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Evaluace projektu "Community Empowerment through Early Childhood Development" v Indonésii

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Thesis

Supervisor: Mgr. Komlossyová Eva

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INTRODUCTION

The period of early childhood education (ECD), as an inevitable part of a human life, exposes the child to the internal and external influences within his family and community as well as to the influences deriving from opportunities and limitations of the country the child inhabits. As well as a family is expected to play a role of the child's stimulator and the community for providing accessible ECD services, the government is expected to provide necessary social, economic and political support enabling the applications of functional policies. As in a mutually-influential process, a well developed child positively contributes back to his family or community and eventually, becomes a returnable investment to the whole society.

IBU Foundation is a non-governmental organization from Indonesia, which understands very well the importance of the early childhood development in the country and has decided to intervene with a project to improve the situation of ECD services in two remote sub-districts in West Java province.

The major aim of the thesis is to evaluate the two-phase project "Community Empowerment through Early Childhood Development" implemented by the local organization IBU Foundation. The project will be evaluated according to OECD DAC criteria – relevance, effectiveness, efficiency, impact and sustainability. The evaluation will mainly focus on the assessment of the rationale and on the effectiveness of the project. Since the project was in the process of implementation during the data collection period, the impact on the recipients and the sustainability will be assessed to the limited extent.

The study is divided into two main parts, theoretical and practical. The theoretical part outlines a framework characterizing community development and the project relevant strategies such as empowerment, capacity building and self-reliance. Furthermore, it deals with the importance of early childhood development as such and it specifies the ECD services. The arguments are also presented explaining why time and effort should be made especially in this period of human life. Finally, the criteria for evaluating projects are identified.

The second part of the thesis, the case study, deals with the evaluation of the project based on the data collected during the two months stay at IBU Foundation. Firstly, it analyzes the situation of early childhood development in Indonesia. Secondly, the implementing organization and the evaluated project are introduced together with methodology of data collection. It is followed by a project evaluation report summarizing the findings of evaluation and providing recommendations for improvement of the current practices or for future potential implementations of similar projects in Indonesia.

1 COMMUNITY DEVELOPMENT

As community development is a complex field in both theory and practice, there is a certain controversy in how to define its concept. However, despite the various contentions and disagreements on its definition, community development is considered a broad and important strategy of international social work (Cox and Pawar, 2006).

The World Bank (2014c) defines community development as "*an approach that gives control over planning decisions and investment resources for local development projects to community groups* ". It is often associated with terms like empowerment, capacity building or self-reliance, where collective action, participation or decision-making are common ideas to reach a planned change. Founded on these processes, community development begins in the everyday lives of normal people as the initial context for sustainable change (Ledwith, 2005).

1.1 Strategies for community development

As one of the strategies used in social work, community development cannot be treated on its own. Although Cox and Pawar (2006) range community development at the same level as other strategies or methods of social work, such as empowerment, capacity building, income generation, self-help and self-reliance, at the same time they declare community development strategy incorporates all of them. It is commonly regarded as empowering, involving capacity building, focusing on self-help and self-reliance, concerned with questions of social cohesion, and either facilitating or utilizing income-generation strategies (Campfens, 1997).

For the purpose of this thesis, only the following strategies, the most relevant to the evaluated project, will be characterized in the theoretical part – empowerment, capacity building and self-reliance.

1.1.1 Empowerment

Empowerment is a key integral part of community development aimed at individuals, households, communities, local actors or leaders depending on whether an individual or collective goal is pursuit.

Thomas and Pierson (1995, p.134) define empowerment as "*a theory concerned with how people may gain collective control over their lives, so as to achieve their interests as a group, and method by which social workers seek to enhance the power of people who*

lack it." Empowerment process builds people's knowledge, skills and self-confidence, enables people to take advantage of existing opportunities to improve their well-being, and speak out for their rights to access opportunities (LWF, 2008). Swanepoel and De Beer (2006), who classify empowerment as an ethical principal of community development, refer to empowerment as to a possession of political power, yet, not meaning the ability to have power over others but meaning power over the people's lives (Weisberg 1999 in Cox and Pawar, 2006, p.81).

Community empowerment begins with focus on an individual and continues with using his improved abilities and skills towards the community. Weisberg (1999 in Cox and Pawar, 2006) presents two dimensions of empowerment applied in community development. The first dimension, personal empowerment, seeks power over oneself by gaining new skills and focusing on "self" competencies like self-realization, self-fulfilment, self-reliance, self-confidence and personal capacity building. To play a more active community role is aim of the second dimension. People join local organizations with a range of objectives, they demand a greater role in broader political and decision-making processes and they lobby for an improvement in the functioning of state institutions (Ibid). Similarly, Cox and Pawar (2006) see two stages of people's empowerment process. The first stage focuses on the people and their need to feel empowered, especially by enhancing self-confidence or by their motivation to engage in self and group development. In the second stage, people are more able to directly exercise some control over their lives by gaining power over the decision-making and other structures of which their society is composed.

An empowered individual is then capable of advocating to institutions influencing his community well-fare. Etzioni (1995, 1997 in Ledwith, 2006, p.22) builds his theory on the notion that individuals, once their own needs are met, have a responsibility to meet the needs of others through the institutions of civil society like family, schools, and a range of community organizations. In this way, individual rights and collective responsibilities are held in balance.

The following aspects are almost always present in the successful empowerment process. First, bilateral access to information from citizens to government and vice versa including mutual communication to strengthen accountability, responsibility, rules and rights regarding basic services, plays a pivotal role. Second element stands for participation of people in decision-making, to debate issues, engagement in local priority

setting, and access to basic services. To make it state official, public employees, employers or politicians accountable for their policies and actions that affect well-being of citizens is the third element. Last element, local organizational capacity, refers to the ability of people to work together, organize themselves, and mobilize resources so their voices are better heard (WB, 2002). A successful empowerment process also consists in decision-making, as empowered people should be able and capable to make decisions, generally laying in possessing correct information and knowledge (Swanepoel and De Beer, 2006).

1.1.2 Capacity building

Community capacity can be seen as *„the capacity of people in communities to participate in actions based on community interests, both as individuals and through groups, organizations and networks"* (CCWA, 2013). To enable people in a community to develop a more healthy and active community, capacity building approach should be implied.

The idea of community capacity building is to bring together and enhance the existing skills and abilities of communities so the networks, organization, attitudes, leadership and skills within the community allow the community to develop according to its own priorities and needs. In a capacity building process communities organize and plan together, develop healthy lifestyle options, empower themselves, reduce poverty and suffering, create economic opportunities, achieve social, economic, cultural and environmental goals together (Atkinson and Willis, 2007). These community activities taken by people are aimed at actions to build social capital when people take part in community initiatives in order to build relationships, trust or networks. They are also aimed at delivering services provided by community or volunteers, or at involvement in governance enabling to represent the interests of local people in influencing the decisions affecting their quality of life (CCWA, 2013).

The actors, or beneficiaries, who receive the support in terms of capacity building in a form of training, consultancy or financial support, could be individuals, organizations or community and other sectors (Bolton and Abdy, 2007 in Cornforth and Mordaunt, 2011). The capacity building could be provided at personal level, group and community level and finally, systems and organizational level (Cox and Pawar, 2006). For instance, the community capacity building refers to "*local solutions to local problems*", meaning that

communities are enabled to deal with problems but ultimately without relying on external resources (Atkinson and Willis, 2005, p.2).

The project, in which capacity building is implied, proves successful especially in terms of sustainability, when people possess the capacities for handling the situation or aspect of development (Cox and Pawar, 2006).

1.1.3   Self-help and Self-reliance

Together with related concepts of empowerment or capacity building, self-help and self-reliance are incorporated in community development processes. Neither self-help nor self-reliance should be treated separately, because, as Verhagen (1987, cited in Cox and Pawar, 2006, p. 87) sees it "*self-help is a means to achieve self-reliance*".

Apart from the means how to achieve self-reliance, self-help strategy in a community development is understood as a process of forming groups. It is a group strategy, which may be closely allied to family-based and community-based initiatives (Cox and Pawar, 2006). Taking Verhagen's definition (1987, in Cox and Pawar, 2006, p. 86) "*self-help is any voluntary action undertaken by an individual or a group of persons which aims at the satisfaction of individual or collective needs or aspirations*". As he continues, such initiatives contribute to communities in a form of labour, capital, land and/or entrepreneurial skills, although the activities may be concerned with political, economic, cultural or social sphere. Self-help initiatives enable people to exploit their local efforts and resources, which would otherwise lie dormant and thereby perpetuate the poverty of their community. Therefore, they increase the competence and confidence of a community in handling its affairs (Fonchingong and Fonjong, 2002).

The self-help requires the communities to be connected to the outside world, such as supporting institutions or public support. They also need to be encouraged, so mutual help is ensured. Rooting the initiatives on the capacities, skills and knowledge of low-income communities, the dependency and outside control is likely to be reduced (Anzorena, 1998, in Berner and Phillips, 2008); however, certain dependency on macro-structures cannot be fully avoided. The initiatives formed towards improving the community betterment deal with macro-power issues (Ibid).

If self-help is a means to achieve self-reliance then self-reliance is a final condition of the formed initiatives or groupings to be independent on the external sources by utilizing local resources in order to improve the well-being of a community.

When community members apply their knowledge and skills to the resources at their disposal, they are self-reliant. The development of related skills and attitudes of people can enable them to grow self-reliant, to satisfy their basic needs, and to minimise precarious dependence on agencies external to their communities (Fonchingong and Fonjong, 2002).

Namely, the reliance on the external resources, especially the loss of autonomy and independence is a roadblock for a community to flourish (Ife, 1995).   Apart from minimizing the reliance of community on external resources, Cox and Pawar (2006) name other two reasons why self-reliance is important. Self-esteem, community pride and enhanced community development initiatives increase and possession of strengths and resources by communities, groups or individuals are no more overlooked as they would be when external aid is available. Self-reliance is an important point to take-off for better living (Fonchingong and Fonjong, 2002).

As Berner and Phillips (2003) conclude, both approaches self-help and self-reliance should, as a part of the strategies to community development, be considered as complements rather than alternatives. Similarly, Fonchingong and Fonjong (2002) summarize the concept of self-reliance to be located centrally within the discourse of community development and connected to related concepts like self-help, mutual-help and indigenous participation. It advocates the need for people to improve their condition using local initiatives and resources of their own hands.

1.2 Community Development Process

The process of community development is based on confidence, critical consciousness and collectivity. Confidence grows as people begin to question their reality, and act together for a change. Collective action grows in strength as individuals form groups, groups identify issues and develop projects, and projects form alliances that have the potential to become social movements (Putnam, 2000).

Swanepoel and De Beer (2006) introduce several consecutive features of community development process, which are directly linked to participation, empowerment and other community development processes. The first feature is a collective action, characterized as a voluntary action of a group of people sharing a problem and acting together. Next feature presents a need and its identification on the participatory basis. As projects are

generally associated with objectives, identified needs must be addressed by realising concrete objectives. Furthermore, community development is grass roots oriented, which means that the main role-players are ordinary and usually poor people. Therefore an action on the grass roots level, which means people or their representatives like the community leaders or local government, is desired.

Development environment, in which community development process takes place, has a significant influence on this process and on the development results. The environment directly depends on the macro circumstances including policies and regulatory frameworks. It is of vital importance to consider and understand the aspects within existing situation such as organizational and institutional aspects, the socio-economic and physical environment, the prevailing educational system, culture and religion prior and during community development process (Swanepoel and De Beer, 2006).

1.3 Stakeholders Typology in Community Development Projects

The interest of a person in the development process and in the outputs of an organization determines the extent of the person's engagement or, in other words, his „stake" in the project. The person thus becomes a stakeholder. There is not much disagreement on what kind of entity a stakeholder can be. It is "*any person, group or organization that can place a claim on an organization's attention, resources or output, or is affected by that output*" (Rabinowitz, 2013). The World Bank defines a stakeholder as "*any entity with a declared or conceivable interest or stake in a policy concern*". They can be of any form, size and capacity; individuals, organizations, or unorganized groups (WB, n.d.).

In the community development, stakeholders can be identified at various level sectors. Swanepoel and De Beer (2006) classify the stakeholders according to their activities into four main groups. First, the public sector includes national, provincial or local governments' possessing competencies and powers to deal with issues affecting population. Second, private sector such as factories, banks or shops are active in commerce and industry. Third sector is represented by non-governmental organizations (NGOs) that exist to address a number of specific problems. Fourth, community-based sector represent organizations founded and run by individuals or groups within communities. Examples of less formal community based organizations (CBO) are women's groups, youth clubs, farmers' cooperatives. More formal community based

organizations or traditional leaders and structures can be various committees or economic and other forums. CBOs have autonomy to carry out specific tasks. In every case, however, CBOs, together with local governments and other community development actors, should be linked coherently in order to support improved empowerment, governance, service provision, and private sector growth (Helling *et. al*., 2005).

Another way how to characterize stakeholders is by their relationship to the actions of an organization. Primary stakeholders are the people or groups that are directly affected by these actions, either positively or negatively. They are beneficiaries or target groups, generally those who receive the direct results of the efforts. Secondary stakeholders are affected indirectly. They are directly involved with or responsible for the beneficiaries or target groups including organizations, which are close to the people in question and those that offer services directly to them. Secondary stakeholders are also those whose lives might be affected by the process. Another group of stakeholders are key stakeholders, who have direct influence on laws and regulations that may further influence the achievement or non-achievement of the project outputs. Key stakeholders are also line staff working directly with participants or a director, or those with strong potential to influence others such as community leaders or media. They play an important role within an organization (Rabinowitz, 2013).

The World Bank has developed a matrix that classifies the stakeholders according to their interest and influence in the project.

Figure 1 – Diagram of the stakeholders typology

HIGH INFLUENCE

LATENTS | PROMOTERS

LOW INTEREST ← → HIGH INTEREST

APATHETICS | DEFENDERS
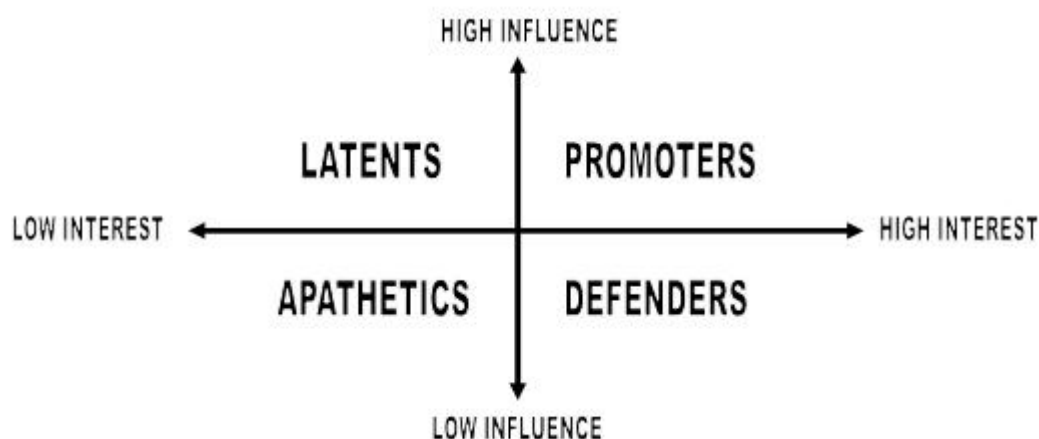
LOW INFLUENCE

Source: Compiled by the author according to the World Bank, 2001.

The line from the bottom to the top represents the extent of the influence from low to high. The line dividing the grid vertically shows the low to high interest. Promoters dispose of both high interest and the power to influence the actions of an organization. Defenders show a high interest but they have little actual power to influence anything. Latents show little or no interest in the efforts of an organization, but they dispose of a power to influence them. Apathetics have little interest and little power in any organization efforts or activities (WB, 2001).

All types of stakeholders can be found within any community. Therefore, the identification and analysis should be done prior to initiation of a community development project, for the stakeholders may be involved in a participatory process and improvement of their own situation.

1.3.1 Community Development Workers

Human resources in a community development projects are considered the key resources. A need of staff which lives and works closely with the people of interest to change attitudes and encourage individual self-reliance, and the ratio of staff to the people they work with is relatively high (LWF, 2008).

The local human resources, be they professionals, paraprofessionals or recruited and trained volunteers, are expected to either facilitate the community development process or are essential as motivators to initiate actions. The more impoverished the locality is the less likely development will begin without any external support. Such external intervention is characterized by the development workers referred to as enablers, facilitators, or motivators (Cox and Pawar, 2006). Swanepoel and De Beer (2006) offer a wider typology of the workers and their roles from a community perspective. A guide is seen by a community as a more experienced and skilled person. From an advisor it is expected that the community obtains some advices. The worker functions as an advocate, since he has contacts with the outside world that communities usually lack. He also knows how to deal with authorities, where to go and who to see. An enabler aims to enable people to fulfil their abstract human needs, to enhance their learning process and to help them gain meaningful empowerment. A community development worker in a role of a facilitator helps people make rational decisions, enables them to participate fully, assists them in taking the initiative, helps them to discover their resources, and supports with planning and implementation. In general, the community development workers

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expect from the community to reach their objectives. Therefore, they play certain roles towards the communities.

Yet, Cox and Pawar (2006) present certain limitations of the workers' ability within the community development. They see the limitations in the difficult environment the workers stay, and especially in recruiting trained workers in the target areas, as they mostly prefer more lucrative opportunities. Instead, there appears a much greater number of relatively untrained local staff, guided by outside professionals. Nevertheless, according to LWS (2008) the workers do not have to be professionals. Trained volunteers play a significant role within the project team. For instance, a cadre from a local population should be recruited and developed as facilitation staff because he or she is cost effective, has invaluable local knowledge and after a withdraw of an organization, he or she remains as a sustainable local capacity building animator.

1.4 Outcomes of Successful Community Development Project

A successful community development project should result in positive outcomes that change people's apathy into a positive disposition. The first attribute is awareness creation, particularly to become aware of oneself in terms of environment, needs and resources, and of positive objectives that may change the situation. Awareness is emphasized as one of the greatest strengths of the community. Another outcome should be further development, when people, driven by gained confidence and enthusiasm, become aware of their further needs after succeeding in attaining set goals. Influence of projects spanning broader than to participating communities and having an effect over a wider area, is also regarded as a positive attribute of a successful project. This demonstration effect may lead to similar projects launched in the area. The outcome of a learning process within a community development leads to a community's organization becoming more efficient, more effective and able to develop the ability to expand (Swanepoel and De Beer, 2006). As Shaffer (1989, in Cavaye, n.d.) summarizes, the outcome of successful community development are communities that are more able to generate wealth, maintain or improve their competitive position, preserve and use community resources and adapt to changes.

2 EARLY CHILDHOOD DEVELOPMENT

Early childhood development (ECD) is regarded as the most important and rapid period of development in a human life. In its complexity, ECD supports children's survival growth, development and learning, including health, nutrition and hygiene, and cognitive, social, physical and emotional development in formal, informal and non-formal settings (EFA, 2006). Families, communities and governments are involved to contribute to the children's holistic development resulting in their well-being. Results of a number of researches show that in a broader context the investments of ECD socio-economically contribute to eradication of inequality and poverty (WB, 2011b).

2.1 Definition of Early Childhood Period

Formal definitions of the early childhood period vary. In psychology the term is usually defined as a period from the age of two until the age of six or seven years (Doherty and Hughes, 2009). In the developmental psychology, early childhood is defined as a "play age" following the infancy stage and beginning with toddlerhood (Ibid). Similarly, the American Academy of Paediatrics defines early childhood as the period between one and five years of age, including both the toddlers and preschool years (Gonzales, n.d.). Another definition widely presented by UNESCO (n.d.) range the period from birth to eight years of age. In many countries, the early childhood is considered to extend even by the prenatal period, as there is evidence of prenatal care and nutrition of mothers influencing the child in utero, because the child's nervous system and brain is already being established in the prenatal stage (Hasan, 2013; UNICEF, 2012).

Yet, as already mentioned, early childhood age is regarded as critical in a human life, since children's bodies and brains remarkably grow, children grow physically, develop their motor, behavioural and cognitive ability and last but not least their social and emotional potential. Hasan, Hyson and Chang, the authors of the World Bank valuable publication "*Early Childhood Education and Development (ECED) services in poor villages of Indonesia*", identify even further areas in which children typically become more competent in the their early stage: language and literacy development, general knowledge and executive function skills in meaning of self-regulations. Undoubtedly,

these attributes set the foundation for the child's future development and his adulthood, though they make the ECD a complex field for development interventions.

2.2 Reasons for Investments in ECD

Besides the children's development itself there are a number of other reasons why the investments in ECD programmes are proved to be beneficial not only to families and communities but also, in broader context, to the nations.

UNICEF (n.d.) introduces a series of benefits ranging from the child's survival up to the economical, political and social gains for the state. At the most basic level - of the child's survival, ECD programmes have the potential to reduce the child mortality. For instance, trained volunteers monitor babies' weights or disseminate information about family planning and breastfeeding. Investments in ECD can reduce the need for public welfare expenditures and can also reduce the social and financial costs associated with school grade repetition. In relation to that, ECD stimulates children's desire and ability to learn, and thereby can increase the return on investment in education and enhance the school readiness. Moreover, parents and caregivers of children are given an opportunity to join the labour force. Within a family, ECD is also an essential investment towards breaking the intergenerational cycle of poverty. The community overall benefits from the built of social capital, since the good ECD programmes strengthen the community networks, enhance the service delivery and social infrastructure as well as educate and involve families. The ECD programmes do not only provide services to children but they also engage in advocacy and education of communities. ECD interventions in a long-term perspective reduce poverty and gender related inequities. As the World Bank (2011b) emphasizes, a healthy cognitive and emotional development in the early years translates into tangible economic returns.

Figure 2 – Rates of return to human capital investment

Rates of Return to Human Capital Investment Initially Setting Investment to be Equal Across all Ages
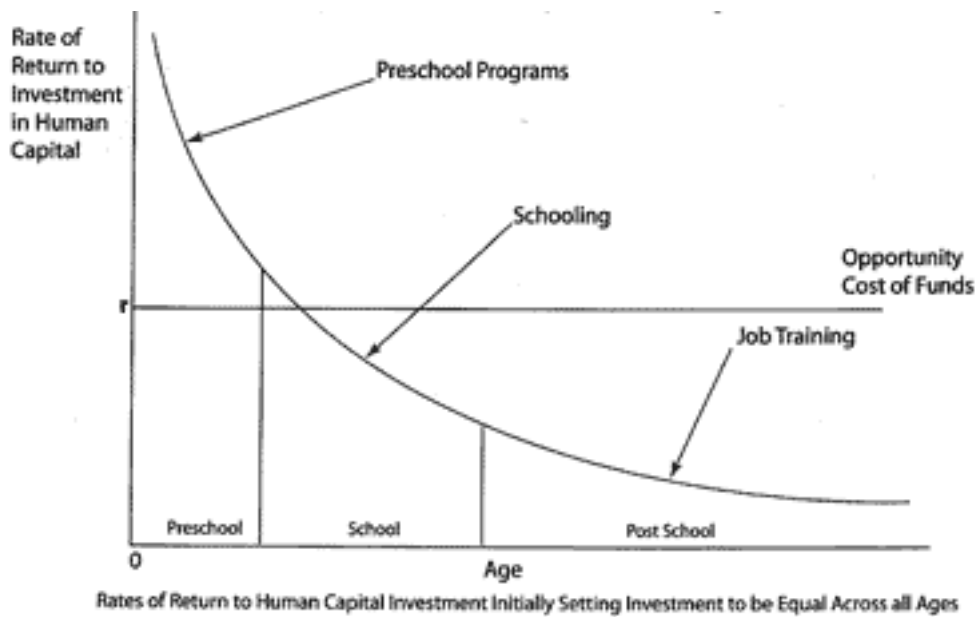
Source: Heckman & Carneiro (2003) Human Capital Policy (in WB, 2011b)

Heckman, a Nobel laureate in 1999, and Carneiro (2003) demonstrate the efficiency of investments in human capital and their return in different age of target population. The authors stress the importance of both cognitive and noncognitive skills that are formed in early age, as they account for racial, ethnic and family background gaps in schooling and other dimensions of socioeconomic success. The curve in figure 2 shows the high return to early interventions, especially at the preschool age in a form of preschool programmes, and a low return to remedial or compensatory interventions later in the human life cycle, i.e. at the post school when a job and other training needs to be provided to those, who received no preschool care. The costs related with ECD grow with the age of an affected person.

Similarly, a World Bank's Human Development Sector Manager Jesko Hentschel, presents his standpoint to early interventions saying that *"delays in early childhood interventions are difficult and costly to reverse late in life"*. However, there is not just a need of investments but also a need to ensure equality of opportunity for every child, as a UNICEF's Deputy Regional Director Kirsi Madi adds (WB, 2011b).

2.3 ECD Services

According to EFA (2006), early childhood care and education programmes encompass very diverse arrangements, from parenting programmes to community-based child care. Therefore, the interventions in ECD include educating and supporting parents, delivering services to children, developing skills of caregivers and teachers, and using mass communication to enhance parents and caregiver's knowledge and practices.

Apart from formally driven services, governments support the poor children that have limited or no access to the mainstream with alternative ECD services delivered in a non-formal way. The ECD centres can be received at home, in the community or in schools (WB, 2011a). The availability of the ECD facilities within the household areas determines the children's range of attendance in the centres. The distance to the centre is an important determinant of whether children are enrolled (WB, 2012). However, together with the place of residence, other socio-demographic factors such as gender or households wealth significantly affect the probability of a child's attending the ECD facilities (EFA, 2006).

Early childhood personnel is represented by educators, teachers, pedagogues, pre-primary school staff, day care staff, nurses, midwives, assistants and volunteers. Nevertheless, the diversity of the workforce varies within the countries and applied programmes as well as its qualifications.

