ENSURING NUTRITION, HEALTH, AND CHILDREN'S EDUCATION (ENHANCE) PROJECT

ENDLINE SURVEY REPORT

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Acknowledgement

This endline survey was commissioned by ChildFund Indonesia. The success of this assignment has been the result of successful collaboration between a number of Individuals, parties and organizations. The endline survey was led and authored by Azka Rafiqi.

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Azka Rafiqi

List of Acronyms

ANC	Antenatal Care
CHW	Community Health Workers
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ENHANCE	Enhancing Health, Nutrition, and Children's Education
FGD	Focus Group Discussion
HFA	Height-for-Age
HH	Household
IO	International Office
IRS	International Reference Standard
KAP	Knowledge-Attitude-Practices
KOMPAS	KOMPAS Semarang
MMB	Mino Martani Banyumas
M&E	Monitoring and Evaluation
LQAS	Lot Quality Assurance Sampling
N	Total number of respondents
Qs	Questionnaires
RH	Reproductive Health
RO	Regional Office
SA	Supervision Area
SD	Standard Deviation
SD	Sekolah Dasar (*Elementary School*)
SMA	Sekolah Menengah Atas (*Senior High School*)
SMP	Sekolah Menengah Pertama (*Junior High School*)
SNP	Supervised Neighborhood Play
SPSS	Statistical Package for the Social Sciences
SMSB	Suko Marsudi Siwi Boyolali
TBA	Traditional Birth Attendant
TK	Tunas Kasih
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
WFA	Weight-for-Age
WHO	World Health Organization

EXECUTIVE SUMMARY

Context

The ENHANCE project, is a multi-country project implemented in Indonesia, Sri Lanka and the Philippines reflects global efforts strengthen and advocate well-being of children by supporting and securing children's access to quality nutrition, health, education and early childhood services. In Indonesia, the project was implemented by ChildFund Indonesia in partnership with 5 local partners in 14 sub villages across 9 districts and 3 provinces of West Java, DKI Jakarta and Central Java.

The endline survey was conducted to measure and analyze the level and gap of Knowledge, Attitude and Practices (KAP) of parents and caregivers over the project period. It also identified best practices and lesson learnt from parents and caregivers KAP childcare and child development. The survey also aimed at measuring the following changes from 2011 and 2013. Key findings are that:

- For outcome 1, there was a 25% increase in the number of children with access to quality ECD services. This is 5% more than the ENHANCE projects target.
- For outcome 2, only 19% of trained mothers, fathers and caregivers reported application of learning. The ENHANCE target was 60 %. The influencing factors and rationale will be provided in the next chapter.
- For outcome 3, 61% of malnourished children now have improved nutritional status. The ENHANCE target was 100%.

The endline applied a combined quantitative data collection method. A total of 290 interviews were conducted in Jakarta, West Java and Central Java**.** Data was gathered using structured questionnaires. The endline applied the Lot Quality Assurance Sample (LQAS) approach to select parents and caregivers. Maximum efforts were invested to reach the same respondents that had been interviewed in the baseline survey. The selected parents/caregivers are representative of ENHANCE project total population. The endline outputs are summarized into three sections: Endline and baseline data from the logical framework, Endline and baseline data on the level of parents/caregivers KAP on childcare and development;, Socio-demographic data on the parents/caregivers in the surveyed areas.

PART 1: CONTEXT

BACKGROUND

The ENHANCE project, is a multi-country project implemented in Indonesia, Sri Lanka and the Philippines reflects global efforts strengthen and advocate well-being of children by supporting and securing children's access to quality nutrition, health, education and early childhood services. In Indonesia, the project was implemented by ChildFund Indonesia in partnership with 5 local partners in 14 sub villages across 9 districts and 3 provinces of West Java, DKI Jakarta and Central Java.

The endline survey was conducted to measure and analyze the level and gap of Knowledge, Attitude and Practices (KAP) of parents and caregivers over the project period. It also identified best practices and lesson learned of knowledge, attitude and practices of parents and caregivers on proper childcare and child development. In particular, the survey is aimed at measuring the following change in comparison with the situation of the baseline survey carried out in 2011 and 2013.

- The endline data with the baseline data to identify the effectiveness and impact of Knowledge, Attitude and Practices (KAP) of parents and caregivers on proper childcare and and child development
- The gaps in KAP on proper childcare and child development
- The lesson learned and best practices of KAP of parents and caregivers on proper childcare and child development.

Structure of the Report

The endline report follows ChildFund's Documentation Guidelines which support its CARES documentation framework. The structure of the report contains five sections:

Part One - Context. This section covers the background, objectives, study location, and the child care conceptual framework used in this survey.

Part Two - Action. This section explains the survey design and methods. In particular, the explanation starts with the survey design, designing the survey questionnaire and FGDs, and survey preparatory activities. Survey preparatory activities include training for enumerators, training for data encoders, field test activities, data collection and data encoding, analysis of findings. Finally report preparation and presentation, are also explained in this section.

Part Three - Results and Recommendations. The survey results are analyzed and presented in four sections with the following sequences: (A.) a summary descriptive statistics on the respondents and their children; (B) the endline and baseline data for the project's logical framework, the discussion of each endline and baseline indicator included in the logical framework; (C) the detailed information pertaining to the five child care activities; and (D) the discussion of the overall KAP results and recommendations.

STUDY LOCATION

The survey was implemented in 5 Local Partner areas in 14 sub villages across 9 districts and 3 provinces in West Java, DKI Jakarta and Central Java. Local Partner YDK Tunas Kasih is located in the district of West Jakarta in the province of DKI Jakarta, YKKS KOMPAS Semarang in located in Semarang/Ungaran District; YSBS Mino Martani in located in the district of Banyumas; YKSB Suko Siwi in located in the district of Boyolali in the Province of Central Java and Yayasan Warga Upadaya in the province of West Java.

Below is a map of ChildFund Indonesia's working areas and the Local Partners mentioned implementing the ENHANCE project.

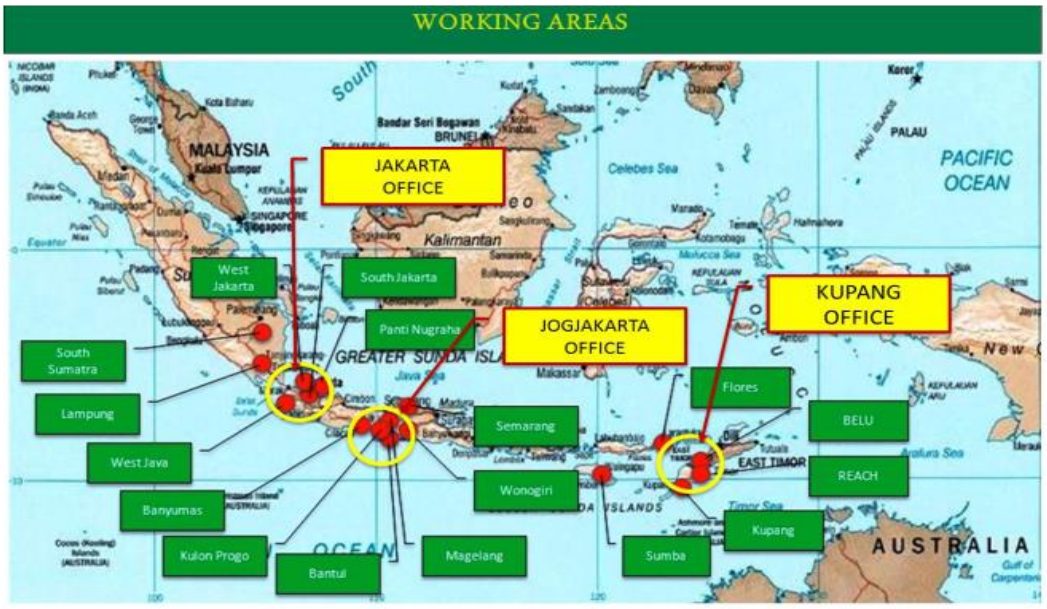


Figure 1. Map of Indonesia

CONCEPTUAL FRAMEWORK

The survey adopted the UNICEF conceptual framework for child survival, growth and development (Engle P. P., 1997) for the KAP survey and analysis. According to the UNICEF care framework, caregiving behaviors can be observed in six types of activities practiced by caregivers, such as:

1. Care for women, such as providing appropriate rest time or increased food intake during pregnancy;
2. Breast-feeding and feeding of young children;
3. Hygiene practices or behaviors;
4. food preparation and food storage practices
5. Health seeking or home health, or the care for children during illness, including diagnosis of illness and adoption of health-seeking practices;
6. Psychosocial care of children and their cognitive stimulation

This framework is relevant to this study since one of the key objectives of the survey is to determine parents/caregivers KAP levels on childcare and development. The above mentioned caregiving behaviors are central to child survival, growth, and development. These caregiving behaviors are instrumental to ensuring resource provisions at household and community levels are available to children. All these six types of caregiving activities and behaviors practiced by parents/caregivers are discussed and analyzed in this report. Each of these activities was elaborated and analyzed to generate a comprehensive description of parents and caregivers level of KAP.

PART 2: ACTION

The endline survey was structured into these phases of preparation, field work, data processing, data analysis and reporting. Detailed activities are as follows:

(1) determining the survey design;

(2) designing the survey tools;

(3) Preparation for enumerators training;

(4) Survey training for the enumerators;

(4) data collection in randomly-selected households;

(5) focus group discussion in selected villages;

(6) data encoding and tabulation;

(7) analysis of survey data; and (8) report preparation and presentation.

A. SURVEY DESIGN

The endline survey applied combined quantitative data collection methods. A total of 290 interviews were conducted in Jakarta, West Java and Central Java**.** Data was gathered using structured questionnaires employed for the baseline survey. Data collection was designed and implemented to randomly selected households in all the villages covered by ENHANCE project.

The endline applied Lot Quality Assurance Sample (LQAS) to select parents and caregivers. The maximum effort was made to reach the same respondents that had been interviewed in the baseline survey. The selected parents and caregivers who were finally selected are representative of the ENHANCE projects total population.

There were five Local Partners (LP) directly involved in this survey. They are as follows:

Table 1. List of Partner Organizations and Regions

Partner Organization	Region
YDK Tunas Kasih (TK)	Kapuk, West Jakarta
YKKS KOMPAS Semarang (KOMPAS)	Tandang, Semarang
YKKS KOMPAS Semarang (KOMPAS)	Wonorejo, Ungaran
YSBS Mino Martani Banyumas	Wiradadi, Banyumas (Urban) and Ujung Gagak, Cilacap (Rural)
YKSB Suko Marsudi Siwi Boyolali	Jrakah, Boyolali (Rural)
	Lencoh, Boyolali (Rural) and Puloharjo, Wonorejo (Rural)

The LQAS method requires a smaller sample sizes while retaining its accuracy. The LQAS gathers data by collecting a small random sample from each set of items in the population and assessing each sampled item to find out whether it meets a set standard of quality. In this study, LQAS assumes a sample of 19 (nineteen) provides an acceptable level of error in making management decisions. This method is believed to able to identify a coverage benchmark at least 92%. In other words, selecting a sample of 19 children in a targeted group or population is considered 92% percent of the time, likely to be precise. This method also considers that sample size 19 is also relatively comparable statistically to samples larger than 19.

Table 2. Sampling frame for the Baseline Study

No	Partner Organization (PO)	*District*	Village	Sub-Village/ *RW/Dusun*	Total No. of Interviews (0-2 and 3-5)
		Kabupaten	*Desa*		
1	Tunas Kasih	West Jakarta	Kapuk	RW 11/ RT 14	20
		West Jakarta	Kapuk	RW 03/ RT 05	22
2	KOMPAS Semarang	Semarang	Tandang	RW.14/ RT.14/ 6	42
		Ungaran	Wonorejo	Sambiroto RT.01 RW V	42
3	Mino Martani Banyumas	Banyumas	Wiradadi	Kaliomas	22
		Cilacap	Ujung Gagak	Ciberem,	20
4	Suko Siwi Boyolali	Boyolali	Jrakah	Sepi	24
			Jrakah	Citran	18
		Boyolali	Lencoh	Cangkol	24
		Wonogiri	Puloharjo	Plumbon Kidul/RT 02/RW03	14

5	Warga Upadaya	Bogor	Pakan Sari		42
	Total				290

B. SURVEY TOOLS

Data was gathered through 2 main activities: face to face interviews of selected respondents utilizing structured survey questionnaires and Focus Group Discussions (FDG) with parents and caregivers in selected targeted communities.

Types of KAP Survey Questionnaires

The endline survey applied two types of questionnaires:

1 - Mothers, Fathers, and other primary caregivers aged 15 years old and above of infants and young children aged 0 - 2 years old;

2 - Mothers, Fathers, and other primary caregivers ages 15 years old and above of children aged 3 - 5 years old.

Caregivers under 15 years of age were not selected as respondents. The survey assumed at such age, individuals would not be able to adequately respond to the questions in the questionnaire. In case the interviewers were not able to find relatives of caregivers, the enumerators were suggested to interview respondents who have been living with the family for a period of one year or more.

The majority of the questions in first type of questionnaire (children aged 0-2 years old) were also asked in the second type of questionnaire (children aged 3-5 years old). The enumerators were trained prior to executing the fieldwork assignment

KAP Survey Questions

The survey questionnaire was designed to examine mothers, fathers, and caregivers KAP on all childcare elements and development. In reference to the stated conceptual framework section, the care activities were categorized as follows:

1. Maternal and Newborn Care
2. Nutrition
3. Health
4. Sanitation and Hygiene
5. Psychosocial and Cognitive Development

Within each of these categorized care activities contains sections with respect to: (i) Knowledge; (ii) Attitude; and (iii) Practices.

A more detailed description of these sections is explained below:

Knowledge

This section contains a list of questions that assess parents/caregivers Knowledge (basic concepts, ideas and principles) of child care practices. The responses were then scored accordingly.

Attitude

This section contains a list of questions that measure parents/caregivers prevailing attitudes and beliefs - or the manner of feeling, thinking, and actions- that reveal their disposition or opinion on childcare. The respondents were asked to decide to what extent, did they observe those corresponding activities. Respondents were also asked to indicate the extent to which they find the activities important or less important.

The survey used a five-point measurement scale from Very Important, Important, Do not know, Maybe Important, Not at all important.

During the interview, the enumerators read statements one by one and addressed the responses accordingly.

Practices

This section contains a list of questions that examine the habitual or customary practices performed by parents or caregivers towards childcare activities on a regular basis. The list of questions consists of open-ended and close-ended types of questions.

Resources for Care

The KAP questionnaire in this survey was also used to collect background information, as follows:

- Socio demographics: household composition, number of children, timing of most recent child delivery
- Occupancy status: work/employment of primary caregiver
- Other information: Available resources of food, sanitation facilities, etc

Pre-testing of Survey Questionnaires

The endline survey undertook pre-testing sessions and used feedback received during the sessions to improve questionnaire survey.

Focus Group Discussions

Two FGDs were conducted to gather opinions, views and perceptions of parents and caregivers on proper childcare and development. These FDG were conducted in two different Local Partner organization sites. One FGD was carried out in Tunas Kasih, Kapuk in Jakarta whereas the second FGD was undertaken in Semarang, Central Java. The FGDS provided insight and in-depth understanding on the importance of ECD, maternal and newborn care, sanitation and hygiene as well as other relevant views and opinion.

The FGD session started with groups of respondents completing their background information. The note taker then recorded the notes and summarized each session. The notes were reviewed and analyzed to capture insights to supplement the quantitative and qualitative data derived from face to face interviews. During FGD sessions, parents and caregivers expressed that they very much appreciated the projects support of the rehabilitation/reconstruction of ECD centers as well as the provision of learning materials as they are central to child development. Parents and caregivers were also quoted as saying that the ENHANCE project has played an instrumental roles in shaping their awareness (Knowledge), Attitude and Practice on child development.

In the FGD, the parents/caregivers also revealed the benefits of attending seminars/training facilitated by ENHANCE projects. Parents and caregivers stated that some of the benefits they gained included but not limited to awareness on the importance treatment during pregnancy as well as maternal and newborn care. Parents and caregivers also said that they made efforts to correct their treatment and care towards thier children based on the ENHANCE project guidance that was conducted on regular basis during the project period.

Survey Preparatory activities

The consultant submitted inception reports to ChildFund Indonesia Office prior to implementing the fieldwork assignment. The report consisted of research framework, methodology, and data collection tools, sampling size, survey questionnaire and survey mobilization plan. The consultant also worked closely with ChildFund Indonesia team to manage the overall preparation and implementation of the endline survey.

