Village-based Parenting Class for “First 1000 Days” Families in the context of Indonesia’s National Strategy for Stunting Reduction

Review of challenges and opportunities for parenting support in select districts

In their early days of life, children need to receive support which covers nutrition, health, early stimulation and protection for their well-being and development. In the ‘First 1000 Days Families’ - those with pregnant mother and children age 0 - 2 – parents’ role is crucial, since these young children are very much attached to their parents and families. Improving parenting skills for these families will contribute greatly to the full development of their children. This paper reviews the challenges and opportunities to increase access to parenting support for “First 1000 Days Families”, and provide recommendations to do so within the context of Indonesia’s National Strategy for Stunting Reduction.

The first section of the paper sets the context of Indonesia and importance of early stimulation for children’s wholistic development - within the context of the Stunting Reduction program, which often puts more focus on nutrition aspects.

While many programs for young children (age 0-6) and their families exist in Indonesia, an earlier study by the World Bank (2015) concluded that, due to the small coverage of each program and challenges in coordination and data, there is little information on whether the same families receive multiple types of services from ante-natal check up to further sessions related to nutrition and other aspects of child development, including early stimulation.

The second section of the paper revisits and updates the review of existing programs and practices and confirms the conclusion from the 2015 study of the continuing need for collaboration among services for a positive effect.

The third section of the paper presents some good practices - found in several districts through field visit observations and interactions - where collaboration among services have enabled families to receive integrated services and extracts the lessons for future course of action.

The National Strategy for Stunting Reduction (launched in late 2018) requires each village to have parenting classes for ‘first 1000 days families’ and therefore provides the enabling environment to integrate nutrition, protection and early stimulation in these classes at scale.

The fourth and fifth sections of the paper explore specific aspects in the National Strategy – namely: (i) Village score card; (ii) Professional development for ECED community teachers; and (iii) Human Development Workers – which can be mobilized by villages to establish integrated support system for the First 1000 Days Families. The paper also proposes key principles as guidance to establish Parenting services – at scale. These parts also discuss the contribution of the ECED Frontline P-ASA in developing the recommendations.
Section 1. The Importance of Early Stimulation within the context of Stunting Reduction

Definition. Early stimulation is one way to promote early childhood development (ECD). It entails efforts to support children’s cognitive and socio-emotional development through stimulation from birth to primary school. It may be helpful to differentiate between early years’ interventions for cognitive and non-cognitive development targeted to children based on their age:

- Early stimulation (generally for children age 0-3), the focus of this paper, consists of doing simple, everyday activities with a child, such as talking, singing, reading, and playing, which support cognitive and socio-emotional development. An essential aspect of early stimulation is ongoing, attentive, and responsive interaction between the caregiver and the child. Early stimulation can be delivered through a variety of different sectoral entry points.

- Early Childhood Education (ECE)/pre-primary/preschool/kindergarten/Play Groups (generally for children age 3-6 in Indonesia) are programs that tend to focus on helping children develop the pre-literacy, pre-numeracy and social skills they will need to succeed in school, as well as strengthening other domains of development. These programs are delivered through the education sector.

A study looking at long term impact of early childhood stimulation to children’s development in Jamaica¹ shows that stunted children who received psychosocial stimulation earned, on average, 25 percent more income than stunted children who did not receive stimulation and that the possible mechanism for this catch up includes greater parental investment. This conclusion underlines the importance of ensuring that early stimulation is well understood and well covered in any Stunting Reduction program, which oftentimes focus more on nutrition specific interventions.

¹ https://www.povertyactionlab.org/evaluation/20-year-follow-early-childhood-stimulation-program-jamaica
Section 2: Various Services for Parenting and Early Childhood Education in Indonesia – implementation challenges and opportunities

A World Bank study on “Parenting Education in Indonesia” (2015) looked at a number of key programs organized by the Government (mainly the Ministries of Health, Social Affairs, Education and Culture, and The National Family Planning Agency) as well as programs run by NGOs. The study concluded that due to the small coverage of each of the programs and the lack of coordination and data, it was not known exactly how many families or which families are being served by each of the programs or by all programs collectively. Moreover, it was not known whether the same families receive multiple types of services from antenatal check-up to further sessions related to health, education, positive discipline techniques, and play and interaction techniques during the child’s formative years.

The following table revisits and updates the lists of existing services that target children aged 0-6 and their families and look at the key aspects of implementation, especially content, materials and intended coverage area. The idea is to identify programs that can support parents and children from First 1000 Days Families from the perspective of health, nutrition and early stimulation. More detailed information is available in Annex 1.

