

A WORLD BANK STUDY



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AN ASSESSMENT OF POLICIES USING SABER

Amina Denboba, Amer Hasan,
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1 2 3 4 18 17 16 15

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ISBN (paper): 978-1-4648-0646-9

ISBN (electronic): 978-1-4648-0651-3

DOI: 10.1596/978-1-4648-0646-9

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Cover design: Debra Naylor, Naylor Design, Inc.

Library of Congress Cataloging-in-Publication Data has been requested

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and Development in Indonesia**

Acknowledgments

This research received generous support from the Dutch Education Support Program trust fund (TF057272), the SABER umbrella trust fund managed by the Education Global Practice at the World Bank, and the Global Partnership for Education. The opinions expressed in the study are those of the individual authors only and need not represent those of the World Bank, its Executive Directors, or the countries they represent. This study benefited from substantial guidance from the Education Global Practice management, including Luis Benveniste (Practice Manager), Harry Patrinos (Practice Manager), Amit Dar (Director), and Claudia Costin (Senior Director).

The team expresses their sincere gratitude to the government of Indonesia for its support:

- Nina Sardjunani, Deputy of Human Resource and Culture, Ministry of National Development Planning
- Subandi, Director of Education, Ministry of National Development Planning
- Siswanto Roesyidi, Deputy of People's Welfare, Secretary of Cabinet
- Nugaan Yulia Wardhani Siregar, Director of Teacher and Education Personnel for Early Childhood Education and Development, Ministry of Education and Culture
- Burhanuddin, Director of Toddler-Family Group and Children, National Population and Family Planning Agency
- Sukiman, Head of Sub-Directorate Program and Evaluation, Ministry of Education and Culture
- Theresia Sandra Dyah Ratih, Head of Sub-Directorate Immunization, Ministry of Health
- Puti Chairida Anwar, Head of Sub-Directorate Children Social Welfare, Ministry of Social Affairs
- Dwinita Yoenus, Head of Learning Program, Sub-Directorate Student and Learning, Ministry of Education and Culture
- Sudadi, Head of Section Program, Sub-Directorate Program and Evaluation, Ministry of Education and Culture

- Ina Nurohmah, Directorate General of Early Childhood Education and Development, Ministry of Education and Culture
- Valentinus Sudarjanto, Directorate General of Village Community Empowerment, Ministry of Home Affairs.

The team also acknowledges the local governments of Sukabumi District, Pacitan District, Sumbawa District, Kapuas District, and Manggarai Timur District for their support and feedback during the district-level study:

- District Planning and Development Agency
- District Education Office
- District Health Office
- District Social Affairs
- District Community Empowerment and Village Governance
- District Religious Affairs Office
- Family Planning and Women Empowerment Agency.

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Executive Summary

Introduction

Since the early 2000s, Indonesia has taken a number of steps to prioritize early childhood development (ECD)—ranging from its inclusion of ECD in the National Education System Law No. 20 in 2003 to a Presidential Declaration on Holistic and Integrated ECD and the launch of the country's first-ever ECD Census in 2011. These policy milestones have occurred in parallel with sustained progress on outcomes included in the Millennium Development Goals, for issues including child malnutrition, child mortality, and universal basic education. Additional progress could be achieved by strengthening ECD policies further. This report presents findings from an assessment of ECD policies and programs in Indonesia using two World Bank tools: the ECD module of the Systems Approach for Better Education Results (SABER) and the Stepping Up ECD guide on essential interventions for investing in young children. Results from the application of both tools to Indonesia are used to suggest a number of policy options to strengthen the Indonesian ECD system that policy makers and ECD practitioners should consider.

Assessment of ECD Policies

The assessment of ECD policies at the national and district level is based on the SABER-ECD diagnostic tool which is structured around three policy goals: establishing an enabling environment, implementing widely, and monitoring and assuring quality. For each policy goal, three policy levers are analyzed through which decision makers can strengthen ECD (figure ES.1).