Training of Enumerators

The consultant conducted field visits and workshops across Local Partner organization sites to train the enumerators. The purpose of the training was to provide guidance to enumerators with respect to the survey methodology, data collection tools and guidelines to ensure the enumerators were prepared before conducting the field work assignment

Data Collection

The consultant facilitated by ChildFund Indonesia and their Local Partners, provided guidance to the survey supervisors to ensure the gathering of reliable and relevant data. The team supervisors were responsible for supervising the enumerators and ensuring the appropriate screening of respondents was being done. The team supervisors were responsible for ensuring all enumerators followed the survey methodology and data collection techniques. The supervisors checked and reviewed the responses to make sure the questionnaires were properly completed.

Provision of Data Encoders

Data was encoded by a professional data processor that was tasked with tabulating the data so that it can be reviewed and analyzed by the consultant.

Analysis of Findings

The baseline survey data was encoded using data processing software. The level of parents/caregivers KAP was then calculated by assigning +/- scores towards their responses. The mean percentage scores were then computed using a composite scoring system in each of the caregiving activities. The mean percentage scores were classified as follows:

Mean Percentage Score	Classification
30% and below	Highly Inadequate
31-60%	Inadequate
61-70%	Adequate
71-85%	Good/Satisfactory
Above 85%	Excellent/Highly Satisfactory

The qualitative data that was collected from focus group discussion sessions were utilized to confirm the findings from the quantitative data collection tools. The consultant reviewed desk

literatures to generate additional insights and valuable information that are relevant to this survey.

Report Preparation and Presentation

In close consultation with ChildFund Indonesia, the consultant analyszed the data collection which is then complemented by views and opinions of various stakeholders across relevant parties.

The consultant presented a draft report that contained the defining indicators for the project and detailed key findings for comments and inputs from ChildFund Indonesia. The final report was submitted in accordance with the projects Term of Reference.

PART 3: RESULTS AND DISCUSSION

This part of the report explores and analyzes the results of the survey. The major findings are described in the four following sections:

Section A. Summary Descriptive Statistics

This section describes and validates data and information of parents and caregivers that were interviewed. The data and information has been classified based on gender, age, and educational level, etc.

Section B. Endline and Baseline data of ENHANCE project logical framework

This section explores and compares whilst also analyzing the baseline/endline data for performance indicators drawn from the project's logical framework.

Section C. Level of KAP of parents and caregivers: Endline and Baseline

The section provides the level of KAP on associated caregiving activities of parents and caregivers.

Section D. Overall KAP results and recommendations

This section discusses the overall results of the KAP including recommendation and resources for further intervention.

In section C, the KAP results are further explored and gauged. The KAP analysis is derived from the 5 predetermined caregiving practices. The survey considers that these caregiving activities are central to child survival and development.

The explanation and analysis is heavily drawn based on Engel's conceptual framework (Figure4). This framework assumes that these caregiving behaviors are instrumental at the household and community level.

Figure 4 shows a description on how KAP is inter-related with child care and development

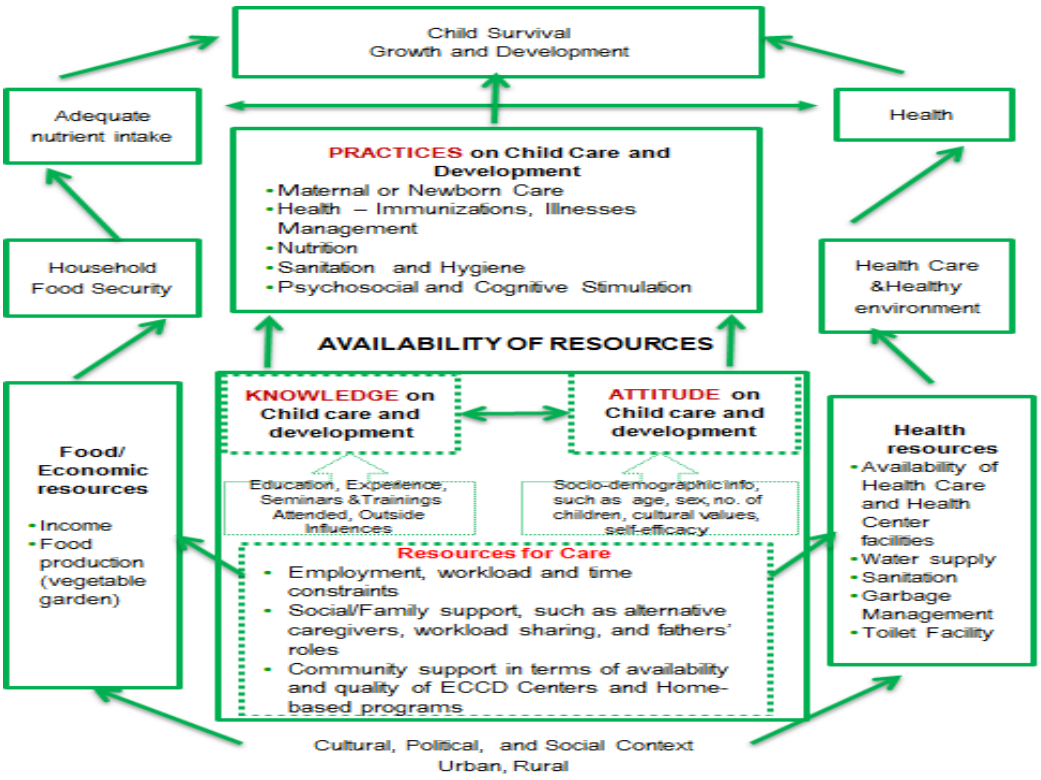


Figure 2. Engel's Care Framework Adapted for the ENHANCE Project Study

In Section D, the discussion of the overall KAP results were supplemented by the Resources for Care. In order to provide appropriate childcare and development, parents and caregivers require access to a number of household resources, such as income, availability of safe water, sanitation, and individual resources, such as education, adequate time, and social support. (Menon, 2002).

SECTION A. SUMMARY DESCRIPTIVE STATISTICS

The survey interviewed 290 parents and caregivers with children aged 0-2 years old and 3-5 years old respectively. The survey would not accommodate parents and caregivers aged less than 15 years old because they might not be capable of providing adequate responses. The majority of the respondents (88%) were the biological mothers of the infants or children. Other groups of respondent included grandparent (11%) and fathers (1%)

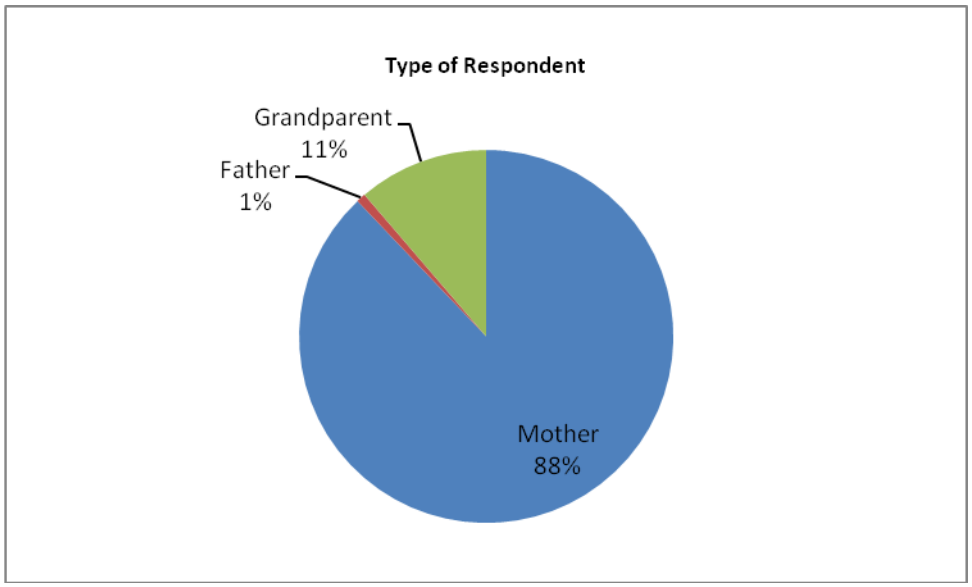


Figure 3. Type of Respondent

Mothers/caregivers (48.4%) were aged between 25-34 years old. The remaining respondents were aged 35 years and above (28.6%) followed by mothers/caregivers aged 24 years and below (23%).

The majority of parents/caregivers had completed elementary school education (41.9%). Other respondents were split between those who had completed junior high school (15.7%) and senior high school (14.5%). Only 2 parents/caregivers (0.8%) had completed a diploma.

Table 3. Socio demographic data of respondent

Respondent Type	**Frequency**	**Percentage**
Mother	218	87,9%
Father	2	0,8%
Grandparent	28	11,3%
Other Household member	0	0,0%
Respondents' Sex		
Male	3	1,2%
Female	245	98,8%
Respondents' Age		
24 years and below	57	23,0%
25 to 34 years	120	48,4%

Respondent Type	Frequency	Percentage
35 years and above	71	28,6%
Mean Age		
Mother	218	28,9
Father	2	36,5
Grandparent	28	49,9
Other HH members	0	0
Mean Age, Overall	248	31,3
Number of children, Mean	248	2,4
Education		
Not attended school	2	0,8%
SD/Elementary School	104	41,9%
MI/Islamic Elementary School	0	0,0%
SMA/High School	36	14,5%
SMP/Middle School	39	15,7%
SMK/Trade High School	10	4,0%
SMEA/Economic High School	3	1,2%
SLTA/Senior High School	22	8,9%
SLTP/Junior High School	29	11,7%
D1/Diploma 1	0	0,0%
D3/Diploma 3	2	0,8%
University	0	0,0%
Educational Level, MEAN	248	

Data suggests the achievement levels were varied between mothers below 24 years old, 25-34 years old and those older than 35 years old. Table 4 below depicts the achievement in more detail.

For example,

The overall Knowledge of parents/cargivers was highest amongst the 25-34 years old and older (94.6%), followed by and older than 35 years old (91%) and mothers below 24 years old (89.3 %)

The overall Attitude of parents/caregivers was highest amongst the 25-34 years old and older (73.8%), followed by below 24 years old (69.9%) and older than 35 years old (67.3%)

The overall Practice of parents/caregivers were once again highest amongst the 25-34 years old and older group (75.75) whereas older than 35 years old scored 71.7% and followed by below 24 years old group that scored 68.3%.

Table 4 below depicts the achievement into more details.

Tabel 4. KAP results based on age classification

	Knowledge			**Attitude**			**Practice**		
	24 years and below	25-34 years old	Older than 35 years old	24 years and below	25-34 years old	Older than 35 years old	24 years and below	25-34 years old	Older than 35 years old
Maternal and Newborn Care	94.6%	99.2%	100%	70.7%	71.1%	62.9%	78.4%	84.5%	80.6%
Infant and Child Health/Immunization/Illnesses Management	89.8%	90.5%	88.2%	72.3%	75.5%	64.1%	72.4%	80.2%	77.3%
Infant/Child Nutrition: Breastfeeding and Feeding Practices	76.3%	84.5%	80.5%	70.5%	74.6%	67.5%	49.5%	58.8%	54.3%
Sanitation/Hygiene	90.5%	98.7%	88.5%	68.7%	75.3%	71.6%	85.8%	92.5%	88.6%
Psychosocial and Cognitive Stimulation	95.4%	100%	97.8%	67.5%	72.6%	70.2%	55.4%	62.7%	57.8%
Total	**89.3%**	**94.6%**	**91.0%**	**69.9%**	**73.8%**	**67.3%**	**68.3%**	**75.7%**	**71.7%**

SECTION B. ENDLINE AND BASELINE DATA OF PROJECT ENHANCE PROJECT LOGICAL FRAMEWORK

B.1. ENHANCE Project Logical Framework Baseline and Endline

The following logical framework shows baseline and endline data. The baseline and endline data contained in this logical framework was derived from the project's performance indicators.

ENHANCE Project Outcome and Outputs	Performance Indicators	Baseline	End-line
Outcome 1: Children aged 0-5 years old in target communities in Indonesia, the Philippines and Sri Lanka have improved access to quality ECCD integrated services.			
Outputs under Project Outcome 1			
Output 1.1. ECCD Centers established, supported or improved in accordance with country standards.	**Attendance to an ECCD Center.** Percentage of Children 3-5 years old who attend an ECCD center	75,0 %	81.5 %
Output 1.2. Home-based ECCD program organized, developed or improved in accordance with ChildFund's good practices and/or country standards.	**Participation in Home-based programs and/or Supervised Neighborhood Plays (SNPs).** Percentage of Children who participates in any activities at home or in the neighborhood.	52,7% By age group: *0-2 yrs:38.8%* *3-5 yrs:66.9 %*	51.4 % By age group 0-2 yrs : 45.5 % (N=145) 3-5 yrs : 57.2% (N=145)
	Participation in Early Childhood programs, whether Home-based or Center-based. Percentage of children 3-5 years old who participates in a Home-based program and/or attends an ECCD center	81,5%	84.8 %
Output 1.3. Essential health and nutrition services, particularly for underweight children, provided in coordination with government health centers and/or NGO-assisted health	**Malnutrition Prevalence, weight for age.** Percentage of boys and girls 0 - 5 years whose weight are less than two standard deviations (<2SD) below the median weight-for-age (WFA) of the standard reference	18.8%	14.9%

ENHANCE Project Outcome and Outputs	Performance Indicators	Baseline	End-line
programs.	population.		
	Malnutrition Prevalence, height for age. Percentage of boys and girls 0 - 5 years whose weight are less than two standard deviations (<2SD) below the median height-for-age (HFA) of the standard reference population.	HFA : 24.8%	HFA : 26.6%
	Fully immunized Child Percentage of Children ages **9-12 months** who has completed all required immunizations	30%	69.6%
	Complete immunization Percentage of Children ages **9-23 months** who has completed all required immunizations	43.2 %	77,0%
	Complete immunization Percentage of Children ages **9-35 months** who has completed all required immunizations	57,6%	78.8 %
	Families with vegetables gardens Percentage of Children with families who have their own vegetable gardens	29,4%	32.3%
Output 1.4. ECCD Capacity building activities/training provided for ECCD service providers, daycare workers, community health workers, among others.			

ENHANCE Project Outcome and Outputs	Performance Indicators	Baseline	End-line
Project outcome 2: Mothers, fathers and caregivers in target communities in the Regions have improved knowledge, behavior and practices on proper childcare and development.			
Percentage of mothers, fathers, and/or caregivers who have improved knowledge, behavior, and practices on proper childcare and development.	Total Knowledge Score, i.e., on all aspects of proper childcare and development	86.5%	92.1%
	Total Attitude Score, i.e., on all aspects of proper childcare and development	56.7%	70.5%
	Total Practices Score, i.e., on all aspects of proper childcare and development	61..8%	71.6%
	By Type of Child Care Activity:		
	Maternal and Newborn Care	K = 89.9% A = 55.2% P = 77.1%	K = 98.2% A = 69.0% P = 81.3%
	Health: Immunizations and Illnesses Management	K = 90.0 % A = 49.7 % P = 54.2 %	K = 88.8% A = 69.8% P = 76.4%
	Nutrition: Breastfeeding and Feeding	K = 73.9% A = 53.9% P = 52.5%	K = 80.2% A = 70.2% P = 53.8%
	Sanitation and Hygiene	K = 86.9 % A = 62.6 % P = 76.7 %	K = 95.0% A = 72.8% P = 88.8%
	Psychosocial and Cognitive Stimulation	K = 91.7 % A = 62.0% P = 48.3%	K = 97.5% A = 69.4% P = 58.5%
Outputs under Project Outcome 2			
Output 2.1. Awareness-raising and training on positive practices on maternal and childcare provided to mothers, fathers and/or caregivers.	Percentage of parents and caregivers who have attended the following **Seminars and trainings**:		
	a. Maternal Care seminar/training	37.7 %)	72.2%
	b. Health Care seminar/training	35.6%	63.3%

ENHANCE Project Outcome and Outputs	Performance Indicators	Baseline	End-line
	c. Nutrition seminar/training	38.1% (N=247)	69.0%
	d. Hygiene/cleanliness seminar/training	34.6% (N=246)	63.7%
	e. Safe Drinking water seminar/training	28.3% (N=247)	55.2 %
Output 2.2. Awareness-building and training on ECCD support activities for mothers, fathers and/or caregivers completed.	Percentage of mothers, fathers, and/or caregivers who have attended the following **Seminars and trainings**:		
	a. How to help a child develop seminar/training	13.4%	57.3
	b. What to expect of Child at different ages seminar/training	7.7%	51.6%
	c. Ways to discipline a Child seminar/training	5.7% (N=247)	42.3%
<u>Project outcome 3</u>: Increased community and government support for ECCD.			
Outputs under Project Outcome 3			
Output 3.1. ECCD community groups, such as "Lead Mothers" and community breastfeeding support groups, organized and their capacities developed	**Exclusive Breastfeeding.** Percentage of mothers who are exclusively breastfeeding their infants under 6 months old.	60.0 %	55.2%
Output 3.2. Local bodies and resources organized and tapped to support ECCD.			

