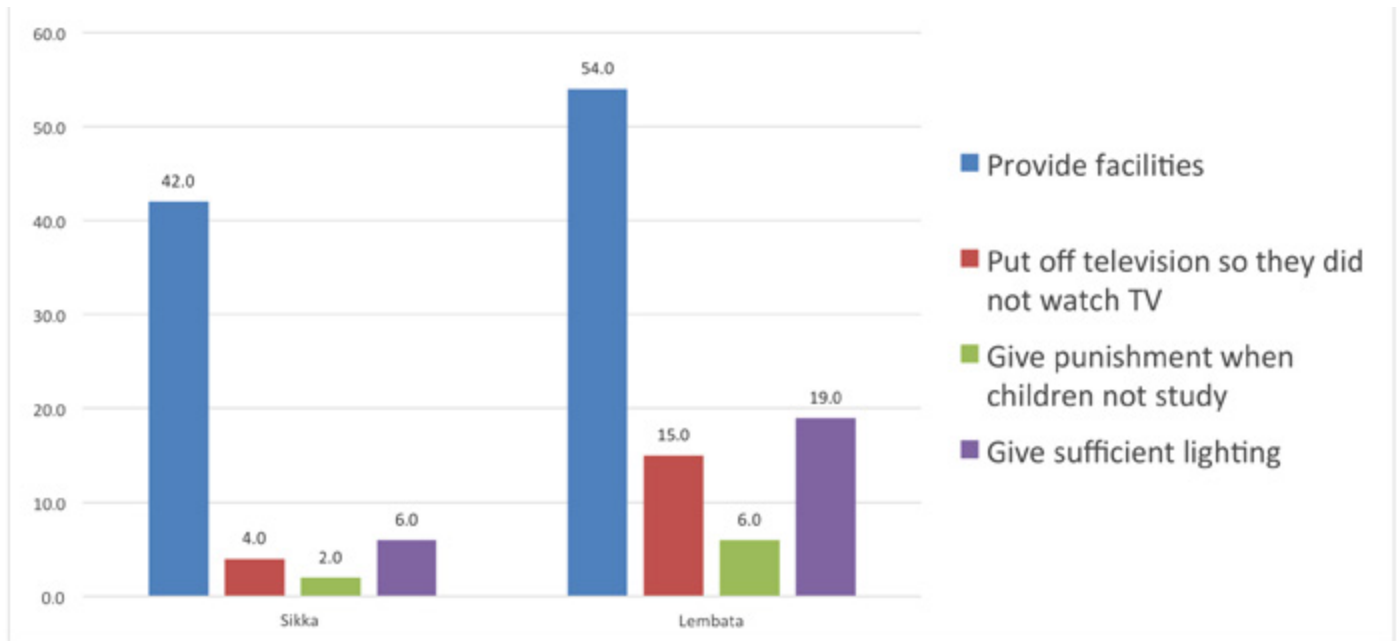
Birth registration is a key advocacy issue for Plan including because it is important for child protection. With a birth certificate, a child’s rights to basic services are constitutionally guaranteed by the Indonesian state. Findings from Sikka and Lembata were that beneficiary groups whose children are formally registered at the local civil office for a birth certificate are still below 50%. Qualitative findings in Sikka indicate that some parents are reluctant to process their children’s birth certificate due to their perception of its cost. The evaluation team checked with the civil office and found that the birth certificate is actually provided at no cost. More concrete action is needed by Plan to map out the child birth certificate status, along with a more strengthened advocacy effort with local government to actively support and follow up this issue.

6.6.2 Parental Support for Children to Learn at Home

The extent to which children can learn at home greatly depends on whether parents provide an environment conducive to learning. Evidence suggests that the KPA program has had a positive effect on parental behaviour in terms of their willingness and support for children to learn at home.

The chart below shows that in both Sikka and Lembata, a majority of parental support is in the form of facilities for learning, including pencils, books, and other materials. The second biggest support is providing sufficient lighting so that children can learn comfortably. Not turning on televisions during learning time is also identified by parents as part of their strategy to create good learning conditions.