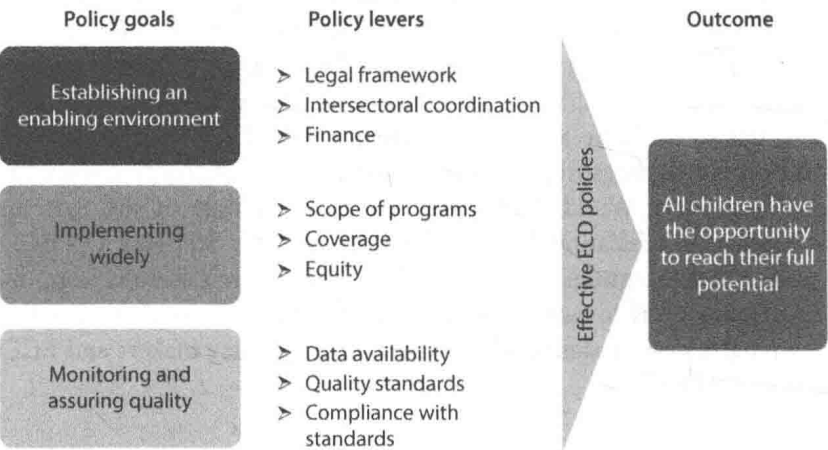
The quality of policies at the level of goals or levers is rated on a four-point scale (latent, emerging, established, and advanced). At the national level, ratings obtained for Indonesia tend to be higher than those obtained by other countries for six of the policy levers (table ES.1 and figure ES.2), but they are below average for program coverage, equity, and compliance with standards.

- *Establishing an enabling environment (established rating)*: Indonesia has enacted many key laws to ensure young children's well-being. The Holistic and Integrated ECD Policy is an important step in ensuring coordination as the

country tries to expand access to and quality of essential ECD services. However, funding for the sector may be insufficient.

- *Implementing widely (emerging rating):* The scope of ECD programs in Indonesia is generally broad, but could be expanded, particularly in parenting, preschool education and nutrition. Coverage rates for some services need improvement. Childhood malnutrition rates are high. Vast disparities in services and outcomes exist between wealthier and poorer families, as well as between families living in urban and rural locations. Children with special needs are unlikely to have access to appropriate services, despite policy goals to provide inclusive services.
- *Monitoring and assuring quality (emerging rating):* Indonesia collects a wide variety of administrative and survey data. The government has established many important ECD delivery and infrastructure standards. Some teachers do not meet qualifications, and only a small percentage of early childhood centers are accredited.

Figure ES.1 Three Core Early Childhood Development Policy Goals



Source: Neuman and Devercelli 2013.

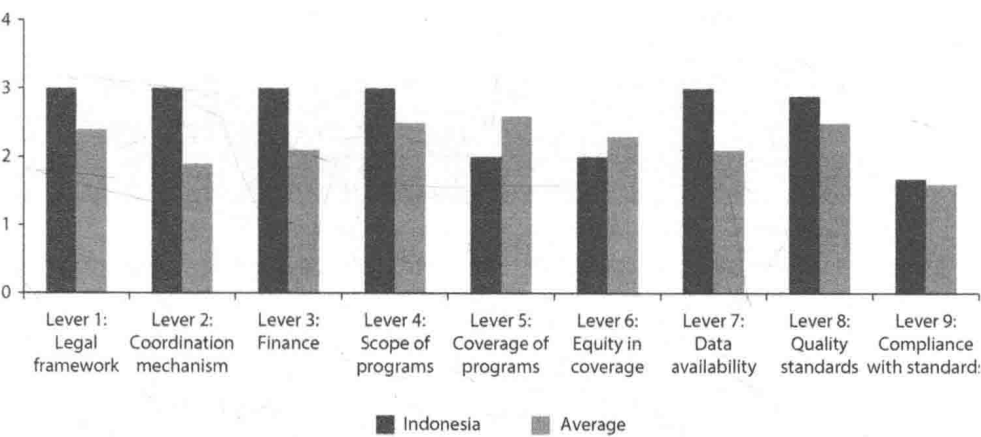
Table ES.1 Comparative Performance of Indonesia for SABER-ECD Goals and Levers

	Goal 1: Enabling environment	Goal 2: Implementing widely	Goal 3: Ensuring quality	Lever 1: Legal framework	Lever 2: Coordination mechanism	Lever 3: Finance
Indonesia	3	2	2.5	3	3	3
Average	2.1	2.4	2.1	2.4	1.9	2.1
	Lever 4: Scope of programs	Lever 5: Coverage of programs	Lever 6: Equity in coverage	Lever 7: Data availability	Lever 8: Quality standards	Lever 9: Compliance with standards
Indonesia	3	2	2	3	2.9	1.7
Average	2.5	2.6	2.3	2.1	2.5	1.6

Source: World Bank SABER-ECD Survey.