B.2. Discussion on the Baseline and Endline Data

Attendance to an ECCD Center

According to the baseline, 75% of children aged 3-5 years old are participating in an ECD program. This includes early childhood programs such as child-care centers, pre-school, as well as pre-kindergarten programs. These figures are representative of the increase in access at the national level. By the end of the project, 81.5% of children aged 3-5 years old were participating in an ECD program. There is therefore a slight increase in participation compared to the baseline (81.5%).

There are three main factors which could have contributed towards increasing the number of children participating in an ECD program.

Firstly, the project provided capacity building to ECD teachers and parents so that they are better aware of the different teaching methodology which includes increasing children's participation in the learning process. This capacity building included training on developing play equipment from local resources. With this, children were able to have access to a wider range of learning opportunities thereby increasing their motivation to learn and absorb new information. The program also included parents/caregivers in the development of these new learning materials. This helped expand their understanding of the materials, but also bridge the learning process so that the greater stimulation can take place at home. Having parents more involved also enhanced their awareness of the need to mobilize the ECD community to ensure continued support to the center through training on grant proposals and approaching new donors. Unlike many other ECD centers, the project very much encouraged parents to also have input in the planning and implementation of learning at the ECD center.

Secondly, the project was very much supported by the local education office at the sub-district level. This helped to convince the community that participation in an ECD program is very much part of the national, district and sub-district government's education policy. Having government support helped to also reassure the community that these centers would be receiving the appropriate level of monitoring of program quality. With visible support from the government comes increased support from community leaders, who because they are closer to the local context, are able to also promote participation at ECD centers. Trainings and Workshops were given to community leaders to help them better understand the program using the same tools that would be used to train the Parent Motivators and parents. Following this training, the community leaders conducted several parenting sessions to encourage parents to become more involved with their children at home. For examples a story telling session was conducted to encourage parents/caregivers to read to their children at home. These sessions were supported by the project. In most villages, the wife of the village leader is also head of the PKK and Posyandu, thereby ensuring all mothers are approached to counseled, on the importance of ECD to the future of their young child.

Thirdly, the project also provided infrastructural improvements to the ECD centers to ensure the safety and security of the children. This is a critically important factor because having a safe and comfortable place to play encourages parents to send, and become involved in, the ECD program. During the FDG conducted during the baseline, parents/caregivers expressed their dissatisfaction with the learning materials and facilities in the centers. During the endline, perceptions had changed considerably. This suggests that the project had successfully addressed the concerns of parents.

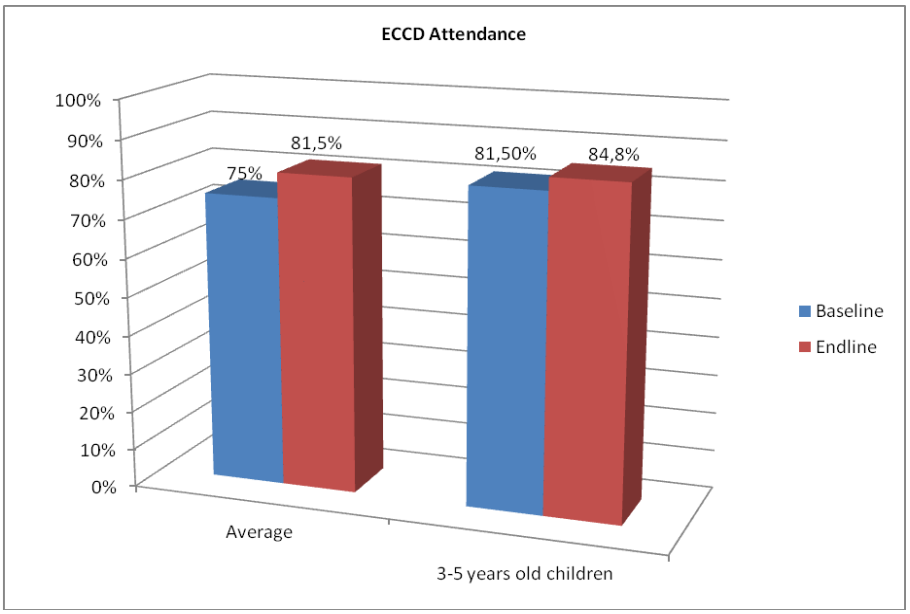


Figure 4. Percentage of Children ages 3-5 years attending an ECCD Center by Age

FDG were conducted in Tunas Kasih (Jakarta) and Kompas (Semarang).

The testimonies below provide an overview of the opinions and views put forward by parents/caregivers at endline in comparison to the baseline.

FGD-Baseline in Tunas Kasih, West Jakarta, DKI Jakarta

"Mothers do not experience any problems in convincing their children to attend the ECD centers. If their child sees another child going to the ECD center, they also want to attend although some children get bored with the one-hour sessions."

"The children would sometimes compare this center to other ECD centers that have playgrounds, where there are slides, such as those found in a nearby private ECD Centers"

"There are physical problems at the center. There are no walls and because the ECD Center is open, mothers get worried when it rains."

FGD-Endline in Tunas Kasih and Kompas, Semarang and Ungaran

"We sincerely appreciate receiving the learning material. The ECD center now has a better variety of learning materials for the children" (Female Caregiver, Semarang, Kompas)

"The playground/learning facility was very uncomfortable before the support of this program. I am very happy to see that the center is now has better air ventilation and the wall has been repainted. The learning room also looks brighter and I feel fresher"(Female caregiver, Jakarta, Tunas Kasih)

"My kid was really happy to tell me that his playground had new play equipment" (Male caregiver, Ungaran, Kompas)

"My favorite session is the parenting session. I like parenting sessions because I can expand my knowledge. I also like that I can apply what I have learnt with friends" (Female caregiver, Jakarta, Tunas Kasih)

Participation in Early Childhood Programs, whether Home-based or Center-based

The endlne also assessed the participation of children aged 3-5 years old in the ECD program.

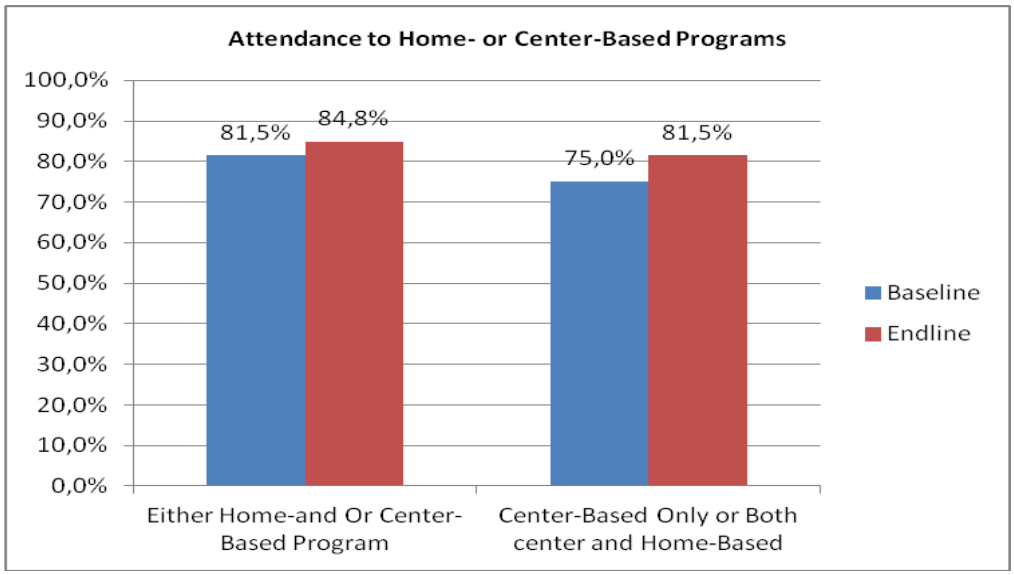
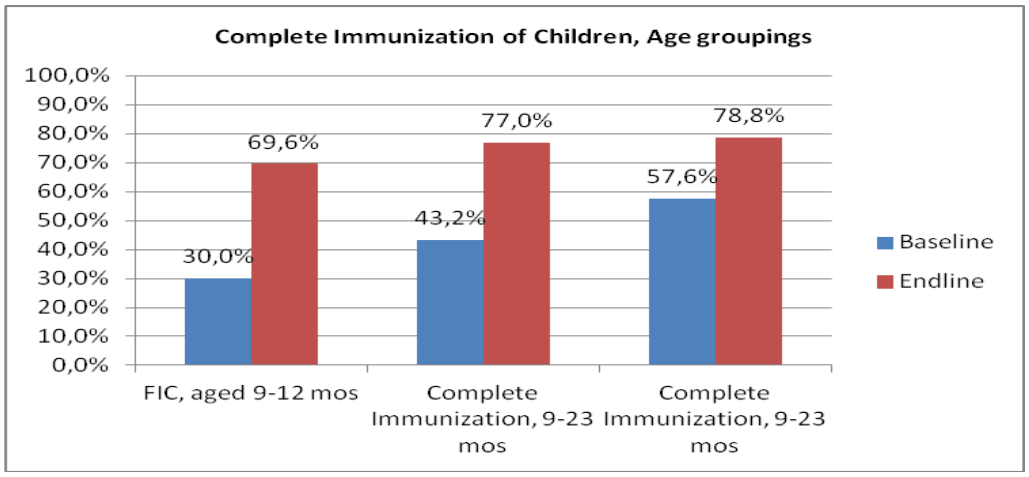


Figure 5. Attendance to Home- or Center-Based Programs

FIC and Complete Immunization

According to the baseline in Phase 1 and Phase 2, a child is considered fully immunized if they have been vaccinated with/for BCG, DPT 1, DPT 2, DPT 3, OPV 1, OPV 2, OPV 3 and the measles. The endline survey compared the level of immunization from the baseline to the end of the project.



Infants and children aged 9-12 were classified into following groupings:

1. **Fully-**immunized children or FIC. This is defined as the percentage of Children aged 9-12 months who have completed all required immunizations
2. **Complete** Immunization of children. This is defined as the percentage of children aged 9-35 months who have completed all required immunizations.

In the baseline, 30% of children aged 9-12 months were fully immunized. By the end of the project, this percentage had increased to 69.9%. In the baseline, 43.2% of children aged 9-12 months had complete immunization. By the end of the project, this percentage had increased to 77%. In the baseline, 57.6% of children aged 9-23 months had complete immunization. By the end of the project, this percentage had increased to 78.8%. Regardless of the age distinctions, it is clear that parents are now more aware of the importance of immunization and are taking their children to have their injections. Greater awareness could be attributed to the project since health, nutrition and immunization messages have been integrated into all the projects activities. In addition, because the Parent Motivators tend to be also involved in the posyandu activities, there is increased pressure to ensure that all children are immunized as this is a government instruction.

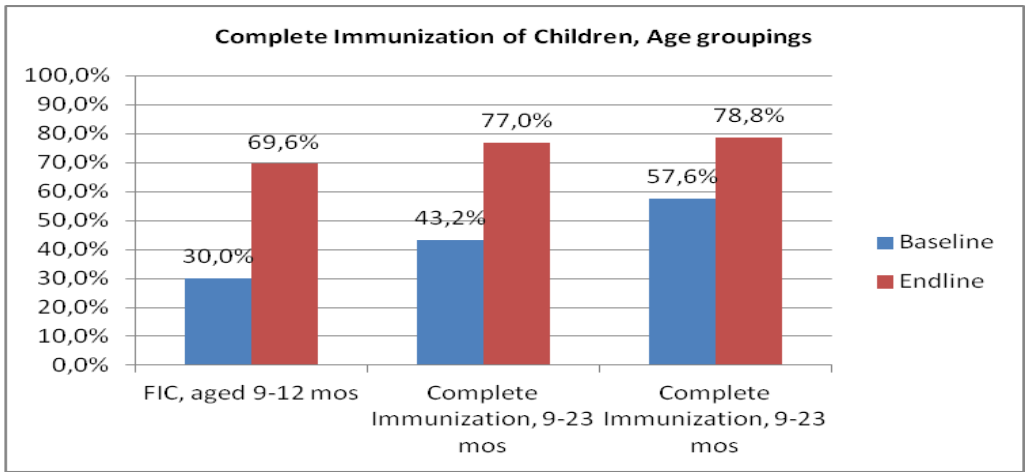


Figure 6. Complete Immunization of Children by age groupings

KAP of Parents and caregivers on proper childcare and development.

Parents KAP on caregiving activities were measured by providing the scores on the respondents' responses. The responses and the mean percentage of the scores were then calculated. Indices were assigned and respondents' responses were then classified into inadequate, adequate, satisfactory, and highly satisfactory level of KAP. The classification is described below.

Mean Percentage Score	Classification
30% and below	Highly Inadequate
31-60%	Inadequate

61-70%	Adequate
71-85%	Good/Satisfactory
Above 85%	Excellent/Highly Satisfactory

Endline data showed that parent/caregivers Knowledge on proper childcare and development had improved from the baseline survey. In the baseline, parents/caregivers Knowledge score was 86.5% and classified as excellent/highly satisfactory. By the end of the project, the percentage had increased to 92.2%. This result meant that it was still classified as excellent/highly satisfactory.

Endline data also showed that parents/caregivers Attitude on proper childcare and development had improved from the baseline. In the baseline, parents/caregivers Attitude score was 56.7% and classified as inadequate. By the end of the project, the percentage had increased to 70.6%. This result meant that the classification had moved to adequate.

Endline data also showed that parents/caregivers Practice on proper childcare and development had improved from the baseline. In the baseline, parents/caregivers Practice score was 61.8% and classified as adequate. By the end of the project, the percentage had increased to 71.7%. This result meant that the classification moved to satisfactory.

Several strategies were implemented to bring about this improvement. In Phase 1, the project focused on improving the infrastructure and ECD facilities. This was followed by Phase 2, which focused on mainstreaming the holistic – integrative ECD approach into the ECD centers. In Phase 3, the project moved to bringing parents into the ECD centers and introducing early learning stimulation into the home through the KBK strategy. Through this strategy, the project intended answer both young children's cognitive needs, and parents's need for engagement with other parents as well as with their own child in a structured yet nurturing environment. With increased parental input in the ECD center, it was also anticipated that children would benefit from early stimulation at home. A year is not sufficient to entirely change parent's Practices, although the project has contributed to a change in Attitude and Knowledge.

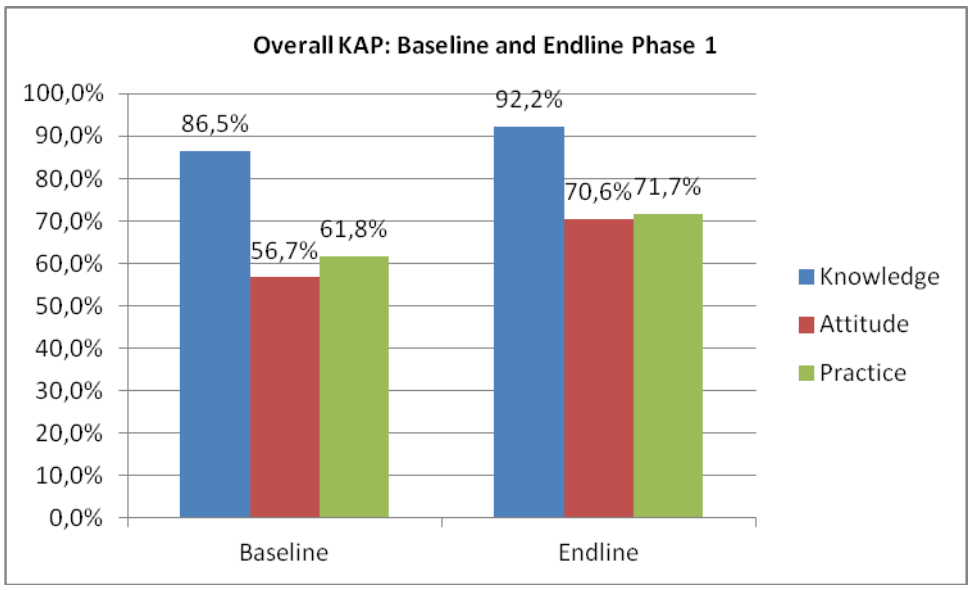


Figure 7. Overal KAP Scores: Baseline and Endline

Percentage of Parents and Caregivers Attending Seminars and trainings:

The surveys found that mothers and other female respondents had a higher level of Knowledge than fathers and other male respondents when it came to childcare. The results showed increases in Knowledge were bringing positive changes in Attitude towards child care as well as positive changes in Practices. The respondent's educational levels were considered a factor. However, one of the main reasons that fathers know less about childcare than mothers is cultural. In Indonesia, parenting and the nurturing of children is still considered to be a female/mother's responsibility. In Indonesia, all domestic tasks are the responsibility of women. Male Involvement is very low in terms of participation in ECD programs since there is also little acceptance of men working at home and caring for the family.

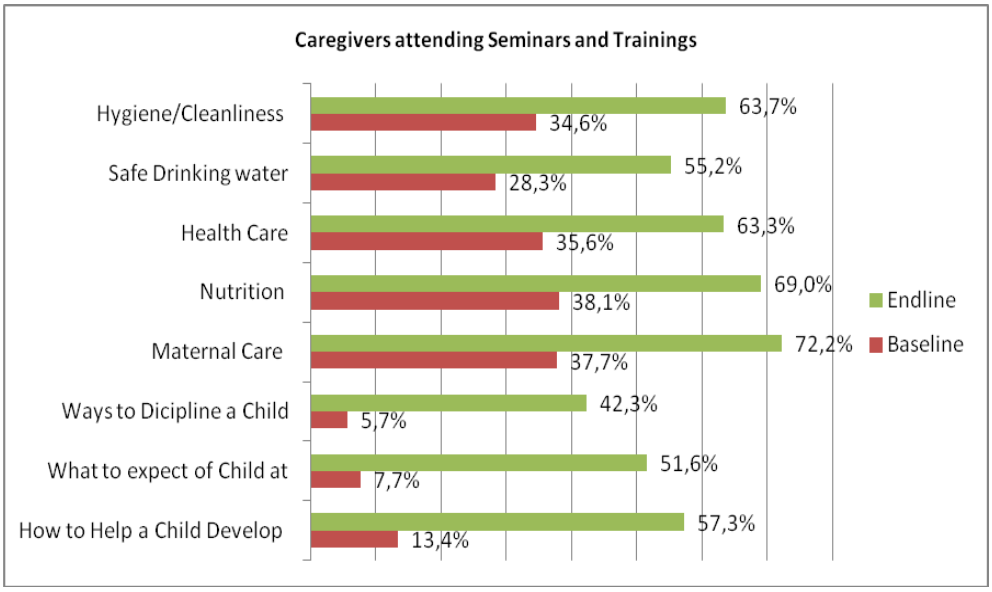


Figure 8. Attendance to Seminars and Trainings

Data showed that parents/caregivers attended more seminars and training at the back end of the program than before it. In fact, there was a marked improvement in the results. For Instance, the baseline found that only 37.7% of parents/caregivers attended maternal care seminars and training prior to the project. However, by the end of the project, this percentage had increased to 72.2%. This was also similar with the hygiene/cleanliness seminar and trainings which started at 34.6%. By the end of the project, the percentage had increased to 63.7%.

Several forms of capacity building were delivered to health cadres, parents, ECD teachers, and community motivators to ensure high quality ECD services were being provided to children. All of these trainings were devised to motivate and empower the participants. The participation of local stakeholders was also integrated into the training and implementation activities (socializations, key speaker, training) to build collaboration and strengthen further interest in the program.

SECTION C. KNOWLEDGE-ATTITUDE-PRACTICES ON PROPER CHILDCARE AND DEVELOPMENT

C.1. KAP ON MATERNAL AND NEWBORN HEALTH

KAP Summary on Maternal and Newborn Health

The survey addressed the following Maternal and Newborn Health issues which includes prenatal visits, post-partum rest, working hours and father's support during pregnancy, delivery, newborn care. These aspects play a critical role in shaping the health of mothers, children and infants.

Table 4. KAP on Maternal and Newborn Care

Maternal and Newborn Care	Mean or % of correct responses (Baseline)	Mean or % of correct responses (Endline)
KNOWLEDGE on the importance of:		
1.1 Prenatal or pregnancy check-up	96.0%	99.2%
1.2 Post-partum rest after pregnancy	96.0%	99.2%
1.3 Reduced amount of work during pregnancy	80.6%	94.4%
1.4 Support of the father during pregnancy, delivery, and newborn care	87.1%	100.0%
	89.9%	**98.2%**
ATTITUDE towards the importance of:		
1.5 Prenatal or pregnancy check-up	65.3%	72.2%
1.6 Post-partum rest after pregnancy	60.1%	72.6%
1.7 Reduced amount of work during pregnancy	40.3%	58.1%
1.8 Support of the father during pregnancy, delivery, & newborn care	55.3%	73.0%
	55.2 %	**69.0%**
PRACTICES		
1.9 Had skilled prenatal care	95.0%	92.2%
1.10 Had at least four prenatal visits during pregnancy	96.8%	94.8%
1.11 Had assistance of a health professional* during delivery	94.0%	93.5%
1.12 Delivered at a hospital or health center	60.0%	60.9%
1.13 Had family support in feeding, bathing, or cleaning the child	52.0%	66.9%
1.14 Registered the child's birth	64.5%	79.8%
	77.1%	**81.3%**

In the baseline, 89.9% of parents/caregivers had highly satisfactory Knowledge on Maternal and Newborn Care. By the end of the project, this percentage had increased to 98.2%. Awareness of the importance of Maternal and Newborn Health is an output of the project. The project conducted interventions that focus parents/caregivers attention to the need to assist and

support pregnant mothers receive the appropriate level of care, during and after pregnancy. This support should ideally come from the expectant father, family, community and health service providers.

That said, a large number of parents/caregivers had the Attitude that it was not important to reduce women's working hours during pregnancy or have the support of the father. This Attitude was reflected at both the baseline (40.3%) and endline (58.1%) suggesting that greater advocacy is needed within the different levels of government and community to strengthen this aspect of maternal child care. There is also a need for greater gender training and socialization of women's reproductive and health rights.

Practices on Maternal and Newborn Health

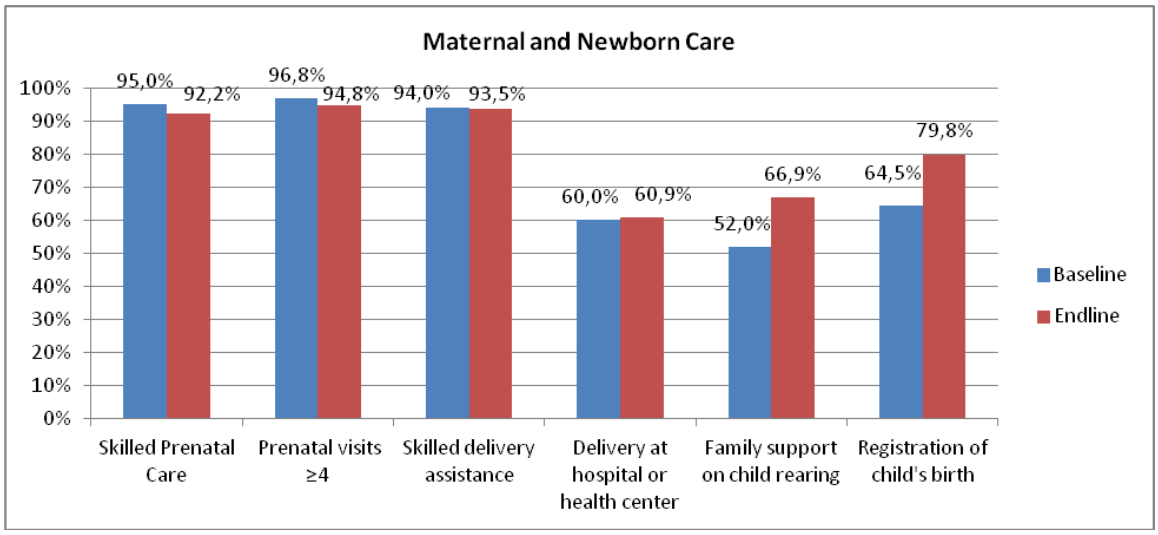


Figure 9. Practices on Maternal and Newborn Care

Usually, 1 midwife is responsible for 1 village, but often, the midwife has to service more than 1 village. When this happens, pregnant women tend to visit the volunteer health cadre at the posyandu who is more likely going to be able to assist.

Skilled Prenatal Care

In the baseline, 95% of mothers acknowledged receiving skilled prenatal care when they were pregnant. By the end of the project, this percentage had decreased slightly to 92.2%. This is a very slight difference and is related to the pregnant woman having access to a skilled health professional.

Prenatal visits

According to World Health Organization pregnant women are advised to have 4 prenatal visits during her pregnancy. The first visit is supposed to take place within the first semester of the pregnancy. These visits usually take place at the Puskemas (Village Health Post).

In the baseline, 96.8% of mothers acknowledged receiving prenatal care services at least 4 X during their pregnancy. By the end of the project, this percentage had decreased slightly to 94.8%. It is expected that the reason for this is similar to the above.

Skilled-Delivery Assistance

Skilled delivery assistance refers to assistance received from a health professional such as a doctor, nurse or midwife during the delivery. Medical attention during delivery is essential to ensuring the mother and child are well-cared for. Hygienic surroundings at the time of delivery can also prevent the mother and child from suffering complications.

In the baseline, 94% of mothers acknowledged receiving skilled delivery assistance to give birth to their baby. By the end of the project, this percentage had declined slightly to 93.5%. One of the explanations for this is that access to the health professional might be hampered or that the midwife might not be available.

Delivery at a Hospital or Health Center

Mothers who did deliver at a hospital or health center pointed out that they did so because they wanted to mitigate the risks. They also stated that a doctor, nurse, midwife who was trustworthy and good medical equipment was important to them. This suggests that there is awareness of the importance of delivering in a hospital/health center although more investigation needs to be made on the varied costs of a delivery particularly given the Indonesian government's policy that delivery is now free. That said, because of distance, the Puskesmas is often not accessed by rural communities and there is also a shortage of qualified health providers particularly in areas outside the cities.

In the baseline, 60% of mothers delivered their baby at a hospital. There is little change in the results by the end the project (60.9%). The percentage is nonetheless very low suggesting that there also needs to be further investigation into the gender dynamic and costs of transport to get to the local hospital.

Family support on child rearing

Provisions of support were received mainly from the pregnant woman's mother, followed by her mother-in-law. This was then followed by the husband/father and finally, the relatives. Most mothers indicated that they could do most tasks because culturally and socially. It is not clear whether this is so or whether women are just fulfilling the roles and responsibilities expected of them. In Indonesia, as noted above, it is the role of the woman to care for the baby and fulfill her role within the 'private sphere' while the husband/father tends to 'public sphere' tasks.

In the baseline, 52% of parents/caregivers/partners acknowledged providing support (to the mother) in terms of child rearing. Child rearing was defined as the feeding, bathing, and cleaning the child. By the end of the project, 66.9% of parents/caregivers acknowledged providing support in terms of child rearing.

Birth Registration

Birth registration is a basic human right. This message is disseminated in nearly all project activities so parents are aware of their legal responsibilities as a parent. The government now facilitates the process so it is free and easier to access.

In the baseline, 64.5% of parents/caregivers registered their baby at birth. By the end of the project, the percentage had increased to 79.8% citing awareness of the importance but also an improvement in the facilitation process.

C.2. KAP on Health

KAP Summary on Health

Table 5.KAP on Health

Infant and Child Health/Immunization/Illnesses Management	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
KNOWLEDGE on the importance of:		
2.1 Complete Immunization	96.8%	100.0%
2.2 Following the schedule of Immunization	93.5%	99.2%
2.3 Making sure sick child gets more than the usual amount of food.	90.3%	95.2%
2.4 Making sure sick child gets more than the usual amount of liquid.	93.5%	98.4%
2.5 Bringing child to doctor/health center when ill.	99.6%	99.2%
2.6 Enough knowledge of the signs of illness that would indicate child needs to receive care or treatment - knows at least three signs of illness	66.1%	57.1%
	90.0 %	**89.9%**
ATTITUDE towards the importance of:		
2.7 Complete Immunization	78.2%	81.0%
2.8 Following the schedule of Immunization	65.0%	68.5%
2.9 Making sure sick child gets more than the usual amount of food.	29.6%	61.3%
2.10 Making sure sick child gets more than the usual amount of water/liquid.	32.7%	70.4%
2.11 Bringing child to doctor/health center when ill.	43.1%	79.6%
	49.7 %	**71.5%**
PRACTICES		
2.12 Availability of a child Health Development	54.5%	81.0%

Infant and Child Health/Immunization/Illnesses Management	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
Record Card		
2.13 Full Immunization of children 9 – 35 months old	57.6	77.5%
2.14 Appropriate management of illness: giving child more food	29.4%	6.3%
2.15 Appropriate management of illness: giving child more liquid/water	73.3%	96.9%
	54.2 %	**76.0%**

In the baseline, 90% of parents/caregivers had sound Knowledge of health activities. By the end of the project, this percentage had not changed.

Parents' Attitude and changes in Practice are influenced by many factors such as Knowledge that was given by the health cadres/workers to the parents, the availability of the services that are provided by the Puskesmas and the support from community leaders. In the baseline, 49.7% of parents/caregivers had the appropriate Attitude to health. By the end of the project, this percentage had increased to 71.5%. This suggests that the projects core set of intervention was successful in changing people's perceptions since the project was able to build on the high level of parent/caregivers' Knowledge.

Practices on Health

In the baseline, 54.2% of parents/caregivers were practicing sound health behavior. By the end of the project, this percentage had increased to 76%.

Interesting, 54.5% of parents/caregivers kept child records. By the end of the project, this percentage had increased to 81%. This is a positive result since it suggests that there is now greater awareness of the need to monitor children's growth and development. In the baseline, 60% of children received complete immunization from the ages of 9-35 months. By the end of the project, the percentage had increased to 77.5%. This suggests that parents/caregivers are also complementing this Knowledge with action.

In the baseline, 29.4% of children were given additional food when they were sick. By the end of the project, 6.3% were continuing this Practice. Furthermore, in the baseline, 73.3% were giving sick children more liquid/water. By the end of the project this had increased to 96.9%. These positive results indicate that the revitalization of the Posyandu approach, which is an integral part of the project, has greatly contributed to improving Practices on Health.

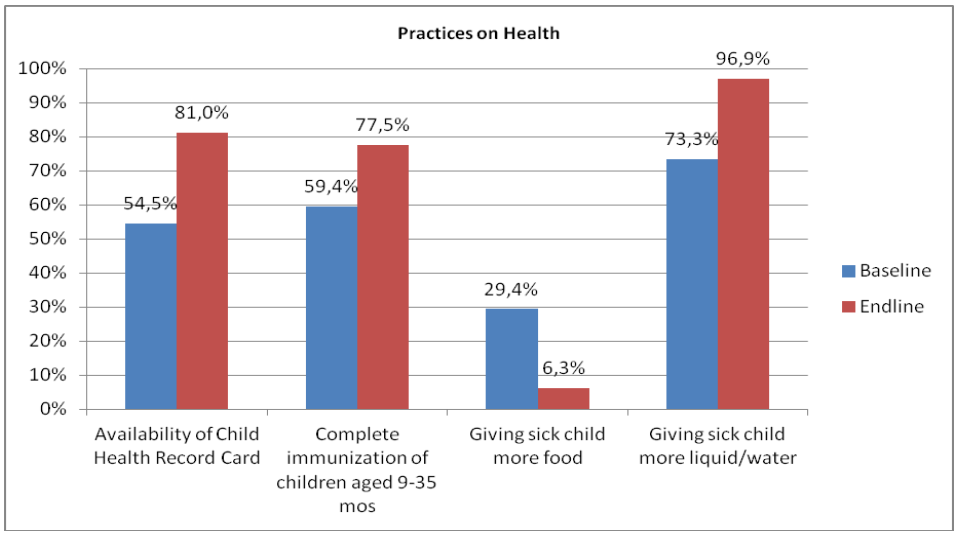


Figure 10. Practices on Immunization and Illnesses Management

C.3. KAP on Nutrition

Parents/caregivers Knowledge, Attitude and Practices on Nutrition are instrumental in preventing malnutrition. The higher the level of nutrition, the less likely children are to experience health problems as they get older. Infants who are exclusively breastfed for the first six months of life and continue to be breastfed until two years of age and beyond develop fewer infections and have less severe illnesses, including diarrhea.