When talking about the option of non-formal education, an ECD educator can be a parent, a professional caregiver, or a designated ECD trainer (WB, 2011a). Especially mothers are considered as the first educators of their children, some of them actively assist in development, organization, management and fundraising for local ECD programmes. These programmes especially in developing countries and rural areas would not be established without the collaboration of parents and community members (Fisher, 1991, in EFA, 2006). As presented on several case studies by EFA (2006), parents are trained in basic child care and pre-school activities using community-based approach. An example from the Child Pastorate programme from Brazil demonstrates the training of volunteers, mostly women, who monitor babies' weights and teach families about the importance of interacting with their children. They also disseminate information in critical areas of family planning, prenatal care and breastfeeding. ECD programmes

ensure a standard of health and services and nutrition initiatives (UNICEF, n.d.), they monitor growth, provide food supplements and micronutrients and can help with immunizations. Therefore, the purpose of an ECD intervention can be the delivery of services to young children themselves or to train mothers or community educators in ECD techniques. These approaches are complementary, and all are designed to improve the development of young children (WB, 2011a).

2.4 ECD and its Influencing Factors

Children are generally exposed to many factors that directly or indirectly influence their development. Bronfenbrenner[1] (1979 in Hasan, 2013) has developed a model of the circles mapping the multiple interconnected relationships that are influencing a child's development. He believes the human development is formed by the interaction between an individual and his environment (see figure 3).

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[1] Urie Bronfenbrenner was an American developmental psychologist (1917-2005)

Figure 3 – Circles of influences on a child´s development

Circles of influences: Broader influences (Government policies - Economic resources - Culture and customs); Community (ECED services - Schools - Neighborhood resources); Family (Poverty - Education - Parenting practices); Child (Inborn characteristics - Health - Current development status); Influences on a child's development
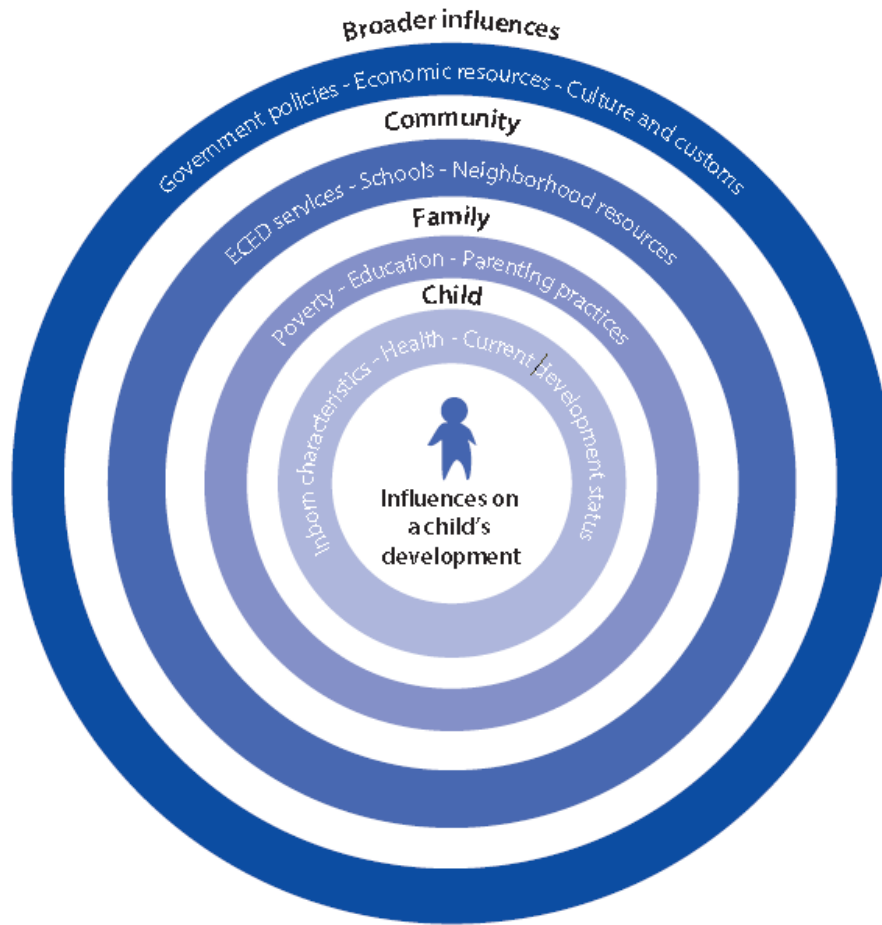
Source: Bronfenbrenner 1979 (in Hasan, 2013)

(Note: ECED = early childhood education and development)

A child comes into being with a possession of inborn characteristic, including temperament, health problems such as stunted growth, or the presence of disabilities and developmental delays. But individual child's characteristic, including temperament and health problems more likely affect the impact of other influences rather than determine the development itself. The existing household poverty, parent's degree of education and employment, and overall family practices lay a fundamental base for the children's development. For example exclusive breastfeeding up to six months, as it is recommended by WHO (World Health Organization) and UNICEF because of the comprehensive nutrients breast milk provides, significantly affects a child's health status in his first months (UNICEF, 2012). Another worth-mentioning influencing factor is adequate nutrition which reduces malnutrition caused by stunting. In relation to education practices, caregivers and household members are expected to stimulate child

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development, for instance by reading books, telling stories, drawing or dancing (Ibid). Family circle influences the child by the parenting preparedness, and possession of relative wealth and education (Hasan, 2013).

Beyond the households, a child's development is influenced by community approaches to the ECD services. Nicola Ansell (2005) in her publication "Children, Youth and Development" introduces characteristics of health services that affect a child's health. Firstly, it is availability of health services and a presence of a health worker trained in childhood conditions, secondly, it is accessibility emphasizing distance, opening hours, availability of trained staff and drugs, thirdly, it is affordability and finally, it is a perceived quality. As acknowledged by EFA (2006), children from poorer and rural households and those socially excluded have significantly less access to ECCE (early childhood care and education) than those from richer and urban households. The community influence is measured by the availability of the ECED services, schools, health monitoring and social networks. Geographical diversity within regions and directly related poverty, inequality, remoteness, population density and lack of access to ECD services may limit the early childhood development (Hasan, 2013).

The broader context, government policies, economic resources and culture create conditions and comprehensive environment that likewise either support or restrict children's development and its positive outcomes. For instance, in developing countries, poverty is the biggest phenomenon blocking the children to develop well in all directions (Hasan, 2013). Hence, the governments are responsible for enabling the youngest population an access to quality ECD services by setting such conditions that will have no harmful effects on their development.

To sum up, the interventions in ECD field are socially, economically and politically beneficial to children, families, communities and whole societies. Yet, the children themselves are constantly influenced by various factors that are shaping their level of development.

2.5 Characteristics of Effective ECD Programmes

Well-designed programmes and interventions are beneficial for children especially when a comprehensive "holistic" approach is used and parents and community sources are involved.

Engle (2007, in WB, 2012) introduces the following characteristics of the effective ECD interventions in developing countries. First, the interventions should include and prioritize children from birth to age 3 and their parents. Second, they should target the children who are the poorest and are disadvantaged by the least access to ECED services. Third, they last long enough and are intense enough to make a difference. Fourth, the interventions integrate holistic services including education, health, nutrition and family support. Respect to traditional practices, cultural and linguistic diversity and mother tongue preference are other attributes of good quality ECD programmes. Interaction between children and staff, with a focus on the needs of the child is especially emphasized (EFA, 2006).

The report further provides recommendations which should be mainly applied by the governments of nations. The lack of political support, lack of national policies and administration responsibilities, missing monitoring systems, weak partnership between governments and ECD stakeholders, uneducated staff and insufficient funding, all point out at the gap in the support at national level (Ibid).

2.6 International efforts on ECD

Providing early childhood care and education of good quality is a powerful means of guaranteeing the rights of young children (EFA, 2006). Life, health, development, non-discrimination, the right to be heard, the right for education or available services are only a few selected rights aiming at children's well-being or their development that are narrowly embodied in the Convention on the Rights of the Child adopted by the United Nations General Assembly in the year 1989 (UNICEF, 2005).

As a tool to eradicate the poverty and inequity, and to achieve a child's health and increase the enrolment rate in primary education schools, early childhood education and

development is a part of the Millennium Development Goals (MDGs) adopted by the United Nations (EFA, 2006).

The importance of early childhood education and development was further acknowledged in the year 2000 commitment of the Education for All (EFA) by assigning ECD the first of its six goals (UNESCO, UNICEF, 2012). To expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children is committed by signatory states of the EFA. The equitable access to early childhood services of high quality underscores the importance of instituting policy in favour of the poor.

3 EVALUATION OF PROJECTS

3.1 Definition of Evaluation and Its Types

Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD) defines the evaluation as *"the systematic and objective assessment of an on-going or completed project or programme, its design, implementation and results"* (2002, p. 21). The overall purpose of an evaluation is *"to contribute to improving a development policy, procedure or technique"*, *"to consider the continuation or discontinuation of a project or programme"*, or *"to account for public expenditures and development results to stakeholders and tax-payer"* (OECD, 2010, p. 8). The evaluation thus aims to ascertain results (output, outcome, impact) and assess the effectiveness, efficiency, relevance and sustainability of a specific development intervention or to provide findings, conclusions and recommendations in order to draw lessons for future design and implementation (Ibid).

According to the pursuit aim, either formative or summative evaluation can be distinguished. Mathison (2005, in Mertens and Wilson, 2012 p. 15) defines formative evaluation as an evaluation *"conducted during the development or delivery of a programme or product with the intention of providing feedback to improve the evaluand"*[2]. Formative evaluation should be performed if the purpose is to find areas in need of improvement or to change practices with the focus on the implementation of a programme (Mertens and Wilson, 2012). On the contrary, summative evaluation can be defined as *"one that is done at the end of or on completion of a program and which can be done internally or externally, and typically for the purpose of decision making"* (Mathison, 2005, in Mertens and Wilson, 2012, p. 15). It should be performed if the aim is to assess effectiveness (Mertens and Wilson, 2012). Morra Imas and Rist (2009) also recognize a third type of evaluation, a prospective evaluation, sometimes called an *ex ante evaluation*, which assesses the likely outcomes of new proposed projects, programmes, or policies.

Morra Imas and Rist (2009) present several benefits of conducting an evaluation. It provides clients, government agencies, nongovernmental organizations (NGOs), the

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[2] Evaluand is *„the entity that is to be evaluated, such as a project, programme, policy, or product"* (Mathison, 2005 in Mertens and Wilson, 2012, p..559)

public and others with feedback on policies, programmes and projects and on accountability and transparency. It shows discrepancies between planned and resulted objectives, and supports decisions on whether the projects, programmes or policies should improve or possibly terminate. An evaluation helps answer questions about the short-term or long-term impacts of the intervention, about the right track of a planned intervention, and about the direct or indirect beneficiaries of the intervention.

United Nations Development Programme (UNDP) Handbook on Planning, Monitoring and Evaluating for Development Results (2009) summarizes the benefits an effective evaluation should bring as follows. It should support programme and adjust the implementation approach or strategies. It should generate knowledge for global use and for generalization to other contexts and situations and it should support accountability, which determines the worth and value of an initiative and its quality, and align with Millennium Development Goals (MDGs) and other national and international priorities. The usage of evaluation is not mutually exclusive. Evaluation, in general, has multiple applications.

3.2 Criteria for Evaluating Development Assistance

OECD/DAC characterizes the following aspects that should be taken into account when evaluating development assistance. Relevance, effectiveness, efficiency, impact and sustainability are the evaluation criteria based on which the complex evaluation is conducted (OECD, 2009). OECD/DAC (2009, p. 12-17) defines the individual criteria as follows:

1. Relevance

Relevance determines "the extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partner's and donor's policies." This criterion answers a question whether the things are done right with regard to local and national requirements and priorities focusing on compliance with development policy and planning of the recipient country and on the importance of intervention on the target groups.

2. Effectiveness

This criterion explores "the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance." With this criterion it is also possible to measure the merit or worth of an activity. Effectiveness simply compares results to the planned objectives and intends to find out to what extent the target group is reached.

3. Efficiency

Within this criterion the intervention "measures how economically resources/inputs (funds, expertise, time, etc.) are converted to results." It addresses the issue whether the objectives of the intervention are achieved in a cost-efficient level; it provides comparison of input resources to results. Further, the alternatives for achieving the same results with less input are questioned.

4. Impact

"The positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended" are examined by this criterion. It assesses the contribution of the intervention to the achievement of overall goals and measures technical, economic, social, cultural, political, ecological and other development related effects of the project on beneficiaries and their situation.

5. Sustainability

Sustainability is defined as "the continuation of benefits from a development intervention after major development assistance has been completed or as the probability of continued long-term benefits." Taking into account the major factors influencing the sustainability such as economic, ecological, social and cultural the criterion is likely to assess how activities, results and effects are expected to continue after the donor intervention is terminated.

The DAC criteria are based on the evaluation principles developed by OECD/DAC in 1991 and reviewed later in 1998 and 2006. They address several core issues such as impartiality, independence and credibility of an evaluation, participation and co-operation of donors and relevant recipients of an aid and finally, the means of reporting, dissemination and feedback reflecting the international consensus on shared development goals in the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for

Action (2008) (OECD, 2010). As a reaction to the improvement of development aid OECD DAC developed Quality Standards for Development Evaluation. If principles are about to approach evaluation, the standards serve as a guide to good practice (Ibid).

3.3 Evaluation Questions and Design

Before characterising an evaluation design, a brief overview of evaluation questions will be presented. The evaluation questions arise from the evaluation purpose and type (Mertens and Wilson, 2012). They should be formulated in accordance with the evaluation criteria (OECD, 2009). As emphasised by Morra Imas and Rist 2009, p. 222), the questions are *"the critical element that helps key individuals and groups improve efforts, make decisions, and provide information to the public"*, since they give direction to the evaluation and the evaluation design. Evaluation questions can be categorized into three groups: descriptive, normative and cause-effect. Descriptive questions represent "what is" and they seek to understand or describe a programme of process and its inputs, activities and outputs. Normative questions compare "what is" to "what should be" and they compare the current situation against a specified target. This type of questions can be used to answer questions about inputs and outputs. Cause-effect questions determine "what difference the intervention makes" and they ask whether the desired outcomes and impacts have been achieved as a result of the programme (Evaluation questions, 2007). However, all types of questions should be used when conducting an evaluation.

The heart of an evaluation planning is the evaluation design defined as *"a specific plan for strategies of collecting and analyzing data in order to seek the answers to the evaluation questions"* (Evaluation designs, 2007, p. 243). Morra Imas and Rist (2009) distinguish three types of evaluation designs. Experimental design and quasi-experimental design both compare the results of a treatment group, one that receives an intervention, and a control group, which does not receive an intervention. The difference between these two designs is in the criterion of assignment where in the experimental design the groups are selected randomly, whereas in the quasi-experimental design the groups are created. The design, which is not based on the comparison but rather on the description of the relationship between an intervention and its effects, is called non-experimental design.

PRACTICAL PART

CASE STUDY: EVALUATION OF THE PROJECT "COMMUNITY EMPOWERMENT THROUGH EARLY CHILDHOOD DEVELOPMENT"

This part of the thesis will first introduce the current situation in Indonesia and its environment for early childhood interventions. Therefore, a brief country context, ECD services and national and international interventions in ECD in Indonesia will be characterized. An evaluation methodology will be described next and finally, an evaluation of the project including the findings and recommendations will be presented.

4   CONTEXT ANALYSIS

4.1 Brief Context of ECD in Indonesia

Indonesia is the world's fourth most populous country inhabiting almost 245 million of people (OECD, 2013) throughout the biggest archipelago in the world consisting of over 17,000 islands. Since the Indonesian economic stagnation caused by the Asian financial crisis in 1997, Indonesia has made a significant improvement in its recovery and thus adopts the status of lower-middle income country in Asia Pacific. With population greater than 245 million the poverty rate was 12% in 2012, which is still considerably high compared to Malaysia where it was only 1.7% (WB, 2014a; WB 2014b). Population of young children aged 0-6 is over 31 million from which more than 16 million live in rural areas (Yulindrasari, 2012b).

The country has been making a continuous progress in reducing poverty[3] by implementing poverty reduction strategies and policies, fulfilling its national goals as well as successfully reaching one of the Millennium Development Goals (MDGs), since halving the proportion of people living on less than 1 USD a day has already been achieved. However, there is still 110 millions of Indonesians living on less than 2 USD a

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[3] Poverty line: 1,25 USD per day

day and risking falling to the absolute poverty (Europeaid, 2014). Indonesia has also reached other MDGs to a good effect.

But even though the maternal mortality rates decreased to 220 per 100,000 live births in 2010, it is still far above the 2010 average rate of 83 for all developing countries in the East Asia and Pacific (EAP) region for the particular year. Likewise, under-five and infant mortality rates have fallen to 35 and 27 respectively per 1,000 births in 2010 which also remains far above the rate in EAP (WB, 2012). Nevertheless, there is still weakness in Indonesia's provision of ECD services and financial constraints on people's ability to access those services (Pradhan, 2013), despite the investments and efforts of Indonesia government to meet the targets of ECD, one of four major programmes of EFA (MoNE, 2010-2014).

Driven by these international goals, the Government of Indonesia (GoI) has been encouraged to implement policies and standards on ECD at the national level in order to improve the situation in the country.

4.2 Background of ECD in Indonesia

4.2.1 Development of ECD in Indonesia

Influenced by the condition of the poor children within its own country and by the pattern of international evidence about the value of ECD, for more than a decade the Government of Indonesia has been implementing policies and programmes that prioritize the early years (Hasan, 2013).

Since 2001, the Government of Indonesia has been putting extra attention to increase early childhood care and education (ECCE) gross enrolment rate (Yulindrasari, 2012b). The ECD services have been developing and the quantity and quality of ECD facilities have increased. The government's support reflected in issuing polices and guidelines on the standards of ECD services.

Figure 4 – ECD milestones in Indonesia vs. ECED[4] WB project milestones

ECED milestones in Indonesia
- Directorate of Early Childhood Education established
- UNESCO/UNICEF establish *Taman Posyandus* as part of Smart Toddler program
- ECED included in the National Education System Law No. 20/2003
- ECED included in the MoNE RENSTRA 2004–09
- World Bank-supported pilot in 11 districts transferred to supervision of new ECD directorate
- Revitalization of *Posyandu*
- National Policy Strategy and Design on Holistic and Integrated ECED issued
- Guidelines for Development of Holistic and Integrated ECED issued
- National Standards on ECED issued
- Formal and nonformal ECED merged under Directorate General for ECED
- ECED Grand Design revealed
- First ECED census launched

2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- ECED project funded by the World Bank and the Dutch government starts
- National Early Childhood Specialist Team (NEST) trained
- District Memoranda of Understanding (MoU) signed
- First batch of facilitators' selection and training begins
- Second batch of facilitators' selection and training begins
- Communities selected
- Teacher training begins
- ECED project closes
- Endline survey for ECED impact evaluation to be fielded
- Midline survey for ECED impact evaluation fielded
- Facilitation begins in first batch of villages included in impact evaluation
- Baseline survey for ECED impact evaluation fielded
- Facilitation begins in second batch of villages included in impact evaluation

ECED project-specific milestones

Source: Hasan, 2013.

(Note: ECED = Early childhood education and development; MoNE = Ministry of National Education; RENSTRA = Rencana Strategis = Strategic Plan)

In order to understand the national efforts of ECD improvements in Indonesia, an overview of the Indonesian ECD initiatives developed under the World Bank Early Childhood Education and Development (ECED) programme is presented (see figure 4). The World Bank team (Hasan, 2013) compared the milestones of ECD in Indonesia to the WB ECED project specific milestones on a time axis. Apart from a chronological overview they demonstrate how influential the WB ECED project on the Government of Indonesia and his practices has actually been. The following milestones characterised by the World Bank are further supported by other worth-mentioning attempts by the Government of Indonesia aiming at prioritizing activities of ECD in the country before and during the period of the project, as follows.

The first key step was taken in 2001, when a new Directorate of Early Childhood Education[5] dedicated to a non-formal section was established within the Ministry of

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[4] Early Childhood Education and Development
[5] *Direktorat Pendidikan Anak Usia Dini*

Education and Culture. Its advocacy within the government influenced policies, put additional sources into community ECED services and created strategies to raise Indonesia awareness about the importance of the early years. As a consequence, non-formal early childhood care and education (ECCE) services started to flourish (Yulindrasari, 2012b).

Since around 2002 the government has supported and mobilized non-governmental institutions or organizations, parents and communities, private institutions, regional and local authorities to create ECCE centres as a strategy to increase the ECCE's gross enrolment rate (GER). The integrated approach allows ECCE to be integrated into existing community services such as community health services (Posyandu[6]) and Program for Family with Young Children (BKB[7]) (UNESCO, 2005 in Yulindrasari, 2012b). However, this focus on quantity is criticised, as many ECCE centres do not meet minimum standards in terms of facilities and teachers' qualification and thus the quality has been put aside.

UNICEF, Procter & Gamble (P&G) and Sukabumi Regency initiated ten "Taman Posyandu" (integrated health service clinics for mothers and children) in two districts of Sukabumi Regency, West Java in order to upgrade their early childhood education services. A programme called "Balita Cerdas" meaning Smart Toddlers was provided for a two-year period (UNICEF and P&C, n.d.); however its concept was aimed at reaching fully sustainable services through involvement of the community, which was ensured by the women empowerment approach. The volunteers, women, from the community received training to become teachers in order to independently manage the ECD services. This activity provided a model for further expansion of the programme reaching 10,000 children per year (Exchange, 2013).

The second key step lies in inclusion of early childhood education in the National Education System Law No. 20 in 2003 and in the Ministry of Education and Culture's Strategic Plan (Rencana Strategis or RENSTRA) in 2004. First, the decree regulates ECCE standard of the child development build upon the moral, religious, cognitive, language, physical, motor and socio-economic aspects and on skills focused on child development. Second, it regulates the minimum educational and competency

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[6] pos pelayanan terpadu
[7] Bina Keluarga Balita

requirements of the ECCE human resources. Third, programme structure, learning principles and assessments are standardized. And last, its focus lays on normalizing minimum infrastructure and facilities, management and budget to run ECCE facilities (Yulindrasari, 2012a).

In the context of these institutional and policy changes the World Bank pre-supported a pilot project in year 2006 resulting in new ECED services establishments in selected villages. It was implemented by the Ministry of National Education (MoNE) and the World Bank which ran the ECED programme[8] in approximately 6,000 poor communities throughout Indonesia and targeted over 700,000 children aged 0-6 years and their parents or caretakers (Pradhan, 2013). The objective of the ECED project was working with MoNE to ensure that more children from low-income families have access to early education, thus improving their overall development and readiness for further education, while also developing a sustainable quality of ECED system (Hasan, 2013).

After the initiation of this intervention, in years 2008 and 2009, the government issued an ambitious policy strategy and accompanying guidelines in which ECED as a holistic service is considered. Eventually, the National Education Standards situating early childhood education at the first level of the country's education system were issued (Hasan, 2013).

A bureaucracy barrier to coordinate ECED service provision was removed after merging the "formal" and "non-formal" directorates into one unit in 2010. And eventually, the first-ever ECED census has began to provide researchers and policy makers with essential data and thus shaping ECD future since 2011 (Hasan, 2012).

ECCE continues to keep the first place in priorities of the Indonesian government's strategic plans (RENSTRA) in education in 2010-2014. The strategic goal is to ensure availability and affordability of ECCE facilities, especially PAUD (pendidikan anak usia dini) services, which are quality and equal in every province, district and city (MoNE,

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[8] ECED programme was implemented in years 2006 -2012 by the MoNE and was financed through a credit from International Development Assistance (IDA) by the WB and a grant from the Government of the Kingdom of the Netherlands. The project cost a total of USD 127.7 million (IDA funding from the WB equaling USD 67.5 million, the Netherlands grant equaling USD 25.3 million and the GoI USD 34.9 million). The programme aimed to affect approximately 6,000 poor communities located in 3,000 villages within 50 poor districts throughout Indonesia targeted an estimated 738,000 children aged 0-6 years and their parents or caretakers (Pradhan, 2013).

2010-2014). The set targets are firstly aimed at the gross enrolment rate increase in provinces, cities and sub urban areas, secondly, at the increase of teacher's qualification standard and finally, at the PAUD units to apply learning systems that build character and fun for children (MoNE, 2010-2014).

The Indonesian efforts to emphasize the ECD have showed significant results. A comparison between only 15% of enrolment of children in pre-primary education in 2000 and 53.7% in 2009 proves the success of these efforts (Yulindrasari, 2012b). The disparity of the rough participation number in ECCE services between regions declined from 6% in 2004 to 3.61% in 2008 (MoNE, 2010-2014). The results of the World Bank ECED project show that the attendance of targeted children increased dramatically, 99% of parents in targeted communities received information about ECED, which has exceeded 80% target and 38 out of the 50 selected districts (76%) have enacted local regulations to support ECED positions in district governments (WB, 2013a). But, Indonesia is still trailing behind its neighbours in early childhood education with gross enrolment rate of 21% (WB, 2013b).

In summary, Indonesia is pursuing a number of ECD initiatives including the expansion of the services and the increase of their accessibility. Besides, the utilization of the ECD holistic approach has brought positive results. However, the ECD still has to deal with certain gaps that limit the potential for full application of these efforts.

4.2.2 ECD Services in Indonesia

ECD in Indonesia includes services for children from birth to the age of 6 years, which are provided in different settings and under various conditions. Some of them aim at children development aspects, whereas some services are more-educationally focused and some concentrate on physical care, health or nutrition of children and their mothers. Different authors of ECD researchers present slightly different classifications of the ECD models in Indonesia; yet, the following overview offers a list of the most widely used and supported services.

Table 1 – Overview of ECD services in Indonesia

Model	Form	Age	Target group	Focus	Responsibility
Kindergartens (Taman Kanak-kanak TK)	formal	4-6 years old	child	Pre-primary education Child development School readiness	Ministry of National Education
Islamic Kindergartnes (Raudhotul Atfal, RA)	formal	4-6 years old	child	Pre-primary education Child development School readiness Religious teaching	Ministry of Religious Affairs
Playgroups (Kelompok Bermain, KB)	non-formal	2-6 years old	child	Play-based education Mental and emotional development	Ministry of National Education
Islamic Kindergartens (Taman Pendidikan Quran, TPQ)	non-formal	2-4 years old	child	Child development supplemented with additional programme	Ministry of Religious Affairs
Posyandu (Integrated Health Service unit)	non-formal	0-6 years old	child and mother	Health service for mothers and children; combined with parenting education	Ministry of Home Affairs Ministry of Health
Toddler Family Groups (Bina Keluarga Banita, BKB)	non-formal	0-5 years old	child and mother	Health service for mothers and children Parenting education combined with child development	Ministry of Women's Affairs National Family Planning Board
Mother's Programme (BKB)	non-formal	0-5 years old	mother	Parenting education Activities for children	Ministry of Women's Affairs National Family Planning Board
PAUD (ECED post, Pendidikan Anak .....)	non-formal	2-4 years old	child	Pre-primary education Child development School readiness	Ministry of National Education
Children centres (Taman Penitipan Anak, TPA)	non-formal	3 months - 6 years old	child	Care Service for childen of working parents Child development	Ministry of National Education
Other ECD units (Satuan Paud Sejenis)	non-formal	2-4 years old	child	developmental stimulations early literacy	Ministry of National Education

Source: Compiled by the author according to Yulindrasari, 2012 b, and UNESCO (2005)

ECD services in Indonesia can be organized formally or non-formally. According to Law of Republic Indonesia No. 20/2003 about National Education System, formal education refers to structured and tiered education, whereas non formal education refers to any form of structured and systematic education outside the formal system (Yulindrasari, 2012b). Formal kindergartens and Islamic kindergartens serving children aged 4-6 years support school readiness of children by providing pre-primary education and develop their physical and motor, socio-emotional and cognitive skills. On top of that, Islamic kindergartens acting under Ministry of Religious Affairs add teaching on religion.

Non-formal sector covers wider range of facilities. Mostly, they are under responsibility of Ministry of National Education when they are more education-focused or under responsibility of Ministry of Health, Ministry of Home Affairs or Ministry of Women's Affairs when their services are more integrated.

The non-formal and village-based health service Posyandu is conducted by a community and for the community itself through implementing basic health programmes along with family planning, health for mothers and children, nutrition, immunization, and to overcome diarrhoea diseases of mothers and children (EFA, 2000). Recorded children's height and weight measurements have preventive function; they help to avoid stunting and malnutrition. Similar integrated services for children from birth to 5 years old and their mothers are Toddler Family Groups and Mother's Programmes that, besides health services, also provide parenting education. The Mother's Programme is now being delivered jointly with Posyandu reinforcing the parenting function (Hasan, 2013). In terms of quality of delivered services, Posyandu facilities operate on four standard levels: Purnama – the highest level; Pratama – the second highest level; Mandiri – the second lowest level; Madya – the lowest level (IBU, 2012a).

PAUD centres focus on pre-primary education, school readiness and development of children generally from 2 to 4 years old. The facilities specialize in care service for children enabling their parents to work. PAUD centres operate at three quality standard levels: Baik Sekali – the highest level; Baik – the middle level; Rintisan – the lowest level (IBU, 2012a).

The ministry-supported ECD facilities in Indonesia aimed at children and their parents are rich in their forms and focuses. Nevertheless, as Yulindrasari (2012b) concludes, they are still excluded from formal education system, although the Law No. 20/2003 considers them as a step to prepare children entering primary education.

4.2.3   Challenges in ECD in Indonesia

The implementation of the national standards is, even despite its progress, still challenged and offers Indonesian government a number of opportunities for action. The following analysis is compiled on the basis of the research findings summarized by international organizations such as UNICEF (2012) and WB (2012), or by Indonesian specialists on ECD[9].

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[9] Hani Yulindrasari, Early Childhood Teacher Education Program, Indonesia, University of Education, Bandung, Indonesia

The future challenges of the Government of Indonesia could be classified in five main mutually influencing categories: expansion and access of ECD services, community awareness, increase of qualification and competences of ECED teachers, emphasis on holistic-integrated ECD and policies and strategies.

First, the expansion of ECD services should ensure an equal access for all children from urban, suburban or rural areas, since the access to ECD is still highly unequal. According to UNICEF (2012), a wide gap between the poor and the rich, and cities and villages is very obvious in both formal and non-formal ECCE. Some 62% of 3 to 6 years old children had never participated in any early childhood education or preschool programmes. The proportion of urban children attending some form of ECD programme is twice that of rural children (in 2009). Regional inequity in access to ECCE services is sustained by inequity in economic and education development among provinces; it is related to poverty level of the region (Yulindrasari, 2012a).

Second, community awareness of the importance of ECD and its positive outcomes on children, families, whole communities and societies should be promoted through parenting education and through family and community-focused interventions. Indonesian parent's perception of ECD services rests, above all, in their conviction that ECD lies in traditional school methods and they do not believe in learning by playing. It evokes the dilemma that parents pay the fee and expect their children to be literate on the one hand but on the other, teachers prioritize children's developmental needs that are achieved through play. As a solution, Yulindrasari suggests parenting education, since it provides them with a better understanding of ECD (Yulindrasari, 2012a). Not only parenting education but also their involvement in ECD plays a very important role because the education and stimulation of their children continues at home (Yulindrasari and Nugraha, 2012). Education stakeholders should generally be encouraged to promote education for all children in community, not only for those already in school (UNICEF, 2012). Furthermore, poverty, combined with low educational level of families, may push a child out of school and into child labour. This phenomenon is not decreasing in Indonesia, which leads to illiteracy in their adulthood that puts ECD issue into a vicious circle.

Third, the integrated approach to ECD needs improvement namely in children physical well-being and psycho-social development, as these continuous vulnerabilities call for the integration across all sectors. Village-based health integrated posts delivering services to children younger than 3 years old also need to be expanded, since most of the services are serving children from 3 to 6 years (Engle, 2007, in WB, 2012). UNICEF (2012) sees the opportunity in volunteers working in both PAUD centres and Posyandus which would make it easier to integrate the nutrition and psycho-social components at community level. The emphasis on ECD integration further requires the collaboration between various government agencies at district level, which is not proved to be optimal. The reason is that local authorities and communities are not aware of the importance of having ECD services that integrate psycho-social simulation and early learning with health, hygiene and nutrition intervention.

Fourth, the qualification of ECD providers is insufficient and needs to be improved. The poor quality of education is rooted in teaching learning process. Certification of teachers seems to be a solution, however, a recent study shows that it does not have an impact on students; a re-certification is thus needed (Yulindrasari, 2012a). Yulindrasari (Ibid) finds an inequity of welfare between formal and non-formal teachers, when formal ones discriminate those who work in non-formal facilities. In relation to that the non-formal ECCE providers do not have relevant education, which consequently results in lack of their skills and knowledge. On the other hand, Engle (2007 in WB, 2012) puts an emphasis on the preference of village members from rural areas to become ECD personnel since they bring strong motivation and local connections to their work even if they lack formal qualification; however, he adds that ongoing support and supervision are essential. According to UNICEF (2012) study, the volunteerism is by itself hardly sustainable in the long term, so the community volunteers need to be revitalized and motivated by the local authorities in a form of incentives mechanism, which have already been successful in several parts of Indonesia. Yulindrasari (2012a) adds more factors that contribute to demotivation and absenteeism of teachers, such as living conditions, transportation difficulties, delays in salary payment, lack of accountability amongst teachers, mostly in distant areas, and the low capacity of local school authorities to monitor teacher performance and behaviour. Not only teachers' performance but also children's schooling status should be monitored. Here a strong community-based

information systems and follow-up mechanisms are needed (UNICEF, 2012). Third, a lack of learning facilities of ECCE, especially in non-formal settings and in rural areas, is also challenged. However, Yulindrasari's (2012a) findings are based on gaps within teacher's creativity due to the lack of teaching skills and as a result of that they are not able to create learning sources and materials by recycling, reusing or utilizing things around. This would eventually lead to less costly management and the budget allocated for ECCE could be used more effectively.

4.2.4 ECD funding in Indonesia

As ECD is currently a focus point of the Indonesia government's development agenda, education spendings have increased significantly in the years since the economic crisis. In 2007, spending on education was even more than 16% of total government expenditure, reaching 14 billion USD and 3.4% of GDP; it was comparable to other similar countries (Hasan, 2013). In 2011, it was one-fifth of governments spending and 3% of GDP. Compared to 2009 with only 2.1%, the investments in ECD in Indonesia are relatively unstable (UNICEF, 2012).

Three main sources of funding of ECD in Indonesia can be identified: central government, local governments and parents. Governmental funds, drawn directly from the education budget in the form of block grants, are decentralised from central government to the provinces and down to the lower levels of administration (UNESCO, 2005). Apart from public sources, numerous private donors within the country provide funds to particular projects and organizations or institutions specializing in early childhood health or education. The sizable support from the non-governmental organizations with national or international donators is also present as well as efficient self-funding organizations working towards the sustainability of ECD facilities acting more at micro levels.

Despite these impressive results, the improvement has not reached the whole population in Indonesia. Due to its size and varying conditions, Indonesia still faces some problems such as disparities within regions which are causing significant affects on poverty. Thus the early childhood development including health and education sectors are regarded as a challenge. Hence, Indonesia has a lot of space for the expansion of further

ECD services implementations in order to reach more vulnerable groups. These should be in a focus of the governments' further investments in ECD, since especially the disadvantaged should benefit from the programmes to enhance the long-term mitigation of the impact of poverty.

5 DESCRIPTION OF IBU FOUNDATION

Yayasan Indonesia Bhadra Utama (IBU[10] Foundation) is a non-profit non-governmental organization with rich experience in both humanitarian and development programmes implementation within the Indonesian boundaries. The organization is primarily focused on responses to emergency situations in Indonesian archipelago and on the mitigation of the disasters' impacts through the disaster risk reduction programmes, which are aimed at communities. In the development field, IBU Foundation intervenes in community health and nutrition programmes, water and sanitation and child welfare programmes in selected localities. The UN Convention of the Right of the Child is fully supported by IBU Foundation's interventions. The vision of the organization is "*to create healthy and safety society*". (IBU, 2012-2013)

The organization entity has recently been changing from a non-profit organization depending on international donors to a social enterprise model where various business units are continuously established as a part of a fundraising strategy. A variety of projects focusing on health and nutrition were funded by a variety of donors like Save the Children, Telkomsel Indonesia CSR (Corporate Social Responsibility) or Action Medeor Germany. Emergency Sector used funds from non-governmental organizations like Adopt a Doctor or Direct Relief from the USA, German Action Medeor or Help EV, and other NGOs such as Caritas, Surfaid or Trocaire as well as Disaster Risk Reduction projects, which used the same type of funding. Yet, some of the emergency projects were self-funded. Although the Early Childhood Development project is currently funded by AWO International (IBU, 2012-2013), the project management focuses on strategies that will improve self-reliance of the communities and strengthen the independence on donors.

5.1 History of the Organization

IBU Foundation was founded by a team of Indonesian volunteers with various professional backgrounds, such as public health specialists, medical doctors, paramedics,

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[10] Indonesia Bhadra Utama - IBU means a "woman" or a "mother" in Bahasa Indonesia language

psychologists, engineers and necessary assistants, who responded to the emergency situation after the earthquake and tsunami in Aceh and Nias in 2004. They later dedicated to improve social conditions in Indonesia by supporting vulnerable groups, especially mothers and children. In 2005, IBU was established as a national NGO recognized foundation and in 2011 it was registered as a new foundation called Yayasan Indonesia Bhadra Utama (IBU Foundation) to the Ministry of Justice and Human Rights. (IBU, 2012-2013)

With the initiation of the Early Childhood Development project in 2010, the IBU Foundation site was established in Sukanagara town located in Cianjur district in West Java province. Since this time six permanent employees have been working towards the objectives of the ECD project, which is more described in the following chapter.

5.2 Brief Description of the Project "Community Empowerment through Early Childhood Development"

The project evaluated in this thesis is called "Community Empowerment through Early Childhood Development". It has two phases. The first two-year phase implemented from 1st January 2010 to 31st December 2011 is followed by the second phase, a three-year project that will be terminated in December 2014. Both projects are exclusively funded by a German non-governmental organization AWO International[11], whose main donor is the Federal Ministry for Economic Cooperation and Development Germany.

5.2.1 Geographic coverage

The ECD project covers eight selected villages in two relatively poor sub-districts of Cianjur district in West Java province. The 1st phase of the project was implemented in four villages in Pagelaran sub-district: Karangharja, Kertaraharja, Pangadegan and Selagedang (see appendix 1). The 2nd phase of the project continued in the same Pagelaran villages. Furthermore, it has been extended to other four villages from neighbouring Sukanagara sub-district: Sukamekar, Sukarame, Sukajembar and Sindangsari (see appendix 1) (IBU, 2010-2011a; IBU, 2012-2014).

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[11] AWO stands for labour welfare, as explained by one of the employees of the organization

5.2.2 Targeted recipients of the project

The project's direct target groups are cadres[12], volunteering women and men from eight target villages, who are able and willing to actively participate in development of their community in order to improve the children's development status in their area and thus to help to eradicate poverty in the long-term perspective (IBU, 2009).

5.2.3 Project objectives

Both phases of the project share the same overall objective, which is to ensure a sufficient access to a quality and sustain community based early childhood services. This objective is to be achieved through the increase of a number of cadres and their capacity, improvement of an ECD services in terms of quality and quantity, increase of awareness of parents and local governments about ECD importance, and through ensuring sufficient sources of funding to run ECD facilities in the villages. ECD facilities involve health integrated family services called Posyandu and PAUD educational centres (IBU, 2010-2011a; IBU, 2012-2014).

The project concept lies in empowering the communities, capacity building and self-reliance approach within the community development by applying necessary participatory approach. The key feature of the project strategy is the active participation of the project beneficiaries in the activities and their responsibility of using their improved skills for the overall improvement of the ECD services in their villages.

5.2.4 Principal activities of the project

There are two main branches of the project activities that can be distinguished according to the targeted recipients. The first type is aimed at training and coaching of Posyandu and PAUD cadres - volunteers and social business units' members. The second type is focused on empowering the communities and its representatives by advocating.

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[12] According to Oxford Advanced Learner's Dictionary (Oxford University Press, 2000) a cadre is a member of a group of people who are specially chosen and trained for a particular purpose

1. *Training and coaching sessions*

IBU Foundation community facilitators organize training sessions for new enrolled cadres consisting of theoretical and practical parts. In the theoretical part, the ECD subject and the expectations of cadres' performance in Posyandu and PAUD centres are introduced. In the practical part, the cadres are taught various techniques and practices about how to run ECD facilities. PAUD cadres are trained in teaching and learning methods, they need to understand the "learn through play" method, which is effective for children in early ages. Cadres also work in teams in order to organize daily activities in PAUD centres and their correct implementation (IBU, 2010-2011b). Storytelling is also considered a technique used to enable children to develop their cognitive, social and emotional functions; therefore cadres receive training focused on improving their competency in storytelling activity (IBU, 2013). In relation to that, cadres enhance their skills in creating education material from their environment (IBU, 2011f). The objectives of Posyandu cadres' training are focused on increasing knowledge about health issues, namely those of mothers and children, including nutrition and breastfeeding in theory and practice, the importance of immunization and family planning and its impacts on well-being of a community (IBU, 2010-2011b). Cadres are expected to apply the knowledge and skills acquired during the training and coaching sessions in their daily work.

Coaching sessions are directed at advanced cadres, whose capacity is mainly built through an interactive approach. The aim is to check their progress, to identify blocks and to build an action plan. The acquired knowledge and skills are used to disseminate the information about ECD and its importance to parents, and to confidently manage the activities in Posyandu and PAUD centres on daily basis.

Training and coaching sessions are also organized for the community based organizations (CBO) and social business units (SBU) members, where the content is focused especially on funding and advocacy skills. CBO called FP3 is consisting of "*a group of people who were identified as leaders (ECD cadres, village leaders, women organization leaders, religious leaders etc.) in their communities to mobilize resources needed to support the ECD programme*" (IBU, 2010c). They formed the SBUs, which operate in four villages in Pagelaran sub district, one SBU in each village. They were established during the first phase of the project and they are expected to ensure the

sustainability of the programme in terms of technical, financial and institutional sustainability (Ibid). Hence, the training objectives are to build and increase the capacity of the members by improving knowledge and gaining their confidence.

2. Advocacy

Advocating at local governments and a network building is an activity that is, during the project period, supported and managed by IBU Foundation. The purpose is to emphasize the need and the importance of ECD facilities in the target areas, to gain the long-term political and financial support, and to influence policy making. Networking serves to strengthen the contacts from local governments, institutions or organizations towards the villages, the representatives and their intentions.

All activities are implemented in order to empower community members to realize the importance of ECD and to be able to help them to manage and sustain the ECD facilities in their area.

6 METHODOLOGY OF THE EVALUATION

The conducted evaluation is a formative type of evaluation, since it was performed during the implementation phase of the project. It provides feedback so that the implementation can be improved.

6.1 Evaluation Framework

The evaluation framework covers two main purposes. Firstly, it mainly seeks to assess the rationale of project implementation and the project effectiveness in achieving expected outcomes. In addition, the extent, to which the intervention has been affecting the target groups so far, will be assessed together with the clients' satisfaction.

Secondly, the evaluation will provide recommendations towards the continuation of the running project including changes of the current practices. In addition, it will provide recommendations for the future interventions in other parts of Indonesia with the similar contexts.

6.2 Evaluation questions and design

For the purpose of this evaluation, non-experimental design was selected; hence the results are not compared with a control group. The evaluation questions, which were defined according to the OECD DAC criteria – relevance, effectiveness, efficiency, impact and sustainability are described in chapter 3. The questions were developed based on the brief analysis of the project documentations, specifically of the key logical framework matrices including the outcomes, outputs and activity plans. Table 2 outlines the evaluation questions together with data collection methods. Both quantitative and qualitative methods were used.

Table 2 – Evaluation Questions and Data Collection Methods

I.	**RELEVANCE**	
1	**To what extent does the project correspond with the needs of early childhood development in the targeted area?**	Analysis of project documents Interviews with the project team
	Did IBU Foundation conduct an assessment needs prior to project planning of both phases?	
	How were the assessment needs performed?	
	What findings were identified? How were the findings used during the project planning?	
	To what extent do the project outputs and activities correspond with the project purpose?	
	To what extent do the project outputs and activities correspond with the intended impact?	
2	**To what extent do the project objectives address the needs and expectations of the recipients?**	Interviews with the project team Questionnaires with recipients
	What were the expectations of recipients?	
	Did IBU Foundation include these expectations in the process of the project planning?	
3	**To what extent does the intervention comply with the policies and priorities of local (district and sub-district) and national authorities and organizations?**	Analysis of policies and regulations Interviews with representatives of selected relevant authorities and organizations Interviews with the project team
	Does the project correspond with the national strategies and policies of Indonesia?	
	What are the priorities of the local and national authorities and organizations regarding ECD? What are the policies regarding ECD?	
	To what extent does the purpose of the project correspond with these priorities?	
	How did IBU Foundation cooperate with the relevant authorities and organizations during the process of the project planning?	
II.	**EFFECTIVENESS**	
1	**To what extent was IBU Foundation effective when targeting potential recipients?**	Analysis of project documents Interviews with the project team Questionnaires with recipients
	How was the intention of the project delivered to the recipients?	
	What was the motivation and willingness of the recipients to participate in the project?	
2	**What activities were organized to achieve the project objectives?**	

	What kind of activities have been selected? What were the reasons for choosing these activities?		Analysis of project documents Interviews with the project team
	What is the content of the training and coaching? What training methods are used?		
	Who facilitates the activities? Do the facilitators have sufficient qualifications and skills?		
	How were the participants selected for the project activities?		
	How well are the participants informed about the purpose and objectives of the activities?		
	How do the participants feel about the activities?		Questionnaires with recipients Interviews with the project team
3A	**To what extent did the project achieve the outcomes and outputs? (Based on 2010-2011 logical framework matrix)**		
	Were all the objectives and outputs achieved?		
	To what extent did the status and development of children under 5 years improve?		
	To what extent was the community awareness of ECD improved?		Analysis of project documents
	How much did the parents improve their knowledge and skills of ECD? How did they apply them?		
	Did the established Pre-support Systems fulfill their purpose as planned?		
	To what extent did PAUD and Posyandu facilities improve		
	To what extent did the communities benefit from the established ECD facilities?		Questionnaires with recipients
3B	**To what extent has the project been achieving the outcomes and outputs? (Based on 2012-2014 logical framework matrix)**		
	To what extent has the sufficient access to quality and sustain community based ECD services been established?		
	Has the number of the ECD personnel been increasing as planned?		Analysis of project documents Interviews with the project team
	Has the capacity, knowledge and skills of the personnel been increasing as planned?		
	Have the parents and pregnant women been informed and aware of the importance of ECD as planned?		
	Have the parents and pregnant women been attending the ECD education sessions as planned?		

	Have the quality levels ECD facilities been increasing as planned? Have they been reaching the required levels?	
	Have the ECD facilities been equipped at the required standards and with sufficient material as planned?	
	Have the ECD facilities been receiving sufficient funds for daily operation?	
4	**What are the major factors influencing the achievement or non-achievement of the project objectives?**	Interviews with the project team
	How does IBU Foundation deal with the potential non-achievement of project objectives?	
5	**To what extent are the project objectives meeting the expectations of the recipients?**	Questionnaires with recipients
III.	**EFFICIENCY**	
1	**Were the objectives of the 1st phase achieved on time?**	Analysis of project documents Interviews with the project team
	Were there any changes in the schedule identified? How did IBU Foundation deal with them? What were the corrective actions?	
2	**Are the objectives of the 2nd phase being achieved on time?**	
3	**Has the intervention been efficient in terms of financial and human resources?**	
IV.	**IMPACT**	
1	**Has the impact of the project implementation been in accordance with the intended project objectives?**	Analysis of project documents
2	**To what extent have the project outputs affected the recipients?**	Analysis of project documents Questionnaires with recipients Interviews with the project team Interviews with representatives of selected relevant authorities and organizations
	How many recipients have been affected?	
	Has the project supported the self-reliance of the recipients?	
	How did parents, cadres and SBU members apply their knowledge and skills acquired during the activities?	
	Did the parents, cadres and SBU members identify any problems during the application? What proposals on improvements did they make?	

3	**Has a functional link between the target groups and local supportive goverments and institutions been established?**	Interviews with the project team Questionnaires with recipients Interviews with representatives of selected relevant authorities and organizations
4	**Has the project caused any (positive/negative) side effects?**	Analysis of project documents Interview with project team
V.	**SUSTAINABILITY**	
1	**What kind of a long-term plan does IBU Foundation have to establish sustainable ECD facilities and support systems in the target area?**	Analysis of project documents Interviews with the project team
	Is the plan likely to be successful to really achieve the sustainability of the outcomes of the project?	
2	**To what extent are the established ECD facilities and support systems able to continue with their activities after the cease of the funding from IBU Foundation?**	Questionnaires with recipients
	Have the participants and recipients acquired sufficient knowledge and skills to manage their activities?	
	Have they received sufficient training and support for initiating their activities?	
	To what extent have the ECD facilities assured their sources of funds?	
	To what extent have the support systems assured their sources of funds?	
	To what extent are the relevant authorities and organizations able and willing to support the ECD facilities?	Interviews with representatives of selected relevant authorities and organizations
3	**What steps has IBU Foundation taken to support its funding in case of the main donor cease?**	Interviews with the project team

6.3 Methods of Data Collection

The process of data collection was performed during a two months stay at IBU Foundation in Indonesia (May, June 2012). During this period, the project documentation

was examined, the interviews and survey were conducted and observation was performed by the author.

The examined documentation consisted of annual and midterm reports, training and activity reports and logical framework matrices including the monthly and daily activity plans. During the stay, the author conducted nine individual interviews, which could be, according to the interviewees, classified into two groups. The first group consisted of five IBU Foundation employees, namely a project manager, a finance manager and community facilitators of PAUD, Posyandu and a community based organization. An English language was used during the interviews. In the second interviewed group there were representatives of co-operating organizations and institutions (see list of interviews). The author used English language; however, a translation into Indonesian language was needed, since none of the interviewees were able to use English language. The interviews were translated by the IBU Foundation project manager. Both phases of the ECD projects were questioned during the interviews. During the stay a survey was also conducted. The questionnaires were distributed among the project recipients. In total, 133 questionnaires were distributed, from which eight questionnaires were aimed at members of the community based organization FP3 from four targeted villages and 125 questionnaires were aimed at PAUD and Posyandu cadres representing all eight targeted villages. The questionnaires were written in English language and were translated into Indonesian language. The rate of return of the distributed questionnaires was 100%. However, due to the invalidity of some of them, in total 96 questionnaires were used for the analysis. Furthermore, the author had the opportunity to observe several activities organized by IBU Foundation. The activities focused on cadres' training, regular coaching and informative sessions. The author also participated in advocating and networking activities. During the data collection phase, multiple methods were used.

6.4 Limitations of the research

One of the main limitations of the evaluation was the language barrier. The author did not have any knowledge of local language and therefore used English language instead. Similarly, the targeted groups spoke neither of the author's nor of the English language.

The language barrier was partially solved by willingness of IBU Foundation staff, who translated the required information from the targeted groups to the author and vice versa.

The questionnaires for targeted respondents were translated from English to the local language. While conducting the interviews with the IBU Foundation staff, English language was used; however, the knowledge of some of the personnel was not at fluent level, which caused certain obstacles in understanding. The language barrier was felt especially during the individual interviews with representatives of organizations or institutions, where the IBU Foundation project manager was present as an interpreter. Her pure translating function was sometimes overreached by intervening with own questions or remarks to those really being asked. Although the author had numerous opportunities to observe various kinds of activities, the observation was, due to the language barrier, limited.

As described in chapter 5, the evaluated project has two phases. Even though each phase has its own timeline, the objectives and activities are very similar and are overlapping. Thus, it was difficult to separate the phases of the project during the evaluation. In addition, many respondents participated in both phases of the project, which might have caused confusion when answering some of the survey questions.

The evaluation should also have addressed parents with children under five years old and pregnant women as the final recipients of the project. However, it was not feasible to reach this group of recipients either for the language barrier or, mainly, for their illiteracy. Hence, the author focused on surveying cadres and CBO members as the direct recipients of the IBU Foundation activities.

As mentioned above, the questionnaire survey resulted in 96 valid samples. However, the author was not able to find a total number of all project recipients from the available project documentation. Hence, it was not possible to define the ratio of gathered samples towards the total number of recipients.

A number of logical framework matrices were compiled during both project phases, the changes occurred mainly when new project staff was appointed. Without an assistance of the current project manager, the author would not be able to identify the valid documents.

Finally, the evaluation was conducted in the middle of the second phase of the project implementation. Therefore, the evaluation does not reveal all changes the intervention might have contributed to. Rather, it is more focused on the relevance of the project implementation and on the midterm effectiveness of the project to ascertain whether the project takes the right direction to reach the overall project objectives.

7 FINDINGS OF THE EVALUATION

7.1 Relevance

The findings below evaluate activities of IBU Foundation and their promotion of early childhood development together with regional and national needs and priorities. They also assess if the expectations of the targeted recipients had been met.

<u>1. To what extent does the project correspond with the needs of early childhood development in the targeted area?</u>

The aim of the project should reflect the needs of early childhood development in the targeted area. In order to create a relevant strategy for the project implementation, the organization conducted a field research including assessment needs in the potential targeted villages in the region. Since the project has two concurring phases – the 1st phase in years 2010-2011 and the 2nd phase in years 2012-2014, the research was conducted before each phase.

Before initiating the 1st phase of the project, a field research in Pagelaran sub-district villages of Cianjur district in West Java province was conducted by IBU Foundation in November and December 2009. IBU Foundation team consisted of four appointed personnel. Different actors, such as representatives of both district and sub-district authorities and institutions, chiefs of sub-districts and villages, representatives of local hospitals, Posyandu and PAUD cadres, and parents with their children were involved. The purpose of the research was to obtain analysis of the political and general conditions of ECD in the targeted area and permission for an intervention in selected villages by sub-district and district relevant offices. The permission for intervention from sub-district was received on 26th October 2009 and the one from district level on 12th December 2009 (IBU, 2009).

The situation of ECD in the area together with the results of the field research and assessment needs is described in the narrative annual report and its seven annexes (IBU, 2009). The situation analysis in the region lied mainly in identifying relevant offices involved in early childhood development. The reason was to specify those stakeholders,

who can influence the ECD and who are able to provide the organization with description of ECD services and funding in the selected area.

In addition, a village assessment was conducted from 25th to 30th October in 2009. IBU Foundation team members in cooperation with sub-district office, Camat[13] and Puskesmas[14] evaluated several villages with the lowest level of family welfare and with the poorest performance in Posyandu services. After more detailed assessments and based on the criteria, such as a number of PAUD and Posyandu facilities and their accessibility, infant mortality rates, baby weighing rates, status of village government readiness, or overall village potential for development, IBU Foundation selected four targeted villages - Pangadegan, Kertaraharja, Selagedang and Karangharja. A baseline survey conducted in these villages involved cadres, parents and their children and provided an analysis of PAUD and Posyandu facilities status. IBU Foundation summarized the findings as follows:

- PAUD: lack of equipment and educational material; lack of regular schedules; lack of training of PAUD cadres
- Posyandu: cadres' lack of knowledge of Posyandu activities like children weighing; lack of usage of children development cards and providing parents with information on how to use them; lack of equipment and improper or no use of the equipment if available; unclear working procedures and insufficient usage of Posyandu guidelines; lack of coordination of cadres' work with professional midwives (employees of Puskesmas), who can provide support in improving cadres' knowledge; low level of reporting
- Parents and children: lack of awareness of nutrition during pregnancy; strong devotion of children to their mothers; lack of parents' active interaction with their children to stimulate their development by learning; lack of educational rules in assessed families; children's inability to fulfill tasks appropriate to their age

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[13] „Camat" in Bahasa Indonesia means a Head of district in English
[14] Pusat Kesehatan Masyarakat – Community Health Centre Unit providing health care services at sub-district level by several programmes, such as health services for children and mothers healthcare, birth control, prevention of malnutrition, reduction of epidemics, hygiene, health promotion, support of low-income families (Setiawati, 2013)

Based on the assessment needs results, IBU Foundation clearly stated that it is necessary to promote good parenting, increase capacity of PAUD and Posyandu cadres and improve the PAUD and Posyandu facilities in order to contribute to better health status of children under five years old (IBU, 2009).

Before initiating the 2nd phase of the project (2012-2014), a rapid assessment was conducted by the IBU Foundation team under a new management. It focused mainly on Sukanagara sub-district, as Pagelaran sub-district data were already available together with the results of the 1st phase project implementation (Setiawati, 2013). The documentation available to the author does not clearly justify why Sukanagara sub-district was selected for the 2nd phase of the project. It only shows the results of the rapid assessment, which describes the inadequate access to ECD services (AWO, 2011). Other information about the targeted region and beneficiaries, and the specific information about the project are captured in the AWO International Project Proposal from July 2011.

Based on the research conducted in Pagelaran neighbouring sub-districts, Sukanagara four sub-district's villages with the lowest level of welfare were assessed – Sukamekar, Sukarame, Sukajembar and Sindangsari (AWO, 2011), and hence selected for the intervention. The rapid assessment addressed issues like availability of PAUD and Posyandu facilities and their quality standard, level of awareness of how to demand PAUD and Posyandu services, level of local government support, and sustainability. The following findings were presented:

- low quality standard of services of PAUD and Posyandu due to inadequate capacity of cadres (non-professional and non-academic background)
- insufficient training of cadres – knowledge and practice is gained by observing midwifes or by training received by one officially trained cadre on ECCE (early childhood care and education)
- low financial and material support to operate PAUD and Posyandu facilities
- low financial support of cadres such as financial incentives for necessary transport for visiting target households
- lack of motivation of volunteering cadres caused by low incentives

A comparison of Pagelaran situation in the middle of the 1st phase project implementation and of the findings from the assessment in Sukanagara was compiled and presented in the

project proposal (AWO, 2011). The proposal also provides an analysis of social, economical, political, cultural and geographical factors, which influenced the implementation of the project. Insufficient infrastructure to remote areas complicates the access to more than 80% of the villages. Moreover, as the project recipients are of Sundanese culture, the overall approach of the organization needed to be adapted to the recipients' manners, including their collective nature in order to set up an effective way of collaboration. An identified permissive parenting style in the targeted villages constrained the optimal development of a child and thus later also impacted on the development of the whole community. In addition, disharmony at district, provincial and national level policies and regulations in ECD, frequent changes in these regulations, disasters vulnerability and willingness of community members to participate in the project were categorized as risks pertained to the intended project (Ibid).

Based on the above findings, the 2nd phase of the project was proposed to improve the access to ECD, to raise awareness of ECD importance to the community members and make them collaborative in the involvement with the governments. Establishment of a community based organization (CBO) in order to form Social business units (SBU) should ensure financial sustainability.

Although the situation of ECD in Pagelaran had improved, an optimal level was not achieved, especially when sustainability is questioned. Even though the capacity of cadres had been built and their motivation was present, sustainable financing and material support still needed to be established. Due to the limited and incomplete support of relevant government offices, a need for advocacy and participative approach of communities to advocate was identified (AWO, 2011). Therefore, IBU Foundation decided to continue with the intervention in current villages in Pagelaran sub-district also during the 2nd phase of the project.

The findings of both assessment needs were well reflected in the project planning and transferred into the project logical framework in a form of outcomes, outputs and activities (see appendix 2). The overall project objectives including the outputs and activities identified by IBU Foundation and its donor AWO International currently focus on the situation of ECD in the targeted villages and therefore can be evaluated as highly relevant.

<u>2. To what extent do the project objectives address the needs and expectations of the recipients?</u>

IBU Foundation should consider the priorities and expectations of the direct beneficiaries before formulating projects objectives.

The author did not find any evidence in addressing cadres, parents or other members of targeted communities in assessing their expectations before initiation of the 1st phase. Only the research to analyze the ECD situation in the targeted area was conducted. The expectations of beneficiaries were collected during the implementation of the 1st phase, after receiving information about the purpose and importance of ECD. Only based on the dissemination of awareness of ECD by IBU Foundation to communities, the beneficiaries began to show their interest.

Nevertheless, when asking about the expectations of the project in the survey, 92% of PAUD and Posyandu cadres and CBO FP3 members responded that their biggest expectation from the intervention of IBU Foundation was to obtain better knowledge about health and education. Other expectations, also of a key importance for the project recipients, were linked to the optimal development of the children. Firstly, they would gain knowledge and skills relevant for their age (78%) and secondly, their health status would improve through the regular check-ups and an immunization programme (70%). Both are conditioned by parents bringing their children under five years old to PAUD and Posyandu on a regular basis. Inconsiderable percentage of the recipients, 61%, also expected better support of ECD services from sub-district and district level, which demonstrates their awareness of this necessity. On the other hand, only 3% of the recipients admitted that they expected financial reward. Generally speaking, the most frequent responses regarding the expectations of the recipients can be evaluated as highly relevant, as they correspond to the overall project objectives.

The above presented survey results also highly correspond to the expectations of the project recipients established before the 2nd phase by IBU Foundation. Although no relevant documentation was available to the author for the analysis, the PAUD community facilitator (2013) confirmed that "*parents wanted to increase their knowledge about PAUD and Posyandu purpose to pursue a goal of healthier community, and PAUD cadres wanted to be more creative in order to provide better education standards*". As

she continued, not all expectations from the beneficiaries could be considered in the logical framework. For instance, acquiring a new building for PAUD services depends on many factors, which IBU Foundation, as a small NGO, is not able to influence in order to achieve better standard. Instead, the expectations should reflect in the logical framework matrix only if they correspond with the achievable project objectives. These expectations are described in the previous paragraph.

<u>3. To what extent does the intervention comply with the policies and priorities of local (district and sub-district) and national authorities and organizations?</u>

In the development strategic plans in education and health of Indonesia, ECD is considered as one of the priorities (described in chapter 4). Three main leading actors within the Government of Indonesia (GoI) which affect the ECD in Indonesia are the Ministry of Internal Affairs, Ministry of National Education and the Ministry of Health. The issued regulations and policies are followed by organizations providing services in ECCE (Setiawati, 2013). For instance, *Permendiknas No. 58* from Ministry of National Education is a regulation defining establishments of PAUD, standard levels of PAUD services, distance between PAUD facilities within one area, or minimal education level of PAUD cadres (PAUD community facilitator, 2013). In a health sector, *Pedoman Posyandu* is a regulation defining establishment and operation of Posyandu, or standard level indicators of Posyandu services (Posyandu community facilitator, 2013). According to the project manager, approximately 90% of those policies and regulations are fulfilled by IBU Foundation. The remaining 10% is adjusted by IBU Foundation according to their possibilities of implementation, such as level of education of cadres placed in PAUD and Posyandu or the number of cadres placed in the facilities (Setiawati, 2013), as the cadres' work is based on volunteerism and motivation.

As a part of field research before the initiation of the 1st project phase, several interviews with relevant representatives of governmental as well as non-governmental organizations and institutions were conducted. The purpose was to establish the status of ECD in the targeted region, the current support and contribution of these authorities and organizations to the ECD improvement plan and the potential means of future cooperation with IBU Foundation.

One of the addressed institutions at district level was BKB-PP[15]. Its vision regarding Posyandu and PAUD services consisted in serving children under five years old in the ECD facilities and in its own development into a modern institution in order to contribute to the overall community welfare. The objectives of the Family Empowerment division at BKB-PP in Cianjur are in line with the objectives of IBU Foundation project and are perceived as a step forward to contribute to the overall BKB-PP objectives. According to the head of this division (2013), the intended impact IBU Foundation plans to reach is integrated in the agenda of BKB-PP, thus the activities provided by IBU Foundation within the project framework support the goals of BKB-PP and therefore are considered as conformable.

The 2nd phase of the project involved also Forum Komunikasi Kader Posyandu, an NGO functioning locally in Cianjur district. The main goal of the forum is to increase the capacity of Posyandu cadres and the standard operation levels of Posyandu services[16]. Moreover, the Forum provides facilitation and mediation services in case of occurred problems among cadres or facilities, and at financial level they are in charge of distributing the funds from district and province sources (Leader of NGO Forum Komunikasi Kader Posyandu, 2013).

The sub-district Sindangkerta Puskesmas Pagelaran, (three of the project targeted villages are within the region of this Puskesmas) defined their objectives in relation to Posyandu provisions. 90% of children under 5 years old with their parents and pregnant women will attend Posyandu on regular basis to receive basic healthcare services. Their goal to increase the attendance in Posyandu facilities highly complies with the objectives of IBU Foundation; hence the activities of IBU Foundation are fully supported by Puskesmas (Managers of Sindangkerta Puskesmas Pagelaran, 2013).

The main function of Pagelaran sub-district HIMPAUDI[17], which associates approximately 48 PAUDs in the sub-district, is to increase and build capacities of cadres

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[15] Badan Keluarga Berencana & Pemberdayaan Perempuan – Office of Family Planning Agency and Empowerment Government
[16] 4 standard levels of Posyandu from the lowest to the highest: 1. Pratama, 2. Madya, 3. Purnama, 4. Mandiri
[17] Himpunan Pendidik dan Tenaga Kependidikan Anak Usia Dini Indonesia –Association of teachers and personal education in early childhood

and to improve the quality of PAUD facilities (Head of HIMPAUDI, 2013). Again, the aim of HIMPAUDI is the same as the aim of IBU Foundation.

IBU Foundation set up a cooperation with all above mentioned units and they work together towards the common goals. IBU Foundation also ensures the activities do not overlap (IBU, 2012a). However, it is highly assumed that there are other authorities with current or potential collaborative function with IBU Foundation at sub-district and district level. However, as no other material was available to the author, the relevance of their cooperation could not be assessed.

Based on the above findings, it can be stated that the overall purpose of the IBU Foundation project highly corresponds to the priorities of relevant sub-district and district cooperating institutions and organizations. The purpose of the project also follows the national priorities to a high extent.

7.2 Effectiveness

1. To what extent was IBU Foundation effective when targeting potential recipients?

At the initiation of the 1st phase of the project in 2010, IBU Foundation conducted ECD campaigns in four target villages. Banners and posters, a documentary movie, special campaign events and meetings with village officials, community leaders and communities themselves were used as a method to increase public awareness about ECD (IBU, 2010b). The campaign was overall evaluated as effective, as more parents began to bring their children to PAUD and Posyandu (Ibid); however no specific number was presented as a result of the campaign. For the 2nd phase of the project, IBU Foundation staff met personally with the authorities and stakeholders from four targeted villages in Sukanagara sub-district to inform them about the project objectives. Due to the geographical obstacles the information did not reach all people in the villages as expected, therefore, IBU Foundation staff approached each village hamlet and led the sessions with communities personally. This activity took approximately one year. Apart from Sukanagara targeted villages, also Pagelaran villages were involved (Setiawati, 2013; PAUD community facilitator, 2013). As resulted from the survey, the entire 99% of the surveyed project recipients confirmed that the project objectives were introduced to

them personally by the IBU Foundation team members. However, the dissemination of ECD importance and the increase of public awareness is still one of the continuous activities of IBU Foundation (PAUD community facilitator, 2013), as the potential members of the communities are being reached progressively.

The purpose of the dissemination was not only to increase knowledge about ECD within the communities but also to approach volunteers to become PAUD and Posyandu cadres. Based on the interviews with the IBU Foundation team the most important criterion for new cadres to get involved in the project was their motivation. However, their motivation was highly influenced by their economical situation. The financial support was needed for travelling to targeted households and to the places where activities for cadres take place (Setiawati, 2013).

According to the IBU Foundation staff, the biggest motivation of cadres to become a part of the project is first the children to receive education, and second a chance to improve the community welfare (PAUD community facilitator, 2013). The survey revealed the same results. When the beneficiaries were asked about the reasons why they joined the ECD project, for 91% of them the strongest motivation was that their children would become healthier and for 95% of them the motivation was that their children would be more educated. 90% wished that their community achieves higher standard. Recommendation of family members or friends also influenced the decision of the recipients to become cadres in their villages.

2. <u>What activities were organized to achieve the project objectives?</u>

In both phases of the evaluated project implemented by IBU Foundation the same types of activities and practices are used in order to reach the project outputs and outcomes.

Training sessions for new cadres and regular coaching is organized in all targeted villages. All training is facilitated by the IBU Foundation community facilitators. PAUD training is led by a community facilitator with a bachelor degree in psychology, Posyandu training is led by a community facilitator with long-term experience in facilitation and health problematic. Both of these facilitators also lead parental training. CBO training is led by a community facilitator with bachelor degree in accounting and finally, advocating

training and facilitation are shared by a project manager with a bachelor degree in psychology and community facilitator for CBOs. Based on the documentation analysis and interviews with the IBU Foundation members, the facilitators were trained in Training for trainers (TOT) organized by IBU Foundation or by the donor organization AWO International (Setiawati, 2013; PAUD community facilitator, 2013). As is apparent from the documentation analysis, they irregularly receive relevant training either internally by the IBU Foundation management, or externally by AWO International (IBU, 2010b; IBU, 2011a).

The activities for cadres organized by IBU Foundation in targeted villages are focused on motivating of current or new cadres. The goal is mainly to train the candidates into skilled cadres who would be independently active in providing early childhood education in PAUDs, assisting mothers during pregnancy and breastfeeding period as well as supporting children under 5 years old during their development in Posyandus.

The training concept is generally divided in six sessions, each for one day, and follows a detailed training curriculum. Trained cadres are provided with educational and guiding material created by IBU Foundation between August 2010 and January 2011. The content of the modules is focused on parenting, PAUD or Posyandu problematic, early childhood education or development topics (IBU, 2010-2011b). Such a training module is missing for training of Community based organizations FP3 and SBUs in financial and accounting management; however, materials are prepared by a facilitator prior to the training (IBU, 2011).

It emerged from the documentation analysis and interviews with the IBU Foundation members that besides the regular training and coaching there is numerous training organized by the IBU Foundation members on irregular basis. They are for instance PAUD standard service training (IBU, 2011f), Exclusive breastfeeding motivator training (IBU, 2011c), Creativity on Improving PAUD Cadre's Capacity of Storytelling (IBU, 2013) or ECD training for Support System Members (called SBUs in the 2nd project phase) in technical-financial and institutional sustainability (IBU, 2010c). The training is always a part of the modules and the contents to the needs are adapted to the trained groups (Setiawati, 2013; PAUD community facilitator, 2013). Some training is also organized in cooperation with other organizations (IBU, 2012b).

There are several methods used during the training and coaching sessions by the facilitators, which are based on participative and interactive approach. The most used methods are lecturing, icebreaking games, group work, presentations, discussions, books, videos, role plays, monitoring and reflection (Setiawati, 2013; PAUD community facilitator, 2013; Posyandu community facilitator, 2013; IBU, 2012b). At the beginning of each session the participants are informed about the purpose and main objectives (PAUD community facilitator, 2013; Posyandu community facilitator, 2013). Participants are required to complete pre-tests, which are compared with post-tests at the end of the session. The comparisons of both tests show the extent to which the participants improve their knowledge (IBU, 2012b). Each training or coaching session is reported in written form by a relevant facilitator or organizer.

The overall aim of the training and coaching is the capacity building of cadres (Posyandu community facilitator, 2013). The trained cadres are expected to provide PAUD and Posyandu services with competence and confidence, and to disseminate the information about the ECD importance. The CBO and SBU members are expected to lead their businesses and advocate for ECD. Based on the survey results, the activities helped the participants to gain more confidence as expected. For instance, 72% of the surveyed cadres feel now more educated in children's development and therefore they feel more confident to inform parents about the PAUD and Posyandu importance.

The evaluation also aims to assess the satisfaction of the participants with the training and coaching organized during the project. The facilitators use their own methods how to get a feedback from the participants. For instance at the end of the session each participant is required to stick a smiley on the board which best reflects his expectation (Posyandu community facilitator, 2013), or the non-verbal communication like expressions and gestures of the participants (PAUD community facilitator, 2013). However, the author did no find any evidence of training or coaching evaluation forms, which would give the participants certain level of anonymity that would help IBU Foundation gain more honest feedback from participants. As per the survey results, 74% of the participants are satisfied with the content, but they would still make some improvements, mostly in time and place of the activities and in training and coaching methods. 8 participants out of 96 respondents were not satisfied with the facilitator of the activities.

<u>3A. To what extent did the project achieve the outcomes and outputs? (Based on 2010-2011 logical framework matrix)</u>

Before answering the evaluation questions about achieving the outcomes and outputs, an explanation of changes of outcomes in the logical frameworks will be presented.

The incorrectly formulated outcomes in the logical framework did not fulfill criteria of SMART[18] objectives, which would cause obscurity in evaluating the results (Setiawati, 2013). Therefore, with the change of project management during the 1st phase of the project, the outcomes, outputs and indicators from the logical framework were modified before the 1st phase project termination. Nevertheless, the meaning of the objectives defined by both managers remained the same (IBU, 2010-2011a; IBU, 2011d; see Appendix 2):

1. *children under 5 years old gain better health status and better development task fulfillment* (from both logical frameworks)
2. *communities benefit from PAUD and Posyandu facilities* (modified)
3. *Support Systems in all four Pagelaran villages sustain PAUD and Posyandu systems* (modified)

Before the 2nd phase of the project was implemented, interim lessons learned led to a revision of project objectives (AWO, 2011) and only one outcome for the 2nd phase of the project was formulated (IBU, 2012-2014; see appendix 3):

1. *Sufficient access to a quality and sustain community based ECD services*

The integral outcome identified for the 2nd phase incorporates all outcomes from the 1st phase.

In terms of effectiveness, the evaluation has assessed the extent to which the expected project outcomes and outputs have been delivered. In the chapter 3A, the first phase of the project from years 2010-2011 will be assessed and in the 3B chapter, the second phase of the project will be assessed in its midterm period. As also stated above, activities and the overall structure of the projects are the same for both phases.

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[18] SMART objectives – specific, measurable, achievable or aligned, realistic, timely

Regarding the 1st phase of the project, the author analyzed the documentation only, since the interviewed IBU Foundation members were not a part of the 1st phase project implementation.

After revision of project documentation including the Logical framework matrix 2010-2011 created by the new project management, necessary modifications had to be done in order to assess correctly, whether the planned project outcomes and outputs were achieved at the end of the 1st phase of the project. Especially the methods of verification were modified in order to measure the achievements and non-achievements well. As a result, a revised version of a logical framework was completed in October 2011.

Table 3 shows an overview of all outcomes and outputs planned in the 1st phase of the project compared with outcomes and outputs actually achieved. The logical framework matrix modified in October 2011 is used for the comparison (see appendix 2). The achieved outcomes and outputs were measured by IBU Foundation in December 2011. Primary data of PAUD and Posyandu were used as monitoring tools. Baseline and end line survey methods were used as verification tools.

Table 3 – Comparison of planned and achieved outcomes and outputs of the 1st phase of the project (OC – outcome; OP – output)

		PLANNED OUTCOMES AND OUTPUTS	ACHIEVED OUTCOMES AND OUTPUTS
OC 1		Children U5 years old gain better health status and better development task	
	1	Minimum 50% of children U5 enrolled in Posyandu in 4 villages have balanced weight according to their age	87% of children U5 enrolled in Posyandu in 4 villages have balanced weight according to their age
	2	Minimum 75% of children U5 in 4 villages enrolled in PAUD show fulfilled development tasks (motoric, cognitive, social, language)	100% of children U5 enrolled in PAUD showed fulfilled development task (motoric, cognitive, social, language)
OP 1		Improved community awareness of ECD	
	1	Minimum 25% of community members in 4 villages attend ECD campaign events	Approximately 25.4% of community members in 4 villages (from total population of 17,061) attended ECD campaign events and campaigns in the community centres
	2	Minimum 25% of community members in 4 villages attend ECD campaigns in the community centres	
OP 2		Improved parenting knowledge and skills of parents and potential parents	

1	Minimum 1 Posyandu and/or PAUD cadre from each facility in 4 villages participates in ToT (training of trainers) on parenting	70 cadres of both PAUD and Posyandu and 53 community leaders participated in ToT on parenting, i.e. 2-3 cadres from each facility
2	Minimum 50% of Posyandu and/or PAUD cadres in 4 villages demonstrate improved knowledge in teaching parenting skills to parents/caregivers with children U5 who enrolled in PAUD and/or Posyandu	56% of cadres demonstrated improved knowledge in teaching parenting skills to parents/caregivers with children U5 who enrolled in PAUD and/or Posyandu
3	Minimum 50% of parents/caregivers with children U5 participate in parenting dissemination run by Posyandu and/or PAUD cadres in 4 villages	75% of parents/caregivers with children U5 participated in parenting dissemination run by Posyandu and/or PAUD cadres in 4 villages
4	Minimum 50% of parents/caregivers with children U5 in 4 villages participating in dissemination session demonstrate knowledge improvement in parenting	73.5% parents/caregivers with children U5 in 4 villages participating in dissemination session demonstrated improvement in parenting in both health and development aspect
OC 2	Communities benefit from Posyandu and PAUD facilities	
1	Minimum 50% of approximate households (within a year) with children U5 in 4 villages visit Posyandu on regular basis	54% of approximate households with children U5 in 4 villages visited Posyandu on regular basis
2	Minimum 50% of approximate households (within a year) with children 3-5 years old in 4 villages enroll their children in PAUD on regular basis	66.3% of approximate households with children 3-5 years old in 4 villages enrolled their children in PAUD on regular basis
3	90% of households with children U5 visiting Posyandu and PAUD in 4 villages on regular basis demonstrate knowledge improvement of Posyandu and PAUD services	100% of households with U5 children visiting Posyandu and PAUD in 4 villages on regular basis demonstrated knowledge improvement of Posyandu and PAUD services
Op 3	Improved Posyandu and PAUD systems in 4 villages	
1	100% of Posyandu in 4 villages have minimum standard of equipment	100% of Posyandu in 4 villages have minimum standard of equipment
2	Minimum 1 of Posyandu cadres from each facility in 4 villages attend training on Posyandu service	139 Posyandu cadres from 27 Posyandu attended training on Posyandu service, i.e. 5-6 cadres from each Posyandu
3	Minimum 70% of Posyandu training participants show improved knowledge	97% of Posyandu participating cadres showed improved knowledge
4	Minimum 50% of Posyandu cadres that attend training demonstrate improved skills in running standardized Posyandu	58% (81 out of 139) of Posyandu cadres demonstrated improved skills in running standardized Posyandu

5	Minimum 50% of Posyandu cadres who attend training coach other Posyandu cadres	100% (all 81 with improved skills) of Posyandu cadres coached other Posyandu cadres
6	100% of PAUD in 4 villages have minimum standard of equipment	100% of PAUD have minimum standard of equipment
7	Minimum 1 of PAUD cadres from each pre-existing PAUD in 4 villages are trained on PAUD service	118 PAUD cadres were trained on PAUD service, i.e. 4-5 PAUD cadres from each PAUD
8	Minimum 50% of PAUD training participants show improved knowledge	60% of PAUD training participants showed improved knowledge
9	Minimum 30% of PAUD cadres who attended training demonstrate improved skills in running standardized PAUD	40% of PAUD cadres who attended training demonstrated improved skills in running standardized PAUD
10	Minimum 1 of PAUD cadres from each village coach untrained PAUD cadres	10 PAUD cadres from all villages coached untrained PAUD cadres, i.e. 2-3 cadres from each village
OC 3	Support Systems at village level sustain PAUD and Posyandu systems in 4 villages	
1	Minimum 50% (2 out of 4 villages) of Support System at village level have a minimum 1 year plan to support PAUD and Posyandu after project period terminates	100% (FP3 in all 4 villages) developed a 1 year plan to support PAUD and Posyandu after the cease of the project in 2011 (1st phase)
OP 4	Support System members identified and trained	
1	# of community members become Support System members	302 of community members became Support System members
2	Minimum 80% of registered Support System members participate in Support System development training	100% of Support System members participated in development training
3	Minimum 50% of Support System members who attended training show increased knowledge on strategic planning	26% of participants showed increased knowledge on strategic planning
4	Minimum 25% of Support System members who attended training actively applied their strategic planning to support PAUD and/or Posyandu	16% of participants actively applied their strategic planning to support PAUD and/or Posyandu
OP 5	Forum between governments (4 targeted villages, Pagelaran sub-district, and/or Cianjur district levels) signed	
1	Local governments at village level have approval to establish Support System group for PAUD and Posyandu in each village	All village governments had approval to establish Support System group (FP3) for PAUD and Posyandu in each village

2	Minimum 1 representative of government officials from district and sub-district level attend advocacy meeting with IBU Foundation and/or Support System group	8 government officials (2 from district, 1 from region IV of Cianjur, 5 from sub-district) attended advocacy meeting with IBU Foundation and Support System group (FP3)
3	Governments, IBU Foundation, and Support System members actively discuss the issues on PAUD and Posyandu in each village	All units actively discussed the issues on PAUD and Posyandu in each village
4	Minimum governments from sub-district level do visitation or monitoring on # of PAUD and Posyandu in 4 villages	1 official from sub-district level did visitation to at least 1 PAUD in each village; 1 Puskesmas midwife did monitoring and visitation in Posyandu

Source: Compiled by the author according to IBU Foundation (Project Annual Report 2011)

As presented in table 3, IBU Foundation was successful in achieving most of the outcomes and outputs in the 1st phase of the project. Moreover, the resulted percentage in many cases exceeded the expectations and plans. As the results in the annual report indicate (IBU, 2011e), the health status and development of children under five years old generally improved.

At the beginning of the project only 20% of children were able to fulfill the given development tasks (IBU, 2010a); at the end of the project 100% of children enrolled to PAUD were able to fulfill the tasks. Although the target of increased community awareness of ECD in Pagelaran had just reached the target, three quarters of parents in the region participated in dissemination sessions and thus improved their knowledge and skills in parenting. The improvement of existing and establishment of new ECD facilities brought appreciable benefits to the target communities, as more than a half of households enrolled their children to the ECD facilities. 87% of the surveyed cadres can also see the benefits of the ECD facilities for parents with children under five years old and pregnant women regularly visiting Posyandu; 75% of the cadres can see the change in accepting the immunization. Similarly, 68% of the respondents can see the benefits in parents with children under five years old visiting PAUD facilities on regular basis. The intervention of IBU Foundation assured that ECD facilities obtained a minimum standard of equipment and that PAUD and Posyandu cadres received relevant training to be able to confidently provide the ECD services to the communities and share their knowledge with other cadres as planned. The established Pre-support systems in all four villages in Pagelaran are able to design plans for sustainable ECD services after the cease of IBU

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Foundation intervention. However, despite 100% attendance on provided Training in development[19], according to the annual report only 26% of the participants were able to show improvement in strategic planning and only 16% of the participants were able to apply this planning in supporting PAUD and Posyandu (IBU, 2012a), which is much lower than the planned output results.

It is necessary to state that the formulations of some of the outputs in the logical framework matrix (indicator 3 from output 2 plus indicators 1 and 4 from output 5) were not clear to the author and thus could not be fully evaluated. The term *"minimum"* defined in the outputs is too vague for performing an evaluation. However, it can still be concluded that 83% of the targets set in the logical framework matrix were achieved. Therefore, the outputs should contribute to the project aim very effectively.

3B. To what extent has the project been achieving the outcomes and outputs? (Based on 2012-2014 logical framework matrix)

As mentioned above, the 2nd phase of the project is a continuation of the previous 1st phase. All four villages from Pagelaran sub-district remained in the 2nd phase of the project and other four villages from Sukanagara sub-district joined the project.

Since the 2nd phase of the project was evaluated in its midterm (June 2013), the author analyzed logical framework matrix valid for the 2nd phase of the project and the related documentation, such as Annual narrative report 2012. Only targets set for year 2012 will be compared to the results from the annual report 2012, because no further data for year 2013 were available. As a supporting material for assessing the effectiveness, statements from interviewees and the survey are used.

The values in the outputs in the logical framework 2012-2014 are set as vague using "number" or "%". However, the targets are further specified year by year and are divided separately for Pagelaran and Sukanagara villages. Moreover, some of the formulations are not clear to the author. Finally, it is necessary to note that some of the indicators are defined in a rather weak way, such as "improved knowledge" or "to show commitment" etc. and the author did not find any interpretation of these definitions in the available documentation.

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[19] Regular meeting of support system members to learn how to develop ECD programmes or to evaluate their strengths and weaknesses (IBU, 2010c)

As well as for the 1st phase, also for the 2nd phase a comparison of planned and achieved outcomes and outputs will be presented. As mentioned above, only data of 2012 are analyzed. Similarly, for assessing the success of the 1st phase, data of PAUD and Posyandu were used as monitoring tools, and baseline and end line survey methods were used as verification tools.

Table 4 – Comparison of planned and achieved outcomes and outputs of the 1st year of the 2nd phase of the project (OC – outcome; OP – output)

		PLANNED OUTCOMES AND OUTPUTS (2012)	**ACHIEVED OUTCOMES AND OUTPUTS (2012)**
OC 1		Sufficient access to a quality and sustain community based on Early Childhood Development services	
	1	% (70% Pagelaran; 25% Sukanagara) of children 2-5 years old utilized qualified & sustained PAUD service at minimum 2 times/week in 4 villages in Pagelaran and 4 villages in Sukanagara	38.63% of children 2-5 years old utilized qualified & sustained PAUD service at minimum 2 times/week (BAIK level[20]) in 4 villages in Pagelaran (65.11%) and 4 villages in Sukanagara (12.15%)
	2	0% of children U5[21] utilized qualified and sustained Posyandu services at minimum 8 times/year in 4 villages in Pagelaran and 4 villages in Sukanagara	0% of children U5 utilized qualified and sustained Posyandu service (MANDIRI level[22]) at minimum 8 times/year in 4 villages in Pagelaran and 4 villages in Sukanagara
	3	% (35% Pagelaran; 15% Sukanagara) of parents with children 2-5 years old utilized parenting education in PAUD on a regular basis in 4 villages in Pagelaran and 4 villages in Sukanagara	41.58% of parents with children 2-5 years old utilized parenting education in PAUD on a regular basis in 4 villages in Pagelaran (66.66%) and 4 villages in Sukanagara (18.49%)
	4	% (50% Pagelaran; 10% Sukanagara) of parents with children U5 utilized basic health care education in Posyandu on a regular basis in 4 villages in Pagelaran and 4 villages in Sukanagara	43.36% of parents with children U5 utilized basic health care education in Posyandu on a regular basis in 4 villages in Pagelaran (64.73%) and 4 villages in Sukanagara (21.99%)
	5	% (28% Pagelaran; 35% Sukanagara) of pregnant women utilized antenatal councelling service in Posyandu according to national standard (K1-K4) in 4 villages in Pagelaran and 4 villages in Sukanagara	75.06% of pregnant woman utilized antenatal councelling service in Posyandu according to national standard (K1-K4[23]) in 4 villages in Pagelaran (81.29%) and 4 villages in Sukanagara (68.83%)

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[20] BAIK level is a medium level from 3 standard levels of PAUD (IBU, 2012a)

[21] children under 5 years old

[22] MANDIRI level is the 4th (highest) level from 4 standard levels of Posyandu (IBU, 2012a)

[23] K1 – Kunjungan Pertama ibu hamil stands for the first visit to obtain ante-natal care in the first and the second 3 months of pregnancy; K4 – Kunjungan sejumlah empat kali ibu hamil stands for 4 visits to obtain complete ante-natal care, i.e. K1 and other 2 visits in last 3 months of pregnancy (IBU, 2012a)

OP 1.1.1.		PAUD cadres number increased	
	1	Number of PAUD cadre candidates apply to be PAUD cadres (3 Pagelaran; 6 Sukanagara)	9 new cadres registered in 4 villages in Pagelaran and 8 new cadres in 4 villages in Sukanagara
OP 1.1.2.		PAUD cadres capacity increased	
	1	% of PAUD cadres who train will improve their knowledge on personal, management, pedagogic competencies (75% Pagelaran; 50% Sukanagara)	Pagelaran: 80.95% PAUD cadres, who received training, improved their knowledge[24], 77.78% of those cadres showed motivation and commitment, 74.60% applied their skills, 61.90% showed dissemination skills and 61.90% were able to transfer their skills to untrained cadres
	2	% of PAUD cadres will train will show motivation and commitment to run PAUD on a regular basis (75% Pagelaran; 50% Sukanagara)	
	3	% of PAUD cadres who train will show improved skills on management and pedagogic competencies (50% Pagelaran; 25% Sukanagara)	Sukanagara: 100% PAUD cadres, who received training, improved their knowledge, 82.61% of those cadres showed motivation and commitment, 82.61% applied their skills, 69.57% showed dissemination skills and 69.57% were able to transfer their skills to untrained cadres
	4	% of PAUD cadres who train will show improved skills in doing parenting dissemination to parents (25% Pagelaran; 25% Sukanagara)	
	5	% of PAUD cadres who train will transfer their knowledge to other PAUD cadres that did not attend training (50% Pagelaran; 25% Sukanagara)	
OP 1.1.3.		Activity plan to run PAUD is established by cadres	
	1	Number of PAUDs establish a daily activity plan to run PAUD activities (75% Pagelaran; 75% Sukanagara)	All 30 PAUDs establish daily activity plans - 22 PAUDs in Pagelaran and 8 PAUDs in Sukanagara
OP 1.1.4.		Availability of sources of funds in PAUD	
	1	Number of PAUDs have a source of funds from parent/community member donation, village government, DEO[25], and or social business units to support operational costs (30% Pagelaran; 30% Sukanagara)	All 30 PAUDs in Pagelaran and Sukanagara have funds - parents regular donation, village governments, DEO
OP 1.1.5.		PAUD has s sufficient facility	
	1	Number of PAUDs have sufficient education material to support PAUD activity (30% Pagelaran; 30% Sukanagara)	All 30 PAUDS in Pagelaran and Sukanagara have sufficient educational material

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[24] the term „improved knowledge" is not explained in any documentation available to the author
[25] DEO – District education office

	2	Number of PAUDs have sufficient administrative material to support PAUD management quality (30% Pagelaran; 30% Sukanagara)	All 30 PAUDs in Pagelaran and Sukanagara have a sufficient administrative support
OP 1.2.1.		PAUD cadres number increased	
	1	Number of PAUD cadre candidates apply to be PAUD cadres (3 Pagelaran; 6 Sukanagara)	11 candidates applied in 4 villages in Pagelaran and 14 candidates in 4 villages in Sukanagara
OP 1.2.2.		Governments and related institutions in target villages have knowledge of establishment of new PAUDs	
	1	Number of villages received information about establishment of new PAUD from DEO or representatives of PLS [26] and PKBM[27] (8 Pagelaran; 8 Sukanagara)	All 8 villages received information about establishment of new PAUD through dissemination sessions on ECD and dissemination of rules and regulations from DEO in advocacy meeting
OP 1.2.3.		Public space could be utilized for running PAUD activity	
	1	Number of PAUD have permits to use public space to run the activities (1 Pagelaran; 3 Sukanagara)	Out of 2 new PAUDs in total, 1 new PAUD in Pagelaran has a permit from both village governments and DEO, 1 new PAUD in Sukanagara has a permit from the local village government only
OP 1.3.1.		Parents with children 2-5 years old receive information about the importance of PAUD	
	1	% of parents with children 2-5 years old receive IEC[28] material (5% Sukanagara)	100% of parents with children 2-5 years old received IEC material in both areas
	2	% of parents with children 2-5 years old attend ECD campaign (10% Sukanagara)	38.6% of parents with children 2-5 years old attended ECD campaign in both areas (40.95% in Pagelaran; 36.89% in Sukanagara)
OP 1.3.2.		Parents with children 2-5 years old are aware of importance of PAUD	
	1	Parents show willingness to register their children in PAUD (40% Pagelaran; 20% Sukanagara)	34.93% parents registered their children in PAUD from both areas (39.09% in Pagelaran; 33.86% in Sukanagara)
OP 1.4.1.		Posyandu cadres' capacity is increased	
	1	% of Posyandu cadres who are trained will improve their knowledge of well functioning five basic services- nutrition, mother and child health (KIA), exclusive breastfeeding and Posyandu management system (75% Pagelaran; 50%	Based on 2 training sessions on five basis services in Posyandu, children U5 healthcare in Sukanagara, 1 training on strategic planning on malnutrition intervention and prevention and hygiene promotion in Pagelaran at the end

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[26] Penilik Luar Sekolah dan Penilik Olahraga - Non formal education & sport inspector
[27] PKBM - Pusat Kegiatan Belajar Masyarakat - Community Learning Activity Centre
[28] IEC – information, education and communication

	Sukanagara)	of year 2012, the knowledge of Posyandu cadres increased as follows: 96% in total improved their knowledge[29] (100% in Pagelaran; 91% in Sukanagara); 94% in total showed motivation and commitment (96% in Pagelaran; 91% in Sukanagara; 44% in total were able to apply their acquired skills (51% in Pagelaran; 35% in Sukanagara); 37% in total showed improved skills in dissemination (51% in Pagelaran; 21% in Sukanagara) and 34% in total were able to transfer their knowledge to other cadres (51% in Pagelaran; 16% in Sukanagara)
2	% of Posyandu cadres who are trained will show motivation and commitment to run Posyandu on regular basis (75% Pagelaran; 50% Sukanagara)	
3	% of Posyandu cadres who are trained will show improved skills on applying five basic services and management of Posyandu (80% Pagelaran; 50% Sukanagara)	
4	% of Posyandu cadres who are trained will show improved skills in dissemination to parents regarding nutrition, mother & child health (KIA), and exclusive breast feeding (50% Pagelaran; 50% Sukanagara)	
5	% of Posyandu cadres who are trained will transfer their knowledge onto other Posyandu cadres who did not receive training (50% Pagelaran; 50% Sukanagara)	
OP 1.4.2.	Availability of sources of funds in Posyandu	
1	Number of Posyandus have sufficient funds from parent/community member donations, village governments, DHO[30], and/or social business units to support operational cost (30% Pagelaran; 30% Sukanagara)	62% of Posyandu have sufficient funds to run their activities on regular basis in both areas (50% in Pagelaran; 73.3% in Sukanagara)
OP 1.4.3.	Posyandu has sufficient facility	
1	Number of Posyandus have standard equipment to support Posyandu management quality (100% Pagelaran; 40% Sukanagara)	100% of Posyandu (58) have standard equipment and administrative facility to run their activity in both areas
2	Number of Posyandus have sufficient administrative material to support Posyandu management quality (75% Pagelaran; 50% Sukanagara)	
OP 1.5.1.	Parents with children U5 and pregnant women received information on importance of Posyandu	
1	% of parents with children U5 received IEC material (5% Pagelaran; 5% Sukanagara)	100% of parents with children U5 in both areas received IEC material (KMS[31])

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[29] the term „improved knowledge" is not explained in any documentation available to the author
[30] DHO – District health office
[31] KMS – Kartu Menuju Sehat is measurement tools for monitoring children U5 growth and development (IBU, 2012a)

	2	% of pregnant women received IEC material (5% Pagelaran; 5% Sukanagara)	In both areas 75.06% of pregnant women (272 out of 370) received IEC material (KIA Book); (81.29% in Pagelaran; 68.83% in Sukanagara)
	3	% of parents with children U5 attended ECD campaign (10% Pagelaran; 10% Sukanagara)	54.1% parents (1483 out of 2741) with children U5 attended ECD campaign in both areas (65.49% in Pagelaran; 48.4% in Sukanagara)
	4	% of pregnant women attended ECD campaign (30% Pagelaran; 30% Sukanagara)	10% of pregnant women (24 out of 231) attended ECD campaign in Sukanagara area
OP 1.5.2.	Parents with children U5 and pregnant women are aware of the importance of Posyandu		
	1	% of parents showed willingness to register their children to Posyandu (55% Pagelaran; 15% Sukanagara)	49.3% parents with children U5 (563 out of 1142) showed willingness to register their children to Posyandu (38.2% in Pagelaran; 54.3% in Sukanagara)
	2	% of pregnant women showed willingness to register to Posyandu (45% Pagelaran; 50% Sukanagara)	10.27% of pregnant women (38 out o f370) showed willingness to register to Posyandu (10% in Pagelaran; 10% in Sukanagara)

Source: Compiled by the author according to IBU Foundation (Project Annual Report 2012)

As presented in table 4, IBU Foundation succeeded in achieving most of the intended outputs. Moreover, IBU Foundation team was even more successful in exceeding the outputs, as also recognized by the team in June 2013 by using diverse monitoring system including the monitoring tools mostly adopted from MoNE, the attendees' lists from training, coaching and sessions, and mainly facilitators' observation to evaluate cadres' capacity increase (Setiawati, 2013; PAUD community facilitator, 2013; Posyandu community facilitator, 2013).

The outcome indicators were all achieved with only one exception. The attendance of children between 2 to 5 years old in PAUDs minimally 2 times per week was achieved neither in Pagelaran nor in Sukanagara villages. It is related to the fact, that the parents' awareness of ECD in both regions but mainly in Sukanagara still needs to be improved. Despite the IEC material received by all targeted parents, only one third of them were willing to register their children in PAUDs. The low level of awareness impacted not only the parents but also pregnant women and their registration in Posyandu to even lower extent, as only 10% of them registered.

The intervention of IBU Foundation proved to be successful, as all 30 PAUD and all 58 Posyandu facilities in both areas were fully equipped with educational material and necessary equipment to provide the services as planned. Moreover, all PAUDs and Posyandus in both areas dispose of planned sources of funds such as regular parents' donations, village government sources or sources from DEO and DHO.

An increase in a number of new cadres in PAUD facilities was recorded. However, the logical framework does not mention an output related to new cadres in Posyandu. Instead, it deals with a duplicated output "*PAUD cadre number increased*" showing two different results. In one case, 17 new cadres applied for PAUDs and in the other case 25 new cadres applied for PAUDs. Number 17 is also a result in the Annex 1 "Project progress 2012 document" to Logical framework matrix 2012-2014 (IBU, 2012-2014). Number 25 was not found by the author in any available reports. The capacity building of current and new cadres also reached appreciable numbers. For instance, 100% PAUD cadres in Sukanagara, who received training, improved their knowledge and thus remarkably overreached the target. Similar percentage, 91%, was reached by Posyandu cadres in Sukanagara and 100% of Posyandu cadres in Pagelaran. High percentage of cadres demonstrated their motivation, yet, they had difficulty to apply the acquired skills in Posyandus. On the other hand, PAUD cadres did not need to deal with such an issue. Follow-up training needs to be planned in order to achieve the required results.

In most cases, judging by the success in achieving the outputs, it is revealed that Pagelaran, the region with longer intervention of IBU Foundation, reaches higher percentage in fulfilling the outputs as opposed to Sukanagara region, where the intervention of IBU Foundation lasted only one year.

Pagelaran sub-district managed to achieve 25 out of total 30 outputs, i.e. 83%; Sukanagara sub-district managed to achieve 22 out of total 30 outputs, i.e. 73%. The overall achievement of planned outputs for the 1st year of the 2nd phase of the project is 78%. It can be stated that the outputs are contributing well to the overall purpose of the project and that the project is on the right track to achieve the planned impact.

4. What are the major factors influencing the achievements or non-achievements of the project objectives?

According to the interviewed IBU Foundation team members, there are several factors that influence non-achievements of project objectives. Rika Setiawati, a project manager, divides these factors into two groups: those, which can potentially be changed and those, which cannot be changed and simply need to adapt. The first group is represented by the conflicts in targeted villages. Those have to be solved prior to the project implementation, even if the team lacks the capacity. Another roadblock, according to Rika Setiawati (2013), are the donor's requirements like rules and regulations that need to be followed, e.g. documentation completion, meeting the timing and completing other tasks that are on top of the daily programme. On the other hand, a CBO community facilitator considers trust in dealing with money as a factor influencing the achievement of the project objectives, as FP3 is trusted by a community to deal with the financial budget obtained from the government (2013).

5. To what extent are the project objectives meeting the expectations of the recipients?

The expectations of the recipients according to the survey were already described in evaluation question number 2 in chapter Relevance. The respondents were also asked whether their expectations have been fulfilled so far. From 96 respondents including cadres and FP3 members, only 1 respondent answered that his expectations had been fulfilled completely. On the other hand, there was no-one whose expectations were not fulfilled at all. The majority of respondents answered that either most (34 respondents) or some (56 respondents) of the project objectives had been met according to their expectations.

7.3 Efficiency

1. Were the objectives of the 1st phase achieved on time?

As not mentioned differently in the documentation, the implementation of the project started on time. Before the end of the 1st phase, in November 2011, IBU Foundation received an announcement from their donor about the project extension (2nd phase). IBU Foundation had to shift the strategy from exiting project into preparing a three-year project plan; hence an implementation of some of the activities was postponed from December 2011 to January 2012 (IBU, 2011e).

2. Are the objectives of the 2nd phase being achieved on time?

In terms of timing and work planning, several activities could not be implemented on time in year 2012 due to some changes in logical framework structure. IBU Foundation revised the implementing strategy in order to complete all planned activities. Other factors, like limited availability of respective government officials or adjusting the time of the activities with time of the recipients, also influenced the timing. This, however, should not affect the intended project outcomes before the project terminates. The project implementation is, as put by Rika Setiawati, *"output-based and not time-based"* (Setiawati, 2013).

3. Has the intervention been efficient in terms of financial and human resources?

IBU Foundation has six full-time employees working on the ECD project. The project is financed by AWO International. The budget is released on quarterly and monitored on monthly basis (Novi int.). This evaluation will not deal with the financial efficiency in more detail, since no other data to assess the project efficiency were available to the author.

7.4 Impact

While impact refers to the long-term consequences of the intervention, the impact on the wider communities cannot be fully assessed in the scope of this thesis. Although the 1st phase of the project was finished in December 2011, it overlaps with the 2nd phase of the project, which terminates in December 2014.

1. Has the impact of the project implementation been in accordance with the intended project objectives?

The intended impact of the 1st phase of the project, as defined in the logical framework matrix is *"to increase capable children in Cianjur"* (IBU, 2010-11a). Despite of this broad definition, the project outcomes, outputs and activities were constructed in a way to contribute to the intended goal. IBU Foundation succeeded in achieving most of the outputs and outcomes in the 1st phase of the project and according to these results, it can be concluded that the project contributed to the increase of better developed children in

the targeted communities. However, the extent to which the project contributed to the overall impact has not been assessed in the reports produced by the implementing organization nor by this evaluation study.

For the overlapping 2nd phase, the intended impact in the logical framework matrix is defined as "*children 2-5 years old to achieve optimal development stage according to their age; to reduce underweight of children U5; to increase health status of children U5*" (IBU, 2012-14). Also during this phase, the project outputs and activities were constructed in a way to directly contribute to these intended project goals. Even though IBU Foundation did not succeed in achieving all outcomes and outputs planned for year 2012, it can be stated that the project is on a right track to achieve the intended impact. The immunization of children influences their health status positively, the control over the child's nutrition and weight in Posyandus helps to reduce their underweight and the programme of the established PAUDs contributes to the child's development.

2. To what extent have the project outputs affected the recipients?

The project aims at motivating the community members to become engaged in their communities and be able to improve the establishment of early childhood development services in their area. All activities organized by IBU Foundation are aimed at capacity building of cadres, parents, and CBO members. Therefore, they contribute to the overall improvement of the recipients' knowledge, skills and abilities to provide sufficient ECD services.

As it has been assessed in the chapter "Effectiveness", there is an increase in a number of recipients in both phases of the project during the intervention of IBU Foundation. As a result of attending events promoting awareness of ECD and parenting sessions, where the community members including parents and potential parents improved their knowledge and skills on parenting, more targeted households enrolled their children in PAUD and Posyandu facilities. The children started to receive an early childhood education and a necessary healthcare in order to avoid child mortality and malnutrition. Moreover, new PAUD centres were established in various village hamlets, thus the ECD facilities became more accessible and more children attended them on a regular basis. PAUD and Posyandu facilities obtained necessary equipment and the cadres received training on how to use it. It resulted in providing a higher quality services following the

standards. Original and new cadres keep receiving the training on improving their knowledge and skills on regular basis; therefore they are able to continually transfer their skills to the communities, parents and children.

The impact of the IBU Foundation activities on cadres can be assessed from the collected data as follows. PAUD cadres use the acquired knowledge and skills by using new methods to educate children including new songs and new games. Posyandu cadres are aware of how to use the registration and children health status cards, and they know how the children should be measured and weighed. IBU Foundation team observed that cadres with frequent participation in the training and coaching gained more self-confidence, yet, based on the survey, only 17% of the cadres feel more confident when being in contact with the authorities. The leaders of CBO have different perspective on how to advocate for their interests and their way of thinking changed, they are generally more active (Setiawati, 2013; PAUD community facilitator, 2013; Posyandu community facilitator, 2013).

Even if the presented results can be regarded as positive in comparison with the planned outputs, there are still a high number of recipients (98% of the surveyed cadres) who require further assistance of IBU Foundation. 85% of cadres and 50% of FP3 members feel that they have some problems with using the acquired knowledge, skills and confidence in practice. Their main proposal is to change the content of IBU Foundation activities and the approach of the organization. Half of the recipients would also welcome improvements in policies and regulations in the villages and one third of the recipients would change sub-district and district governments' policies and regulations.

3. Has a functional link between the target groups and local supportive governments and institutions been established?

The main aim of the advocating activities is to build a strong relationship between the village governments and the sub-district and district related governments and institutions in order to lobby for ECD in the targeted area. Through the training and regular coaching provided by IBU Foundation, the village representatives and CBO FP3 members build their capacities to raise their voice. All interviewed leaders of the cooperating and supporting organizations or institutions (Puskesmas, HIMPAUDI, BKBPP and Forum

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Komunikasi Kader Posyandu) stated that also cadres had shown improvements in their abilities and skills, their self-confidence and attitude, which they are now able to demonstrate in communication with external offices. The link between cadres and sub-district authorities is perceived as well established for 42% of surveyed cadres, for 28% the relationship works sometimes well and sometimes not well and 19% of cadres think there is no link established at all. The relationship between cadres and district authorities works well for 33% of cadres, but for 31% of cadres no link is actually established. On the other hand, there are 77% of cadres who think that the relationship works well at the village level. The relationship with cadres and other CBOs is established well for 57% of respondents including cadres and CBO members. Generally speaking, the best relationships are set up among cadres and between cadres and parents. Rika Setiawati (2013) concludes: *"we (IBU Foundation) only help to open the access. Even though the cadres have better capability and more information than before the intervention, there is still a gap."*

All above mentioned institutions and organizations cooperate with IBU Foundation and IBU Foundation receives their support not only in advocating for ECD in the targeted area but also in promoting awareness of ECD and implementing the activities.

However, there are external factors, which still influence the smooth support of ECD in Cianjur district and generally in Indonesia. As concluded from the analysis of situation in Indonesia, the interviews and the annual reports, these factors have mainly political, economical and educational background. As for the political-based factors, high fluctuation of the officers and their regular relocation to other departments constrains advocating and network building processes (IBU, 2011e; IBU, 2012a). The issue of corruption in the governments can also be stated (Setiawati, 2013; Head of Family empowerment division at BKB-PP, 2013). The cooperation between multi-stakeholders working towards the same goal should also be improved (Setiawati, 2013; Head of HIMPAUDI, 2013; Leader of NGO Forum Komunikasi Kader Posyandu, 2013). The educational-based factors stand mainly for the lack of education of the community members (Managers of Sindangkerta Puskesmas Pagelaran, 2013); and from the economical perspective, it is believed if communities reach better welfare, they would be able to improve their health status (Ibid).

4. Has the project caused any (positive/negative) side effects?

The intervention has mainly caused positive unintended impacts so far. For example, IBU Foundation organized a cultural Jambore PAUD&Posyandu event on May 25th, 2013 in Sukanagara[32]. The purpose was, as stated by Rika Setiawati (Report, 2013), "*to increase community capacity to monitor the progress of ECD programme and to share lessons learned*". Apart from the eight targeted villages, there were other six non-targeted villages participating and sharing their experience on the event (Ibid.), having a motivating and competing effect. Another unintended impact identified during the ECD campaigns in Pagelaran was that the other ten non-targeted villages draw from the educational material distributed by IBU Foundation to conduct their own ECD campaigns (IBU, 2010b). No negative side effects caused by the project were evident from the collected data.

7.5 Sustainability

As the project was still in process of implementation in the middle of the year 2013, the sustainability of the project can only be forecasted. Therefore, the evaluation will assess the plans of IBU Foundation on how to achieve sustainability and the successes of the project recipients in achieving the sustainability so far.

1. What kind of a long-term plan does IBU Foundation have to establish sustainable ECD facilities and support systems in the targeted area?

The main aim of the evaluated project is to empower the communities to be active on participatory basis to ensure the sufficient access to quality and sustain ECD services in their localities. The sufficient access is defined as "*availability and quality standard of ECD services, effective awareness of the services users to demand the services, good governmental support and sustainability of the services*" (AWO, 2011). The aim was to establish a community based organization that would be able to form social business units. The purpose of SBU is to run business and hence to finance the ECD services in

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[32] Jambore PAUD&Posyandu event – representative cadres of each PAUD and Posyandu demonstrated the results of their work in the stalls and presented them in the best way on the stage. Performance like dancing, singing or short theater playing was also a part of their presentation. The best PAUD and Posyandu was awarded at the end of the event (author's observation)

the villages to ensure their sustainability. The purpose of the set-up businesses is to sell educational material, fertilizers to farmers, T-shirts and fishing. IBU Foundation successfully supported the establishment of a CBO called FP3 in four villages in Pagelaran. They were established by the initiative of the local communities in order to increase funding and to allocate the village budget. SBUs created in each village in Pagelaran were also established. In Sukanagara villages, there was no support system planned.

2. To what extent are the established ECD facilities and support systems able to continue with their activities after the cease of the funding from IBU Foundation?

It has already been presented that 98% of the surveyed cadres think that they are still not able to provide ECD services to the communities without a support of IBU Foundation. This indicates that the recipients have not reached the self-reliance to the extent of being self-sustaining so far. Moreover, based on the questionnaires, 86% of the recipients think the sources to support PAUDs and Posyandus are not sufficient enough. According to the respondents from the survey, the highest contribution seems to be from the parents (74%) and 66% of the sources are defined to come from IBU Foundation. The financial contribution from sub-district and district governments is ranked in the third place with 55%[33].

As already mentioned earlier, the aim of the advocating meetings is to strengthen the networks and collaboration between the targeted villages and relevant governments, institutions and organizations. IBU Foundation works towards building such networks with local partners, who share similar approach to ECD. For example, Puskesmas and IBU Foundation work together to achieve Mandiri level, the highest standard level in Posyandu, which ensures the facility to have a certain level of autonomy and financial support (Managers of Sindangkerta Puskesmas Pagelaran, 2013). IBU Foundation also train and coach CBO FP3 members in advocating to be independent and to lobby for ECD in their communities. There are still 50% of the CBO leading members who have problems with using the acquired knowledge and skills. Apart from the policies and regulations that do not correspond with the goals of FP3, as the main problem they indicated that people in the village do not understand the importance of FP3 and they lack

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[33] This percentage is based on the cadres' responses. To get more detailed numbers, data indicating particular sources of funds for PAUD and Posyandu facilities operation would have to be analyzed.

the support of village government. There is still a high degree of dependency of the recipients on IBU Foundation in this area, even if the recipients demonstrate motivation and willingness for the improvement.

The purpose of the SBUs was to finance the operation of ECD facilities from the business they make. However, only 2% of the respondents believe they will be able to support to the extent of complete independency on IBU Foundation. Also, according to the interviews with IBU Foundation members, there is a certain level of skepticism that these SBUs would be able to fully support the financial sustainability of ECD services in the future (Setiawati, 2013; CBO community facilitator, 2013).

<u>3. What steps has IBU Foundation taken to support its funding in case of the main donor cease?</u>

Even at the time of data collection, it was not clear whether the donor AWO International will continue with the support of IBU Foundation after the 2nd phase termination in December 2014. Hence, one of the strategic objectives of IBU Foundation for the years 2012 to 2015 is to "*increase diversification of funding from public, corporate and business units*" (IBU, 2012-13, p. 6). Yet, the author was not successful in finding evidence in addressing other sources of funds by the organization during the data collection period. The organization had, however, a specific plan on how to sustain the ECD project in Cianjur district by implementing programme "*adoptavillage*", an adopted programme that attract several donors and which IBU Foundation plans to promote (IBU, 2012-13). However, at the time of data collection, it was only in a planning phase. The long-term funding activity is considered as a key importance for IBU Foundation.

8 MAJOR FINDINGS OF THE EVALUATION

A summary of the evaluation findings is presented in this chapter.

Relevance

The project is implemented in the framework designed by the organization IBU Foundation, with financial support from AWO International in order to improve the situation of early childhood development in two remote sub-districts in West Java in Indonesia. The rationale of the project was evaluated based on the assessment needs conducted by the organization prior to the implementation of both project phases and based on the analysis of ECD priorities and its needs at sub-district, district and national level. IBU Foundation analyzed the situation of ECD in the targeted area and identified the major problems in delivering ECD services and their quality. Nevertheless, the targeted recipients' expectations were not included in the project proposal. The goal of the project was then clearly stated in the logical framework matrix. IBU Foundation was granted permission without any objections to the project intentions from sub-district and district authorities. Based on the assumption that the local institutions and volunteering recipients improve the access to ECD services, a support to ECD facilities, cadres and village CBOs was identified as a priority direction.

Effectiveness

IBU Foundation effectively approached the potential recipients of the project and the introduced objectives were fully understood. The chosen activities planned and performed in the 1st phase of the project are identical with those from the 2nd phase. They aim at building knowledge of the project recipients and increase their self-reliance in order to improve and sustain the ECD services in their localities.

IBU Foundation succeeded in achieving most of the intended project outputs and outcomes in the 1st phase, the results even exceeded the expectations in some cases. However, it may be biased, as the logical framework matrix including the indicators was modified before the 1st phase termination. Nevertheless, additional PAUDs were established, Posyandus were renewed, new candidates for cadres were trained and the original ones were coached. As a result of ECD awareness increase in the communities,

parents enrolled their children in the ECD facilities. A support system was also established in all four targeted villages in Pagelaran sub-district. The organization succeeded in achieving the outcomes and outputs planned for the 1st year of the 2nd phase implementation by reaching 80%. Even though the participants in the activities proved their acquired knowledge and skills during the training and coaching, they still struggled with using them practically in their work. The progress in contributing to the overall purpose of the project is visible.

Efficiency

The project timing was efficient during the 1st phase of the project implementation and the 2nd phase has been achieving its planned objectives practically on time. Since the purpose of the evaluation was not to assess the efficiency in terms of finance, no findings were identified in this area.

Impact

Although the project is still ongoing and its overall impact cannot be concluded yet, the up-to-now intervention of IBU Foundation in the targeted villages is already reflected in many changes in the community empowerment, capacity building and self-reliance, though some areas still require improvements. It has been observed that the access to ECD services for parents with children under five years old and pregnant women have increased. The awareness of ECD services has increased within the communities, which resulted in an increase of enrollment to PAUDs and Posyandus. However, the access to the ECD facilities has not yet reached all the recipients; there are still some parents and pregnant women who should potentially use the services. A number of volunteering cadres in the ECD facilities has also increased. The establishment of CBO FP3, which also formed the SBUs to run business and financially support ECD services, has had a good effect in terms of learning how to advocate for ECD at sub-district and district level. This will bring a certain level of self-reliance to the communities in the future. However, the evaluation revealed that the cooperation between the established CBOs and relevant authorities has not yet been built to the extent to fully support ECD services in the targeted sub-districts.

Sustainability

Even though the 1st phase of the project terminated in December 2011, the 2nd phase is overlapping in terms of outputs and activities and therefore, the sustainability could not be assessed separately for each of the phases. The support system in a form of CBO to lobby for ECD in their villages was established during the 1st phase in Pagelaran sub-district and is also continuing in the 2nd phase. No such support system was established in Sukanagara sub-district. The aim of the created CBOs to build networks and collaborative relationship with local partners to achieve sustainability has not been reached yet and improvements are still required. The established SBUs are not in a phase of supporting the ECD facilities as initially planned and according to the evaluation results the system does not guarantee the financial support needed for the future. Moreover, there is still a high degree of dependency on village governments and CBO members on IBU Foundation in this area. Even if the recipients are strong and demonstrate high level of motivation and willingness to improve the situation, a sustainable link between them and the local authorities is still missing. Cadres are, in terms of empowerment, able to work independently in established PAUDs and Posyandus; however, they depend on IBU Foundation financially. This indicates that the project still needs to be financially supported by the current donor in order to keep financial sustainability or other fundraising sources need to be found by the organization.

IBU Foundation itself is dependent on a single donor since the 1st phase of the project. As it is not clear whether the support from the donor will continue after the termination of the 2nd phase, IBU Foundation should search for other alternatives. Their proposed programme "*adoptavillage*" is not in the stage of being able to support complete ECD projects as in its current form.

9 RECOMMENDATIONS

Both phases of the implemented project are overlapping in terms of outcomes and activities and as the 2nd phase is still ongoing, the lessons learnt cannot be fully generated yet. However, the intervention has already shown lessons that came from the evaluation. They could be used for potential implementation of projects in other localities in Indonesia with similar contexts.

The strategy of organizing a campaign to mobilize the community members to participate in project activities in order to improve the situation of ECD in their locality has proven to be a successful lesson which is to be applied. The increase of the community recipients to be engaged in the project as motivated and willing cadres of PAUD and Posyandu facilities has been high. The established CBO FP3 has successfully formed social business units with the intention to finance the ECD services in their villages.

Some of the activities conducted by the implementing organization has had a positive unintentional impact onto the neighbouring villages. For example, PAUD and Posyandu cadres from non-targeted villages participated on Jamboree event in order to compete in the best PAUD or Posyandu facility management with the targeted villages. They showed their motivation and through the competition they presented the results of their work to the others. In addition, they obtained lessons learnt, as the targeted participants shared their experience.

The recommendations will be outlined in two parts - firstly, those related to the project continuation and secondly, those related to the project process improvements. The former is focused on areas such as community self-reliance, sustainability, fundraising, monitoring and evaluation, the latter is focused on administration.

Recommendations towards the continuation of the project

It is recommended that the organization will put more focus onto the advocating process to ensure better self-reliance of the community members so they are released from dependency on IBU Foundation in this field.

The evaluation finds that the organization should concentrate more on the capacity building of the community members active in advocating, network building and business

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management, as their improved capability in this area is a step forward to ensure the project sustainability. Members of CBO FP3 and members of SBUs should be more empowered in order to be able to lobby for ECD with self-confidence and according to their needs, and to improve the management of the set-up business units. Although the continued lobbying pressure is needed particularly at the district level, the networks at sub-district level should also be strengthened. The entrusted community members should also be more involved in networking and advocating meetings together with IBU Foundation, as their participation could lead them to independence from the implementing organization.

It is recommended that the organization should begin to transfer the responsibility of building cadres' capacity to the relevant local governments in the area.

The evaluation finds that training and regular coaching of PAUD and Posyandu cadres in both targeted sub-districts have had greater success in achieving the goals, which exceeded all expectations. Hence, the community facilitators can play only a supervising role here. Their attention could be turned to the communication with the local government, who should take over the responsibility of maintaining the same or even better quality level of ECD services, which has already been set up by IBU Foundation to some extent. For example, Puskesmas could start to monitor and evaluate improvements of Posyandu cadres, and quality and sustainability of the provided services. The same could be initiated with local authorities responsible for PAUD services.

It is recommended that the organization should put more emphasis on monitoring and evaluation of its activities.

Although the organization uses self-evaluation forms, which are filled in by the participants at the beginning and at the end of the selected training or coaching sessions, they do not indicate the degree of their satisfaction with the activities. The survey revealed that three quarters of the participants would make some changes in order to improve the content of the activities. As a part of the monitoring and evaluation process, the recipients should fill in the questionnaires on a regular basis also ensuring that anonymity is kept. IBU Foundation would thus receive a valuable feedback. To apply the tools to monitor and evaluate also other project activities would also be useful.

It is recommended that the organization should strengthen its efforts to ensure fundraising strategies.

The financial stability of the project is not ensured. It would be useful to involve community members not only in the advocating processes, which ensure the certain financial support from the relevant governments, but also in addressing challenges in other fundraising strategies to help them to use alternative financial resources.

It is recommended that IBU Foundation should try to motivate the donor for further collaboration.

The evaluation revealed that capacity building of cadres and quality of ECD provision has overreached the expectations, however, the project still needs support in ensuring the self-reliance of the communities and to gain a required level of sustainability. In addition, although IBU Foundation has a plan how to best ensure the financial sustainability after the cease of the donor, the "*adoptavillage*" project is still in a very early concept to be applied in reality. Therefore, a donor's support as provided nowadays would be useful in the future, with possible modifications of objectives, which could concentrate more on the activities ensuring sustainability and community self-reliance.

It is recommended to write the minutes after each advocating and network building meeting.

So far only the list of attendees is signed and recorded from every advocating or network building meeting with the local authorities. The purpose of these lists serves more or less as an evidence of conducted activity for the donor. No records from the meetings are kept by the organization in order to note the discussed topics, which could be distributed amongst the meeting participants and which could later serve as proof in case of fluctuation of the personnel.

Recommendations towards the project processes

It is recommended that the organization should track better the documentation.

During the process of the survey analysis, it was not clear in many cases, to which date or year they refer to (the year of the report creation or to the reported year). Similarly, in other cases, the exact dates are missing, only a year is defined. This may

cause confusion during regular monitoring or evaluations conducted by the external evaluators.

It is recommended to ensure that the key formulations, such as indicators in the logical framework matrices, are formed in a SMART and comprehensible way

Sometimes, it was not clear, what was actually meant by the written statement. In addition, as stated in the logical framework matrix (2012), so called "skill category indicator" uses definitions like "better health status", "improved knowledge" or "to show commitment". They are specified in a rather weak way, since there is no common meaning.

It is recommended that any modifications in key documents are explained, reasoned and documented.

The explanation of the changes done in the logical framework matrices during the process of project implementation was not documented (at least in the documentation available to the author). This caused confusion during data analysis and without any assistance from the project manager, it was not possible to make links between several logical framework matrices.

The model of the implemented project can be recommended for further continuation in its current form. The recommendations presented above can provide the organization with ideas on how to improve the direction of the project in order to achieve better results, although the management of IBU Foundation seems to be aware of what should be improved and where their capacities should be aimed at.

In summary, the project implemented by IBU Foundation and supported by its donor, appears to successfully achieve its purpose and fulfill the priorities of Indonesian policies. Therefore, the design appears to be relevant and applicable in the rural areas and other locations with identified problems related to the access to ECD services. The project framework could also be adopted by other organizations or donors with similar intentions.

CONCLUSION

The main aim of the thesis was to evaluate the two-phase development project "Community Empowerment through Early Childhood Development" implemented by the local organization IBU Foundation in two remote sub-districts in West Java province in Indonesia. In its theoretical part, the thesis first characterized the project related topics, such as community development and its strategies empowerment, capacity building, self-help and self-reliance. It furthermore specified the community development process and the types of engaged stakeholders. It also introduced the term "early childhood development" (ECD) and finally, the criteria according to which the project was evaluated.

The OECD DAC criteria for evaluating development assistance projects were used as a basis during the process of defining the evaluation questions. Based on the data collection during the two-month stay in Indonesia, the evaluation of the implemented project was conducted. The practical part of the thesis dealt with the findings of evaluation assessing relevance, effectiveness, efficiency, impact and sustainability of the project. Taking into consideration that the project is still ongoing, the criteria impact and sustainability could not be fully assessed. The purpose of the practical part was to provide the implementing organization with the recommendations towards the continuation of the project. Moreover, the offered recommendations could also be useful in case of implementing similar projects in other localities with ECD requirements in Indonesia.

To conclude, the project was assessed as relevant and effective, although the sustainability of the project still needs to be improved. Based on the conducted evaluation, the project can be recommended for further continuation and the design could be adopted for other potential implementations in Indonesia.

INTERVIEWS

CBO community facilitator (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sumedang, 2013/07/01.

Finance administrator (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sukanagara, 2013/06/22

Head of Family empowerment division at BKBPP Cianjur (2013) *Interview.* Interviewed by Martina Kořínková [in person] Cianjur, 2013/06/21

Head of HIMPAUDI (2013) *Interview.* Interviewed by Martina Kořínková [in person] Pagelaran, 2013/06/24.

Leader of NGO Forum Komunikasi Kader Posyandu (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sukanagara, 2013/06/20.

Managers of Sindangkerta Puskesmas Pagelaran (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sindangkerta, 2013/06/24.

PAUD community facilitator (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sukanagara, 2013/06/21.

Posyandu community facilitator (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sukanagara, 2013/06/24.

Setiawati, R. (2013) *Interview.* Interviewed by Martina Kořínková [in person] Sukanagara, 2013/06/28

Table 5 – List of the interviews with IBU Foundation employees

Type of the interview	Interviewee/Position	Gender	Date of the interview	Place of the interview
Individual	PAUD community facilitator	F	21.6.2013	Sukanagara
Individual	Finance administrator	M	22.6.2013	Sukanagara
Individual	Posyandu community facilitator	M	24.6.2013	Sukanagara
Individual	IBU Foundation manager, ECD manager	F	28.6.2013	Sukanagara
Individual	CBO community facilitator	M	1.7.2013	Sumedang

Surveys

Questionnaires survey conducted in June 2013 in Sukanagara and Pagelaran sub-districts, Cianjur district, West Java province, Indonesia. 96 valid respondents.

SOURCES

ANSELL, N. *Children, youth and development.* London ; New York, N.Y. : Routledge, 2005. 286 p. ISBN 978-0-415-28769-2.

ATKINSON, R., WILLIS P. *Community Capacity Building – A Practical Guide.* Paper No. 6. Housing and Community Research Unit. School of Sociology and Social Work, 2007. [Online]. Available at: http://www.chs.ubc.ca/archives/files/Community%20Capacity-Building%20A%20Practical%20Guide.pdf. (Accessed: 26 April 2014)

BERNER, E., PHILLIPS, B. *Left to Their Own Device? Community Self-Help between Alternative Development and Neo-Liberalism. Community development in theory and practice : an international Reader.* Nottingham : Spokesman, 2008. 348 p. ISBN 978-0-85124-730-4.

CAMPFENS, H. (ed.) *Community development around the world: Practice, theory, research, training.* Toronto, Canada: University of Toronto Press, 1997. ISBN 978-0802078841

CARNEIRO, P., HECKMAN, J. *Human Capital Policy.* Working Paper 94954. National Bureau of Economic Research, 2003. [Online]. Available at: http://www.nber.org/papers/w9495.pdf. (Accessed 1 May 2014)

CAVAYE, J. *Understanding Community Development.* Cavaye Community Development, n.d. [Online]. Available at: http://www.communitydevelopment.com.au/Documents/Understanding%20Community%20Development.pdf. (Accessed: 26 April 2014)

CHURCHE'S COMMUNITY WORK ALLIANCE (CCWA). *What is community capacity building?* 2013. [Online]. Available at: http://www.ccwa-online.org.uk/v2/downloads/cms/1121303664.pdf. (Accessed: 26 April 2014)

CORNFORTH, Ch., MORDAUNT, J. Organizational Capacity Building: Understanding the Dilemmas for Foundations of Intervening in Small- and Medium-Size Charities. 2011. *Voluntas: International Journal for Voluntary and Nonprofit Organizations* 22(3),

pp. 428-449. Springer [Online]. Available at: http://www.jstor.org/stable/41307817 (Accessed: 21 March 2014)

COX, D., PAWAR, M. S. *International social work : issues, strategies, and programs.* Thousand Oaks, Calif. : SAGE Publications, 2006. 415 p. ISBN 1-4129-1408-6.

DOHERTY, J., HUGHES, M. *Early Childhood.* 2009 [Online]. Available at: http://en.wikipedia.org/wiki/Early_childhood. (Accessed: 28 April 2014)

EFA. *Assessment: Country Reports. Indonesia.* World Education Forum, 2000. [Online]. Available   at: http://www.unesco.org/education/wef/countryreports/indonesia/rapport_1.html. (Accessed 2 May 2014)

EFA. *Global Monitoring Report 2007. Education for All. Strong Foundations. Early Childhood Care and Education.* UNESCO Publishing. 2006. [Online]. Available at: http://www.unesco.org/education/GMR/2007/Full_report.pdf. (Accessed 28 April 2014)

EUROPEAID. *Indonesia-European Community Strategy Paper 2007-2013.* [Online]. Available at: http://eeas.europa.eu/indonesia/csp/07_13_en.pdf. (Accessed 2 May 2014)

EXCHANGE EVERY DAY. *P&G Supports Pre-K in Indonesia.* 2013. [Online]. Available at: http://www.childcareexchange.com/eed/news_print.php?news_id=3395. (Accessed 2 May 2014)

FONCHINGONG, Ch. C., FONJONG, L. T. The concept of self-reliance in community development initiatives in the Cameroon grass fields. 2002. *GeoJournal* 57(1/2), pp. 3-13. Springer [Online]. Available at: http://www.jstor.org/stable/41147693. (Accessed: 21 March 2014)

GONZALES, D. *Definition of Early Childhood Development.* N.d. [Online]. Available at: http://www.ehow.com/about_5075191_definition-early-childhood-development.html. (Accessed: 28 April 2014)

HASAN, A. et al. *Early Childhood Education and Development in Poor Villages of Indonesia. Strong Foundations, Later Success.* The World Bank, 2013. [Online]. Available at: http://www.worldbank.org/en/news/feature/2013/09/03/Early-Childhood-

Education-and-Development-in-Poor-Villages-of-Indonesia-Strong-Foundations-Later-Success. (Accessed 28 April 2014)

HELLING, L. et al. *Linking Community Empowerment, Decentralized Governance, and Public Service Provision through a Local Development Framework. Community Driven Development.* The World Bank Social Protection. 2005. [Online]. Available at: http://siteresources.worldbank.org/INTCDD/544090-1138724740952/20802848/decnetralization05.pdf. (Accessed: 26 April 2014)

IFE, J. *Community Development: Creating Community Alternatives: Vision, Analysis, and Practice.* Longman, 1995. 297 p. ISBN 0582801877.

INTERNATIONAL PROGRAM FOR DEVELOPMENT. E*valuation Training Handbook.* June, 2007. Module 5. Evaluation questions. [Material from training on evaluation]

INTERNATIONAL PROGRAM FOR DEVELOPMENT. *Evaluation Training Handbook.* June, 2007. Module 6. Descriptive, Normative, and Cause-Effect Evaluation Designs. [Material from training on evaluation]

LEDWITH, M. *Community development : a critical approach.* Bristol : The Policy Press, 2005. 196 p. ISBN 978-1-86134-695-7.

LWF/DWS. *Community Empowerment Guidelines.* The Lutheran World Federation, Department for World Service, 2008. [Online]. Available at: http://www.lwfcamerica.org/uploaded/content/category/495238506.pdf. (Accessed: 26 April 2014)

MERTENS, D. M., WILSON, A. T. *Program evaluation theory and practice : a comprehensive guide.* New York; London : Guilford Press, 2012. 621 p. ISBN 978-1-4625-0315-5.

MINISTRY OF NATIONAL EDUCATION. *EFA Mid Decade Assessment Indonesia 2007-2010.* [Online]. Available at: http://www.unicef.org/evaldatabase/index_57964.html. (Accessed 2 May 2014)

MINISTRY ON NATIONAL EDUCATION. *Strategic Plan.* 2010-2014. [Online]. Available at: http://www.acdp-indonesia.org/docs/MONE_STRATEGIC_PLAN_2010-2014.pdf. (Accessed 2 May 2014)

MORRA, L. G., RIST, R. C. *The road to results : designing and conducting effective development evaluation.* Washington : The World Bank, 2009. 582 p. ISBN 9780821378915.

OECD. *Country statistical profile: Indonesia, 2013.* 2013. [Online]. Available at: http://www.oecd-ilibrary.org/economics/country-statistical-profile-indonesia_csp-idn-table-en. (Accessed 2 May 2014)

OECD. *DAC Guidelines and Reference Series: Quality Standards for Development Evaluation*, Paris: DAC, 2010. Network on Development Evaluation, OECD Publishing [Online]. Available at: http://www.oecd.org/development/evaluation/qualitystandards.pdf (Accessed 1 May 2014)

OECD. *DAC Guidelines for Project and Programme Evaluations.* Vienna: Austrian Development Agency, 2009. [Online]. Available at: http://www.entwicklung.at/uploads/media/Guidelines_for_Project_and_Progamme_Evaluations_Juli2009_02.PDF (Accessed 1 May 2014)

OECD. *Glossary of Key Terms in Evaluation and Results based Management.* Paris: DAC, 2002. Network on Development Evaluation, OECD Publishing [Online]. Available at: http://www.oecd.org/development/peer-reviews/2754804.pdf (Accessed 1 May 2014)

PRADHAN, M. et al. *Evaluating a community-based early childhood education and development program in Indonesia: study protocol for a pragmatic cluster randomized controlled trial with supplementary matched control group.* 2013. [Online]. Available at: http://www.trialsjournal.com/content/14/1/259. (Accessed 2 May 2014)

PUTNAM, R. *Bowling alone: The collapse and revival of American community.* New York, NY: Simon and Schuster, 2000. ISBN 978-0743203043

RABINOWITZ, P. *Identifying and Analyzing Stakeholders and Their Interests.* 2013. Community Tool Box. [Online]. Available at: http://ctb.ku.edu/en/table-of-

contents/participation/encouraging-involvement/identify-stakeholders/main.   (Accessed: 26 April 2014)

SWANEPOEL, H., DE BEER, F. *Community development : breaking the cycle of poverty.* 4th ed. Lansdowne : Juta and Co, 2006. 317 p. ISBN 0702171581.

THE WORLD BANK. *Stakeholder Consultation and Participation in MSWM Planning.* London, 1995. [Online]. Available at: http://www.worldbank.org/urban/solid_wm/erm/Annexes/US%20Sizes/Annex%201.1.pdf. (Accessed 26 April 2014) (WB, 1995)

THE WORLD BANK. *Stakeholders Analysis.* The World Bank Group, 2001. [Online]. Available at: http://www1.worldbank.org/publicsector/anticorrupt/PoliticalEconomy/stakeholderanalysis.htm. (Accessed 26 April 2014)

THE WORLD BANK. *Empowerment and Poverty Reduction: A Sourcebook.* World Bank Group, 2002. [Online]. Available at: http://siteresources.worldbank.org/INTEMPOWERMENT/Resources/486312-1095094954594/draftsum.pdf. (Accessed: 26 April 2014)

THE WORLD BANK. *Early Child Development (ECD) Program Designs.* The World Bank Group, 2011a. [Online]. Available at: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTECD/0,,contentMDK:20200661~menuPK:524388~pagePK:148956~piPK:216618~theSitePK:344939,00.html. (Accessed 1 May 2014)

THE WORLD BANK. *Why Invest in Early Child Development (ECD).* The World Bank Group, 2011b. [Online]. Available at: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTECD/0,,contentMDK:20207747~menuPK:527098~pagePK:148956~piPK:216618~theSitePK:344939,00.html. (Accessed 29 April 2014)

THE WORLD BANK. *Early Childhood Education and Development in Indonesia : Strong Foundations, Later Success - A Preview.* World Bank, Jakarta, 2012. [Online]. Available at:

https://openknowledge.worldbank.org/bitstream/handle/10986/12122/73358.pdf?sequence=1. (Accessed 1 May 2014)

THE WORLD BANK. *Providing Early Learning Opportunities for Half a Million Children. Indonesia's Early Childhood Education and Development Program.* 2013a. [Online]. Available at: http://www.worldbank.org/en/results/2013/04/03/indonesia-providing-early-learning-opportunities-for-half-a-million-children. (Accessed 2 May 2014)

THE WORLD BANK. *World Bank and Education in Indonesia.* 2013b. [Online]. Available at: http://go.worldbank.org/KDPLTBFSI0 (Accessed 2 May 2014)

THE WORLD BANK. *Working for a World Free of Poverty.* 2014a. [Online]. Available at: http://data.worldbank.org/country/indonesia. (Accessed 2 May 2014)

THE WORLD BANK. *Working for a World Free of Poverty.* 2014b. [Online]. Available at: http://data.worldbank.org/country/malaysia. Accessed on 2.5.2014

THE WORLD BANK. *Working for a World Free of Poverty.* World Bank Group, 2014c. [Online]. Available at: http://www.worldbank.org/en/topic/communitydrivendevelopment (Accessed: 26 April 2014)

THE WORLD BANK. *Stakeholder Analysis.* N.D. [Online]. Available at: http://www1.worldbank.org/publicsector/anticorrupt/PoliticalEconomy/stakeholderanalysis.htm#matix. (Accessed: 26 April 2014)

THOMAS, M., PIERSON, J. *Dictionary of Social Work (Working with People).* London: Harper Collins Publishers, 1995. ISBN 9780003223316.

UNDP. *Handbook on Planning, Monitoring and Evaluating for Development Results.* New York: UNDP 2009. [Online]. Available at: http://web.undp.org/evaluation/handbook/. (Accessed 1 May 2014)

UNESCO, UNICEF. *Asia-Pacific End of Decade Notes on Education for All. EFA Goal 1. Early Childhood Care and Education.* Bangkok; UNESCO and UNICEF, 2012. ISBN 978-92-9223-406-5. [Online]. Available at: http://www.unicef.org/rosa/217145e.pdf. (Accessed 1 May 2014)

UNESCO. *Early Childhood Care and Education.* N.d. [Online]. Available at: http://www.unesco.org/new/en/education/themes/strengthening-education-systems/early-childhood/. (Accessed 28 April 2014)

UNESCO. *Policy Review Report: Early Childhood Care and Education In Indonesia. The Section of Early Childhood and Inclusive Education.* UNESCO, Paris, 2005.

UNICEF Indonesia. *Issue Briefs. Education & Early Childhood Development (ECD).* 2012. [Online]. Available at: http://www.unicef.org/indonesia/A3-_E_Issue_Brief_Education_REV.pdf. (Accessed 28 April 2014)

UNICEF. *Convention on the Rights of the Child. 1989.* 2005. [Online]. Available at: http://www.unicef.org/crc/index_30177.html. (Accessed 1 May 2014)

UNICEF. *Early Childhood Development: The key to a full and productive life.* N.d. [Online]. Available at: http://www.unicef.org/dprk/ecd.pdf. (Accessed 28 April 2014)

UNICEF. *P&G, UNICEF and Sukabumi Regency Join Forces to Improve Early Childhood Education.* N.d. [Online]. Available at: http://www.unicef.org/indonesia/media_8439.html. (Accessed 2 May 2014)

YULINDRASARI, H. *[Indonesia] ECCE in Indonesia. Policy and Challenges. Part 1.* Indonesia University of Education, Bandung, Indonesia: 2012a. [Online]. Available at: http://www.childresearch.net/projects/ecec/2012_07.html. (Accessed 2 May 2014)

YULINDRASARI, H. *ECCE in Indonesia. Policy and Challenges. Part 2.* Indonesia University of Education, Bandung, Indonesia: 2012b. [Online]. Available at: http://www.childresearch.net/projects/ecec/2012_06.html. (Accessed 2 May 2014)

YULINDRASARI, H., NUGRAHA, A. *[Indonesia] The Development of Early Childhood Education in Indonesia.* Indonesia University of Education, Bandung, Indonesia: 2012. [Online]. Available at: http://www.childresearch.net/projects/ecec/2012_01.html. (Accessed 2 May 2014)

IBU Foundation Documents

AWO International. *Project Proposal Format July 2011.*

IBU Foundation. *Annual Report (Narrative) 2009*. Community Empowerment through Early Childhood Education (Project Phasing n Nov-Dec 2009). 2009. Pagelaran.

IBU Foundation. *Annual Report Narrative January – December 2010*. 2010a. Pagelaran.

IBU Foundation. *ECD Campaign*. 2010b. Cianjur.

IBU Foundation. *ECD Training for Support System Members*. November – December 2010c. Pagelaran.

IBU Foundation. *Participatory Program Design and Monitoring; and Most Significant change Technique Training Report*. 2010d. Sanur, Bali.

IBU Foundation. *Logical Framework 2010-2011*. 2010-2011a. Sukanagara.

IBU Foundation. *Parenting, PAUD, Posyandu Module and Training Curriculum, ECD Program IBU Foundation*. 2010-2011b. Cianjur.

IBU Foundation. *Basic Facilitation Technique – Internal Training Activity Report*. 2011a. Cianjur.

IBU Foundation. *Basic Finance Management Training Report*. 2011b.

IBU Foundation. *Exclusive Breastfeeding Motivator Training Activity Report*. 2011c. Pangadegan.

IBU Foundation. *Logical Framework updated in October 2011*. 2011d. Sukanagara.

IBU Foundation. *Project Annual Report 2011*. 2011e. Cianjur.

IBU Foundation. *PAUD Standard Service Training. Creativity of Playing & Learning in PAUD for PAUD Cadre in Pagelaran Sub-district*. 2011f. Pagelaran.

IBU Foundation. *Annual Narrative Report*. 2012a. Cianjur.

IBU Foundation. Training for PAUD Cadres II, Pagelaran. Science Aspect for Children U2. 14 November 2012b.

IBU Foundation. *IBU Foundation Strategic Planning*. 2012-2013. Bandung.

IBU Foundation. *Logical Framework 2012-2014*. 2012-2014. Sukanagara.

IBU Foundation. *Training for PAUD Cadre Report. Creativity on Improving PAUD Cadre's Capacity of Storytelling*. 2013. Pagelaran and Sukanagara.

Report Jambore PAUD&Posyandu. 2013. Sukanagara. (authors Korinkova M., Vojackova V.)

LIST OF ABBREVIATIONS AND ACRONYMS

BKB	Program for family and young children (Bina Keluarga Balita)
CBO	Community-based organization
CCWA	Churches' Community Work Alliance
DAC	Development Assistance Committee
DEO	District education office
DHO	District health office
EAP	East Asia and Pacific
ECD	Early childhood education
ECCE	Early childhood care and education
ECED	Early childhood education and development
EFA	Education for All
FP3	Name of a local community-based organization
GER	Gross enrolment rate
GoI	Government of Indonesia
HIMPAUDI	Association of teachers and personal education in early childhood (Himpunan Pendidik dan Tenaga Kependidikan Anak Usia Dini Indonesia)
IDA	International Development Assistance
MDG	Millennium Development Goals
MoNE	Ministry of National Education
NGO	Non-governmental organization
OECD	Organization for Economic Co-operation and Development
PAUD	Early childhood education centre (Pendidikan Anak Usia Dini)

Posyandu   Integrated health service (Pos Pelayanan Terpadu)

Puskesmas   Community health center unit (Pusat Kesehatan Masyarakat)

RENSTRA   Strategic plan (Rencana Strategis)

SBU   Social business unit

UN   United Nations

UNDP   United Nations Development Programme

UNESCO   United Nations Educational, Scientific and Cultural Organization

UNICEF   United Nations Children's Fund

USD   United States dollar

WB   The World Bank

WHO   World Health Organization

APPENDICES

Appendix 1 – Map of Sukanagara and Pagelaran sub-districts in Cianjur district in West Java province, Indonesia with marked ECD project targeted villages
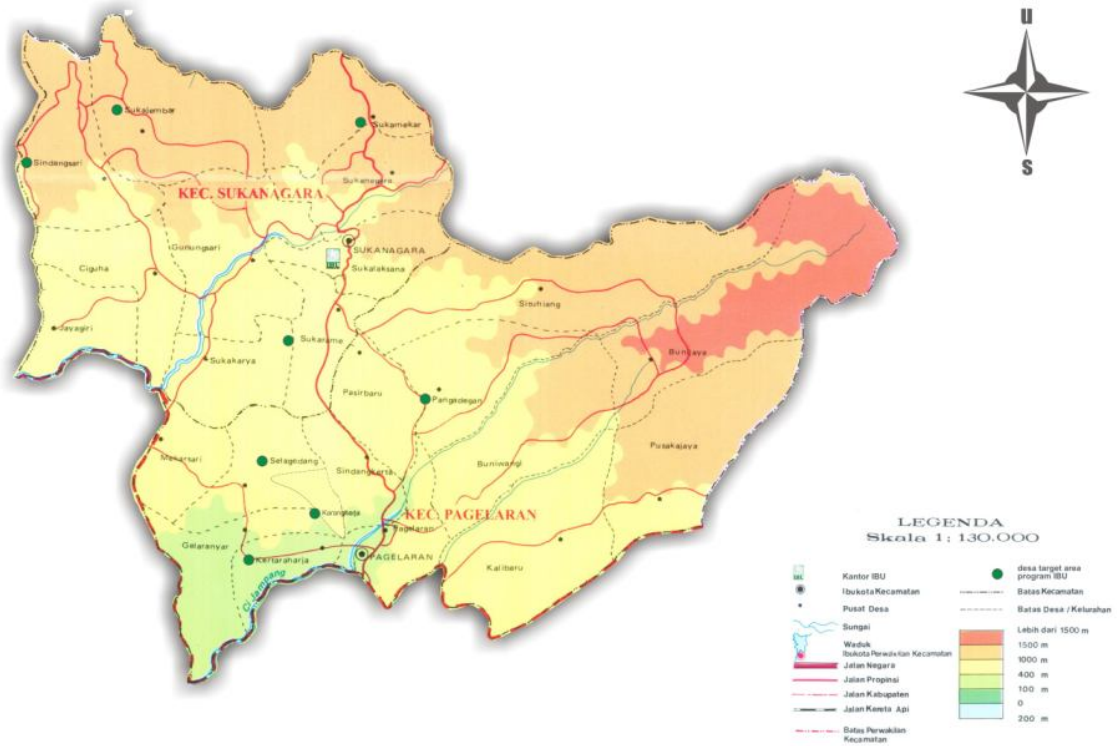
Source: IBU Foundation, 2013

Appendix 2 – Logical framework matrix 2010-2011

Project LOGFRAME : Empowering Community Through Early Childhood Development in Community of Pagelaran - West Java 2010 – 2011			
Level Summary of Description	Indicator	Means of Verification	Assumption/Risk
Impact : More capable children			
Attribution Gap Poverty, lack of medical services, accessible PAUD and Posyandu			
Outcome (i) Children Under 5 years old gain better health status and better development task fulfillment	By December 2011 30% more children visited Posyandu from 4 villages since project start had demonstrate : (i) balanced weight according to their age (ii) Fulfilled development task according to age, including : - motoric development - cognitive development - social development - language development	baseline and end line survey report	1. accessible standard posyandu and PAUD available 2. institutions are supported by government 3. The current socio-political stability persists throughout the implementation period 4. There is no major epidemic and disaster during the project lifespan
Use of output from output 1 and 2: Parents applied their skill and knowledge about good parenting	By December 2011, 30% of HH in target areas, with under five children had : - practicing stimulation couple of aspects of children development -providing good nutrition for their children -regularly attend Posyandu -enroll their children under 5 to accessible PAUD	baseline and monitoring report Data HH with under five children	1. Education media (tradisional) is available 2. ·Parents are able to allocate quality time with their children
Output 1 Improved Community Awareness on Early Childhood Development (ECD)	• # of ECD campaign media designed, produced and distributed • # total of participant in village attending campaign events • # of participants attending the campaign in mushala (small mosques) • # of participants attending the ToT PAUD and ECD	Posters , booklet or other media approximate number of participants attending the campaign Documentation	1. No natural Disaster and social disorder 2. The current socio-political stability persists throughout the implementation period

Activities	Inputs	Cost	
1.1 Essay Photo			
1.2 ECD campaign with special event			
1.3 Evaluation of result			
Output 2 Improved parenting knowledge and skill of parents and potential parents	• # of community participating in ToT on parenting • # of community demonstrate improved knowledge in teach parenting skill • # of parents participating in parenting skill socialization run by community who attend the Parenting training • # of parents participating in the socialization demonstrate knowledge improvement in parenting	training attendance sheet Training and coaching reports Pre test – post test report	1. No natural Disaster and social disorder 2. The current socio-political stability persists throughout the implementation period
Activities	**Inputs**	**Cost**	
2.1 Community Training in Parenting Skill			
2.2 Community socialization Parenting Skill in 4 villages			
2.3 Coaching in parenting skill training for parents			
2.5 Monitoring for use of output 1 and 2			
Outcome (ii) posyandu and PAUD institution operating in accordance to Madya state (Posyandu) and district guideline (PAUD).	By December 2011 30% posyandu had applied operation procedure and services in accordance to Madya standard 30% PAUD had applied operation procedure and services in accordance to district guideline.	baseline and end line survey report	available of committed midwives, cadres and PAUD teachers

Use of Output from output 3 Community benefit from Posyandu and PAUD operation	By December 2011, 30% of cadres has improved knowledge and understanding for standardized posyandu and PAUD	baseline and monitoring report Data cadres from PAUD and Posyandu	Government are aware of the need to increased posyandu and PAUD numbers and its facilities
Output 3 Improved Posyandu and PAUD system	• # of posyandu having minimum standard of equipment • # of caders trained on Posyandu services • # of posyandu cadre has demonstrated improved knowledge in running standardized posyandu • # of cadres participating in Posyandu meeting run by other posyandu cadre, who received the training on Posyandu services • # of PAUD cadre trained on PAUD service • # of PAUD having minimum standard of equipment • # of PAUD cadre has demonstrated improved knowledge in running standardized PAUD	Training and coaching reports Pre test – post test report Training attendance sheet Documentation	1. No natural Disaster and social disorder 2. The current socio-political stability persists throughout the implementation period
Activities	**Inputs**	**Cost**	
3.1 Training on Posyandu Standard for Posyandu Cadre and Sub District Representatives			
3.2 Coaching for Posyandu Cadre in running standardized Posyandu			
3.3 Training on PAUD Standard Services for PAUD Cadre and Sub District Representatives			
3.4 Coaching for PAUD Cadre in running standardized PAUD			
3.5 Team building for Posyandu and PAUD Cadres			

3.9 Monitoring for use of output 3			
Outcome (iii) Support System as village based organization sustain children development system in the targeted village	By December 2011 30% of pre Support System **member** facilitated had demonstrated less dependency on project assistant to run the system	baseline and end line survey report	1. availability of selected committed member 2. committed member have commitment in times
Use of Output from output 4: Several member of community had already contribute towards the project	By December 2011 50% of total pre Support System member in 4 villages had starting identified their effective form	organization development record	
Output 4 Pre - Support System identified and trained	• # of community member become a pre Support System member • # of pre Support System member participating in Support System development training • # of pre Support System demonstrate increased knowledge on ECD and strategic planning	List of members training attendance sheet Training and meeting report	1. Community leaders and members see the need to invest time and resources for PAUD and Posyandu 2. No natural Disaster and social disorder 3. The current socio-political stability persists throughout the implementation period
Activities	**Inputs**	**Cost**	
4.1 Support System training on Strategic Plan			
4.2 Support System training on Community Mobilizing and Action Plan			
4.3 Regular pre Support System meeting			
4.4 Inter pre Support System meeting			
4.5 Support System Training in Advocacy			
4.6 Support System, Sub District and Village Representative Training in Monitoring			
4.7 Monitoring for use of output 4			
Use of Output from output 5 Exchange between government and IBU/ Support System is regularly taking place , the voice is heard by the government	By December 2011 both sides are aware of the achievement and constraint of the ongoing project	minutes of meeting, Documentation	

Output 5 Forum between government and project signed	• # of advocacy material • # of advocacy meeting • # of exchange visits between government reps to village and vice versa.	Video record of activities Minutes of meetings Documentations (photos)	The existing supportive educational and health policy and good collaboration between IBU and Education/health department will be maintained
Activities	**Inputs**	**Cost**	
5.1 Regular advocacy meeting			
5.2 Exchange visits between district /sub district government and community			
5.3 monitoring for use of output 5			

COMMUNITY EMPOWERMENT THROUGH EARLY CHILD DEVELOPMENT PROGRAM 2010-2011
LOGICAL FRAMEWORK - Updated in October 2011

LEVEL SUMMARY OF DESCRIPTION	INDICATOR	MEANS OF VERIFICATION	ASSUMPTION/RISK
Impact: More capable children			
Attribution Gap *Poverty, lack of medical service, accessible PAUD and Posyandu*			
OUTCOME 1 **Children U 5 years old gain better health status and better development task**	By December 2011, 1. Minimum 50% U5 children that enrolled in Posyandu in 4 villages have balanced weight according to their age 2. Minimum 75% of U5 children in 4 villages that enrolled their children in PAUD showed fulfilled development task, including: 　　a. Motoric development 　　b. Cognitive development 　　c. Social development 　　d. Language development	Baseline and Endline survey report	1. Accessible Posyandu and PAUD standard available 2. Institution are supported by government 3. The current socio-political stability persists throughout the implementation period 4. There is no major epidemic and disaster during the project lifespan
Use of Output from Output 1 and 2: 1.1. Parent applied their skill and knowledge about effective parenting	By December 2011, 1. Minimum 50% of parent/caregiver with U5 children in 4 villages regularly attend Posyandu 2. Minimum 50% of parent/caregiver with U5 children that regularly attend Posyandu and PAUD in 4 villages provides good nutrition for their children 3. Minimum 50% of parent/caregiver with 3-5 yrs children in 4 villages enrolled their U5 children to accessible PAUD 4. Minimum 50% of parent/caregiver with 3-5 yrs children that enrolled their children in PAUD in 4 villages practicing stimulation couple of aspects of children development	Baseline a. HH data with U5 Children b. Monitoring Report on Stimulation Practice and Nutrition providing from parent c. SKDN record from Posyandu d. U5 Children Data from PAUD	1. Education media (traditional) is available 2. Parents are able to allocate quality time with their children 3. Parents have willingness to enrolled their children to Posyandu and PAUD on regular basis despite of distance
Output 1 Improved community awareness on Early Child Development (ECD)	1.Minimum approximate 25% of community members in 4 villages attending ECD campaign special events 2. Minimum approximate 25% of community members in 4 villages attending ECD campaign in community centre (Mushalla, Mosque, Madrasah, etc)	a. Posters, booklet, or other media tools b. Minute meeting report c. Photos/Video	1. No natural disaster and social disorder 2. The current socio-political stability persists throughout the implementation period

Output 2 Improved parenting knowledge and skill of parents and potential parents	1. Minimum 1 of Posyandu and or PAUD cadre from each Posyandu and or PAUD in 4 villages participating in ToT on parenting 2. Minimum 50% of Posyandu and or PAUD cadre in 4 villages demonstrated improved knowledge in teach parenting skill to parent/caregiver with U5 children that enrolled their children in PAUD and or Posyandu 3. Minimum 50% of parents/caregiver with U5 children participating in parenting dissemination run by Posyandu and or PAUD cadre in 4 villages 4. Minimum 50% of parents/caregiver with U5 children in 4 villages participating in dissemination session demonstrate knowledge improvement in parenting	a. Training attendant list b. Pre-Post test for cadre c. Training and Coaching report d. Parenting session report	1. Parents have willingness to attend parenting session despite of distance and having harvest season 2. Caregiver for U5 children whom their mother in Arabic country have willingness to attend parenting session
OUTCOME 2 **Community benefit from Posyandu and PAUD operation**	By December 2011, 1. Minimum 50% of approximate HH (within a year) with U5 Children in 4 villages had visited Posyandu on regular basis 2. Minimum 50% of approximate HH (within a year) with 3-5 yrs children in 4 villages had enrolled their children in PAUD on regular basis 3. 90% of HH with U5 children that visited Posyandu and PAUD in 4 villages on regular basis demonstrated knowledge improvement of Posyandu and PAUD services	a. Baseline and endline survey report b. Updated HH data with U5 children c. SKDN record d. Attendant list in PAUD e. Cadre report on parent knowledge improvement	1. Parents have willingness to attend parenting session despite of distance and having harvest season 2. Caregiver for U5 children whom their mother in Arabic country have willingness to attend parenting session
Use of Output from Output 3: 2.1. Posyandu and PAUD institution in 4 village operating in accordance to Madya state by excluding cadre criteria (Posyandu) and district guideline (PAUD)	By December 2011, 1. Minimum 50% Posyandu in 4 villages had applied operation procedure and services in accordance to Madya standard; excluding cadre criteria 2. Minimum 50% PAUD in 4 villages had applied operation procedure and services in accordance to "BAIK" (good) level according to district guideline.	a. Monitoring check list on Posyandu operation based on Health Ministry Rule and Regulation (UU. No.23, 1992) b. Monitoring checklist on PAUD operation based on Education Ministry Rule and Regulation 2009 No. 58	Government (DEO and DHO component) are aware of the need to increased Posyandu and PAUD numbers and its facilities

Output 3 Improved Posyandu and PAUD system in 4 villages	1. 100% of Posyandu in 4 villages have minimum standard of equipment 2. Minimum 1 of Posyandu cadre from each Posyandu in 4 villages attended training on Posyandu service 3. Minimum 70% of Posyandu training participant showed improved knowledge 4. Minimum 50% of Posyandu cadre that attended training have demonstrated improved skill in running standardized Posyandu 5. Minimum 50% of Posyandu cadre that attended training coached other Posyandu cadre that not attended training 6. 100% of PAUD in 4 villages have minimum standard of equipment 7. Minimum 1 of PAUD cadre from each pre-existing PAUD in 4 villages trained on PAUD service 8. Minimum 50% of PAUD training participant showed improved knowledge 9. Minimum 30% of PAUD cadre that attended training have demonstrated improved skill in running standardized PAUD 10. Minimum 1 of PAUD cadre in each village coached other and or new PAUD cadres who did not get training.	a. Training report b. Training attendant list c. Pre-Post Training report d. Coaching report e. Coaching attendant list f. Photo/Video	Cadre have good ability or potential to reach good mastery in running standardized Posyandu and PAUD system. Mostly PAUD standard is more difficult and more complex than Posyandu one.
OUTCOME 3 **Support system in village level sustain PAUD and Posyandu system in 4 village**	By December 2011, Minimum 50%(2 of 4 villages) of Support System in village level have minimum 1 year plan in supporting PAUD and Posyandu after recent project period finished.	1. Baseline and endline survey report 2. Support System status mapping	Support system member have good commitment and time availability
Use of Output from Output 4 and 5			
3.1. Support system in village level have contributed to PAUD and Posyandu program development in each village	By December 2011, Minimum 50% (2 of 4 villages) of Support System in village level had executed their action plan during project period to contribute to PAUD and Posyandu in each village	1. Action plan document produced by support system member 2. Activity report	Support system member have good commitment and time availability
3.2. Exchange between government, IBU/Support System is regularly taking place, the voice is heard by government from village until district level	By December 2011, Both side are aware of achievement and constraint of the on going project in the exchange visit	Activity Report	Government have willingness & commitment to support PAUD and Posyandu
Output 4 Support System member identified and trained	1. # of community members become Support System member 2. Minimum 80% of registered support system member participating in Support System Development Training 3. Minimum 50% of Support System member that attended training showed increased knowledge on strategic planning 4. Minimum 25 % of Support system member that attended training actively applied their strategic planning in supporting PAUD and or Posyandu	1. Training report 2. Training attendant list 3. Strategic planning 4. Minute meeting 5. Photo/Video	Support system member have good commitment and time availability

Output 5 Forum between government (4 targeted villages, Pagelaran sub district, and or Cianjur district level) signed	1. Minimum government in village level having their approval on establishment of Support System Group for PAUD and Posyandu in each village 2. Minimum 1 representative of government official of district level and sub district level attended advocacy meeting with IBU and or Support System Group 3. Government, IBU, and Support System member are actively discussed the issues on PAUD and Posyandu in each village 4. Minimum government from sub district level do visitation or monitoring on # of PAUD and Posyandu in 4 village	1. Activity report 2. Minute meeting and attendant list 3. Photo/Video	Government have willingness & commitment to support PAUD and Posyandu

Appendix 4 - Part of a logical framework matrix 2012-2014

COMMUNITY EMPOWERMENT THROUGH EARLY CHILDHOOD DEVELOPMENT PROGRAM
IBU FOUNDATION_LOGICAL FRAMEWORK REVISION 2012

RESULT	INDICATOR	INDICATOR OPERATIONAL
IMPACT		
Children 2-5 years old achieved optimal development stage according to their age	% of children 2-5 years old achieved optimal development task on cognitive, socio-emotional, and motor aspects based on their age in 4 villages at Pagelaran and 4 villages at Sukanagara	Cognitive: intellegence capacity social: self, moral, language, interpersonal skill Emotional: emotional regulation, identifying feeling Motor: soft & gross motoric All those aspect will be based on concept in child development theory
underweight children U5 reduced	% of children U5 with underweight in 4 villages at Pagelaran and 4 villages at Sukanagara	nutritional status related to balance weight and height based on WHO standard
Health status of children U5 increased	% of children 0-1 years received complete immunization	Complete immunization: BCG, Polio, DPT, Campak, HB
OUTCOME 1		
Sufficient Acces to a quality and sustain community based Early Childhood	1.1. % of children 2-5 years old utilized qualified & sustained PAUD service at minimum 2 times/week in 4 villages at Pagelaran and 4 villages at Sukanagara	a. Qualified PAUD service means minimum BAIK grade of quality based on Education Misnistry regulation 2010 (Permendiknas 2010);
	1.2. % of children U5 utilized qualified and sustained Posyandu service at minimum 8 times/year in 4 villages at Pagelaran and 4 villages at Sukanagara	b. Qualified Posyandu service means MANDIRI level based on Health ministry regulation 2011; c. Sustained means financial sustainability
	1.3. % of parent with children 2-5 years old utilized parenting education in PAUD on regular basis in 4 villages at Pagelaran and 4 villages at Sukanagara	d. Regular basis on parenting education means minimum every 6 months

Development Services	1.4. % of parent with children U5 utilized basic health care education in Posyandu on regular basis in 4 villages at Pagelaran and 4 villages at Sukanagara	e. Regular basis on basic health care education means minimum every 4 months
	1.5. % of pregnant woman utilized ante natal counceling service in Posyandu according to national standard (K1-K4) in 4 villages at Pagelaran and 4 villages at Sukanagara	f. Ante natal counceling consisted of 10 services: blood pressure measurement, weighting, nutritional status, height of uterus fundus, checking fetus heartbeat, monitoring immunization status (given if necessary), providing Fe tablet, test on urine and hemoglobin, special case intervention (if any), councelling for delivery/birth planning & birth control after delivery/birth.

RESULT	INDICATOR	INDICATOR OPERATIONAL

USE OF OUTPUT

RESULT	INDICATOR	INDICATOR OPERATIONAL

1.1. Quality & sustain service of early child education (PAUD) service increased	1.1.1 Number of existing PAUD in 4 villages of Pagelaran & 4 villages of Sukanagara reached 'BAIK SEKALI' (very good) grade level of quality
	1.1.2. Number of new PAUD in 4 villages of Pagelaran & 4 villages of Sukanagara reached 'BAIK' (good) grade level of quality
	1.1.3. % of PAUD have sufficient fund to run their activity on regular basis
	1.1.4. % of PAUD have sufficient facility to run their activity
		a) BAIK SEKALI indicators could be seen in annex 1
		b) Sufficient fund means *operational cost* in PAUD could be covered from any sources (*external & Internal*);
		Operational cost on PAUD not limited to :
		  - Education tools/material in PAUD &
		    dissemination material
		  - Incentive for PAUD & Posyandu cadre
		  - Transportation cost for following training, meeting, and
		    dissemination on ECD to community
		Internal Source of fund from community :
		  - social business unit established by CBO and
		    generated profit
		  - recovery cost from parent with U5 that
		    enrolled their children to PAUD,
		  - community members donation for
		    supporting PAUD including indvidual and
		    corporate,
		External source from related government:
		  - Village government; and or
		  - DEO (PLS, PKBM, and DEO in district level) provided
		    fund support on PAUD
		b) Sufficient facility in PAUD means PAUD has a building (not limited to public space), education material, administration book package, stationaries

1.2. Early child education center (PAUD) number increased	1.2.1. Number of PAUD established 1.2.2. Number of PAUD have operational permit from village government and or DEO	Operational permit is a signed statement form village government and or DEO
1.3. Parent with children 2-5 years old used parenting education in PAUD (early child education center)on regular basis	1.3.1. % of parent with children 2-5 years old attend parenting education session in PAUD on regular basis	Parenting education: - Introducing basic concept of effective parenting style - Introducing basic concept of positive parenting attitude - Sharing stimulation techniques tips for children due to their characteristic & their developmental stages Regular basis on parenting education minimum 2 times in year

1.4. Quality service of Posyandu increased	1.4.1. % of Posyandu reached PURNAMA level
	1.4.2. % of Posyandu reached MANDIRI level
	1.4.3. % of Posyandu have sufficient fund to run their activity on regular basis
	1.4.4. % of Posyandu have sufficient facility to run their activity
		4.1. MANDIRI level based on Health Ministry Rule & Regulation by excluding cadre number criteria (see annex 2 for detail)
		Sufficient means **Operational cost** on Posyandu could be covered from any source; not limited to :
		  - Material (stationary) to
		    support dissemination on basic health service
		  - Incentive for Posyandu cadre
		  - Transportation cost for following training, meeting, and
		    dissemination on ECD to community
		 4.3. Sufficient facility means weighting & heighting scale equipment, KIA book, KMS, administration book packages, stationaries.

1.5. Parent with children U5 & pregnant women used basic health care education	1.5.1. % of parent with children U5 attend basic health care education session for their children in Posyandu on regular basis 1.5.2. % of pregnant woman attend ante natal counceling session n Posyandu during her preganancy	Parenting education on basic health care: - Tips to provide good nutrition for children - Tips on breast feedings and health reccomendation - Tips on mother & child health care Regular basis on basic health care parenting means minimum once/4 months
OUTPUT 1.1 (of USE OF OUTPUT 1.1)		

1.1.1. PAUD cadre number increased	1.1.1.1. Number of PAUD cadre candidates apply to be PAUD cadre	Candidates could be man & women who have concern and interest in becoming PAUD cadre
1.1.2. PAUD cadre capacity increased	1.1.2.1. % of PAUD cadre that trained improve their knowledge on personal, management, pedagogic competencies 1.1.2.2 % of PAUD cadre that trained show motivation and commitment to run PAUD on regular basis 1.1.2.3 % of PAUD cadre that trained show improved skill on management and pedagogic competencies. 1.1.2.4. % of PAUD cadre that trained show improved skill in doing parenting dissemination to parent 1.1.2.5. % of PAUD cadre that trained transfer their knowledge to other PAUD cadre that not attended training	a. Personal competency: have good motivation, commitment, open mind, creative b. Management competency: understanding role/position & task as cadre, understanding PAUD organizational structure, having basic financial management ability, working as a team, having ability to create activity plan, having ability to manage class, having ability to monitor and evaluate activity c. Pedagogic competency: understanding basic concept of early child development task, understanding early child interest and ability, and having ability to communicate children progress to parent. d. Parenting means effective stimulation technique applied and effective parenting technique (induction mixed with withdrawal technique: assertion technique is not reccommended)
1.1.3. Actvity plan to run PAUD is established by cadre	1.1.3.1 Number of PAUDs establish daily activity plan to run PAUD activity	activity plan is created based on PAUD curriculum; PAUD curriculum is available from DEO. PAUD could adjust curriculum based on children competency and characteristic.
1.1.4. Availability of source of fund in PAUD	1.1.4.1 Number of PAUDs have source of fund from parent/community member donation, village government, DEO, and or social business unit to support operational cost	Social business means a business that developed to answer social issue (and in this context is early child development issue): gap between need and availability source of fund to achieve a quality and sustain PAUD service; the strategy is by strenghtening community to participate to PAUD, have ability to run social business, and sharing the profit to PAUD. Social business unit run by existing CBO in village. CBO that lead social business unit is decided by community by using participatory method.

Questionnaire for PAUD and Posyandu Cadres from Pagelaran and Sukanagara Sub-districts, District Cianjur, West Java, Indonesia

Dear Sir/Madam, please be so kind and fill in this questionnaire, which is a part of my diploma paper evaluating the Early Childhood Development Programme (ECD) in cooperation with IBU Foundation. The questionnaires are anonymous and will be used for study purposes only. Thank you.

PART A: INTRODUCTION
Please circle your answers.

1. You are from :
A) Pagelaran: Karangharja   Kertaraharja   Pangadegan   Selagedang
B) Sukanagara: Sukamekar   Sukarame   Sukajembar   Sindangsari

2. Which PAUD and Posyandu you work at? Please provide a name:
....

3. You are:
A) a PAUD cadre
B) a Posyandu cadre
C) a PAUD and Posyandu cadre

4. How long have you been working as a cadre?
A) before year 2010
B) since year 2010
C) since year 2011
D) since year 2012
E) since year 2013

PART B:
5. Do people in your village need the PAUD and Posyandu services? *Please select one answer.*
A) yes   B) no

6. Why did you join the ECD programme? *Please circle the mark on the following scale to each formulation (1-it was not the reason, 2-maybe to some extent, 3-yes, this was my reason)*
A) I wanted to become a cadre: 1   2   3
B) It was recommended to me by parents, elders, village leaders or other authorities, friends: 1   2   3

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C) I wished the children become healthier: 1   2   3
D) I wished the children become more educated: 1   2   3
E) The distance for PAUD and /or Posyandu was too far: 1   2   3
F) I wished my community has higher standard: 1   2   3
G) For financial reasons: 1   2   3
I) Others ....

7. What did you expect from the ECD programme before you join? *More answers are possible.*
A) better knowledge about health and/or education
B) more PAUD and Posyandu in my village
C) children get knowledge and skills required for their age
D) children have better health status due to complete immunization and regular check-ups
E) the underweight of children U5 is reduced
F) pregnant women have control over their health status
G) babies are breastfed for minimum 6 months
H) mothers develop their children in their free time
I) parents bring their children U5 for regular check-ups to Posyandu and to PAUD
J) better cooperation with other organizations, eg. BKBPP, PKK, ...
K) better support of ECD from sub-district and district governments
L) financial reward
M) others: ....

8. Have your expectations been fulfilled so far? *Please select one answer.*
A) yes, all of them
B) yes, most of them
C) only some of them
D) not many of them
E) none of them

9. How did you know about the objectives of the ECD project? *More answers are possible.*
A) personally from IBU Foundation team members
B) from my friends or relatives
C) from the banners and advertising in my or other village
D) from campaign events organized by IBU Foundation
E) from the head of the village or other authority
F) from the internet
G) from reading the IBU Foundation ECD project proposal

10. Did you understand the objectives?
A) yes   B) I needed explanation   C) no

11. How often do you participate in the activities provided by IBU Foundation? (trainings, coachings, ...) *Please select one answer.*

A) always

B) mostly

C) sometimes

D) rarely

E) never

12. Are you satisfied with the content of the activities? *Please select one answer.*

A) I am very satisfied

B) I am satisfied, but I would make some improvements

C) I am not satisfied

13. What would you change? *More answers are possible.*

A) place of activities

B) time of the activities

C) training and coaching methods

D) facilitator

E) nothing

F) other: ....

14. What have you learnt from the ECD project so far? *More answers are possible.*

A) I have better knowledge about children's development (social, emotional, cognitive, motoric)

B) I have better knowledge about children's health development and nutrition

C) I have better knowledge about pregnancy and breastfeeding

D) I am able to give information to parents about the importance of children visiting PAUD

E) I am able to give information to parents about the importance of children visiting Posyandu

F) I am able to give information about health and breastfeeding to pregnant women

G) I am able to communicate better with other related organizations (PKK, BKBPP, ...)

H) I am able to communicate better with the related authorities and governments

I) I can train other cadres

J) nothing

K) other: ....

15. Are you able to work as a cadre without support of IBU Foundation? *Please select one answer.*

A) I think I can work without IBU assistance

B) I think I still need some IBU assistance

C) I think I am not able to work without IBU assistance

16. How do you use the knowledge and skills from the activities in PAUD and Posyandu? *More answers are possible.*

A) I use new methods of children education in PAUD

B) I sing new songs and play new games with children in PAUD

C) I feel more creative in PAUD

D) I know how to use the registration card and children health status card

E) I know how to do measuring and weighing

F) I feel more confident to speak to other organizations and/or authorities

G) other: ....

17. Do you have any problems with using the knowledge and skills? *Please select one answer.*

A) yes   B) no

18. If yes, what are they? *More answers are possible.*

A) lack of knowledge and skills

B) lack of creativity

C) lack of confidence

D) bad relationships with other cadres

E) policies and regulations do not correspond to my goals

F) parents have negative approach to PAUD and Posyandu

G) other: ....

19. What would you like to improve? *More answers are possible.*

A) content of the activities (trainings, coachings etc)

B) policies and regulations in the village

C) policies and regulations in sub-district and/or district governments

D) approach of IBU Foundation

E) nothing

F) other: ....

20. How do parents with children U5 and pregnant women use PAUD and Posyandu? *More answers are possible.*

A) they regularly come to Posyandu

B) they send their children to PAUD regularly

C) they accepted the immunization

D) they understand the nutrition issues

E) they try to stimulate their children in their free time

F) nothing

G) others: ....

21. How well do the relationships below work? *Please circle the mark on following scale to each formulation (1-well, 2-sometimes well, sometime not very well, 3-not well, 4-no relationship exists)*

A) cadres with cadres: 1   2   3   4

B) cadres with parents: 1   2   3   4

C) cadres with village heads: 1   2   3   4

D) cadres with sub-district authorities: 1   2   3   4

E) cadres with district authorities: 1   2   3   4

F) cadres with other CBO: 1   2   3   4

22. What source of fund does the PAUD and Posyandu you work for have? *More answers are possible.*

A) contribution from parents

B) contribution from village government

C) contribution from sub-district and district government - if yes what are the authorities?
....

D) own self-funding organization

E) contribution of IBU Foundation

F) other sources: ....

23. Are the above sources sufficient to run the PAUD and Posyandu services? *Please select one answer.*

A) yes   B) no

PART C:
Please circle your answers.

24. You are:

A) male   b) female

25. How many children do you have?

A) 1

B) 2

C) 3

D) 4

E) more than 5

26. What level of education do you have?

A) elementary

B) junior high school

C) senior high school

E) higher

Date:
Place:

THANK YOU!

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Questionnaire for members of CBO FP3 in Pagelaran Sub-district, District Cianjur, West Java, Indonesia

Dear Sir/Madam, please be so kind and fill in this questionnaire, which is a part of my diploma paper evaluating the Early Childhood Development Programme (ECD) in cooperation with IBU Foundation. The questionnaires are anonymous and will be used for study purposes only. Thank you.

PART A: INTRODUCTION
Please circle your answers.

1. You are from :
A) Karangharja
B) Kertaraharja
C) Pangadegan
D) Selagedang

2. What is your position in FP3?
A) a leader
B) a secretary
C) a finance administration
D) a member of PAUD division
E) a member of Posyandu division
F) a member of Social Business Unit (SBU) division
G) a member of Public Relations (PR) and advocacy

3. How long have you been a part of FP3?
A) from its establishment
B) I joined FP3 during the programme

PART B:
4. Do people in your village need the FP3 for PAUD and Posyandu services? *Please select one answer.*   A) yes   B) no

5. Why did you join the ECD programme? *Please circle the mark on the following scale to each formulation (1-it was not the reason, 2-maybe to some extent, 3-yes, this was my reason)*
A) I wanted to be a part of the programme: 1   2   3
B) It was recommended to me by a parent, elders, authorities, a friend: 1   2   3
C) I wished the children become healthier: 1   2   3
D) I wished the children become more educated: 1   2   3
E) The distance for PAUD and /or Posyandu was too far: 1   2   3

F) I wished my community has higher standard: 1   2   3

G) I wanted to strengthen the position of PAUD and Posyandu: 1   2   3

H) For financial reasons: 1   2   3

I) Others ....

6. What did you expect from the ECD programme before you join? *More answers are possible.*

A) better knowledge about health and/or education

B) more PAUD and Posyandu in my village

C) children get knowledge and skills required for their age

D) children have better health status due to complete immunization and regular check-ups

E) the underweight of children U5 is reduced

F) pregnant women have control over their health status

G) babies are breastfed for minimum 6 months

H) mothers develop their children in their free time

I) parents bring their children U5 for regular check-ups to Posyandu and to PAUD

J) better cooperation with other organizations, eg. BKBPP, PKK, ...

K) better support of ECD from sub-district and district governments

L) financial reward

M) financial support for PAUD and Posyandu services

N) others: ....

7. Have your expectations been fulfilled so far? *Please select one answer.*

A) yes, all of them

B) yes, most of them

C) only some of them

D) not many of them

E) none of them

8. How did you know about the objectives of the ECD project? *More answers are possible.*

A) personally from IBU Foundation team members

B) from my friends or relatives

C) from the banners and advertising in my or other village

D) from campaign events organized by IBU Foundation

E) from the head of the village or other authority

F) from the internet

G) from reading the IBU Foundation ECD project proposal

9. Did you understand the objectives? *Please select one answer.*

A) yes   B) I needed explanation   C) no

10. What have you learnt from the ECD project so far? *More answers are possible.*

A) I am aware of the importance of PAUD and Posyandu

B) I am able to inform others about PAUD and Posyandu importance

C) I am able to communicate with related organizations and authorities

D) I know how to run business.

E) nothing

F) other: ....

11. How often do you participate in the activities provided by IBU Foundation? (trainings, coachings, ...) *Please select one answer.*

A) always

B) mostly

C) sometimes

D) rarely

E) never

12. Are you satisfied with the content of the activities? *Please select one answer.*

A) I am very satisfied

B) I am satisfied, but I would make some improvements

C) I am not satisfied

13. What would you change? *More answers are possible.*

A) place of activities

B) time of the activities

C) training and coaching methods

D) facilitator

E) nothing

F) other: ....

14. How do you use the knowledge and skills from the activities of CBO training?
More answers are possible.

A) I am able to run a business

B) I am able to communicate and advocate with related authorities

C) I feel more confident

D) I feel more educated

E) I am able to monitor and evaluate the quality of PAUD and Posyandu services

F) I am able to facilitate cadres in practical trainings

G) I am able to do fundraising

H) other: ....

15. Do you have any problems with using the knowledge and skills? *Please select one answer.*

A) yes   B) no

16. If yes, what are they? *More answers are possible.*

A) lack of knowledge and skills

B) lack of confidence

C) bad relationships with other FP3 members

D) policies and regulations do not correspond to my goals

E) people in the village do not understand the importance of FP3

F) lack of support of village government

G) other: ....

17. What would you like to improve?

A) content of the activities (trainings, coachings etc)

B) policies and regulations in the village

C) policies and regulations in sub-district and/or district governments

D) approach of IBU Foundation

E) nothing

F) other: ....

18. Are you able to work in FP3 without support of IBU Foundation? *Please select one answer.*

A) I think I can work without IBU assistance

B) I think I still need some IBU assistance

C) I think I am not able to work without IBU assistance yet

19. What source of fund does FP3 you work at have? *More answers are possible.*

A) contribution from parents/villagers

B) contribution from village government

C) contribution from sub-district and district government - if yes what are the authorities?

D) own self-funding

E) contribution of IBU Foundation

F) other sources: ....

20. Are the above sources sufficient? *Please select one answer.*

A) yes   B) no

21. How well do the relationships below work? *Please circle the mark on following scale to each formulation (1-well, 2-sometimes well, sometime not very well, 3-not well, 4-no relationship exists)*

A) cadres with cadres: 1   2   3   4

B) cadres with parents: 1   2   3   4

C) cadres with village heads: 1   2   3   4

D) cadres with sub-district authorities: 1   2   3   4

E) cadres with district authorities: 1   2   3   4

F) cadres with other CBO: 1   2   3   4

PART C: ADDITIONAL

Please circle you answer:

22. You are:

A) male   b) female

23. What level of education do you have?

A) elementary

B) junior high school

C) senior high school

E) higher

Date:

Place:

THANK YOU!

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