Note: Each number indicates the level of development in ECD policy at the national level. "1" = latent, "2" = emerging, "3" = established, and "4" = advanced. Average indicates the average rating of 28 countries that have participated in the SABER-ECD Survey. SABER-ECD = Systems Approach for Better Education Results-Early Childhood Development.

Figure ES.2 SABER-ECD Ratings for Indonesia and Other Countries



Source: Based on data in table ES.1.

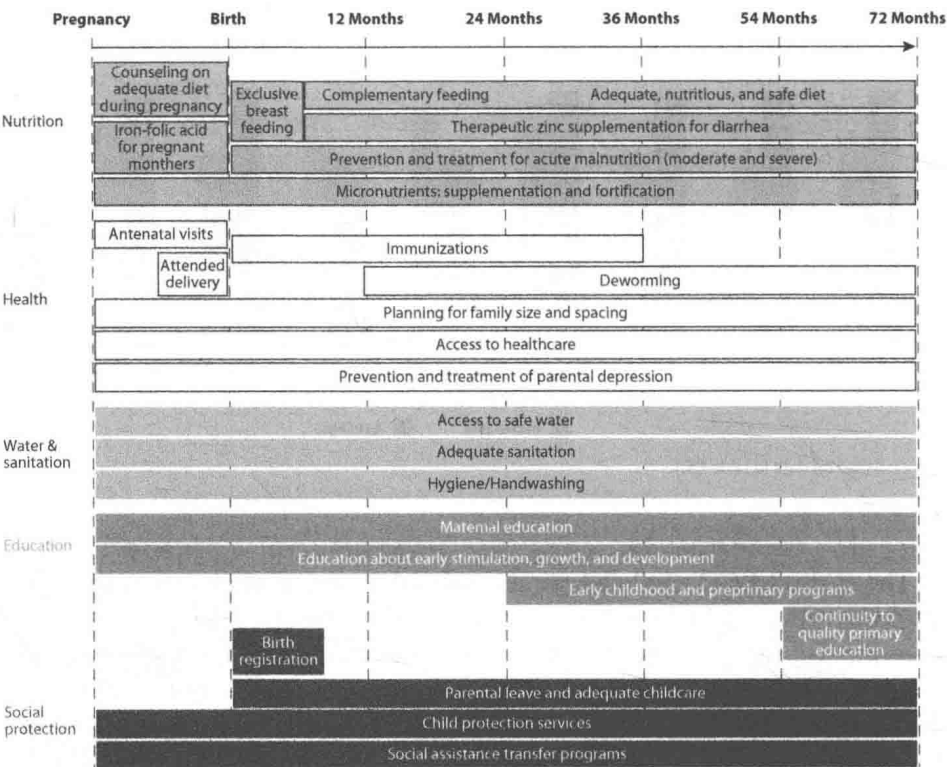
The SABER-ECD module was also piloted in five districts, given that the implementation of ECD policies has been decentralized at that level. Results from the tool reveal substantial differences across districts in the quality of ECD policies and programs. As expected, on average, across policy goals and levers, districts located in richer provinces tend to perform better than districts located in poorer provinces, but not on all dimensions. District-level strategies and institutional anchors to coordinate service delivery across sectors are not always set up. While some districts have mandated universal coverage for some interventions, others have not. Many programs have limited coverage. To increase coverage among vulnerable groups, higher budget allocations are required. The criteria for such allocations need to be refined. Data collection and analysis also needs to be improved, as does the ability to enforce compliance with standards to ensure quality.

Coverage of Essential ECD Interventions

When compared to other countries where the SABER-ECD module has been applied, Indonesia tends to perform less well in three areas: program coverage, equity, and compliance with standards. An analysis of the coverage of 25 essential ECD interventions confirms areas with low coverage, as well as major disparities between provinces. The 25 interventions are listed in figure ES.3 according to the type of intervention considered and the sector that implements them.