Table 1: Existing Programs for Children age 0-2 and Families – and their key implementation aspects

<table>
<thead>
<tr>
<th>No.</th>
<th>Program and Government Agency</th>
<th>Target age group</th>
<th>Content/ Focus</th>
<th>Materials</th>
<th>Implementation detail, including staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Posyandu Ministry of Health (MoH)</td>
<td>0-5 years</td>
<td>Nutrition, Health, Early Stimulation Mobile Integrated Health Service, focusing on Mother and Child Health. Pregnancy check and child health in the first 1000 days of life: -Neonatal health check -Immunization (usually up to 2 years) -Vitamin A -Nutrition for -mother and child</td>
<td>Buku KIA (“Pink Booklet” of Mother and Child Health)</td>
<td>• Once a month  • At village level  • Any location accessible by villagers  • Health check and development screening by medical personnel  • Information, Education, Communication (EIC) by Posyandu cadres  • Cadres are trained community members  • Posyandu no longer affiliated but equal to PKK (women empowerment program) under the Ministry of Home Affairs (MoHA).</td>
</tr>
</tbody>
</table>

2 Parenting Education in Indonesia, Heather Biggar Tomlinson and Syifa Andina http://dx.doi.org/10.1596/978-1-4648-0621-6
<table>
<thead>
<tr>
<th>No.</th>
<th>Program/Initiative</th>
<th>Target Group</th>
<th>Activities</th>
<th>Implementation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Growth monitoring, Development screening (SDIDTK), Family planning</td>
<td></td>
<td>• Medical personnel are paid monthly salaries and Posyandu cadres are paid incentives by District/City Governments, through local health offices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Intended coverage: Nationwide</td>
<td></td>
</tr>
</tbody>
</table>
| 2.  | **Kelas Ibu Balita** (Pregnancy Class) and **Kelas Ibu Balita** (Parents of Under 5 Children) | **0-5 Years**                                                                 | • Kelas Ibu Hamil (Pregnancy Class)  
• Kelas Ibu Balita (Parents of Under 5 Children).  
• Focusing on mother and child health  
• Development aspects mainly cognitive and socio-emotional discussed, but secondary to health issues.  
• Buku KIA (“Pink Book” of Mother and Child Health | • Once a month, usually during Posyandu day.  
• At village level.  
• Facilitated by Posyandu Cadres paid by District/City Health Offices (Dinas Kesehatan)  
• Locations the same as Posyandu venues or at Puskesmas location (Community Health Centre).  
Intended coverage: Nationwide |
| 3.  | **Bina Keluarga dan Balita (BKB) Emas**                                           | Families with children in the first 1000 days of life  
Malnourished | 1. Supplemental nutritious feeding for malnourished mothers and children under age 5.  
2. Provision of nutrition medication (obat gizi).  
3. Provision of anthropometric tools.  
BKB kits, distributed to 1,600 villages in 16 districts (10 villages/district) targeted by the National Government to receive Health DAK (Physical) to | • Once a month  
• Targeting BKB groups serving many families with children under 2 years of age.  
• A BKB group located in an RW (a smaller administrative area within a village).  
• BKB kit used together by several BKB groups in a village based on an agreed schedule. |
<table>
<thead>
<tr>
<th>4.</th>
<th><strong>Family Development Session (FDS) of Families receiving PKH</strong></th>
<th><strong>Under the converged stunting prevention interventions, MoSA</strong></th>
<th><strong>7 (seven) FDS Modules to include a module</strong></th>
<th><strong>Mandatory FDS is at least once a month.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>pregnant mothers</td>
<td>4. Provision of BKB kits.</td>
<td>reduce stunting prevalence.</td>
<td>• Delivery facilitated by family planning facilitators, family planning field officers, and BKB cadres.</td>
<td></td>
</tr>
<tr>
<td>Malnourished children up to 5 years of age</td>
<td>BKB meeting sessions on Family Planning and Parenting in the first 1000 days of life:</td>
<td>A BKB Kit consists of:</td>
<td>• Implementation, funding utilization, and output reported to Bupati or City Mayor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Family Planning</td>
<td>1. 1000 days Parenting Book.</td>
<td>• Bupati and Mayor report BKB EMAS to Minister of Finance, Minister/Head of Bappenas, Minister of Health, Minister of Home Affairs, Head of BKKBN.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mother Health and Nutrition: Pregnancy and Post-Natal</td>
<td>2. Leaflets on parenting in 1000 days of life and on stunting.</td>
<td>• Districts and Cities can apply for BKB Kits through <strong>KRISNA</strong>, a national online application system for planning, funding allocation and performance. KRISNA is an integrated system by the Ministry of Finance (Kemenkeu), BAPPENAS, and the Ministry of State Personnel and Bureaucratic Reform (Kemenpan).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Child Health, Nutrition, and Stunting Prevention</td>
<td>3. Toilet training.</td>
<td>• Relevant district / city offices under BKKBN record results of activity implementation and funding through <strong>MORENA</strong> (an online application system for M&amp;E data)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding, and supplemental feeding (MPASI)</td>
<td>4. Activity Board for children age 12 to 24 months.</td>
<td>Intended coverage: 1,600 villages in 16 District.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hygiene and Sanitation</td>
<td>5. Calendar of Parenting in the first 1000 days of life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Early Stimulation for children under age 2.</td>
<td>6. Games of snake and ladder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Role of Fathers.</td>
<td>7. DVD (video) on parenting in the first 1000 days of life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Parenting.</td>
<td>8. BKB module on elimination of stunting in children.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Program Keluarga Harapan (PKH) | conditional cash transfers | target PKH members who are pregnant women and parents of children under 2 years old to attend Family Development Sessions (FDS) to discuss parenting in the first 1000 days of life and importance of early childhood education and development (ECED). Attending FDS is conditional / mandatory for receiving PKH cash transfers. | on Health and Nutrition and a module on ECED. Both modules discuss stunting and stunting prevention by families. | • At village level, venues coordinated by respective village government.  
• Facilitation of FDS is by PKH facilitators (Pendamping Social PKH) and other social workers tasked by MoSA and local social welfare offices (Dinas Sosial or Dinsos).  
• All PKH facilitators and social workers on duty tasked under the PKH program are paid by MoSA.  
• All PKH facilitators and social workers on duty are trained in a rigorous continuous professional development by MoSA in 6 regional training centres and 3 additional provincial centers. All are trained, mentored, and certified after passing examinations on 8 PKH operational modules and 7 FDS modules.  