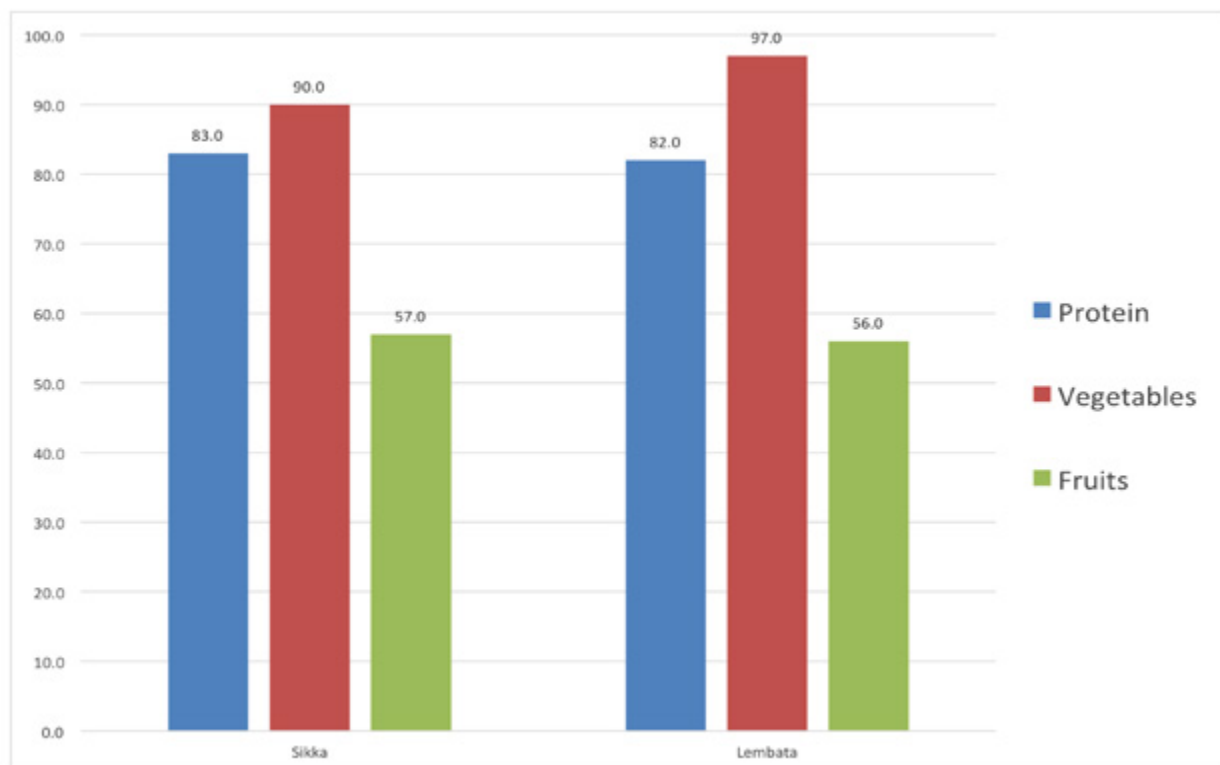
Figure 6: Parent Support to Creating a Conducive Learning Environment for Children



6.6.3 Health of Families Participating in KPA

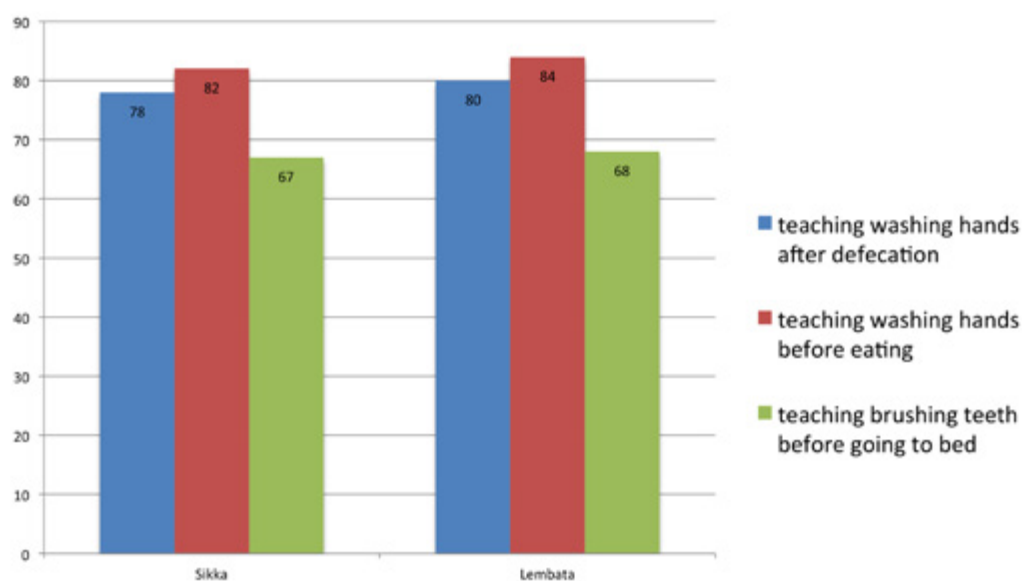
The parenting program of Plan advocates for the intake of balanced nutritious foods for all children, in particular for the birth-3 age group. Plan's previous situational analysis report (2010) reveals that parents in both Sikka and Lembata seldom provided protein-rich foods such as meat, egg or fish. FGD and home visit observation findings indicate that as a result of the Plan parenting program, more parents provide protein meals to their children now, although it is still not as high as provision of vegetables.

Figure 7: Diet composition in participating households



Another finding from the assessment found that as a result of the parenting class, parents are more able to pursue improved health, hygiene and sanitation in the home. The majority of parents participating in the program now teach their children to wash their hands before meals and after defecation, and to brush teeth before sleep.