KAP Summary on Infant and Child Nutrition

Table 6. KAP on Infant and Child Nutrition

Infant/Child Nutrition: Breastfeeding and Feeding Practices	Mean % or % of correct responses	Mean % or % of correct responses
KNOWLEDGE on the importance of:		
3.1 Exclusive breastfeeding on the first six months	91.9%	98,0%
3.2 Initiate breastfeeding on the first hour of birth	89.9%	99,6%
3.3 Breastfeeding up to second year	82.7%	94,0%
3.4 Deciding what are the appropriate food to give to child	90.3%	98,4%
3.5 The father is involved in feeding infant or child	65.3%	91,9%
3.6 Appropriate knowledge that breast milk is always enough to meet all the needs of the	23.0%	28.0%

Infant/Child Nutrition: Breastfeeding and Feeding Practices	Mean % or % of correct responses	Mean % or % of correct responses
child for nutrients.		
	73.9 %	**80,2%**
ATTITUDE towards the importance of:		
3.7 Exclusive breastfeeding on the first six months	60.9%	80,6%
3.8 Initiating breastfeeding on the first hour of birth	69.6%	81,9%
3.9 Breastfeeding up to second year	52.6%	66,9%
3.10 Deciding what are the appropriate food to give to child	62.3%	68,8%
3.11 The father is involved in feeding infant or child	24.0%	52,6%
	53.9 %	**70,2%**
PRACTICES		
3.12 Breastfeeding or has breastfed child	48.9%	40,3%
3.13 Currently Breastfeeding	73.8%	75,8%
3.14 Exclusive Breastfeeding	60.0%	55,2%
3.15 Give child multivitamin or herbal supplement	23.9%	25,4%
3.16 Meal frequency: Give child food to eat at least 3x a day	86.0%	84,6%
3.17 Appropriate response to poor appetite	45.7%	76,2%
3.18 Cultivated their own vegetable garden	29.4%	32,3%
	52.5 %	**53,8%**

The baseline results show that parents/caregivers level of Knowledge regarding nutrition had improved from 73.9% to 80.2%. Despite this improvement in Knowledge and Attitude, it is worth noting that the level of Practice at both the baseline and endline remained almost identical. This suggests that while additional investigation needs to be done on the obstacles and challenges to accessing healthy food, it is also recommended that investigation include looking at the different influences that might affect parents/caregivers decision to eat and give their children more healthy food. Many of the areas in the project are semi/urban. Therefore, it is also perceived that on the surface, there might also be issues in terms of accessing healthy food. The project provided information as well as opportunities to use these skills through cooking demonstration/practice sessions/competitions.

Practices on Infant and Child Nutrition

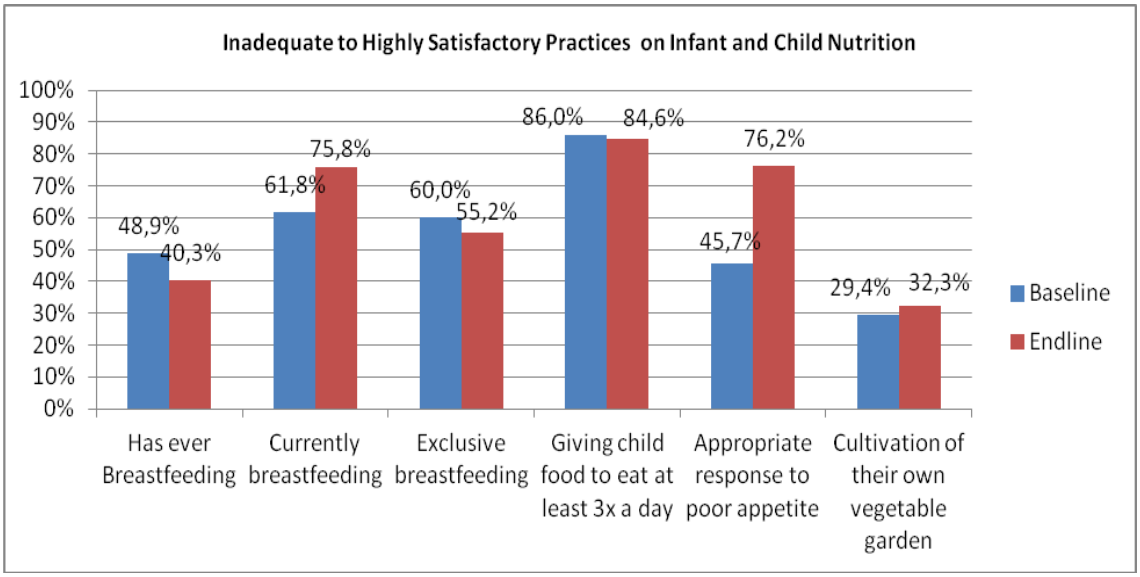


Figure 11. Practices of Parents and Caregivers on Infant and Child Nutrition

Breastfeeding

In the baseline, 48.9% of mothers had breastfed their child. By the end of the project, 40.3% of mothers had breastfed their child, indicating a decline in the incidents of breastfeeding. However, at the same time 6.18% of mothers were breastfeeding at the beginning of the project and by the end of the project, this had risen to 75.8% of mothers. This is a positive sign in that suggests that women are continuing to breastfeed for longer. Despite this, exclusive breastfeeding had declined. At the beginning of the project 60% of mothers were practicing exclusive feeding. At the end of the project, exclusive breastfeeding had declined to 55.2%.

Breast milk has all important minerals, vitamins and nutrition needed by every baby. The majority of mothers can normally produce sufficient amounts of breast milk. In cases where breastfeeding mothers are malnourished, it becomes a challenge for them to produce a larger amount of breast milk. The quality of the milk is also compromised. The decrease in breastfeeding is also related to external factors. The project was implemented in industrial areas. Here, even though most mothers get maternity leave, it is only for 3 months in total. In these areas the fathers as well as the mothers work. The challenge therefore in finding the time to breastfeed their baby during working hours. Despite the legalities of providing time and facilities to encourage women to breastfeed, many factories do not as yet, implement these policies. Refrigerators, breastfeeding rooms are also rarely provided so women are forced to stop breastfeeding early.

Giving a child food to eat at least 3x a day and appropriate response to poor appetite

In the baseline survey, 86% of parents/caregivers provided food to their child at least 3X a day. This percentage had declined slightly to 84.6% by the end of the project. While this is only a slight change, it does suggest that there is a need for programs to be more attentive to ensuring consistent messaging about the importance of regular nutrition intake and useful tips on balancing the preparation of local food and other tasks around the home.

In the baseline 45.7% of all parents/caregivers provided an appropriate response to their children's poor appetite. By the end of the project, 76.2% of the parents/caregivers responded positively to poor appetite. This increase was expected given that the project focused on nutrition and encouraged parents to be more attentive to listening to children and being more aware of their health needs.

Cultivation of their own Vegetable Gardens

In the baseline, 29.4% of parents cultivated home gardens. By the end of the project, 32.3% were cultivating home gardens. Because the areas of interventions are mostly urban, it was not expected that there would be a large increase in the number of home gardens because of the project location. However, there has been increased coordination with the agricultural office in terms of providing information on the different types of vegetables that can be effectively grown in urban areas.

C.4. KAP on Sanitation and Hygiene

Safe water and sanitation coupled with proper hygiene are instrumental for proper health environment. These elements play effective roles in shaping healthy, sustainable and hygienic behaviors.

KAP Summary on Sanitation and Hygiene

Table 7. KAP on Sanitation and Hygiene

Sanitation/ Hygiene	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
KNOWLEDGE on the importance of:		
4.1 Bathing/cleaning the child	98.0%	99,6%
4.2 The father is involved in bathing/cleaning the child	62.1%	80,2%
4.3 Washing of hands with soap and water after using the toilet.	100.0%	99,2%
4.4 Washing of hands with soap and water before and after eating.	100.0%	99,6%
4.5 Washing hands before breastfeeding.	74.5%	96,4%
	86.9 %	**95,0%**
ATTITUDE towards the importance of:		
4.6 Bathing/cleaning the child	72.2%	84,7%
4.7 The father is involved in bathing/cleaning the child	13.3%	35,9%
4.8 Washing of hands with soap and water after using the toilet.	74.8%	74,6%
4.9 Washing of hands with soap and water before and after eating.	74.9%	76,6%
4.10 Washing hands before breastfeeding.	45.1%	68,3%
4.11 Self-efficacy of caregiver: having the responsibility to ensure his or her health and that of his/her family	95.1%	96,8%

Sanitation/ Hygiene	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
	62.6 %	**72,8%**
PRACTICES		
4.12 Safe drinking water: boiling water before giving it to the child	91.5%	100,0%
4.13 Adequate disposal of wastes/garbage	8.1%	57,3%
4.14 Adequate washing of hands	100.0%	100,0%
4.14 Use of soap in washing hands: presence of soap	94.4%	86,7%
4.15 Observation Checklist: Cleanliness of Child	83.3%	94,0%
4.16 Observation Checklist: Cleanliness of Mother	86.6%	95,2%
4.17 Observation Checklist: Cleanliness of Home and Yard	73.2%	88,7%
	76.7%	**88,8%**

In the baseline, 87% of parents/caregivers indicated that they were able to comprehend the importance of sanitation and hygiene. In the endline survey, this percentage had risen to 95%. This increase can be attributed to the focus on these issues in the capacity building training.

In the baseline, 13.3% parents/caregivers indicated that they knew the importance of the father being involved in bathing and cleaning the child. By the end of the project, this percentage had risen to 35.5%. While still low, it is increasing which it a positive sign.

In the baseline, the Knowledge of parents/caregivers to sanitation and hygiene was rated to be 86.9%. By the end of the project, the percentage had risen to 95%. In the baseline, the Attitude of parents/caregivers to sanitation and hygiene was rated to be 62.6%. By the end of the project, the percentage had risen to 72.8%. In the baseline, the Practices of parents/caregivers to sanitation and hygiene were rated to be 76.7%. By the end of the project, the percentage had risen to 89.9%. These findings suggest that Knowledge which was high was strengthened. Because of this as well as a sound methodology, Attitude and Practice also increased, which has the greatest impact on the life of a child.

Practices on Sanitation and Hygiene

Safe Drinking Water

In the baseline survey, 91.5% of parents/caregivers provided safe drinking water to their child. This means that they boiled the water before the child consumed it. By the end of the project, 100% of all parents/caregivers provided safe drinking water to their child. Bringing the awareness message of consuming clean drinking water to the community was an output of the

project. This message was also further reinforced through the other stakeholders in the community, such as the PHBS (Perilaku Hidup Bersih Sihat)- Health and Sanitation Habits.

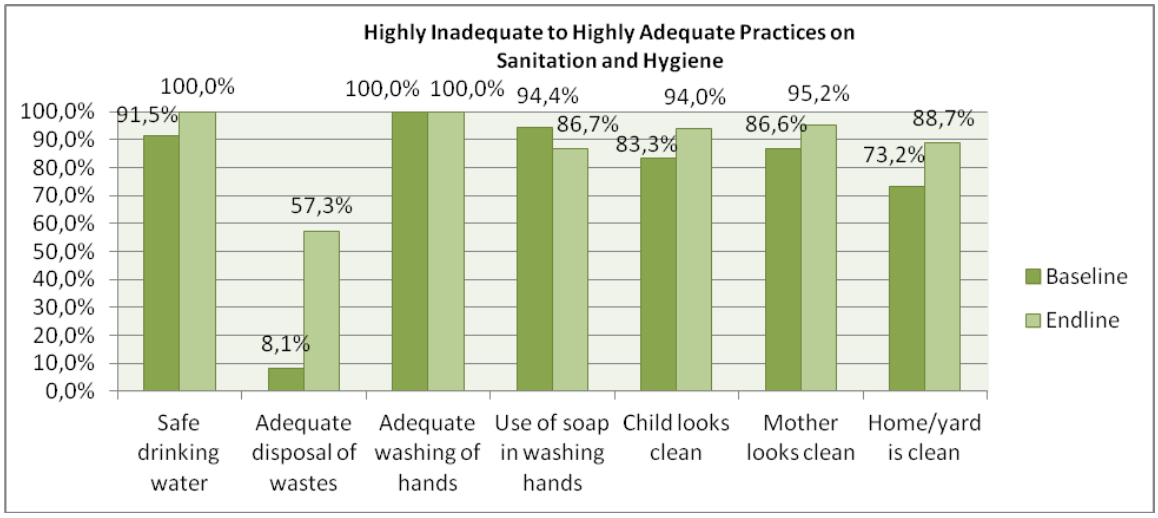


Figure 12. Practices of Parents and Caregivers on Sanitation and Hygiene

Adequate Disposal of Wastes

In the baseline, 8.1% of the community utilized adequate removal of garbage. By the end of the project, this percentage had increased to 57.3%. This result suggests that the project has been successful in socializing the community on the importance of a clean and healthy environment. It also indicates that the garbage bank concept, being implemented in many of these project areas, was having some success in that people were beginning to collect and sell their garbage for funds leaving their neighborhoods cleaner and more hygienic. This positive result might also be contributed to an increase in awareness on proper garbage disposal management systems advocated by the project.

Adequate Hand-washing and Presence of Soap

In the baseline, 86.5% of parents/caregivers practiced adequate hand washing. This increased to 94.5% by the end of the project. This increase can be attributed to the consistent messaging conveyed by the project. Parents also indicated in interviews that their young children often reminded them to wash their hands more regularly as well.

Observation Checklist: Cleanliness of Child, Caregiver, and Yard

In the baseline, 83.3% of parents/caregivers cited that their children looked clean. By the end of the project, this percentage had increased to 94%. In the baseline, mothers indicated that they looked clean. However, by the end of the project, this percentage had increased to 95%. In the baseline, 73.2% of all the homes and yards looked clean. By the end of the project this percentage had increased to 88.7%. This suggests that there is increasing awareness of the importance of looking and being clean.

C.5. KAP on Psychosocial and Cognitive Stimulation

In baseline phase 1 and phase 2, social, cultural-historical, community and environment factors are seen to be factors that influence the cognitive physical and socio-emotional condition of children. The endline study included assessment on psychosocial stimulation. In particular, the endline looked at how parents/caregivers support children's social development (personality and the acquisition of social attitudes). It also explored cognitive stimulation and how parents/ caregivers support their children's intellectual (intelligence, conscious thought, and problem-solving) abilities.

KAP Summary on Children's Psychosocial and Cognitive Stimulation

Table 8. KAP on Psychosocial and Cognitive Stimulation

Psychosocial and Cognitive Stimulation	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Baseline)
KNOWLEDGE on the importance of:		
5.1 Talking to child often	97.6%	100.0%
5.2 Carrying the crying child	97.6%	95.2%
5.3 Telling stories to the child	80.6%	93.5%
5.4 Praising child on skills learned	96.0%	99.2%
5.5 Disciplining the child	94.4%	99.2%
5.6 Kissing/hugging the child	98.0%	99.2%
5.7 The father is involved in taking care of the child (playing and talking with child)	78.1%	96.4%
	91.7%	97.5%
ATTITUDE towards the importance of:		
5.8 Talking to child often	72.2%	82.1%
5.9 Carrying the crying child	70.4%	66.7%
5.10 Telling stories to the child	47.6%	57.7%
5.11 Praising child on skills learned	66.9%	71.0%
5.12 Disciplining the child	66.3%	68.1%
5.13 Kissing/hugging the child	70.1%	80.2%
5.14 The father is involved in taking care of the child (playing and talking with child)	40.3%	60.1%
	62.0%	**69.4%**
PRACTICES		
Cognitive Skills		
5.15 Attendance to an early childhood development center	75.0%	81.5%
5.16 Participation of child in any activities at home or in the neighborhood to help him/her learn or do new things	52.7%	49.6%
SNP by age group: 0-2 years old	38.8%	41.9%
3-5 years old	66.9%	57.3%
5.17 Paying attention to child's questions	72.4%	85.0%
5.18 Answering child's questions correctly	71.9%	79.1%

Psychosocial and Cognitive Stimulation	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Baseline)
5.19 Drawing or writing with child	32.5%	43.3%
5.20 Letting child play or watch TV as long as he/she wants	24.6%	48.1%
5.21 Someone comes to the home to help child learn or do new things	7.8%	19.4%
5.22 Giving child something to read	23.2%	26.6%
5.23 Explaining the uses of different household items to child	42.0%	48.0%
5.24 Doing pretend (or make-believe) play with child	17.4%	28.2%
5.25 Reading books to child	21.8%	21.0%
Practices Score on Cognitive Stimulation	**40.1%**	**40.5%**
Physical Skills		
5.26 Encouraging child to be active	74.5%	84.5%
5.27 Not allowing child to run because he might hurt herself/himself	25.4%	24.2%
5.28 Playing ball with child	17.3%	28.6%
Practices Score on Physical Skills	**39.1%**	**42.3%**
Socio-Emotional Skills		
5.29 Appropriate Discipline Practices	48.6%	87.1%
5.30 Encourage child to express how he/she feels	59.6%	79.1%
5.31 Do not use threats or scare child to illicit obedience	40.4%	69.5%
5.32 Sharing feelings with child	58.8%	83.4%
5.33 Praising child for good behavior	78.8%	90.9%
5.34 Encouraging child to play with other children	53.9%	73.4%
5.35 Listening to child	56.8%	89.5%
5.36 Talking to child	86.0%	98.0%
5.37 Being patient with child	84.7%	91.5%
5.38 Making eye contact when talking to child	88.4%	91.5%
Practices Score on Socio-Emotional Skills	**65.6%**	**85.8%**
Average Practices Score on Psychosocial and Cognitive Stimulation	**48.3%**	**58.5%**

In the baseline, parents/caregivers Knowledge on children's psychosocial and cognitive stimulation was rated highly satisfactory at 91.7%. By the end of the project, parents/caregivers Knowledge had increased to 97.5% and remained as highly satisfactory.

Parents/caregivers level of Attitude was relatively low in comparison to the level of Knowledge. In the baseline, parents/caregivers Attitude was rated as 62%. By the end of the project parents/caregivers Attitude had increased to 69.4%.

Given the high level of Knowledge on children's psychological and cognitive stimulation, it was hoped that parents/caregivers Attitudes would have been higher. Books were provided by the

project so parents can read together with their children at home. The Mencare approach being implemented in the KBK intervention focuses on involving men in caring for the child, thereby enabling children to have more varied forms of stimulation as well as opportunities to bond with their father (and visa versa). These interventions contribute towards addressing children's psychosocial and cognitive stimulation although unequal gender relations remain.

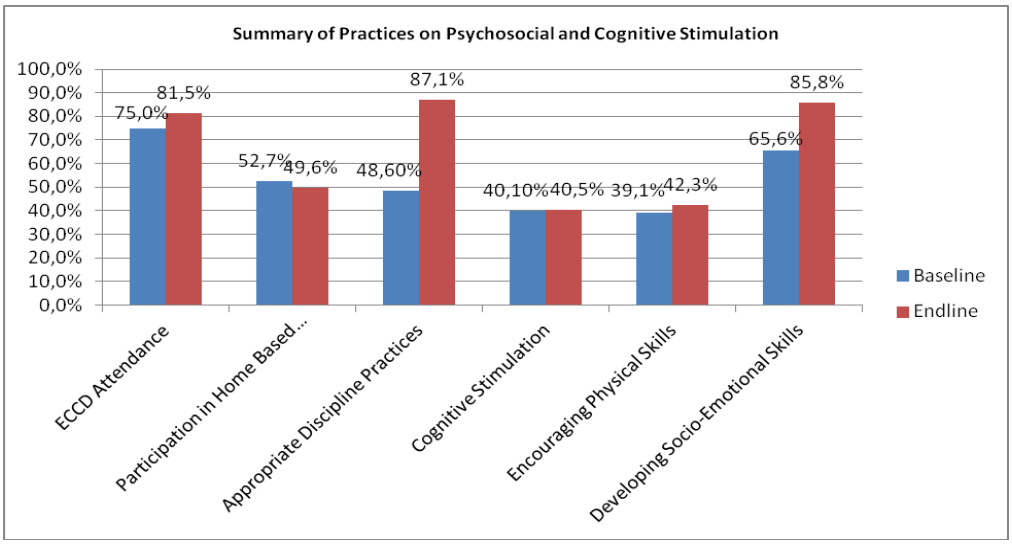
Practices on Psychosocial and Cognitive stimulation

The survey asked respondents about the frequency of their psychosocial and cognitive stimulation with their child. The KSP categorized these Practices into 3 groups

1 cognitive skills,
2 physical skills,
3 socio-emotional skills.

In the baseline, parents/caregivers indicated that they practiced psychosocial and cognitive stimulation with their child 48.9% of the time. By the end of the project, the percentage had increased to 58.5%. This suggests that there is a considerable amount of work that needs to be done on this area of child development.

Figure 13. Summary of Practices on Psychosocial and Cognitive Stimulation



Participation in Home-Based Programs

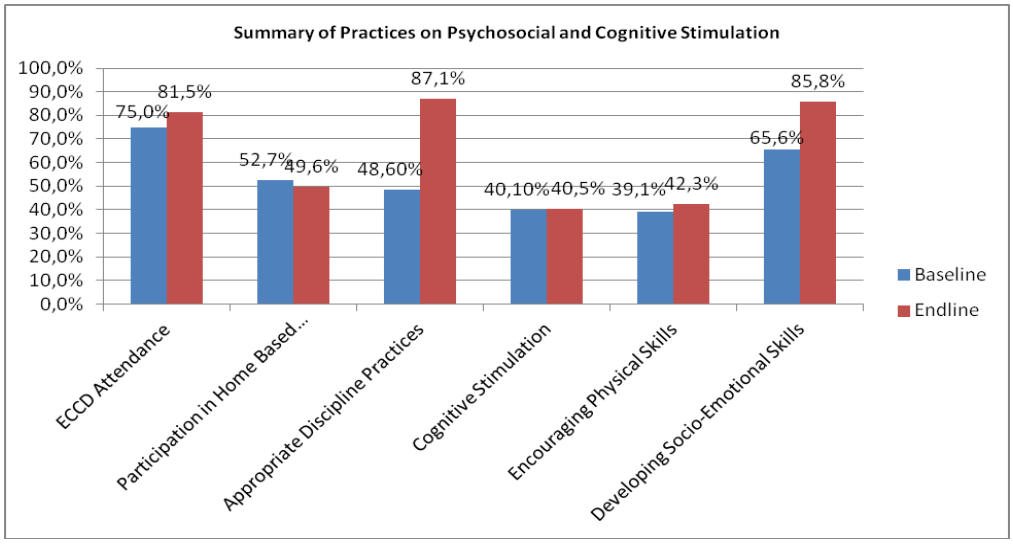
Home-Based programs take the form of family day care programs, parent education, home visiting programs, and neighborhood-based play groups, commonly referred to as SNP or supervised neighborhood play. In phase 3, the KBK program strategy improved parents participation in terms of engaging children at home. One of factors that motivated parents to become better engaged is the creation of educative toys making local materials.

Practices on the Psychosocial and Cognitive Stimulation

The KAP classified Psychosocial and Cognitive Stimulation into 3 categories. These are (a) cognitive stimulation, (b) physical skills, and (c) socio-emotional skills.

a. <u>Cognitive Stimulation</u>

According to UNICEF a child grows and develops in a community, a culture and a nation. The most effective ECD programs are therefore those that are integrated and multidimensional, fostering children's good health and nutrition and their cognitive, social and emotional abilities. Reflecting cultural values, the best of these programs are deeply rooted within families and communities, blending what are known about the best environments for optimal child development with an understanding of traditional child-rearing practices.



In the baseline, 52.7% of parents/caregivers indicated that they were open for someone to come to their home to help their child learn or do new things (homes based). By the end of the project, this percentage had decreased to 49.6%. This suggests that parents/caregivers feel that they are more able to teach their own children. In the meantime, in the baseline, it was found that 48.60% of parents/caregivers practiced appropriate discipline practices. By the end of the project, the percentage had increased to 87.1%. This is also a positive response because it suggests that parents are more aware of children's rights and needs. However, cognitive stimulation remained unchanged throughout the project. This suggests that a play activities need to be more varied and targeted.

Also, in the baseline, 39.1% of parents/caregivers encouraged physical skills. By the end of the project, the percentage had increased to 42.3%. This is only a slight increase. However, it is important to note that in these areas, communities tend to practice limited physical/sporting activities so this is not perceived to be a priority. In the baseline, 65.6% of parents/caregivers were working to develop socio-emotional skills. By the end of the project, the percentage had increased to 85.8%. These findings suggest that parents/caregivers see this as priority, however just as important, parents/caregivers are now more aware of the importance of these skills to building resilience skills and independence. These results also highlight the need for greater balance and a refocus on physical skills and cognitive skills.

b. Encouraging Physical Skills

In the baseline, it was found that 42.3% of parents/caregivers encouraged their children's physical skills. By the end of the project, the percentage had reduced to 39.1%.

c. Developing Socio-Emotional Skills

In the baseline, 65.6% of parents/caregivers were helping to develop their children's socio-emotional skills. By the end of the project, the percentage had increased to 85.8%. This suggests that as a result of ECD, children were developing more resilient and independent skills.

SECTION D. DISCUSSION ON THE OVERALL KAP RESULTS AND RECOMMENDATIONS

Data showed that parents/caregivers overall level of Knowledge-Attitude-Practices score (KAP) on proper childcare and development have improved over the duration of the project. For instance, in the baseline, it was found that the total Knowledge score for parents/caregivers was 86.5%. By the end of the project, the percentage had increased to 92.2% and classified as 'excellent/highly satisfactory'. Parents/caregivers overall level of Attitude have significantly improved from 56.7% to 70.6%. However, parents/caregivers overall level of Practice had only increased from 61. 8% to 71.7% highlighting a need for continued reinforced support in this area. Given that the sustainability component of the overall project was only 1 year, it can be speculated that with a more intensive strategy of encouraging parents/caregivers to Practice these new interventions, further improvements will be become evident.

D.1. Summary on the KAP Results

Summary of KAP Phase I

Knowledge regarding Proper Childcare and Development

- In the endline, parents/caregivers scored the highest percentage in Knowledge of Psychosocial and Cognitive Stimulation. 97.5% of parents/caregivers were aware of the importance of talking to child, carrying a crying child, praising a child on skills learnt, disciplining the child, and kissing/hugging the child.

- In the baseline, the overall rating for parents/caregivers Knowledge on nutrition was 73.9%. By the end of the project, the percentage had increased to 80.2%. In the baseline, 82.7% of parents/caregivers were aware of the importance of breastfeeding for 2 years. By the end of the project, the percentage had increased to 89%. In the baseline, 65.3% of parents/caregivers were aware of the importance of involving fathers in feeding/caring for the child. By the end of the project, the percentage had increased to 88.3%.

- These findings above indicate an overall increase in the level of Knowledge of parents/caregivers on childcare and development from 86.5% to 92.3%.

Attitude regarding Proper Childcare and Development

- In the endline survey, parents/caregivers scored 72.8% in Attitude in the area of Sanitation and Hygiene.

- 97.5% of parents/caregivers acknowledged responsibility in ensuring the health of themselves and their family.

- Parents/caregivers experienced lower level of Attitude on Maternal and Newborn Care (69%). However, the majority of parents and caregivers acknowledged the importance of supporting the father during pregnancy, delivery, and newborn care (73%). 72.6% of

parents/caregivers had proper Attitude on Post-partum rest after pregnancy and 72.2% on prenatal or pregnancy check-ups. However, only 58.1% of parents/caregivers had a good attitude on reducing the amount of work a woman does during pregnancy.

- Parents/caregivers overall level of Attitude was inadequate (56.7%) at the baseline and had improved by the end of the project (70.6%).

Practices regarding Proper Childcare and Development

- Parents/caregivers Practice scored the highest at 88.8% in the area of Sanitation and Hygiene. Almost 100% of parents/caregivers practiced adequate washing of hands and drinking of safe water. 95.2% of children and 94% of parents/caregivers looked clean. However, disposal of wastes were extremely low. Indonesia has low rates of access to sewerage and sanitation and therefore high rates of open defecation. In addition, there are also low rates of waste disposal so garbage collects because there are not the services in place to dispose of this waste. A lack of services also contributes to this low result.

- In endline survey, parents/caregivers implemented lower levels of Practice in regards to Nutrition (53.8%). The majority of parents/caregivers (84.6%) gave children food to eat at least 3 times a day. 76.2% practiced appropriate response to poor appetite and 75.8% practiced breastfeeding. 48.9% of parents/caregivers had breastfed child. 25.4% gave their children additional vitamins and/or herbal potions.

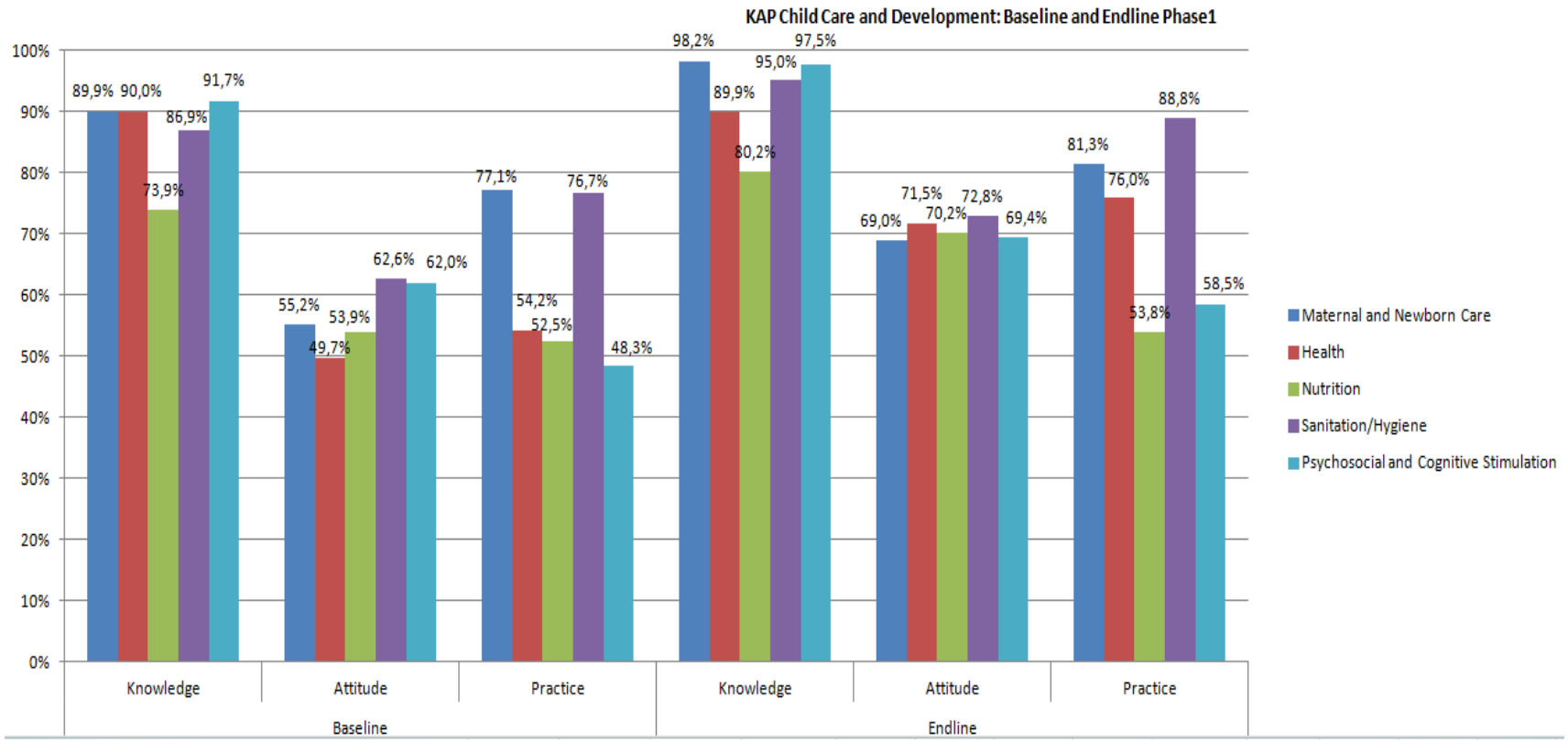
- In the baseline, it was found that 61.8% of parents/caregivers practiced adequate. At the end of the project, the percentage had increased to 71.7%.

Overall KAP on Proper Childcare and Development

The overall KAP for parents/caregivers on proper childcare and development improved. At the baseline, the total Knowledge score of parents/caregivers was 86.5%. At the end of the project, the percentage had increased to 92.2%.

The overall Attitude of parents/caregivers have improved from 56.7% to 70.6% percent and its classification had shifted from inadequate level to adequate.

The overall Practice of parents/caregivers had improved from 61.8% to 71.7% and its classification had shifted from inadequate to adequate.


KAP Child Care and Development: Baseline and Endline Phase1
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
89,9%
90,0%
73,9%
86,9%
91,7%
55,2%
49,7%
53,9%
62,6%
62,0%
77,1%
54,2%
52,5%
76,7%
48,3%
98,2%
89,9%
80,2%
95,0%
97,5%
69,0%
71,5%
70,2%
72,8%
69,4%
81,3%
76,0%
53,8%
88,8%
58,5%
Knowledge
Attitude
Practice
Knowledge
Attitude
Practice
Baseline
Endline
Maternal and Newborn Care
Health
Nutrition
Sanitation/Hygiene
Psychosocial and Cognitive Stimulation

Proper Childcare and Development

One of the key challenges is that while parents are increasingly sending their children to participate in ECD activities, centers only conduct classes 2-3 hours a day. This means that a significant part of the day is spent with parents at home, often unsupervised. Many parents in these working areas are not highly educated and so it is important that the messages that the project disseminates are easy to understand so that children can bring these messages home to their parents. It is also critical that ECD teachers are aware of the importance of sound caregiving practices so that they can also reinforce these messages to the child and parent. From FGD carried out with parents, it was clear that parents also learn from their young children. Parents indicated that their children often reminded them to wash their hands properly and to drink boiled water. Through these examples, it is clear that children can become agents of change in their own homes, if the building blocks are provided to enable them to fulfill their potential.

The endline study discovered that the level of parents/caregivers had increased significantly (88.8%) in the area of Sanitation and Hygiene. 100% of parents/caregivers washed their hands regularly before/after preparing food and going to the toilet. They also drank and gave their children safe drinking water (100%). 95.2% of parents/caregivers and 94% of children also looked clean. Unfortunately, parents understanding of the importance of adequate disposal of wastes were extremely low.

Results also show that parents/caregivers experienced lower levels of Practice on Nutrition (53.8%) than was expected. While 84.6% parents/caregivers fed their child at least 3 times a day and 76.2% of parents/caregivers carried out appropriate responses when a child had poor appetite, only 75.8% of parents/caregivers were breastfeeding. 48.9% of parents/caregivers had breastfed their child while 25.4% of parents/caregivers provided multivitamins/herbal mixtures to ensure their child's health.

Most of ECD center in this project are located around industrial areas, with large populations of factory workers who work to generate income from the informal sector. Within this context, women are forced to work and so are not able to breastfeed their babies during working hours. Many factories now provide equipment, room and support groups. However, this policy needs to be enforced more thoroughly so that all women, regardless of their livelihood activity, are provided with the support they need to breastfeed their babies.

Overall KAP regarding Proper Childcare and Development

Data comparison of the baseline and endline showed that the overall KAP level for parents/caregivers on childcare and development had improved.

In the baseline, the Knowledge result for parents/caregivers was 86.5% while at the end of the project it had increased to 92.2%. The Attitude result for parents/caregivers had also improved. In the baseline, the Attitude result for parents/caregivers was 56.7% while at the end of the project, the Attitude result had increased to 70.6%. The Practice result also improved from 61.8% to 71.7%.

During the three phases of intervention, the project mainly focused on changes in parents/caregivers' behavior. The improvements were therefore a result of different activities which engaged communities in focusing on the importance of ECD. In the last phase of the project, the project moved from focusing on strengthening the ECD center to bridging the ECD center with the home. As a result, the *Kelompok Bermain Keluarga* (KBK) was established to support parents better engage with their children at home (and visa-versa).

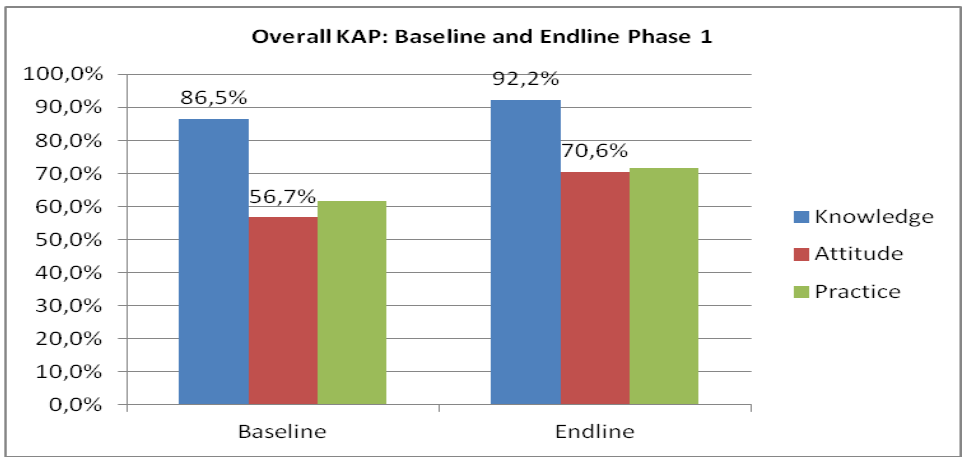


Figure 14. Overall KAP Baseline and Endline Phase1

Socio-demographic Data

The study analyzed the socio demographics characteristics of the children, parents and caregivers. The endline and baseline survey considered the characteristics below to be essential to defining a children's level of care. The criteria of parents/caregivers are as follows:

Mothers/caregivers (48.4%) were aged between 25-34 years old. The remaining respondents were aged 35 years and above (28.6%) followed by mothers/caregivers aged 24 years and below (23%).

The majority of parents/caregivers had completed elementary school education (41.9%). Other respondents were split between those who had completed junior high school (15.7%) and senior high school (14.5%). Only 2 parents/caregivers (0.8%) had completed a diploma.

Summary of KAP Results-Warga Upadaya

Knowledge of Proper Childcare and Development

- Parents/carergivers from the Local Partner Warga Upadaya received the highest Knowledge score when it comes to Maternal and Newborn Care. Despite this, they experienced a relatively low level of Knowledge in Nutrition. Only 50% of mother's breastfed their child up to 2nd years and only 60% of parents/caregivers were aware of the importance of involving fathers in feeding and caring for the infant or baby.

- 100% of all parents/caregivers were aware of the importance of prenatal or pregnancy care and 95.2% understood the need of the fathers support during pregnancy, delivery and post deliver as well as post-partum rest after pregnancy.

- In the baseline, 89.0% were aware of the importance of reduced work during pregnancy. By the end of the project, the percentage has decilined to 71,4 percent

- The level of knowledge on Maternal and Newborn had decreased-from 96.7% at the baseline to 90.5% percent at the basline

- It is worth noting that at the baseline, the 78.1% of parents/caregivers were aware of the importance of maternal and newborn care. By the end of the project, the percentage had reduced to 59.1%.

Attitudes of Proper Childcare and Development

- In the baseline, the overall attitude of parents/caregivers was 62.8%. By the end of the project, the percentage had declined to 53.4%.

- In the baseline, 62.6% of the parents/caregivers Attitude towards Sanitation and Hygiene was 62.6%. By the end of the project, the percentage had declined to 61.7%.

- 100% of parents/caregivers acknowledged their responsibility in ensuring his or her health and that of his/her family. 77.4% bathed and cleaned their child. 77.4% of parents/ caregivers washed their hands with soap and water after using the toilet and 75% were aware of the importance of washing of hands with soap and water before/after eating.

- Parents/caregivers had low levels of Attitude toward nutrition. 13.1% of parents/caregivers had the appropriate attitude on involving father in feeding the infant or child.

- 40% of parents/caregivers had good Attitude towards the provision of proper nutrition for their child. Only 26.2% had a positive Attitude towards breastfeeding up to the 2nd year. Parents and caregivers had a more positive Attitude (73.8%) towards exclusive breastfeeding for the first 6 months.

- In the baseline, the overall Attitude was adequate. By the end of the project, Attitude had fallen to inadequate.

Practices regarding Proper Childcare and Development

- In the baseline, parents/caregivers Practices towards childcare and development was 65. 4%. By the end of the project, the percentage had declined to 63.3%.

- By the end of the project, the highest level of Practice of parents/caregivers on child care and development was in Sanitation activities. Almost 80 percent of parents/caregivers said that they Practiced this well. 100 percent boiled and provided safe drinking water for their

child. In addition, 100 percent of all parents/caregivers also practiced adequate hand washing (100%). However, only 59.9 percent managed to dispose of waste effectively.

- In the baseline, 48.8 percent of parents/caregivers had low levels of Practice in regards to nutrition. 40.5 percent of parents/caregivers practiced appropriate response to poor appetite and provision of multivitamins to children. 80 percent of parents/caregivers practiced high levels of breastfeeding activities and 85 percent were currently breastfeeding.

- The overall practices of parents and caregivers was adequate at both baseline and endline.

Overall KAP Warga Upadaya

The overall KAP of parents/caregivers on proper childcare and development in Warga Upadaya declined from the time of the project. At the baseline, parents/caregivers overall Knowledge percent and was 91.3 percent and classified as excellent/highly satisfactory. By the end of the project, the KAP had declined to 80% and classified as satisfactory

In the baseline, the overall level of Attitude of parents/caregivers was 62.8% percent. By the end of the project, the KAP was 53.4% and classified as inadequate. In the baseline, the overall level of Practice was 65.4% and classified as adequate. By the end of the project, the percentage had decreased to 63.3% percent

Please find the tables that contain the project's Logical Framework for Phase 2 and its baseline/endline results along with the KAP baseline/endline for parents/caregivers on caregiving activities: Maternal and Newborn Care, Health, Nutrition, Sanitation, Psychosocial and Cognitive Stimulation.

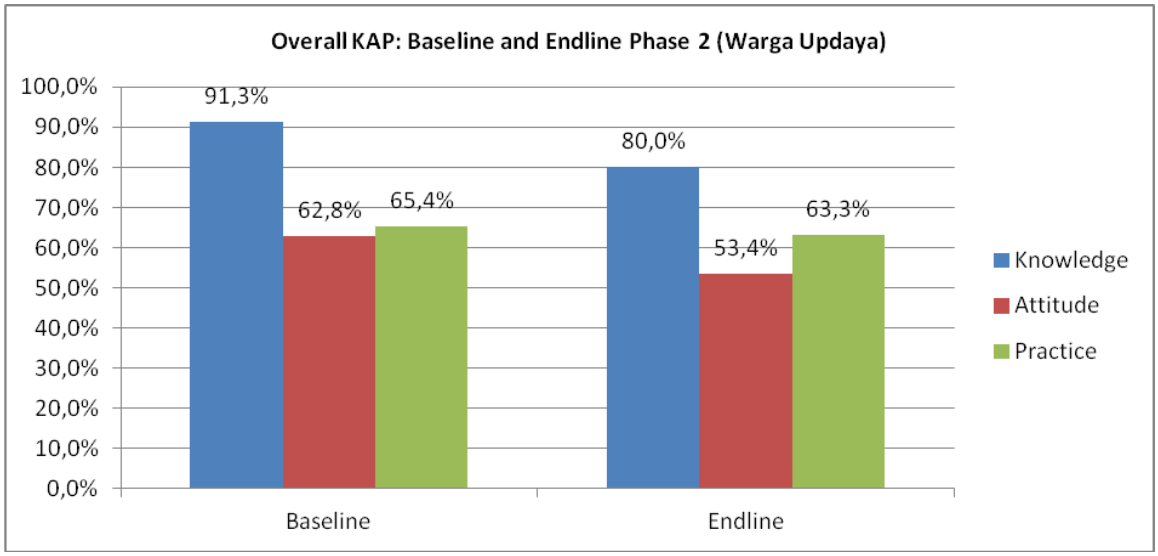


Figure 15. Overall KAP Baseline and Endline Warga Upadaya

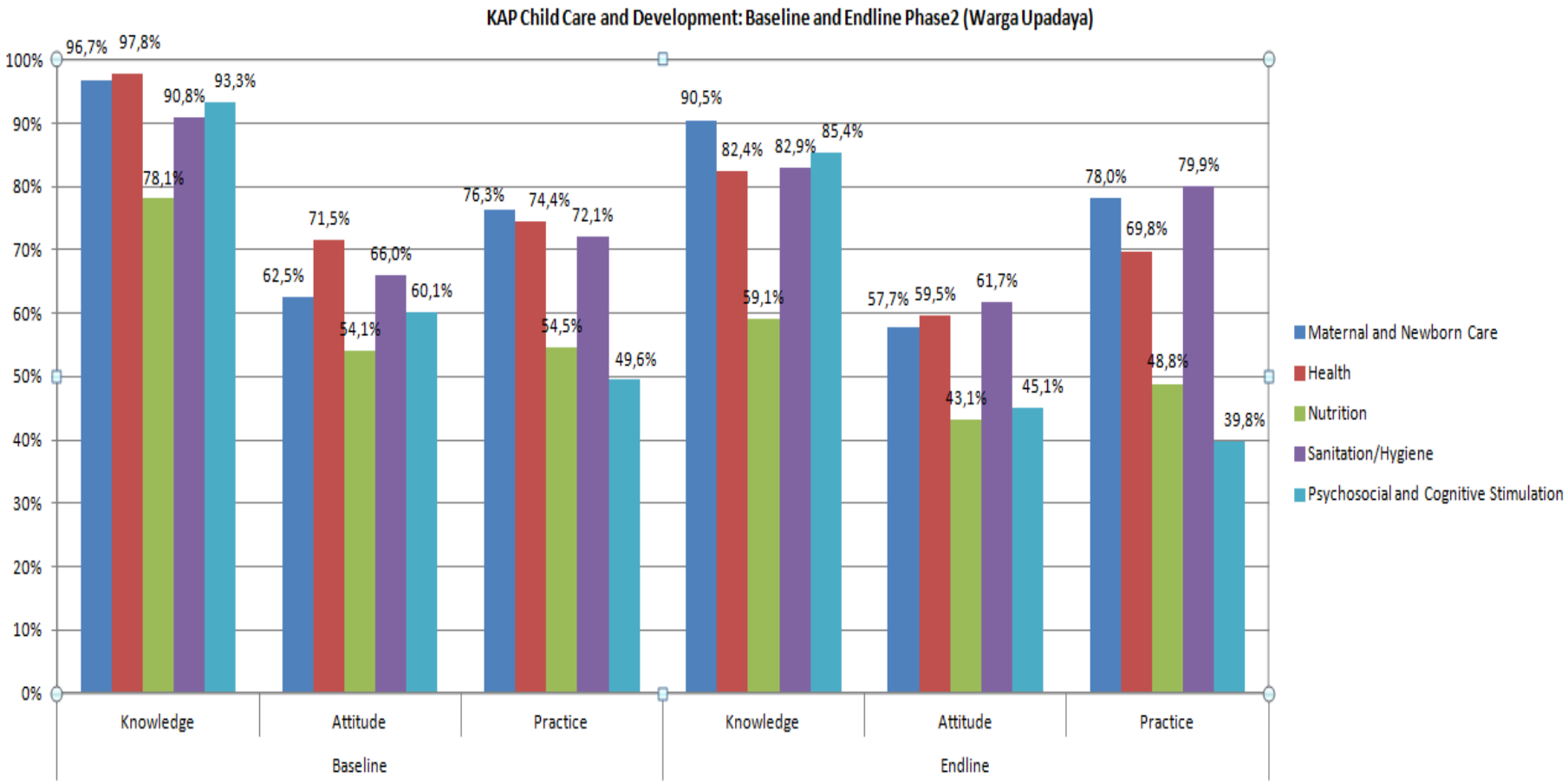


Figure 16. KAP of Parents and Caregivers: Baseline and Endline Phase 2 (Warga Upadaya)

D.2. Discussion on the Resources for Care

The caregiving activities are heavily depend upon resources that are available to provide the care. Some of caregivers' resources for care include but not limited to

1. Caregivers' education and knowledge
2. Income and employment;
3. Time available in order to provide care
4. Workload constraints;
5. Presence of alternate caregivers

Table 9. Respondents' socio-demographic profile and their resources for care

Respondent Type	**Frequency**	**Percentage**
Mother	218	87,9%
Father	2	0,8%
Grandparent	28	11,3%
Other Household member	0	0,0%
Respondents' Sex		
Male	3	1,2%
Female	245	98,8%
Respondents' Age		
24 years and below	57	23,0%
25 to 34 years	120	48,4%
35 years and above	71	28,6%
Mean Age		
Mother	218	28,9
Father	2	36,5
Grandparent	28	49,9
Other HH members	0	0
Mean Age, Overall	248	31,3
Number of children, Mean	248	2,4
Education		
Not attended school	2	0,8%
SD/Elementary School	104	41,9%
MI/Islamic Elementary School	0	0,0%
SMA/High School	36	14,5%
SMP/Middle School	39	15,7%
SMK/Trade High School	10	4,0%
SMEA/Economic High School	3	1,2%
SLTA/Senior High School	22	8,9%
SLTP/Junior High School	29	11,7%
D1/Diploma 1	0	0,0%
D3/Diploma 3	2	0,8%

Respondent Type	**Frequency**	**Percentage**
University	0	0,0%
Educational Level, MEAN	248	

In the baseline, 57.1% of parents/caregivers had attended and completed elementary school. Only 4.1% of mothers/caregivers had attended and completed senior high school.

The level of education is instrumental in terms of being able to ascertain the level of KAP for parents/caregivers on childcare and child development. It worth noting, that the project very much focused on increasing parents/caregivers' KAP on childcare.

The availability of alternate caregiving services allows parents/caregivers to carry out economic livelihood activities. Parents/caregivers occasionally leave the child under the supervision of their immediate families such as husband, grandmother and grandparent.

D.3. Factors influencing KAP

Parents and caregivers' level of education has a direct correlation to parents/caregivers Knowledge on child care and development. Parents/caregivers who have higher level of education (junior high school) scored a higher level of Knowledge on proper childcare and development in comparison to parents/caregivers who only completed Elementary School.

Studies suggest higher levels of parent educational attainment are strongly associated with positive outcomes for children in many areas, including school readiness,[1] educational achievement,[2] incidence of low birth weight, health-related behaviors including smoking and binge drinking.[3] In addition, mothers/female caregivers had a higher level of Knowledge on proper childcare in comparison to fathers/male caregivers. Education levels and gender therefore play an important role in influencing KAP.

Research also shows parents and caregivers with higher education attainment engaged in more positive caregiving and, in turn, the children they cared for showed better outcomes.[4]

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[1] Chandler, K., Nord, C., Lennon, J., & Liu, B. (1999). *Statistics in brief: Home literacy activities & signs of children's emerging literacy, 1993 and 1999*. Washington, DC: National Center for Education Statistics - See more at: http://www.childtrends.org/?indicators=parental-education#_edn1

[2] O'Sullivan, C. Y., Lauko, M. A., Grigg, W. S., Qian, J., & Zhang, J. (2003). The nation's report card: Science 2000 - See more at: http://www.childtrends.org/?indicators=parental-education#_edn1

[3] Child Trends Databank. (2013). Daily Cigarette Use. Retrieved July 9, 2014, from http://www.childtrends.org/?indicators=daily-cigarette-use; Child Trends. (2013) - See more at: http://www.childtrends.org/?indicators=parental-education#_edn1

[4] NICHD early child care research network. (1996). characteristics of infant child care: factors contributing to positive caregiving.Early Childhood Research Quarterly, 11, 269-306.

D.4. Recommendations

The ENHANCE project, is a multi-country project implemented in Indonesia, Sri Lanka and the Philippines to reflect global efforts strengthen and advocate for the well-being of children by supporting and securing children's access to quality nutrition, health, education and early childhood services. In Indonesia, the project was implemented by ChildFund Indonesia in partnership with 5 local partners in 14 sub villages across 9 districts and 3 provinces of West Java, DKI Jakarta and Central Java. The baseline/endline was conducted to measure and analyze the level (and gap) of KAP of parents/ caregivers over the project period. It also identified best practices and lesson learnt in terms of implementing proper childcare and child development projects.

Overall, findings show that the ENHANCE project in Indonesia had made significant strides in terms of supporting and securing children's access to quality nutrition, health, education and early childhood services. The findings suggest that the ENHANCE project has contributed towards establishing an enabling environment for advocating the well-being of children, supporting and securing children's access to quality nutrition, health, education and early childhood services. However, there remains a large disparity between the Knowledge of parents/caregivers knows, how they behave (Attitude) and what they practice (Practices). It is therefore recommended that any follow on project develop a robust roadmap to build on what has already been established.

In terms of program sustainability, there is a need to further strengthen the coordination and communication with government and other relevant stakeholders with regard to the current status of project achievement. The project provided Parent Motivators with training on developing proposals and approaching government and private sector interests in their area. In Semarang, the project increased the capacity of cadres and tutors in promoting the ECD program to local leaders (other stake holders). As a result, the head of the village in Wonorejo agreed to provide the ECD center with some village land. However, to ensure the ECD is able to capture a regular amount of operational funds (as well as supplementary food, health/dental services) in the longer term, these kinds of initiatives will need to be continued as necessary.

Much has been achieved in this project. Further coordination and interventions are however, required (roadmaps) to help sustain as well as replicate this project model to other locations. The final recommendation is therefore for Fonterra to conduct a reflection session to build on many of these initiatives so that children can continue to access quality nutrition, health, parenting and early childhood services in the longer term, thereby helping to bring the nation to achieving even higher success in the future.

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Annex 1: KAP on Maternal and Newborn Care, Phase2, Baseline and Endline

Objectives Hierarchy	Indicators	ENHANCE Project Measurement Methods	Baseline	Endline
Goal: Children aged 0 to 5 years old from the Philippines, Indonesia and Sri Lanka are healthy and secure.				
Objective: Children aged 0 to 5 years old in the target communities in the Philippines, Indonesia and Sri Lanka have attained developmental milestones/readiness appropriate for their age.	40% of children with improved developmental milestones/readiness. *Sri Lanka: 50%; Indonesia: 50%; Phils: 20%*	ECD checklist on Developmental milestones, other available data from relevant agencies		
	Decreased in the percentage of underweight children by 40% from the baseline figure. *Sri Lanka: 50%; Indonesia: 50%; Phils: 20%*	Growth chart, List/results c		
		Malnutrition Prevalence, Weight- For-Age.	11.6%	9.5%
Outcome 1. Children age 0-5 years in target	19% increase in number of children with access to improved quality of	Enrolment record of centers and attendance record home-based ECD facilitators.		

Objectives Hierarchy	Indicators	ENHANCE Project Measurement Methods	Baseline	Endline
		Attendance to an ECD Center. Percentage of Children 0-5 years old who attend an ECD	7.8%	28.6%
		Attendance to an ECD Center. Percentage of Children 3-5 years old who attend an ECD	7.1%	
		Participation in Home-based programs and/or Supervised Neighborhood Plays (SNPs). Percentage of Children 0-5 years old who participate in any activities at home or in the	19.0% By age group: *0-2 yrs:*17.1%	61.9% By age group: *0-2 yrs:*66.7%

Objectives Hierarchy	Indicators	ENHANCE Project Measurement Methods	Baseline	Endline
		neighborhood.		
		Participation in at least one Early Childhood Learning Program, whether Home- or Center-based. Percentage of Children 0-5 years old who participates in at least one early-learning activity, whether Home- and/or Center- based.	20.4%	57.1
Output 1.1. ECD Centers established or improved.	29 ECD centers constructed or renovated *Sri Lanka: 8 renovations* *Indonesia:1construction; 9 renovation* *Philippines: 6 constructed, 5renovated*			
Output 1.2. ECD Centers equipped with age- appropriate teaching and learning materials.	36 ECD centers provided with age appropriate teaching and learning materials *(Sri Lanka = 8; Indonesia: 10; Phils = 18)*	Photos, Receiving Report signed by the ECD Workers		
Output 1.3. Home-based ECD program organized, developed or improved.	23 home-based ECD organized or improved *(Sri Lanka = 8; Philippines= 15)*			
Output 1.4. Capacity of ECD teachers/Workers enhanced to implement good quality ECD service**.**	79 ECD workers/teachers trained *(Sri Lanka = 8; Indonesia = 51; Phils=20*	Activity report / attendance sheet		
Output 1.5: Increased community and government support for ECD.	38 centers received various support from various agencies & individuals *Sri Lanka=8 ECD centers; Indonesia=10; Phils=10*	Monitoring report; photos; MoU		
Outcome 2. Mothers and other relevant caregivers of children aged 0 to 5 yrs from the	Average of 63% of the trained mothers, fathers, and other family caregivers report application of learnings.	Monitoring report, baseline and endline survey report		
		Improved Practices on proper	60.9%	63.7%

Objectives Hierarchy	Indicators	ENHANCE Project Measurement Methods	Baseline	Endline
target communities of Indonesia, Philippines and Sri Lanka consistently apply their knowledge and skills on proper childcare and development.	*(Sri Lanka=60%; Indonesia=70%; Phils: 60%)*	**childcare and development.** Percentage of mothers, fathers, and/or caregivers who have improved practices on proper childcare and development.		
Output 2.1: Parents and other caregivers have improved knowledge and skills on ECD, safe motherhood, breastfeeding, nutrition, management of common childhood illnesses, hygiene and sanitation.	Ave. of 68% of the trained mothers, fathers, and other family caregivers can verbalize important aspects of the topics provided ***(Sri Lanka=75%; Indonesia=70%; Phils: 60%)***	**Improved Knowledge and Attitude on proper childcare and development.** Percentage of mothers, fathers, and/or caregivers who have improved knowledge and attitude/behavior on proper childcare and development.		
		Total **Knowledge (K)** Score	91.3%	80.4%
		Total **Attitude (A)** Score	62.9%	53.43%
		By Type of Childcare Activity:		
		Maternal and Newborn Care	K = 96.7% A = 62.5% P = 76.3%	K = 90.5% A = 57.7% P = 78.7%
		Health: Immunizations and Illnesses Management	K = 97.8% A = 71.5% P = 74.4%	K = 82.4% A = 59.5% P = 69.8%
		Nutrition	K =78.1% A = 54.1% P = 54.5%	K = 59.1% A = 43.1% P = 48.8%
		Sanitation and Hygiene	K = 90.8% A = 66.0% P = 72.1%	K = 82.9% A = 61.7% P = 49.6%
		Psychosocial and Cognitive Stimulation	K = 93.0% A = 60.1% P = 49.6%	K = 85.4% A = 45.1% P = 39.8%
		Parental Education on Maternal and Childcare. Percentage of parents and caregivers who have attended the following		
		a. Maternal Care seminar/training	0.6%	4.8%
		b. Health Care seminar/training	1.1%	4.8%
		c. Nutrition seminar/training	1.1%	4.8%
		d. Hygiene/cleanliness	1.1%	7.1%

Annex 2: KAP on Maternal and Newborn Care, Phase1, Baseline and Endline

Maternal and Newborn Care	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
KNOWLEDGE on the importance of:		
1.1 Prenatal or pregnancy check-up	98.9%	100,0%
1.2 Post-partum rest after pregnancy	98.9%	95,2%
1.3 Reduced amount of work during pregnancy	89.0%	71,4%
1.4 Support of the father during pregnancy, delivery, and newborn care	100.0%	95,2%
	96.7%	**90,5%**
ATTITUDE towards the importance of:		
1.5 Prenatal or pregnancy check-up	70.9%	69,0%
1.6 Post-partum rest after pregnancy	64.3%	64,3%
1.7 Reduced amount of work during pregnancy	48.4%	26,2%
1.8 Support of the father during pregnancy, delivery, & newborn care	66.5%	71,4%
	62.5%	**57,7%**
PRACTICES		
1.9 Had skilled prenatal care	91.5%	95,0%
1.10 Had at least four prenatal visits during pregnancy	97.6%	95,0%
1.11 Had assistance of a health professional* during delivery	79.8%	85,7%
1.12 Delivered at a hospital or health center	66.7%	80,0%
1.13 Had family support in feeding, bathing, or cleaning the child	50..0%	52,4%
1.14 Registered the child's birth	72.5.5%	61,9%
	76.3%	**78.0%**

Annex 3: KAP on Health, Phase2, Baseline and Endline

Infant and Child Health/Immunization/Illnesses Management	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
KNOWLEDGE on the importance of:		
2.1 Complete Immunization	**100.0%**	90,5%
2.2 Following the schedule of Immunization	100.0%	95,2%
2.3 Making sure sick child gets more than the usual amount of food.	96.1%	81,0%
2.4 Making sure sick child gets more than the usual amount of liquid.	100.0%	81,0%
2.5 Bringing child to doctor/health center when ill.	100.0%	92,9%
2.6 Enough knowledge of the signs of illness that would indicate child needs to receive care or treatment - knows at least three signs of illness	90.9%	64,3%
	97.8%	**82,4%**
ATTITUDE towards the importance of:		
2.7 Complete Immunization	**85.2%**	76,2%
2.8 Following the schedule of Immunization	61.5%	64,3%
2.9 Making sure sick child gets more than the usual amount of food.	54.1%	47,6%
2.10 Making sure sick child gets more than the usual amount of water/liquid.	69.6%	50,0%
2.11 Bringing child to doctor/health center when ill.	87.0%	70,2%
	85.2%	**59,5%**
PRACTICES		
2.12 Availability of a child Health Development Record Card	51.4.5%	78,6%

Infant and Child Health/Immunization/Illnesses Management	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
2.13 Full Immunization of children 9 – 35 months old	84.2%	79,4%
2.14 Appropriate management of illness: giving child more food	76.0%	0,0%
2.15 Appropriate management of illness: giving child more liquid/water	86.0.%	0,0%
	74.7 %	**69,8%**

Annex 4: KAP on Nutrition, Phase2, Baseline and Endline

Infant/Child Nutrition: Breastfeeding and Feeding Practices	Mean % or % of correct responses	Mean % or % of correct responses
KNOWLEDGE on the importance of:		
3.1 Exclusive breastfeeding on the first six months	91.9%	88,1%
3.2 Initiate breastfeeding on the first hour of birth	89.9%	78,6%
3.3 Breastfeeding up to second year	82.7%	59,5%
3.4 Deciding what are the appropriate food to give to child	90.3%	90,5%
3.5 The father is involved in feeding infant or child	65.3%	66,7%
3.6 Appropriate knowledge that breast milk is always enough to meet all the needs of the child for nutrients.	23.0%	28,6%
	73.9 %	**50,2%**
ATTITUDE towards the importance of:		
3.7 Exclusive breastfeeding on the first six months	60.9%	73,8%
3.8 Initiating breastfeeding on the first hour of birth	69.6%	56,0%
3.9 Breastfeeding up to second year	52.6%	26,2%
3.10 Deciding what are the appropriate food to give to child	62.3%	46,4%
3.11 The father is involved in feeding infant or child	24.0%	13,1%
	53.9 %	**43,1%**
PRACTICES		
3.12 Breastfeeding or has breastfed child	50.0%	40,3%
3.14 Exclusive Breastfeeding	55.6%	55,2%
3.15 Give child multivitamin or herbal supplement	40.9%	25,4%

Infant/Child Nutrition: Breastfeeding and Feeding Practices	Mean % or % of correct responses	Mean % or % of correct responses
3.16 Meal frequency: Give child food to eat at least 3x a day	71.5%	84,6%
3.17 Appropriate response to poor appetite	89.5%	76,2%
3.18 Cultivated their own vegetable garden	17%	32,3%
	54.5 %	**53,8%**

Annex 5: KAP on Sanitation/Hygiene, Phase1, Baseline and Endline

Sanitation/ Hygiene	Mean % or % of correct responses (Baseline)	Mean % or % of correct responses (Endline)
KNOWLEDGE on the importance of:		
4.1 Bathing/cleaning the child		
4.2 The father is involved in bathing/cleaning the child	55.8%	33,3%
4.3 Washing of hands with soap and water after using the toilet.	99.4%	100,0%
4.4 Washing of hands with soap and water before and after eating.	100.0%	92,9%
4.5 Washing hands before breastfeeding.	98.9%	90,5%
	90.8%	**82,9%**
ATTITUDE towards the importance of:		
4.6 Bathing/cleaning the child		
4.7 The father is involved in bathing/cleaning the child	-3.3%	-32,1%
4.8 Washing of hands with soap and water after using the toilet.	76.0%	77,4%
4.9 Washing of hands with soap and water before and after eating.	66.6%	75,0%
4.10 Washing hands before breastfeeding.	72.4.%	72,6%
4.11 Self-efficacy of caregiver: having the responsibility to ensure his or her health and that of his/her family	100%	100,0%
	62.6 %	**61,7%**
PRACTICES		
4.12 Safe drinking water: boiling water before giving it to the child	91.5%	100,0%

4.13 Adequate disposal of wastes/garbage		
4.14 Adequate washing of hands	99.4%	100,0%
4.14 Use of soap in washing hands: presence of soap	81.8%	81,0%
4.15 Observation Checklist: Cleanliness of Child	78.5%	71,4%
4.16 Observation Checklist: Cleanliness of Mother	83.4%	83,3%
4.17 Observation Checklist: Cleanliness of Home and Yard	67.7%	64,3%
	72.1%	**79,9%**

Annex 6: KAP on Psychosocial and Cognitive Stimulation/, Phase2, Baseline and Endline

Psychosocial and Cognitive Stimulation	**Mean % or % of correct responses (Baseline)**	**Mean % or % of correct responses (Baseline)**
KNOWLEDGE on the importance of:		
5.1 Talking to child often	97.8%	97,6%
5.2 Carrying the crying child	98.9%	85,7%
5.3 Telling stories to the child	78.3%	81,0%
5.4 Praising child on skills learned	92.8%	73,8%
5.5 Disciplining the child	97.2%	88,1%
5.6 Kissing/hugging the child	100.0%	85,7%
5.7 The father is involved in taking care of the child (playing and talking with child)	86.2%	85,7%
	93.0%	**85,4%**
ATTITUDE towards the importance of:		
5.8 Talking to child often	72.7%	63,1%
5.9 Carrying the crying child	60.5%	35,7%
5.10 Telling stories to the child	34.7%	38,1%
5.11 Praising child on skills learned	58.1%	32,1%
5.12 Disciplining the child	73.6%	53,6%
5.13 Kissing/hugging the child	78.1%	46,4%
5.14 The father is involved in taking care of the child (playing and talking with child)	43.4%	46,4%
	60.1%	**45,1%**