Coverage of PKH: 10 million families in 2017 to 2019, to increase to 15.6 million families in 2020. At least 25% of families (2019 BAPPENAS data) receiving PKH conditional cash transfers have pregnant women and children under 2 years of age.  

Source: [https://pkh.kemsos.go.id/dokumen/PEDOMAN%20PELAKSANAAN%20PKH%202019.pdf](https://pkh.kemsos.go.id/dokumen/PEDOMAN%20PELAKSANAAN%20PKH%202019.pdf) |
5. **Child Care (Taman Penitipan Anak)**

   Ministry of Education and Culture (MOEC)

   Children from 3 months to 6 years of age.

   General childcare and early stimulation through play.

   Technical guidelines on managing TPA

   As any other PAUD forms, TPA is also managed and funded by the government, private sector and community.

   TPA is serving various purposes but mostly to care for children before they are served by KB (playgroups) and TK (Kindergartens).

   Some TPAs serve children who are waiting in between morning PAUD services and religious education in the evening.

   Coverage: national enrollment only 46,000 out of 19 million children age 3-6. No data on children below 3 years.

6. **Kindergarten and Play Group**

   MoEC

   Children 3 – 6 years old

   Early Stimulation, Nutrition to prepare children for schooling

   Technical Guidelines

   National enrollment:

   Kindergarten 3,6 million
   Play Group 1,9 million

   Population of children age 3-6: 19 million.

   Source: ECED Enrollment 2018/2019, Statistic Bureau MoEC.

7. **Kelas Pengasuhan**

   MoEC

   (Directorate for Family Education (Bindikkel))

   Parents of students already enrolled in schools and preschools.

   Parents in preschools or living around preschools should be engaged in sessions on parenting in the first 1000 days of life

   Reading materials for parents in the first 1000 days of life.

   - At least once a month in preschools (any PAUD forms)
   - Facilitated by teachers, principals or managers of PAUD.
   - Funded by PKK or village government through Village Funds
Parents with children in the first 1000 days of life who have older children in schools, and/or living in surrounding areas where schools are located using preschool premises.

MoEC provided many parenting books for parents to read and some training to preschool teachers and principals to organize parenting education sessions. PKK (women empowerment organizations) at village level are also engaged to organize sessions.

Various content of ECED ranging from health, nutrition, early stimulation, hygiene and sanitation, information technology, and content of positive parenting are delivered through parenting education sessions in preschools.

MoEC provided many parenting books for parents to read and some training to preschool teachers and principals to organize parenting education sessions. PKK (women empowerment organizations) at village level are also engaged to organize sessions.

Various content of ECED ranging from health, nutrition, early stimulation, hygiene and sanitation, information technology, and content of positive parenting are delivered through parenting education sessions in preschools.

Note: This program is discontinued in 2020, following the dissolution of Family Education Directorate

Implementation challenges. Anecdotal evidence from field observations found challenges and opportunities in the implementation of these programs, and deserves a more systematic review to find out the extent to which the intended objectives of each of the program as mentioned in the table are actually achieved. These include:

- **Posyandu (Ministry of Health).** Children under 3 years old attended Posyandu mostly for immunization. In most cases, consultation with Posyandu cadres mainly included physical growth (height and weight), but information on stimulation was not provided to parents due to cadres’ limited capacity and knowledge. Parents are expected to read and understand the content of the “Mother – Child Book/ KIA” whereas there are many cases where the books are not being distributed. Mothers in some Posyandu can stay longer when there are play materials for children (stimulation practices). Otherwise children and their caregivers go straight home after measuring height and weight or after taking the immunization vaccinations.
• **Kelas Ibu Balita (Ministry of Health).** This program is rarely conducted because the facilitators (tenaga kesehatan/ bidan) are busy fulfilling other responsibilities. In most areas, facilitators are responsible for health issues in more than one village and so stretched for time.