Data on the coverage of the interventions are provided in figure ES.4. Some services have high coverage across provinces (antenatal care, entry in primary school, and births attended by skilled personnel), but others have low coverage (enrollment in preprimary education, secondary school completion for mothers, and deworming medication). In addition, differences in coverage between

Figure ES.3 Essential Early Childhood Development Interventions



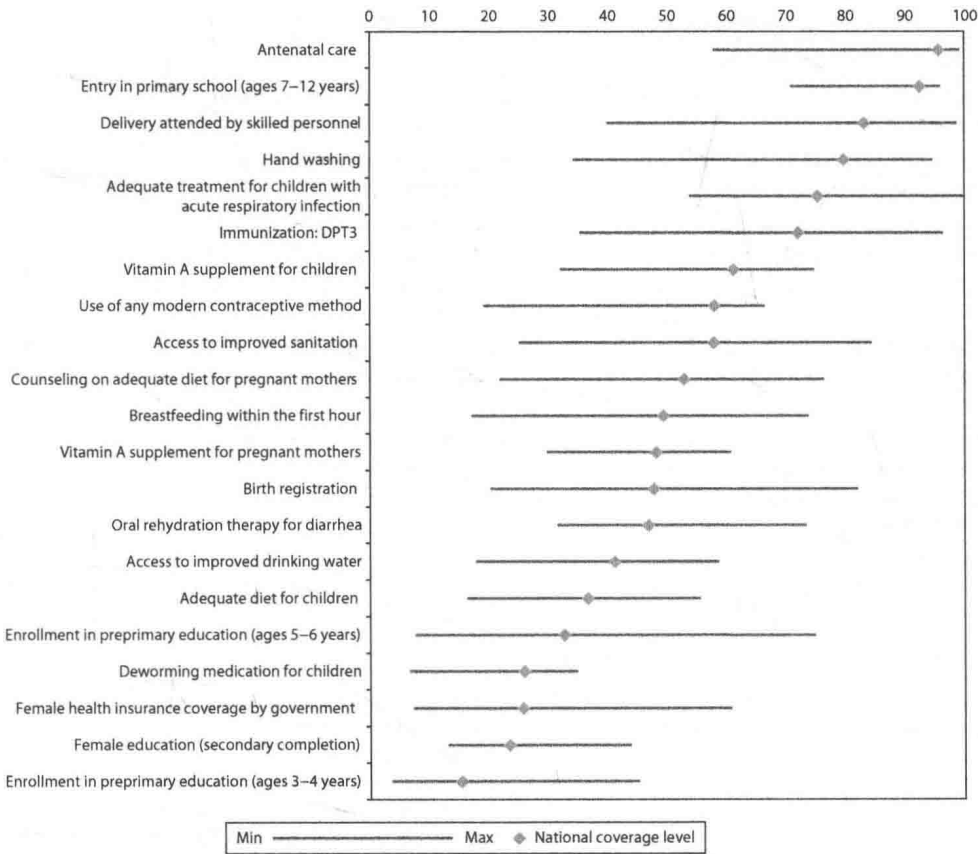
Source: Denboba et al. 2014.

provinces are very large, often at 40–50 percentage points as shown in figure ES.4. In that figure, the diamond represents the national coverage level, and the bar represents the gap between the lowest and highest coverage rate at the level of provinces. When looking at trends over time, there have been gains in coverage between 2002 and 2012, but again with large differences between provinces, as well as differences in gains depending on the interventions.

Policy Options

On the basis of the aforementioned diagnostic, a number of policy options could be considered at both the national and district levels to strengthen ECD policies and programs. While some of these options can be put into place fairly quickly, others, also critically important, will take more time. Therefore, as shown in table ES.2, policy options are classified into short- and medium-term options at the national level (N), district level (D), or both (N&D).

Figure ES.4 Coverage of Essential Early Childhood Development Interventions, 2012



Source: 2012 IDHS and SUSENAS surveys.
Note: DPT = diphtheria, pertussis, and tetanus.