Figure 8. Supporting Healthy Life Style at Home



6.6.4 Supporting Children's Literacy at Home

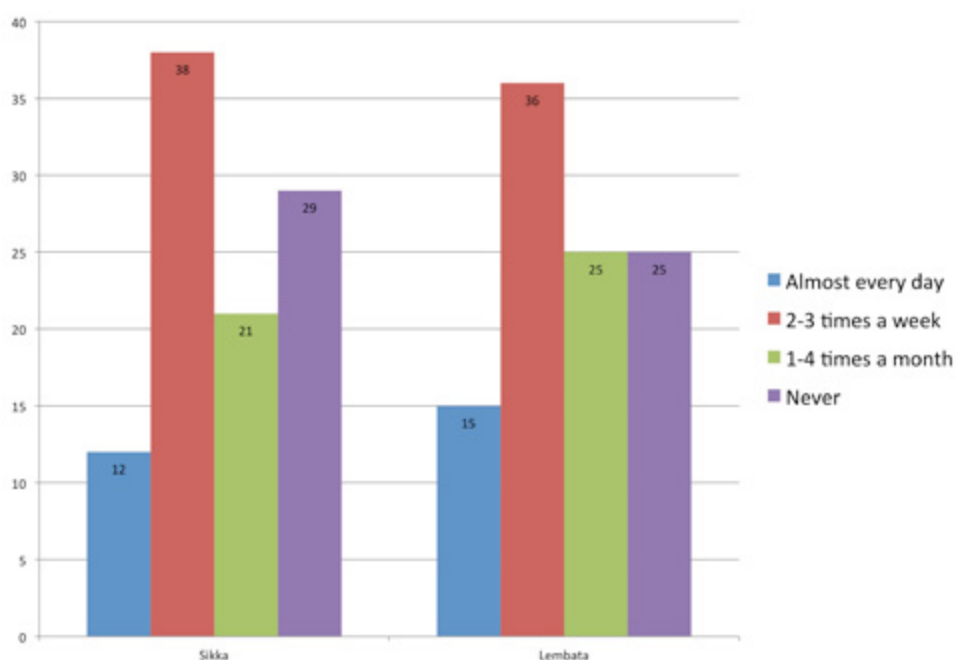
Various PISA (Programme for International Student Assessment) studies indicate low competitiveness of Indonesian children in the field of literacy. Children's literacy is largely determined by the environment they live in, such as the availability of materials (books, alphabet materials, crayons, paper), access to libraries, as well as the role of the family, for example through storytelling, book reading, lending or purchase.

Although in the early childhood education curriculum in Indonesia and other countries, reading and writing is not specifically taught to pre-school children, their language and literacy skills can be stimulated through reading and storytelling, including games and traditional songs.

The chart below shows the frequency of book reading/storytelling activity conducted by program participants in Sikka and Lembata. Despite significant efforts of the KPA program, less than 50% of the parents read books/stories, either daily (blue), twice in a week (red), or once a month (green).

Those who never read books/stories to their children (purple) are also quite high. This indicates that this important activity needs more attention, both during parenting class and home-visiting.

Figure 9: Literacy activities in the home





Parents in KPA are encouraged to think about their visions, dreams and expectations for their children and what they need to do as parents to help their child become the successful person they want them to be.

6.7 CAPACITY BUILDING OF CADRES

Village cadres have the most important job in KPA. Their work determines the extent to which parents learn and change their behaviour. They come from Posyandu and PKK, but in many cases, KPA cadres are parents themselves. They are intensively guided and mentored by Plan staff. Many have said that they are capable of delivering KPA classes as facilitators immediately after several sessions of practise. This suggests that transfer of knowledge in KPA is high.

There are at least three meaningful ways through which transfer of knowledge between Plan facilitators and cadres is effectively carried out:

- Good facilitator training module;
- Using internship-like training, meaning that the training allows cadres to have time to work and interact with parent participants; and
- Intensive support from Plan facilitators to provide coaching during and after the training.

In general, cadres show great enthusiasm for their job, and feel that they can contribute to helping communities understand more about good child-rearing practices. Despite its voluntary nature, cadres remain committed to the KPA job, because as parents they have already seen the benefits of parenting in their families. They generally agree that through the KPA program they have gained more knowledge and skills on child care, development and stimulation and have achieved a certain status/ level of respect in communities as child development experts.

Plan's decision to empower paraprofessionals such as Posyandu cadres to help with the KPA program is wise. Within developing and less-developed countries, parenting education programs staffed by paraprofessionals have achieved positive results.³ Paraprofessionals (cadres) are less costly than graduate teachers/professional service providers of health and education programs, and more informally engaged with communities. The only limitation is that cadres often require significant support, training and supervision. Our findings highlight the positive use of cadres in the KPA program, and how strong partnerships between cadres, facilitators and professional Plan staff has been vital for the program's success.

6.8 KPA MONITORING AND EVALUATION SYSTEM

The key to ensuring quality is the extent to which facilitators and Plan staff are committed to their monitoring and evaluation (M&E) system. From observations of the assessment team, this is an area that could be greatly improved.

Plan's M&E system has the following features:

- Although there was no baseline, a situation analysis was conducted in 2010, participatory program reviews have been undertaken, and in 2013 a study was conducted on preschool quality, school readiness and learning achievement which also interacted with parents.

3. Powell, C. A. & Grantham-McGregor S.M. (1989)

- b) The project structure flows from the national level down to the provincial level and the M&E officer, PU manager, supervisor and finally, the field facilitators, who are directly responsible for supervising KPA and monitoring results and impact. KPA is monitored as one part of Plan's holistic ECCD project which includes a budget monitoring system through the PU Manager and Provincial Officers.
- c) Monitoring from the provincial level is done once a month. Supervisor monitoring of the field facilitator as well as the facilitator to their beneficiaries is also done once a month.
- d) The KPA monitoring uses its own monitoring sheets, including monitoring session routine and facilitation. It also includes home visits where facilitators directly observe parents at home.

The team observed several shortfalls in the way the monitoring system is being implemented:

- a) There was no standard monitoring system over the past three years, in terms of how often the monitoring should be done, the monitoring forms to be used, the personnel and their capacity to monitor, what is to be monitored etc.
- b) Although time and effort is being spent on home visits, the monitoring form for home visits is not being used effectively and the cadres generally have weak capacity to conduct effective home visits, including supervisory support. Those in supervisory positions (like Plan staff) need to devote more time to helping cadres with home visits and frequency needs to be reconsidered and potentially increased.
- c) Monitoring did not involve active monitoring by the community and parents themselves, which would help ensure sustainability.
- d) No systematic and embedded relationship with, or role for, government in M&E for sustainability and ownership. Government and other stakeholders should be involved in monitoring.

6.9 COMMUNITY ACTIONS

After completing KPA sessions, parents are encouraged to be agents of change in their communities. They work with community and village leaders to initiate follow up actions which are of benefit to child development and growth.

The research team did not have the opportunity to see how these initiatives were being implemented. But according to the village leaders and elders, these have been implemented after the batch 2 program ended in 2013. The list below shows actions reported by communities in villages observed by the team:

- Utilizing home backyards for medicinal plants, and for nutritional plants as well
- Making local educative toys
- Preparing additional feeding
- Village ambulance
- Dosolin and Tubulin
- Arisan (community saving)
- Malnutrition management
- Gerakan Jumat Bersih (Friday cleaning)
- Cleaning family toilet
- Clean water storage/provision
- Establish or re-activate ECCD Centre (PAUD)



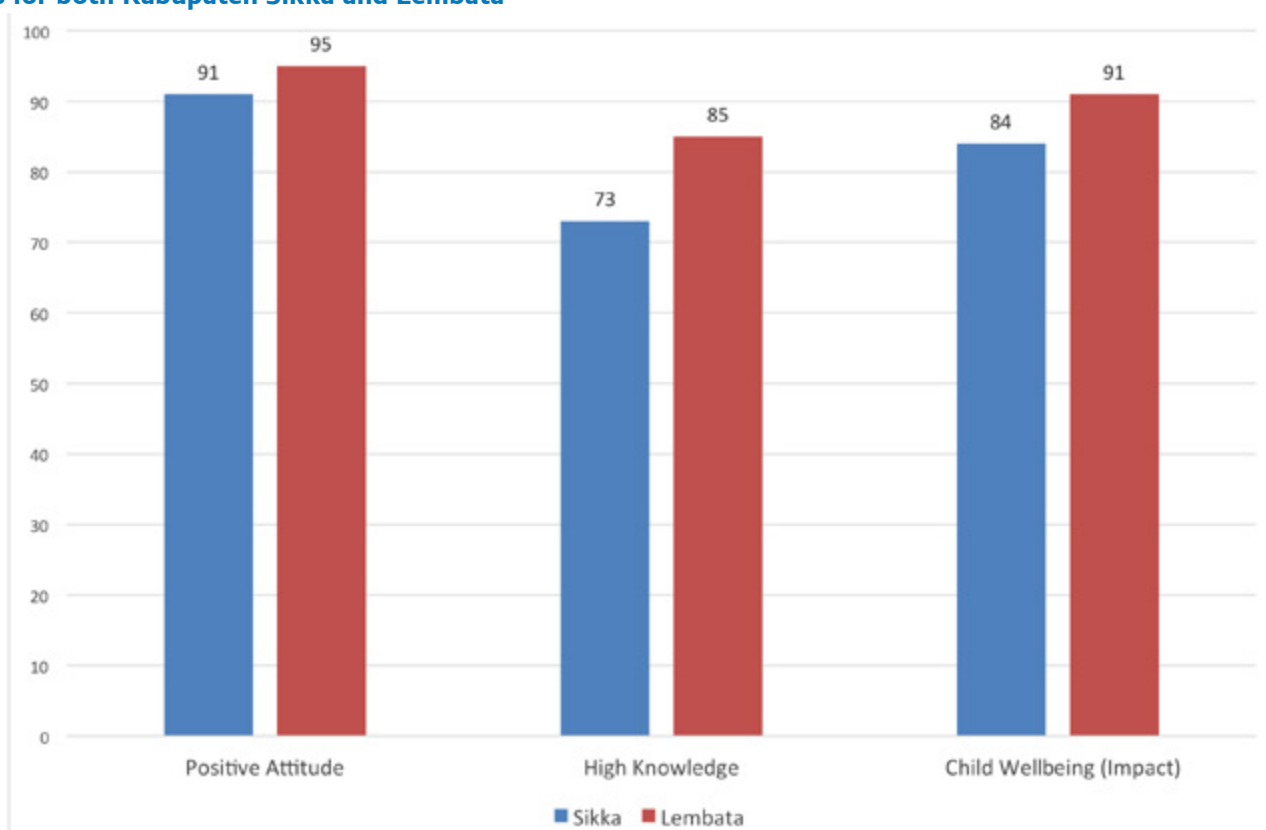
7. OVERALL EFFECTIVENESS OF KPA

Plan-supported parenting groups often meet in the Posyandu.

All respondents collectively agree that KPA of Plan Indonesia is a very good program, providing direct benefits from the parenting program and also helping parents transform their behaviour as parents. They report becoming more aware of their roles towards their children, bringing changes in their homes from early stimulation to balanced household responsibilities between mother and father, to improved nutrition and improved care for children. For Posyandu cadres, their knowledge and skills on child development domains and stimulation are now much higher and complementary to their main expertise in health and nutrition services and they report feeling empowered to help their community.

It is hoped that the results of the KPA program will inspire the local government to adopt and extend the program to other villages of the districts.

Figure 10. Compilation of positive attitude, good knowledge and impact on child wellbeing in the intervention villages for both Kabupaten Sikka and Lembata





8. CONCLUSIONS AND RECOMMENDATIONS

.....
A father gets involved in child care and shows parental love and support.

There is a level of urgency and readiness for expansion of parenting programs in Indonesia, and the Plan KPA program could play a pivotal role in guiding this expansion.

Plan Indonesia has a very good model of parenting which has all of the ideal inputs: parent meeting groups, structured curriculum and home visiting. With greater parent-child interaction which allows play practices between facilitators, parents and children, both in homes and group sessions, combined with an enhanced focus on health and nutrition subjects in the KPA module, the program could become even more ideal and more comprehensive.

Plan's parenting approach is making a difference in Indonesia's pilot villages, empowering parents and communities and giving them the tools and resources to improve parenting practices in early stimulation, health, nutrition and child protection areas. As a result, children's lives are improving in pilot districts/villages.

The Child Wellbeing Index plays a powerful role in helping monitor child development outcomes and further effort is needed to ensure results for children are achieved and tracked through improvements in parenting.

The Plan program is cost-effective and scalable. This requires further analysis and planning for sustainability, with greater transfer of ownership to government to improve scale. Preliminary findings show that government understanding and ownership of the program is growing with some evidence of government implementing aspects of the program, village authorities setting aside budget, government outside of working areas taking interest, and government supporting ongoing training of government stakeholders etc. However, the movement of government staff out of program areas requiring regular reorientation and training, has hurt sustainability. The poor cross-sector coordination among those who are supposed to support holistic integrated ECCD, starting at the national level and observable at the district level, also undermines results for children.

M&E systems are functioning with the project emphasizing case studies, monthly and annual reporting, and use of monitoring forms by staff on a regular basis. Weak capacity of staff, and lack of an electronic database limits the use of data. Lastly, the monitoring system for child wellbeing is also quite weak, a missed opportunity for Plan and for improving the wellbeing of children.

The KPA program could well become one of the alternative programs that can be improved, ready to support the implementation of the Presidential Decree of ECD (Perpres 60/2013) and the preparation of “Gold Generation” through the support of Bunda PAUD. While the KPA program has been positively received from various government departments and implementing parties, formal partnerships with government and other development organizations should be urgently addressed to expand and sustain the tremendous gains made to date.

This KPA program assessment can be used as a basis for improving weaknesses and strengthening the good aspects of KPA further, so that this excellent parenting program can be integrated more effectively with national and local governmental efforts.

8.1 SUSTAINABILITY AND GOVERNMENT OWNERSHIP

If a program is sustainable, there is continuation of benefits after major assistance from a donor has been completed. The focus of a sustainable program should thus be on sustaining the flow of resources and benefits into the future rather than only through the life of a program or project. It should be an ongoing process and needs to be reviewed and updated as circumstances change and lessons are learned from experience (AusAID, 2000).

Plan Indonesia is keen to bridge the integration and sustainability gap by bringing together different stakeholders whose programs intertwine with families and young children – perhaps a technical forum which embraces Plan (and other NGOs), government and public can be initiated as a sharing platform for HI–ECD dialogue and technical discussions at the district level. Some such sustainability dimensions that Plan could pursue include:

Policy environment. A policy framework that is compatible with, and supportive of, program objectives is a key factor in promoting the project. Programs and projects which ‘fit’ with partner government policies have a much better prospect for sustainability as they are more likely to have high-level political and institutional support both during implementation and beyond. The issuance of Regency regulation (Bupati regulation) in Sikka district provides impetus for the district to continue to provide even greater attention and resources for ECCD beyond the Plan program. Additional local regulations, in any form, in support of parenting could further harness the overall district support to ECCD. An insertion of ECCD and parenting in district development blueprint (RPJMD) is strategic but not adequate enough. This must be supported by local regulations and among the most sustainable is Peraturan Daerah (PERDA) or district regulation. PERDA will remain effective even when district leaders are changed. Plan can play an important role in facilitating this through coordinating advocacy forums with multiple-stakeholders at the district level.

Be part of district poverty reduction strategy program. Plan should ensure that local government and development partners begin to shift their perception of Plan’s parenting program to view it not just as a Plan project, but also as part of the government’s poverty reduction strategy. This goal of government ownership needs to be developed at all levels through intense advocacy and concrete engagement from relevant sectors.

Budgetary and financial support. If the required regulatory framework and development strategy prioritisation are available because of Plan advocacy, then government buy-in can be used to secure counterpart funds as part of the government’s district human development program. Socialization and involvement of policy makers towards budgetary and financial support (executive and legislative budgets), support for capacity-building of experts and practitioners of ECCD within government, as well as development of leaders, should be intensively carried out during the next phase towards this goal. Plan should also advocate to district and village governments to ensure that Posyandu, where KPA is located, has sustainable access to adequate budgetary support. If budgetary support to Posyandu can be secured, and cadre incentives and contracts can also be supported, it will definitely help sustain and scale up the program.

Stakeholder participation. A critical factor in promoting sustainability is the role of the stakeholders especially the partner government and those who stand to benefit from the program. Stakeholders should be given the opportunity to actively participate and influence the direction and detail of design and implementation. Interviews from different stakeholders suggest that everyone is ready to support Plan’s parenting program, but they do not necessarily know how. Bupati, the spouse of Bupati (Bunda PAUD), government offices, government agencies, and partner organizations are all open to any opportunity to work with Plan because they think it would benefit their development agenda. Therefore, Plan needs to make substantial efforts to encourage stakeholder participation in its activities and should offer a clear pathway of shared arrangements in terms of duties and responsibilities.

Coordination. Poor cross-sector coordination amongst those who are supposed to support supply-side efforts related to HI-ECD need to be addressed. So, although it is not easy, if all institutions that are related to early childhood development, i.e. health, nutrition, social affairs, child protection, women's empowerment and education could synergize their child focused interventions, then coordination could be achieved. Coordination is really part of the role of the local government, because all technical units (Unit Pelaksana Teknis Daerah) in each Kabupaten are supported by the Bupati and it is Bupati's leadership which can drive coordination and synergy between institutions. Positive inputs from external parties, such as Plan, can be beneficial in catalysing good coordination. Plan can strategically make use of Perpres No. 60/2013 on HI-ECD to help intensify coordination amongst relevant sectors.

Management structures and local capacity. Programs and projects which integrate with, and build on, local management structures have better prospects for promoting sustainability of benefits than those which establish new or parallel structures. A good example of how to do this would be for Plan to initiate a joint collaboration with the partner district government to develop a database system for ECCD and parenting, which could cover comprehensive data on parents, children, cadres, training, skills, credentials, facilities, and other inputs towards monitoring of child wellbeing and results through a jointly supported M&E system. The database management could thus be part of a government unit, with proportional budgetary support continuing to come from Plan for initial years. Changing to a more robust M&E system, jointly with local government, could be a good starting point for Plan to help institutionalise better M&E. Plan can also identify different existing decision-making platforms that government has, such as BAPPEDA, Musrenbang, and other coordination meetings, for advocacy purposes.

Monitoring and reporting. Monitoring and reporting frameworks based on logframes should look beyond the contracted activity and output levels and incorporate regular assessment of the movement towards achieving sustainable outcomes. Plan's project goals need to be in concert with the government development goals, and these must be institutionalized in the M&E framework.

Partnerships with Government. Greater efforts are needed by Plan to strengthen partnerships with government, to increase the impact and role of KPA. Specific recommendations on partnerships with government for Plan to pursue include:

- Education Office – increased sharing and coordination between Plan and District Education Offices on parenting, including joint monitoring; pilot KPA in ECCD centres in districts not currently supported by Plan.
- Social Welfare Office - informing and involving Social Welfare Office on Plan's child protection activities (FORADES and KPAD) and developing shared systems for child protection; drawing on resource persons in Social Welfare Office for improved disability inclusion; convergence between PKH (Program Keluarga Sejahtera) of the Social Welfare Office which provides support, including cash support, to families and KPA to help beneficiaries of PKH to improve their parenting knowledge and skills, for better management of family's basic needs.
- Badan Pemberdayaan Masyarakat Desa (BPMD: Village Community Development Office) – expanding training of Posandyu cadres in KPA through BPMD to reach more Posyandus; encourage Posyandu cadres and communities to submit requests to village funds process managed by Village Community Development Office to support KPA.
- Badan Pemberdayaan Perempuan dan Keluarga Berencana (BPPKB - Woman Empowerment and Family Planning District Board) – discussing integration between BKB and KPA; supporting non-functioning BKB groups through training of facilitators in KPA; initiate swaps between BKB and KPA facilitators to learn from each other;
- BAPPEDA (District Development Planning Board) – linking with BAPPEDA to coordinate across sectors working in ECCD; working with them to develop policy/regulations, technical tools and communication strategies related to HI-ECD; strengthening Musrenbang (development planning forum at all levels) and exploring if it can be a regular forum for coordination and collaboration on ECCD.
- HIMPAUDI (Indonesian Association of Teachers and Personnel of ECD) and IGTKI (Indonesian Association of Kindergarten Teachers) – scaling up KPA through ECCD centres; leveraging tutor clusters (Gugus PAUD) managed by HIMPAUDI and IGTKI at district and sub-district level and used as training and sharing platforms for tutors to train more caregivers/teachers in KPA, including training of trainers.

8.2 RECOMMENDATIONS ON INPUTS AND PROCESS OF KPA

Meeting Frequency. KPA meetings are generally held once per month, which is quite a long time between meetings for parents to remember the content. It is suggested that frequency of meetings be increased to twice monthly (with member agreement) to maintain momentum of the program, ensure enough content coverage because parents do miss meetings, to enable more topic coverage (i.e. re health), and so that the program can be completed in a shorter timeframe.

Parent-child interaction. Parents' interaction and play with children is an important input for early child nourishment and stimulation. By encouraging parent-child interaction in the KPA class, besides the supervised home visit, the practice of stimulation can be significantly intensified, which can help children develop even more. What works best for any program are the demonstrations and opportunities for parents to practise and work directly with children. This is perhaps what has been missing from KPA. Greater inclusion of children in the classes would go a long way to strengthening the program. For each parenting group, the parent who received a home visit should bring their child to demonstrate the new practice from the session, and specific sessions should also be identified where all parents should bring their child. For the next phase, it is recommended that in classes children are introduced to educative toys, and this can be piloted to see its effectiveness. This can run as a simultaneous baby/child playgroup to be managed by a parent or youth volunteer.

M&E through home visits. One of the keys to ensuring quality lies in the extent to which facilitators and Plan staff are committed to their monitoring and evaluation system. From our observations, this is an area that could be greatly improved. While home visits are an important and essential feature of the program, this input is not being used effectively. One improvement in the monitoring system would be to further strengthen the home visit, with refresher training and improved use of the home observation tool for monitoring purposes. At least 1 home should be visited every 2 weeks for each parenting group. Another way home visits could be improved is by using them for more structured discussions on the Child Wellbeing Index and for planning the next session with the parent, including practising the new practice for the session with that parent's child. Encouraging the parents visited during home visits to use her/his child for demonstration during the parenting program session will also increase the parent-child interaction identified as a weakness above.

Tools and materials. Module and parenting cards need to be improved to cover more detailed subjects on health and nutrition. Parenting cards can also be redesigned in the form of an attractive pocket book, equipped with simple tips and appealing pictures to make them more user-friendly. Child development and toy making pictorial tools are essential tools of the program so need to be clear, well-produced and in the hands of parents.

Facilitators and capacity-building activities. Resource persons (Plan staff, cadres, facilitators, trainers, PKK and community members) should work together more intensely to continually improve the program and learn from each other, especially when it comes to advocacy. Cadre/facilitators' skills could be enhanced with community development/community action as a subject so that they can sensitize about Plan parenting to a wider audience, and create demand for parenting in their village, especially when there are village community meetings for PNMP and ADD funds preparation. At such forums, for example, parenting cadres can advocate for a portion of funding from ADD to be allocated to parenting classes, or sensitize the community to make parenting one of the activities in the PNPM proposals.

BKB-KPA alignment. The BKB (Bina Keluarga Balita) program is the most comprehensive parenting program of the government, which is also mandated to expand its reach throughout the country, but BKB facilitators lack capacity, elements of the BKB that focus on parenting could benefit from the KPA, and BKKBN lacks resources to expand the program. In order to better align the excellent KPA approach to BKB, one suggestion would be to pilot a rolling cadre program which allows for a swap between BKB and KPA cadres. KPA cadres could be assigned to facilitate weak BKB groups in neighbouring villages, and in exchange, the weak BKB groups could send their cadres for internship in the KPA program. The benefits of this mutual collaboration are evident when poor BKB groups are strengthened and KPA cadres can learn useful features of BKB (e.g. working with children directly). The close association is also likely to lead to greater mutual support and sustainability of the KPA approach, which also helps to strengthen the BKB program.

Increase emphasis on health topics. There are a number of government health programs which could be incorporated by Plan into KPA to strengthen its emphasis on health and nutrition, and also so KPA can help strengthen those programs. These include BKB, and government/MoH (Kelas Ibu Hamil) programs. Closer linkages with Puskesmas as an important feature of the KPA training would also go a long way in helping to strengthen the health and nutrition aspects of the KPA program. Another way to strengthen health is to include two sessions specifically on health as part of Stage 1 (Child Wellbeing baseline). The Child Wellbeing Index can be used to develop specific skills in the area of health, where weaknesses have been identified.

Further expansion of KPA. Findings suggest that KPA parenting classes could be replicated in the following ways:

- a) socialization of KPA in non-KPA villages by Plan to develop awareness among Kepala Desa and village leaders, so they can provide permits; and
- b) collaboration between KPA and non-KPA villages for parenting class extension (MOU between villages), identification of facilitators, and training on the KPA module.

Given the high impact of this program, especially on the disadvantaged, poor, and underprivileged segments of the intervention communities, it is hoped that this assessment can serve as a basis to advocate for the contribution of the Plan program to the key government priority area of parenting education towards expansion of holistic integrated early childhood development in Indonesia.

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Small group work that includes discussion, modelling and practice are key features of the KPA methodology.





9. REFERENCES

By bringing their children with them, parenting group members in Sikka are increasing opportunities for parent-child interaction during sessions, including practicing what they learn.

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10. APPENDIX

Plan's KPA is making a difference, empowering parents, increasing their confidence and giving them the tools and resources to improve parenting practices.

EARLY CHILDHOOD WELLBEING INDICATORS

Healthy & Strong	Smart & Happy	Safe & Protected
<ol style="list-style-type: none"> Early stimulation (0-3 years), 5 senses – vision, touch, smell, hearing, taste Breastfed within one hour after delivery. Breastfed exclusively for 6 months including colostrum. No other food or drink Nutrition, timely introduction to diverse complementary foods at six months (2 x daily); at 9 months (3 x daily). Starting at 1 year eats 3 nutritious meals daily + 2 snacks including protein, fruit and vegetables; eats breakfast before going to school; eats from own bowl to measure sufficient quantity for age; boys and girls served same amount and quality. Fully immunized, takes vitamin A supplement & de-wormed Weight and height normal for age; growth is monitored monthly for infants; every 3 months for 1-3 years; and bi-annually for ages 3-5. Hygiene, uses latrine/toilet and washes hands with soap after use and before meals Drinks safe water Medical care provided when ill without gender discrimination Has shelter that is hygienic, safe, warm and dry Has clean place to sleep and gets approximately 10 hrs sleep per night; girls & boys same quality bedding & hours of sleep Brushes teeth before sleep Girls and boys provided daily time for physical exercise in clean & safe outdoor environment. Can identify health worker within community and seek their support when in need. Knows/practices accident prevention relative to setting 	<ol style="list-style-type: none"> Has significant, caring relationship with guardian Has time and materials for enriched play Child likes self and feels valued Has at least one friend Is read to and told stories Has conversation with adults with child expressing own ideas Shows acceptance of people who are different Solves conflicts without aggression Follows through on simple tasks to take care of self and help others Is learning to practice cultural and spiritual values Curious about things around Persistent and creative in solving problems Engaged in learning: Participates in ECCD centres (4-5 years) & primary classrooms that promote social, emotional, physical, cognitive & language development; and achieve quality scores for emotional and instructional support.¹ During primary school years, participates in after school games and /or enrichment activities with other children outside the family compound. <p><i>Revised November 2014</i></p>	<ol style="list-style-type: none"> Birth is registered & certificate provided Knows name, address & guardian's name Receives consistent love and support from primary caregivers Neighbours provide support and supervision against all forms of physical, emotional, & sexual abuse; exploitation and neglect Begins to sense dangers and seek help from trusted adults Can distinguish between right & wrong; truth & lies Can resist peer pressure Child's guardians are aware of where & what child is doing at all times. Child and guardians know how to report and respond to child protection violation Can identify at least one source of adult support Child understands, can follow & achieve positive guidelines for behaviour Able to control own behaviour and impulses Shows empathy for peers; stands up for what is fair Able and allowed to make small decisions appropriate to age Communicates needs and views and feels that views are taken seriously Asks questions without fear Participates in activities that cross gender barriers

Source. Deborah Llewellyn compiled these indicators, from multiple sources, with assistance from Plan International country offices in Australia, Finland, Myanmar, Uganda, Egypt, Indonesia, India and Vietnam; and Save the Children offices in U.S., Mozambique, Tanzania, Bangladesh, and Bhutan. Plan Finland and CP Consultant Stephanie Delaney provided valuable input for Child Protection indicators. The indicators should be in place by the time the child reaches eight years.

Addressing Disabilities: Ensure that girls, boys, children with disabilities and those from other vulnerable groups are valued and treated equally. Children with disabilities should be assessed & provided with referrals & appropriate support.

1. Quality Preschools and Primary Classrooms: Quality programs achieve measurable cognitive, social, emotional & physical development indicators while providing an enjoyable place for children to learn and grow. Play & exploration provide primary vehicles for learning in ECCD. Thinking, creativity and communication are emphasized in both. Quality is measured by: 1) [Social & Emotional Climate] Caring and supportive relations; 2) [Classroom Management] Productive use of classroom time. Teacher encourages initiative and choice, monitors and redirects negative behaviour, uses routines to maximize learning time; and 3) [Instructional Support] Teacher interactions that challenge/extend thinking skills.



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Parents, grandparents and other caregivers have all been benefiting from KPA though increasing their knowledge and skills to support holistic child development.

“KPA is effective in helping communities understand children’s development better. KPA needs to be expanded”

Polikarpus Vranei, Reroroja village head

“We should continue KPA for our future generation”

Yulius Sawa, Reroroja community figure

“To me, what KPA has given is outstanding. KPA has made child health and education improve significantly, along with improved awareness from parents. I always support KPA”

Karolina Maria KarojaJere, SD teacher

“KPA has made parents aware of their roles in raising their child to meet their optimal growth and development, and as a result, children become smart and responsible”

Mari Juventa Mery, PAUD tutor