• **Bina Keluarga Balita (BKKBN).** Not all neighborhoods conduct BKB classes and not all BKB classes have complete kits.

• **Early Childhood Education Programs under MoEC.** Kindergarten and Play Group centers cater to children aged 3 to 6 whereas Day Care and Other services also include children in the lower age group also. However, the MoEC data only tracks participation of children aged 3-6 which makes it difficult to assess the role of MoEC’s program for children aged below 3 years. The Family Education program under MoEC had the potential for providing parenting skills through their parenting modules for First 1000 Days Families, however the program was discontinued following internal reorganization within the Ministry.

**Key observations**

a. **There are multiple government agencies** with programs for First 1000 Days Families, each with their own targeting mechanism, content, materials, delivery mechanism and funding – providing little incentive for collaboration.

b. **There is a gap in existing parenting services:** The information in Table 1 and the implementation challenges show that there is not one converging program that is available in every village with a complete set of services covering nutrition, health, protection and early stimulation especially for First 1000 Days Families. Services organized by the Ministry of Health (Posyandu, Kelas Ibu Balita) focus more on pre-natal, post-natal and nutrition aspects. Services organized by the Family Planning Agency (BKB Emas) and the Ministry of Social Affairs (Family Development Session of PKH) potentially have good integrated content (including early stimulation) but these have limited coverage and therefore unlikely to be available in every village. On the other hand, services organized under the Ministry of Education and its local Education Offices (Kindergarten, Play Groups, Day Care and Other services) have early stimulation but focus more on children aged 3 to 6. The MoEC’s Family Education Program has good content but has a very limited coverage and has recently been discontinued following internal restructuring.

c. **There are multiple activities and materials on early stimulation.** Buku KIA (Mother Child Book) from Ministry of Health, BKB Kit from National Planning Agencies, FDS Modules from Ministry of Home Affairs - all have useful information and activities for First 1000 Days Families in stimulating their children. However, due to lack of or minimal coordination, the distribution of these materials is not done uniformly to the target families.

d. **Most programs have community cadres at the village level.** As part of their delivery mechanism, all the above programs have cadres at the frontline. This can be village cadres (in the case of MoH, MoSA and Family Planning) or community teachers (in the case of MoEC programs). Again, these human resources work mostly for their own sectoral areas and there isn’t a convergence in the scope of their work for the beneficiary families.

e. **All programs are delivered mainly through group sessions** with infrequent periodical schedules (once a week to once a month) – with perhaps very limited home visit follow up. It is important to note that parenting skills acquired through these periodical group sessions will only have an impact on children’s development if they are put into practice on a daily basis within the home environment.

**Coordination for Early Stimulation Interventions is essential for Early Childhood Development.** Looking at the various services available to ensure early stimulation provided by several Ministries and other institutions, strong
coordination among service providers is needed to ensure that every child gets all necessary services for positive wholistic development. In practice, cross-sectoral coordination from the national level to the district level is still a challenge, especially with decentralization, making it essential for district governments to make rules and policies that strengthen and promote implementation of existing national policies.

To increase the support for meeting the overall needs of children, the Government of Indonesia issued Presidential Regulation No.60 of 2013 concerning Wholistic Integrated Early Childhood Development (PAUD Holistik Integratif – or PAUD HI), which aims to meet the overall needs of children by ensuring coordination at various levels of government starting from the central level to the sub-district level in providing education, health education, nutrition, care, protection, and welfare services. The government is currently working to improve the quality of and expand access to these services through the National Action Plan or NAP (Rencana Aksi Nasional) for 2020-2024. The implementation of this NAP will require quite a long time considering that only a few district governments have policies that can facilitate the implementation of holistic and integrated ECD (PAUD HI). As will be discussed later, the Village Convergence Action in the National Strategy for Stunting Reduction can be seen as an enabler for the implementation of PAUD HI ECD Framework at the village level.

Section 3. Good Practices on integrated services for First 1000 Days Families

Despite challenges in cross-sector coordination at the central level, including implementing the National Action Plan (NAP), several districts have been able to coordinate village-based integrated practices, as described below. These may provide examples for others to consider adopting.

- **Posyandu Park (Taman Posyandu)** in Nganjuk Regency, East Java.
  The implementation of the PAUD HI strategy in Nganjuk district takes place in Nganjuk village under the name Taman Posyandu, where the integrated service is carried out once a month by inviting children from newborns to the age of 5 years and their parents to gather at the village hall. Intervention in this program covers health, supplementary feeding (Program Makanan Tambahan/ PMT), stimulation for children, as well as parenting classes and counseling through interactive media (puppet shows). The village head is the key to coordinating the implementation of this “Posyandu Park” through the allocation of PMT funds of Rp. 2,500 per child per month and incentives for each cadre of Rp. 50,000, allocated from village funding. The involvement of the village cadres is supported by the wife of the Village Head who plays an important role both as the Chairperson of the Village PKK Movers⁴, as well as being the Bunda Paud (Mother of PAUD)⁵ so that they can coordinate all cadres (Posyandu, BKB, PAUD) in the village.

  At the same time, the sub-district head, the sub-district head's wife and staff often attend village activities that make the cadres feel cared for and valued.

---

³ These good practices were identified through a combination of desk review and field visits by the Bank team.

⁴ The PKK Mover is the driving force for the Family Welfare Empowerment organization at the village level, a social organization that empowers women to participate in development in Indonesia.

⁵ Mother PAUD is a symbol and main partner in the PAUD National Movement; as a mother figure who is a central figure at every level of government in the country, starting from the lowest level of government (kelurahan / village) to the national level, the existence of PAUD mothers can motivate the community and stakeholders.
The Taman Posyandu program in Nganjuk Regency has met the government target for each village having one Taman Posyandu, and there is even a village/kelurahan that has begun to develop a second Taman Posyandu program in its area.

In addition to this specific example, Taman Posyandu activities have been routinely carried out in many districts in East Java since the issuance of Governor Regulation number 68 of 2011 concerning Holistic-Integrative Early Childhood Development, which was then announced by the Chairperson of the East Java Province PKK Movers Team on March 12, 2012. For its budgeting, Taman Posyandu in Nganjuk District receives a Dekon Fund (funds originating from the State Budget that is implemented by the Governor as a government representative) of Rp. 55 million per year.

The coordinator for Nganjuk’s Taman Posyandu is the PKK mobilization team, but the biggest funds for the implementation are in the Nganjuk health office. In 2017 these funds were 4.7 billion, while in 2018 the funds were 5.4 billion for regular and additional activities, and also for cadre development (Posyandu, BKB and PAUD) to be integrated with community activities, as well as health workers and facilities in the vicinity. This development process can be seen from the capacity building activities that occurred in Nganjuk district, where Posyandu cadres who regularly receive guidance from the Health Office will now have the obligation to disseminate the knowledge gained from other cadres facilitated by the villages during routine meetings of cadres.

- **Siwaliparri Park (Taman Siwaliparri) in Polewali Mandar Regency, West Sulawesi.** The activities conducted in the Taman Siwaliparri represents the idea of Holistic Integrated ECD and covers Stimulation, Care, Protection and Education) and was ratified through Regent Decree No: KPTS / 050.12 / 297 / HUK on the Establishment of the Park Intervention Care Stimulation Coordination Team, Protection and Education of Independent Mandar Children at the subdistrict level in all Polewali Mandar districts in 2014.

Permata Hati PAUD (Pendidikan Anak Usia Dini – Early Childhood Education) is a point of pride for the Taman Siwaliparri, and it is visited by many parties because of its rapid development since its establishment in 2013. With cadres who are eager to build the capacity of villages, Permata Hati PAUD follows the HI ECD concept where Posyandu, BKB, PAUD, and parenting activities are carried out in an integrated manner in the same location at different times. The implementation of Taman Siwaliparri utilizes existing PAUD services as a joint activity center.

One of the activities in PAUD Permata Hati is a parenting class, which is attended by 60 participants consisting of pregnant women and mothers with babies and children under two years. Information about the implementation of this activity is provided to residents through loudspeakers in the mosque. To increase the interest of residents in attending this activity, participants have brought coconuts collected by the cadres, sold and then bought groceries (rice, sugar) and other items and given as door prizes at the end of the activity.

In addition to innovations in activities, the strength of the Polman district government lies in the BAPPEDA (District Planning Agency) team’s understanding of the HI ECD strategy in regularly coordinating across sectors. With support from the World Bank through the ECED Program, PAUD educators have gained knowledge and skills in providing
quality PAUD services, which have been continued with UNICEF support since 2014, including increases in district governments’ capacity to develop holistic and integrated services.

- **Care with Love (Wahana Visi Indonesia / WVI)**

  Wahana Visi Indonesia is a Christian organization engaged in the field of humanity with a focus on serving children. WVI developed a positive parenting program using the Parenting with Love (PDC) module which is a combination of a Positive Parenting module and a Celebrating Family module. The purpose of the PDC program is to equip families to create a safe and friendly environment for the welfare and care of children. The PDC module was socialized to the community, accompanied by WVI which collaborated with the Family Welfare Empowerment (PKK) activist team through mentoring in the dasawisma\(^6\). By conducting pilots in a number of dasawisma from several villages accompanied by WVI, the hope is that the dasawisma will become a model for other dasawisma.

- **Responsive Care Classes (ChildFund Indonesia)**

  ChildFund International is a Christian organization that sponsors needy children, mostly through monthly donations from individual sponsors. These donations are used to support the transition from extreme poverty for these children and their communities. ChildFund Indonesia organizes Responsive Care Classes in several work areas to support parents to be able to provide comprehensive care in terms of stimulation, health and nutrition, and child protection.

The above good practices show that it is possible to establish an integrated service for the First 1000 Days Families provided that there is a policy and financial support from the district government, strong coordinating role by the Village Government and the involvement of grassroots organizations such as PKK.

**Section 4. The National Strategy for Stunting Reduction and opportunity to establish a support system for First 1000 Days Families.**

The National Strategy for the Acceleration of Stunting Reduction (National Strategy 2018) calls for a convergence of actions at the various levels, from central to village level. At the village level, as part of Village Convergence Actions, all villages are required to meet targets set in the village convergence score card. The score card calls for households to receive a package of services as described below:

**Table 2: Five packages for Reducing Stunting at Village Level (Village Score Card)**

<table>
<thead>
<tr>
<th>Health Services</th>
<th>Nutrition, Hygiene &amp; Parent Counselling</th>
<th>Water and Sanitation</th>
<th>Social Protection</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Prenatal visits for pregnant women (min 4)</td>
<td>(6) Participation in nutrition &amp; infant and young child feeding (IYCF) class</td>
<td>(8) Use of clean drinking water</td>
<td>(10) Target support to Households with malnourished children</td>
<td>(11) Education for Families (Parenting) of First 1000 Days and children age 3-6</td>
</tr>
<tr>
<td>(2) Iron supplement during pregnancy</td>
<td>(7) Home visits for vulnerable Households</td>
<td>(9) Use of Improved Sanitation System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Growth promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Postnatal care visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^6\) Dasawisma is a group whose members come from ten neighboring households
<table>
<thead>
<tr>
<th>(5)</th>
<th>Complete childhood immunizations</th>
<th>(12) Participation in ECED (3-6 years old)</th>
</tr>
</thead>
</table>

As shown in the Table 2, under the National Strategy, every village should have parenting classes targeting “First 1000 Days Families”--pregnant women and those with children below 2 years old. Considering the context of Indonesia with its population spread across thousands of islands, it is a challenge for the Indonesian government to achieve the indicators listed in the village score cards, especially in ensuring caregiving services for children aged 0-2 years and their parents. The situation is especially challenging for those villages that are located far from regional government centers and where there is provision of no early childhood services. In this context, trained ECED teachers and village cadres can bridge the gap of scarcity in early childhood services.

The National Strategy advocates the use of the Village Fund to support the professional development of ECED community educators by participating in ‘Diklat Berjenjang’ – a program developed by the Ministry of Education and Culture, under the coordination of the Directorate for ECED Teacher (Direktorat GTK PAUD DIKMAS). To support the National Strategy, MoEC has enriched the Diklat Berjenjang modules with information on stunting prevention and stimulation for children below 2 years of age. Further, with support from the ECED Frontline program (supported by the World Bank) the Ministry developed a guidebook for ECED educators specifically to increase their knowledge about stunting as well as providing some practical tips on how to provide early stimulation for children. This guidebook (*Buku Pegangan Pendidik PAUD Untuk Pemberian Stimulasi Bagi Anak Berusia di bawah 2 tahun*) – Annex 2 was developed through consultation with other relevant agencies (Ministry of Health, Family Planning Agency, and the Ministry of Social Affairs,) and can be part of the materials to be delivered by trainers to ECED community educators participating in the Diklat Berjenjang. Practical tips for parents, contained in the Guidebook, can be demonstrated by ECED educators when participating in any parenting class at the village level. The same guidebook can also be used by other village cadres, for example by Posyandu cadres when conducting home visits or consulting with parents during their monthly Posyandu activities. Since the development of the Guidebook was done in consultation with other relevant ministries, its contents are meant to be consistent and to complement messages in other materials such as the Child Development Cards (KKA) issued by Family Planning Agency or Mother and Child Health Book (Buku KIA) issued by the Ministry of Health.

All villages, in phases, will have Human Development Workers (HDW) – village cadres who will be responsible for supporting village governments in meeting the targets on their score card. HDWs will help villages in mapping the existence of, and gaps in, various services required in the score card, including parenting classes for “First 100 Days Households.”

**Section 5: Proposed principles for establishing Village Based Parenting class for 1000 HPK Families in the Village**

Based on lessons learned from the good practices observed in delivering an integrated service and making use of the enabling environment provided by the National Strategy for Stunting reduction, the following strategies are
recommended to support the establishment of parenting services in the villages. It should be noted that these principles are not meant to be prescriptive and should be adapted based on the local context. Since the principles require the collaboration of many village stakeholders, the Human Development Workers are expected to lead most of the processes.

a) Establish parenting classes by building on existing programs, materials and cadres available in the village. Based on the review of existing programs (Table 1) the two most available services are Posyandu and/ or any type ECED service (Kindergarten, Play Group and others). Identify the one that is more accommodative and cooperative to host parenting classes.

b) Expand the host service by inviting other village cadres, including PKK cadres. For example, ECED service and their teachers might have to interact with additional target groups: parents and children below 3 years of age. Posyandu cadres might need to be equipped with information and skill on providing early stimulation.

c) Discuss and address, through village meetings, the consequences of additional workload for the existing cadres as a result of the service expansion. This include financial compensation as well as local capacity building. Local capacity building can be done through sharing session among village cadres. These expenses are eligible expenses for funding by the Village Fund – with prior consultation and agreement during village meeting.

d) Form a parenting class committee using existing cadres under the coordination of the village head. The committee should agree on the implementation detail of the parenting class, such as venue, schedule and cadres.

e) Agree on detail of activities and role of cadres. Parenting classes for families with children aged 0-2 years can be carried out in conjunction with Posyandu activities, PAUD activities or BKB activities. The venue will depend on the local context. If the Posyandu activities are running well, with regular participation of families with children aged 0-2, the village government can hold parenting classes as part of the Posyandu activity with the participation of ECED community teachers. Likewise, if BKB services already run fairly routinely and there are children aged 0-2 years who are present with their parents, then BKB services can also work together to introduce parents to stimulating activities for children aged 0-2 years with the support of PAUD educators. Within sites that provide ECED services for older children, too, PAUD educators can invite children aged 0-2 years and their parents to participate in parenting classes for families of children aged 0-2 years, again emphasizing ideas for stimulation at home. Ideally, all services for early childhood in the village promote home stimulation for 0-2 year old children simultaneously, so that more support given to parents in providing intensive, holistic stimulation to children aged 0-2 years will have an impact on reducing the prevalence of stunting in Indonesia.

f) Support cadres to share their respective materials on early stimulation for the First 1000 Days Families. As discussed in Table 1, each of the programs come with their own materials, for example: BKB cadres have their BKB kits, PKH Family Development Session with their modules, ECED community teachers with Teacher Guide on stimulation for children age 0-2 and others.

g) Recommend ECED community educators, upon completing Diklat Berjenjang Training, to coordinate with their village heads, human development cadres (HDW) and also other cadres such as BKB cadres, Posyandu cadres, or community cadres in their village to create awareness of parenting classes for families with children aged 0-2 years as one of the indicators in the village score card for preventing and addressing stunting. This outreach activity could also be part of planning to hold a nurturing class in the village. In this process it will be necessary...
to use population data about village children aged 0-2 years, who will be the main target of the caring/nurturing classes for families.

h) In organizing parenting classes for families of children aged 0-2, the village head together with the human development cadre (HDW) will also need to regularly monitor the implementation of these classes so that the absence of parents with children aged 0-2 years can be immediately followed up by human development cadres or other cadres. The monitoring can also help to identify obstacles to participation that need to be addressed by the village government, relating to the achievement of indicators listed in the score card.

To visually describe how parents’ skills on providing early stimulation to children age 0-2 can be improved through parenting classes, a video has been produced together with a team from the Ministry of Education and Culture and Ministry of the Villages. The video was filmed in Kamurang Village in West Java district and pictures and has recorded real village cadres and personnel (ECED community teachers, Human Development Workers, Village Head, First 1000 Days Families). The production of the video was funded from the ECED Frontline PASA and is available as a resource at https://drive.google.com/drive/folders/1zze8g6Z8i3WjQ6LtNhfq8Z-XMBf7K-H
ANNEX 1
Detailed information on existing services

1. Posyandu (Pos Pelayanan Terpadu/ Community Integrated Service Posts) have organized a number of activities managed by communities under the coordination of Village Heads and assisted by health workers based at a Puskesmas (Pusat Kesehatan Masyarakat – Community Health Centre), which is a unit under the coordination of the Ministry of Health. The parenting media used in Posyandu services are the Maternal and Child Health (MCH) books containing maternal health records (pregnant, childbirth and post-childbirth) and children’s records (newborns to children aged 6 years). The books also include information on how to care for the health of mothers and children, and provide stimulation to newborns up to age 72 months. Posyandu organizers are volunteer cadres from Family Welfare Empowerment (PKK) who play a role in monitoring the health of pregnant women and children, while the Puskesmas (health workers) team provides health services such as providing immunizations and health checks. Posyandu activities that have been carried out for decades have existed in almost all villages and even in Rukun Warga (Neighborhood Groups) in Indonesia.

2. Kelas Ibu Balita is an advanced class of Posyandu services, where mothers with children from newborns to 6 years jointly discuss, exchange opinions, and exchange their experiences about participating in health services, nutrition, and stimulation of children’s growth and development. The classes are guided by facilitators who are usually health workers or midwives. The intensity of the implementation of Toddler Mothers’ classes depends on facilitators’ availability, but they are usually held at least three times a year, using the Buku Kesehatan Ibu dan Anak (Mother and Child Health Book) as a reference in providing stimulation to children. Mothers bring their young children to the Kelas Ibu Balita where activities include knowledge sharing, demonstration (by facilitators) and discussion.

3. Bina Keluarga Balita/BKB (Toddler Family Development) Services, an activity specifically promoting child development through correct parenting, is organized around different age groups and is carried out by a number of cadres at the Neighborhood Group (Rukun Warga/ RW) level. In this BKB activity, the materials used to improve the knowledge, skills and awareness of mothers and other family members include Child Development Cards (Kartu Kembang Anak/ KKA) and a related guidebook for parents, including age appropriate educational toys to stimulate children’s development. Child development cards (KKA) provide a list of milestones for child development to help parents in providing appropriate physical, motor, intelligence, social, emotional, and moral stimulation to newborns up to 6 years old. Implementation of the BKB classes is carried out by BKB cadres in coordination with the PLKB (Family Planning Field Officers) at the sub-district level as the people in charge of capacity building, a role that is an extension of the BKKBN. However, there are still many villages in Indonesia that do not yet have BKB activities.

4. BKKBN has launched BKB EMAS to ensure that families with children under 2 years of age participate in this parenting group. BKKBN Regulation Number 2 of 2019 (http://jdih.bkkbn.go.id/public_assets/file/f6c66613740572c2f35bc9acffcf6ad.pdf) provided comprehensive direction to all District offices to implement the BKB EMAS program. In the document, BKKB provides information on BKB Kit to use, Module and Materials to deliver to parents with children under the age of 2. This BKB Emas program covers family planning, mother and child health (during pregnancy, at and post...
delivery), sanitation and hygiene, effective parenting and early stimulation. The regulation explained that BKB kit will be distributed in selected areas, 10 villages per district. Implementation data is available with the Satu Data Indonesia (One Indonesia Data) under the Office of Presidential Staff (http://jdih.bkkbn.go.id/public_assets/file/f6c66613740572c2f35bc9acffcf6ad.pdf).

5. **Pendidikan Anak Usia Dini**/ PAUD (Early Childhood Education Services), including formal, non-formal, and informal, are services that provide educational stimuli to help holistic physical and spiritual growth and development so that children are ready to enter formal school education. These services use the government’s Child Development Achievement Level Standards (STPPA) as a reference in providing stimulation to newborns up to 6 years of age. Based on their type, PAUD services are divided into formal PAUD services such as Kindergarten (TK) and Radhatul Athfal (RA); and non-formal PAUD such as Play Group (KB), Child Parenting Park (TPA), Similar PAUD Units (SPS), PAUD Christian Child Education Services, and PAUD Bina Anak Iman services. Informal education is determined as a stream of education by family and environment.

6. **Taman Penitipan Anak** (TPA/ Day Parenting) is a form of non-formal PAUD which provides care for children aged 0-6 years. The purpose of TPA is to provide services for children whose parents must leave them in care for part of the day because of work or because of other situations. TPA is under the coordination of the Ministry of Education and Culture. Besides TPA, there is also Taman Anak Sejahtera (TAS) which provides the same services as TPA but is under the coordination of the Ministry of Social Affairs.

7. **Kelas Pengasuhan**/Caregiving or nurturing classes for parents of children aged 0-2 years in PAUD services is a new program of the Directorate of Family Development and Education of the Ministry of Education and Culture. The program, which was launched in 2017, is intended for pregnant women and parents of babies aged 0-2 years as part of a national stunting prevention program. Three groups of stakeholders from each village are intended to implement the technical guidance for the nurturing class, namely the village head, PKK representatives, and PAUD service managers, who are expected to disseminate information to the public about stunting and the importance of 1000 HPK (First Days of Life). The nurturing class meetings use the following media: reading and discussing the books ‘Welcoming Babies’, ‘Stimulation for Children Aged 1 Year’, ‘Stimulation for Children aged 1-2 years’, and flip sheets. The classes are conducted in one PAUD in each village with village funding.

---

9 Based on Indonesia’s Education System Law (Sisdiknas) 20/2003, all education services including PAUD have formal, non-formal and informal streams. Informal education is defined in Chapter 1 Article 1.13 of the Law as “jalur Pendidikan keluarga dan lingkungan” or a stream of education through family and environment.
ANNEX 2

The following Book was issued by the Ministry of Education and Culture and is part of the materials to be delivered during the Diklat Berjenjang Program. The development of this Book was supported by the ECED Frontline PASA through workshops attended by representatives from the Ministry of Health, the Ministry of Social Affairs, the Ministry of Villages and the National Family Planning Agency – to ensure that messages in this Book align with those from other ministries/ agencies.