Table ES.2 Policy Options to Strengthen ECD in Indonesia

<i>Short term (within 2 years)</i>	<i>Level</i>	<i>Medium term (3–5 years)</i>	<i>Level</i>
1. Establishing an enabling environment			
Establish mechanisms for coordination between state and nonstate actors.	N&D	Mandate attendance in preprimary education for children ages 3–6 years old.	N
Develop formulas for ECD budget allocations to improve targeting and transparency.	N&D	Raise awareness among districts on the HI- ECD policy.	N
Track ECD expenditures multisectorally, particularly in child and social protection sectors.	N&D	Extend maternity and paternity leave to allow greater flexibility in workforce participation and proper caregiving for infants.	N
Appoint a district-level institutional anchor or joint secretariat to coordinate ECD service delivery across sectors.	D	Increase funding for early childhood care and education to ensure quality and access.	N&D
Improve collaboration between district offices to build HI ECD systems beyond education, including the health, nutrition, child and social protection sectors.	D	Increase budget allocations to expand implementation of HI-ECD programs.	D
Strengthen effective communication between district offices through annual HI-ECD development planning.	D		
2. Implementing widely			
Use Village Law No. 6/2014 to encourage village governments to provide quality early childhood services through the village budget (<i>Anggaran Dana Desa</i>).	N&D	Expand coverage of essential programs particularly those targeting disadvantaged children from poor families, rural or border areas and children with special needs. For example, initiate fee-free birth registration and provide low-cost services for disadvantaged children.	N&D
Incentivize villages to experiment with integrative services and encourage community participation in funding and service provision decisions.	N&D		
Improve childhood immunizations requirement.	N	Ensure all pregnant women are covered in the new <i>Jaminan Kesehatan Nasional</i> insurance scheme. Maternal depression screening and treatment could help both mothers and children.	N
3. Monitoring and assuring quality			
Track access to ECD programs and monitor child-level outcomes to identify children in need of additional support, particularly among vulnerable groups.	N&D	Establish a one-source-data collection system for consistent use among district offices to help in the mapping of children and their needs at the district level.	D
Broaden access and enhance quality of in-service training (<i>Diklat Berjenjang</i>) and professional development opportunities for early childhood educators, particularly in nonformal centers. Fee-free in-service training could be considered.	N&D	Monitor individual child development outcomes as part of an early detection program (<i>Stimulasi dan Intervensi Dini Tumbuh Kembang</i>).	N&D

table continues next page

Table ES.2 Policy Options to Strengthen ECD in Indonesia *(continued)*

<i>Short term (within 2 years)</i>	<i>Level</i>	<i>Medium term (3–5 years)</i>	<i>Level</i>
Broaden training for village health workers (cadres and village midwives) to cover the links between early health and cognitive development.	N&D	Increase minimum hours of attendance at centers to increase dosage.	N
		Improve compliance with quality standards by enforcing established accreditation procedures for facilities	D
		Develop a stronger role for ECD supervisors in quality assurance.	D

Note: N = national; D = district; N&D = both national and district; ECD = early childhood development; HI-ECD = Holistic Integrated-Early Childhood Development.

Abbreviations

ADD	<i>Anggaran Dana Desa</i>
APBD	<i>Anggaran Pendapatan dan Belanja Daerah</i> (Provincial or District Government Budget)
BSNP	<i>Badan Standar Nasional Pendidikan</i> (National Education Standards Board)
DAU	<i>Dana Alokasi Umum</i> (General Allocation Fund)
DHS	Demographic and Health Survey
DPT	diphtheria, pertussis, and tetanus
ECC	Early Childhood Commission
ECCE	early childhood care and education
ECD	early childhood development
ECE	early childhood education
ECED	early childhood education and development
GoI	government of Indonesia
HI-ECD	Holistic Integrated-Early Childhood Development
HIV	human immunodeficiency virus
IDR	Indonesian rupiah
JKN	<i>Jaminan Kesehatan Nasional</i> (national health insurance program)
MICS	Multiple Indicator Cluster Survey
PNPM	<i>Program Nasional Pemberdayaan Masyarakat</i> (National Program for Community Empowerment)
PNS	<i>Pegawai Negeri Sipil</i> (civil service)
PPP	purchasing power parity
SABER	Systems Approach for Better Education Results
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization