

**NUTRITION PROJECT ENDLINE REPORT:
APPENDICES A-D**

APPENDIX A: DATA COLLECTION, SAMPLING, AND WEIGHTS

APPENDIX A:

A. Data collection methods and quality assurance

After receiving the draft instruments from Mathematica, SurveyMETER translated them into Indonesian and conducted pilot testing of the instruments in Kulon Progo, a kabupaten in Yogyakarta province, which was outside of the study area. The pilot test assessed the quality of the questions in the field setting, making sure that they were understandable, appropriate and organized logically. After the pilot test, questions were revised and tested again in a pretest in the kabupaten of Musi Banyuasin, South Sumatra. The pretest was a dry run of all field activities, which helped identify any lingering errors, corrected the additional materials and visual aids required for some questions, and confirmed the target timing and number of field officers required to implement the full study.

For the main fieldwork, SurveyMETER provided training to the enumerators and anthropometrists on both how to list and identify sample households and administer the surveys or measure children prior to data collection. SurveyMETER developed manuals and presentation materials used in the training. Training for the household survey was held for 12 days. Due to the very large number of enumerators to be trained (185, including 75 anthropometrists), SurveyMETER conducted two waves of trainings for the teams going to South Sumatra (trained from January 2–13, 2019) and those going to Central and West Kalimantan (trained from January 16–27, 2019). Both trainings followed the same format and were led by the same SurveyMETER staff in Salatiga, Central Java. Enumerators had five days of classroom training on the survey, one day of classroom training on listing procedures, and then four and a half days of field practice (beginning with a day of listing practice), followed by a half-day review and a day of testing to certify competency.

Topics covered in these trainings included an overview of the study, rules for filling out the questionnaires, interview techniques and demonstrations, field practice administering the listing forms and surveys, and how to use the Computer Assisted Personal Interviewing (CAPI) software. Concurrently, starting on the fourth day of each wave of training, SurveyMETER staff led a separate training session for anthropometrists, including two days of classroom instruction before joining the household survey enumerators for the day of training on the listing and the five and a half days of field practice (including listing). Anthropometrists also had to pass a standardization test assessing the precision and accuracy of their techniques before being accepted onto the data collection team. Finally, the concurrent training for the enumerators who administered the community and health facility instruments was held from day 3 through day 11.

Each field team included a supervisor, three household enumerators, two anthropometrists, and one enumerator for the community and facility instruments. The household questionnaires were administered using CAPI software, using laptops to enter data during the interview. The CAPI software allowed for automated quality checks, such as validation checks that ensured skip patterns were followed, questions were fully answered, responses matched answer options (for categorical variables) or fell within a reasonable range (for continuous variables), and respondents provided consistent answers across questions. The supervisor checked the entered

data on a daily basis for completeness and consistency. In addition, the supervisor listened to recordings of the interviews to identify any problems with the interview process.

As part of the data collection effort, the anthropometrists took various anthropometric measurements for children under 36 months old. As per WHO protocol, children under two years old were measured lying down (length) and children over two years old were measured standing (height). All measurements were conducted by both anthropometrists, and if the measurements were substantially different (i.e. more than 0.7 cm for height/length), both enumerators would redo their measurements up to two more times. (See Box A.1 and A.2 for pictures of the fieldwork measurements.)

BOX A.1 CHILDREN BEING WEIGHED



Source: SurveyMETER

BOX A.2 CHILDREN BEING MEASURED

Source: SurveyMETER

The survey team also collected anthropometric data from the household buku KIA/KMS when available. For children's birthweight, SurveyMETER used buku KIA/KMS and self-reports (recall) if the buku KIA/KMS was not available. SurveyMETER also captured gestational age at birth from the buku KIA/KMS, as this indicator naturally relates to birthweight.

The remaining surveys—kepala desa, bidan, kader posyandu, puskesmas, and kabupaten surveys—were also administered using CAPI. Throughout the data collection process, SurveyMETER also checked the household and community level data for outliers and consistency using Stata.

Concurrently, Mathematica conducted an independent effort to validate the quality of the anthropometry data. Mathematica engaged two local nutritionists as consultants to assist with the anthropometry training and standardization testing, observe the data collection activities conducted by SurveyMETER, and provide feedback to SurveyMETER to ensure that all anthropometrists were collecting high-quality data. Mathematica staff also analyzed the anthropometry standardization data and agreed with SurveyMETER on the list of trainees who were qualified to send immediately for data collection, those who received additional oversight from SurveyMETER's lead nutritionist and/or Mathematica's consultants, and those who were disqualified from data collection due to poor performance during the training or on the standardization test. SurveyMETER also accepted Mathematica staff input on which anthropometrists to pair together (matching those with weaker performance to the best performers on the standardization test) and where to assign them so that it would be easier for Mathematica's consultants to reach the trainees who needed more support.

Finally, throughout the data collection process, Mathematica staff regularly ran a series of data quality checks including looking for digit preference (more frequent zeros and fives at the end of measurements than would be expected), the frequency of disagreement between the two anthropometrists on each team (and thus the frequency with which they had to take second or third measurements of a given child), and the distribution of each anthropometrist's measurements to check for patterns of being consistently higher, lower, or having more outliers than would be expected. Based on our close level of engagement in preparing the anthropometry team, the consultants' observations, and our review of the anthropometry data, we were confident that SurveyMETER's anthropometrists adhered to all protocols for collecting anthropometry data, including identifying eligible respondents, consenting respondents, and accurately measuring children.

B. Sampling approach

SurveyMETER drew the sample of households and caregivers using a three-stage sampling approach in each treatment and control kecamatan, as described in their report "Final report: Endline Survey of the Community-Based Health and Nutrition to Reduce Stunting Project" (SurveyMETER 2019). The three stages were as follows: (1) selecting desa as the primary sampling unit (PSU) (as we discuss below, these were largely the same desa that were randomly selected in this stage of sampling at baseline); (2) randomly selecting secondary sampling units (SSUs) within each of these desa (these secondary sampling units included dusun, Rukun Warga [RW], lingkungan, or Rukun Tetangga [RT], depending on the structure and size of the desa); and (3) randomly selecting households for the survey, among eligible households identified in each selected SSU.

At baseline, MCA-I randomly selected four desa in each kecamatan into the sample (a total of 760 desa) to act as the PSUs. In a small number of kecamatan, SurveyMETER added an additional randomly sampled desa because the original four desa did not have a sufficient number of children to meet sample targets, resulting in a total of 767 desa in the baseline sample. The original 760 desa selected at baseline remained the PSUs for the endline data collection. However, SurveyMETER added an additional 26 randomly sampled desa to the endline sample to meet sample targets, resulting in a total of 786 desa in the endline sample.

At endline, SurveyMETER assessed the appropriate administrative level to use as the SSU in each desa based on having an average population size of approximately 400 households. This was the average population size that we estimated would be required to meet our sample size targets. In practice, SurveyMETER selected the administrative level for the SSU in each desa by identifying the highest administrative level such that at least half of the SSUs in that desa would have 400 or fewer households. The appropriate administrative level could consist of either a sub-village unit, like the dusun, RW, lingkungan, or RT, or possibly the desa itself. SurveyMETER then developed a list of all these SSUs in the desa with the help of the kepala desa and randomly selected one into the sample.

SurveyMETER then met with the heads of the dusun and RT associated with the selected SSU to gain permission to conduct a household listing and to verify the geographic boundaries and the number of households in each RT in the SSU (where the SSU comprised multiple RT). Next, SurveyMETER conducted a listing of all of the households in each RT in the SSU in order to identify those households with eligible respondents. Finally, SurveyMETER returned to the head of each RT to verify the results of the listing in that RT and ensure that the listing team had not missed any households.

To draw the sample of respondents, SurveyMETER worked from the results of the household listing. The goal for endline data collection was to sample and interview 12 households in each desa: four households with a child 0–11 months old, two households with a child 12–23 months old, and six households with a child aged 24–35 months old. If a household had more than one child under 36 months old, one of the eligible children was randomly selected as the index child for sampling and survey purposes. If a sampled respondent was not successfully interviewed after three attempts, SurveyMETER randomly selected a replacement respondent with a child in the same age range as the sample respondent in order to meet the sample size targets.¹

In some cases, the selected SSUs did not have enough eligible households to meet the targeted sample size for the desa. If the selected SSUs fell short of the desa-level sample sizes for any age group by more than two households, SurveyMETER randomly chose an additional SSU in that desa to meet the shortfall. However if the selected SSUs fell short by one or two households for a certain age group, SurveyMETER made up the difference by interviewing additional respondents of the same type from one of the other sampled desa in the same kecamatan.

In addition to interviewing caregivers of children aged 0–35 months, SurveyMETER also gathered endline data from health service providers, as well as desa and kabupaten administrators. These respondents were sampled using the following methods, as also described in SurveyMETER's report (SurveyMETER 2019):

- **Bidan:** SurveyMETER compiled a list of all of the bidan desa working in each sample desa with help from the bidan coordinator at the puskesmas. If more than one bidan desa operated in the sample desa, SurveyMETER interviewed the bidan desa who typically provided services to residents of the selected SSU and was therefore most knowledgeable about the

¹ Of the 9,120 household interviews SurveyMETER ultimately conducted at endline, 591 (6.5 percent) were conducted with replacement households: 193 (of 3,058) with a target child aged 0–11 months, 126 (of 1,547) with a target child aged 12–23 months, and 272 (of 4,515) with a target child aged 24–35 months.

health conditions there. If there was no bidan desa assigned to the sampled desa, SurveyMETER interviewed another health service provider who provided bidan services there. Ultimately, SurveyMETER conducted 783 bidan interviews. They interviewed 637 bidan desa, covering 642 desa (five bidan desa respondents served as the bidan in two sample desa). Twenty-seven respondents in the bidan coordinator survey were also interviewed as bidan, covering a further 34 sampled desa (a handful served as the bidan for more than one desa). In 107 desa, no bidan desa or bidan coordinator was available for interview. In 53 of these cases, SurveyMETER interviewed a private or contract bidan or a bidan coordinator who provided bidan services to the sampled desa, and in the other 54 cases, SurveyMETER interviewed a nurse who provided similar services there.

- ***Kader posyandu:*** SurveyMETER compiled a list of all of the posyandu that served the households in the selected SSUs in each desa, and collected the names of all kader working in those posyandu from the bidan desa (or other respondent to the bidan survey). If possible, SurveyMETER conducted a joint interview with all the kader working at each posyandu (if there was more than one) to get the most accurate and complete responses. Of the 899 posyandu interviews SurveyMETER conducted, 20 percent included three kader, 78 percent included two kader, and 2 percent included only one kader. The primary respondent for each posyandu (who responded to posyandu-specific questions) was the posyandu head or the most active kader knowledgeable about the posyandu's activities.
- ***Puskesmas:*** Bidan coordinators, nutritionists, and sanitarians are typically based at the puskesmas; therefore, the selection of these respondents was determined by the selection of puskesmas. The sample included all 242 puskesmas located in the 190 sampled kecamatan that served sample desa. Most kecamatan included only one puskesmas, but in nearly a quarter of kecamatan (44 of 190) the target desa was served by more than one puskesmas. If an official bidan coordinator, nutritionist, or sanitarian was not available at the puskesmas, SurveyMETER interviewed the staff member who took on the responsibilities for that role or was most knowledgeable about the relevant activities.
- ***Desa administration:*** SurveyMETER completed interviews with staff from the kepala desa office in each of the 786 sample desa (760 desa originally sampled at baseline, plus 26 desa added to meet sample targets). The primary respondent was the kepala desa or desa secretary, along with their staff most knowledgeable about the desa's characteristics, community activities, and budget.
- ***Kabupaten administration:*** SurveyMETER completed interviews with staff members in the *Dinas Kesehatan Kabupaten*, District Health Office (DHO), the *Dinas Pemberdayaan Masyarakat dan Desa Kabupaten* (District Community and Village Empowerment Office), and the *Dinas Sosial Kabupaten* (District Social Affairs Office). SurveyMETER interviewed a total of 38 district officials from the 22 kabupaten. Most of the informants were the heads of the division or section in charge of service/empowerment/social security programs.

C. Analysis weights

In this section, we describe the analysis weights for (1) household-level respondents, (2) health service providers and administrators at the desa level, and (3) and health service providers at the puskesmas level. (Table A.1 summarizes these weights.)

Household-level respondents

The weighting scheme for the analysis of the endline household data had two purposes: (1) to ensure that the sample of households and caregivers is representative of the relevant population in all kecamatan included in the evaluation, so that we (and other data users) can report valid population-level averages for these areas; and (2) to enable us to conduct a valid comparison of average outcomes of households and caregivers in the treatment and control kecamatan, to estimate impacts in the random assignment design (the focus of this report). The construction of the weights for these two purposes is largely similar. However, because of differences in the probability of treatment assignment across kecamatan, the weights for the treatment-control comparisons have an additional component. We therefore computed separate weights for the analysis of population level averages and for comparisons between the treatment and control groups. For households and caregivers these weights account for the following:

- **Differences in sampling probabilities across respondents.** The overall sampling probability accounted for each of the three stages of selection described above (desa within kecamatan, SSU within desa, respondents within SSU), by multiplying together the probability of selection in each stage. We used the inverse of the combined sampling probability to obtain a respondent-level sampling weight for each respondent.
- **Possible differential nonresponse across kecamatan.** To adjust for possible systematic nonresponse among certain types of kecamatan, we computed the response rate for each kecamatan. We used the inverse of this response rate to obtain a nonresponse weight for each respondent in a given kecamatan.
- **Differences in random assignment probabilities (treatment-control comparisons only).** As described in the design report (Beatty et al. 2014), the method used to randomly assign kecamatan to the treatment group resulted in different probabilities of assignment. To ensure that kecamatan characteristics were not correlated with treatment status, which would affect the validity of treatment-control comparisons, it was necessary to adjust for these differences. We estimated the probability of assignment to the treatment group for each kecamatan by running 1,000 iterations of the random assignment code. The random assignment weight for each kecamatan was then calculated as the inverse of the probability of selection into its group (treatment or control).

For the analysis of population level averages, we multiplied the sampling and non-response weights. For the analysis of treatment-control differences, we multiplied the sampling, non-response, and random assignment weights. We then adjusted each of these two combined weights for outliers by top-coding at the 95th percentile and normalizing so that their sum was equal to the number of observations.

Desa- and puskesmas-level respondents

We calculated the weights for desa- and puskesmas-level respondents as follows:

- **Bidan and desa administrators.** We made the simplifying assumption that these respondents were automatically determined based on the desa selected.² For population-level averages, we calculated the weight as the inverse of the desa probability of selection. For treatment-control comparisons, we multiplied the sampling weight by the random assignment weight. We normalized both of these weights—for population averages and treatment-control comparisons—to sum to the number of completed surveys for each respondent type.
- **Kader posyandu.** At endline, SurveyMETER attempted to survey all kader posyandu in the sampled SSUs. Therefore, for population-level averages, the weight is the inverse of the desa probability of selection multiplied by the SSU probability of selection. For treatment-control comparisons, we multiplied this sampling weight by the random assignment weight. Again, we normalized both of these weights—for population averages and treatment-control comparisons—to sum to the number of completed surveys.
- **Puskesmas-level respondents: bidan coordinator, nutritionist, and sanitarian.** For these respondents, we did not compute weights for population-level averages.³ For treatment-control comparisons, we used the inverse of the random assignment weight, normalized to sum to the number of completed surveys for each respondent type.

TABLE C.1. TYPES OF SURVEY WEIGHTS USED IN ENDLINE ANALYSES

Provider	Endline survey weight	
	Population-level averages	Treatment-control comparisons
Households and caregivers	Sampling weight (desa, SSUs, and household) x non-response weight (kecamatan)	Sampling weight (desa, SSUs, and household) x non-response weight (kecamatan) x random assignment weight
Kepala desa and bidan desa	Sampling weight (desa)	Sampling weight (desa) x random assignment weight
Kader posyandu	Sampling weight (desa and SSU)	Sampling weight (desa and SSU) x random assignment weight
Bidan coordinator, nutritionist, sanitarian	None	Random assignment weight

² This is not entirely correct, because some desa were served by more than one bidan and SurveyMETER selected the one(s) who served the selected SSUs. However, we did not have the necessary information to take this into account when calculating the weights (this would require a mapping between bidan and SSUs in each desa).

³ This would be correct if SurveyMeter covered all puskesmas in the treatment and control kecamatan. However, where a kecamatan had more than one puskesmas, SurveyMeter only covered those that served the sampled desa. However, we did not have the necessary information to take this aspect of the sampling into account when computing weights (this would require a mapping between puskesmas and desa in each kecamatan). Because in most cases SurveyMETER did cover the universe of puskesmas in a kecamatan, this simplification is unlikely to affect our findings.

APPENDIX B: ANALYSIS TABLES

APPENDIX B: CHAPTER 4 TABLES

TABLE 4.1 STAFF AVAILABLE AT PUSKESMAS

	Sample size	Control mean	Treatment mean	Adjusted difference
Bidan coordinator	242	99.3	97.3	-2.2
Nutritionist	242	85.4	85.4	-0.4
Sanitarian	242	81.7	80.9	-2.4

Source: Bidan coordinator endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 4.2 RESPONDENTS TO PUSKESMAS-LEVEL SURVEYS

	Sample size	Control mean	Treatment mean	Adjusted difference
Bidan coordinator survey				
Bidan coordinator	242	98.6	97.3	-1.0
Bidan puskesmas/desa	242	1.4	2.8	1.0
Nutritionist survey				
Nutritionist	242	85.4	85.4	0.2
Bidan puskesmas/desa	242	8.3	9.9	1.2
Nurse	242	2.4	2.5	0.4
Bidan coordinator	242	0.7	0.0	-1.0
Other puskesmas staff	242	0.0	0.7	0.6
Sanitarian survey				
Sanitarian	240	83.1	80.9	-1.3
Nurse	240	8.0	7.2	-0.9
Promkes	240	2.2	4.2	0.9
Bidan puskesmas/desa	240	0.0	1.5	1.4
Head of the puskesmas	240	0.7	0.7	0.4
Nutritionist	240	0.0	0.5	0.7
Other puskesmas staff	240	2.5	5.0	2.3

Source: Bidan coordinator, nutritionist, and sanitarian endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 4.3 RESPONDENTS TO DESA ADMINISTRATION SURVEY

	Sample size	Control mean	Treatment mean	Adjusted difference
Desa administration	1,167	42.1	33.8	-6.3*
Desa secretary	1,167	28.6	30.1	-0.2
Head of section (welfare, finance, development)	1,167	14.5	15.8	1.2
Other ^a	1,167	14.8	20.2	5.3**

Source: Desa endline survey

Note: Results reported in percent

^a Includes head of government affairs, desa treasurer, staff responsible for Generasi implementation, administrative and general affairs staff, and other types of administrative staff.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

APPENDIX B: CHAPTER 5 TABLES

TABLE 5.1 DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD HEADS, CAREGIVERS, AND SAMPLED CHILDREN

	Sample size	Control mean	Treatment mean	Adjusted difference
Household head				
Female	9,120	4.9	3.9	-0.8
Age (years)	9,107	37.9	37.8	-0.1
Muslim	9,120	72.4	70.1	0.9
Years of schooling	9,103	8.2	8.1	0.0
Completed junior secondary	9,103	18.2	18.6	1.2
Completed senior secondary	9,103	30.2	29.1	-0.6
Lives in rural area	9,120	87.7	95.5	5.7
South Sumatra ethnicity: Palembang	2,064	31.8	25.6	-7.9
West Kalimantan ethnicity: Dayak	3,792	53.7	45.2	-9.6*
Central Kalimantan ethnicity: Dayak	3,264	54.6	68.0	17.2**
Total household members	9,120	4.9	4.9	0.0
Number of children in the household, age 15 and younger	9,120	2.1	2.1	0.0
Any household member has health insurance	9,120	58.1	56.9	-2.1
Caregiver				
Caregiver is target child's mother	9,120	97.9	98.2	0.4
Age (years)	9,116	29.5	29.4	-0.1
Worked >=30 hrs./week in a typical week in 2018	9,115	15.1	16.6	0.9
Years of schooling	9,117	8.8	8.8	0.0
Completed junior secondary	9,117	22.8	23.7	1.2
Completed senior secondary	9,117	34.5	32.8	-0.7
Sampled child				
Child is 0-11 months old	9,120	35.0	34.3	-0.7
Child is 12-23 months old`	9,120	23.0	24.1	1.1
Child is 24-35 months old	9,120	42.1	41.6	-0.4
Child is female	9,120	46.6	49.1	2.2
Child is first born	9,120	30.8	30.9	0.1

Source: Household and caregiver endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 5.2 HOUSEHOLD FOOD SECURITY

	Sample size	Control mean	Treatment mean	Adjusted difference
Household is food secure	9,120	42.9	40.3	-2.9
Household is mildly food insecure	9,120	15.8	17.9	1.9*
Household is moderately food insecure	9,120	17.9	19.4	1.7
Household is severely food insecure	9,120	23.4	22.5	-0.7

Source: Household endline survey

Note: Results reported in percent. Households were classified on the food security scale based on Coates et al. (2007)

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 5.3 BIDAN AND KADER POSYANDU BACKGROUND

	Sample size	Control mean	Treatment mean	Adjusted difference
Kader posyandu				
Age (years)	1,960	37.1	36.7	-0.3
Female	1,960	99.6	99.1	-0.3
Completed junior secondary	1,960	27.7	30.3	2.7
Completed senior secondary	1,960	47.0	45.0	-0.9
Number of years served as a kader posyandu	1,957	8.0	7.8	-0.2
Served as kader posyandu for more than 5 years	1,957	48.1	44.3	-4.1
Lives in dusun where posyandu is held	1,960	62.9	68.4	2.7
Lives in desa but not dusun where posyandu is held	1,960	36.2	31.5	-2.0
Bidan				
Age (years)	778	32.3	32.3	0.0
Female	778	96.4	97.2	0.6
Has a bidan registration certificate, STR	778	87.4	87.3	-0.6
Occupation status: civil servant	778	55.5	58.7	2.6
Owns or works in a private practice	778	28.1	29.7	3.0
Percent of patients seen in private practice	778	13.1	14.5	2.2
Primary place of work is polindes/poskesdes	778	58.6	61.3	3.5
Number of years worked as a bidan	777	10.7	10.4	-0.3
Worked as bidan for more than 5 years	777	70.6	67.7	-3.7
Lives in sampled desa	778	99.7	99.2	-0.6
Number of bidan in desa in addition to respondent	782	1.4	1.3	-0.1

Source: Bidan and kader posyandu endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 5.4 PUSKESMAS-LEVEL PROVIDER BACKGROUND

	Sample size	Control mean	Treatment mean	Adjusted difference
Bidan coordinator				
Age (years)	242	38.0	38.0	-0.1
Female	242	100.0	100.0	0.0
Has a bidan registration certificate, STR	242	95.1	96.5	1.5
Occupation status: civil servant	242	96.3	97.3	0.6
Number of years worked as bidan coordinator	237	5.1	6.3	1.2
Worked as bidan coordinator for more than 5 years	237	29.7	37.6	7.5
Lives in same kecamatan as puskesmas	242	83.5	84.0	0.6
Nutritionist				
Age (years)	242	32.7	33.4	0.8
Female	242	86.5	81.6	-4.8
Has a bidan registration certificate, STR	206	82.2	87.2	8.0
Occupation status: civil servant	242	74.0	72.2	-2.1
Number of years worked as nutritionist	206	7.9	9.2	1.8
Worked as nutritionist for more than 5 years	206	56.5	58.0	4.9
Lives in same kecamatan as puskesmas	242	77.0	72.1	-4.0
Sanitarian				
Age (years)	240	37.1	35.0	-2.1*
Female	240	52.3	64.2	11.7*
Occupation status: civil servant	230	80.2	69.0	-9.2
Number of years worked as sanitarian	196	10.2	9.1	-0.8
Worked as sanitarian for more than 5 years	196	58.9	58.1	-0.2
Lives in same kecamatan as puskesmas	240	74.1	76.1	3.0

Source: Bidan coordinator, nutritionist, and sanitarian endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** /*** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 5.5. DESA HEALTH FACILITIES AND PROVIDERS IN THE DESA, AS REPORTED BY KEPALA ADMINISTRASI

	Sample size	Control mean	Treatment mean	Adjusted difference
Presence of facilities in the desa				
Puskesmas	784	16.0	13.6	-2.2
Poskesdes	784	52.4	52.9	1.0
Pos bersalin polindes/bidan	784	79.5	80.4	0.2
Government hospital	784	8.6	11.2	2.2
Pharmacy	784	9.7	11.0	1.3
Number of health officers in the desa				
Doctors	784	0.9	0.4	-0.5*
Nurses/orderlies	784	2.8	2.1	-0.6**

	Sample size	Control mean	Treatment mean	Adjusted difference
Bidan	784	2.4	2.0	-0.4
Traditional birth attendants	784	2.3	2.7	0.4*

Source: Desa endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 5.6. TRAVEL TIME AND COST TO ACCESS FACILITIES, AS REPORTED BY KEPALA DAND HOUSEHOLD RESPONDENTS

	Sample size	Control mean	Treatment mean	Adjusted difference
Round trip travel time from desa head office (minutes)				
Puskesmas	780	86	79	-6
Poskesdes	473	20	19	0
Pos bersalin polindes/bidan	688	21	23	2
Government hospital	775	271	293	23
Pharmacy	665	192	191	-5
Round trip travel cost from desa head office (Rp)				
Puskesmas	777	79,207	70,806	-5,995
Poskesdes	473	7,583	7,714	314
Pos bersalin polindes/bidan	687	8,468	7,737	-529
Government hospital	772	547,882	532,254	-7,575
Pharmacy	665	186,194	164,790	-17,544
Household-level reports: total cost of registration, services, medicine, and travel at last visit (Rp)				
Puskesmas	4,820	74,645	83,738	5,711
Polindes/poskesdes	3,043	43,324	44,656	1,791
Private bidan, not affiliated with polindes	3,631	177,346	156,379	-11,547
Doctor, paramedic, nurse, traditional practitioner, hospital or clinic	4,968	435,836	458,129	12,956

Source: Desa and household endline surveys

Note: Results reported in percent unless otherwise indicated. Travel costs were top-coded at the 95th percentile to account for outliers

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 5.7 TRAVEL TIME AND COST FOR KADER POSYANDU, BIDAN, AND PUSKESMAS STAFF

	Sample size	Control mean	Treatment mean	Adjusted difference
Kader posyandu				
Posyandu is usually held in kader's house	898	12	14	2
Time to reach posyandu (minutes)	1,958	7	7	-1
Bidan				
Time to reach primary place of work from home (minutes)	777	10	9	0
Time to reach center of furthest desa served from home (minutes)	728	26	25	-1
Cost to reach center of furthest desa served from home (Rp)	726	11,363	9,946	-1,129

	Sample size	Control mean	Treatment mean	Adjusted difference
Travel time for other providers between home and puskesmas, round trip (minutes)				
Bidan coordinator	242	29	29	-1
Nutritionist	242	42	44	1
Sanitarian	240	41	36	-6

Source: Bidan, kader posyandu, bidan coordinator, nutritionist, and sanitarian endline surveys

Note: Results reported in percent unless otherwise indicated. Travel costs were top-coded at the 95th percentile to account for outliers

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

APPENDIX B: CHAPTER 6 TABLES

TABLE 6.1 GENERASI IMPLEMENTATION, AS REPORTED BY KABUPATEN RESPONDENTS

	Mean
Generasi implementation started in 2013	4.8
Generasi implementation started in 2014	81.0
Generasi implementation started in 2015	14.3
Generasi implementation completed in 2017	9.5
Generasi implementation completed in 2018 or later	90.5
Number of months Generasi was in operation	54.3
Kecamatan and desa in your kabupaten received last BLM in 2017	68.4
Kecamatan and desa in your kabupaten received last BLM in 2018	31.6
Kecamatan and desa in your kabupaten received last non-BLM in 2017	5.0
Kecamatan and desa in your kabupaten received last non-BLM in 2018	95.0
Funding received over total time Generasi was in operation (in rupiah)	26,700,000,000

Source: Kabupaten endline survey

N=22 kabupaten

Note: Results reported in percent unless otherwise noted

TABLE 6.2 TIMING OF GENERASI ACTIVITIES AND FUNDING, AMONG GENERASI RECIPIENTS, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
Generasi activities started before 2014	373	1.9
Generasi activities started in 2014	373	41.0
Generasi activities started in 2015	373	26.5
Generasi activities started in 2016	373	24.1
Generasi activities started after 2016	373	6.4
Generasi activities completed before 2017	380	5.5
Generasi activities completed in 2017	380	73.7
Generasi activities completed in 2018 or later	380	20.8
Months since most recent Generasi meeting	318	13.5
Number of months Generasi was in implementation	372	31.3
Last tranche of BLM received before 2017	320	80.3
Last tranche of BLM received in 2017	320	13.8
Last tranche of BLM received in 2018	320	5.3
Last tranche of BLM received in 2019	320	0.6
Total value of BLM received during Generasi (Rps)	239	164,000,000

Source: Desa administration endline survey

Note: Results reported in percent unless otherwise indicated

TABLE 6.3 PARTICIPATION IN GENERASI, AS REPORTED BY DESA ADMINISTRATION OFFICIALS

	Sample size	Percent of desa in control kecamatan	Percent of desa in treatment kecamatan
Central Kalimantan	291	0.0	97.1
West Kalimantan	320	0.0	98.7
South Sumatra	171	7.2	93.8
Total	782	1.9	96.8

Source: Desa endline survey

Note: Results reported in percent

TABLE 6.4 PARTICIPATION IN GENERASI BY PROVINCE, AS REPORTED BY KABUPATEN OFFICIALS

	Sample size	Percent of control kecamatan	Percent of treatment kecamatan
Central Kalimantan	59	0.0	100.0
West Kalimantan	73	0.0	100.0
South Sumatra	43	4.8	95.5
Total	175	1.2	98.9

Source: Kabupaten endline survey

Note: Results reported in percent. We were not able to obtain information about 15 kecamatan; therefore the sample size (175) is smaller than the number of kecamatan that were randomly assigned (190).

TABLE 6.5 HEALTH-RELATED ACTIVITIES EVER FUNDED BY GENERASI, AMONG GENERASI RECIPIENTS, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
PMT recovery for infants and children	385	81.0
Health and nutritional counseling	385	23.6
<i>Kebun Gizi</i> (vegetable farm)	385	5.5
Incentives for kader posyandu or contract bidan	385	12.0
Equipment for posyandu	385	19.2
Transportation support for high-risk pregnancies or deliveries	385	28.8
Kelas ibu hamil	385	10.4
Kelas balita	385	3.6
Training for kader posyandu or bidan on infant and young child feeding or growth monitoring [L,M]	385	6.0
Training for desa kader on CLTS and triggering	385	1.0
Posyandu building repair	385	2.6
Infrastructure support for water or sanitation	385	3.6
Medicines	385	14.3
Furniture for health facilities	385	5.7
Support for education	385	78.2
Support for people with disabilities	385	3.4
Savings and loan	385	0.8

Source: Desa administration endline survey

Note: Results reported in percent

TABLE 6.6 HEALTH-RELATED ACTIVITIES THAT GENERASI FUNDED IN 2018, AMONG GENERASI RECIPIENTS, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
PMT recovery for infants and children	384	90.4
Health and nutritional counseling	384	74.5
<i>Kebun Gizi</i> (vegetable farm)	384	24.2
Incentives for kader posyandu or contract bidan	384	86.5
Equipment for posyandu	384	55.7
Transportation support for high-risk pregnancies or deliveries	384	29.7
Kelas ibu hamil	384	56.0
Kelas balita	384	47.7
Training for kader posyandu or bidan on infant and young child feeding or growth monitoring	384	64.8
Training for desa kader on CLTS and triggering	384	35.9
Posyandu building repair	384	27.1
Infrastructure support for water or sanitation	384	60.9
Medicines	384	38.5
Furniture for health facilities	384	32.6
Support for education	384	3.4

Source: Desa administration endline survey

Note: Results reported in percent

TABLE 6.7 HEALTH-RELATED ACTIVITIES FUNDED BY GENERASI (EVER OR IN 2018), AMONG GENERASI RECIPIENTS, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
PMT recovery for infants and children	385	97.7
Health and nutritional counseling	385	81.8
<i>Kebun Gizi</i> (vegetable farm)	385	27.0
Incentives for kader posyandu or contract bidan	385	87.8
Equipment for posyandu	385	64.7
Transportation support for high-risk pregnancies or deliveries	385	46.8
Kelas ibu hamil	385	58.2
Kelas balita	385	48.3
Training for kader posyandu or bidan on infant and young child feeding or growth monitoring	385	65.7
Training for desa kader on CLTS and triggering	385	36.6
Posyandu building repair	385	28.6
Infrastructure support for water or sanitation	385	61.8
Medicines	385	46.2
Furniture for health facilities	385	37.1
Support for education	385	78.4
Support for people with disabilities	384	3.4
Savings and loan	384	0.8

Source: Desa administration endline survey

Note: Results reported in percent

TABLE 6.8 GENERASI INDICATORS ADDRESSED IN THE DESA, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
Four prenatal care visits during pregnancy	383	69.5
Distribution of iron tablets for pregnant women	383	72.1
Delivery assisted by a trained professional	383	70.0
Three postnatal care visits	383	55.9
Complete childhood immunizations	383	82.8
Ensuring monthly weight increases for infants	383	82.5
Monthly weighing for children under three and biannually for children under five	383	88.0
Vitamin A twice a year for children under 5	383	76.5
Participation of pregnant women and male partner in nutrition counseling offered through kelas ibu hamil	383	66.3
Participation of parents and/or caregivers in nutrition counseling offered through kelas balita	383	61.1
All primary and junior secondary aged children that have not enrolled in school or have dropped out, including children with disabilities, enroll	383	65.5
All children that graduate from primary school, including children with disabilities, enroll in junior secondary school	383	54.8
Average number of indicators addressed	384	7.5

Source: Kepala desa endline survey

Note: Results reported in percent unless otherwise indicated

TABLE 6.9 HOUSEHOLD AND COMMUNITY-LEVEL PREFERENCES FOR MATERNAL AND CHILD HEALTH PROJECTS

	Program/area most preferred by respondent (percent)				Program/area in the top three program/areas preferred by respondent (percent)			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
Caregiver								
Construction/repair of polindes/posyandu buildings	9,120	21.7	21.9	0.0	9,120	34.6	32.6	-2.2
Furniture for polindes/posyandu	9,120	3.2	3.5	0.4	9,120	11.7	11.8	0.1
Medical equipment	9,120	25.8	24.2	-1.6	9,120	59.3	56.8	-2.7*
Medicines/vaccines/contraceptives	9,120	17.6	17.5	0.4	9,120	62.1	60.5	-0.6
Financial assistance for labor and delivery costs	9,120	9.8	10.3	0.2	9,120	40.2	41.6	0.5
Financial assistance for ultrasound examinations	9,120	4.4	3.7	-0.8*	9,120	21.6	20.5	-1.1
PMT for pregnant women/infants/children under 5	9,120	13.2	14.4	1.4	9,120	51.8	56.0	4.8***
Incentives/honorariums for desa midwives/cadres	9,120	1.0	0.6	-0.3	9,120	5.3	4.6	-0.6
Improved road access to polindes/posyandu	9,120	2.7	3.6	0.5	9,120	11.4	14.4	2.5**
Other	9,120	0.5	0.4	-0.2	9,120	1.5	0.8	-0.8
Kader posyandu								
Construction/repair of polindes/posyandu buildings	1,960	29.7	24.8	-5.2**	1,960	50.2	45.5	-4.6
Furniture for polindes/posyandu	1,960	3.2	2.5	-0.5	1,960	13.7	16.4	1.9
Medical equipment	1,960	11.9	13.3	1.3	1,960	46.9	43.5	-3.5
Medicines/vaccines/contraceptives	1,960	13.2	12.7	-1.2	1,960	40.9	40.4	-2.0
Financial assistance for labor and delivery costs	1,960	6.7	10.3	3.2**	1,960	26.9	29.9	3.4
Financial assistance for ultrasound examinations	1,960	2.8	2.1	-0.7	1,960	12.0	12.6	0.2
PMT for pregnant women/infants/children under 5	1,960	20.6	22.6	3.2	1,960	58.4	60.9	4.3*
Incentives/honorariums for desa midwives/cadres	1,960	10.5	11.1	1.0	1,960	43.7	42.4	-0.2
Improved road access to polindes/posyandu	1,960	1.0	0.4	-0.7*	1,960	6.2	7.4	0.7
Other	1,960	0.5	0.1	-0.4	1,960	0.6	0.8	0.2
Bidan								
Construction/repair of polindes/posyandu buildings	778	33.2	24.5	-9.9***	778	55.3	43.8	-13.2***
Furniture for polindes/posyandu	778	2.1	2.5	0.4	778	18.9	14.0	-4.6*
Medical equipment	778	20.4	21.6	0.5	778	64.0	58.8	-5.7*
Medicines/vaccines/contraceptives	778	3.5	5.0	1.7	778	22.9	22.9	-0.1
Financial assistance for labor and delivery costs	778	9.8	13.2	3.4	778	31.6	37.8	6.6**
Financial assistance for ultrasound examinations	778	0.9	4.2	3.5***	778	12.2	17.6	5.0*

	Program/area most preferred by respondent (percent)				Program/area in the top three program/areas preferred by respondent (percent)			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
PMT for pregnant women/infants/children under 5	778	17.5	22.0	5.6*	778	49.7	59.3	10.1***
Incentives/honorariums for desa midwives/cadres	778	6.2	3.4	-2.6	778	25.8	31.2	6.6*
Improved road access to polindes/posyandu	778	4.1	2.8	-1.1	778	13.5	10.1	-3.0
Other	778	2.3	0.9	-1.3	778	5.5	3.2	-2.3*
Desa administration								
Construction/repair of polindes/posyandu buildings	1,165	26.9	27.2	0.5	1,165	49.3	44.6	-3.3
Furniture for polindes/posyandu	1,165	1.1	1.4	0.1	1,165	10.7	10.5	0.3
Medical equipment	1,165	20.8	20.9	-1.0	1,165	57.7	58.2	-0.5
Medicines/vaccines/contraceptives	1,165	9.3	10.5	1.7	1,165	43.0	35.5	-6.3*
Financial assistance for labor and delivery costs	1,165	10.7	11.1	-0.2	1,165	37.9	39.7	0.3
Financial assistance for ultrasound examinations	1,165	1.7	1.2	-0.7	1,165	12.4	15.1	1.9
PMT for pregnant women/infants/children under 5	1,165	15.3	15.1	1.3	1,165	42.1	45.4	4.3
Incentives/honorariums for desa midwives/cadres	1,165	7.5	6.1	-1.1	1,165	28.6	30.5	1.8
Improved road access to polindes/posyandu	1,165	1.3	3.8	2.3**	1,165	7.6	14.4	6.7***
Other	1,165	5.5	2.6	-3.0**	1,165	9.5	4.4	-5.1***

Source: Caregiver, kader posyandu, bidan, and desa administration endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.10 AWARENESS OF GENERASI, AS REPORTED BY HOUSEHOLD, DESA ADMINISTRATION, BIDAN, KADER POSYANDU, BIDAN COORDINATOR, AND NUTRITIONIST RESPONDENTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Household respondent has heard of Generasi	n.a.	n.a.	n.a.	9,120	31.5	48.1	16.9***
Desa administration had heard of PMPN-Generasi	n.a.	n.a.	n.a.	784	45.6	99.7	53.6***
Bidan had heard of PMPN-Generasi	570	28.2	90.0	783	65.0	98.2	33.3***
Kader posyandu had heard of PMPN-Generasi	774	8.4	87.7	1,960	37.4	89.3	52.4***
Bidan coordinator had heard of PMPN-Generasi	n.a.	n.a.	n.a.	242	71.8	98.3	25.3***
Nutritionist had heard of PMPN-Generasi	n.a.	n.a.	n.a.	242	77.9	95.5	19.1***

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent

n.a. = not applicable

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.11 PARTICIPATION IN GENERASI, AS REPORTED BY HOUSEHOLD, BIDAN, KADER POSYANDU, BIDAN COORDINATOR, AND NUTRITIONIST RESPONDENTS WHO HAD HEARD OF GENERASI

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Household							
Household member participated in a Generasi activity or meeting	n.a.	n.a.	n.a.	9,087	6.1	16.7	10.9***
Household member participated in a Generasi activity or meeting (CK)	n.a.	n.a.	n.a.	3,247	3.9	16.8	12.9***
Household member participated in a Generasi activity or meeting (WK)	n.a.	n.a.	n.a.	3,781	7.8	18.8	12.1***
Household member participated in a Generasi activity or meeting (SS)	n.a.	n.a.	n.a.	2,059	6.0	14.3	8.6***
Bidan							
Someone involved in Generasi requested that bidan participate in planning activities	n.a.	n.a.	n.a.	748	1.9	53.1	52.1***
Bidan participated in a Generasi activity or meeting	542	1.1	62.5	748	4.8	71.1	67.0***
Number of times participated in Generasi activity or meeting, among bidan who participated	157	n.a.	3.1	285	6.7	5.1	-1.2

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Spending on healthcare was discussed at any meeting attended, among bidan who attended a meeting	n.a.	n.a.	n.a.	285	63.9	80.3	18.2
Kader posyandu							
Someone involved in Generasi requested that kader posyandu participate in planning activities	763	0.6	65.8	1,900	2.9	49.7	47.2***
Kader posyandu participated in a Generasi activity or meeting	763	0.0	60.5	1,899	4.0	63.9	60.6***
Number of times participated in Generasi activity or meeting, among kader posyandu who participated	223	n.a.	3.8	646	4.6	7.0	2.5
Spending on healthcare was discussed at any meeting attended, among kader posyandu who attended a meeting	n.a.	n.a.	n.a.	652	45.1	68.1	25.0***
Bidan coordinator							
Someone involved in Generasi requested that bidan coordinator participate in planning activities	n.a.	n.a.	n.a.	237	4.9	57.7	55.7***
Bidan coordinator participated in a Generasi activity or meeting	n.a.	n.a.	n.a.	237	6.7	75.1	69.6***
Number of times participated in Generasi activity or meeting, among bidan coordinator who participated	n.a.	n.a.	n.a.	97	11.7	5.9	-8.9
Spending on healthcare was discussed at any meeting attended, among bidan coordinators who attended a meeting	n.a.	n.a.	n.a.	97	100.0	67.8	-23.0**
Nutritionist							
Someone involved in Generasi requested that nutritionist participate in planning activities	n.a.	n.a.	n.a.	227	1.6	39.7	39.7***
Nutritionist participated in a Generasi activity or meeting	n.a.	n.a.	n.a.	227	3.5	78.4	74.3***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Number of times participated in Generasi activity or meeting, among nutritionists who participated	n.a.	n.a.	n.a.	96	12.2	6.1	-4.7
Spending on healthcare was discussed at any meeting attended, among nutritionists who attended a meeting	n.a.	n.a.	n.a.	94	77.1	49.5	-5.8

Source: Household, bidan, kader posyandu, bidan coordinator, and nutritionist endline surveys

Note: Results reported in percent

n.a. = not applicable

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.12 DESA BUDGET

	Sample size	Control mean	Treatment mean	Adjusted impact
Desa budget in 2018 (Rp)	767	1,230,000,000	1,270,000,000	27,000,000
Desa budget in 2019 (Rp)	616	1,340,000,000	1,410,000,000	42,900,000
Source of 2018 budget included desa fund	776	93.9	97.5	3.2*
Source of 2018 budget included other source	776	97.7	99.0	1.1

Source: Desa administration endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.13 SOURCES OF FUNDING FOR DESA BUDGET

	Sample size	Control mean	Treatment mean	Adjusted impact
PAD	776	33.3	30.5	-2.8
Desa fund	776	93.9	97.5	3.2*
ADD/K	776	93.5	96.9	3.1
Silpa from previous year	776	42.7	36.4	-7.6*
Other	776	47.4	41.4	-2.8

Source: Desa administration endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.14 COMMON HEALTH AND SANITATION PROGRAMS THAT RECEIVED A LARGE SHARE OF DESA FUNDS IN 2018, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Program/area took up highest share of desa fund support in 2018 (percent)				Program/area was in the top five programs/areas that took up highest share of desa fund support in 2018 (percent)			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
Water supply	743	18.5	19.4	1.7	743	38.4	39.4	1.6
Sanitation	743	21.4	24.3	2.6	743	42.1	40.9	-1.0
Incentives for kader desa who do health work	743	11.9	9.7	-1.8	743	71.7	71.7	1.4
Training for kader desa related to health	743	0.9	2.4	1.7*	743	13.9	13.0	0.2
Transport for kader desa who do health work	743	0.8	1.3	0.7	743	5.6	8.2	2.9
Support for kader desa to counsel pregnant women and young children	743	0.0	0.3	0.3	743	2.6	5.4	2.8**
Growth monitoring and PMT	743	5.6	5.9	-0.8	743	33.9	51.3	15.2***
Equipment and infrastructure for desa health facilities	743	11.6	9.9	-1.5	743	41.2	37.2	-3.5
Community health promotion activities	743	29.7	28.7	-1.3	743	74.7	81.7	6.7*
Other	743	1.1	0.6	-0.6	743	3.4	6.2	2.1

Source: Desa administration baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.15 DESA FUND SPENDING, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Desa fund supported in 2018				Desa fund will support in 2019			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
Water supply	782	38.3	41.6	3.0	537	41.2	48.2	7.0*
Sanitation	782	44.8	49.0	3.8	544	51.9	57.0	3.7
Incentives for kader desa who do health work	782	77.9	79.8	2.7	552	80.6	91.1	10.2***
Training for kader desa related to health	782	26.7	35.1	9.9***	532	43.6	47.8	4.0
Transport for kader desa who do health work	781	35.0	39.0	5.0	542	41.2	46.4	7.6
Support for kader desa to counsel pregnant women and young children	781	28.9	28.1	0.0	546	35.6	34.2	-1.2

	Desa fund supported in 2018				Desa fund will support in 2019			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
Growth monitoring and PMT	781	73.1	81.5	6.4**	551	76.0	82.3	4.4
Equipment and infrastructure for desa health facilities	781	66.4	61.9	-4.1	488	68.4	73.5	4.7
Community health promotion activities	782	78.7	88.9	9.8***	547	79.8	84.0	1.1
Other	779	4.7	7.3	1.9	559	3.6	10.9	6.0***

Source: Desa administration endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.16 DESA FUND SPENDING, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Desa fund will support in 2019, among desa that funded in 2018			
	Sample size	Control mean	Treatment mean	Adjusted impact
Water supply	218	62.1	71.1	7.5
Sanitation	249	70.8	76.4	3.1
Incentives for kader desa who do health work	437	99.0	99.5	0.7
Training for kader desa related to health	182	91.0	85.3	-5.0
Transport for kader desa who do health work	208	95.4	97.2	2.1
Support for kader desa to counsel pregnant women and young children	174	94.1	92.3	-3.7
Growth monitoring and PMT	444	95.4	95.9	-0.6
Equipment and infrastructure for desa health facilities	323	93.5	92.7	-2.6
Community health promotion activities	463	91.6	89.0	-3.3

Source: Desa administration endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.17 ACTIVITIES PLANNED FOR 2019, AMONG GENERASI RECIPIENTS, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Overall mean	Sample size	Mean among desa that had activity in 2018	Sample size	Mean if source of funding is desa budget
PMT recovery for infants and children	384	91.7	347	95.1	352	93.8
Health and nutritional counseling	384	78.9	286	89.2	303	79.5
<i>Kebun Gizi</i> (vegetable farm)	384	31.0	93	65.6	119	87.4
Incentives for kader posyandu or contract bidan	384	92.5	332	96.7	355	96.6
Equipment for posyandu	384	65.4	214	78.5	251	96.4
Transportation support for high-risk pregnancies or deliveries	384	36.2	114	73.7	140	85.0
Kelas ibu hamil	384	56.5	215	81.4	217	64.5
Kelas balita	384	53.9	183	89.6	207	75.4
Training for kader posyandu or bidan on infant and young child feeding or growth monitoring	384	62.5	249	74.3	240	78.8
Training for desa kader on CLTS and triggering	384	36.2	138	63.0	138	78.3
Posyandu building repair	384	41.4	104	59.6	159	95.6
Infrastructure support for water or sanitation	384	73.4	234	81.6	283	85.5
Medicines	384	42.5	148	83.1	163	68.1
Furniture for health facilities	384	43.2	125	64.0	166	94.0
Education	384	3.7	13	92.3	14	100.0

Source: Desa administration endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.18 COMMUNITY PARTICIPATION IN MEETINGS, AS REPORTED BY HOUSEHOLDS, BIDAN, KADER POSYANDU, BIDAN COORDINATORS, NUTRITIONISTS, AND SANITARIANS

	Sample size	Control mean	Treatment mean	Adjusted impact
Household				
Any household member participated in community meetings that discuss programs funded by the desa in 2018	9,112	32.8	35.3	1.0
Bidan				
Participated in any community meetings that discussed development programs funded by the desa in 2018	781	55.4	54.2	-1.2
Number of times participated in meetings in 2018, among bidan who participated in meetings	433	2.2	1.8	-0.5**
Health programs were discussed at any of meetings, among bidan who participated in meetings	433	92.8	94.8	1.9
Kader posyandu				
Participated in any community meetings that discussed development programs funded by the desa in 2018	1,959	43.7	45.4	3.2

	Sample size	Control mean	Treatment mean	Adjusted impact
Number of times participated in meetings in 2018, among kader posyandu who participated in meetings	982	2.2	2.2	0.0
Health programs were discussed at any of meetings, among kader posyandu who participated in meetings	980	88.2	89.1	0.0
Bidan coordinator				
Participated in any community meetings that discussed development programs funded by the desa in 2018	242	24.7	27.9	4.4
Number of times participated in meetings in 2018, among bidan coordinators who participated in meetings	64	3.6	2.6	-2.6
Health programs were discussed at any of meetings, among bidan coordinators who participated in meetings	64	100.0	100.0	0.0
Nutritionist				
Participated in any community meetings that discussed development programs funded by the desa in 2018	242	34.2	22.5	-12.8**
Number of times participated in meetings in 2018, among nutritionists who participated in meetings	68	3.1	2.4	0.3
Health programs were discussed at any of meetings, among nutritionists who participated in meetings	68	100.0	96.6	-2.0
Sanitarian				
Participated in any community meetings that discussed development programs funded by the desa in 2018	240	41.8	41.1	0.5
Number of times participated in meetings in 2018, among sanitarians who participated in meetings	101	2.1	2.7	0.8
Health programs were discussed at any of meetings, among sanitarians who participated in meetings	101	98.2	100.0	1.3

Source: Household, bidan, kader posyandu, bidan coordinator, nutritionist, and sanitarian endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.19 GENERASI INDICATORS

Generasi indicators (percentage of women or children)	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Four prenatal checkups	669	80.4	81.4	2,153	80.0	79.9	-0.5
Received 90 iron pills during pregnancy	1,026	14.7	12.7	3,027	14.2	22.8	8.7***
Delivery by trained professional	2,996	76.8	73.8	9,017	84.1	84.1	0.1
Mother received three postnatal checkups	n.a.	n.a.	n.a.	2,802	17.8	18.0	0.1
Baby received three postnatal checkups	592	16.4	13.2	1,406	19.8	22.8	3.3
Complete childhood immunizations	1,896	59.8	57.8	6,000	64.0	67.1	2.3
Vitamin A twice / year, among 12-35 month olds	1,925	22.7	23.3	6,018	22.6	25.1	1.9
Vitamin A twice / year, among 6-35 month olds	2,440	26.7	29.3	7,538	30.6	33.5	2.3
0-5 month olds weighed monthly	514	68.3	73.7	1,490	75.1	82.1	5.4*
0-23 month olds weighed monthly	2,066	47.8	53.7	4,599	47.5	56.9	8.2***

Generasi indicators (percentage of women or children)	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Pregnant woman ever attend kelas ibu hamil	2,997	11.5	12.0	3,040	20.8	29.4	8.4***
Husband ever attend kelas ibu hamil	386	14.6	13.6	920	14.4	13.2	-1.5
Caregiver attend kelas balita	3,034	6.2	8.0	9,115	9.7	16.0	6.6***
Husband ever attend kelas balita	227	8.5	14.0	1,419	13.6	12.2	-1.8

Source: Caregiver endline survey

Indicator definitions:

- "Four prenatal checkups" is the percent of caregivers of 0-11 month olds who reported having at least four prenatal checkups.
- "Received 90 IFA pills during pregnancy" is the percent of mothers of 0-11 month olds who reported receiving at least 90 IFA pills during pregnancy.
- "Delivery by skilled provider" is the percent of mothers of 0-35 month olds who reported delivering with a doctor, nurse, bidan Puskesmas, medical student, private bidan, or hospital bidan.
- "Mother received three postnatal checkups" is the percent of mothers of 0-11 month olds who reported receiving at least three postnatal checkups to check on the mother's health, in the first six weeks after delivery.
- "Baby received three postnatal checkups" is the percent of caregivers of 0-11 month olds who reported receiving at least three postnatal checkups to check on the baby's health, in the first four weeks after delivery.
- "Complete childhood immunizations" is the percent of 12-35 month olds who had received three DPT vaccinations, four polio vaccinations, the measles vaccination, and the Bacillus Calmette-Guerin (BCG) vaccine against tuberculosis.
- "Vitamin A twice a year, among 12-35 month olds" is the percent of 12-35 month olds who received at least one dose of Vitamin A for every six months since their birth.
- "0-5 month olds weighed monthly" is the percent of 0-5 month olds who had been weighed at least once a month since birth.
- "0-23 month olds weighed monthly" is the percent of 0-23 month olds who had been weighed at least once a month since birth.
- "Pregnant women ever attend kelas ibu hamil" is the percent of mothers of 0-11 month olds who reported ever attending kelas ibu hamil during pregnancy.
- "Husband ever attend kelas ibu hamil" is the percent of caregivers of 0-11 month olds who attended kelas ibu hamil who attended with their husband at least once.
- "Caregiver ever attend kelas balita" is the percent of caregivers of 0-35 month olds who ever attended kelas balita.
- "Husband ever attend kelas balita" is the percent of caregivers of 0-35 month olds who attended kelas balita who attended with their husband at least once.

Notes: The indicators for postnatal visits, monthly weighing, Vitamin A receipt, and kelas ibu hamil and kelas balita attendance differ from the Generasi KPI indicators due to data limitations. The indicator for monthly weighing measures weighing monthly since birth whereas the KPI indicator measures weighing over the last three months. The indicators for kelas ibu hamil and kelas balita attendance (for both caregiver and husband) measures whether the respondent has ever attended whereas the KPI indicator measures monthly attendance.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 6.20 HOUSEHOLD, DESA HEAD PERCEPTIONS OF AND SATISFACTION WITH DESA SERVICES

	Sample size	Control mean	Treatment mean	Adjusted impact
Desa administration				
Health services in this desa are better compared to two years ago	784	78.7	76.4	-1.8
Health services in this desa are the same compared to two years ago	784	16.9	17.1	0.2
Health services in this desa are worse compared to two years ago	784	4.4	6.5	1.6
Satisfaction with health services in this desa (scale 1-4, lower=more satisfied)	784	2.1	2.1	0.0
Higher satisfaction with health services in this desa (those answering 1-2)	784	67.4	69.1	1.0
Lower satisfaction with health services in this desa (those answering 3-4)	784	32.6	30.9	-1.0
Household				
Health services in this desa are better compared to two years ago	8,806	58.6	57.3	-1.6
Health services in this desa are the same compared to two years ago	8,806	34.9	36.3	1.5
Health services in this desa are worse compared to two years ago	8,806	6.5	6.4	0.1
Satisfaction with health services in this desa (scale 1-4, lower=more satisfied)	9,120	1.6	1.6	0.0
Higher satisfaction with health services in this desa (those answering 1-2)	9,086	83.0	84.6	1.5
Lower satisfaction with health services in this desa (those answering 3-4)	9,086	17.0	15.4	-1.5
Administrative/government services in this desa are better compared to two years ago	8,688	54.4	53.9	-0.6
Administrative/government services in this desa are the same compared to two years ago	8,688	38.4	39.2	1.0
Administrative/government services in this desa are worse compared to two years ago	8,688	7.1	6.9	-0.4
Satisfaction with administrative/government services in this desa (scale 1-4, lower=more satisfied)	9,120	1.7	1.8	0.1**
Higher satisfaction with administrative/government services in this desa (those answering 1-2)	9,011	82.4	81.3	-0.8
Lower satisfaction with administrative/government services in this desa (those answering 3-4)	9,011	17.6	18.7	0.8

Source: Desa administration and household baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.21 TOPICS RELATED TO MATERNAL AND CHILD HEALTH DISCUSSED AT ANY GENERASI MEETINGS OR ACTIVITIES, AMONG GENERASI RECIPIENTS, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
Prenatal care	358	28.5
Delivery and postnatal care	358	25.7
Immunizations	358	7.5
Micronutrients	358	31.0

	Sample size	Mean
Vitamin A distribution	358	5.0
Sanitation	358	10.3
Education	358	48.3
Stunting	358	34.9
Supplementary feeding	358	28.2
Nutrition for pregnant women and young children	358	10.3
Children who are underweight	358	5.6
Health	358	93.6
Exclusive breastfeeding	358	1.7
Buying health equipment	358	1.4
Elder care	358	1.1
Generasi close-out	358	1.1
Parenting	358	0.8
Kelas ibu hamil	358	0.8
Other	358	5.6

Source: Desa administration endline survey

Note: Results reported in percent unless otherwise indicated

TABLE 6.22 TOPICS RELATED TO MATERNAL AND CHILD HEALTH DISCUSSED AT ANY GENERASI MEETINGS OR ACTIVITIES, AMONG GENERASI RECIPIENTS WHO ATTENDED MEETINGS AT WHICH HEALTH-RELATED TOPICS WERE DISCUSSED, AS REPORTED BY DESA ADMINISTRATION RESPONDENTS

	Sample size	Mean
Prenatal care	335	30.5
Delivery and postnatal care	335	27.5
Immunizations	335	8.1
Micronutrients	335	33.1
Vitamin A distribution	335	5.4
Stunting	335	37.3
Supplementary feeding	335	30.2
Nutrition for pregnant women and young children	335	11.0
Children who are underweight	335	6.0
Exclusive breastfeeding	335	1.2
Buying health equipment	335	1.2
Elder care	335	0.9
Generasi close-out	335	0.9
Parenting	335	0.9
Kelas ibu hamil	335	0.9

Source: Desa administration endline survey

Note: Results reported in percent

TABLE 6.23 COMMUNITY MEETINGS IN 2018, AS REPORTED BY DESA ADMINISTRATION, BIDAN, KADER POSYANDU

	Sample size	Control mean	Treatment mean	Adjusted impact
Desa administration				
Representative from the desa administration office attended a meeting related to the posyandu	784	42.0	48.3	7.1*
Representative from the desa administration office attended a meeting related to health in the RT/RW	784	17.6	19.9	2.7
Representative from the desa administration office attended a meeting related to the polindes, poskesdes, PKD, pustu	784	32.0	38.2	6.7*
Representative from the desa administration office attended a meeting related to the puskesmas	784	84.3	79.4	-4.5
Representative from the desa administration office attended a meeting related to health in the kecamatan	784	65.9	71.1	6.3*
Any of the meetings discussed how to identify children and pregnant women with poor nutrition or pregnant women who have high risk pregnancies, among desa administration representatives who attended meetings	721	88.2	86.9	-0.3
Any of the meetings discussed PMT, among desa administration representatives who attended meetings	721	89.1	93.9	4.4**
A stunting summit was held in the desa	774	8.0	12.2	5.7*
Bidan				
Attended a meeting related to the posyandu	783	28.5	35.4	7.3*
Attended a meeting related to health in the RT/RW	783	8.6	7.6	-1.5
Attended a meeting related to the polindes, poskesdes, PKD, pustu	783	28.8	23.6	-6.5*
Attended a meeting related to the puskesmas	783	96.3	96.2	0.2
Attended a meeting related to health in the kecamatan	783	53.9	61.3	8.7**
Any of the meetings discussed how to identify children and pregnant women with poor nutrition or pregnant women who have high risk pregnancies, among providers who attended meetings	752	94.0	94.5	0.7
Any of the meetings discussed PMT, among providers who attended meetings	752	88.3	91.0	2.0
Kader posyandu				
Attended a meeting related to the posyandu	1,960	29.1	35.9	5.2
Attended a meeting related to health in the RT/RW	1,960	10.1	12.9	2.3
Attended a meeting related to the polindes, poskesdes, PKD, pustu	1,960	25.3	30.8	4.8
Attended a meeting related to the puskesmas	1,960	61.5	62.6	0.6
Attended a meeting related to health in the kecamatan	1,960	35.3	47.3	11.9***
Any of the meetings discussed how to identify children and pregnant women with poor nutrition or pregnant women who have high risk pregnancies, among kader posyandu attended meetings	1,412	90.4	93.7	3.2
Any of the meetings discussed PMT, among kader posyandu who attended meetings	1,412	85.0	93.7	8.1***

Source: Desa administration, bidan, and kader posyandu endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.24 COMMUNITY MEETINGS IN 2018, AS REPORTED BY BIDAN COORDINATORS, NUTRITIONISTS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinators				
Provider attended a meeting related to the posyandu	242	36.4	39.3	1.7
Provider attended a meeting related to health in the RT/RW	242	12.9	14.6	1.2
Provider attended a meeting related to the polindes, poskesdes, PKD, pustu	242	22.9	21.6	-4.2
Provider attended a meeting related to the puskesmas	242	99.0	97.5	-1.5
Provider attended a meeting related to health in the kecamatan	242	83.9	89.1	5.3
Any of the meetings discussed how to identify children and pregnant women with poor nutrition or pregnant women who have high risk pregnancies, among providers who attended meetings	242	89.3	91.2	0.7
Any of the meetings discussed PMT, among providers who attended meetings	242	80.9	88.0	7.3
Nutritionists				
Provider attended a meeting related to the posyandu	242	37.9	34.5	-5.1
Provider attended a meeting related to health in the RT/RW	242	11.5	19.7	7.4
Provider attended a meeting related to the polindes, poskesdes, PKD, pustu	242	33.1	24.1	-6.7
Provider attended a meeting related to the puskesmas	242	96.8	98.5	1.9
Provider attended a meeting related to health in the kecamatan	242	84.1	86.3	3.8
Any of the meetings discussed how to identify children and pregnant women with poor nutrition or pregnant women who have high risk pregnancies, among providers who attended meetings	239	89.8	87.0	-3.6
Any of the meetings discussed PMT, among providers who attended meetings	239	86.6	82.9	-5.8

Source: Bidan coordinator and nutritionist endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.25 KABUPATEN-LEVEL HEALTH PLANNING

	Mean
There are local regulations that support the sustainability of social and basic health services in this kabupaten	66.7
There is a food and nutrition action plan in the kabupaten	78.6

Source: Kabupaten endline survey (N=22)

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.26 VILLAGE-LEVEL PROJECTS THAT TOOK PLACE IN EVALUATION KABUPATEN 2014-2017, AS REPORTED BY KABUPATEN RESPONDENTS

	Project took place 2014-17	Among kabupaten in which projects took place		
		Recipients were all kecamatan in the kabupaten	Source of funding was desa budget or BLM	Project still ongoing
Program/Bantuan Langsung Sementara masyarakat (BLSM)	28.6	0.0	0.0	0.0
Program Keluarga Harapan (PKH)	100.0	9.5	0.0	100.0
Rice for the Poor (RASKIN/RASTRA)	95.5	13.3	0.0	93.3
Market Operations for Rice	77.3	25.0	0.0	100.0
Bantuan Siswa Miskin (BSM)/Kartu Indonesia Pintar (KIP)	77.3	0.0	0.0	100.0
Kredit Usaha Rakyat (KUR)	59.1	n.a.	0.0	n.a.
PNPM Sosial	33.3	33.3	25.0	0.0
Non-Cash Food Assistance/Bantuan Pangan Non Tunai (BPNT)	9.1	0.0	0.0	100.0
Family Welfare Card/Kartu Keluarga Sejahtera (KKS)	77.3	0.0	0.0	100.0
Gerakan Sayang Ibu	61.9	37.5	12.5	25.0
Desa Siaga	95.2	7.7	15.4	84.6
PAMSIMAS	90.9	9.1	18.2	90.0
CLTS (Community Led Total Sanitation)	86.4	30.8	15.4	100.0
Triggering events at desa level	90.9	26.7	20.0	100.0
Other [we should name these]	35.0	0.0	0.0	100.0

Source: Kabupaten endline survey (N=22 kabupaten)

Note: Results reported in percent unless otherwise indicated. Respondents did not list any specific kecamatan as recipients of Kredit Usaha Rakyat, and respondents did not indicate whether or not Kredit Usaha Rakyat was ongoing in any kabupaten. n.a. = not applicable

TABLE 6.27 HOUSEHOLD RECEIPT OF SOCIAL PROGRAMS

	Received benefits last 6 months				Received benefits 7+ months ago			
	Sample size	Control mean	Treatment mean	Adjusted difference	Sample size	Control mean	Treatment mean	Adjusted difference
Program/Bantuan Langsung Sementara masyarakat, BLSM	9,120	0.9	0.9	0.0	9,120	6.7	7.2	0.8
Program Keluarga Harapan, PKH	9,120	9.0	9.0	0.4	9,120	1.7	1.6	-0.1
Rice for the Poor, RASTRA	9,120	26.6	29.9	2.3	9,120	27.7	28.0	0.8
Market Operations for Rice	9,120	2.0	1.9	0.0	9,120	3.0	3.1	0.3
Bantuan Siswa Miskin, BSM/Kartu Indonesia Pintar, KIP	9,120	5.4	5.6	0.1	9,120	8.3	7.7	-0.9
Kredit Usaha Rakyat, KUR	9,120	2.9	3.3	-0.1	9,120	4.7	3.6	-1.1*

	Received benefits last 6 months				Received benefits 7+ months ago			
	Sample size	Control mean	Treatment mean	Adjusted difference	Sample size	Control mean	Treatment mean	Adjusted difference
PNPM Sosial	9,120	1.9	1.8	-0.2	9,120	3.6	4.8	0.9
Non-Cash Food Assistance/Bantuan Pangan Non Tunai, BPNT	9,120	0.0	0.2	0.1*	9,120	0.5	0.4	-0.1
Family Welfare Card/Kartu Keluarga Sejahtera, KKS	9,120	1.7	2.2	0.5	9,120	2.3	2.3	-0.1
Gerakan Sayang Ibu	9,120	0.6	0.6	0.1	9,120	1.4	1.7	0.5*
Desa Siaga	9,120	0.7	0.5	-0.2	9,120	1.1	1.3	0.2
PAMSIMAS	9,120	3.6	4.6	0.9	9,120	2.0	1.8	-0.1
STBM/CLTS	9,120	1.3	0.9	-0.2	9,120	1.6	1.3	-0.3
Other	9,120	1.6	1.6	-0.2	9,120	1.6	2.3	0.3

Source: Household endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 6.28 TOTAL SPENDING BY PROVINCE (2018)

Province	Funding (USD)	Funding (Rp)
Gorontalo	\$3,813,342	53,709,047,100
Jawa Barat	\$7,764,195	109,354,862,681
Jawa Timur	\$4,295,202	60,495,799,273
Kalimantan Barat	\$8,444,861	118,941,710,535
Kalimantan Tengah	\$6,965,617	98,107,276,747
Maluku	\$3,552,671	50,037,623,029
Nusa Tenggara Barat	\$7,961,186	112,129,376,931
Nusa Tenggara Timur	\$6,303,963	88,788,208,162
Sulawesi Barat	\$1,814,178	25,551,796,373
Sulawesi Utara	\$2,399,687	33,798,409,914
Sumatera Selatan	\$3,937,039	55,451,246,573
Total	\$57,251,940	806,365,357,318

Source: APBDesa data 2018

Sample size : 471 kecamatan and 5,262 desa

TABLE 6.29 AVERAGE DESA-LEVEL SPENDING BY PROVINCE (2018)

Province	Number of desa	Average desa-level funding (USD)	Average desa-level funding (Rp)
Gorontalo	258	\$14,780	208,174,601
Jawa Barat	809	\$9,597	135,172,883
Jawa Timur	571	\$7,522	105,947,109
Kalimantan Barat	731	\$11,552	162,710,958

Province	Number of desa	Average desa-level funding (USD)	Average desa-level funding (Rp)
Kalimantan Tengah	545	\$12,781	180,013,352
Maluku	303	\$11,725	165,140,670
Nusa Tenggara Barat	545	\$14,608	205,741,976
Nusa Tenggara Timur	569	\$11,079	156,042,545
Sulawesi Barat	185	\$9,806	138,117,818
Sulawesi Utara	267	\$8,988	126,585,805
Sumatera Selatan	479	\$8,219	115,764,607
Total	5,262	\$10,880	153,243,131

Source: APBDesa data 2018

Sample size: 471 kecamatan and 5,262 desa

TABLE 6.29 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND PROVINCE

	Gorontalo	JaBar	JaTim	KalBar	KalTeng	Maluku	NTB	NTT	SulBar	SulUt	SumSel	Average
Educational toys for PAUD	\$3,239 (45,619,157)	\$866 (12,203,757)	\$619 (8,719,668)	\$1,075 (15,140,137)	\$1,080 (15,217,532)	\$1,267 (17,851,794)	\$867 (12,209,736)	\$1,212 (17,064,269)	\$1,823 (25,671,022)	\$1,170 (16,474,044)	\$1,636 (23,043,415)	\$1,167 (16,439,625)
Incentives for contract bidan	\$1,427 (20,094,286)	\$442 (6,220,000)	\$379 (5,337,273)	\$207 (2,915,000)	\$952 (13,413,333)	\$325 (4,573,125)	\$607 (8,554,263)	\$943 (13,287,977)	\$489 (6,886,364)	\$2,228 (31,375,000)	\$0 (0)	\$749 (10,547,675)
Incentives for kader posyandu	\$994 (14,003,483)	\$1,318 (18,557,639)	\$1,005 (14,151,633)	\$691 (9,731,204)	\$903 (12,713,877)	\$1,689 (23,792,092)	\$2,333 (32,864,952)	\$1,440 (20,288,556)	\$1,284 (18,081,025)	\$778 (10,953,376)	\$788 (11,099,165)	\$1,295 (18,241,738)
Incentives for PAUD teachers	\$1,315 (18,519,807)	\$750 (10,567,994)	\$1,031 (14,524,192)	\$1,144 (16,112,567)	\$1,262 (17,771,598)	\$1,455 (20,489,778)	\$6,594 (92,871,995)	\$1,046 (14,735,021)	\$1,111 (15,641,839)	\$1,258 (17,712,786)	\$1,166 (16,419,342)	\$1,527 (21,513,908)
Medical devices for posyandu	\$931 (13,106,720)	\$1,154 (16,246,579)	\$491 (6,914,066)	\$2,613 (36,807,349)	\$888 (12,505,896)	\$368 (5,182,155)	\$1,195 (16,828,343)	\$460 (6,482,074)	\$668 (9,403,745)	\$984 (13,855,537)	\$4,096 (57,692,633)	\$1,116 (15,722,748)
Nutrition counseling for pregnant women and parents of young children	\$451 (6,350,000)	\$643 (9,058,578)	\$346 (4,867,648)	\$1,722 (24,250,032)	\$627 (8,836,538)	\$218 (3,064,762)	\$682 (9,606,429)	\$1,093 (15,397,259)	\$405 (5,698,571)	\$0 (0)	\$0 (0)	\$778 (10,961,483)
PMT for bawah garis merah/ children below the red line	\$1,212 (17,063,898)	\$655 (9,222,891)	\$646 (9,091,636)	\$745 (10,487,598)	\$1,607 (22,632,018)	\$235 (3,309,222)	\$831 (11,702,258)	\$861 (12,131,926)	\$510 (7,186,947)	\$757 (10,667,944)	\$0 (0)	\$818 (11,524,812)
PMT pregnant women	\$1,161 (16,354,298)	\$448 (6,308,657)	\$377 (5,313,367)	\$1,150 (16,195,886)	\$864 (12,174,445)	\$575 (8,093,912)	\$829 (11,680,999)	\$567 (7,988,462)	\$274 (3,865,455)	\$1,565 (22,048,319)	\$406 (5,720,058)	\$771 (10,860,427)
PMT recovery	\$965 (13,585,627)	\$1,179 (16,602,310)	\$1,462 (20,587,623)	\$854 (12,032,106)	\$1,122 (15,804,713)	\$870 (12,259,391)	\$1,241 (17,482,365)	\$845 (11,904,232)	\$876 (12,337,513)	\$634 (8,935,047)	881(12,403,882)	\$1,114 (15,694,391)
Rehabilitation for PAUD	\$7,481 (105,363,704)	\$4,843 (68,211,803)	\$5,353 (75,391,516)	\$7,615 (107,252,613)	\$6,897 (97,142,359)	\$8,083 (113,845,818)	\$5,427 (76,441,155)	\$10,485 (147,678,903)	\$6,870 (96,753,791)	\$8,996 (126,700,715)	\$11,908 (167,717,034)	\$7,155 (100,781,461)
Rehabilitation for poskesdes/polindes	\$2,332 (32,847,689)	\$4,374 (61,602,179)	\$4,944 (69,634,635)	\$4,848 (68,281,221)	\$8,712 (122,706,260)	\$6,269 (88,290,406)	\$3,327 (46,862,489)	\$4,592 (64,681,572)	\$3,928 (55,317,188)	\$5,432 (76,507,791)	\$6,738 (94,907,235)	\$4,385 (61,757,606)
Rehabilitation for posyandu	\$2,457 (34,607,375)	\$4,059 (57,172,355)	\$4,520 (63,657,689)	\$5,925 (83,451,758)	\$8,559 (120,546,864)	\$6,805 (95,844,538)	\$5,865 (82,610,892)	\$9,183 (129,336,152)	\$4,605 (64,866,019)	\$8,912 (125,520,264)	\$10,963 (154,404,189)	\$6,054 (85,262,537)

	Gorontalo	JaBar	JaTim	KalBar	KalTeng	Maluku	NTB	NTT	SulBar	SulUt	SumSel	Average
Rehabilitat- ion of public toilets	\$5,299 (74,638,403)	\$3,105 (43,729,352)	\$1,957 (27,565,662)	\$4,584 (64,564,231)	\$11,471 (161,569,764)	\$7,312 (102,986,673)	\$3,407 (47,990,780)	\$6,550 (92,256,871)	\$5,384 (75,827,798)	\$5,615 (79,078,081)	\$7,786 (109,655,714)	\$5,283 (74,415,348)
Rehabilitat- ion of water sources	\$6,650 (93,665,846)	\$5,465 (76,973,292)	\$6,571 (92,552,139)	\$6,965 (98,099,455)	\$9,792 (137,921,467)	\$3,586 (50,510,841)	\$5,604 (78,926,045)	\$7,354 (103,580,260)	\$4,800 (67,604,956)	\$6,976 (98,253,853)	\$8,372 (117,916,959)	\$6,770 (95,345,159)
Training for health workers	\$673 (9,472,548)	\$1,005 (14,161,795)	\$502 (7,064,860)	\$896 (12,613,514)	\$1,290 (18,171,523)	\$485 (6,826,513)	\$906 (12,760,337)	\$742 (10,450,528)	\$609 (8,580,932)	\$604 (8,513,872)	\$842 (11,862,171)	\$822 (11,570,944)
Training for PAUD teachers	\$1,166 (16,415,832)	\$604 (8,505,296)	\$695 (9,793,706)	\$799 (11,255,889)	\$1,356 (19,102,292)	\$168 (2,361,053)	\$542 (7,627,379)	\$1,031 (14,519,739)	\$800 (11,268,275)	\$774 (10,895,680)	\$455 (6,407,500)	\$755 (10,627,107)
Transportat- ion for health workers	\$672 (9,470,250)	\$692 (9,743,215)	\$293 (4,124,758)	\$502 (7,075,000)	\$1,664 (23,431,053)	\$626 (8,819,672)	\$444 (6,253,108)	\$1,082 (15,238,586)	\$460 (6,478,846)	\$776 (10,933,333)	\$440 (6,200,000)	\$680 (9,572,365)
Transportat- ion for pregnant women	\$366 (5,152,108)	\$442 (6,219,275)	\$174 (2,448,265)	\$493 (6,945,000)	\$572 (8,052,048)	\$366 (5,158,667)	\$371 (5,231,409)	\$431 (6,071,664)	\$266 (3,740,000)	\$235 (3,313,161)	\$1,676 (23,605,315)	\$391 (5,506,004)
Other health spending	\$8,770 (123,524,081)	\$4,285 (60,348,104)	\$2,077 (29,254,357)	\$3,947 (55,586,100)	\$4,432 (62,427,127)	\$11,789 (166,048,569)	\$3,991 (56,214,188)	\$3,955 (55,708,397)	\$2,415 (34,018,432)	\$2,269 (31,963,494)	\$4,023 (56,657,848)	\$4,322 (60,872,908)

Source: APBDesa data 2018

Sample size: 471 kecamatan and 5,262 desa

TABLE 6.29A AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND PROVINCE (TREATMENT AREAS ONLY)

	Kalimantan Barat (USD)	Kalimantan Barat (Rp)	Kalimantan Tengah (USD)	Kalimantan Tengah (Rp)	Sumatra Selatan (USD)	Sumatra Selatan (Rp)	Average (USD)	Average (Rp)
Educational toys for PAUD	\$978	13,781,502	\$1,147	16,158,685	\$1,986	27,973,360	\$1,166	16,420,400
Incentives for contract bidan	\$207	2,915,000	\$1,392	19,600,000	\$0	0	\$530	7,465,455
Incentives for kader posyandu	\$704	9,913,095	\$835	11,767,363	\$779	10,966,827	\$773	10,890,114
Incentives for PAUD teachers	\$1,215	17,115,254	\$1,334	18,786,892	\$1,057	14,883,403	\$1,218	17,155,867
Medical devices for posyandu	\$2,215	31,194,009	\$781	10,997,135	\$4,658	65,604,670	\$2,016	28,400,086
Nutrition counseling for pregnant women and parents of young children	\$1,305	18,380,085	\$661	9,315,909	\$0	0	\$1,213	17,085,203
PMT for bawah garis merah/ children below the red line	\$793	11,163,143	\$2,107	29,674,459	\$0	0	\$1,367	19,248,545
PMT pregnant women	\$1,365	19,221,413	\$997	14,037,793	\$402	5,660,915	\$920	12,960,393
PMT recovery	\$886	12,481,875	\$1,098	15,467,899	\$1,046	14,732,557	\$994	13,993,742
Rehabilitation for PAUD	\$7,811	110,015,823	\$6,285	88,522,124	\$10,761	151,562,593	\$7,731	108,891,744
Rehabilitation for poskesdes/polindes	\$4,430	62,400,419	\$8,056	113,464,113	\$6,364	89,633,133	\$5,215	73,454,029
Rehabilitation for posyandu	\$6,268	88,282,027	\$8,051	113,392,935	\$11,325	159,500,903	\$7,313	103,003,249
Rehabilitation of public toilets	\$4,515	63,588,549	\$13,040	183,662,538	\$8,487	119,530,641	\$8,003	112,717,045
Rehabilitation of water sources	\$6,807	95,871,938	\$9,767	137,556,488	\$8,311	117,062,798	\$8,229	115,895,535
Training for health workers	\$943	13,277,937	\$1,358	19,120,752	\$759	10,688,781	\$966	13,607,572
Training for PAUD teachers	\$698	9,824,775	\$1,531	21,559,453	\$455	6,407,500	\$905	12,749,652
Transportation for health workers	\$509	7,165,000	\$817	11,505,000	\$28	400,000	\$587	8,266,939
Transportation for pregnant women	\$487	6,857,292	\$535	7,536,250	\$0	0	\$506	7,128,875
Other health spending	\$4,539	63,932,230	\$4,776	67,264,842	\$4,148	58,418,694	\$4,537	63,908,219

Source: APBDesa data 2018

Sample size: 91 kecamatan and 1,249 desa

TABLE 6.30 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (ALL PROVINCES)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$1,462 (20,594,821)	\$447 (6,301,792)	\$311 (4,381,477)	\$333 (4,685,263)	\$343 (4,835,284)	\$271 (3,811,273)	\$1,167 (16,439,625)
Incentives for kader posyandu	\$888 (12,513,543)	\$1,199 (16,887,698)	\$787 (11,082,538)	\$807 (11,368,961)	\$656 (9,233,211)	\$670 (9,430,227)	\$217 (3,056,321)	\$266 (3,753,520)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$579 (8,155,819)	\$450 (6,334,545)	\$603 (8,492,837)	\$691 (9,739,114)	\$162 (2,282,414)	\$210 (2,957,843)	\$1,527 (21,513,908)
Nutrition counseling for pregnant women and parents of young children	\$238 (3,353,462)	\$854 (12,027,428)	\$609 (8,572,582)	\$493 (6,944,503)	\$506 (7,130,301)	\$613 (8,636,105)	\$317 (4,468,808)	\$376 (5,294,495)	\$778 (10,961,483)
PMT	\$3,456 (48,681,191)	\$3,719 (52,386,105)	\$2,042 (28,760,153)	\$2,168 (30,538,623)	\$1,834 (25,829,116)	\$1,840 (25,921,033)	\$943 (13,280,693)	\$1,099 (15,482,920)	\$1,330 (18,732,425)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$9,650 (135,909,667)	\$944 (13,292,000)	\$551 (7,755,000)	\$0 (0)	\$322 (4,532,000)	\$256 (3,603,667)	\$7,155 (100,781,461)
Rehabilitation for poskesdes/polindes	\$5,482 (77,208,500)	\$7,158 (100,814,070)	\$5,364 (75,553,564)	\$2,261 (31,843,725)	\$799 (11,257,333)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,385 (61,757,606)
Rehabilitation for posyandu	\$4,115 (57,956,919)	\$4,628 (65,185,522)	\$4,319 (60,825,215)	\$4,819 (67,875,485)	\$846 (11,911,588)	\$43 (600,000)	\$588 (8,285,000)	\$806 (11,355,000)	\$6,054 (85,262,537)
Rehabilitation for public toilets	\$1,055 (14,852,500)	\$1,497 (21,080,850)	\$1,173 (16,527,127)	\$849 (11,955,975)	\$629 (8,862,226)	\$460 (6,481,218)	\$467 (6,572,873)	\$379 (5,336,057)	\$5,283 (74,415,348)
Training for health workers	\$474 (6,672,998)	\$779 (10,968,748)	\$506 (7,130,665)	\$558 (7,856,219)	\$534 (7,514,596)	\$612 (8,619,232)	\$373 (5,247,789)	\$295 (4,159,973)	\$822 (11,570,944)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$220 (3,092,549)	\$63 (883,419)	\$533 (7,500,625)	\$109 (1,540,021)	\$183 (2,573,341)	\$186 (2,616,761)	\$755 (10,627,107)
Transportation for health workers	\$684 (9,634,353)	\$661 (9,308,402)	\$531 (7,479,188)	\$539 (7,590,859)	\$485 (6,834,054)	\$531 (7,485,420)	233 (3,288,367)	\$326 (4,588,055)	\$680 (9,572,365)
Transportation for pregnant women	\$838 (11,808,463)	\$464 (6,532,133)	\$332 (4,682,557)	\$360 (5,068,156)	\$332 (4,675,280)	\$388 (5,470,737)	317 (4,461,034)	\$394 (5,555,295)	\$391 (5,506,004)

Source: APBDesa data 2018

Sample size: 511 kecamatan and 6,204 desa

TABLE 6.30.1 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (GORONTALO)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$985 (13,866,436)	\$317 (4,462,850)	\$336 (4,725,833)	\$249 (3,505,000)	\$126 (1,781,397)	\$0 (0)	\$3,239 (45,619,157)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$468 (6,586,471)	\$542 (7,639,141)	\$338 (4,767,159)	\$262 (3,692,632)	\$111 (1,560,714)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$566 (7,975,000)	\$493 (6,950,000)	\$426 (6,000,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,315 (18,519,807)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$134 (1,882,750)	\$151 (2,126,933)	\$190 (2,680,864)	\$292 (4,113,600)	\$328 (4,625,467)	\$0 (0)	\$451 (6,350,000)
PMT	\$0 (0)	\$0 (0)	\$1,511 (21,287,077)	\$1,815 (25,557,096)	\$1,351 (19,025,504)	\$1,314 (18,502,341)	\$459 (6,463,899)	\$0 (0)	\$1,652 (23,264,346)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$944 (13,292,000)	\$551 (7,755,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$7,481 (105,363,704)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$1,882 (26,503,550)	\$128 (1,800,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$2,332 (32,847,689)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$3,148 (44,334,800)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$2,457 (34,607,375)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$394 (5,547,750)	\$0 (0)	\$0 (0)	\$5,299 (74,638,403)
Training for health workers	\$0 (0)	\$0 (0)	\$567 (7,979,521)	\$299 (4,216,778)	\$294 (4,136,051)	\$487 (6,858,642)	\$287 (4,039,481)	\$0 (0)	\$673 (9,472,548)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$162 (2,277,567)	\$55 (781,571)	\$262 (3,690,000)	\$62 (869,917)	\$0 (0)	\$0 (0)	\$1,166 (16,415,832)
Transportation for health workers	\$0 (0)	\$0 (0)	\$303 (4,266,544)	\$444 (6,253,648)	\$507 (7,142,604)	\$520 (7,317,460)	\$115 (1,623,681)	\$0 (0)	\$672 (9,470,250)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$155 (2,182,079)	\$242 (3,403,748)	\$170 (2,397,117)	\$176 (2,482,154)	\$104 (1,459,690)	\$0 (0)	\$366 (5,152,108)

Source: APBDesa data 2018

Sample size: 27 kecamatan and 289 desa

TABLE 6.30.2 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (JAWA BARAT)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$285 (4,016,725)	\$434 (6,116,528)	\$0 (0)	\$866 (12,203,757)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$692 (9,739,579)	\$855 (12,037,141)	\$881 (12,405,717)	\$865 (12,182,380)	\$123 (1,727,860)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$123 (1,733,929)	\$0 (0)	\$750 (10,567,994)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$1,657 (23,336,429)	\$294 (4,143,000)	\$606 (8,541,200)	\$604 (8,512,797)	\$287 (4,043,875)	\$0 (0)	\$643 (9,058,578)
PMT	\$0 (0)	\$0 (0)	\$1,786 (25,154,311)	\$1,717 (24,180,140)	\$1,466 (20,652,791)	\$1,493 (21,028,794)	\$699 (9,842,521)	\$0 (0)	\$1,309 (18,438,194)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,843 (68,211,803)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$2,842 (40,029,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,374 (61,602,179)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$2,393 (33,700,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,059 (57,172,355)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$995 (14,013,490)	\$1,001 (14,101,825)	\$784 (11,040,750)	\$400 (5,639,500)	\$146 (2,057,500)	\$0 (0)	\$3,105 (43,729,352)
Training for health workers	\$0 (0)	\$0 (0)	\$537 (7,563,106)	\$650 (9,152,234)	\$663 (9,342,238)	\$660 (9,297,988)	\$445 (6,270,286)	\$0 (0)	\$1,005 (14,161,795)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,022 (14,400,000)	\$252 (3,550,333)	\$325 (4,570,556)	\$0 (0)	\$604 (8,505,296)
Transportation for health workers	\$0 (0)	\$0 (0)	\$487 (6,861,609)	\$536 (7,548,594)	\$543 (7,647,007)	\$638 (8,982,740)	\$159 (2,244,988)	\$0 (0)	\$692 (9,743,215)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$362 (5,093,516)	\$348 (4,896,429)	\$324 (4,568,725)	\$398 (5,599,807)	\$157 (2,218,042)	\$0 (0)	\$442 (6,219,275)

Source: APBDesa data 2018

Sample size: 86 kecamatan and 891 desa

TABLE 6.30.3 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (JAWA TIMUR)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$676 (9,516,000)	\$0 (0)	\$193 (2,720,458)	\$470 (6,620,000)	\$0 (0)	\$619 (8,719,668)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$302 (4,259,869)	\$414 (5,835,913)	\$489 (6,885,667)	\$492 (6,925,871)	\$111 (1,565,207)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,031 (14,524,192)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$327 (4,605,483)	\$292 (4,115,260)	\$514 (7,233,367)	\$132 (1,861,231)	\$0 (0)	\$0 (0)	\$346 (4,867,648)
PMT	\$0 (0)	\$0 (0)	\$1,714 (24,133,899)	\$1,755 (24,724,873)	\$2,045 (28,806,831)	\$1,969 (27,737,187)	\$394 (5,543,019)	\$0 (0)	\$1,809 (25,478,839)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$5,353 (75,391,516)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,944 (69,634,635)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,520 (63,657,689)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$674 (9,492,680)	\$252 (3,553,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,957 (27,565,662)
Training for health workers	\$0 (0)	\$0 (0)	\$142 (2,001,899)	\$161 (2,268,207)	\$310 (4,369,639)	\$414 (5,834,202)	\$157 (2,209,203)	\$0 (0)	\$502 (7,064,860)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$695 (9,793,706)
Transportation for health workers	\$0 (0)	\$0 (0)	\$386 (5,440,481)	\$411 (5,783,094)	\$379 (5,341,096)	\$417 (5,872,636)	\$85 (1,195,488)	\$0 (0)	\$293 (4,124,758)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$147 (2,073,131)	\$137 (1,929,875)	\$152 (2,135,421)	\$186 (2,625,096)	\$50 (705,923)	\$0 (0)	\$174 (2,448,265)

Source: APBDesa data 2018

Sample size: 51 kecamatan and 655 desa

TABLE 6.30.4 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (KALIMANTAN BARAT)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$523 (7,366,719)	\$269 (3,788,987)	\$1,075 (15,140,137)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$488 (6,876,300)	\$533 (7,512,338)	\$333 (4,692,268)	\$334 (4,705,187)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$170 (2,400,000)	\$250 (3,526,522)	\$1,144 (16,112,567)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$441 (6,215,578)	\$1,722 (24,250,032)
PMT	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$2,019 (28,434,641)	\$1,970 (27,741,338)	\$1,707 (24,043,953)	\$1,239 (17,454,905)	\$1,110 (15,629,440)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$380 (5,355,429)	\$256 (3,603,667)	\$7,615 (107,252,613)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,848 (68,281,221)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$5,925 (83,451,758)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$251 (3,540,000)	\$0 (0)	\$1,003 (14,124,500)	\$275 (3,875,133)	\$4,584 (64,564,231)
Training for health workers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$439 (6,183,937)	\$413 (5,820,833)	\$501 (7,052,579)	\$345 (4,855,417)	\$896 (12,613,514)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$83 (1,167,500)	\$228 (3,212,084)	\$799 (11,255,889)
Transportation for health workers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$476 (6,701,203)	\$527 (7,425,476)	\$312 (4,394,497)	\$403 (5,682,703)	\$502 (7,075,000)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$419 (5,899,923)	\$512 (7,217,132)	\$516 (7,267,271)	\$332 (4,676,050)	\$493 (6,945,000)

Source: APBDesa data 2018

Sample size: 55 kecamatan and 768 desa

TABLE 6.30.5 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (KALIMANTAN TENGAH)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$295 (4,155,333)	\$238 (3,351,063)	\$276 (3,887,659)	\$235 (3,313,519)	\$1,080 (15,217,532)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$227 (3,194,800)	\$272 (3,824,307)	\$195 (2,748,683)	\$222 (3,126,271)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$76 (1,076,667)	\$155 (2,180,319)	\$207 (2,914,226)	\$1,262 (17,771,598)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$365 (5,141,154)	\$802 (11,296,543)	\$326 (4,595,546)	\$272 (3,835,924)	\$627 (8,836,538)
PMT	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,554 (21,892,781)	\$1,634 (23,014,328)	\$1,212 (17,072,104)	\$1,111 (15,645,577)	\$1,324 (18,652,939)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$117 (1,650,000)	\$0 (0)	\$6,897 (97,142,359)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$8,712 (122,706,260)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$33 (462,675)	\$0 (0)	\$0 (0)	\$806 (11,355,000)	\$8,559 (120,546,864)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$320 (4,500,000)	\$229 (3,226,333)	\$511 (7,202,833)	\$534 (7,516,667)	\$11,471 (161,569,764)
Training for health workers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$648 (9,121,123)	\$566 (7,976,636)	\$314 (4,416,063)	\$268 (3,774,868)	\$1,290 (18,171,523)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$151 (2,128,547)	\$93 (1,307,050)	\$1,356 (19,102,292)
Transportation for health workers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$265 (3,735,684)	\$307 (4,321,586)	\$176 (2,479,392)	\$297 (4,182,607)	\$1,664 (23,431,053)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$427 (6,020,763)	\$465 (6,544,371)	\$393 (5,532,961)	\$450 (6,344,879)	\$572 (8,052,048)

Source: APBDesa data 2018

Sample size: 47 kecamatan and 631 desa

TABLE 6.30.6 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (MALUKU)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$197 (2,775,158)	\$0 (0)	\$1,267 (17,851,794)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$881 (12,414,516)	\$843 (11,870,130)	\$685 (9,651,960)	\$537 (7,557,451)	\$133 (1,868,857)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,455 (20,489,778)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$174 (2,450,000)	\$274 (3,854,261)	\$0 (0)	\$521 (7,337,500)	\$335 (4,717,610)	\$0 (0)	\$218 (3,064,762)
PMT	\$0 (0)	\$0 (0)	\$1,930 (27,186,886)	\$2,737 (38,546,914)	\$1,939 (27,307,911)	\$1,593 (22,434,133)	\$566 (7,976,281)	\$0 (0)	\$949 (13,361,673)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$8,083 (113,845,818)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$6,269 (88,290,406)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$6,805 (95,844,538)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$439 (6,180,000)	\$80 (1,133,100)	\$234 (3,291,067)	\$351 (4,949,500)	\$0 (0)	\$0 (0)	\$7,312 (102,986,673)
Training for health workers	\$0 (0)	\$0 (0)	\$280 (3,946,048)	\$992 (13,967,026)	\$171 (2,406,991)	\$172 (2,419,658)	\$123 (1,732,000)	\$0 (0)	\$485 (6,826,513)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$168 (2,361,053)
Transportation for health workers	\$0 (0)	\$0 (0)	\$546 (7,687,036)	\$328 (4,625,280)	\$355 (5,005,714)	\$274 (3,859,030)	\$312 (4,400,000)	\$0 (0)	\$626 (8,819,672)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$452 (6,371,491)	\$543 (7,641,844)	\$402 (5,655,935)	\$490 (6,904,798)	\$239 (3,361,426)	\$0 (0)	\$366 (5,158,667)

Source: APBDesa data 2018

Sample size: 24 kecamatan and 349 desa

TABLE 6.30.7 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (NUSA TENGGARA BARAT)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$2,025 (28,523,953)	\$700 (9,863,125)	\$604 (8,510,062)	\$483 (6,808,212)	\$0 (0)	\$0 (0)	\$867 (12,209,736)
Incentives for kader posyandu	\$888 (12,513,543)	\$1,199 (16,887,698)	\$1,196 (16,839,856)	\$1,009 (14,212,489)	\$1,072 (15,094,234)	\$995 (14,020,153)	\$0 (0)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$617 (8,693,529)	\$458 (6,447,500)	\$622 (8,764,264)	\$736 (10,372,951)	\$0 (0)	\$0 (0)	\$6,594 (92,871,995)
Nutrition counseling for pregnant women and parents of young children	\$238 (3,353,462)	\$854 (12,027,428)	\$811 (11,419,223)	\$623 (8,781,239)	\$673 (9,472,722)	\$843 (11,871,211)	\$727 (10,241,400)	\$0 (0)	\$682 (9,606,429)
PMT	\$3,456 (48,681,191)	\$3,719 (52,386,105)	\$3,502 (49,329,233)	\$2,777 (39,117,919)	\$3,114 (43,853,723)	\$3,332 (46,926,848)	\$1,188 (16,728,591)	\$0 (0)	\$1,577 (22,206,237)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$9,650 (135,909,667)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$5,427 (76,441,155)
Rehabilitation for poskesdes/polindes	\$5,482 (77,208,500)	\$7,158 (100,814,070)	\$5,828 (82,084,547)	\$2,640 (37,183,900)	\$2,142 (30,172,000)	\$0 (0)	\$0 (0)	\$0 (0)	\$3,327 (46,862,489)
Rehabilitation for posyandu	\$4,115 (57,956,919)	\$4,628 (65,185,522)	\$4,356 (61,357,082)	\$4,958 (69,837,208)	\$1,659 (23,360,500)	\$0 (0)	\$0 (0)	\$0 (0)	\$5,865 (82,610,892)
Rehabilitation for public toilets	\$1,055 (14,852,500)	\$1,497 (21,080,850)	\$1,772 (24,952,989)	\$1,607 (22,640,571)	\$560 (7,893,667)	\$948 (13,351,650)	\$0 (0)	\$0 (0)	\$3,407 (47,990,780)
Training for health workers	\$474 (6,672,998)	\$779 (10,968,748)	\$654 (9,215,788)	\$777 (10,943,521)	\$759 (10,689,806)	\$1,241 (17,480,745)	\$577 (8,129,374)	\$0 (0)	\$906 (12,760,337)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$256 (3,610,728)	\$78 (1,097,300)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$542 (7,627,379)
Transportation for health workers	\$684 (9,634,353)	\$661 (9,308,402)	\$896 (12,626,357)	\$699 (9,849,301)	\$836 (11,777,876)	\$852 (11,993,994)	\$0 (0)	\$0 (0)	\$444 (6,253,108)
Transportation for pregnant women	\$838 (11,808,463)	\$464 (6,532,133)	\$354 (4,989,986)	\$349 (4,911,659)	\$305 (4,302,675)	\$284 (3,995,226)	\$54 (765,000)	\$0 (0)	\$371 (5,231,409)

Source: APBDesa data 2018

Sample size: 65 kecamatan and 651 desa

TABLE 6.30.8 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (NUSA TENGGARA TIMUR)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$566 (7,969,300)	\$285 (4,020,000)	\$464 (6,535,056)	\$0 (0)	\$191 (2,690,055)	\$0 (0)	\$1,212 (17,064,269)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$709 (9,988,206)	\$676 (9,526,535)	\$405 (5,703,388)	\$530 (7,462,583)	\$218 (3,072,630)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$267 (3,766,100)	\$298 (4,200,000)	\$298 (4,200,000)	\$0 (0)	\$156 (2,195,368)	\$0 (0)	\$1,046 (14,735,021)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$324 (4,562,536)	\$388 (5,458,945)	\$312 (4,397,809)	\$0 (0)	\$144 (2,023,152)	\$0 (0)	\$1,093 (15,397,259)
PMT	\$0 (0)	\$0 (0)	\$1,992 (28,058,913)	\$1,938 (27,295,494)	\$1,546 (21,770,158)	\$1,430 (20,136,008)	\$287 (4,044,047)	\$0 (0)	\$977 (13,757,338)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$10,485 (147,678,903)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$467 (6,582,400)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$4,592 (64,681,572)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$9,183 (129,336,152)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$1,279 (18,011,767)	\$392 (5,525,039)	\$1,126 (15,852,710)	\$254 (3,579,500)	\$73 (1,033,317)	\$0 (0)	\$6,550 (92,256,871)
Training for health workers	\$0 (0)	\$0 (0)	\$582 (8,200,402)	\$555 (7,819,309)	\$594 (8,365,308)	\$345 (4,861,542)	\$332 (4,674,700)	\$0 (0)	\$742 (10,450,528)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$399 (5,614,150)	\$0 (0)	\$423 (5,956,250)	\$0 (0)	\$117 (1,643,500)	\$0 (0)	\$1,031 (14,519,739)
Transportation for health workers	\$0 (0)	\$0 (0)	\$653 (9,199,408)	\$582 (8,200,513)	\$631 (8,882,090)	\$596 (8,397,113)	\$174 (2,453,403)	\$0 (0)	\$1,082 (15,238,586)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$391 (5,505,914)	\$401 (5,644,255)	\$390 (5,486,098)	\$417 (5,878,026)	\$172 (2,424,132)	\$0 (0)	\$431 (6,071,664)

Source: APBDesa data 2018

Sample size: 78 kecamatan and 912 desa

TABLE 6.30.9 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (SULAWESI BARAT)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,823 (25,671,022)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$811 (11,429,519)	\$979 (13,785,133)	\$897 (12,635,812)	\$1,050 (14,794,283)	\$274 (3,858,645)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,111 (15,641,839)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$405 (5,698,571)
PMT	\$0 (0)	\$0 (0)	\$1,745 (24,571,195)	\$2,613 (36,803,276)	\$2,207 (31,080,678)	\$1,737 (24,466,192)	\$449 (6,321,467)	\$0 (0)	\$754 (10,621,271)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$6,870 (96,753,791)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$3,928 (55,317,188)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$43 (600,000)	\$0 (0)	\$0 (0)	\$4,605 (64,866,019)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$0 (0)	\$948 (13,356,852)	\$374 (5,271,500)	\$615 (8,668,571)	\$0 (0)	\$0 (0)	\$5,384 (75,827,798)
Training for health workers	\$0 (0)	\$0 (0)	\$475 (6,689,231)	\$437 (6,156,671)	\$431 (6,073,062)	\$535 (7,539,809)	\$351 (4,948,151)	\$0 (0)	\$609 (8,580,932)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$800 (11,268,275)
Transportation for health workers	\$0 (0)	\$0 (0)	\$849 (11,952,595)	\$1,083 (15,247,407)	\$621 (8,747,259)	\$832 (11,724,338)	\$325 (4,573,571)	\$0 (0)	\$460 (6,478,846)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$384 (5,403,051)	\$332 (4,679,708)	\$249 (3,506,324)	\$264 (3,723,859)	\$135 (1,904,893)	\$0 (0)	\$266 (3,740,000)

Source: APBDesa data 2018

Sample size: 22 kecamatan and 235 desa

TABLE 6.30.10 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (SULAWESI UTARA)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$177 (2,498,970)	\$0 (0)	\$1,170 (16,474,044)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$430 (6,050,313)	\$501 (7,055,132)	\$303 (4,267,604)	\$417 (5,870,946)	\$158 (2,224,654)	\$0 (0)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$100 (1,405,556)	\$0 (0)	\$1,258 (17,712,786)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$0 (0)	\$224 (3,160,136)	\$0 (0)	\$0 (0)	\$187 (2,635,000)	\$0 (0)	\$0 (0)
PMT	\$0 (0)	\$0 (0)	\$2,111 (29,727,450)	\$3,035 (42,748,478)	\$1,483 (20,885,750)	\$1,439 (20,261,684)	\$418 (5,891,382)	\$0 (0)	\$1,360 (19,155,473)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$8,996 (126,700,715)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$5,432 (76,507,791)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$8,912 (125,520,264)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$0 (0)	\$1,467 (20,668,488)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$5,615 (79,078,081)
Training for health workers	\$0 (0)	\$0 (0)	\$703 (9,901,076)	\$331 (4,657,878)	\$822 (11,580,000)	\$274 (3,857,814)	\$125 (1,764,682)	\$0 (0)	\$604 (8,513,872)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$774 (10,895,680)
Transportation for health workers	\$0 (0)	\$0 (0)	\$509 (7,171,091)	\$487 (6,859,521)	\$369 (5,201,659)	\$308 (4,338,683)	\$147 (2,069,516)	\$0 (0)	\$776 (10,933,333)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$281 (3,952,120)	\$475 (6,683,354)	\$246 (3,467,462)	\$341 (4,800,665)	\$239 (3,366,492)	\$0 (0)	\$235 (3,313,161)

Source: APBDesa data 2018

Sample size: 26 kecamatan and 287 desa

TABLE 6.30.11 AVERAGE DESA-LEVEL SPENDING BY CATEGORY AND YEAR (SUMATERA SELATAN)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Educational toys for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$249 (3,505,694)	\$362 (5,102,449)	\$370 (5,215,196)	\$291 (4,105,089)	\$1,636 (23,043,415)
Incentives for kader posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$279 (3,935,407)	\$309 (4,349,692)	\$155 (2,179,127)	\$260 (3,663,355)	\$0 (0)
Incentives for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$215 (3,030,000)	\$201 (2,828,108)	\$1,166 (16,419,342)
Nutrition counseling for pregnant women and parents of young children	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$377 (5,310,876)	\$386 (5,429,851)	\$357 (5,029,763)	\$342 (4,820,788)	\$0 (0)
PMT	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$1,095 (15,425,810)	\$1,543 (21,728,249)	\$1,197 (16,864,238)	\$883 (12,438,300)	\$677 (9,534,469)
Rehabilitation for PAUD	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$11,908 (167,717,034)
Rehabilitation for poskesdes/polindes	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$6,738 (94,907,235)
Rehabilitation for posyandu	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$588 (8,285,000)	\$0 (0)	\$10,963 (154,404,189)
Rehabilitation for public toilets	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$142 (2,000,000)	\$226 (3,177,000)	\$7,786 (109,655,714)
Training for health workers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$406 (5,719,202)	\$324 (4,556,402)	\$294 (4,147,638)	\$257 (3,625,250)	\$842 (11,862,171)
Training for PAUD teachers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$455 (6,407,500)
Transportation for health workers	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$316 (4,451,990)	\$506 (7,127,408)	\$334 (4,701,824)	\$216 (3,045,560)	\$440 (6,200,000)
Transportation for pregnant women	\$0 (0)	\$0 (0)	\$0 (0)	\$0 (0)	\$352 (4,951,018)	\$493 (6,949,105)	\$555 (7,812,443)	\$407 (5,726,634)	\$1,676 (23,605,315)

Source: APBDesa data 2018

Sample size: 30 kecamatan and 536 desa

APPENDIX B: CHAPTER 7 TABLES

TABLE 7.1 IYCF TRAINING OVERALL, AS REPORTED BY DHO

	Mean
Number of trainings in 2014-2018	7.9
Number of trainings lasting more than half a day in 2014-2018	7.6

Source: Kabupaten endline survey
N = 22 kabupaten

TABLE 7.2 IYCF TRAINING LASTING MORE THAN HALF A DAY, AS REPORTED BY DHO (KABUPATEN-LEVEL MEANS)

	Sample size	Mean for puskesmas staff trainings	Sample size	Mean for desa staff trainings
Number of trainings lasting more than half a day in 2014-2018	20	3.0	19	4.2
Number of trainings funded by MCA-I	20	2.2	19	3.4
Number of trainings funded by MCA-I where trainees received MCA-I manuals	20	1.8	19	3.1
Number of trainings funded by entities other than MCA-I where trainees received MCA-I manuals	11	0.6	6	2.5

Source: Kabupaten endline survey
N = 22 kabupaten

TABLE 7.3 IYCF TRAINING LASTING MORE THAN HALF A DAY, AS REPORTED BY DHO (TRAINING-LEVEL MEANS)

	Sample size	Mean for puskesmas staff trainings	Sample size	Mean for desa staff trainings
Number of days of classroom training	58	3.5	80	2.78
Percent of trainings that included on-the-job training, or OJT	44	100.0	72	100
Number of days of OJT, among trainings including OJT	57	1.8	80	1.48
Training was conducted on a full-day basis	59	96.6	80	100
Percent of trainings funded by MCA-I	60	73.3	80	80
Percent of trainings in which trainees received MCA-I manuals	60	70.0	78	94.87
Percent of trainings funded by MCA-I in which trainees received MCA-I manuals	44	79.6	62	95.16
Percent of trainings funded by entities other than MCA-I in which trainees received MCA-I manuals	16	43.8	16	93.75

Source: Kabupaten endline survey

Note: Results reported in percent unless otherwise indicated

TABLE 7.4 IYCF TRAINING DOSAGE AND RECEIPT, AS REPORTED BY POTENTIAL TRAINEES

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
Received IYCF training > half day since 2014	778	21.8	62.2	40.8***
Number of IYCF trainings > half day since 2014, among those who attended training	317	1.6	1.3	-0.3**
Most recent IYCF training was in 2014/2015	317	11.1	12.1	5.4
Most recent IYCF training was in 2016	317	8.5	31.5	17.4***
Most recent IYCF training was in 2017	317	22.7	48.4	22.6***
Most recent IYCF training was in 2018/19	317	57.7	8.0	-45.4***
Attended MCA-I funded training, among those who attended training	305	7.7	63.3	54.0***
Attended training for which received MCA-I certificate, among those who attended training	318	30.7	65.0	28.2***
Kader posyandu				
Received IYCF training > half day since 2014	1,685	19.8	58.8	40.0***
Number of IYCF trainings > half day since 2014, among those who attended training	634	1.5	1.5	0.0
Attended MCA-I funded training, among those who attended training	634	4.0	37.9	30.9***
Attended training for which received MCA-I certificate, among those who attended training	634	21.0	41.7	22.1***
Most recent IYCF training was in 2014/2015	632	4.1	9.5	2.5
Most recent IYCF training was in 2016	632	9.8	21.6	15.3***
Most recent IYCF training was in 2017	632	25.4	38.9	11.9**
Most recent IYCF training was in 2018/19	632	60.8	30.0	-29.7***
Bidan coordinator				
Received IYCF training > half day since 2014	239	35.7	68.8	35.1***
Number of IYCF trainings > half day since 2014, among those who attended training	128	1.5	1.9	0.2
Attended MCA-I funded training, among those who attended training	128	12.0	83.0	75.0***
Attended training for which received MCA-I certificate, among those who attended training	126	19.5	78.4	56.3***
Most recent IYCF training was in 2014/2015	128	10.5	19.8	6.6
Most recent IYCF training was in 2016	128	7.3	15.1	3.7
Most recent IYCF training was in 2017	128	13.9	58.3	49.1***
Most recent IYCF training was in 2018/19	128	68.2	6.8	-59.4***
Nutritionist				
Received IYCF training > half day since 2014	239	46.1	71.2	27.0***
Number of IYCF trainings > half day since 2014, among those who attended training (months)	140	1.3	2.0	0.6***
Attended MCA-I funded training, among those who attended training	140	19.5	84.9	63.9***
Attended training for which received MCA-I certificate, among those who attended training	140	29.2	76.4	39.8***
Most recent IYCF training was in 2014/2015	140	14.5	13.0	-4.4
Most recent IYCF training was in 2016	140	9.7	19.0	8.9

	Sample size	Control mean	Treatment mean	Adjusted impact
Most recent IYCF training was in 2017	140	16.7	53.5	35.0***
Most recent IYCF training was in 2018/19	140	59.1	14.4	-39.4***

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist surveys

Note: Results reported as percent of respondents unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.5 CHARACTERISTICS OF IYCF TRAININGS, AS REPORTED BY TRAINEES

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
Training length (days)	440	2.0	3.3	1.3***
Training was conducted on a full-day basis	440	83.6	99.6	15.6***
Kader posyandu				
Training length (days)	916	1.9	2.3	0.3
Training was on a full day basis	916	72.4	94.4	22.9***
Bidan coordinator				
Training length in classroom (days)	226	2.6	3.4	1.0***
Training included on-the-job training	225	77.9	87.3	14.4**
Training length on the job (days), among trainings with OJT	192	1.9	1.7	0.0
Total training length (days)	226	4.1	4.9	1.2**
Training was on a full day basis	226	97.4	100.0	2.4
Nutritionist				
Training length in classroom (days)	248	3.3	4.0	0.8***
Training included on-the-job training	247	81.3	90.3	10.1*
Training length on the job (days), among trainings with OJT	216	1.7	1.8	0.2
Total training length (days)	248	4.7	5.6	1.1**
Training was on a full day basis	251	94.4	99.3	2.6

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist surveys

Note: Results reported in percent of trainings unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.6 CHARACTERISTICS OF IYCF TRAININGS BY FUNDING SOURCE, AS REPORTED BY TRAINEES

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan				
Training length (days)	440	2.5	3.5	0.9***
Training was on a full day basis	440	91.2	99.6	7.8**
Kader posyandu				
Training length (days)	916	2.1	2.3	0.2
Training was on a full day basis	916	87.2	95.8	8.4*
Bidan coordinator				
Training length in classroom (days)	226	2.6	3.6	1.3***

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Training included on-the-job training	225	71.0	93.2	23.2***
Training length on the job (days)	192	1.9	1.8	-0.1
Training length (days)	226	3.9	5.2	1.5***
Training was on a full day basis	226	98.0	100.0	2.4*
Nutritionist				
Training length in classroom (days)	248	3.1	4.2	1.2***
Training included on-the-job training	247	80.7	91.1	11.6**
Training length on the job (days)	216	1.6	1.9	0.4**
Training length (days)	248	4.3	5.9	1.7***
Training was on a full day basis	251	93.7	100.0	5.6*

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist surveys

Note: Results reported in percent of trainings unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.7 FUNDING SOURCES FOR IYCF TRAININGS, AS REPORTED BY TRAINEES

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
MCA-I	422	5.7	59.0	49.5***
Ministry of Health	422	4.4	8.1	4.2***
Provincial health office	422	1.4	4.1	2.0
Kabupaten health office	422	43.7	33.3	-12.1*
Puskesmas	422	24.9	4.5	-19.5***
Other	422	32.5	9.5	-20.2***
Kader posyandu				
MCA-I	853	2.9	36.0	32.6***
Ministry of Health	853	0.1	5.6	4.2***
Provincial health office	853	4.4	5.4	-1.6
Kabupaten health office	853	31.4	28.2	-6.3
Puskesmas	853	40.1	20.7	-17.3**
Other	853	30.2	12.4	-16.0**
Bidan coordinator				
MCA-I	221	11.1	80.9	70.9***
Ministry of Health	221	4.9	5.1	3.2
Provincial health office	221	10.6	3.8	-9.6**
Kabupaten health office	221	49.9	18.0	-31.3***
Puskesmas	221	2.6	0.0	-2.5
Other	221	27.0	5.6	-18.8**
Nutritionist				
MCA-I	248	21.8	83.9	63.5***
Ministry of Health	248	14.5	6.5	0.0
Provincial health office	248	21.4	7.0	-7.8

	Sample size	Control mean	Treatment mean	Adjusted impact
Kabupaten health office	248	59.7	10.8	-50.6***
Puskesmas	248	1.2	0.0	-1.8
Other	248	12.3	3.4	-5.7

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist surveys

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.8 TOPICS COVERED AT IYCF TRAININGS ATTENDED BY BIDAN AND KADER POSYANDU, BY TREATMENT STATUS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
Individual counseling/one-on-one visits	440	43.7	59.3	18.4***
Pregnancy	440	52.9	69.3	13.4**
Anemia	440	37.0	54.6	19.5***
Delivery	440	25.0	27.0	3.3
Breastfeeding	440	71.4	91.4	16.4***
Complementary feeding	440	65.6	85.1	15.8***
Infant care	440	48.1	63.7	17.1***
PMT	440	31.5	56.8	24.6***
Immunization	440	37.6	34.7	-4.9
Leading kelas ibu hamil and kelas balita	440	32.0	41.6	8.4*
Family planning	440	34.8	33.1	-2.8
Hygiene/handwashing	440	37.4	64.5	26.4***
Kader posyandu				
Individual counseling/one-on-one visits	916	35.9	43.3	11.9*
Pregnancy	916	56.9	64.1	9.0**
Anemia, IFA	916	36.3	45.1	13.9***
Delivery	916	25.4	25.6	5.0
Breastfeeding	916	68.4	84.4	16.3***
Complementary feeding	916	74.6	85.8	9.8**
Infant care	916	57.3	69.0	11.0**
PMT	916	32.3	43.3	12.4**
Immunization	916	52.5	58.2	4.4
Leading kelas ibu hamil and kelas balita	916	26.9	34.2	10.0**
Family planning	916	44.4	42.5	2.9
Hygiene/handwashing	916	49.2	58.5	18.1***

Source: Bidan and kader posyandu surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.9 TOPICS RELATED TO BREASTFEEDING COVERED AT IYCF TRAININGS ATTENDED BY BIDAN AND KADER POSYANDU, BY TREATMENT STATUS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
Early initiation of breastfeeding	440	53.8	70.2	13.3**
Exclusive breastfeeding	440	63.7	81.7	15.8***
Benefits of breastfeeding/risks of not breastfeeding	440	46.9	66.4	16.7***
How to identify and address problems in breastfeeding	440	34.9	58.5	19.0***
Breastfeeding frequency	440	30.1	63.1	30.4***
Kader posyandu				
Early initiation of breastfeeding	916	45.1	62.4	18.7***
Exclusive breastfeeding	916	59.4	76.4	19.0***
Benefits of breastfeeding/risks of not breastfeeding	916	44.1	57.1	12.3**
How to identify and address problems in breastfeeding	916	27.7	38.6	10.7*
Breastfeeding frequency	916	33.8	51.2	17.0**

Source: Bidan and kader posyandu surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.10 TOPICS COVERED AT IYCF TRAININGS ATTENDED BY BIDAN AND KADER POSYANDU, BY FUNDING SOURCE

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted impact
Bidan				
Individual counseling/one-on-one visits	440	50.0	61.0	10.2*
Pregnancy	440	56.3	74.4	15.2**
Anemia, IFA	440	43.8	56.4	13.7**
Delivery	440	27.1	26.4	-2.6
Breastfeeding	440	79.4	92.7	9.7***
Complementary feeding	440	68.3	92.5	18.1***
Infant care	440	49.9	70.5	18.3***
PMT	440	38.4	62.1	21.6***
Immunization	440	35.2	36.3	-1.0
Leading kelas ibu hamil and kelas balita	440	35.2	36.3	-1.0
Family planning	440	29.0	38.4	8.6
Hygiene/handwashing	440	42.7	74.6	31.2***
Kader posyandu				
Individual counseling/one-on-one visits	916	40.2	48.9	13.1**
Pregnancy	916	61.3	69.3	10.0*
Anemia, IFA	916	41.0	49.4	13.1**
Delivery	916	23.4	29.0	9.8**
Breastfeeding	916	81.2	82.1	3.4
Complementary feeding	916	82.6	92.4	10.1***

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted impact
Infant care	916	64.2	74.5	12.1**
PMT	916	39.6	47.0	15.0***
Immunization	916	58.0	59.7	7.2
Leading kelas ibu hamil and kelas balita	916	32.5	32.2	4.7
Family planning	916	44.2	42.6	7.2
Hygiene/handwashing	916	55.4	56.1	10.2*

Source: Bidan and kader posyandu surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.11 TOPICS RELATED TO BREASTFEEDING COVERED AT IYCF TRAININGS ATTENDED BY BIDAN AND KADER POSYANDU, BY FUNDING SOURCE

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted impact
Bidan				
Early initiation of breastfeeding	440	55.6	76.6	18.2***
Exclusive breastfeeding	440	67.1	88.0	17.9***
Benefits of breastfeeding/risks of not breastfeeding	440	48.9	74.6	21.8***
How to identify and address problems in breastfeeding	440	41.0	63.6	14.7**
Breastfeeding frequency	440	39.8	69.6	24.4***
Kader posyandu				
Early initiation of breastfeeding	916	56.1	71.6	19.1***
Exclusive breastfeeding	916	72.1	76.4	6.8
Benefits of breastfeeding/risks of not breastfeeding	916	53.0	67.2	18.8***
How to identify and address problems in breastfeeding	916	31.6	53.6	22.8***
Breastfeeding frequency	916	44.0	66.5	26.2***

Source: Bidan and kader posyandu surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.12 TOPICS COVERED AT IYCF TRAININGS ATTENDED BY PUSKESMAS STAFF, BY TREATMENT STATUS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
Individual counseling/one-on-one visits	226	53.2	73.9	19.1**
Pregnancy	226	61.6	77.0	15.3*
Anemia, IFA	226	49.7	67.3	17.5*
Delivery	226	32.6	39.2	1.4
Breastfeeding	226	82.7	91.1	4.9
Complementary feeding	226	77.8	88.2	10.5
Infant care	226	62.6	78.3	16.6*
PMT	226	39.9	62.5	20.7**

	Sample size	Control mean	Treatment mean	Adjusted impact
Immunization	226	36.8	42.1	4.1
Leading kelas ibu hamil and kelas balita	226	23.8	38.8	9.4
Family planning	226	33.0	53.4	16.7**
Hygiene/handwashing	226	52.1	69.4	14.7*
Nutritionist				
Individual counseling/one-on-one visits	251	63.9	75.8	12.1
Pregnancy	251	65.8	77.9	22.3***
Anemia, IFA	251	54.9	55.5	2.8
Delivery	251	19.0	23.5	5.2
Breastfeeding	251	87.2	90.5	1.2
Complementary feeding	251	87.3	88.8	3.2
Infant care	251	74.1	84.3	9.3
PMT	251	45.9	55.9	6.8
Immunization	251	16.2	33.0	7.4
Leading kelas ibu hamil and kelas balita	251	25.1	27.0	2.9
Family planning	251	22.1	57.2	30.7***
Hygiene/handwashing	251	46.6	73.4	20.9**

Source: Bidan coordinator and nutritionist surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.13 TOPICS RELATED TO BREASTFEEDING COVERED AT IYCF TRAININGS ATTENDED BY BIDAN COORDINATORS AND NUTRITIONISTS, BY TREATMENT STATUS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
Early initiation of breastfeeding	226	58.2	73.7	8.3
Exclusive breastfeeding	226	74.5	82.6	5.7
Benefits of breastfeeding/risks of not breastfeeding	226	57.9	72.6	12.1
How to identify and address problems in breastfeeding	226	52.6	72.0	16.7*
Breastfeeding frequency	226	52.9	81.9	28.0***
Nutritionist				
Early initiation of breastfeeding	251	58.1	77.0	15.6**
Exclusive breastfeeding	251	69.6	83.1	12.5*
Benefits of breastfeeding/risks of not breastfeeding	251	60.7	80.0	13.6
How to identify and address problems in breastfeeding	251	54.6	66.4	4.9
Breastfeeding frequency	251	59.1	78.5	15.9*

Source: Bidan and kader posyandu surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.14 TOPICS COVERED AT IYCF TRAININGS ATTENDED BY PUSKESMAS STAFF, BY FUNDING SOURCE

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan coordinator				
Individual counseling/one-on-one visits	226	53.0	78.6	26.8***
Pregnancy	226	64.8	77.0	18.0**
Anemia, IFA	226	56.3	65.9	14.8*
Delivery	226	34.0	39.3	5.0
Breastfeeding	226	81.2	93.1	7.5
Complementary feeding	226	68.0	96.1	24.6***
Infant care	226	58.2	83.6	24.4***
PMT	226	34.9	69.4	33.5***
Immunization	226	36.7	43.2	7.5
Leading kelas ibu hamil and kelas balita	226	24.8	40.5	12.4*
Family planning	226	31.3	58.2	23.8***
Hygiene/handwashing	226	47.4	74.9	24.7***
Nutritionist				
Individual counseling/one-on-one visits	251	59.7	79.1	27.6***
Pregnancy	251	54.2	85.2	36.8***
Anemia, IFA	251	44.8	60.9	20.8***
Delivery	251	17.1	25.2	7.0
Breastfeeding	251	82.0	93.4	11.0*
Complementary feeding	251	79.5	93.4	14.4**
Infant care	251	67.0	88.6	22.8***
PMT	251	39.0	60.7	16.5**
Immunization	251	14.0	35.9	15.9**
Leading kelas ibu hamil and kelas balita	251	17.9	30.9	17.5**
Family planning	251	22.4	60.5	44.0***
Hygiene/handwashing	251	46.8	75.9	31.3***

Source: Bidan coordinator and nutritionist surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.15 TOPICS RELATED TO BREASTFEEDING COVERED AT IYCF TRAININGS ATTENDED BY BIDAN COORDINATORS AND NUTRITIONISTS, BY FUNDING SOURCE

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan coordinator				
Early initiation of breastfeeding	226	61.3	74.6	6.3
Exclusive breastfeeding	226	75.3	82.7	4.2
Benefits of breastfeeding/risks of not breastfeeding	226	57.3	75.6	12.7
How to identify and address problems in breastfeeding	226	54.6	73.3	14.9*
Breastfeeding frequency	226	55.2	84.8	27.1***
Nutritionist				
Early initiation of breastfeeding	251	59.9	77.0	25.2***
Exclusive breastfeeding	251	69.1	84.0	20.4***
Benefits of breastfeeding/risks of not breastfeeding	251	56.9	84.2	28.6***
How to identify and address problems in breastfeeding	251	53.0	69.2	19.1***
Breastfeeding frequency	251	57.9	80.7	23.6***

Source: Bidan and kader posyandu surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.16 TEACHING METHODS USED AT IYCF TRAININGS, BY TREATMENT STATUS, AS REPORTED BY TRAINEES

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
Facilitator gives explanation	440	86.8	72.9	-17.2***
Facilitator asks, participants answer	440	85.2	93.3	7.9*
Participants ask questions	440	89.1	86.4	-6.2
Facilitator shows pictures/flipchart	440	75.8	90.7	15.0***
Facilitator shows videos	440	54.3	42.7	-10.0
Facilitator uses models/props (dolls, breast models, etc.)	440	57.3	88.8	27.4***
Role-playing by facilitator	440	36.8	73.6	32.6***
Facilitator tells a story	440	54.3	64.2	8.4
Facilitator leads a game	440	43.1	76.1	30.9***
Role-playing by participants	440	40.9	74.9	29.7***
Participants practice counseling with "live respondents"	440	39.4	77.1	36.5***
Participants interact during activities expressing opinions/brainstorming	440	47.1	69.8	18.3***
Facilitator gives a demonstration, participants practice	440	52.9	82.8	24.3***
Kader posyandu				
Facilitator gives explanation	916	85.6	75.8	-8.3*
Facilitator asks, participants answer	916	84.3	88.9	7.5
Participants ask questions	916	79.0	82.9	5.9

	Sample size	Control mean	Treatment mean	Adjusted impact
Facilitator shows pictures/flipchart	916	64.1	73.3	7.0
Facilitator shows videos	916	47.4	36.9	-9.3
Facilitator uses models/props (dolls, breast models, etc.)	916	46.5	64.0	19.7***
Role-playing by facilitator	916	19.4	41.6	21.4***
Facilitator tells a story	916	43.2	57.3	19.4***
Facilitator leads a game	916	27.8	45.9	19.6***
Role-playing by participants	916	26.5	48.6	21.4***
Participants practice counseling with "live respondents"	916	29.1	54.3	22.6***
Participants interact during activities expressing opinions/brainstorming	916	34.7	49.4	18.9***
Facilitator gives a demonstration, participants practice	916	50.2	50.5	1.1
Bidan coordinator				
Facilitator gives explanation	226	97.4	74.6	-22.8***
Facilitator asks, participants answer	226	98.8	95.6	-3.7
Participants ask questions	226	89.6	88.3	-0.5
Facilitator shows pictures/flipchart	226	84.9	95.6	14.4***
Facilitator shows videos	226	63.5	52.1	-10.3
Facilitator uses models/props (dolls, breast models, etc.)	226	76.2	92.0	18.3***
Role-playing by facilitator	226	61.8	81.6	17.0*
Facilitator tells a story	226	59.5	74.1	12.6
Facilitator leads a game	226	62.6	83.0	16.8*
Role-playing by participants	226	65.9	82.8	18.4**
Participants practice counseling with "live respondents"	226	53.9	87.4	33.9***
Participants interact during activities expressing opinions/brainstorming	226	62.6	84.2	19.6**
Facilitator gives a demonstration, participants practice	226	69.2	86.5	16.8**
Nutritionist				
Facilitator gives explanation	251	91.1	70.5	-20.1***
Facilitator asks, participants answer	251	90.7	88.3	-1.9
Participants ask questions	251	85.2	80.4	-6.4
Facilitator shows pictures/flipchart	251	85.6	86.1	1.9
Facilitator shows videos	251	40.5	43.0	-0.6
Facilitator uses models/props (dolls, breast models, etc.)	251	78.8	85.8	8.5
Role-playing by facilitator	251	68.1	77.0	7.7
Facilitator tells a story	251	63.2	63.2	-1.0
Facilitator leads a game	251	66.0	77.3	10.5
Role-playing by participants	251	67.2	83.2	15.2*

	Sample size	Control mean	Treatment mean	Adjusted impact
Participants practice counseling with "live respondents"	251	68.1	83.4	18.7**
Participants interact during activities expressing opinions/brainstorming	251	68.1	86.7	16.7**
Facilitator gives a demonstration, participants practice	251	75.5	87.1	9.5

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist surveys

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.17 TEACHING METHODS USED AT IYCF TRAININGS, BY FUNDING SOURCE, AS REPORTED BY TRAINEES

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan				
Facilitator gives explanation	440	81.3	71.4	-13.9**
Facilitator asks, participants answer	440	90.1	92.5	-0.2
Participants ask questions	440	86.7	88.5	-2.4
Facilitator shows pictures/flipchart	440	79.3	94.5	13.3***
Facilitator shows videos	440	51.2	41.0	-6.1
Facilitator uses models/props (dolls, breast models, etc.)	440	69.1	91.9	18.2***
Role-playing by facilitator	440	48.0	81.3	25.8***
Facilitator tells a story	440	54.6	69.2	10.3
Facilitator leads a game	440	50.4	86.2	32.6***
Role-playing by participants	440	47.0	87.7	36.5***
Participants practice counseling with "live respondents"	440	50.5	87.3	33.4***
Participants interact during activities expressing opinions/brainstorming	440	50.7	77.7	22.6***
Facilitator gives a demonstration, participants practice	440	60.8	89.6	23.6***
Kader posyandu				
Facilitator gives explanation	916	74.8	76.5	4.6
Facilitator asks, participants answer	916	85.4	89.1	6.8*
Participants ask questions	916	82.5	82.5	6.7
Facilitator shows pictures/flipchart	916	67.7	77.7	7.3
Facilitator shows videos	916	37.9	36.7	-4.2
Facilitator uses models/props (dolls, breast models, etc.)	916	55.8	60.8	1.8
Role-playing by facilitator	916	30.9	47.3	13.7**
Facilitator tells a story	916	51.3	52.5	0.6
Facilitator leads a game	916	40.6	49.7	7.2
Role-playing by participants	916	41.5	49.2	8.4
Participants practice counseling with "live respondents"	916	44.4	55.3	9.5
Participants interact during activities expressing opinions/brainstorming	916	44.2	55.1	11.0*
Facilitator gives a demonstration, participants practice	916	47.6	56.6	9.0

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan coordinator				
Facilitator gives explanation	226	93.3	73.7	-22.4***
Facilitator asks, participants answer	226	96.7	97.0	-1.5
Participants ask questions	226	86.2	90.6	-0.7
Facilitator shows pictures/flipchart	226	84.3	97.4	14.6***
Facilitator shows videos	226	58.0	54.0	-5.8
Facilitator uses models/props (dolls, breast models, etc.)	226	74.1	95.6	22.6***
Role-playing by facilitator	226	56.6	88.3	30.0***
Facilitator tells a story	226	56.2	78.3	20.0**
Facilitator leads a game	226	56.2	90.5	30.7***
Role-playing by participants	226	61.8	88.2	30.1***
Participants practice counseling with "live respondents"	226	54.2	91.9	35.9***
Participants interact during activities expressing opinions/brainstorming	226	61.6	88.3	25.5***
Facilitator gives a demonstration, participants practice	226	64.9	92.2	26.3***
Nutritionist				
Facilitator gives explanation	251	90.2	69.6	-23.3***
Facilitator asks, participants answer	251	89.8	88.4	0.2
Participants ask questions	251	81.2	81.8	0.2
Facilitator shows pictures/flipchart	251	79.1	89.4	12.6**
Facilitator shows videos	251	45.0	40.4	-15.7**
Facilitator uses models/props (dolls, breast models, etc.)	251	71.2	90.7	17.7**
Role-playing by facilitator	251	56.4	84.1	24.5***
Facilitator tells a story	251	52.1	69.7	13.5
Facilitator leads a game	251	57.4	83.4	20.8**
Role-playing by participants	251	58.4	90.0	29.5***
Participants practice counseling with "live respondents"	251	57.0	90.7	29.3***
Participants interact during activities expressing opinions/brainstorming	251	61.5	91.9	26.9***
Facilitator gives a demonstration, participants practice	251	72.6	89.8	19.7***

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist surveys

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.18 GROWTH MONITORING TRAINING, AS REPORTED BY DHO (KABUPATEN-LEVEL MEANS)

	Mean
Number of trainings in 2014-2018	1.2
Number of trainings lasting more than half a day in 2014-2018	1.2
Number of trainings lasting more than half a day funded by MCA-I	1.1
Number of trainings funded by MCA-I where trainees received MCA-I manuals	1.1
Number of trainings funded by entities other than MCA-I where trainees received MCA-I manuals	0.7

Source: Kabupaten endline survey
N = 22 kabupaten

TABLE 7.19 GROWTH MONITORING TRAINING LASTING MORE THAN HALF A DAY, AS REPORTED BY DHO (TRAINING-LEVEL MEANS)

	Sample size	Mean
Number of days of classroom training	25	4.3
Percent of trainings that included on-the-job training, or OJT	25	92.0
Number of days of OJT, among trainings including OJT	23	2.0
Training was conducted on a full-day basis	25	100.0
Percent of trainings funded by MCA-I	26	88.5
Percent of trainings in which trainees received MCA-I manuals	26	96.2
Percent of trainings funded by MCA-I in which trainees received MCA-I manuals	23	100.0
Percent of trainings funded by entities other than MCA-I in which trainees received MCA-I manuals	3	66.7

Source: Kabupaten survey
Note: Results reported in percent unless otherwise indicated

TABLE 7.20 GROWTH MONITORING TRAINING DOSAGE AND RECEIPT (BY POTENTIAL TRAINEES)

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
Received GM training > half day since 2014	242	15.8	34.9	17.1***
Number of GM trainings > half day since 2014, among those who attended training	60	1.5	1.1	-0.5
Last growth monitoring training was in 2014/2015	59	13.7	12.5	-12.7
Last growth monitoring training was in 2016	59	17.1	53.1	59.1***
Last growth monitoring training was in 2017	59	33.6	24.1	-12.3
Last growth monitoring training was in 2018/2019	59	35.6	10.3	-34.1**
Attended MCA-I funded training, among those who attended training	60	6.3	76.3	74.3***
Attended training for which received MCA-I training certificate, among those who attended training	60	18.8	59.9	48.4***
Nutritionist				
Received GM training > half day since 2014	240	41.7	58.0	14.5**
Number of GM trainings > half day since 2014, among those who attended training	120	1.4	1.2	-0.1

	Sample size	Control mean	Treatment mean	Adjusted impact
Last growth monitoring training was in 2014/2015	119	29.0	23.6	-7.8
Last growth monitoring training was in 2016	119	18.9	40.7	13.8
Last growth monitoring training was in 2017	119	16.9	29.3	11.2
Last growth monitoring training was in 2018/2019	119	35.3	6.3	-17.1**
Attended MCA-I funded training, among those who attended training	120	14.3	72.9	55.7***
Attended training for which received MCA-I training certificate, among those who attended training	120	34.1	46.0	6.3

Source: Bidan coordinator and nutritionist surveys

Note: Results reported as percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.21 CHARACTERISTICS OF GROWTH MONITORING TRAININGS SINCE 2014, BY TREATMENT STATUS (BY TRAINING)

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
Training length in classroom (days)	73	2.4	3.3	1.7***
Training included on-the-job training	74	85.7	81.5	11.7
Training length on the job (days)	62	1.1	1.5	0.2
Total training length (days)	73	3.3	4.6	2.0***
Training was on a full day basis	74	100.0	100.0	0.0
Nutritionist				
Training length in classroom (days)	154	2.9	3.8	0.7*
Training included on-the-job training	154	79.5	89.8	8.4
Training length on the job (days)	132	1.3	1.5	0.1
Total training length (days)	154	4.0	5.1	0.9*
Training was on a full day basis	155	98.7	100.0	1.7

Source: Bidan coordinator and nutritionist surveys

Note: Results reported in percent of trainings unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.22 CHARACTERISTICS OF GROWTH MONITORING TRAININGS SINCE 2014, BY FUNDING SOURCE (BY TRAINING)

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan coordinator				
Training length in classroom (days)	73	2.5	3.6	0.9
Training included on-the-job training	74	75.0	97.4	19.6*
Training length on the job (days)	62	1.2	1.5	-0.1
Total training length (days)	73	3.4	5.0	1.2*
Training was on a half day basis	74	0.0	0.0	0.0
Nutritionist				
Training length in classroom (days)	154	2.9	4.1	0.8**

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Training included on-the-job training	154	79.7	91.9	11.6
Training length on the job (days)	132	1.3	1.4	-0.1
Total training length (days)	154	4.0	5.4	0.9**
Training was on a half day basis	155	1.0	0.0	-1.0

Source: Bidan coordinator and nutritionist surveys

Note: Results reported in percent of trainings unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.23 FUNDING SOURCES FOR GROWTH MONITORING TRAININGS, AS REPORTED BY TRAINEES

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
MCA-I	72	4.2	75.8	71.5***
Ministry of Health	72	11.5	7.6	-5.7
Provincial health office	72	21.9	11.7	-15.3
Kabupaten health office	72	44.0	8.4	-34.5***
Other	72	25.7	7.6	-24.1**
Nutritionist				
MCA-I	152	11.7	68.3	55.7***
Ministry of Health	152	9.4	3.6	-6.7
Provincial health office	152	39.1	18.8	-17.8**
Kabupaten health office	152	42.9	20.4	-19.6**
Other	152	1.3	3.0	5.5*

Source: Bidan coordinator and nutritionist surveys

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.24 TOPICS COVERED AT GROWTH MONITORING TRAININGS, BY TREATMENT STATUS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
Using Child Growth Chart (GPA Book)	74	90.8	100.0	9.6
Using GPA Book in training	74	76.5	95.4	25.3***
Reasons for growth monitoring visits and identifying the age of a child	74	71.1	93.4	24.0***
Identifying the clinical signs of Marasmus and Kwashiokor	74	73.2	98.1	20.7**
Identifying the signs of obesity in children	74	76.2	91.4	13.9
Weight measurement	74	92.9	98.1	4.8
Measuring body length and height	74	92.9	97.3	9.0**
Maintenance of measuring instruments	74	52.5	74.3	32.7***
Calculating the Body Mass Index (BMI)	74	86.6	94.7	15.0*
Identifying stunted children	74	56.7	95.4	41.8***

	Sample size	Control mean	Treatment mean	Adjusted impact
Treatment for stunted children	74	42.1	88.7	50.9***
Nutritionist				
Using Child Growth Chart (GPA Book)	155	69.4	94.3	16.9**
Using GPA Book in training	155	62.6	89.7	21.7***
Reasons for growth monitoring visits and identifying the age of a child	155	63.6	81.7	17.6*
Identifying the clinical signs of Marasmus and Kwashiokor	155	70.7	86.2	9.8
Identifying the signs of obesity in children	155	42.9	70.1	17.9*
Weight measurement	155	91.5	96.8	3.5
Measuring body length and height	155	89.8	97.9	6.2
Maintenance of measuring instruments	155	49.9	68.5	17.3**
Calculating the Body Mass Index (BMI)	155	64.0	94.6	31.2***
Identifying stunted children	155	65.0	84.7	26.4***
Treatment for stunted children	155	38.0	57.8	23.3**

Source: Bidan coordinator and nutritionist surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.25 TOPICS COVERED AT GROWTH MONITORING TRAININGS, BY FUNDING SOURCE

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan coordinator				
Using Child Growth Chart (GPA Book)	74	93.0	100.0	5.1
Using GPA Book in training	74	79.0	97.4	15.4**
Reasons for growth monitoring visits and identifying the age of a child	74	72.6	97.4	20.1**
Identifying the clinical signs of Marasmus and Kwashiokor	74	77.4	100.0	18.9**
Identifying the signs of obesity in children	74	79.7	91.2	13.8
Weight measurement	74	94.7	97.4	-0.6
Measuring body length and height	74	94.7	100.0	3.9
Maintenance of measuring instruments	74	49.9	87.7	35.9***
Calculating the Body Mass Index (BMI)	74	86.7	100.0	11.6
Identifying stunted children	74	64.0	97.4	33.0***
Treatment for stunted children	74	53.0	92.1	34.4**
Nutritionist				
Using Child Growth Chart (GPA Book)	155	73.0	95.9	15.3**
Using GPA Book in training	155	73.0	95.9	15.3**
Reasons for growth monitoring visits and identifying the age of a child	155	62.5	88.3	21.3**
Identifying the clinical signs of Marasmus and Kwashiokor	155	71.0	89.3	15.9**
Identifying the signs of obesity in children	155	42.1	78.7	29.9***
Weight measurement	155	90.1	100.0	7.9**
Measuring body length and height	155	89.7	100.0	8.7**
Maintenance of measuring instruments	155	49.7	73.9	22.5***

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Calculating the Body Mass Index (BMI)	155	68.6	96.2	30.1***
Identifying stunted children	155	66.0	87.9	32.2***
Treatment for stunted children	155	34.0	69.4	40.7***

Source: Bidan coordinator and nutritionist surveys

Note: Results reported as percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.26 METHODS USED AT GROWTH MONITORING TRAININGS, BY TREATMENT STATUS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator				
Facilitator gives explanation	74	100.0	95.4	-5.7
Facilitator asks, participants answer	74	100.0	97.3	-5.8
Participants ask questions	74	100.0	100.0	0.0
Facilitator shows pictures/flipchart	74	90.8	98.1	12.2*
Facilitator shows videos	74	77.4	73.0	2.6
Facilitator uses models/props (dolls, breast models, etc.)	74	89.9	90.8	9.7
Role-playing by facilitator	74	76.7	69.8	9.9
Facilitator tells a story	74	72.2	79.5	6.0
Facilitator leads a game	74	62.1	73.7	24.1
Role-playing by participants	74	79.5	72.5	7.2
Participants practice counseling with "live respondents"	74	75.3	80.2	16.3
Participants interact during activities expressing opinions/brainstorming	74	79.5	86.9	12.3
Facilitator gives a demonstration, participants practice	74	78.4	84.9	6.8
Nutritionist				
Facilitator gives explanation	155	91.0	81.4	-13.7*
Facilitator asks, participants answer	155	90.2	90.8	-3.2
Participants ask questions	155	86.4	89.3	2.3
Facilitator shows pictures/flipchart	155	71.1	88.1	13.1
Facilitator shows videos	155	64.4	80.0	18.2**
Facilitator uses models/props (dolls, breast models, etc.)	155	75.7	91.4	9.7
Role-playing by facilitator	155	43.1	60.0	16.4
Facilitator tells a story	155	53.3	71.1	14.9
Facilitator leads a game	155	44.3	72.1	25.0**
Role-playing by participants	155	39.1	72.8	33.0***
Participants practice counseling with "live respondents"	155	52.4	79.3	24.0***
Participants interact during activities expressing opinions/brainstorming	155	66.6	81.9	14.1
Facilitator gives a demonstration, participants practice	155	62.1	82.9	20.8**

Source: Bidan coordinator and nutritionist surveys

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.27 METHODS USED AT GROWTH MONITORING TRAININGS, BY FUNDING SOURCE

	Sample size	Non-MCA-I trainings	MCA-I trainings	Adjusted difference
Bidan coordinator				
Facilitator gives explanation	74	96.8	97.4	0.4
Facilitator asks, participants answer	74	96.8	100.0	1.6
Participants ask questions	74	100.0	100.0	0.0
Facilitator shows pictures/flipchart	74	93.0	97.4	8.4
Facilitator shows videos	74	79.7	67.5	-14.2
Facilitator uses models/props (dolls, breast models, etc.)	74	86.0	94.8	8.9
Role-playing by facilitator	74	68.2	78.2	7.5
Facilitator tells a story	74	69.4	83.4	3.9
Facilitator leads a game	74	60.3	79.8	13.2
Role-playing by participants	74	73.5	78.2	2.2
Participants practice counseling with "live respondents"	74	72.6	83.4	10.4
Participants interact during activities expressing opinions/brainstorming	74	81.3	86.1	9.0
Facilitator gives a demonstration, participants practice	74	74.9	89.6	14.4
Nutritionist				
Facilitator gives explanation	155	91.8	77.2	-21.1**
Facilitator asks, participants answer	155	88.7	92.6	1.6
Participants ask questions	155	85.3	92.1	8.3
Facilitator shows pictures/flipchart	155	73.0	89.7	9.9
Facilitator shows videos	155	67.3	80.4	12.4
Facilitator uses models/props (dolls, breast models, etc.)	155	74.6	96.7	16.9***
Role-playing by facilitator	155	42.6	65.1	18.0*
Facilitator tells a story	155	51.8	77.7	19.1*
Facilitator leads a game	155	46.0	77.2	32.2***
Role-playing by participants	155	41.8	77.2	33.5***
Participants practice counseling with "live respondents"	155	53.5	84.1	28.4***
Participants interact during activities expressing opinions/brainstorming	155	67.3	85.2	15.9*
Facilitator gives a demonstration, participants practice	155	63.7	85.7	24.3***

Source: Bidan coordinator and nutritionist surveys

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.28 KADER POSYANDU KNOWLEDGE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Heard of stunting	n.a.	n.a.	n.a.	1,960	57.6	82.3	26.4 ***
Knows that stunting affects mental and physical development	n.a.	n.a.	n.a.	1,960	45.5	68.4	24.0 ***
Knows that stunting affects mental and physical development, among those who had heard of stunting	n.a.	n.a.	n.a.	1,359	78.9	83.0	3.4
A baby should start breastfeeding as soon as possible after birth	774	73.3	77.7	1,960	74.9	76.9	2.3
Fluids other than breast milk should not be given to a baby until six months	774	45.5	50.8	1,960	55.8	66.3	10.1***
Mothers with children below six months should breastfeed 8-12 times per day	765	8.9	7.5	1,960	12.2	18.2	5.6**
Mothers of children with diarrhea should breastfeed more	768	2.1	1.8	1,960	61.2	68.0	7.2***
A mother should continue breastfeeding until child is at least 2 years	770	65.3	64.6	1,928	75.7	81.3	5.5**
Children with diarrhea should be given more fluids than usual	770	82.8	84.8	1,960	69.5	68.9	0.1
It is always necessary to wash hands with soap after cleaning a child who has defecated	n.a.	n.a.	n.a.	1,960	84.1	88.0	3.9*

Source: Baseline and endline kader posyandu survey

Note: Results reported in percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable.

TABLE 7.29 BIDAN KNOWLEDGE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Low birthweight or premature babies are not too small and weak to be able to breastfeed	570	75.2	77.3	778	91.2	84.3	-9.2***
Fluids other than breastmilk should not be given to a baby until six months	568	86.0	84.5	778	80.1	79.7	0.7
Mothers with children below six months should breastfeed 8-12 times per day	570	18.5	18.4	778	25.9	24.3	-1.2
Mother should continue breastfeeding if she complains of sore or cracked nipples	570	82.5	78.2	778	86.5	89.6	3.4
A woman should not stop breastfeeding her child as soon as she learns she is pregnant again	570	38.5	35.6	778	50.0	59.2	8.9**

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting affects both mental and physical development	n.a.	n.a.	n.a.	778	87.3	84.7	-2.5
A child's height should be measured lying down until 24 months	n.a.	n.a.	n.a.	778	20.7	27.0	6.5*
A mother should continue breastfeeding until child is at least 2 years	568	80.6	79.6	778	90.1	92.8	2.9
An infant can start water at 6 months	570	77.3	78.4	778	81.8	79.4	-2.0
An infant can start grains at 6 months	570	51.1	61.0	778	54.0	55.7	1.6
An infant can start baby cereal at 6 months	569	81.9	81.3	778	76.8	72.7	-5.0
An infant can start porridge with vegetables at 6 months	569	49.4	56.7	778	46.5	52.3	6.0
It is always necessary to wash hands with soap after cleaning a child who has defecated	n.a.	n.a.	n.a.	778	99.3	99.5	0.2

Source: Baseline and endline bidan survey

Note: Results reported in percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 7.30 BIDAN COORDINATOR KNOWLEDGE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Low birthweight or premature babies are not too small and weak to be able to breastfeed	238	63.2	58.5	242	93.7	89.8	-6.0
Fluids other than breastmilk should not be given to a baby until six months	232	89.8	85.6	242	85.6	86.6	0.2
Mothers with children below six months should breastfeed 8-12 times per day	235	13.2	21.8	242	20.2	21.9	3.8
Mother should continue breastfeeding if she complains of sore or cracked nipples	237	83.1	89.9	242	94.9	96.1	0.3
A woman should not stop breastfeeding her child as soon as she learns she is pregnant again	237	32.4	31.8	242	46.5	60.7	13.6**
Stunting affects both mental and physical development	n.a.	n.a.	n.a.	242	94.4	95.0	1.3
A child's height should be measured lying down until 24 months	n.a.	n.a.	n.a.	242	34.0	38.1	2.8
A mother should continue breastfeeding until child is at least 2 years	234	74.3	89.2	242	96.8	94.5	-2.3
An infant can start water at 6 months	237	77.5	75.7	242	82.8	83.8	1.3

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
An infant can start grains at 6 months	237	50.2	45.9	242	48.4	56.9	8.7
An infant can start baby cereal at 6 months	220	89.9	86.5	242	78.8	79.1	-0.6
An infant can start porridge with vegetables at 6 months	237	49.8	51.4	242	43.7	61.4	17.5***
It is always necessary to wash hands with soap after cleaning a child who has defecated	n.a.	n.a.	n.a.	242	100.0	100.0	0.0

Source: Baseline and endline bidan coordinator survey

Note: Results reported in percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 7.31 NUTRITIONIST KNOWLEDGE

				Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
A baby should start breastfeeding as soon as possible after birth	214	91.3	81.6	242	90.3	91.8	2.5
Low birthweight or premature babies are not too small and weak to be able to breastfeed	214	32.1	27.0	242	7.0	5.2	-0.1
Stunting affects both mental and physical development	n.a.	n.a.	n.a.	242	92.7	93.1	0.6
A child's height should be measured lying down until 24 months	n.a.	n.a.	n.a.	242	58.8	70.2	12.1**
A mother should continue breastfeeding until child is at least 2 years	214	83.5	87.4	242	94.9	91.6	-3.2
An infant can start water at 6 months	214	85.5	82.1	242	90.1	84.7	-4.2
An infant can start grains at 6 months	214	42.5	45.4	242	38.6	58.7	20.4***
An infant can start baby cereal at 6 months	214	79.0	89.4	242	83.0	77.6	-4.7
An infant can start porridge with vegetables at 6 months	214	65.2	61.2	242	53.9	62.8	8.7
It is necessary to wash hands with soap after cleaning a child who has defecated	n.a.	n.a.	n.a.	242	98.6	100.0	1.1

Source: Baseline and endline nutritionist survey

Note: Results reported in percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 7.32 DESA ADMINISTRATION KNOWLEDGE

	Sample size	Control mean	Treatment mean	Adjusted impact
Heard of a condition called stunting that affects a child's development	1,158	67.6	78.5	12.8***
Stunting affects both mental and physical development	1,158	48.8	56.6	8.5**
Stunting affects both mental and physical development, among those who had heard of stunting	2,021	58.2	63.4	5.2
Cause of stunting: prolonged inadequate nutrition intake	863	76.1	81.9	6.9*
Cause of stunting: lack of access to nutritious food	863	62.8	60.1	-2.4
Cause of stunting: low intake of vitamins/minerals	863	57.4	54.1	-2.0
Cause of stunting: low variety of foods	863	39.6	39.5	-0.3
Cause of stunting: lack of animal protein	863	36.0	36.2	0.3
Cause of stunting: bad parenting	863	59.6	55.9	-4.2
Cause of stunting: lack of access to clean water	863	41.7	41.0	-0.4
Cause of stunting: lack of access to sanitation	863	40.1	43.7	3.8
Cause of stunting: hereditary factor	863	5.1	5.1	0.4
Cause of stunting: lack of knowledge about health	863	3.7	2.5	-1.4
Cause of stunting: other	863	8.7	9.6	0.9

Source: Desa Administration baseline and endline survey

Note: Results reported in percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 7.33 CAREGIVER KNOWLEDGE ABOUT CHILD HEALTH AND CAREGIVING, AND HOUSEHOLD MEDIA EXPOSURE

	Baseline			Endline			
	Sample Size	Control Mean	Treatment Mean	Sample Size	Control Mean	Treatment Mean	Adjusted Impact
Caregiver knowledge							
Pregnant mother should get at least four checkups during pregnancy	n.a.	n.a.	n.a.	8,983	80.6	78.6	-1.8
A baby should start breastfeeding as soon as possible after birth	3004	70.2	72.0	9,120	73.2	76.9	3.3**
Knows that fluids other than breast milk should not be given to a baby until six months	2946	41.9	43.0	9,120	51.1	54.8	3.6*
Knows that solid/semi-solid food should not be given to a baby until six months	3017	79.2	77.5	9,120	85.8	88.2	1.9*
A mother should continue breastfeeding until child is at least 2 years	n.a.	n.a.	n.a.	9,120	70.9	73.5	2.4
Children with diarrhea should be given more fluids than usual	3039	59.3	55.9	9,120	57.2	58.7	1.7
Appropriate fluids or medicine should be given if child had diarrhea	3039	53.0	57.0	9,120	66.9	69.4	2.4
It is always necessary to wash hands with soap after cleaning a child who has defecated	n.a.	n.a.	n.a.	9,120	65.4	69.6	4.3**
Heard of a condition called stunting that affects a child's development	n.a.	n.a.	n.a.	9,120	34.3	39.1	5.1***
Stunting affects both mental and physical development	n.a.	n.a.	n.a.	9,120	25.9	29.0	3.0*
Stunting affects both mental and physical development, among those who had heard of stunting	n.a.	n.a.	n.a.	3,275	75.6	74.2	-2.0
Household media exposure							
Radio	n.a.	n.a.	n.a.	9,022	3.8	4.0	0.3
Television	n.a.	n.a.	n.a.	9,022	65.6	64.6	-1.1
Social media	n.a.	n.a.	n.a.	9,022	24.2	19.4	-4.1**
Newspaper	n.a.	n.a.	n.a.	9,022	3.3	2.8	-0.3
Poster	n.a.	n.a.	n.a.	9,022	15.6	18.2	2.6
Magazine	n.a.	n.a.	n.a.	9,022	2.8	2.0	-0.8
Flyer	n.a.	n.a.	n.a.	9,022	2.1	2.0	0.0
Buku KIA	n.a.	n.a.	n.a.	9,022	33.8	41.7	5.4***
Book	n.a.	n.a.	n.a.	9,022	0.5	0.4	-0.2
Other	n.a.	n.a.	n.a.	9,022	0.0	0.0	0.0
Don't know	n.a.	n.a.	n.a.	9,022	0.3	0.3	0.0

Source: Caregiver baseline and endline survey

Note: Results reported in percent of respondents

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable.

APPENDIX B: CHAPTER 8 TABLES

TABLE 8.1 PRENATAL CARE, AS REPORTED BY MOTHERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Among mothers of 0-35 month olds							
Child/mother has buku KIA	2,997	48.6	57.1	9,030	68.0	76.8	7.2***
Received prenatal checkup, source KIA	1,626	98.2	97.3	5,901	98.6	98.8	0.1
Number of prenatal checkups, among women who received checkups, source KIA	1,583	6.4	6.3	5,814	6.2	6.3	-0.1
Received at least four prenatal checkups, source KIA	1,626	82.6	79.3	5,901	77.4	80.1	1.7
Among mothers of 0-11 month olds							
Number of prenatal checkups, among women who received checkups, source self-reported and KIA	960	5.9	5.8	2,134	6.5	6.3	-0.2
Received at least four prenatal checkups, source self-reported and KIA	669	80.4	81.4	2,153	80.0	79.9	-0.5
Cost of most recent prenatal checkup, among women who received checkups (Rp)	957	28,313	21,942	2,951	64,451	63,104	-2,213

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated. The cost of checkups was top-coded at the 95th percentile to account for outliers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.2 PROVIDERS CONDUCTING PRENATAL CHECKUPS, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Doctor	960	20.7	15.4	2,957	39.1	37.9	-2.9
Nurse	960	4.0	3.8	2,957	15.4	14.7	-2.6
Bidan	960	77.7	85.0	2,957	94.4	96.1	1.5
Orderly	n.a.	n.a.	n.a.	2,957	2.3	1.6	-0.5
Kader posyandu	960	0.5	1.4	2,957	3.4	4.4	1.0
Traditional birth attendant	960	4.7	4.0	2,957	10.4	9.1	-1.0
Other	960	24.5	16.5	2,957	0.0	0.0	0.0
Saw any skilled provider	891	96.6	97.5	2,957	99.9	99.8	-0.1
Saw no skilled provider	891	3.5	2.5	2,957	0.1	0.3	0.1

Source: Caregiver baseline and endline surveys

Note: Results reported in percent. Sample sizes are lower for "saw any skilled provider" and "saw no skilled provider" at baseline because some respondents only reported "other" providers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured at baseline

TABLE 8.3 LOCATION OF PRENATAL CHECK-UPS, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Government hospital	960	6.1	4.9	2,953	13.5	13.7	-1.8
Private hospital	960	5.3	3.8	2,953	7.7	9.1	1.9
Puskesmas/pustu	960	28.0	29.4	2,953	43.0	41.2	-3.1
Polindes	960	15.7	12.8	2,953	22.4	26.0	2.7
Posyandu	960	28.1	34.4	2,953	40.2	52.9	12.5***
Home practice of doctor/bidan/paramedic	960	49.1	44.0	2,953	48.0	40.3	-6.5**
Home practice of traditional birth attendant	960	3.2	2.7	2,953	6.1	5.0	-0.7
Own home	960	3.3	2.6	2,953	4.9	5.5	-0.1
Other	960	5.4	3.5	2,953	11.7	10.7	-0.5

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.4 SERVICES PROVIDED BY BIDAN, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS WHO REPORTED RECEIVING A PRENATAL CHECKUP FROM A BIDAN

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Physical check	799	99.2	99.7	2,137	97.0	97.4	0.3
Advice about nutrition during pregnancy	n.a.	n.a.	n.a.	2,137	36.0	33.3	-3.1
Advice about health during pregnancy	n.a.	n.a.	n.a.	2,137	38.8	43.0	2.2
Advice about feeding baby	n.a.	n.a.	n.a.	2,137	5.0	4.2	-1.9
Advice about delivery	n.a.	n.a.	n.a.	2,137	8.7	9.6	0.7
Other services	799	71.6	72.3	2,137	0.1	0.1	0.0

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.5. PRENATAL CARE, AS REPORTED BY BIDAN AND KADER POSYANDU

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan: number of pregnant women seen as patients in the past month	567	12.4	11.9	781	9.0	10.1	1.2*
Bidan discussed maternal anemia with pregnant woman or caregivers of children under 5 in the last six months	n.a.	n.a.	n.a.	778	90.4	94.2	3.5**

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan discussed nutrition during pregnancy with pregnant woman or caregivers of children under 5 in the last six months	n.a.	n.a.	n.a.	778	95.2	98.5	3.0**
Posyandu provided prenatal exams in the last 12 months	732	83.8	77.7	898	84.0	83.0	-0.4

Source: Bidan and kader posyandu baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.6. PRENATAL CARE, AS REPORTED BY BIDAN COORDINATORS AND NUTRITIONISTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator supervised or assisted bidan desa in providing a prenatal checkup in the last 30 days	n.a.	n.a.	n.a.	241	50.9	60.7	7.1
Nutritionist counseled pregnant women about nutrition during pregnancy in the last 30 days	94.3	94.3	11.9	242	74.7	72.9	-3.0
Bidan coordinator provided prenatal care during visit to posyandu in the last 30 days, among bidan coordinators who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	206	69.1	80.1	8.2
Nutritionist provided prenatal care during visit to posyandu in the last 30 days, among nutritionists who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	221	13.0	10.9	-3.6

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.7 MOTHERS' PRENATAL MICRONUTRIENT RECEIPT AND USE, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Received any IFA pills during pregnancy	1,046	72.3	77.4	3,041	82.5	88.3	5.1**
Received at least 90 IFA pills	1,026	25.3	22.1	3,027	24.4	33.7	9.6***
Received at least 90 IFA pills, among women who received any pills	760	35.2	28.7	2,604	29.6	38.2	9.4***
Number of pills received, among women who received pills	760	80.1	65.5	2,604	67.8	85.2	18.0***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Consumed at least 90 IFA pills	1,026	14.7	12.7	3,027	14.2	22.8	8.7***
Consumed at least 90 IFA pills, among women who received 90+ pills	255	58.6	57.6	918	58.1	67.4	9.3**
Knowledge of recommended frequency of consuming IFA pills, among women who received IFA pills	n.a.	n.a.	n.a.	2,567	79.4	85.6	5.6***
Received micronutrients other than IFA during pregnancy	1,041	52.5	54.0	3,031	41.7	31.9	-11.3***

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.8 MOTHERS' PRENATAL MICRONUTRIENT RECEIPT AND USE, AS REPORTED BY MOTHERS OF 0-5 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Received any IFA pills during pregnancy	515	72.4	79.8	1,482	83.8	88.3	4.4
Received at least 90 IFA pills	509	24.9	23.4	1,479	24.7	37.6	12.4***
Number of pills received, among women who received pills	380	84.1	65.0	1,272	68.2	84.5	14.8**
Consumed at least 90 IFA pills	511	14.7	11.1	1,478	14.2	23.2	8.4***
Consumed at least 90 IFA pills, among women who received 90 pills	133	60.0	47.4	464	57.5	61.2	2.0
Knowledge of recommended frequency of consuming IFA pills, among women who received IFA pills	n.a.	n.a.	n.a.	1,253	81.6	85.1	1.7
Received micronutrients other than IFA during pregnancy	513	55.3	60.4	1,477	40.9	32.8	-9.1***

Source: Caregiver baseline and endline surveys. Sample is mothers of 0-5 month olds.

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.9 BRAND OF IFA RECEIVED BY MOTHERS OF 0-11 MONTH OLDS WHO RECEIVED IFA PILLS

	Sample size	Control mean	Treatment mean	Adjusted impact
Kimia Farma	2,545	12.0	7.1	-4.6***
Phapros	2,545	61.3	32.3	-29.5***
Indofarma	2,545	6.7	6.3	0.0
Camabion	2,545	12.2	57.0	44.7***
Merck	2,545	12.7	10.5	-1.5

	Sample size	Control mean	Treatment mean	Adjusted impact
Other	2,545	0.5	0.4	-0.2
Don't know	2,545	4.7	1.7	-3.1***
Received any brand that included the improved formulation	2,545	86.8	91.5	4.8***

Source: Caregiver endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.10 SOURCE OF IFA, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS WHO RECEIVED IFA PILLS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan /polindes	2,261	28.3	29.2	2,602	29.9	39.9	7.8***
Private/doctor/paramedic	2,261	30.3	27.0	2,602	34.5	24.7	-8.3**
Puskesmas	2,261	29.7	31.4	2,602	24.9	17.9	-6.2**
Posyandu	2,261	22.2	23.7	2,602	26.5	36.0	9.6***
Pharmacy	2,261	2.3	1.6	2,602	2.8	1.6	-1.3*
Other	2,261	3.6	2.4	2,602	3.0	2.0	-1.1

Source: Caregiver baseline and endline surveys. Sample is mothers of 0-11 month olds

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.11 REASONS MOTHERS OF 0-11 MONTH OLDS DID NOT CONSUME ALL IFA PILLS DURING PREGNANCY

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Experienced side effects	1,278	26.5	23.6	1,270	33.1	37.6	3.8
Concerned about side effects	n.a.	n.a.	n.a.	1,270	2.1	1.0	-0.6
Did not like the taste	1,278	25.1	31.5	1,270	25.9	22.0	-3.5
Did not see a need	1,278	15.4	16.9	1,270	10.9	7.9	-1.4
Forgot	1,278	14.7	13.3	1,270	24.8	28.1	1.5
Pills left over after delivery	1,278	0.0	0.0	1,270	9.1	10.3	1.4
Other	1,278	5.4	4.8	1,270	3.0	2.9	0.0

Source: Caregiver baseline and endline surveys. Sample is mothers of 0-11 month olds

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.12 IFA DISTRIBUTION, AS REPORTED BY BIDAN, KADER POSYANDU, BIDAN COORDINATOR, AND NUTRITIONISTS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan				
Gave pregnant mother IFA pills in last three months	778	97.7	98.8	1.2
Number of women provided with IFA pills in the past three months, among providers who gave any pills	765	24.3	21.6	-2.2
Gave each woman at least 90 IFA pills over the last three months	778	79.4	84.9	5.3*
Distributed IFA pills between the middle of 2017 to the middle of 2018	778	92.1	95.4	3.5*
Other providers				
Percent of bidan that bidan coordinator supplied with IFA in last 30 days	3,041	17.5	0.5	0.1*
Number of bidan that nutritionist supplied with IFA in last 30 days, among nutritionists who supplied IFA to bidan	177	66.9	81.1	16.1**
Posyandu provided IFA supplements in the last 12 months	898	70.0	78.1	9.7**

Source: Bidan, bidan coordinator, and kader posyandu endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.13 BRANDS OF IFA DISTRIBUTED BY BIDAN, AS REPORTED BY BIDAN

	Sample size	Control mean	Treatment mean	Adjusted impact
Brands distributed in the past 3 months				
Kimia Farma	778	28.4	15.3	-12.7***
Phapros	778	68.7	47.2	-20.9***
Indofarma	778	10.4	10.2	0.4
Camabion	778	10.4	75.9	65.6***
Other	778	22.5	15.9	-5.9
Don't know	778	0.2	0.0	-0.2
Brands distributed between mid-2017 and mid-2018				
Kimia Farma	728	37.2	17.7	-18.5***
Phapros	728	56.3	40.5	-16.3***
Indofarma	728	8.8	10.0	1.6
Camabion	728	6.0	62.0	55.0***
Other	728	20.1	13.8	-6.2*
Don't know	728	0.8	0.1	-0.6

Source: Bidan endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.14 DELIVERY LOCATION AND SUPPORT, AS REPORTED BY MOTHERS OF 0-35 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Delivered at a facility	2995	23.5	19.7	9,030	39.6	41.3	-0.4
Delivery carried out by a trained professional	2996	76.8	73.8	9,017	84.1	84.1	0.1
Delivery at facility or with trained professional	2995	76.8	73.8	9,022	84.2	84.1	0.2
Mode of transport for delivery: ambulance, among those who delivered at a government hospital, private hospital, puskesmas/pustu, or polyclinic	n.a.	n.a.	n.a.	2,780	10.8	14.5	2.8
Mode of transport for delivery: motorcycle/scooter, among those who delivered at a government hospital, private hospital, puskesmas/pustu, or polyclinic	n.a.	n.a.	n.a.	2,780	34.7	35.3	-1.6
Mode of transport for delivery: car/truck, among those who delivered at a government hospital, private hospital, puskesmas/pustu, or polyclinic	n.a.	n.a.	n.a.	2,780	54.2	51.5	-0.7
Received subsidy to cover cost of transport for delivery, among those who delivered at a government hospital, private hospital, puskesmas/pustu, or polyclinic	n.a.	n.a.	n.a.	2,667	8.2	11.8	1.5

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not included in baseline survey

TABLE 8.15 POSTNATAL CARE FOR MOTHER AND BABY, AS REPORTED BY MOTHERS AND CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Care for mother, among mothers of 0-11 month olds, excluding 0-5 week olds							
Received any postnatal checkups	n.a.	n.a.	n.a.	2,867	67.6	62.9	-5.1*
Number of postnatal checkups, among women who received checkups, source self-reported and KIA	n.a.	n.a.	n.a.	1,809	2.1	2.2	0.1
Received at least three postnatal checkups, source self-reported and KIA	n.a.	n.a.	n.a.	2,802	17.8	18.0	0.1
Care for child, among mothers of 0-11 month olds, excluding 0-4 week olds							
Baby received checkup during first four weeks after delivery	994	56.1	62.7	2,882	58.3	54.8	-3.6

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Number of checkups in first four weeks, among babies who received checkups, source self-reported and KIA	592	1.7	1.6	1,406	2.0	2.3	0.2
Received three or more checkups during the first four weeks, source self-reported and KIA	592	16.4	13.2	1,406	19.8	22.8	3.3
Cost of most recent checkup, among women whose babies received checkups (Rp)	591	13,327	8,700	1,653	45,902	41,484	-4,082
Postpartum interaction with bidan and puskesmas, among mothers of 0-35 month olds							
Bidan ever came to house to check on baby's health	n.a.	n.a.	n.a.	9,109	42.2	43.6	1.1
Bidan ever came to house to check on baby's health, among women who report receiving birth assistance from bidan	n.a.	n.a.	n.a.	4105	64.0	61.8	-1.9
Satisfaction level with bidan visit (scale 1-5, lower=more satisfied)	n.a.	n.a.	n.a.	4,381	1.9	1.9	0.0
Ever went to puskesmas regarding baby's health	n.a.	n.a.	n.a.	9,120	24.2	20.2	-4.4***
Satisfaction level with puskesmas visit (scale 1-5, lower=more satisfied)	n.a.	n.a.	n.a.	2,059	1.9	2.0	0.0

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated. We do not have baseline measures for mother's care because we only asked about checkups for babies at baseline. We exclude mothers of 0-5 week olds from this analysis because we want to look at the population getting at least three checkups in the first 6 weeks. We exclude babies 0-4 weeks from this analysis because we want to look at the population getting at least three checkups in the first 4 weeks. Buku KIA typically did not include information about postpartum or postnatal checkups; therefore, our estimates include information from buku KIA (where it was available) and respondents' self-reports (where it was not). The cost of checkups was top-coded at the 95th percentile to account for outliers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured at baseline

TABLE 8.16 PROVIDERS CONDUCTING POSTNATAL CHECKUPS, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Doctor	609	8.7	5.7	1,742	19.9	16.0	-4.9*
Nurse	609	5.4	8.6	1,742	9.5	9.0	-1.6
Bidan	609	73.1	74.4	1,742	78.2	83.5	6.2**
Orderly	n.a.	n.a.	n.a.	1,742	1.5	3.0	1.2
Kader posyandu	609	3.4	4.7	1,742	3.0	4.0	1.3
Traditional birth attendant	609	1.4	2.8	1,742	4.9	4.5	-0.7
Other	609	11.5	7.7	1,742	0.5	0.0	-0.4

Source: Caregiver baseline and endline surveys

Note: Results reported in percent. Sample sizes are lower for "saw any skilled provider" and "saw no skilled provider" at baseline because some respondents only reported "other" providers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.17 LOCATION OF POSTNATAL CHECK-UPS, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Government hospital	609	3.5	1.4	1,735	9.9	8.3	-2.3
Private hospital	609	2.4	1.9	1,735	5.7	4.9	0.0
Puskesmas/pustu	609	12.3	7.5	1,735	9.7	9.6	-0.5
Polindes	609	3.3	4.2	1,735	7.2	7.2	0.4
Posyandu	609	40.4	44.4	1,735	22.6	28.4	4.6
Home practice of doctor/bidan/paramedic	609	11.5	10.6	1,735	19.1	15.3	-3.9
Home practice of traditional birth attendant	609	0.0	0.5	1,735	0.7	0.0	-0.7**
Own home	609	29.3	36.1	1,735	30.7	35.8	5.3
Other	609	7.1	3.5	1,735	3.3	2.3	-1.0

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.18 POSYANDU OPERATIONS, AS REPORTED BY KADER POSYANDU

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted difference
Number of days posyandu was held in last six months	732	5.6	5.8	898	6.1	6.1	0.0
Number of days posyandu was held during last operational month	n.a.	n.a.	n.a.	898	1.1	1.2	0.1
Number of kader present at last posyandu	731	3.9	4.3	898	4.2	4.8	0.6***
Bidan present at last posyandu	731	83.4	82.3	896	95.5	94.5	-0.1
Number of times conducted sweeping in last year	n.a.	n.a.	n.a.	885	5.9	5.9	-0.2
Posyandu charges for basic services	732	20.4	21.7	898	19.2	27.9	9.9**
Number of children who received services last time posyandu was in operation, source records and recall	692	28.2	34.1	898	34.8	42.6	8.1***
Posyandu provides transportation allowance or honorarium for kader	n.a.	n.a.	n.a.	898	69.6	74.3	5.3
Allowance or honorarium amount, among kaders indicating that they receive one (Rp)	n.a.	n.a.	n.a.	697	8,709,754	11,800,000	2,901,722***

Source: Kader posyandu baseline and endline surveys

Note: Results reported in percent unless otherwise indicated. The allowance or honorarium amount was top-coded at the 95th percentile to account for outliers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.19 POSYANDU VISITS, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Visits to the posyandu, among 0-11 month olds							
Child brought to posyandu in last six months	1046	72.0	75.4	3,058	76.1	84.6	7.2***
Number of times child brought to posyandu in last six months, among children brought to posyandu	814	3.8	4.2	2,519	4.2	4.1	0.0
Visits to the posyandu, among 12-35 month olds							
Child brought to posyandu in last six months	1950	54.7	65.3	6,062	63.8	76.5	10.6***
Number of times child brought to posyandu in last six months, among children brought to posyandu	1290	3.8	4.1	4,647	4.2	4.6	0.4***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Visits to the posyandu, among 0-35 month olds							
Child brought to posyandu in last six months	3039	60.5	68.6	9,120	68.1	79.3	9.3***
Number of times child brought to posyandu in last six months, among children brought to posyandu	2125	3.8	4.1	7,166	4.2	4.4	0.2***
Family member other than caregiver brought child to last visit, among those attending posyandu	2116	2.4	2.9	7,171	2.6	2.4	-0.3
Total cost of services from last visit, among those paying to attend posyandu (Rp)	562	4,171	3,401	1,740	4,598	3,908	-599
Total cost of services at last visit, among those attending posyandu (Rp)	2120	821	757	7,169	890	99 7	119
Bidan or puskesmas staff present at last posyandu visit, among those attending posyandu	2121	93.5	92.6	7,168	95.9	96.1	-0.1

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated. The cost of services was top-coded at the 95th percentile to account for outliers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.20 POSTNATAL CARE SUPERVISION AND POSYANDU SUPERVISION, AS REPORTED BY KADER POSYANDU, BIDAN COORDINATORS AND NUTRITIONISTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinator supervised or assisted bidan in conducting a postnatal checkup in the last 30 days	243	39.8	27.4	241	42.9	48.8	5.3
Bidan coordinator assisted or supervised bidan during regular delivery in the last 30 days	243	38.3	25.1	241	33.3	38.3	4.1
Bidan coordinator collects records of posyandu	243	76.7	80.5	242	91.0	91.6	0.2
Percent of posyandu that bidan coordinator visited in the last 30 days, among number supervises	n.a.	n.a.	n.a.	242	30	20	0.0
Percent of posyandu that nutritionist visited in the last 30 days, among number supervises	n.a.	n.a.	n.a.	242	37.5	37.4	0.9
Number of times posyandu was visited by puskesmas staff in last six months, as reported by kader posyandu	725	2.6	2.5	874	3.1	3.7	0.7***

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

n.a. = not applicable because not included in baseline survey

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.21 POSTNATAL CARE AT THE POSYANDU, AS REPORTED BY BIDAN, KADER POSYANDU, BIDAN COORDINATORS AND NUTRITIONISTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Postnatal counseling provided by kader posyandu							
Kader posyandu discussed maternal and child health topics with pregnant women and caregivers of children under 5 in the last 6 months	393	80.4	87.1	1,960	97.0	98.1	1.2*
Kader posyandu discussed maternal and child health topics with family members of pregnant woman or caregivers of children under 5 in the last six months	774	3.6	3.6	1,960	10.2	6.8	-3.5**
Kader posyandu discussed maternal and child health topics with spouses of pregnant woman or caregivers of children under 5 in the last six months	774	14.8	14.4	1,960	17.6	20.8	3.5
Kader posyandu discussed maternal and child health topics with parents or parents-in-law of pregnant woman or caregivers of children under 5 in the last six months	774	18.9	17.0	1,960	16.3	22.1	5.7**
One-on-one counseling by bidan coordinators and nutritionists at the posyandu							
Bidan coordinator visited posyandu in last 30 days	n.a.	n.a.	n.a.	242	84.2	86.6	3.3
Bidan coordinator provided individual counseling to mothers/pregnant women during visit to posyandu in the last 30 days, among bidan coordinators who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	206	78.6	82.2	1.4
Nutritionist visited posyandu in last 30 days	n.a.	n.a.	n.a.	242	93.1	88.5	-4.7
Nutritionist provided individual counseling to mothers/pregnant women during visit to posyandu in the last 30 days, among nutritionists who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	221	79.1	80.1	-1.0

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.22 CHILD IMMUNIZATIONS, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Complete vaccinations, among children older than 12 months	1896	59.8	57.8	6,000	64.0	67.1	2.3
Hepatitis B 0, among all children	2,979	54.6	51.2	9,064	75.8	78.5	2.0
BCG, among children older than 3 months	2,722	81.3	78.3	8,382	86.4	88.9	2.1
Polio 1, among all children	2,971	77.8	75.4	9,073	81.5	84.3	2.1
DPT, HB, HIB 1, among children older than 2 months	2,796	77.4	76.2	8,639	83.3	85.9	2.1
Polio 2, among children older than 2 months	2,791	73.4	72.3	8,634	81.1	83.2	1.4
DPT, HB, HIB 2, among children older than 3 months	2,697	70.8	67.1	8,380	79.2	80.4	0.9
Polio 3, among children older than 4 months	2,597	70.7	67.3	8,133	77.9	79.8	1.3
DPT, HB, HIB 3, among children older than 4 months	2,596	64.6	63.2	8,118	72.7	75.3	2.5
DPT, HB, HIB 3, received by age 4 months, among children older than 4 months	1,399	16.5	14.9	2,408	30.0	24.8	-6.1*
Polio 4, among children older than 6 months	2,408	65.7	64.7	7,574	71.6	72.2	0.1
IPV, among all children	n.a.	n.a.	n.a.	8,980	36.2	37.9	1.8
Measles, among children older than 9 months	2,143	71.4	71.0	6,801	73.5	78.3	4.2**
Measles received by age 9 months, among children older than 9 months	1,242	29.6	30.0	2,064	26.5	22.8	-4.6
DPT, HB, HIB 4, among children older than 2 years	n.a.	n.a.	n.a.	3,787	43.6	45.0	0.0
Measles booster, among children older than 2 years	n.a.	n.a.	n.a.	4,035	36.9	34.2	-3.2
At least one dose of vitamin A, among children older than 6 months	2,440	75.5	78.0	7,538	85.0	88.4	2.7**
At least one dose of Vitamin A, among children 6-11 months old	515	43.8	51.3	1,520	59.4	65.3	4.9
At least twice-yearly dose of Vitamin A, among children 12-35 months old	1,925	22.7	23.3	6,018	22.6	25.1	1.9
At least twice-yearly dose of Vitamin A, among children 6-35 months old	2440	26.7	29.3	7538	30.6	33.5	2.3

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.23 CHILD IMMUNIZATIONS, AS REPORTED BY CAREGIVERS OF CHILDREN 12-35 MONTHS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Complete vaccinations, among children older than 12 months	1896	59.8	57.8	6,000	64.0	67.1	2.3
Hepatitis B 0	1,909	57.4	48.5	6,024	75.7	79.6	3.3
BCG	1,911	82.8	76.8	6,033	86.5	89.1	2.2
Polio 1	1,904	83.4	79.5	6,030	85.7	87.9	1.9
DPT, HB, HIB 1	1,898	81.3	77.0	6,029	85.9	88.0	1.9
Polio 2	1,892	77.8	73.8	6,027	84.3	85.9	1.1
DPT, HB, HIB 2	1,891	77.0	71.7	6,031	82.3	84.8	2.5
Polio 3	1,889	74.8	70.1	6,025	80.5	82.9	2.1
DPT, HB, HIB 3	1,889	71.5	69.0	6,013	78.3	81.3	2.9
Polio 4	1,887	69.8	66.6	6,013	74.0	75.9	1.5
IPV	n.a.	n.a.	n.a.	5,938	44.1	46.1	2.3
Measles	1,914	73.6	73.4	6,038	78.5	81.9	2.9

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.24 POSYANDU SERVICES TO SUPPORT IMMUNIZATION AND PROVIDER SUPPORT FOR IMMUNIZATION, AS REPORTED BY KADER POSYANDU, BIDAN, BIDAN COORDINATORS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Posyandu services to support immunization							
Posyandu vaccinated children in last 12 months	732	89.1	86.4	898	97.0	95.5	-1.0
Posyandu provided Vitamin A supplements in the last 12 months	732	93.5	92.0	898	98.6	98.1	0.1
Posyandu has refrigerator for vaccines in working condition	732	23.9	20.6	898	10.8	12.6	0.8
Posyandu has supply of Vitamin A and has not been out of stock in the last three months	726	14.3	16.1	898	28.5	25.1	-2.8
Provider support for immunizations							
Bidan discussed routine immunization with pregnant women or caregivers of children under 5 in last six months	570	97.7	95.0	778	97.5	97.9	0.5
Kader posyandu discussed routine immunization with pregnant women or caregivers of children under 5 in last six months	732	89.1	86.4	898	97.0	95.5	-1.0

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan discussed importance of giving children Vitamin A with pregnant women or caregivers of children under 5 in last six months	570	91.6	90.2	778	93.2	94.5	1.0
Kader posyandu discussed importance of giving children Vitamin A with pregnant women or caregivers of children under 5 in last six months	774	70.0	72.1	1,959	84.0	85.8	2.1
Bidan coordinator supervised or assisted bidan desa in carrying out vaccinations in the last 30 days	243	50.1	41.5	241	51.7	62.5	9.7
Percent of posyandu that bidan coordinator visited to carry out vaccinations in the last 30 days, among those supervised	n.a.	n.a.	n.a.	206	21.0	21.9	0.3
Percent of posyandu that nutritionist visited to carry out vaccinations in the last 30 days, among those supervised	n.a.	n.a.	n.a.	241	23.1	25.2	2.2

Source: Kader posyandu, bidan, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.25 MOTHERS' PARTICIPATION IN KELAS IBU HAMIL, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Ever attended kelas ibu hamil	2,997	11.5	12.0	3,040	20.8	29.4	8.4***
Ever attended kelas ibu hamil, among women who live in desa in which session was ever offered	781	17.0	19.2	1896	26.3	34.6	5.2
Number of times attended, among those who ever attended	386	2.2	2.8	919	2.4	2.6	0.3
Session characteristics, reported by mothers who ever attended							
Duration of a typical session (minutes)	386	96	104	919	68	78	8*
Bidan led session	385	44.9	43.4	904	74.6	80.2	5.8
Kader posyandu led session	385	7.7	19.9	904	29.0	24.8	-3.7
Staff from the puskesmas led session	385	46.5	54.7	904	34.5	40.0	3.0
Other provider led session	385	15.3	6.1	904	9.9	6.7	-3.8
Used teaching methods besides lecturing, like games, pictures, stories	n.a.	n.a.	n.a.	920	75.7	79.9	3.6
Husband ever accompanied to session	386	14.6	13.6	920	14.4	13.2	-1.5
Paid to attend session	n.a.	n.a.	n.a.	920	3.1	3.7	0.4

Source: Caregiver baseline and endline surveys. Source for the kelas ibu hamil is mothers of 0-11 month olds

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not included in baseline survey

TABLE 8.26 REASONS MOTHERS OF 0-11 MONTH OLDS DID NOT ATTEND KELAS IBU HAMIL

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Never heard of kelas ibu hamil	2,611	87.8	89.5	2,068	78.1	78.3	0.3
Too far to travel	2,611	4.5	3.9	2,068	4.8	5.5	1.2
No time	2,611	5.4	3.9	2,068	9.7	7.9	-1.6
Other household member wouldn't allow it	2,611	0.0	0.0	2,068	0.0	0.0	0.0
Not interested	n.a.	n.a.	n.a.	2,068	2.7	3.3	0.0
Too tired or sick	n.a.	n.a.	n.a.	2,068	1.2	1.6	0.4
Too ashamed or afraid	n.a.	n.a.	n.a.	2,068	1.1	1.1	0.2
Do not know location or time	n.a.	n.a.	n.a.	2,068	4.0	4.7	0.4
Other	2,611	1.4	1.1	2,068	1.8	2.6	0.7

Source: Caregiver baseline and endline surveys.

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.27 TOPICS DISCUSSED AT KELAS IBU HAMIL, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Body changes during pregnancy	134	50.9	44.8	913	55.0	53.7	-0.3
Eating during pregnancy	134	75.7	75.8	913	77.4	73.7	-2.8
Prenatal care	134	66.1	55.1	913	65.4	66.7	-0.3
Danger signs in pregnancy	134	58.0	72.0	913	70.2	68.7	-1.1
Delivery	134	49.6	63.9	913	62.6	66.3	4.7
Early initiation of breastfeeding	134	43.5	49.0	913	55.4	57.4	1.6
Exclusive breastfeeding	134	57.9	64.1	913	58.5	59.5	4.1
How to correctly breastfeed	134	46.6	56.8	913	54.6	62.0	7.9*
Breastfeeding frequency	n.a.	n.a.	n.a.	913	38.4	43.2	4.2
Postpartum care	134	47.9	51.7	913	46.9	50.1	2.0
Family planning	134	43.0	51.5	913	50.9	54.0	3.5
Hygiene or handwashing	n.a.	n.a.	n.a.	913	53.0	59.3	6.7
Growth monitoring	n.a.	n.a.	n.a.	913	34.1	41.0	6.3
Maternal anemia	n.a.	n.a.	n.a.	913	54.4	56.4	2.7
Exercises for pregnant women	n.a.	n.a.	n.a.	913	47.1	52.1	4.9
Other	134	16.6	13.0	913	49.3	50.7	2.8

Source: Caregiver baseline and endline surveys.

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.28 USEFULNESS OF KELAS IBU HAMIL, AS REPORTED BY MOTHERS OF 0-11 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Very useful	n.a.	n.a.	n.a.	919	94.1	95.7	1.7
Somewhat useful	n.a.	n.a.	n.a.	919	5.2	3.9	-1.2
Not useful	n.a.	n.a.	n.a.	919	0.7	0.4	-0.5
Don't know	n.a.	n.a.	n.a.	919	0.0	0.0	0.0

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.29 KELAS IBU HAMIL PARTICIPATION, FREQUENCY, AND FUNDING, AS REPORTED BY KADER POSYANDU, BIDAN, AND BIDAN COORDINATORS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Reports from kader posyandu							
Posyandu ever held a kelas ibu hamil	732	25.8	28.6	898	53.8	66.0	12.6***
Number held in the last six months, among posyandu holding kelas ibu hamil	196	2.9	3.9	387	3.8	3.9	-0.1
Number of years posyandu has been offering sessions, among posyandu offering them	n.a.	n.a.	n.a.	479	4.3	4.0	-0.2
Number of women attended last session	187	10.5	9.9	525	8.1	10.0	2.2***
Number of men attended last session	212	0.6	0.7	514	0.5	0.9	0.2
Duration of last session (minutes)	192	83	77	511	63	75	7
Kader posyandu led last session	229	5.0	7.4	514	0.5	8.4	8.1***
Bidan led last session	229	60.9	70.0	514	66.4	69.3	1.1
Puskesmas staff member led last session	229	39.9	27.7	514	41.2	39.7	-2.1
Other health officer led last session	229	2.5	4.0	514	0.0	0.2	0.2
Bidan present during last session (if didn't lead)	227	83.8	86.0	192	52.2	56.1	10.9
Bidan from the puskesmas also present during last session (if didn't lead)	227	65.1	49.6	498	58.9	48.6	-8.6
Other puskesmas provider also present during last session	227	0.0	0.0	519	44.6	47.2	3.3
Posyandu receives funding to hold kelas ibu hamil	n.a.	n.a.	n.a.	503	20.7	19.5	1.8
Desa government provides funding, among those that receive funding	n.a.	n.a.	n.a.	107	52.7	47.1	7.8
Puskesmas provides funding, among those that receive funding	n.a.	n.a.	n.a.	107	39.9	46.8	-16.2
Funding covered snacks and beverages, among those who received funding	n.a.	n.a.	n.a.	107	99.0	96.7	0.1
Funding covered materials, among those who received funding	n.a.	n.a.	n.a.	107	27.7	20.4	4.5
Funding covered PMT, among those who received funding	n.a.	n.a.	n.a.	107	1.9	15.9	19.6**
Posyandu received funding to hold session between 2014-18	n.a.	n.a.	n.a.	496	21.4	65.5	47.3***
Generasi provided funding, among those that received funding	n.a.	n.a.	n.a.	228	4.0	84.8	80.9***
Desa government provided funding, among those that received funding	n.a.	n.a.	n.a.	228	58.8	16.2	-40.1***
Puskesmas provided funding, among those that received funding	n.a.	n.a.	n.a.	228	29.3	13.5	-14.0
Funding covered snacks and beverages, among those that received funding	n.a.	n.a.	n.a.	225	90.8	93.6	2.0
Funding covered materials, among those that received funding	n.a.	n.a.	n.a.	225	34.8	44.7	11.4
Funding covered PMT, among those that received funding [n.a.	n.a.	n.a.	225	11.7	20.6	11.4*

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Reports from bidan							
Bidan ever attended kelas ibu hamil	570	53.0	61.7	783	84.4	86.5	2.2
Bidan led kelas ibu hamil in the last six months	570	43.6	52.3	783	71.0	70.0	-0.9
Number led in the last six months, among bidan who have led sessions in the last six months	291	2.4	2.7	554	3.1	3.1	0.0
Number attended but not led in the last six months, among bidan who have attended sessions in the last six months	352	2.8	2.9	589	3.8	3.6	-0.2
Felt prepared to lead the session, among bidan who led one (scale 1-3, higher=more prepared)	n.a.	n.a.	n.a.	554	1.2	1.2	0.0
Number of women that attended last session	347	11.7	10.5	671	8.8	10.1	1.3**
Number of men that attended last session	347	0.4	0.4	670	0.6	0.8	0.3**
Duration of last session (minutes)	351	88	94	673	69	81	11**
Kader posyandu also present during last session	351	68.4	75.9	674	72.0	78.6	7.5**
Bidan from the puskesmas also present during last session	n.a.	n.a.	n.a.	674	59.4	55.2	-2.1
Other puskesmas provider also present during last session	351	59.5	51.3	674	45.2	42.7	-1.0
Reports from bidan coordinators and nutritionists							
Bidan coordinator participated in kelas ibu hamil during visit to posyandu in the last 30 days, among bidan coordinators who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	206	58.0	62.0	-0.4
Nutritionist participated in kelas ibu hamil during visit to posyandu in the last 30 days, among nutritionists who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	221	33.2	29.8	-1.1

Source: Kader posyandu, bidan, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.30 REASONS POSYANDU NEVER HELD KELAS IBU HAMIL, AS REPORTED BY KADER POSYANDU

	Sample size	Control mean	Treatment mean	Adjusted impact
Lack of interest from community	373	15.6	19.8	0.1
Lack of funds	373	14.5	25.6	14.1***
Not a posyandu's responsibility	373	25.7	28.3	5.2
Insufficient training	373	32.0	25.7	-6.6
Lack of location to host the class	373	14.5	19.5	4.4
Lack of time to hold the class	373	3.6	4.9	2.2

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan/desa administration/puskesmas hasn't given instruction	373	11.1	3.7	-8.0**
Lack of participants	373	7.1	7.2	2.9
Lack of health workers	373	3.6	2.8	-1.8
No plan yet to hold program	373	1.3	1.8	0.8
Other	373	7.9	14.1	3.9

Source: Kader posyandu endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.31 TOPICS DISCUSSED AT KELAS IBU HAMIL IN LAST SIX MONTHS, AS REPORTED BY KADER POSYANDU

	Sample size	Control mean	Treatment mean	Adjusted impact
Body changes during pregnancy	485	46.0	51.7	4.3
Eating during pregnancy	485	72.0	74.1	3.8
Prenatal care	485	61.8	67.8	6.2
Danger signs in pregnancy	485	70.9	69.9	-4.7
Delivery	485	68.1	65.6	-4.8
Early initiation of breastfeeding	485	50.3	63.1	13.5**
Exclusive breastfeeding	485	66.9	72.9	5.0
How to correctly breastfeed	485	48.8	58.5	11.3**
Breastfeeding frequency	485	34.8	40.4	5.0
Postpartum care	485	48.2	49.4	-0.4
Family planning	485	42.8	46.1	3.3
Hygiene or handwashing	485	43.1	54.0	13.9***
Growth monitoring	485	32.0	34.2	1.6
Maternal anemia	485	41.0	54.2	12.8**
Exercises for pregnant women	485	0.0	0.0	0.0
Other	485	10.7	10.6	0.5

Source: Kader posyandu endline survey

Note: Results reported in percent. The baseline instrument only asked about topics discussed at the last kelas ibu hamil so we cannot compare baseline and endline results.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.32 TOPICS DISCUSSED AT KELAS IBU HAMIL IN LAST SIX MONTHS, AS REPORTED BY BIDAN

	Sample size	Control mean	Treatment mean	Adjusted impact
Body changes during pregnancy	672	43.9	48.9	2.9
Eating during pregnancy	672	55.3	58.0	2.5
Prenatal care	672	54.2	59.1	4.3
Danger signs in pregnancy	672	73.8	78.4	3.9
Delivery	672	53.6	66.3	12.4***

	Sample size	Control mean	Treatment mean	Adjusted impact
Early initiation of breastfeeding	672	50.5	64.6	13.5***
Exclusive breastfeeding	672	59.3	68.5	7.5*
How to correctly breastfeed	672	29.3	45.2	15.0***
Breastfeeding frequency	672	25.1	35.8	9.1**
Postpartum care	672	38.2	43.2	3.6
Family planning	672	41.4	47.3	4.5
Hygiene or handwashing	672	29.9	44.5	13.4***
Growth monitoring	672	23.1	30.0	5.5
Maternal anemia	672	34.7	51.7	16.3***
Exercises for pregnant women	672	2.6	6.5	3.3*
Other	672	10.5	12.5	2.3

Source: Bidan endline survey

Note: Results reported in percent unless otherwise indicated. The baseline instrument only asked about topics discussed at the last kelas ibu hamil so we cannot compare baseline and endline results.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.33 CAREGIVERS' PARTICIPATION IN KELAS BALITA

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Ever attended kelas balita	3,034	6.2	8.0	9,115	9.7	16.0	6.6***
Ever attended kelas balita, among caregivers in desa where kelas balita was held	428	5.8	11.6	4063	12.6	18.7	6.6***
Number of times attended, among women who attended session	227	2.7	2.7	1,426	2.9	3.2	0.1
Session characteristics, reported by mothers who ever attended							
Duration of a typical session (minutes)	227	99	116	1,428	64	70	7**
Bidan led session	226	40.9	56.2	1,416	71.5	70.2	0.0
Kader posyandu led session	226	23.8	36.6	1,416	43.4	48.7	5.3
Puskesmas staff led last session	226	45.5	39.9	1416	37.0	36.3	-1.8
Other provider led session	226	22.6	8.5	1,416	14.3	11.3	-3.4
Used teaching methods besides lecturing, like games, pictures, stories	n.a.	n.a.	n.a.	1,426	73.0	79.7	5.8*
Husband ever accompanied to session	227	8.5	14.0	1,419	13.6	12.2	-1.8
Paid to attend session	n.a.	n.a.	n.a.	1,429	3.4	2.6	-0.6

Source: Caregiver baseline and endline surveys. Source for the kelas balita is caregivers of 0-35 month olds

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.34 REASONS CAREGIVERS OF 0-35 MONTH OLDS DID NOT ATTEND KELAS BALITA

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Never heard of kelas balita	2,812	90.9	91.5	7,582	86.6	86.5	-0.1
Too far to travel	2,812	1.7	3.1	7,582	2.1	2.4	0.4
No time	2,812	4.0	2.2	7,582	5.7	5.3	-0.3
Other household member wouldn't allow it	2,812	0.0	0.0	7,582	0.1	0.2	0.1
Nobody escorted	n.a.	n.a.	n.a.	7,582	0.4	0.4	0.1
Too sick (children or self)	n.a.	n.a.	n.a.	7,582	0.6	0.5	0.0
Too lazy	n.a.	n.a.	n.a.	7,582	2.1	1.8	-0.4
Child is too young	n.a.	n.a.	n.a.	7,582	1.9	1.5	-0.4
No transportation	n.a.	n.a.	n.a.	7,582	0.2	0.4	0.3
Too expensive/not enough money to attend	n.a.	n.a.	n.a.	7,582	0.2	0.2	-0.1
Do not know location or time	n.a.	n.a.	n.a.	7,582	3.0	3.1	-0.2
Other	2,812	4.5	4.9	7,582	0.1	0.3	0.1

Source: Caregiver baseline and endline surveys. Source for the kelas balita is mothers of 0-35 month olds

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.35 TOPICS DISCUSSED AT KELAS BALITA, AS REPORTED BY CAREGIVERS OF 0-35 MONTH OLDS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Exclusive breastfeeding	232	68.4	63.8	1,427	75.7	80.2	3.9
How to breastfeed correctly	232	58.3	61.7	1,427	63.2	70.7	9.3***
Postpartum care	232	33.5	34.4	1,427	43.0	45.2	3.5
Family planning	232	37.6	40.7	1,427	49.2	55.3	4.7
Growth monitoring	232	29.4	31.7	1,427	32.5	40.0	8.1**
Complementary feeding	232	71.5	55.3	1,427	62.3	63.5	3.0
Multiple micronutrient supplements	232	15.0	15.4	1,427	21.6	24.5	4.2
Vitamin A supplements	232	40.9	58.7	1,427	59.5	59.1	-0.4
Diarrhea prevention and control	232	32.7	46.7	1,427	44.3	52.1	8.0**
Immunizations	232	53.9	64.7	1,427	64.6	68.2	4.4
Malaria prevention and control	232	16.9	39.9	1,427	37.4	42.1	2.4
Hygiene or handwashing	232	45.4	43.0	1,427	55.1	62.3	5.9
Other	232	11.0	17.4	1,427	54.4	62.1	7.5*

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.36 USEFULNESS OF KELAS BALITA, AS REPORTED BY CAREGIVERS OF 0-35 MONTH OLDS

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Very useful	1,428	91.6	91.6	-2.5
Somewhat useful	1,428	7.4	7.6	2.6
Not useful	1,428	1.0	0.9	-0.1
Don't know	1,428	0.0	0.0	0.0

Source: Caregiver baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.37 KELAS BALITA PARTICIPATION AND FREQUENCY, AS REPORTED BY KADER POSYANDU, BIDAN, AND BIDAN COORDINATORS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Reports from kader posyandu							
Posyandu ever held a kelas balita	732	16.1	16.7	896	37.0	52.0	17.0***
Number held in the last six months, among posyandu holding kelas balita	108	3.4	3.9	245	3.8	3.8	0.2
Number of years posyandu has been offering sessions, among posyandu offering them	n.a.	n.a.	n.a.	321	5.6	3.4	-2.6***
Number of women attended last session	100	26.0	23.4	368	28.3	35.6	6.4**
Number of men attended last session	108	5.7	3.3	363	1.3	1.5	0.3
Duration of last session (minutes)	108	86	61	363	66	74	2
Kader posyandu led last session	121	13.0	12.7	365	14.0	15.1	5.8
Bidan led last session	121	54.0	53.8	365	49.7	59.2	6.4
Puskesmas staff led last session	121	34.0	28.5	365	40.9	42.1	-0.7
Other health officer led last session	121	2.8	5.9	365	7.2	4.7	-1.8
Felt prepared to lead the session, among kader posyandu who led one (scale 1-3, higher=more prepared)	n.a.	n.a.	n.a.	33	2.5	2.3	0.0
Bidan also present during last session (if didn't lead)	121	81.2	74.1	179	56.7	67.1	14.5*
Bidan from the puskesmas also present during last session (if didn't lead)	121	62.7	42.0	319	59.9	53.4	-7.8
Other puskesmas provider also present during last session	121	0.0	0.0	365	61.8	60.2	2.4
Posyandu receives funding to hold kelas balita	n.a.	n.a.	n.a.	361	27.1	24.4	1.0
Desa government provides funding, among those that receive funding	n.a.	n.a.	n.a.	98	77.6	75.9	3.8
Puskesmas provides funding, among those that receive funding	n.a.	n.a.	n.a.	98	16.1	16.0	-14.1**
Funding covered snacks and beverages, among those who received funding	n.a.	n.a.	n.a.	97	92.7	94.9	3.1

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Funding covered materials, among those who received funding	n.a.	n.a.	n.a.	97	25.3	17.4	-4.4
Funding covered PMT, among those who received funding	n.a.	n.a.	n.a.	97	12.9	10.7	0.8
Posyandu received funding to hold session between 2014-18	n.a.	n.a.	n.a.	356	25.9	75.7	50.7***
Generasi provided funding, among those that received funding	n.a.	n.a.	n.a.	207	0.0	83.9	78.7***
Desa government provided funding, among those that received funding	n.a.	n.a.	n.a.	207	88.9	19.3	-61.3***
Puskesmas provided funding, among those that received funding	n.a.	n.a.	n.a.	207	6.5	9.5	-0.5
Funding covered snacks and beverages, among those that received funding	n.a.	n.a.	n.a.	206	93.4	90.0	-6.0
Funding covered materials, among those that received funding	n.a.	n.a.	n.a.	206	19.5	33.0	5.9
Funding covered PMT, among those that received funding	n.a.	n.a.	n.a.	206	7.5	15.0	8.2
Reports from bidan							
Bidan ever attended kelas balita	570	15.7	15.8	783	41.0	46.8	7.3*
Bidan led kelas balita in the last six months	570	13.6	13.8	783	32.3	32.1	1.8
Number led in the last six months, among bidan who led sessions in the last six months	74	2.9	2.7	241	3.4	3.1	-0.2
Number attended but not led in the last six months, among bidan who attended sessions in the last six months	88	3.7	3.2	277	4.0	3.5	-0.2
Felt prepared to lead the session, among bidan who led one (scale 1-3, higher = more prepared)	n.a.	n.a.	n.a.	241	1.3	1.2	-0.1**
Number of women that attended last session	84	24.4	24.9	330	25.6	26.8	-0.9
Number of men that attended last session	85	7.7	13.1	333	1.8	2.3	-0.3
Duration of last session (minutes)	86	82	74	336	70	69	-4
Kader posyandu also present during last session	86	90.0	88.9	337	88.6	87.7	-2.0
Bidan from the puskesmas also present during last session	n.a.	n.a.	n.a.	337	51.3	43.4	-4.8
Reports from bidan coordinators and nutritionists							
Bidan coordinator participated in kelas balita during visit to posyandu in the last 30 days, among bidan coordinators who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	206	28.7	39.8	7.7
Nutritionist participated in kelas balita during visit to posyandu in the last 30 days, among nutritionists who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	221	33.9	27.8	-5.0

Source: Kader posyandu, bidan, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.38 REASONS POSYANDU NEVER HELD KELAS BALITA, AS REPORTED BY KADER POSYANDU

	Sample size	Control mean	Treatment mean	Adjusted impact
Lack of interest from community	528	18.9	23.6	5.4
Lack of funds	528	26.5	39.8	16.1***
Not a posyandu's responsibility	528	12.8	12.9	0.4
Insufficient training	528	36.0	37.5	2.7
Lack of location to host the class	528	8.1	15.6	7.3**
Lack of time to hold the class	528	3.2	7.5	3.5
Bidan/desa administration/puskesmas hadn't given instruction	528	18.0	8.2	-11.1***
Lack of participants	528	1.2	0.2	-1.5
Lack of health workers	528	1.7	3.2	0.6
No plan yet to hold the program	528	3.9	1.7	-2.2
Other	528	5.4	9.6	4.0

Source: Kader posyandu endline survey

Note: Results reported in percent. The baseline instrument only asked about topics discussed at the last kelas ibu hamil so we cannot compare baseline and endline results.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.39 TOPICS DISCUSSED AT KELAS BALITA IN LAST SIX MONTHS, AS REPORTED BY KADER POSYANDU

	Sample size	Control mean	Treatment mean	Adjusted impact
Exclusive breastfeeding	366	75.3	67.2	-11.7**
How to breastfeed correctly	366	53.4	54.9	-3.1
Breastfeeding frequency	n.a.	n.a.	n.a.	n.a.
Postpartum care	366	32.7	27.8	-5.9
Family planning	366	48.3	37.9	-11.6*
Growth monitoring	366	38.9	49.4	10.5*
Complementary feeding	366	70.8	84.3	12.9**
Multiple micronutrient supplements	366	14.9	18.7	4.4
Vitamin A supplements	366	58.0	65.5	9.2
Diarrhea prevention and control	366	44.4	55.1	6.2
Immunizations	366	59.1	56.5	-2.7
Malaria prevention and control	366	28.8	34.4	3.9
Hygiene or handwashing	366	47.8	57.7	12.3**
Feeding a sick baby	n.a.	n.a.	n.a.	n.a.
When to take child to a health facility	n.a.	n.a.	n.a.	n.a.
Other	366	7.6	6.9	-0.8
Don't know	368	2.0	0.3	-1.0

Source: Kader posyandu endline survey

Note: Results reported in percent. The baseline instrument only asked about topics discussed at the last kelas ibu hamil so we cannot compare baseline and endline results.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.40 TOPICS DISCUSSED AT KELAS BALITA IN LAST SIX MONTHS, AS REPORTED BY BIDAN

	Sample size	Control mean	Treatment mean	Adjusted impact
Exclusive breastfeeding	334	61.2	65.2	1.0
How to breastfeed correctly	334	35.4	39.6	2.0
Breastfeeding frequency	n.a.	n.a.	n.a.	n.a.
Postpartum care	334	18.1	16.3	-1.6
Family planning	334	20.8	30.4	10.3**
Growth monitoring	334	56.7	57.4	-0.4
Complementary feeding	334	72.5	76.3	3.4
Multiple micronutrient supplements	334	13.6	9.8	-3.6
Vitamin A supplements	334	57.2	51.0	-5.9
Diarrhea prevention and control	334	41.2	46.9	6.4
Immunizations	334	51.5	53.6	-0.3
Malaria prevention and control	334	13.1	14.1	1.7
Hygiene or handwashing	334	46.8	54.6	7.5
Feeding a sick baby	n.a.	n.a.	n.a.	n.a.
When to take child to a health facility	n.a.	n.a.	n.a.	n.a.
Other	321	9.2	5.8	-3.6
Don't know	337	1.0	0.5	0.3

Source: Bidan endline survey

Note: Results reported in percent. The baseline instrument only asked about topics discussed at the last kelas ibu hamil so we cannot compare baseline and endline results.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in the baseline survey

TABLE 8.41 BREASTFEEDING AND FORMULA FEEDING PRACTICES, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Initiation of breastfeeding							
Early initiation of breastfeeding: children 0-23 months who were put to the breast within one hour of birth	2,065	32.3	35.7	4,596	50.7	54.5	3.6
Children ever breastfed: children 0-23 months who were ever breastfed	2,072	97.3	97.5	4,605	97.6	97.8	0.1
Exclusive breastfeeding							
Exclusive breastfeeding: children 0-5 months who received only breast milk during the previous day	n.a.	n.a.	n.a.	1,490	38.0	45.0	8.7**
Non-exclusive breastfeeding: children 0-5 months who received breast milk and solid, semi-solid, or soft foods and/or liquids other than breastmilk during the previous day	n.a.	n.a.	n.a.	1,490	47.3	43.3	-5.6
No breastfeeding: children 0-5 months who did not receive breastmilk during the previous day	n.a.	n.a.	n.a.	1,490	14.7	11.8	-3.1
Exclusive breastfeeding: children 0-5 months who received only breast milk from birth	515	19.6	23.0	1,490	16.4	20.1	3.7
Exclusive breastfeeding: children 6-35 months who received only breast milk from 0-5 months	2468	17.9	20.0	7,624	19.7	23.8	3.7**
Exclusive breastfeeding: children 4-5 months who received only breast milk during the previous day	n.a.	n.a.	n.a.	550	22.6	34.1	8.7*
Predominant breastfeeding: children 0-5 months who received breast milk as the predominant source of nourishment during the previous day	n.a.	n.a.	n.a.	1,488	45.8	58.2	13.3***
Age appropriate breastfeeding: children 0-5 months who received only breast milk during the previous day; and children 6-23 months who received breast milk, as well as solid, semi-solid or soft foods, during the previous day	n.a.	n.a.	n.a.	4,602	60.4	66.3	7.0***
Introducing solids							
Children 0-5 months who received solid, semi-solid or soft foods during the previous day	n.a.	n.a.	n.a.	1,488	23.3	18.9	-6.5**
Children 0-5 months who received solid, semi-solid or soft foods regularly	515	25.8	23.8	1,490	18.7	15.0	-5.0*
Children 6-35 months who received solid, semi-solid or soft foods before age 6 months	n.a.	n.a.	n.a.	7,624	25.9	24.4	-1.8
Children 6-35 months who received solid, semi-solid or soft foods regularly before age 6 months	2478	27.1	28.2	7,624	16.9	15.6	-1.5

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Continued breastfeeding							
Continued breastfeeding at 1 year: Children 12–15 months who received breast milk during the previous day 	n.a.	n.a.	n.a.	479	73.8	75.3	4.9
Continued breastfeeding at 2 years: Children 20–23 months who received breast milk during the previous day 	n.a.	n.a.	n.a.	581	62.9	67.3	5.0
Duration of breastfeeding: Median duration of breastfeeding among children 0-35 months (months) ^a 	777	11.0	9.0	3,251	12.0	14.0	1.0
Formula feeding							
Children 0-5 months who were ever given formula	515	64.6	62.5	1,490	66.7	61.1	-4.1
Children 6-35 months who were ever given formula from 0-5 months	2,480	60.4	54.9	7,626	59.4	54.7	-4.2**
Children 0-5 months who were given formula/liquids other than breastmilk regularly	515	30.9	35.3	1,490	46.8	38.4	-9.4***
Children 0-5 months who were ever given formula and were fed formula/liquids other than breastmilk regularly	515	22.0	29.6	1,490	39.6	32.3	-8.0***
Children 6-35 months who were given formula/liquids other than breastmilk regularly before age 6 months	2478	45.5	44.6	7,624	48.5	45.8	-3.1*

Source: Caregiver baseline and endline surveys

 indicates UNICEF indicator derived from https://www.unicef.org/IYCF_Indicators_part_III_country_profiles.pdf

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

^a We could not estimate the statistical significance of the adjusted impact because this is a median regression.

n.a = not applicable because not measured at baseline

TABLE 8.42 REASONS CAREGIVERS CEASED BREASTFEEDING, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Among caregivers of 6-35 month old children who ceased breastfeeding before 6 months							
Mother was sick/weak	n.a.	n.a.	n.a.	1,009	8.5	9.8	0.2
Mother's breasts were sore	n.a.	n.a.	n.a.	1,009	7.1	5.0	-2.4
Mother was working	n.a.	n.a.	n.a.	1,009	7.9	10.6	1.6
Mother took contraceptive pills	n.a.	n.a.	n.a.	1,009	1.2	2.1	1.2
Mother wanted to conceive/was pregnant	n.a.	n.a.	n.a.	1,009	0.2	0.4	0.2
Breast milk ceased/not enough/tired/reluctant/embarrassed	n.a.	n.a.	n.a.	1,009	47.4	42.4	-0.9

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child was ill	n.a.	n.a.	n.a.	1,009	2.4	2.3	-0.5
Child refused to breastfeed	n.a.	n.a.	n.a.	1,009	38.1	38.4	-1.3
Child could not suck milk	n.a.	n.a.	n.a.	1,009	9.2	8.1	-0.9
Doctor's/health officer's advice	n.a.	n.a.	n.a.	1,009	0.7	1.5	1.1
Child had grown/being weaned	n.a.	n.a.	n.a.	1,009	3.5	3.0	-0.2
To feed child food other than milk	n.a.	n.a.	n.a.	1,009	0.5	1.0	0.4
Tradition	n.a.	n.a.	n.a.	1,009	0.0	0.2	0.2
Child had younger sibling	n.a.	n.a.	n.a.	1,009	0.2	0.0	-0.2
Parent's advice	n.a.	n.a.	n.a.	1,009	0.5	0.0	-0.9
Mother died	n.a.	n.a.	n.a.	1,009	0.0	0.0	0.0
Step child	n.a.	n.a.	n.a.	1,009	0.5	0.4	0.5
Other	n.a.	n.a.	n.a.	1,009	0.0	0.1	0.1
Among caregivers of 24-35 month old children who ceased breastfeeding before 24 months							
Mother was sick/weak	n.a.	n.a.	n.a.	1,427	6.9	9.9	2.4
Mother's breasts were sore	n.a.	n.a.	n.a.	1,427	8.5	6.1	-2.2
Mother was working	n.a.	n.a.	n.a.	1,427	10.5	14.2	4.4**
Mother took contraceptive pills	n.a.	n.a.	n.a.	1,427	2.1	2.4	0.2
Mother wanted to conceive/was pregnant	n.a.	n.a.	n.a.	1,427	5.1	6.0	0.5
Breast milk ceased/not enough/tired/reluctant/embarrassed	n.a.	n.a.	n.a.	1,427	29.0	24.4	-3.0
Child was ill	n.a.	n.a.	n.a.	1,427	5.0	4.5	-1.2
Child refused to breastfeed	n.a.	n.a.	n.a.	1,427	28.6	26.8	-3.0
Child could not suck milk	n.a.	n.a.	n.a.	1,427	4.4	4.6	-0.5
Doctor's/health officer's advice	n.a.	n.a.	n.a.	1,427	1.0	1.1	0.1
Child had grown/being weaned	n.a.	n.a.	n.a.	1,427	22.5	20.5	-1.4
To feed child food other than milk	n.a.	n.a.	n.a.	1,427	3.6	4.1	1.0
Tradition	n.a.	n.a.	n.a.	1,427	1.8	1.0	-0.7
Child had younger sibling	n.a.	n.a.	n.a.	1,427	0.7	0.5	-0.1
Parent's advice	n.a.	n.a.	n.a.	1,427	1.1	0.6	-0.6
Mother died	n.a.	n.a.	n.a.	1,427	0.1	0.3	0.3
Step child	n.a.	n.a.	n.a.	1,427	0.3	0.2	-0.3
Other	n.a.	n.a.	n.a.	1,427	0.0	0.0	0.0
Among caregivers of children 0-35 months old who never breastfed							
Mother was sick/weak	105	4.2	4.8	190	17.7	5.4	-13.9**
Mother's breasts were sore	105	4.2	4.6	190	11.6	5.4	-0.5
Mother was working	105	0.8	3.6	190	6.0	4.5	-0.4
Mother took contraceptive pills	n.a.	n.a.	n.a.	190	0.0	0.0	0.0
Mother wanted to conceive/was pregnant	n.a.	n.a.	n.a.	190	0.4	2.9	3.3

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Breast milk ceased/not enough/tired/reluctant/embarrassed	105	53.1	37.5	190	44.6	41.7	-3.8
Child was ill	105	0.0	1.1	190	4.3	0.9	-2.9
Child refused to breastfeed	105	36.4	25.0	190	25.6	26.6	-5.4
Child could not suck milk	105	6.1	4.6	190	8.0	8.5	-3.1
Doctor's/health officer's advice	105	0.5	6.8	190	1.2	0.0	-2.4
Child had grown/being weaned	n.a.	n.a.	n.a.	190	0.0	0.0	0.0
To feed child food other than milk	n.a.	n.a.	n.a.	190	0.0	0.0	0.0
Tradition	n.a.	n.a.	n.a.	190	0.0	0.0	0.0
Child had younger sibling	n.a.	n.a.	n.a.	190	0.0	0.6	1.0
Parent's advice	n.a.	n.a.	n.a.	190	0.4	1.0	1.4
Mother died	n.a.	n.a.	n.a.	190	3.1	0.0	-3.2**
Step child	n.a.	n.a.	n.a.	190	5.9	5.4	0.1
Other	105	0.6	10.3	190	0.0	2.7	1.3

Source: Caregiver baseline and endline surveys.

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.43 BREASTFEEDING SUPPORT, AS REPORTED BY BIDAN, BIDAN COORDINATORS AND NUTRITIONISTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Breastfeeding support, by bidan and kader posyandu							
Bidan helped mothers breastfeed in last 30 days	n.a.	n.a.	n.a.	783	92.9	95.7	2.7
Bidan discussed breastfeeding with pregnant women or caregivers of children under 5 in the last six months	570	95.3	98.1	778	97.6	97.1	-0.4
Kader posyandu discussed breastfeeding with pregnant women or caregivers of children under 5 in the last six months	774	59.0	58.3	1,960	69.6	75.7	6.5***
Breastfeeding support, by bidan coordinators							
Bidan coordinator counseled pregnant women or mothers of children 0-5 months on breastfeeding in the last 30 days	n.a.	n.a.	n.a.	242	88.3	91.1	2.3
Number of pregnant women bidan coordinator counseled on breastfeeding in the last 30 days, among bidan coordinators who provided counseling to pregnant women	n.a.	n.a.	n.a.	212	21.6	18.1	-4.2*

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Number of mothers of children 0-5 months bidan coordinator counseled on breastfeeding in the last 30 days, among bidan coordinators who provided counseling to mothers of young children	n.a.	n.a.	n.a.	192	23.2	15.5	-10.6
Breastfeeding support, by nutritionists							
Nutritionist counseled pregnant women or mothers of children 0-5 months on breastfeeding in the last 30 days ^a	214	96.3	96.0	242	83.9	78.2	-6.7
Number of pregnant women nutritionist counseled on breastfeeding in the last 30 days, among nutritionists who provided counseling to pregnant women	n.a.	n.a.	n.a.	168	17.3	19.8	1.4
Number of mothers of children 0-5 months nutritionist counseled on breastfeeding in the last 30 days, among nutritionists who provided counseling to mothers of young children	202	15.7	22.1	190	29.8	26.1	-4.7
Providers offering formula							
Bidan provided infant formula in last 30 days	569	16.3	18.3	783	7.9	4.8	-3.0
Posyandu provided formula in the last 12 months	732	28.1	34.1	898	18.9	19.1	1.4

Source: Bidan baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

^a The question on the baseline survey asked whether nutritionists had counseled pregnant women or mothers of children 0-5 months on breastfeeding in the last six months, so the measures are not perfectly comparable.

n.a = not applicable because not measured at baseline

TABLE 8.44 TOPICS RELATED TO BREASTFEEDING THAT BIDAN DISCUSSED WITH MOTHERS OF CHILDREN AGES 0-5 MONTHS, AMONG BIDAN WHO DISCUSSED BREASTFEEDING

	Sample size	Control mean	Treatment mean	Adjusted impact
Early initiation of breastfeeding	757	13.9	13.8	-0.7
Exclusive breastfeeding	757	76.4	72.6	-3.6
How to identify and address problems in breastfeeding	757	8.2	13.3	5.0**
Breastfeeding frequency	757	19.9	26.2	7.1**

Source: Bidan endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.45 TOPICS RELATED TO BREASTFEEDING THAT BIDAN COORDINATORS DISCUSSED WITH MOTHERS OF CHILDREN AGES 0-5 MONTHS, AMONG BIDAN COORDINATORS WHO DISCUSSED BREASTFEEDING

	Sample size	Control mean	Treatment mean	Adjusted impact
Early initiation of breastfeeding	217	23.5	29.4	7.1
Exclusive breastfeeding	217	81.4	88.2	8.7*
Benefits of breastfeeding/risks of not breastfeeding	217	27.9	27.6	-1.3
How to identify and address problems in breastfeeding	217	7.1	6.3	-1.4
Breastfeeding frequency	217	15.4	21.8	10.7**

Source: Bidan coordinator endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.46 TOPICS RELATED TO BREASTFEEDING THAT NUTRITIONISTS DISCUSSED WITH MOTHERS OF CHILDREN AGES 0-5 MONTHS, AMONG NUTRITIONISTS WHO DISCUSSED BREASTFEEDING

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Early initiation of breastfeeding	205	21.2	19.3	195	19.2	26.0	7.0
Exclusive breastfeeding	205	86.0	80.0	195	80.7	86.3	5.2
Benefits of breastfeeding/risks of not breastfeeding	n.a.	n.a.	n.a.	195	22.0	19.4	-5.1
How to identify and address problems in breastfeeding	205	12.0	17.4	195	4.1	2.2	-1.4
Breastfeeding frequency	n.a.	n.a.	n.a.	195	9.3	15.6	8.3*

Source: Nutritionist baseline and endline surveys.

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.47 COMPLEMENTARY FEEDING, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Introduction of solid, semi-solid or soft foods: children 6–8 months who received solid, semi-solid or soft foods during the previous day	n.a.	n.a.	n.a.	800	91.1	91.7	0.9
Minimum dietary diversity: children 6–23 months of age who received foods from ≥ 4 food groups during the previous day	n.a.	n.a.	n.a.	3,115	38.8	40.6	2.3

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Minimum meal frequency: children 6-23 months of age who received solid, semi-solid or soft foods the minimum number of times or more during the previous day	n.a.	n.a.	n.a.	3,115	56.1	64.3	8.5***
Minimum acceptable diet: children 6-23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day 	n.a.	n.a.	n.a.	3,115	23.0	27.8	5.4**
Median age at which given solid or semi-solid food (months) ^a	n.a.	n.a.	n.a.	7,755	6.0	6.0	0.0
Mean age at which given solid or semi-solid food (months)	n.a.	n.a.	n.a.	7,755	7.3	6.9	-0.5
Median age at which given solid or semi-solid food regularly (months) ^a	2554	6.0	6.0	7,559	6.0	6.0	0.0
Mean age at which given solid or semi-solid food regularly (months)	2554	7.5	7.6	7,559	8.3	8.0	-0.4

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

 indicates UNICEF indicator

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

^a Statistical significance of the adjusted impact could not be estimated

n.a = not applicable because not measured at baseline

TABLE 8.48. COMPLEMENTARY FEEDING SUPPORT, AS REPORTED BY BIDAN, KADER POSYANDU AND NUTRITIONISTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Nutritionist counseled caregivers of children 6-23 months on complementary feeding in the last 30 days	214	88.9	94.3	242	80.8	77.3	-3.7
Number of caregivers of children 6-23 months nutritionist counseled on complementary feeding in the last 30 days, among nutritionists who provided counseling	194	20.9	33.7	190	50.1	60.6	-0.8
Bidan discussed complementary feeding with pregnant women or caregivers of children under 5 in the last six months	570	89.2	88.3	778	91.3	94.0	2.6
Kader posyandu discussed complementary feeding with pregnant women or caregivers of children under 5 in the last six months	774	74.5	77.3	1,960	78.1	86.4	8.2***
Bidan coordinator discussed complementary feeding with caregivers of children 0-5 months	n.a.	n.a.	n.a.	217	31.7	33.5	2.8

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Nutritionist discussed complementary feeding with caregivers of children 0-5 months	n.a.	n.a.	n.a.	195	45.4	30.9	-12.4*

Source: Bidan, kader posyandu, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.49 TOPICS RELATED TO COMPLEMENTARY FEEDING THAT NUTRITIONISTS DISCUSSED WITH CAREGIVERS OF CHILDREN AGES 6-23 MONTHS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Nutritionists							
Types of food to give child	197	82.2	92.2	191	89.5	96.1	5.9
Quantity of food to give child	197	32.5	43.3	191	47.1	57.9	10.1
Frequency of feeding child	197	45.4	42.8	191	37.1	51.6	14.8**
Taburia or other micronutrient supplements	197	8.7	3.2	191	3.0	2.0	0.5
Continue breastfeeding to two years	197	15.2	9.5	191	7.8	14.8	3.6
Other	197	26.4	32.5	191	33.7	51.9	16.7**

Source: Nutritionist baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.50 UNDERNUTRITION PREVENTION MEASURES, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Weighing							
Child 0-11 months old was weighed in last year	1043	93.0	93.3	3,057	97.8	97.7	-0.2
Child 12-35 months old was weighed in last year	2088	85.2	87.7	6,047	89.2	92.8	3.0**
Number of times 12-35 month olds weighed in last year, among those weighed	n.a.	n.a.	n.a.	5,556	7.4	8.5	0.9***
Most recent weight measurement conducted at posyandu, among those weighed	2,886	70.2	78.3	8,847	72.5	83.7	10.1***
Percent of 0-5 month old children weighed monthly	514	68.3	73.7	1,490	75.1	82.1	5.4*
Percent of 0-23 month old children weighed monthly	2,066	47.8	53.7	4,599	47.5	56.9	8.2***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Length taking							
Child 0-11 months old had length taken in last year	1040	49.9	48.8	3,051	79.3	77.8	-3.2
Child 12-35 months old had length taken in last year	1154	47.6	53.5	6,039	51.7	65.0	10.8***
Number of times 12-35 month olds had length taken in last year, among those who had length taken	n.a.	n.a.	n.a.	3,889	5.4	6.1	0.8**
Most recent length/height measurement conducted at posyandu, among those who had length/height taken	1630	30.0	37.9	2,756	42.7	51.3	8.9***
Checkups related to weight, height, and nutrition							
Underweight child went to posyandu in last six months	754	58.7	63.6	2265	68.9	79.2	8.2***
Underweight child weighed at last posyandu, among underweight children who went to posyandu in last six months	500	96.7	94.1	1803	95.2	97.2	2.0*
Underweight child was told they were underweight at last posyandu, among underweight children who went to posyandu in last six months and were weighed	480	24.0	22.0	1741	33.6	32.6	-0.6
Stunted child went to posyandu in last six months	1041	58.2	61.3	2979	69.2	77.4	6.6**
Stunted child measured at last posyandu, among stunted children who went to posyandu in last six months	694	18.9	18.8	2326	15.2	17.1	2.4
Stunted child was told they were stunted at last posyandu, among stunted children who went to posyandu in last six months and were measured	159	5.7	3.1	344	10.6	7.7	-4.5
PMT benefits received by households							
Child received PMT in the last six months	n.a.	n.a.	n.a.	7171	25.1	28.9	2.7
Number of times received PMT in last six months, among children who received PMT	n.a.	n.a.	n.a.	461	2.4	2.1	-0.2
Child received PMT in last six months, among underweight children	n.a.	n.a.	n.a.	1,803	34.5	38.4	3.1
Number of times received PMT in last six months, among underweight children who received PMT	n.a.	n.a.	n.a.	157	2.8	2.4	-0.9
Child received PMT in last six months, among stunted children	n.a.	n.a.	n.a.	2,326	31.7	35.8	1.2

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Number of times received PMT in last six months, among stunted children who received PMT	n.a.	n.a.	n.a.	181	2.6	3.1	-0.7

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.51 WEIGHING AND LENGTH TAKING LOCATIONS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Location of last weight measurement							
Posyandu	2886	70.2	78.3	8,847	72.5	83.7	10.1***
Polindes/Poskesdes	2886	3.4	2.9	8,847	2.2	1.6	-0.6
Puskesmas	2886	6.3	4.6	8,847	4.5	3.8	-0.9
Own home	2886	8.3	7.3	8,847	4.1	3.4	-0.4
Private practice of bidan	2886	7.8	5.0	8,847	8.4	3.8	-3.9***
Private practice of nurse/orderly	n.a.	n.a.	n.a.	8,847	1.4	0.9	-0.4
Hospital	2886	1.3	1.1	8,847	2.4	0.9	-1.6***
Clinic	2886	1.7	0.4	8,847	0.6	0.4	-0.1
Doctor	n.a.	n.a.	n.a.	8,847	0.7	0.1	-0.5**
Other	2886	1.0	0.5	8,847	3.2	1.4	-1.6***
Location of last height measurement							
Posyandu	1630	30.0	37.9	2,756	42.7	51.3	8.9***
Polindes/Poskesdes	1630	3.9	2.3	2,756	3.4	3.7	0.9
Puskesmas	1630	7.1	7.8	2,756	9.9	10.6	-0.3
Own home	1630	24.4	28.5	2,756	14.4	16.4	1.5
Private practice of bidan	1630	12.2	10.5	2,756	16.0	10.8	-5.0**
Private practice of nurse/orderly	n.a.	n.a.	n.a.	2,756	0.0	0.0	0.0
Hospital	1630	15.8	10.5	2,756	6.8	2.7	-4.2***
Clinic	1630	4.9	1.4	2,756	2.1	1.0	-0.9
Doctor	n.a.	n.a.	n.a.	2,756	0.0	0.4	0.3
Other	1630	1.7	1.1	2,756	4.7	3.1	-1.2

Source: Caregiver endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.52 POSYANDU SERVICES AND FACILITIES RELATED TO WEIGHT AND HEIGHT MEASUREMENT, AS REPORTED BY KADER POSYANDU

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Posyandu services provided the last time posyandu was in operation							
Weight measurement, children 0-5 years	732	98.3	97.8	898	97.8	97.3	-0.4
Height measurement, children 0-5 years	732	32.1	36.8	898	62.4	65.9	3.2
Measuring equipment in working order							
Had any operational child scale	760	94.1	97.1	898	95.2	96.8	2.1
Digital child scale, among posyandu that had a scale	714	0.7	3.3	849	4.5	6.6	1.7
Timbangan jarum or dacin, among posyandu that had a scale	714	39.4	37.4	849	98.9	98.7	0.2
Timbangan jarum, among posyandu that had a scale	714	39.4	37.4	849	46.8	55.6	8.7**
Dacin, among posyandu that had a scale	714	0.0	0.0	849	61.5	60.8	1.4
Other type of baby scale, among posyandu that had a scale	714	86.0	88.0	849	0.6	0.0	-0.5
Had any operational adult scale	760	77.3	75.8	898	78.8	81.1	3.7
Digital adult scale, among posyandu that had a scale	550	0.7	2.0	727	11.6	11.1	-0.4
Analog adult scale, among posyandu that had a scale	550	97.9	98.0	727	91.7	93.1	1.3
Other type of adult scale, among posyandu that had a scale	550	1.6	1.2	727	0.2	0.3	0.0
Had any operational measurement device	760	62.8	64.3	898	74.7	85.8	11.0***
Stadiometer for measuring height/length, among posyandu that had a device	464	9.1	13.7	720	12.9	10.3	-4.9
Microtoise for measuring height/length, among posyandu that had a device	464	36.4	44.4	720	49.7	53.3	7.3
Measuring tape for measuring height/length, among posyandu that had a device	464	76.0	67.0	720	77.6	61.9	-15.1***
Shorrboard for measuring length, among posyandu that had a device	464	16.8	18.7	720	23.6	38.0	16.3***
Stadiometer or Shorrboard, among posyandu that had a measuring device	464	24.3	29.4	720	32.0	45.8	14.1***
Other device for measuring height/length, among posyandu that had a device	464	2.4	2.1	720	3.8	2.7	-1.7

Source: Kader posyandu baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.53 UNDERNUTRITION PREVENTION MEASURES, AS REPORTED BY BIDAN, KADER POSYANDU, BIDAN COORDINATORS AND NUTRITIONISTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Provider counseling to pregnant women and caregivers							
Bidan discussed child stunting with pregnant women or caregivers of children under 5 in the last six months	n.a.	n.a.	n.a.	778	66.2	76.1	10.9***
Kader posyandu discussed child stunting with pregnant women or caregivers of children under 5 in the last six months	n.a.	n.a.	n.a.	1,944	37.6	59.3	23.6***
Kader posyandu discussed child length taking with pregnant women or caregivers of children under 5 in the last six months	n.a.	n.a.	n.a.	1,960	69.6	75.1	6.4**
Provider activities and oversight							
Percent of posyandu that the bidan coordinator visited to conduct height/length measurements in the last 30 days, among posyandu supervised	n.a.	n.a.	n.a.	205	19.9	17.6	-1.8
Percent of posyandu that the nutritionist visited to conduct height/length measurements in the last 30 days, among posyandu supervised	n.a.	n.a.	n.a.	242	31.0	28.4	-2.0
Percent of puskesmas that treated children for stunting in the last 30 day	n.a.	n.a.	n.a.	164	52.3	47.3	-0.6
Number of children age 0-5 years that the puskesmas provided services for stunting in the last 30 days, among puskesmas with nutritionists that provided services	170	9.9	7.5	164	5.7	6.1	1.2
Bidan coordinator supervised kader posyandu in measuring weight during visit to posyandu in the last 30 days, among bidan coordinators who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	206	48.2	60.6	8.7
Nutritionist supervised kader posyandu in measuring weight during visit to posyandu in the last 30 days, among nutritionists who visited posyandu in the last 30 days	n.a.	n.a.	n.a.	221	62.7	65.2	0.6
Bidan coordinator identifies stunted children as part of her/his job	n.a.	n.a.	n.a.	242	60.4	72.0	9.7
Bidan coordinator treats stunted children as part of her/his job	n.a.	n.a.	n.a.	242	49.3	65.0	15.9**
Nutritionist identifies stunted children as part of her/his job	n.a.	n.a.	n.a.	242	96.1	99.3	3.2*
Nutritionist treats stunted children as part of her/his job	214	83.9	77.6	242	69.2	69.0	1.1

Source: Bidan, kader posyandu, bidan coordinator, and nutritionist baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a = not applicable because not measured at baseline

TABLE 8.54 TREATMENT METHODS FOR STUNTED CHILDREN, AS REPORTED BY BIDAN COORDINATORS AND NUTRITIONISTS

	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan coordinators				
Provide food supplements	138	57.4	57.4	-1.3
Counsel parents on diet changes	138	52.7	63.6	13.4
Counsel parents on micronutrients	138	41.4	38.1	4.0
Admit child to puskesmas in severe cases	138	13.5	11.1	0.5
Refer child to private hospital	138	4.9	1.1	-3.4
Refer child to government hospital	138	17.0	12.3	-5.4
Monitor child growth	138	11.5	16.4	4.3
Consult with nutritionist	138	10.6	4.5	-5.8
Maintain environmental health	138	6.5	3.8	-2.1
Consult with pediatrician	138	2.0	0.0	-1.9
Other	138	5.9	1.1	-6.1*
Nutritionists				
Provide food supplements	167	69.4	69.3	1.0
Counsel parents on diet changes	167	85.6	85.2	0.7
Counsel parents on micronutrients	167	42.3	33.0	0.0
Admit child to puskesmas in severe cases	167	7.8	6.5	4.6
Refer child to private hospital	167	1.0	0.0	-1.4
Refer child to government hospital	167	3.5	7.6	5.2
Monitor child growth	167	12.7	10.1	-3.0
Maintain environmental health	167	4.2	5.1	2.2
Encourage people to visit posyandu	167	1.4	2.1	1.7
Coordinate with the health office	167	1.0	2.5	0.4
Other	167	0.0	2.5	1.8

Source: Bidan coordinator and nutritionist endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.55 PMT FOR MALNOURISHED CHILDREN, AS REPORTED BY BIDAN AND KADER POSYANDU

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
PMT participation				
Posyandu offered PMT recovery in the last 12 months	898	75.6	76.0	1.8
Posyandu currently participates in PMT	778	85.4	87.2	1.8
PMT in 2017				
Posyandu participated in PMT recovery program	778	68.9	76.9	8.7**
Percent of children under 5 meeting the criteria for PMT recovery who received it	491	90.1	95.1	4.9**

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Average number of days PMT was intended to last	545	20.1	20.7	1.2
PMT was intended to last 30 days	545	45.7	47.3	5.0
PMT in 2018				
Posyandu participated in PMT recovery program	778	80.0	82.0	2.8
Percent of children under 5 meeting the criteria for PMT recovery who received it	533	94.6	92.5	-2.4
Average number of days PMT was intended to last	608	20.1	21.3	1.2
PMT was intended to last 30 days	608	49.2	51.0	2.8

Source: Bidan and kader posyandu baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.56 FUNDING SOURCES FOR PMT RECOVERY, AS REPORTED BY BIDAN

	2017				2018			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
Central government	560	10.6	8.5	-2.2	623	9.7	7.0	-2.5
Kabupaten government	560	22.5	18.3	-3.0	623	21.7	17.0	-4.6
Desa government	560	14.3	18.8	3.3	623	12.8	23.1	9.5***
Puskesmas	560	73.3	58.5	-15.5***	623	68.2	68.2	0.8
Generasi sehat dan cerdas	560	2.1	47.0	45.8***	623	0.0	6.1	6.0***
Other	560	2.1	2.1	-0.2	623	2.4	1.7	-1.3
None	560	5.8	9.6	3.8	623	8.9	12.2	3.2

Source: Bidan endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.57 COMPONENTS OF PMT, AS REPORTED BY BIDAN

	2017				2018			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
PMT components in 2017								
Animal protein (fish/egg/meat/chicken)	560	21.9	34.1	14.7***	625	16.5	16.6	1.6
Plant-based protein	560	24.8	36.5	14.1***	625	18.2	19.4	2.7
Vegetables	560	8.4	19.2	12.2***	625	5.1	9.0	4.0*
Fruits	560	5.7	18.1	13.6***	625	3.3	8.3	5.4**
Milk	560	40.6	61.2	22.9***	625	29.5	34.0	4.7
Packaged food	560	90.9	84.4	-6.6**	625	86.9	84.1	-2.3

	2017				2018			
	Sample size	Control mean	Treatment mean	Adjusted impact	Sample size	Control mean	Treatment mean	Adjusted impact
Vitamins	560	16.4	31.2	17.0***	625	15.6	17.2	4.2
Taburia	560	3.5	1.3	-2.5*	625	3.0	1.2	-2.2*
Other	560	4.9	5.8	0.1	625	4.6	3.1	-2.5

Source: Bidan endline survey

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.58 DIARRHEA AND WORMS, AS REPORTED BY CAREGIVERS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Diarrhea and treatment							
Child 0-35 months experienced diarrhea in the last two weeks	2615	6.8	5.9	9120	13.2	13.8	0.4
Child 0-35 months experienced diarrhea in the last four weeks	2615	14.3	13.9	9120	19.3	19.9	0.2
Child 0-5 months experienced diarrhea in the last two weeks	449	6.1	3.6	1490	10.1	7.1	-3.5
Child 0-5 months experienced diarrhea in the last four weeks	449	10.3	6.4	1490	13.3	9.8	-4.0
Child 6-23 months experienced diarrhea in the last two weeks	1332	6.2	6.5	3115	14.0	15.5	1.5
Child 6-23 months experienced diarrhea in the last four weeks	1332	15.3	16.2	3115	21.5	22.7	1.0
Caregiver took child to health facility or was visited by health provider for diarrhea treatment for last case of diarrhea	786	41.8	38.8	1820	51.1	55.4	4.0
Total cost of care for diarrhea treatment (Rp)	317	29,389	24,998	703	21,259	22,162	1,359
Given ORS during most recent diarrhea case	787	40.4	40.3	1816	37.7	40.4	1.8
Worms and treatment							
Child suffered from worm infection in the last 12 months, among 6-35 month olds	2473	6.6	8.4	7606	5.7	7.2	1.1
Took deworming medication in the last 12 months, among those 6-35 months old with worms	n.a.	n.a.	n.a.	578	81.0	78.4	-4.3

Source: Caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated. The cost of treatment was top-coded at the 95th percentile to account for outliers.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable because not measured in baseline survey

TABLE 8.59 DIARRHEA AND WORMS PREVENTION AND TREATMENT, AS REPORTED BY BIDAN AND KADER POSYANDU

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan discussed with pregnant women or caregivers of children under 5 how to identify, treat, and prevent diarrhea among children in the last six months	570	85.3	85.0	778	78.1	79.9	1.7
Kader posyandu discussed with pregnant women or caregivers of children under 5 how to identify, treat, and prevent diarrhea among children in the last six months	774	49.6	52.8	1960	55.0	64.6	9.8***

Source: Kader posyandu baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

APPENDIX B: CHAPTER 9 TABLES

TABLE 9.1 CLTS TRAINING OVERALL, AS REPORTED BY DHO

	Mean
Number of trainings in 2014-2018	5.1
Number of trainings lasting more than half a day in 2014-2018	5.1

Source: Kabupaten endline survey
N = 22 kabupaten

TABLE 9.2 CLTS TRAINING LASTING MORE THAN HALF A DAY, AS REPORTED BY DHO (KABUPATEN-LEVEL MEANS)

	Sample size	Mean for puskesmas staff trainings	Sample size	Mean for desa staff trainings
Number of trainings lasting more than half a day in 2014-2018	22	3.6	22	1.7
Number of trainings funded by MCA-I	22	1.8	22	1.4
Number of trainings funded by MCA-I where trainees received MCA-I manuals	22	1.3	22	1.1
Number of trainings funded by entities other than MCA-I where trainees received MCA-I manuals	22	0.9	22	0.7

Source: Kabupaten endline survey [need to say something about who respondent was here]
N = 22 kabupaten.

TABLE 9.3 CLTS TRAINING LASTING MORE THAN HALF A DAY, AS REPORTED BY DHO (TRAINING-LEVEL MEANS)

	Sample size	Mean for puskesmas staff trainings	Sample size	Mean for desa staff trainings
Number of days of classroom training	78	2.9	38	3.16
Percent of trainings that included on-the-job training, or OJT	77	61.0	37	86.49
Number of days of OJT, among trainings including OJT	47	1.2	32	1.13
Number of days total (classroom and OJT)	78	3.6	38	5.37
Training was conducted on a full-day basis	79	98.7	38	100
Percent of trainings funded by MCA-I	80	48.8	38	78.95
Percent of trainings in which trainees received MCA-I manuals	80	47.5	38	73.68
Percent of trainings funded by MCA-I in which trainees received MCA-I manuals	80	36.3	38	63.16
Percent of trainings funded by entities other than MCA-I in which trainees received MCA-I manuals	80	25.0	38	39.47

Source: Kabupaten endline survey
N = 111 trainings in 22 kabupaten

TABLE 9.4 CLTS TRAINING DOSAGE AND RECEIPT, AS REPORTED BY POTENTIAL TRAINEES

	Sample size	Control mean	Treatment mean	Adjusted impact
Sanitarians				
Received training CLTS training > half day since 2015	240	57.4	78.1	24.0***
Number of CLTS trainings > half day since 2015, among those who attended training	164	1.8	2.3	0.5**
Most recent CLTS training was in 2015	162	11.2	5.4	-7.4
Most recent CLTS training was in 2016	162	19.6	28.3	9.0
Most recent CLTS training was in 2017	162	41.5	46.5	6.5
Most recent CLTS training was in 2018/19	162	27.7	19.8	-8.0
Attended MCA-I funded training, among those who attended training	164	11.2	77.0	66.1***
Attended training for which received MCA-I certificate, among those who attended training	164	17.0	63.4	54.7***
Attended MCA-I funded training in which received MCA-I certificate, among those who attended training	164	3.0	52.9	55.2***
Trained kaders or promkes staff to spread awareness about open defecation and sanitation	240	64.2	65.5	2.4
Trained kaders or promkes staff to spread awareness about open defecation and sanitation, among sanitarians who received CLTS training	164	68.4	69.0	0.4
Number of kaders or promkes staff trained in 2018 to spread awareness about open defecation and sanitation, among sanitarians who trained staff	138	26.7	14.3	-12.9**
Bidan coordinators				
Received any training on CLTS in 2015 or later	230	1.6	11.2	10.0***
Nutritionists				
Received any training on CLTS in 2015 or later	220	6.4	55.3	47.7***
Most recent CLTS training was in 2015	72	12.9	16.1	-2.2
Most recent CLTS training was in 2016	72	12.9	50.8	28.4
Most recent CLTS training was in 2017	72	17.7	23.7	15.9
Most recent CLTS training was in 2018/19	72	56.5	9.5	-42.1**
Bidan				
Received any training on CLTS in 2015 or later	778	11.0	17.6	6.8**
Desa administration				
Any desa kader/staff attended CLTS training that lasted more than half a day in 2014-2018	784	48.3	62.1	13.9***

Source: Bidan coordinator, nutritionist, sanitarian, bidan, and desa endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.5 CHARACTERISTICS OF CLTS TRAININGS, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Control mean	Treatment mean	Adjusted impact
Training length in classroom (days)	339	2.6	3.0	0.4
Training included on-the-job training	340	75.2	80.5	9.7*
Training length on the job (days), among trainings with OJT	268	1.3	1.4	0.2
Total training length (days)	340	3.5	4.2	0.7**
Training was conducted on a full-day basis	340	94.9	98.6	3.0

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.6 CHARACTERISTICS OF CLTS TRAININGS BY FUNDING SOURCE, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Mean (non-MCA-I funded trainings)	Mean (MCA-I funded trainings)	Adjusted difference
Training length in classroom (days)	339	2.7	3.1	0.3*
Training included on-the-job training	340	74.1	84.9	9.2*
Training length on the job (days), among trainings with OJT	268	1.3	1.4	0.2
Total training length (days)	340	3.6	4.3	0.6***
Training was conducted on a full-day basis	340	96.4	98.5	0.9

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.7 FUNDING SOURCES FOR CLTS TRAININGS, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Control mean	Treatment mean	Adjusted impact
MCA-I	340	8.8	59.6	51.7***
Ministry of Health	340	5.6	4.6	-0.5
UNICEF	340	0.0	0.0	0.0
Provincial health office	340	37.5	18.1	-15.0**
District health office	340	53.2	26.7	-26.8***
Puskesmas	340	0.0	1.7	0.5
Desa budget	340	0.0	0.6	0.4
Pamsimas	340	0.0	2.5	3.4**
LSM	340	1.4	1.0	0.0
Poltekes	340	0.7	0.6	-0.4
Other	340	0.7	0.0	-1.1

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.8 TOPICS COVERED AT CLTS TRAININGS, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Control mean	Treatment mean	Adjusted impact
Five CLTS pillars	340	88.3	90.4	5.3
Effective communication strategies that shift attitudes and motivate behavior change	340	80.0	80.7	-0.6
How to conduct triggering	340	83.1	81.7	0.7
How to conduct post triggering	340	67.8	77.2	8.2
Relationship between sanitation, nutrition, and stunting	340	45.3	68.9	25.7***
Importance of involving practitioners from multiple fields to reduce stunting	340	40.3	58.8	20.0**
SMS Gateway	340	4.2	10.8	4.8*
Sanitarian entrepreneurs training and monitoring	340	2.7	4.0	3.6
Other topics	340	6.3	3.8	-1.9
Other topics (including SMS gateway)	340	10.5	14.5	2.9

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.9 TOPICS COVERED AT CLTS TRAININGS BY FUNDING SOURCE, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Mean (non-funded trainings)	Mean (MCA-I funded trainings)	Adjusted Difference
Five CLTS pillars	340	90.8	87.9	-2.2
Effective communication strategies that shift attitudes and motivate behavior change	340	81.6	78.8	-3.1
How to conduct triggering	340	80.4	84.9	4.7
How to conduct post triggering	340	70.5	78.6	7.8
Relationship between sanitation, nutrition, and stunting	340	51.3	73.2	23.4***
Importance of involving practitioners from multiple fields to reduce stunting	340	43.3	64.7	23.1***
SMS Gateway	340	7.3	10.0	3.4
Sanitarian entrepreneurs training and monitoring	340	1.5	6.5	6.3*
Other topics	340	4.3	5.2	1.8
Other topics (including SMS gateway)	340	11.6	15.2	5.2

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.10 TOPICS DISCUSSED DURING TRAININGS CONDUCTED BY SANITARIAN WITH KADER DESA/HEALTH PROMOTION STAFF, AS REPORTED BY SANITARIANS WHO CONDUCTED TRAININGS

	Sample size	Control mean	Treatment mean	Adjusted impact
Five CLTS pillars	156	95.7	97.3	3.5
Effective communication strategies that would shift attitudes and motivate behavior change	156	47.1	62.9	18.2**
How to conduct triggering	156	71.5	73.0	5.7
How to conduct post triggering	156	54.8	59.0	4.2
Relationship between sanitation, nutrition, and stunting	156	43.9	60.2	14.5*
Importance of involving practitioners from multiple fields to reduce stunting	156	29.7	47.7	18.3**
Dengue fever	156	4.3	1.1	-3.2
Application of Abate ^a	156	1.2	2.7	1.7
Smoking-free areas and the risks of smoking	156	2.7	0.0	-2.6
Other topics	156	17.0	7.6	-10.5*

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

^a Abate is an insecticide

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.11 SANITARIAN KNOWLEDGE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Latrines should be located at least 10 meters from water source	203	98.3	97.0	240	96.2	98.0	1.4
Stunting affects both mental and physical development	n.a.	n.a.	n.a.	240	86.0	85.4	-0.9
Poor sanitation contributes to stunting	n.a.	n.a.	n.a.	240	99.3	98.0	-0.6
CLTS uses shame during the transect walk to encourage change	n.a.	n.a.	n.a.	240	91.4	92.5	2.2
It is necessary to wash hands with soap after cleaning a child who has defecated	n.a.	n.a.	n.a.	240	98.5	100.0	1.5

Source: Sanitarian baseline and endline surveys

Note: Results reported in percent. Table results show the percent of sanitarians correctly answering question

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.12 TEACHING METHODS USED AT CLTS TRAININGS, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Control mean	Treatment mean	Adjusted impact
Facilitator gives explanation	340	92.6	89.9	-1.1
Facilitator asks, participants answer	340	99.0	95.8	-2.2

	Sample size	Control mean	Treatment mean	Adjusted impact
Participants ask questions	340	91.7	91.8	4.1
Facilitator shows pictures/flipchart	340	84.7	88.8	6.7
Facilitator shows videos	340	75.5	88.2	16.3***
Facilitator uses models/props	340	51.0	60.7	15.7**
Role-playing by facilitator	340	50.6	60.9	12.5
Facilitator tells a story	340	71.0	72.6	1.6
Facilitator leads a game	340	61.1	77.3	21.0***
Role-playing by participants	340	65.2	67.7	6.5
Participants practice counseling with "live respondents"	340	42.8	57.6	17.8**
Participants interact during activities expressing opinions/brainstorming	340	56.8	78.5	24.5***
Facilitator gives a demonstration, participants practice	340	69.7	80.4	14.9**
Other training methods	340	2.7	0.0	-2.0

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.13 TEACHING METHODS USED AT CLTS TRAININGS BY FUNDING SOURCE, AS REPORTED BY SANITARIANS WHO ATTENDED TRAINING

	Sample size	Mean (non-MCA-I funded trainings)	Mean (MCA-I funded trainings)	Adjusted difference
Facilitator gives explanation	340	90.6	91.3	1.7
Facilitator asks, participants answer	340	96.8	97.2	1.0
Participants ask questions	340	90.2	94.0	5.2
Facilitator shows pictures/flipchart	340	86.6	88.4	3.0
Facilitator shows videos	340	78.1	91.4	12.8***
Facilitator uses models/props	340	54.5	61.0	5.2
Role-playing by facilitator	340	50.7	66.5	15.0**
Facilitator tells a story	340	67.5	78.5	9.4*
Facilitator leads a game	340	63.8	82.4	17.0***
Role-playing by participants	340	61.9	73.8	7.1
Participants practice counseling with "live respondents"	340	45.2	62.2	14.0**
Participants interact during activities expressing opinions/brainstorming	340	62.6	82.2	20.7***
Facilitator gives a demonstration, participants practice	340	71.0	84.3	13.1**
Other training methods	340	1.1	0.9	-0.3

Source: Sanitarian endline survey

Note: Results reported in percent of trainings

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.14 USE OF SMS GATEWAY, AS REPORTED BY SANITARIANS

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Ever sent CLTS monitoring data to the SMS gateway	236	75.8	79.8	6.7
Time elapsed since sent CLTS monitoring data to the SMS gateway, among those who sent data (months)	167	6.7	5.7	-1.1

Source: Sanitarian baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.15 TRIGGERING ACTIVITIES AND FREQUENCY, AS REPORTED BY SANITARIANS AND DESA ADMINISTRATION RESPONDENTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Percent of desa or sub-desa units sanitarian visited for sanitation/CLTS work in the last 30 days, among those supervised	n.a.	n.a.	n.a.	237	27.9	19.8	-8.4**
Percent of desa sanitarian visited for sanitation/CLTS work in the last 30 days, among those supervised	122	37.0	39.5	237	33.7	32.2	-0.3
Sanitarian conducts triggering events	203	84.3	71.6	240	87.6	94.7	7.9**
Sanitarian conducts triggering at the desa level, among those who conduct triggering events	n.a.	n.a.	n.a.	219	90.4	87.0	-4.0
Percent of desa or sub-desa units that have been triggered, as reported by sanitarian	n.a.	n.a.	n.a.	240	57.1	67.3	11.5***
Percent of desa that have been triggered, as reported by sanitarian	n.a.	n.a.	n.a.	217	59.1	74.4	15.6***
There has been a triggering event in this desa, as reported by desa administration	n.a.	n.a.	n.a.	784	66.4	74.1	6.8*
Percent of desa or sub-desa units that have been triggered, as reported by desa administration	n.a.	n.a.	n.a.	784	61.9	69.6	6.9*
Number of triggering events conducted in 2018, among sanitarians conducting triggering	158	2.8	3.7	218	3.5	4.5	1.3*
Most recent triggering in 2015 or earlier	n.a.	n.a.	n.a.	219	2.8	0.8	-1.8
Most recent triggering in 2016	n.a.	n.a.	n.a.	219	3.4	1.1	-4.0**
Most recent triggering in 2017	n.a.	n.a.	n.a.	219	10.8	19.4	8.7*
Most recent triggering in 2018/2019	n.a.	n.a.	n.a.	219	83.0	78.7	-3.0

Source: Sanitarian and desa endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.16 HOUSEHOLD ENGAGEMENT WITH SANITATION ACTIVITIES

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
There has been a triggering event in the household's desa	9,080	17.5	21.8	4.7***
Household member attended a triggering event	9,078	9.0	11.9	2.9**
Household member last attended triggering event in 2018 or 2019, among those who attended such an event	1,201	59.3	64.1	5.1
Household member last attended triggering event in 2017, among those who attended such an event	1,202	18.7	22.1	3.8
Household member last attended triggering event in 2016, among those who attended such an event	1,202	9.7	6.4	-3.4
Household member last attended triggering event in 2015 or earlier, among those who attended such an event	1,202	12.4	7.1	-5.6**
Household member attended any other meeting, other than triggering event, related to sanitation	9,096	11.5	14.2	1.3
Household member last attended non-triggering sanitation-related event in 2018 or 2019, among those who attended such an event	1,431	75.8	72.9	-2.5
Household member last attended non-triggering sanitation-related event in 2017, among those who attended such an event	1,435	12.5	15.1	3.0
Household member last attended non-triggering sanitation-related event in 2016, among those who attended such an event	1,435	4.8	3.1	-2.1
Household member last attended non-triggering sanitation-related event in 2015 or earlier, among those who attended such an event	1,435	6.8	8.9	1.4

Source: Household endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.17 POST-TRIGGERING ACTIVITIES, AS REPORTED BY SANITARIANS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Conducts follow-up visits after triggering, among sanitarians conducting triggering	158	67.2	75.6	219	86.9	87.3	1.3
Number of follow-up visits conducted in 2018, among sanitarians conducting follow-up visits	109	3.6	3.1	191	6.8	7.5	1.1
Follow-up visit activities: visits households who have pledged to build a latrine to verify whether they have done so	n.a.	n.a.	n.a.	193	85.4	89.2	1.6
Follow-up visit activities: updates the desa-level map to show newly constructed latrines	n.a.	n.a.	n.a.	193	28.5	26.4	-1.8

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Follow-up visit activities: encourages visits with recently triggered communities	n.a.	n.a.	n.a.	193	22.8	24.9	2.3
Follow-up visit activities: connects households and sanitation entrepreneurs	n.a.	n.a.	n.a.	193	4.2	0.9	-3.9
Other follow-up activities	n.a.	n.a.	n.a.	193	19.0	17.1	-1.4
Number of sanitation entrepreneurs active in areas sanitarian supervises	n.a.	n.a.	n.a.	235	0.9	1.1	0.3

Source: Sanitarian surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.18 ACTIVITIES RELATED TO ODF, AS REPORTED BY SANITARIANS AND DESA ADMINISTRATION RESPONDENTS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Awards ODF as part of sanitarian work	203	29.0	35.5	240	27.2	34.1	6.8
Visits households to verify they are ODF before awarding ODF status, among sanitarians who award ODF	65	68.9	81.3	74	89.9	97.8	4.5
Awards ODF status based on kader reports, among sanitarians who award ODF	65	31.1	13.7	74	12.8	6.5	-2.3
Awards ODF at desa level, among sanitarians who award ODF as part of their work	n.a.	n.a.	n.a.	66	100.0	86.5	-11.4
Percent of desa or sub-desa units that are ODF, as reported by sanitarian	n.a.	n.a.	n.a.	232	6.9	11.9	5.1
Percent of desa that are ODF, as reported by sanitarian	n.a.	n.a.	n.a.	227	6.8	12.0	5.2
Percent of desa or sub-desa units that are ODF, verified by a sanitarian, as reported by sanitarian	n.a.	n.a.	n.a.	232	4.4	10.1	5.7*
Percent of desa that are ODF, verified by a sanitarian, as reported by sanitarian	n.a.	n.a.	n.a.	227	4.3	10.2	5.9*
Desa is ODF, as reported by desa administration	759	0.4	1.8	600	17.4	21.2	4.7
Number of follow-up visits conducted in 2018, among sanitarians conducting follow-up visits	n.a.	n.a.	n.a.	74	6.6	6.2	-1.2
Desa is ODF and a triggering event occurred in the desa	n.a.	n.a.	n.a.	436	22.2	24.9	2.9

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Desa is not ODF and a triggering event occurred in the desa	n.a.	n.a.	n.a.	164	6.7	10.1	5.5

Source: Sanitarian and desa baseline and endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.19 CHALLENGES IN MAKING COMMUNITIES ODF, AS REPORTED BY SANITARIANS WHO AWARD ODF

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Insufficient funds for triggering events	63	34.5	28.2	74	2.7	16.2	24.0**
Motivating communities to participate	63	69.1	83.9	74	90.9	91.9	6.1
Insufficient funds in community to construct latrines	63	52.0	66.3	74	83.5	71.6	-21.5*
Lack of support from the local government	n.a.	n.a.	n.a.	74	27.3	10.2	-8.2
Geographical conditions, such as being near a river or access difficulties	63	23.7	23.1	74	34.6	26.3	9.4
Other	63	53.7	43.5	74	14.5	19.7	-6.4

Source: Sanitarian baseline and endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.20 HOUSEHOLD WATER AND SANITATION INFRASTRUCTURE AND PRACTICES

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Water conditions							
Household uses an improved water source	4,560	70.4	66.0	9,120	79.9	81.8	2.1
Household treats drinking water	n.a.	n.a.	n.a.	9,120	80.9	82.6	1.2
Household uses boiling or bleach/chlorine to treat water	n.a.	n.a.	n.a.	9,106	76.8	78.6	0.9
Primary drinking water storage container prevents recontamination	n.a.	n.a.	n.a.	9,008	77.5	76.1	0.2

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Sanitation conditions and practices							
Household practices open defecation (household doesn't have a latrine)	4,546	14.4	16.3	9,108	12.3	11.6	-1.5
Household uses an unimproved latrine	4,546	21.3	22.9	9,108	11.1	11.6	1.5
Household shares an improved latrine (limited service)	n.a.	n.a.	n.a.	9,108	11.2	13.2	2.1**
Household uses improved latrine, not shared with others (basic or safely managed)	n.a.	n.a.	n.a.	9,108	65.4	63.6	-2.1
Someone in the household defecated in the open in the last seven days, among households that have a facility	3,794	16.4	14.5	7,851	25.5	26.5	1.2
Latrine is clean or fairly clean and doesn't smell of feces, according to data collection staff, among households who have a latrine	2,709	84.2	81.6	7,067	74.6	74.5	-0.1
Household head washed hands with soap the last time before eating, among households that ever wash hands	n.a.	n.a.	n.a.	9,031	71.7	72.5	1.3
Household head washed hands with soap the last time after using the toilet, among households that ever wash hands	n.a.	n.a.	n.a.	9,031	85.8	86.6	1.1
Household received a demonstration of proper hand washing technique	n.a.	n.a.	n.a.	9,120	26.2	32.6	6.2***
Received written materials or mass media on proper hand washing	n.a.	n.a.	n.a.	9,120	64.7	62.8	-3.2
Has specific place to wash hands, Soap present near handwashing facility	n.a.	n.a.	n.a.	9,013	67.1	65.6	-3.3
Soap present near handwashing facility	n.a.	n.a.	n.a.	9,007	72.9	71.0	-2.1
Last place where child's stools were disposed of was toilet or latrine	n.a.	n.a.	n.a.	9,120	43.9	42.0	-1.2
Household has access to a latrine and did not deposit child's stools in the latrine	n.a.	n.a.	n.a.	7,839	50.4	53.0	2.4
Exposure to livestock							
Animals observed in the house or living area around the house	n.a.	n.a.	n.a.	9,120	68.2	68.9	2.0
Chickens observed in the house or living area around the house	n.a.	n.a.	n.a.	9,120	49.1	48.7	1.4
Human or animal feces visible in the house or living area around the house	n.a.	n.a.	n.a.	9,009	32.0	31.1	0.9

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Human or animal feces odor detected in the house or living area around the house	n.a.	n.a.	n.a.	9,120	11.7	11.6	-0.1
Open defecation by latrine type							
Household practices open defecation and uses an improved latrine that is not shared with others	n.a.	n.a.	n.a.	5,420	18.3	19.2	1.0
Household practices open defecation and shares an improved latrine	n.a.	n.a.	n.a.	1,103	33.4	36.4	2.9
Household practices open defecation and uses an unimproved latrine	n.a.	n.a.	n.a.	1,276	59.8	54.5	-4.9

Source: Household and caregiver baseline and endline surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

n.a. = not applicable

TABLE 9.21 REASONS WHY FAMILIES HAVE NOT CONSTRUCTED IMPROVED LATRINES

	Sample size	Control mean	Treatment mean	Adjusted impact
Too expensive	2,826	82.5	83.4	0.4
Not enough space	2,826	15.3	15.0	0.2
Do not need an improved latrine	2,826	2.2	2.3	0.0
Comfortable with current facility	2,826	4.0	3.1	-1.1
It is normal in the community to not have a household latrine/toilet	2,826	1.9	1.7	0.2
No time/too busy	2,826	0.9	0.9	-0.1
Living in temporary accommodation	2,826	0.2	0.4	0.2
Other	2,826	0.9	0.7	-0.1

Source: Household endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.22 PROVIDERS WHO DEMONSTRATED PROPER HANDWASHING TECHNIQUE, AMONG HOUSEHOLDS THAT EVER RECEIVED A DEMONSTRATION

	Sample size	Control mean	Treatment mean	Adjusted impact
Kader posyandu	2,710	4.8	12.3	6.2***
Bidan	2,710	37.1	52.4	13.2***
Sanitarian	2,710	8.0	7.2	0.9
Other puskesmas staff	2,710	32.3	22.8	-8.3***
Kepala dusun	2,710	0.1	0.5	0.4**
Desa administration	2,710	0.1	0.0	-0.1

	Sample size	Control mean	Treatment mean	Adjusted impact
Teacher	2,710	8.5	6.1	-2.2
Nurse	2,710	4.4	4.3	-0.3
Doctor	2,710	5.7	2.7	-2.7***
Other health services staff	2,710	3.1	1.7	-1.3
Other	2,710	5.2	4.0	-1.2

Source: Household endline survey

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.23 BIDAN AND KADER POSYANDU GUIDANCE AND DEMONSTRATION OF PROPER HANDWASHING PRACTICES

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Bidan discussed hand washing with pregnant woman or caregivers of children under 5 in the last six months	570	74.8	75.9	778	85.3	84.5	-0.3
Bidan demonstrated proper hand washing using soap and water to pregnant woman or caregivers of children under 5 in the last six months	570	52.4	55.8	778	60.4	64.6	4.6
Bidan's hand washing facility has soap available, among handwashing facilities observed	249	83.1	88.7	434	78.2	84.4	5.9
Kader posyandu discussed hand washing with pregnant woman or caregivers of children under 5 in the last six months	774	55.5	58.5	1,960	68.1	78.5	11.6***
Kader posyandu demonstrated proper hand washing using soap and water to pregnant woman or caregivers of children under 5 in the last six months	774	27.0	30.8	1,960	52.9	63.8	11.4***

Source: Bidan and kader posyandu baseline and endline surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

APPENDIX B: CHAPTER 10 TABLES

TABLE 10.1 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 24-35 MONTHS OLD

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
Overall stunting	916	42.5	44.2	4,513	35.8	37.1	0.5
Moderate stunting	916	30.3	30.0	4,513	27.6	28.0	-0.4
Severe stunting	916	12.2	14.2	4,513	8.2	9.1	0.9
Height-for-age z-score (standard deviations)	916	-1.8	-1.9	4,513	-1.6	-1.7	0.0
Underweight							
Overall underweight	917	29.6	35.9	4,515	28.3	30.6	1.7
Moderately underweight	917	21.6	29.9	4,515	22.2	24.3	1.8
Severely underweight	917	8.0	6.0	4,515	6.1	6.3	0.0
Weight-for-age z-score (standard deviations)	917	-1.4	-1.5	4,515	-1.3	-1.4	-0.1
Wasting							
Overall wasting	916	8.1	7.5	4,512	8.8	10.7	1.6
Moderate wasting	916	7.7	5.6	4,512	8.0	9.5	1.3
Severe wasting	916	0.4	1.9	4,512	0.8	1.1	0.2
Weight-for-height z-score (standard deviations)	916	-0.6	-0.7	4,512	-0.6	-0.8	-0.1*
Birthweight							
Low birthweight – buku KIA or KMS and self-reported	783	17.5	18.6	4,107	15.7	14.6	-2.1*
Low birthweight – buku KIA or KMS only	183	11.6	8.5	1,734	12.7	14.1	-0.2

Source: Baseline and endline caregiver surveys

Note: Results reported in percent unless otherwise indicated

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.2 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 24-35 MONTHS OLD, BY PROVINCE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
Central Kalimantan	314	44.5	50.7	1,620	38.4	39.8	0.5
West Kalimantan	403	37.0	41.5	1,875	40.6	40.9	2.2
South Sumatra	199	46.5	42.2	1,018	30.2	30.7	0.3
Underweight							
Central Kalimantan	315	33.7	48.2	1,622	31.6	29.0	-2.9
West Kalimantan	403	29.0	36.6	1,875	33.7	36.9	3.4

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
South Sumatra	199	27.4	22.0	1,018	21.8	24.3	2.8
Wasting							
Central Kalimantan	314	8.7	10.7	1,620	9.3	9.3	-0.6
West Kalimantan	403	5.4	7.3	1,875	10.9	13.2	2.4
South Sumatra	199	10.3	4.7	1,017	6.8	8.6	3.1
Low birthweight							
Central Kalimantan	252	13.4	20.1	1,447	15.8	15.4	-3.6
West Kalimantan	340	22.0	20.1	1,691	15.4	15.6	0.7
South Sumatra	191	16.1	14.8	969	15.8	12.9	-3.6

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.3 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 24-35 MONTHS OLD, BY GENDER

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
Female	458	45.4	40.4	2,234	31.2	35.0	3.2
Male	458	39.5	47.9	2,279	39.7	39.2	-1.9
Underweight							
Female	459	33.3	36.0	2,235	26.1	27.8	1.4
Male	458	25.8	35.7	2,280	30.3	33.5	1.5
Wasting							
Female	458	8.3	8.4	2,234	7.4	9.0	1.8
Male	458	7.9	6.7	2,278	10.0	12.3	1.7
Low birthweight							
Female	386	19.9	11.6	2,037	18.7	15.6	-4.2**
Male	397	15.2	25.0	2,070	13.0	13.6	-0.2

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.4 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 0-35 MONTHS OLD

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
Overall stunting	2,979	31.4	32.2	9,114	28.2	28.4	0.2
Moderate stunting	2,979	23.7	23.3	9,114	22.0	21.8	0.1

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Severe stunting	2,979	7.7	8.9	9,114	6.2	6.6	0.2
Height-for-age z-score (standard deviations)	2,979	-1.4	-1.5	9,114	-1.4	-1.4	0.0
Underweight							
Overall underweight	2,982	24.4	24.7	9,120	21.6	22.3	0.4
Moderately underweight	2,982	20.0	20.6	9,120	17.5	17.9	0.3
Severely underweight	2,982	4.4	4.1	9,120	4.1	4.4	0.2
Weight-for-age z-score (standard deviations)	2,982	-1.2	-1.3	9,120	-1.2	-1.2	0.0
Wasting							
Overall wasting	3,021	8.8	8.3	9,112	6.8	8.4	1.3*
Moderate wasting	3,021	8.1	6.2	9,112	5.9	7.5	1.2*
Severe wasting	3,021	0.8	2.1	9,112	0.9	0.9	0.0
Weight-for-height z-score (standard deviations)	3,021	-0.5	-0.6	9,112	-0.5	-0.6	0.0
Birthweight							
Low birthweight – buku KIA or KMS and self-reported	2,561	14.1	15.6	8,360	16.1	14.1	-2.3**
Low birthweight – buku KIA or KMS only	798	10.1	9.4	4,007	14.6	13.2	-2.1
Overweight							
Overweight	2,982	0.7	0.3	9,120	0.6	0.4	0.0
Obese	2,982	0.0	0.0	9,120	0.3	0.2	-0.1

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.5 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 0-35 MONTHS OLD, BY PROVINCE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
Central Kalimantan	1,054	33.2	39.6	3,258	29.1	33.1	2.3
West Kalimantan	1,245	34.9	33.7	3,792	33.3	30.8	0.5
South Sumatra	680	26.8	23.8	2,064	23.3	22.5	-0.3
Underweight							
Central Kalimantan	1,056	25.3	26.2	3,264	23.6	22.1	-1.5
West Kalimantan	1,245	26.9	28.7	3,792	26.9	26.8	1.5
South Sumatra	681	21.4	18.1	2,064	15.9	17.0	1.7
Wasting							
Central Kalimantan	1,077	6.2	6.2	3,258	6.0	6.8	0.9
West Kalimantan	1,260	9.7	8.8	3,792	8.1	11.1	2.9**

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
South Sumatra	684	9.8	9.5	2,062	6.1	6.2	0.0
Low birthweight							
Central Kalimantan	853	14.3	15.8	2,939	15.1	15.0	-1.3
West Kalimantan	1,062	16.3	17.8	3,448	17.5	16.4	-0.2
South Sumatra	646	12.2	12.7	1,973	15.6	10.9	-4.7***

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.6 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 0-35 MONTHS OLD, BY AGE GROUP

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
0-11 months	1,042	19.4	17.4	3,055	16.7	15.8	-0.5
12-23 months	1,021	34.1	37.4	1,546	31.8	31.5	0.2
24-35 months	916	42.5	44.2	4,513	35.8	37.1	0.5
Underweight							
0-11 months	1,043	17.5	14.3	3,058	11.9	10.9	-1.3
12-23 months	1,022	26.9	25.9	1,547	24.0	24.1	-0.4
24-35 months	917	29.6	35.9	4,515	28.3	30.6	1.7
Wasting							
0-11 months	1,041	6.0	8.3	3,054	3.1	5.0	1.5
12-23 months	1,021	12.5	9.1	1,546	8.6	9.2	0.5
24-35 months	916	8.1	7.5	4,512	8.8	10.7	1.6
Low birthweight							
0-11 months	865	13.5	14.2	2,833	15.7	12.9	-3.1**
12-23 months	880	11.4	14.6	1,420	17.7	14.9	-1.8
24-35 months	783	17.5	18.6	4,107	15.7	14.6	-2.1*

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.7 ANTHROPOMETRIC OUTCOMES AMONG CHILDREN 0-35 MONTHS OLD, BY GENDER

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Stunting							
Female	1,457	30.8	28.4	4,419	24.8	26.6	2.3

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Male	1,522	32.0	35.8	4,695	31.2	30.2	-1.5
Underweight							
Female	1,458	25.3	22.5	4,423	20.0	20.2	0.2
Male	1,524	23.5	26.8	4,697	23.0	24.3	0.8
Wasting							
Female	1,472	9.8	7.8	4,418	5.5	7.4	1.7*
Male	1,549	7.9	8.8	4,694	7.9	9.3	0.9
Low birthweight							
Female	1,245	15.6	13.2	4,048	18.5	16.2	-2.4*
Male	1,316	12.8	17.9	4,312	14.0	12.1	-2.0

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.8 SUBGROUP-LEVEL STUNTING RATES AMONG CHILDREN 0-35 MONTHS OLD

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Household wealth index quintile and income proxy							
Quintile 1 (1%-20%)	689	35.8	37.0	1,961	37.8	37.7	-0.6
Quintile 2 (21%-40%)	617	31.4	40.0	1,881	28.0	31.9	4.1*
Quintile 3 (41%-60%)	648	32.1	32.3	1,956	26.9	27.5	-0.1
Quintile 4 (61%-80%)	521	27.2	24.3	1,787	24.7	22.2	-2.6
Quintile 5 (81%-100%)	504	29.8	27.9	1,529	23.6	23.6	-0.2
Ever received PKH benefits	85	42.4	40.5	956	37.6	36.0	0.4
Mother's education							
Mother's education is less than junior high	1,543	35.0	37.4	4,145	33.8	32.8	-0.7
Mother completed junior high or equivalent	726	30.4	28.3	2,132	28.0	27.9	0.8
Mother completed senior high or equivalent or higher	707	26.4	24.5	2,834	21.4	23.1	1.4
Household remoteness							
Lives in desa in which it takes < 60 minutes from the desa head office to the puskesmas	2,235	29.7	29.6	4,629	25.3	27.1	1.5
Lives in desa in which it takes >= 60 minutes from the desa head office to the puskesmas	566	36.7	38.2	4,448	32.8	29.3	-2.7

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.9 SUBGROUP-LEVEL UNDERWEIGHT RATES AMONG CHILDREN 0-35 MONTHS OLD

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Household wealth index quintile and income proxy							
Quintile 1 (1%-20%)	690	28.3	26.0	1,964	29.7	26.1	-3.9
Quintile 2 (21%-40%)	617	24.4	30.2	1,881	21.6	27.0	5.6**
Quintile 3 (41%-60%)	648	23.1	25.4	1,957	18.1	23.6	4.3**
Quintile 4 (61%-80%)	521	21.7	20.5	1,788	20.8	18.3	-3.1
Quintile 5 (81%-100%)	506	24.3	21.9	1,530	17.8	16.6	0.2
Ever received PKH benefits	85	35.9	26.2	956	26.6	28.8	3.1
Mother's education							
Mother's education is less than junior high	1,545	25.6	28.1	4,148	25.6	24.5	-1.4
Mother completed junior high or equivalent	726	28.7	24.1	2,134	21.2	23.6	2.1
Mother completed senior high or equivalent or higher	708	19.1	18.2	2,835	16.9	18.3	1.7
Household remoteness							
Lives in desa in which it takes < 60 minutes from the desa head office to the puskesmas	2,237	24.0	22.7	4,629	20.5	20.7	0.2
Lives in desa in which it takes >= 60 minutes from the desa head office to the puskesmas	567	24.3	29.3	4,454	23.3	23.3	0.2

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 10.10 SUBGROUP-LEVEL WASTING RATES AMONG CHILDREN 0-35 MONTHS OLD

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Household wealth index quintile and income proxy							
Quintile 1 (1%-20%)	696	8.6	6.0	1,961	8.5	9.0	0.0
Quintile 2 (21%-40%)	625	10.8	10.8	1,881	7.5	8.9	1.3
Quintile 3 (41%-60%)	657	7.1	12.7	1,955	5.4	9.5	3.6***
Quintile 4 (61%-80%)	529	9.6	6.0	1,787	6.5	7.4	0.3
Quintile 5 (81%-100%)	514	8.3	6.0	1,528	6.0	6.9	1.4
Ever received PKH benefits	86	9.1	10.9	956	7.2	6.7	-0.2
Mother's education							
Mother's education is less than junior high	1,573	9.8	8.1	4,145	7.9	9.4	1.2
Mother completed junior high or equivalent	733	9.7	9.8	2,132	6.2	6.8	-0.3

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Mother completed senior high or equivalent or higher	712	6.6	7.1	2,832	5.8	8.2	2.2**
Household remoteness							
Lives in desa in which it takes < 60 minutes from the desa head office to the puskesmas	2,264	9.2	7.7	4,629	6.8	7.7	0.2
Lives in desa in which it takes >= 60 minutes from the desa head office to the puskesmas	574	6.6	10.2	4,446	6.7	8.6	2.1**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

APPENDIX B: SUBGROUP ANALYSIS TABLES

TABLE 8.S.1 RECEIVED AT LEAST FOUR PRENATAL CHECKUPS (SOURCE KIA)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	669	80.4	81.4	2153	80	79.9	-0.4
12-23 months	555	83.5	77.1	1093	75.1	79.8	5.1
24-35 months	402	85.5	78.6	2655	76.2	80.5	3.7
Province							
Central Kalimantan	525	85.3	73.4	1974	75.1	75	2.1
West Kalimantan	812	78.7	80.6	2814	82.9	86.4	2.2
South Sumatra	289	85.5	82	1113	72	73.7	2.3
SES quintile							
Quintile 1	328	78	68.1	1122	76	76.3	0.6
Quintile 2	319	80.5	79.5	1208	77.6	78.5	-0.5
Quintile 3	379	81.5	85	1370	77.3	80.2	3.3
Quintile 4	309	83.5	80	1222	75	84.8	7.1**
Quintile 5	291	89.3	82.4	979	80.9	79.6	-3.5
Caregiver education							
Less than junior high	775	77.8	76	2569	75.7	75.5	-0.9
At least junior high	849	86.5	81.7	3332	78.5	83.4	4.4**
Remoteness							
< 30 minutes from puskesmas	1250	83.8	83.1	3020	78.8	80.8	-0.8
>= 30 minutes from puskesmas	279	71.1	73.7	2861	75.2	79.5	5.9**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.2 CONSUMED 90 IFA TABLETS (MOTHERS OF 0-11 MONTH OLDS)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Province							
Central Kalimantan	1032	28.6	18.2	1081	16.9	18	5.1
West Kalimantan	1218	13.7	12.9	1256	14.7	28.7	13.5***
South Sumatra	682	8.9	8.3	690	12.3	19.1	6.2
SES quintile							
Quintile 1	680	17.8	15.3	630	10	20.3	9.4***
Quintile 2	603	11.7	14.3	632	13.9	22.4	11.7***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Quintile 3	636	16.2	9.9	650	12.7	23.6	7.7**
Quintile 4	511	18.5	10	605	14.7	16.8	4.2
Quintile 5	502	14.5	15.3	510	20	30.7	6.2
Caregiver education							
Less than junior high	1523	12.7	9.8	1287	13.5	19.1	7.6**
At least junior high	1406	18.4	15.7	1739	14.7	25.5	9.9***
Remoteness							
< 30 minutes from puskesmas	2208	15.6	12.4	1497	14.3	22.8	7.2**
>= 30 minutes from puskesmas	546	13.7	14.3	1515	14	23.3	10.2***

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.3 DELIVERED AT FACILITY

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1046	23.9	16.5	3042	45.8	47.1	-1
12-23 months	1024	22.8	23.5	1536	37.3	41.8	4.8
24-35 months	924	23.8	19.4	4452	35.7	36	0.8
Province							
Central Kalimantan	1064	20.4	19.4	3230	35.3	30.9	-4.8
West Kalimantan	1249	20.3	22.5	3753	45	50.7	2
South Sumatra	682	28.6	16.3	2047	37.4	37.2	1.8
SES quintile							
Quintile 1	689	12	14.5	1950	31	31.2	0.2
Quintile 2	621	20.4	20.1	1868	35.8	39.8	2.7
Quintile 3	650	24.6	21.5	1934	38.7	41.7	0.1
Quintile 4	523	31.3	21.1	1765	47.1	45.2	-2.1
Quintile 5	512	30.3	21.8	1513	45.5	48.2	1.9
Caregiver education							
Less than junior high	1551	15.4	13.2	4085	30.6	32	-0.1
At least junior high	1441	31	26.4	4942	46.1	48.3	1
Remoteness							
< 30 minutes from puskesmas	2248	24.2	21.6	4584	46.2	46.5	-1.1
>= 30 minutes from puskesmas	569	16.2	15.3	4408	29	35.4	5.6**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.4 DELIVERY ASSISTED BY A TRAINED PROFESSIONAL

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1046	72	75	3038	87	86.2	-0.5
12-23 months	1025	78.4	73.3	1535	82.7	83.2	0.8
24-35 months	924	80.6	72.9	4444	82.6	82.8	1.7
Province							
Central Kalimantan	1065	75.8	68.4	3222	82.4	80	0.1
West Kalimantan	1249	66.9	68.9	3753	78.8	83.5	3.4
South Sumatra	682	86.7	85.1	2042	89.7	87.4	-1.6
SES quintile							
Quintile 1	690	67.5	62.1	1946	76.9	75.2	0
Quintile 2	621	75.8	68.7	1863	80.8	80.2	0.4
Quintile 3	650	75.3	77.1	1930	83	84.7	2.1
Quintile 4	523	79.8	79	1765	89.1	88.6	-0.5
Quintile 5	512	86.7	82.7	1513	91	91.1	0.9
Caregiver education							
Less than junior high	1552	66.5	64.3	4075	75.1	74.9	0.3
At least junior high	1441	86.3	83.9	4939	90.8	91	0.6
Remoteness							
< 30 minutes from puskesmas	2248	78.9	77.4	4578	89.2	89.5	1.5
>= 30 minutes from puskesmas	570	57.6	61.1	4401	76	78	0.1

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.5 AT LEAST THREE POSTNATAL CHECKUPS FOR MOTHER (MOTHERS 0-11 MONTH OLDS)

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Province				
Central Kalimantan	991	18.4	18.2	-1.2
West Kalimantan	1164	21	18.4	-1.9
South Sumatra	647	14.9	17.3	2.7
SES quintile				
Quintile 1	570	16	14.9	-1.5
Quintile 2	589	18.5	18.4	-2.8
Quintile 3	614	21.3	16.8	-2.8
Quintile 4	551	13.5	16.7	3.5
Quintile 5	478	20	22.6	-3.2

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Caregiver education				
Less than junior high	1193	17.1	14	-4.7*
At least junior high	1608	18.3	20.8	2.8
Remoteness				
< 30 minutes from puskesmas	1378	17.1	18.7	1.3
>= 30 minutes from puskesmas	1409	18.9	17.6	-0.3

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.6 AT LEAST THREE POSTNATAL CHECKUPS FOR BABY (CHILDREN 0-11 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Province							
Central Kalimantan	197	19.1	6.9	486	24.7	21	-5.1
West Kalimantan	249	8.9	19.4	548	14.7	22.7	8.7**
South Sumatra	146	21.5	10.3	372	20.7	24	0.8
Child gender							
Male	307	19.1	15.3	744	19.1	21.6	1.8
Female	285	13.2	10.7	662	20.5	24.2	4.1
SES quintile							
Quintile 1	114	20.4	11	261	15.7	17.9	1.6
Quintile 2	115	12.2	9.4	280	21.6	22.7	2.3
Quintile 3	129	11	9.5	317	24	21.3	-0.2
Quintile 4	125	25	12	299	16.1	25.1	10.8*
Quintile 5	109	12.2	21.9	249	22.4	25.9	0
Caregiver education							
Less than junior high	264	14.4	7.7	547	21	18.1	-2.3
At least junior high	328	18	16.8	858	19.1	25.8	6.3
Remoteness							
< 30 minutes from puskesmas	465	15.6	14.1	705	15.4	24.4	9.8**
>= 30 minutes from puskesmas	93	9.4	10.3	694	27	21.1	-2.3

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.7 CHILD BROUGHT TO POSYANDU IN LAST 6 MONTHS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1046	72	75.4	3058	76.1	84.6	5.4**
12-23 months	1026	62.1	71.7	1547	73	83.1	7.2**
24-35 months	924	45.6	58.1	4515	58.8	72.7	8.2***
Province							
Central Kalimantan	1087	62.9	65.7	3264	64.7	82.2	13.4***
West Kalimantan	1264	65.1	70.5	3792	77.3	83.6	4.3**
South Sumatra	688	54.5	68.7	2064	62.2	72.4	4.3
Child gender							
Male	1560	58.8	67.6	4697	66.9	79.1	6.8***
Female	1479	62.2	69.6	4423	69.5	79.5	6.7***
SES quintile							
Quintile 1	698	59.7	60.6	1964	67.8	74.1	4.2
Quintile 2	629	66.2	71.4	1881	67.4	83.4	12.8***
Quintile 3	659	55.5	68.8	1957	73.7	79.4	0.7
Quintile 4	531	62.3	70.2	1788	66	82.5	9.9***
Quintile 5	522	59.2	73.5	1530	65.5	77	7.8**
Caregiver education							
Less than junior high	1582	58.9	62.4	4148	67.4	76.5	5.7**
At least junior high	1454	62.1	75	4969	68.5	81.5	7.6***
Remoteness							
< 30 minutes from puskesmas	2279	60.6	71.6	4629	63.6	77.8	5.7**
>= 30 minutes from puskesmas	577	61	58.4	4452	75.2	82.2	7.7***

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.8 COMPLETE IMMUNIZATIONS (CHILDREN 12-35 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
12-23 months	1003	59.4	60.6	1539	63.2	65	2.2
24-35 months	893	60.2	54.7	4461	64.4	68.4	3.7
Province							
Central Kalimantan	685	53.1	50.5	2144	60.8	54.2	-6.6
West Kalimantan	793	55.9	61.5	2495	62.7	74.1	9***
South Sumatra	418	67.8	59.8	1361	66.8	67.6	2.5

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child gender							
Male	955	61.8	58.5	3064	63.3	67.2	3.9
Female	941	57.7	57.2	2936	64.8	67	1
SES quintile							
Quintile 1	456	52.9	41.9	1314	52.4	57.1	7.8*
Quintile 2	387	54	51.6	1235	62.7	67.8	5.8
Quintile 3	415	58.8	67.5	1282	66.6	70.4	4.1
Quintile 4	317	61.8	66.4	1169	67.8	70.9	-0.1
Quintile 5	321	71	63.2	1000	69.8	69.5	-0.6
Caregiver education							
Less than junior high	991	47.1	48.9	2811	51.5	59.6	6.6**
At least junior high	902	70.2	67.4	3187	73.5	73.2	-0.8
Remoteness							
< 30 minutes from puskesmas	1410	62.6	60.9	3089	66.2	69.2	1.5
>= 30 minutes from puskesmas	364	44.5	51	2887	60.4	65.8	7.9***

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.9 DPT3 (CHILDREN 12-35 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
12-23 months	1001	72.3	69	1543	79.3	79.2	1.3
24-35 months	888	70.5	69.1	4470	77.8	82.5	5.1**
Province							
Central Kalimantan	682	62.5	61.7	2155	74.6	71.7	-2
West Kalimantan	795	68.4	72.7	2495	77.2	84.6	6.2**
South Sumatra	412	80.5	70.9	1363	81.5	83.9	4.7
Child gender							
Male	949	70.3	70.4	3065	77.4	81.1	4.8**
Female	940	72.7	67.7	2948	79.4	81.6	1.3
SES quintile							
Quintile 1	452	65.3	53	1319	70.1	75.9	8.8***
Quintile 2	385	65	64.3	1236	78.3	81.2	4.7
Quintile 3	412	71.3	74.7	1285	81	84.3	4.3
Quintile 4	315	74.3	81.2	1171	81.3	82.9	-0.5
Quintile 5	325	81.2	74.1	1002	80.6	82.1	3.1

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Caregiver education							
Less than junior high	983	58.8	59.6	2815	69.2	73.7	4.1
At least junior high	903	81.9	79	3196	85.3	87.4	2.6
Remoteness							
< 30 minutes from puskesmas	1406	74.8	72.1	3102	78.9	83.8	5.6**
>= 30 minutes from puskesmas	361	55.1	64.3	2887	77.5	79.2	4.5

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.10 MEASLES (CHILDREN 12-35 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
12-23 months	1015	72.4	73.4	1546	76.6	77.4	-0.5
24-35 months	899	75.1	73.2	4492	79.5	84.5	4.7**
Province							
Central Kalimantan	689	71.4	65.3	2164	74.7	78.4	2.5
West Kalimantan	800	68.5	76.3	2506	77.1	82.8	4.2*
South Sumatra	425	79.7	77	1368	81.8	83.2	2.3
Child gender							
Male	963	73.2	72.9	3074	78.1	80.9	2.2
Female	951	74.1	73.7	2964	78.8	82.9	3
SES quintile							
Quintile 1	457	65.9	63.7	1325	68.9	77.6	9.9***
Quintile 2	388	67.9	67.6	1241	79.2	83.9	4.1
Quintile 3	420	71.4	82.5	1291	82	83.6	1.6
Quintile 4	319	78.8	78.2	1176	79.3	82.2	0.6
Quintile 5	330	84.1	74.7	1005	82.5	82	-1.1
Caregiver education							
Less than junior high	996	62.6	64.7	2828	69.6	75.5	4.9*
At least junior high	915	83	82.5	3208	85.2	87	0.7
Remoteness							
< 30 minutes from puskesmas	1426	75.4	76	3108	78.5	82.5	3.1
>= 30 minutes from puskesmas	365	66.9	66.3	2906	78.5	82.4	5.3**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.11 RECEIVED VITAMIN A WITH RECOMMENDED FREQUENCY (CHILDREN 12-35 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
12-23 months	1015	29	29	1538	36.3	37.6	-0.7
24-35 months	910	15	17	4480	15.1	17.7	2.4
Province							
Central Kalimantan	693	24.1	19.6	2155	19.4	26.9	5.2*
West Kalimantan	812	21.7	26	2502	24.3	25.4	0
South Sumatra	420	22.8	23.1	1361	22.9	23.4	1.1
Child gender							
Male	978	22.6	24.7	3060	22.9	25.7	2.2
Female	947	22.9	22	2958	22.1	24.4	0.9
SES quintile							
Quintile 1	462	15.4	14.4	1321	20.6	18.9	-1.2
Quintile 2	388	27.1	17.1	1234	17.9	28.6	8**
Quintile 3	421	17.6	24.4	1286	25.1	25.7	0.2
Quintile 4	318	31.5	28	1172	25.5	26.2	-0.5
Quintile 5	336	23.6	35.5	1005	23.6	26.2	0.7
Caregiver education							
Less than junior high	1006	21.5	19.2	2827	20.4	20.6	-0.7
At least junior high	916	23.9	27.9	3189	24.1	28.6	3.4
Remoteness							
< 30 minutes from puskesmas	1433	23.9	24.9	3090	22.5	27.8	5**
>= 30 minutes from puskesmas	369	20.1	20	2904	22.7	21.6	-3.4

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.12 EVER ATTENDED KELAS IBU HAMIL (MOTHERS OF 0-11 MONTH OLDS)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1046	10.9	12.9	3040	20.8	29.4	8.8***
Province							
Central Kalimantan	1065	17	17.7	1087	32.5	34.4	1.3
West Kalimantan	1249	8.9	10.6	1262	15.2	27.5	11.2***
South Sumatra	683	10.2	8.8	691	19.3	28.2	11.3*

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
SES quintile							
Quintile 1	691	6.8	7.7	633	15.5	27.4	11.7***
Quintile 2	621	13.8	12.7	634	25.6	32.9	5.1
Quintile 3	650	11.9	16.2	653	19.5	33	15.4***
Quintile 4	523	17.2	6.8	607	24.2	31	11.2**
Quintile 5	512	8.4	17.2	513	19	22.4	0.8
Caregiver education							
Less than junior high	1553	10.9	11.5	1292	22.6	26.6	4.3
At least junior high	1441	12.1	12.6	1747	19.2	31.4	11.3***
Remoteness							
< 30 minutes from puskesmas	2249	11.8	12.1	1504	21.6	29.4	8.8**
>= 30 minutes from puskesmas	570	6	13	1521	19.5	29.9	9.1**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.13 EVER ATTENDED KELAS BALITA (MOTHERS OF 0-35 MONTH OLDS)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1045	4.5	7.4	3057	5	8.2	2.7**
12-23 months	1025	8.8	8.9	1546	11.6	19.6	6.9***
24-35 months	921	5.2	7.7	4512	12.6	20.2	7.1***
Province							
Central Kalimantan	1085	9	9.2	3262	15.2	18.4	3.1
West Kalimantan	1263	5	4.5	3791	5.5	14.5	9.3***
South Sumatra	686	5.4	11.4	2062	10.3	16	4.8*
Child gender							
Male	1559	6.6	8.9	4695	9.8	16.4	6.3***
Female	1475	5.8	6.9	4420	9.7	15.5	5.1***
SES quintile							
Quintile 1	696	2.5	6.3	1964	9.8	16	4.3*
Quintile 2	629	6.7	8.8	1881	11.5	15.8	3.9*
Quintile 3	657	7.9	8.2	1956	9.7	16.2	5.7***
Quintile 4	531	5.7	6.9	1785	11.2	16.4	5.7***
Quintile 5	521	8.4	9.9	1529	6.5	15.2	7.4***
Caregiver education							
Less than junior high	1581	4.1	7	4145	9.7	13.6	4.1**
At least junior high	1450	8.2	8.8	4967	9.8	17.8	6.8***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Remoteness							
< 30 minutes from puskesmas	2275	6.8	8.7	4626	10	17.3	7.3***
>= 30 minutes from puskesmas	576	3.5	6.3	4450	9.3	14.6	4.2**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.14 EARLY INITIATION OF BREASTFEEDING

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1043	27.3	33.4	3053	47.9	53.7	5.8*
12-23 months	1022	37.2	38.2	1543	55	55.6	0.3
24-35 months	912	33.7	39.4	4500	53.9	58.6	4.9*
Province							
Central Kalimantan	1076	31.3	34.7	3257	57	59.2	3.5
West Kalimantan	1255	42.1	41.6	3784	59	61.7	3.8
South Sumatra	687	25.3	31.8	2055	43.3	47.6	8.1
Child gender							
Male	1552	35.1	34.9	4686	52	56.2	3.6
Female	1466	30.6	38.5	4410	52.1	56.2	5
SES quintile							
Quintile 1	693	30.7	36.1	1958	53.9	58.4	4.1
Quintile 2	623	28.1	31.2	1880	53.5	56.6	2
Quintile 3	654	35.1	37.5	1951	52.5	55.6	5.3
Quintile 4	527	35.6	44.3	1782	50.8	57.1	4.8
Quintile 5	521	34.9	32.9	1525	49.4	53	4.6
Caregiver education							
Less than junior high	1567	34	36.6	4135	54.9	56.4	0.8
At least junior high	1448	31.6	36.5	4958	49.9	56	6.3**
Remoteness							
< 30 minutes from puskesmas	2264	32.5	36.3	4612	52.1	55.7	2.7
>= 30 minutes from puskesmas	571	36	36	4445	52	57.2	5.7*

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.15 EXCLUSIVE BREASTFEEDING FOR 6 MONTHS (CHILDREN 6-35 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	525	10.5	14.5	1568	13.7	18.8	5.4**
12-23 months	1021	16.9	18.6	1546	19.3	25.7	5.2**
24-35 months	922	23	24.8	4510	22.4	24.8	1.8
Province							
Central Kalimantan	877	21.2	17.9	2732	21.2	20.8	-0.1
West Kalimantan	1040	15.8	19.5	3170	24.6	28.8	5*
South Sumatra	551	17.4	22.7	1722	14.5	20.1	4.1*
Child gender							
Male	1252	16.8	19.8	3884	19.7	23.6	3.2
Female	1216	19	20.2	3740	19.6	24	3.8**
SES quintile							
Quintile 1	577	23.4	23.9	1661	23	26.1	2.6
Quintile 2	496	16	20.2	1562	20.2	20	-0.4
Quintile 3	537	20.4	18.7	1634	20.6	25.3	4.9*
Quintile 4	421	17.2	16.3	1498	15.7	24.1	7.1***
Quintile 5	437	12.2	20.9	1269	18.9	23.1	3
Caregiver education							
Less than junior high	1274	23.7	18.9	3524	19.7	23.5	3.8**
At least junior high	1191	12.5	21.3	4097	19.7	24.1	3.2*
Remoteness							
< 30 minutes from puskesmas	1855	17.3	21	3882	18.9	23.9	4.6**
>= 30 minutes from puskesmas	466	20.1	17.6	3710	20.9	24.4	2.3

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.16 MINIMUM DIETARY DIVERSITY (CHILDREN 0-23 MONTHS OLD)

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	1568	23	24.1	2.8
12-23 months	1547	51.5	52.7	1.3
Province				
Central Kalimantan	1113	34.8	33.7	-4
West Kalimantan	1296	34.9	35.7	1.1
South Sumatra	706	44.6	50.8	6.3

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child gender				
Male	1606	41.1	40.6	1.6
Female	1509	36.4	40.6	3.7
SES quintile				
Quintile 1	664	41.5	41	-1.2
Quintile 2	630	35.9	35.8	2.3
Quintile 3	659	39.9	39.6	-0.9
Quintile 4	619	36.8	42.9	7.1
Quintile 5	543	39.9	42.7	2.9
Caregiver education				
Less than junior high	1389	35.2	34.4	-0.2
At least junior high	1724	41.6	45.2	4.2
Remoteness				
< 30 minutes from puskesmas	1538	40.7	45.1	5.5
>= 30 minutes from puskesmas	1562	36.1	36.3	-1.7

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.17 MINIMUM FEEDING FREQUENCY (CHILDREN 0-23 MONTHS OLD)

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	1568	58.8	68.1	10.1***
12-23 months	1547	53.9	61.6	7.9**
Province				
Central Kalimantan	1113	53.8	65.3	8*
West Kalimantan	1296	63.7	63.2	1.3
South Sumatra	706	50.6	65	16.3***
Child gender				
Male	1606	57.3	61.8	4.3
Female	1509	54.8	66.9	12.1***
SES quintile				
Quintile 1	664	57.5	64.4	7.8
Quintile 2	630	55.3	69.3	13.5***
Quintile 3	659	56.7	67.7	11.2**
Quintile 4	619	57.7	59.1	-1.9
Quintile 5	543	53	62.5	10.6**

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Caregiver education				
Less than junior high	1389	55.9	61.5	6.4*
At least junior high	1724	56	66.5	10***
Remoteness				
< 30 minutes from puskesmas	1538	53	63.4	9.3***
>= 30 minutes from puskesmas	1562	60.6	64.5	5.4

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.18 MINIMUM ACCEPTABLE DIET (CHILDREN 0-23 MONTHS OLD)

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	1568	15.3	17.8	4
12-23 months	1547	29.1	35.1	6.1*
Province				
Central Kalimantan	1113	18.2	23.7	2.8
West Kalimantan	1296	24	24.5	0.9
South Sumatra	706	24.8	34.3	11.1**
Child gender				
Male	1606	24.8	26.6	2.8
Female	1509	21	28.9	8**
SES quintile				
Quintile 1	664	22.7	26.7	4.2
Quintile 2	630	20.2	28.7	12.4***
Quintile 3	659	25.1	27.2	1.5
Quintile 4	619	23.2	27	2.1
Quintile 5	543	23.7	29.3	4.4
Caregiver education				
Less than junior high	1389	17.5	21.6	5.4*
At least junior high	1724	27.1	32.4	5.4*
Remoteness				
< 30 minutes from puskesmas	1538	23.5	30.8	7.5**
>= 30 minutes from puskesmas	1562	22.2	24.9	3.7

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.19 WEIGHED MONTHLY (CHILDREN 0-5 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	514	68.3	73.7	1490	75.1	82.1	4.6
Province							
Central Kalimantan	180	50.1	71.2	529	73.2	73.1	1.7
West Kalimantan	205	71.9	76.6	621	77.3	85.6	4.4
South Sumatra	129	77.5	72.3	340	74.4	83.6	7.1
Child gender							
Male	274	74.5	72.2	811	77.3	82.5	3.9
Female	240	62.7	75.7	679	72.5	81.6	5.8
SES quintile							
Quintile 1	109	66	65.2	300	69.2	80.7	10.5
Quintile 2	120	64.1	63.7	319	79.8	79	0.7
Quintile 3	111	65.4	85.4	322	64.7	78.7	6.9
Quintile 4	101	66.5	76.3	289	81.7	84.2	-1.4
Quintile 5	73	90.7	75.5	260	80.1	88.2	-0.5
Caregiver education							
Less than junior high	270	65.8	63	620	67.6	78.4	9.8**
At least junior high	244	71.3	84.1	870	80.3	84.8	1.7
Remoteness							
< 30 minutes from puskesmas	382	70.9	78.5	742	75	83.1	2.2
>= 30 minutes from puskesmas	102	54	58.2	741	75.4	80.9	5.6

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.20 WEIGHED MONTHLY (CHILDREN 0-23 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1043	56.1	62.4	3057	60.1	70	5.5**
12-23 months	1023	39.8	44.3	1542	28.2	38.2	7.3**
Province							
Central Kalimantan	743	46.6	46.9	1642	45.9	46.1	0.8
West Kalimantan	841	51.1	59.1	1914	55.6	63.9	5.7**
South Sumatra	482	45.7	52.9	1043	41.3	56.1	10.7**
Child gender							
Male	1066	49.6	53.6	2414	49.2	57.1	4.3
Female	1000	46	53.9	2185	45.5	56.7	7.1**

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
SES quintile							
Quintile 1	458	46.2	43.4	962	44.3	52.2	4.1
Quintile 2	438	48.9	55.3	949	46.9	52.6	3.7
Quintile 3	445	45.8	55.6	979	48.3	59.3	7.1
Quintile 4	382	49.5	56.9	907	50.6	60.4	5.5
Quintile 5	343	48.7	58.5	802	47.3	58.1	6.4*
Caregiver education							
Less than junior high	1047	43.4	45.6	2006	42	49.8	5.3*
At least junior high	1018	52	62	2591	51.4	62.2	5.8**
Remoteness							
< 30 minutes from puskesmas	1560	49.9	56.2	2276	45.2	57.8	7.5**
>= 30 minutes from puskesmas	389	35.9	48.3	2301	50.9	57	5.4*

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.21 LENGTH TAKEN IN PAST YEAR (CHILDREN 0-35 MONTHS OLD)

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1040	49.9	48.8	3051	79.3	77.8	-2.1
12-23 months	1016	61.5	53.9	1538	55.7	67.8	11.7***
24-35 months	911	57.8	53	4501	49.5	63.3	12.2***
Province							
Central Kalimantan	1077	56	44.2	3251	61.5	67.5	6.3
West Kalimantan	1244	60.3	56.9	3783	78.6	85	6**
South Sumatra	684	52.9	50.9	2056	46.4	52.3	8
Child gender							
Male	1542	55.3	51.2	4687	60.6	69.4	6.7**
Female	1463	57.3	51.9	4403	62.1	69.3	6.6**
SES quintile							
Quintile 1	686	42.7	43.2	1955	56	59.4	5
Quintile 2	625	54.6	49.4	1878	58.7	70.8	10***
Quintile 3	651	57.2	54.3	1949	64.8	71.5	5.5
Quintile 4	528	64.7	55	1783	63.4	74.8	8.1**
Quintile 5	515	63.6	56.2	1525	63.7	69.7	5.5
Caregiver education							
Less than junior high	1566	46.2	45.5	4133	58.6	63.7	4.9*
At least junior high	1436	65.6	58	4954	63.2	73.8	8.2***

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Remoteness							
< 30 minutes from puskesmas	2252	56	53.5	4611	59.1	72.6	9.3***
>= 30 minutes from puskesmas	571	47.4	47.1	4440	64.8	66.3	2.4

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.22 CHILD RECEIVED PMT IN LAST 6 MONTHS

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	2519	16.8	18.2	0.1
12-23 months	1292	31	35.5	4.4
24-35 months	3360	30	34.9	3.7
Province				
Central Kalimantan	2564	32.5	30.4	-3.9
West Kalimantan	3149	26.9	28.5	1.4
South Sumatra	1458	18.8	28.4	8.3**
Child gender				
Male	3674	25.4	30.4	4.4
Female	3497	24.7	27.4	1.4
SES quintile				
Quintile 1	1504	29	30.7	-2.3
Quintile 2	1500	26.5	28.2	-1
Quintile 3	1576	25.3	28.7	2.9
Quintile 4	1426	25.8	27.8	2.3
Quintile 5	1165	18.6	29.6	8.4**
Caregiver education				
Less than junior high	3151	23.1	29.5	4.4
At least junior high	4018	26.4	28.5	1.7
Remoteness				
< 30 minutes from puskesmas	3515	24.8	26.5	0.9
>= 30 minutes from puskesmas	3632	25.4	32.2	2.9

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.23 DIARRHEA IN PAST TWO WEEKS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	887	5	4.6	3058	10.5	11.7	1.4
12-23 months	894	7.3	7	1547	16.5	15.1	-1.5
24-35 months	797	8.5	6.2	4515	13.5	14.7	0.7
Province							
Central Kalimantan	936	6.7	5	3264	11.9	13.2	2.4
West Kalimantan	1080	7.8	6.6	3792	15.7	14	-1.4
South Sumatra	599	6	5.6	2064	11.7	13.9	1.7
Child gender							
Male	1325	9	6.9	4697	12.6	14.5	1.1
Female	1290	4.7	4.7	4423	13.7	13.1	-0.4
SES quintile							
Quintile 1	581	5.3	6.9	1964	19.5	18	-1.3
Quintile 2	538	7.3	9.9	1881	10.9	14.3	4.1**
Quintile 3	567	7.9	5.8	1957	13.6	13.9	0.2
Quintile 4	465	5.5	4.8	1788	11.7	12	-0.3
Quintile 5	464	8.1	2.3	1530	10	10.8	-0.1
Caregiver education							
Less than junior high	1348	6.6	4.7	4148	15.7	16	0.7
At least junior high	1264	7	6.7	4969	11.3	12	0.6
Remoteness							
< 30 minutes from puskesmas	1966	6.5	5.5	4629	11.3	12.3	0.2
>= 30 minutes from puskesmas	496	10.6	6.8	4452	16.1	15.8	0.2

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 8.S.24 DIARRHEA IN PAST FOUR WEEKS

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	887	10.7	11.3	3058	15.6	15.9	0.1
12-23 months	894	17	16.1	1547	24.5	23.5	-1.3
24-35 months	797	15.5	14.4	4515	19.4	21.1	0.9
Province							
Central Kalimantan	936	15.9	13.4	3264	19.9	18.9	-0.6
West Kalimantan	1080	15	13.9	3792	20.4	20.9	0.3
South Sumatra	599	12.5	14.2	2064	17.9	19.5	0.9

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child gender							
Male	1325	18.3	15.8	4697	19.3	21.1	0.5
Female	1290	10.4	11.9	4423	19.2	18.7	-0.5
SES quintile							
Quintile 1	581	12.1	13.3	1964	25.6	24.2	-1.5
Quintile 2	538	14.9	16.9	1881	17	19.9	3.2
Quintile 3	567	14.8	15.6	1957	21.2	22.1	0.5
Quintile 4	465	10.2	12.4	1788	20	17	-3.4*
Quintile 5	464	19.2	11.3	1530	12.6	16.1	2.6
Caregiver education							
Less than junior high	1348	12.7	13.7	4148	20.9	22.2	1.6
At least junior high	1264	15.6	13.6	4969	18.1	18.1	-0.4
Remoteness							
< 30 minutes from puskesmas	1966	14.2	13.8	4629	17.9	19.3	0.5
>= 30 minutes from puskesmas	496	17.3	12.7	4452	21.4	21	0.3

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.S.1 HOUSEHOLD USES AN IMPROVED WATER SOURCE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1046	71.9	66.7	3058	79.8	82.2	3
12-23 months	1026	72.3	64.3	1547	81.1	84.1	4.1*
24-35 months	924	68.9	61.9	4515	79.4	80.1	3
Province							
Central Kalimantan	1632	65.9	54.5	3264	79.8	79.1	5.1
West Kalimantan	1896	63.5	68.4	3792	74.7	82.5	1.4
South Sumatra	1032	81.5	67	2064	84.4	82.8	2.6
Child gender							
Male	1560	73.3	60.7	4697	79.6	81.9	3.4*
Female	1479	68.7	67.7	4423	80.3	81.7	2.6
SES quintile							
Quintile 1	1007	55	49.5	1964	69.5	70.3	3.5
Quintile 2	965	67.1	57	1881	77.1	79.1	3.6
Quintile 3	961	75.1	68.9	1957	79	83	5.4**
Quintile 4	815	76.6	75.4	1788	84.6	86.3	2.9
Quintile 5	812	82.2	69.7	1530	89.4	89.9	0.9

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Caregiver education							
Less than junior high	1582	65.5	56.1	4148	73.5	76	2.5
At least junior high	1454	76	72.3	4969	84.7	86.2	3.4**
Remoteness							
< 30 minutes from puskesmas	3413	72.6	68.1	4629	85.7	85.6	1.5
>= 30 minutes from puskesmas	854	55.7	55.1	4452	70.7	76.5	4.9*

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.S.2 HOUSEHOLD PRACTICES OPEN DEFECATION

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1045	14.9	16.9	3058	11.6	9.9	-1.9
12-23 months	1021	14.2	17.5	1541	14.5	10.8	-4.1**
24-35 months	920	13.6	23.5	4509	11.6	13.3	-0.4
Province							
Central Kalimantan	1626	6.2	8.7	3262	8.9	8.4	-3.5**
West Kalimantan	1891	26.2	27.2	3787	17.5	14.1	-1.8
South Sumatra	1029	9	17.3	2059	9.7	10.8	-0.4
Child gender							
Male	1555	13.6	21.4	4691	12.4	10.4	-3.5**
Female	1474	15.1	16.5	4417	12.1	12.7	0.2
SES quintile							
Quintile 1	1004	30.7	30.2	1958	28.9	24.8	-3.5
Quintile 2	963	14.4	23.4	1877	14.7	13.2	-2.4
Quintile 3	957	11	16.7	1956	10.5	8.3	-3.7**
Quintile 4	811	9.5	15.1	1787	4	8.1	3.4**
Quintile 5	811	5.2	8.6	1530	3.3	4.2	0.5
Caregiver education							
Less than junior high	1576	19.9	23	4145	18.7	17.5	-1.8
At least junior high	1450	9.2	14.5	4960	7.5	6.9	-1.6
Remoteness							
< 30 minutes from puskesmas	3403	12.4	17.6	4624	8.3	9.2	-1.3
>= 30 minutes from puskesmas	850	29.6	28.3	4445	18.5	12.8	-2.8

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.S.3 HOUSEHOLD USES AN UNIMPROVED LATRINE

	Baseline			Endline			
	Sample size	Control mean	Treatment mean	Sample size	Control mean	Treatment mean	Adjusted impact
Child age							
0-11 months	1045	25.1	22.8	3058	10.7	12	1.8
12-23 months	1021	16	20.3	1541	10.6	11.1	2
24-35 months	920	19.7	22.9	4509	11.8	11.6	-0.8
Province							
Central Kalimantan	1626	37.9	43.3	3262	20.6	22.1	1.9
West Kalimantan	1891	13.3	10.2	3787	8.8	7	-0.2
South Sumatra	1029	14.1	19.3	2059	7.7	10	0.9
Child gender							
Male	1555	21.1	25.2	4691	11.9	10.8	-1.5
Female	1474	19.3	19	4417	10.2	12.5	3.1
SES quintile							
Quintile 1	1004	34.2	38.1	1958	17.4	21.7	2.4
Quintile 2	963	20.6	25.8	1877	16.4	13.1	-3.2
Quintile 3	957	21.9	22.5	1956	11.9	12.5	2.3
Quintile 4	811	14.6	11.4	1787	6	7	1.3
Quintile 5	811	8.5	11.6	1530	3.8	4	0
Caregiver education							
Less than junior high	1576	24.3	28.4	4145	15.5	17.3	2.6
At least junior high	1450	16.3	15.8	4960	7.8	7.2	-0.7
Remoteness							
< 30 minutes from puskesmas	3403	20.6	18.8	4624	8.7	7.5	0.1
>= 30 minutes from puskesmas	850	20.7	23.5	4445	15	17.3	0.5

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.S.4 HOUSEHOLD USES AN IMPROVED LATRINE (LIMITED SERVICE)

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	3058	12.5	12	0.5
12-23 months	1541	10.7	13.5	4.1*
24-35 months	4509	10.4	14	2.4*
Province				
Central Kalimantan	3262	11.2	11.4	-0.8
West Kalimantan	3787	9.3	13.8	4.6***
South Sumatra	2059	12.8	13.8	1.2
Child gender				
Male	4691	11.1	13.8	2.8*
Female	4417	11.3	12.6	1.3
SES quintile				
Quintile 1	1958	21	22.7	1.6
Quintile 2	1877	14.3	20.8	6.6**
Quintile 3	1956	10.1	9.2	-1.6
Quintile 4	1787	6.9	9	2.3
Quintile 5	1530	3.7	5.6	2.1
Caregiver education				
Less than junior high	4145	12.8	14	1.9
At least junior high	4960	10	12.6	2.4**
Remoteness				
< 30 minutes from puskesmas	4624	11.8	13	0.6
>= 30 minutes from puskesmas	4445	10.2	13.3	4.2**

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.S.5 HOUSEHOLD USES AN IMPROVED LATRINE, NOT SHARED WITH OTHERS (BASIC OR SAFELY MANAGED)

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	3058	65.2	66.1	-1.3
12-23 months	1541	64.2	64.5	-2.6
24-35 months	4509	66.3	61	-2.1
Province				
Central Kalimantan	3262	59.2	58.2	-0.2
West Kalimantan	3787	64.5	65.2	-1.7
South Sumatra	2059	69.8	65.5	-4
Child gender				
Male	4691	64.6	65	1.3
Female	4417	66.4	62.2	-5.5**
SES quintile				
Quintile 1	1958	32.7	30.8	-3.7
Quintile 2	1877	54.6	52.8	-2.1
Quintile 3	1956	67.5	70.1	2.7
Quintile 4	1787	83.1	75.9	-7.5***
Quintile 5	1530	89.2	86.3	-3
Caregiver education				
Less than junior high	4145	53	51.2	-3.4
At least junior high	4960	74.6	73.2	-1
Remoteness				
< 30 minutes from puskesmas	4624	71.2	70.3	-0.2
>= 30 minutes from puskesmas	4445	56.3	56.5	-1.7

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

TABLE 9.S.6 HOUSEHOLD RECEIVED A DEMONSTRATION OF PROPER HAND WASHING TECHNIQUE

	Endline			
	Sample size	Control mean	Treatment mean	Adjusted impact
Child age				
0-11 months	3058	27.8	31.4	3.3
12-23 months	1547	23.4	36.5	12.1***
24-35 months	4515	26.5	31.3	5.7**
Province				
Central Kalimantan	3264	29.7	29.2	-0.2
West Kalimantan	3792	25.9	36.7	9.7***
South Sumatra	2064	24.6	29.9	6.5*
Child gender				
Male	4697	26.4	31.6	5.7***
Female	4423	26	33.5	7.2***
SES quintile				
Quintile 1	1964	21.5	26.2	5.4*
Quintile 2	1881	25.8	28.7	2.6
Quintile 3	1957	23.7	33.7	10***
Quintile 4	1788	27.9	37	7.9**
Quintile 5	1530	32.3	36.5	4.3
Caregiver education				
Less than junior high	4148	16.3	25.4	8.6***
At least junior high	4969	33.5	38	4.3*
Remoteness				
< 30 minutes from puskesmas	4629	27.9	35.3	7***
>= 30 minutes from puskesmas	4452	23.5	29.6	6.5***

Source: Baseline and endline caregiver surveys

Note: Results reported in percent

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

APPENDIX C: COST-BENEFIT ANALYSIS

APPENDIX C: COST-BENEFIT ANALYSIS

This Appendix provides additional details on the cost-benefit analysis discussed in Chapter 11, including how we estimated lives saved and conducted sensitivity checks.

C.1 Steps used to estimate the LiST model

We used the following steps to estimate the lives saved using the LiST model:

- **Specify population size.** We used the “subnational projection” option in LiST to specify the size of the population affected by the Project, which comprises the populations of (1) the 95 treatment kecamatan in the three evaluation provinces that are included in the evaluation sample, (2) an additional 35 treatment kecamatan in these provinces that were not included in the evaluation sample, and (3) 359 kecamatan in the other eight provinces where the Project was implemented.⁴ These sum to a total population size of 18,440,369, based on 2011 data (MCA-I 2014). LiST then automatically calculated cohort sizes of pregnant women and children under age 5 during the intervention period by applying the age structure from the 2010 Indonesian Census, adjusted for subsequent trends in fertility, mortality and international migration.⁵
- **Adjust reference parameter values.** The LiST model is initially populated with reference (baseline) levels of key coverage indicators (maternal and child health outcomes) based on national data, which are initially assumed to remain constant over time. We adjusted the model’s default reference values for key coverage indicators using values from the control areas at endline. We only adjusted reference values for those coverage indicators for which we found statistically significant impacts (Table C.1).⁶ For other coverage indicators, the reference values are irrelevant because we assume that they do not change over time; therefore, they do not affect the LiST results.
- **Update post-reference parameter values based on estimated endline impacts.** We then updated key post-reference parameters based on the estimated endline impacts for LiST coverage indicators that were statistically significant (at the 10 percent level or better). These updates were complicated by the fact that we estimated impacts by cohort, defined by age at endline (children 0–11 months old, 12–23 months old, and 24–35 months old), whereas LiST requires coverage indicators to be entered by calendar year. For example, impacts on exclusive breastfeeding for the 12–23 month old cohort measured at endline in

⁴ The evaluation, which is providing the impact estimates for the CBA, was conducted in only 3 of the 11 provinces where the Project was implemented. For the purposes of the CBA, we will assume that these estimates generalize to all 11 provinces, although in practice impacts might be heterogeneous across provinces.

⁵ According to LiST demographic projections, the total population size in the areas where the Project was implemented would have increased to 19,640,870 by 2015, the reference year for our LiST estimates.

⁶ Because LiST is a linear model, the results do not depend on these reference values, but only on the absolute changes over time. (For example, a change in coverage from 70 percent to 80 percent yields the same results as a change from 80 percent to 90 percent). However, adjusting the reference values made it easier to update the post-reference values in the next step using the impact findings.

early-2019 should be reflected in changes to LiST exclusive breastfeeding coverage rates in 2017 (when this cohort was 0–5 months old, the age range for which exclusive breastfeeding coverage is defined). This required us to map impacts for the endline cohorts to coverage in specific calendar years (Table X.1).

TABLE C.1 REFERENCE AND UPDATED COVERAGE RATES FOR THE LIVES SAVED TOOL, PRIMARY MODEL

Coverage indicator	LiST reference coverage rate (2015) ^a	Adjusted impact	Years in which coverage affected	LiST updated coverage rate ^b		
				2016	2017	2018
Mother consumed 90 IFA tablets during pregnancy	14.2			14.2	14.2	22.9
Among 0-11 month olds		8.7***	2018			
Early initiation of breastfeeding	51.2 ^c			56.0	51.2	57.0
Among 0-11 month olds		5.8*	2018			
Among 24-35 month olds		4.8*	2016			
Breastfeeding for the first six months						
Exclusive breastfeeding	16.7 ^c			16.7	22.1	22.2
Among 6-11 month olds		5.5**	2018			
Among 12-23 month olds		5.4**	2017			
Predominant breastfeeding ^d	30.1 ^c		2017 and 2018	30.1	28.1	28.1
Partial breastfeeding ^d	48.5 ^c		2017 and 2018	48.5	45.4	45.3
No breastfeeding ^d	4.7 ^c		2017 and 2018	4.7	4.4	4.4
Continued breastfeeding through first year	79.9			79.9	83.6	79.9
Child still received breastmilk at 11 months, among 12-23 month olds		3.7*	2017			
Continued breastfeeding through first two years	68.0			68.0	68.0	75.4
Child is still receiving breastmilk, among 12-23 month olds		7.4**	2018			
3 doses of DPT3^e	75.9		2017	75.9	82.4	75.9
Among 24-35 month olds		6.5***				
Measles vaccination^e	79.7		2017	79.7	85.0	79.7
Among 24-35 month olds		5.3***				

^aEqual to the endline mean in control kecamatan.

^bEqual to the reference value plus impact, for affected cohorts.

^cThe reference value used is the average of the control means for the two affected cohorts; because LiST is a linear model, the difference between the post-reference and reference values (the impact) determines the results, rather than the reference value.

^dLiST requires the user to specify the percentage of 0–5 month olds who are exclusively, predominantly, and partially breastfed (the remaining category, not breastfed, then sums to 100 percent). Because there were no significant impacts on predominant or partial breastfeeding, we updated these values by rescaling them in proportion to the reference values (that is, maintaining the same ratio between these categories as in the reference period).

^eLiST immunization coverage parameters apply to children 12–23 months old; this affected cohort is then followed through the model until 59 months old.

* / ** / *** Significantly different from zero at the .10 / .05 / .01 level, two-tailed test

C.2 The VSL approach

Two approaches are commonly used in the literature to convert mortality reductions into an economic benefit, in dollars: (1) the human capital approach, and (2) the value of a statistical life (VSL) approach. As noted in Chapter 11, the human capital approach focuses on the benefits for the productivity of the economy, for which the stream of future wages for the hypothetical lives saved serves as a proxy. In contrast, the VSL approach focuses on the benefits in terms of broader societal welfare, which accounts for both pecuniary benefits (such as future wages and consumption opportunities) and less tangible non-pecuniary benefits (such as life enjoyment) (Robinson et al. 2019). It is based on individuals' willingness to pay for small reductions in the risk of mortality;⁷ combining this with the expected change in the number of deaths in the population due to the resulting mortality reductions, it is possible to derive a value per life saved, the VSL.

Although the VSL approach potentially accounts more fully for the economic benefits of the estimated lives saved, in the context of the Nutrition Project we prefer the human capital approach, for the following reasons:

- Our understanding of MCC's guidelines for CBAs is that the benefit streams should focus on income gains, which are best measured through wages.
- Available estimates of VSL are based on willingness to pay to avoid death as an adult, which might be very different from the willingness to pay to avoid death as a child.
- Estimates of VSL are sensitive to the estimation approach and typically have a high degree of uncertainty. Even in the U.S., where VSL has been extensively estimated, the estimates used by government agencies have wide confidence bounds (Robinson et al. 2019). The U.S. estimates are also substantially different than the estimate used by the OECD (approximately three times as large), even after accounting for differences in income between the U.S. and the full set of OECD countries; this suggests a high degree of sensitivity to the methodology used.
- There are few direct high-quality estimates in the literature of VSL for developing countries, including Indonesia. Robinson et al. (2019) suggest an approach to convert a reference VSL for the U.S. or OECD to one for developing countries using the ratio of national income and an assumed income elasticity, which summarizes the rate at which VSL changes with income. However, these estimates are highly sensitive to the reference VSL used, and to the assumption on income elasticity. The authors recommend a default set of assumptions and standard sensitivity analysis to account for this uncertainty; however, the proposed assumptions are somewhat arbitrary, and the sensitivity analysis would yield a range of VSL estimates that is so wide as to be uninformative.

⁷ The willingness to pay is typically measured either through (1) revealed preferences (differential wages for occupations with different risk of fatal injury, controlling for other differences across occupations); or (2) through stated preferences (hypothetical survey questions about the willingness to pay to reduce the risk of death by some percentage).

Given these considerations, in Chapter 11 we focused on using the human capital approach to compare the costs and benefits of the Nutrition Project. Nevertheless, we explored the implications of using the VSL assumptions as part of sensitivity checks we conduct in Section 11.2, for which we present additional details below.

C.3 Sensitivity checks

To check the sensitivity of the ERR estimates to the parameters used, we conducted two additional analyses. First, we ran the LiST model using the upper bound of the 95 percent confidence interval for each statistically significant impact. (Table C.2 shows how these impacts map to coverage in specific calendar years, and Table C.3 shows the estimated lives saved.) We then used the estimated lives saved to estimate economic benefits based on the expected future stream of wages, as described in Chapter 11.

TABLE C.2 REFERENCE AND UPDATED COVERAGE RATES FOR THE LIVES SAVED TOOL, SENSITIVITY CHECK

Coverage indicator	LiST reference coverage rate (2015) ^a	Adjusted impact, 95 percent CI upper bound	Years in which coverage affected	LiST updated coverage rate ^b		
				2016	2017	2018
Mother consumed 90 IFA tablets during pregnancy	14.2			14.2	14.2	28.7
Among 0-11 month olds		14.5	2018			
Early initiation of breastfeeding	51.2^c			62.8	51.2	64.4
Among 0-11 month olds		13.2	2018			
Among 24-35 month olds		11.6	2016			
Breastfeeding for the first six months						
Exclusive breastfeeding	16.7 ^c			16.7	29.8	29.8
Among 6-11 month olds		13.1	2018			
Among 12-23 month olds		13.1	2017			
Predominant breastfeeding ^d	30.1 ^c		2017 and 2018	30.1	25.4	25.4
Partial breastfeeding ^d	48.5 ^c		2017 and 2018	48.5	40.9	40.9
No breastfeeding ^d	4.7 ^c		2017 and 2018	4.7	3.9	3.9
Continued breastfeeding through first year	79.9			79.9	92.0	79.9
Child still received breastmilk at 11 months, among 12-23 month olds		12.1	2017			
Continued breastfeeding through first two years	68.0			68.0	68.0	84.3
Child is still receiving breastmilk, among 12-23 month olds		16.3	2018			
3 doses of DPT3^e	75.9		2017	75.9	87.2	75.9
Among 24-35 month olds		11.3				

Coverage indicator	LiST reference coverage rate (2015) ^a	Adjusted impact, 95 percent CI upper bound	Years in which coverage affected	LiST updated coverage rate ^b		
				2016	2017	2018
Measles vaccination^c	79.7		2017	79.7	90.4	79.7
Among 24-35 month olds		10.7				

^aEqual to the endline mean in control kecamatan.

^bEqual to the reference value plus impact, for affected cohorts.

^cThe reference value used is the average of the control means for the two affected cohorts; because LiST is a linear model, the difference between the post-reference and reference values (the impact) determines the results, rather than the reference value.

^dLiST requires the user to specify the percentage of 0-5 month olds who are exclusively, predominantly, and partially breastfed (the remaining category, not breastfed, then sums to 100 percent). Because there were no significant impacts on predominant or partial breastfeeding, we updated these values by rescaling them in proportion to the reference values (that is, maintaining the same ratio between these categories as in the reference period).

^eLiST immunization coverage parameters apply to children 12-23 months old; this affected cohort is then followed through the model until 59 months old.

TABLE C.3 ESTIMATES OF LIVES SAVED FROM THE LIVES SAVED TOOL, SENSITIVITY CHECK

Coverage indicator	Cause of death averted	Number of lives saved						Total
		2016	2017	2018	2019	2020	2021	
Total maternal lives saved		0	0	8	0	0	0	8
IFA supplementation	Antepartum or postpartum hemorrhaging	0	0	8	0	0	0	0
Total child lives saved		13	325	312	18	18	18	704
Early initiation of breastfeeding ^a	Neonatal sepsis	9	7	17	0	0	0	33
	Neonatal pneumonia	4	3	7	0	0	0	14
Age-appropriate breastfeeding ^a	Diarrhea	0	44	57	0	0	0	101
	Pneumonia	0	104	102	0	0	0	206
	Meningitis	0	19	17	0	0	0	36
	Measles	0	54	46	0	0	0	100
	Pertussis	0	8	7	0	0	0	15
DPT vaccine	Pertussis	0	14	4	1	1	1	21
Measles vaccine	Measles	0	72	55	17	17	17	178

Source: LiST estimates

Note: We ignore a small number of child lives saved due to changes in the prevention of mother-to-child transmission of HIV and treatment of children with HIV. Although the former has some relationship with breastfeeding, which the Nutrition Project did affect, the estimated lives saved depend primarily on projections of improved HIV treatment coverage from UNAIDS, which are pre-programmed into the model and are unrelated to the Project.

^aAlthough impacts on these indicators only affected coverage starting in 2017, the LiST output indicates that a small number of lives were saved in 2016. This is because children who were less than one month old in 2017 would have been born in later 2016, and thus experienced mortality reductions in that year due to early initiation of breastfeeding and exclusive breastfeeding.

Second, we adopted the VSL approach described above. To estimate the VSL for Indonesia, we used the formula in Robinson et al. (2019):

$$VSL_{Indonesia} = VSL_{Base} * \left(\frac{GNI_{Indonesia}}{GNI_{Base}} \right)^{elasticity}$$

which adjusts the base VSL (\$3 million for the OECD or \$9.4 million for the U.S.) based on the ratio of purchasing power parity (PPP) gross national income (GNI) relative to Indonesia, based on an assumed income elasticity of VSL.⁸ We followed the authors' recommendation and assumed an income elasticity of 1.5, and used 2018 PPP GNI values of \$12,650 for Indonesia, \$46,147 for the OECD, and \$63,390 for the U.S. (World Bank 2019). This yielded a VSL of \$430,568, by extrapolating from the OECD, and \$837,978, by extrapolating from the U.S. We then calculated the present value of lives saved by applying this VSL estimate to the lives saved in each year from LiST (Table 11.1).

C.4 CBA Literature Review

As part of Mathematica's final evaluation of the Community Based Health and Nutrition Project (the Nutrition Project) in Indonesia, we will conduct a cost-benefit analysis (CBA). We plan to model the economic benefit streams for the CBA using the estimated impacts on health outcomes from our early 2019 endline household surveys in treatment and control areas.

This literature review summarizes recent studies that could inform how we translate impacts on health outcomes into economic benefits for the CBA. We focus on the three main potential benefit streams of the Project for affected cohorts of children: (1) reduced neonatal and child mortality; (2) reduced morbidity; and (3) increased income in adulthood. These benefit streams reflect those that are highlighted in the literature on the benefits of early childhood nutrition interventions (for example, Alderman and Behrman 2006; Martinez and Fernandez 2008; Nandi et al. 2016) and are the same as those in the original CBA for the Nutrition Project.⁹ To conduct the literature review we identified the most recent review studies relevant to each benefit stream, and examined additional studies that were commonly cited by or cited these reviews, using Google Scholar.

C.4.1 Neonatal and child mortality

To estimate the impacts of the Nutrition Project on neonatal and child mortality we plan to use the Lives Saved Tool (LiST), which was developed by the Johns Hopkins Bloomberg School of Public Health. LiST is a model that estimates the impact of scaling up health and nutrition interventions on maternal, newborn, and child mortality. It has been used for over a decade and is regularly updated to incorporate the latest evidence from the scientific literature. The model

⁸ Robinson et al. (2019) also suggest using 20 times local PPP GNI as a lower bound for the local VSL, but that condition was not binding since the formula above yielded a higher value.

⁹ The original CBA also includes additional benefit streams that are not addressed by our evaluation; we discuss these in the concept note accompanying this review.

can be customized to incorporate national or subnational demographic projections and baseline parameters. Our literature review for neonatal and child mortality therefore draws heavily on the studies cited by LiST, for key coverage indicators and risk factors that could plausibly be affected by the Nutrition Project (Table C.4). These include the following:

1. Stunting and wasting¹⁰
2. Nutrition during pregnancy, comprising consumption of iron and folic acid (IFA)^{11,12}
3. Childbirth interventions, determined by delivery at a facility and/or skilled birth attendance¹³
4. Age-appropriate breastfeeding, comprising early initiation of breastfeeding and exclusive breastfeeding
5. Child vaccinations
6. Water, Sanitation, and Health (WASH) behaviors, comprising use of improved sanitation and appropriate hand-washing practices

Overall we were able to verify that most of the key parameters used by LiST were appropriate given the available literature and suitable for modeling impacts on mortality for our CBA model.

C.4.2 Morbidity

The Nutrition Project was expected to result in decreased childhood morbidity from diarrhea and other infectious diseases, both directly (for example, from improved access to sanitation and the effects of exclusive breastfeeding, which can reduce exposure to contaminated water) and

¹⁰ Some of the other outcomes listed here have indirect impacts on mortality that operate through their effects on stunting. For example, children who receive age-appropriate breastfeeding are at lower risk of mortality both directly, because of lower risk of infectious diseases, and indirectly, because they are less likely to be stunted. The indirect impacts will be captured by entering stunting into the LiST model; for the purposes of this literature review we therefore focus on the direct impacts of each outcome on mortality.

¹¹ In the LiST model, improved consumption of iron during pregnancy affects mortality through birth outcomes, namely preterm and small for gestational age (SGA). (Consumption of folic acid during pregnancy also affects mortality, through reduced birth defects.) Both of these birth outcomes are correlated with low birthweight, the outcome that we focused on in our evaluation design report (Beatty et al. 2014). However, low birthweight includes babies born preterm and SGA, and not all these infants meet the definition of low birthweight. Further, preterm and SGA children have different mortality risks. LiST therefore does not model low birthweight directly, but rather its causes, preterm and SGA.

¹² The LiST model also includes improved energy and protein intake as an additional component of nutrition during pregnancy that can affect neonatal mortality through birth outcomes. However, we are unable to measure this in our endline surveys because we do not plan to include a sample of pregnant women and recall would likely be poor for women who have already given birth.

¹³ The LiST model considers several interventions related to childbirth, including clean birth practices, immediate assessment and stimulation, labor and delivery management, neonatal resuscitation, induction of pregnancies of 41 weeks or longer, and antibiotics for premature rupture of membranes. These interventions can reduce stillbirths and/or neonatal mortality. However, because coverage data for these interventions are not typically available, LiST assumes that they are available for all births conducted at a health facility (or specific types of health facility), or where a skilled birth attendant was present. To keep our literature review concise, we describe the cited LiST study for just one of these interventions, namely clean birth practices. The cited LiST studies for most of the other interventions use a similar methodology.

indirectly (for example, from improved birth outcomes and reduced undernutrition, which can lower susceptibility to infection). If these impacts on child morbidity manifest, they will result in economic benefits through decreased costs of care and treatment by children's caregivers. We plan to measure these benefits directly in our endline household surveys. However, if the Project succeeds in improving birth outcomes and/or reducing child undernutrition, it could also result in decreased chronic disease morbidity in adulthood. These benefits would not be captured in our endline surveys, but are relevant to the CBA. Our literature review therefore focuses on studies that attempt to quantify the links between birth outcomes and child nutrition on morbidity in adulthood (Table C.5).

Overall, we find that the evidence on these links in low- and middle-income countries is limited, and that the findings from the few available studies are mixed.¹⁴ Further, as Alderman (2013) notes, *"...the literature on the economic impact of chronic disease tends to be highly sensitive to assumptions made about the lost labor productivity, the value of averted mortality and the costs of treatment, with all these differing according to the medical system, markets and policies of a country. However, given that these costs occur decades after the intervention to prevent low birthweight or stunting, they contribute very little to benefit-cost estimates due to discounting."* Therefore we plan to exclude these benefits from our CBA model.

C.4.3 Income in adulthood

Improved child growth can affect income in adulthood through several related channels, including increased educational attainment, cognitive ability, and increased productivity. We identified three types of relevant studies for this literature review (Table C.6): (1) studies that examine the association between child height and educational attainment and then translate this into income (using estimated returns to education); (2) studies that examine the association between child height and adult height and then translate this into income (using the estimated association between adult height and income); and (3) studies that directly examine the association between child height and adult income. Overall, if we do find impacts on child height for age in our final evaluation, we will use a combination of these studies to estimate impacts on adult income, obtaining an average for use in the base CBA model and using the range of estimates to test the sensitivity of the model.

¹⁴ We focus on Victora et al.'s (2008) prominent review study, which suggests that the associations with adult morbidity indicators are ambiguous. We also include a handful of subsequent studies to further illustrate the range of findings in the literature. However, we are not aware of any subsequent large-scale systematic review that would substantively update the findings in Victora et al. (2008). (A more comprehensive search of the subsequent literature is beyond the scope of this review given the large number of potential studies, and would likely not be fruitful given the large variation in findings across existing studies.)

TABLE C.4 EFFECTS OF KEY OUTCOMES ON NEONATAL AND CHILD MORTALITY

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Stunting and wasting						
Olofin et al.	2013	Asia and Africa	Examines association between undernutrition and child mortality	10 unrelated prospective cohort studies or RCTs	Regression analysis Hazard model for subgroups of studies (socio-demographic covariates differ across studies) Results pooled across all studies using meta-analysis	Increased hazard ratio for mortality, depending on severity of stunting and wasting (*) ^a Cause of death analysis indicates increase in hazard of mortality from several infectious diseases (including diarrhea)
Nutrition during pregnancy						
Katz et al.	2013	Low- and middle-income countries	Examines association between being preterm and/or small for gestational age (SGA), and child mortality	20 birth cohorts from Asia, Africa, and Latin America	Regression analysis: relative risk with individual-level socio-demographic covariates	Increased relative risk of neonatal and post-neonatal mortality for preterm or SGA children (*)
Haider et al.	2013	Global	Examines association between daily iron supplementation and being preterm and/or SGA	Systematic review identified up to 13 relevant RCTs	Meta-analysis	Lower relative risk of low birthweight, preterm, and SGA for daily iron supplementation, but only low birthweight is statistically significant (*)
Dibley et al.	2012	Indonesia	Examines association between consumption of IFA by women during pregnancy and child mortality	Pooled observational data from 1994, 1997, 2002-03, and 2007 Indonesia DHS	Regression analysis: Cox proportional hazards model with controls for geography, socio-demographic characteristics, and birth characteristics	Decreased hazard of mortality before age 5 when mother consumes any IFA supplements (reported by child age, largest for neonates; estimates might be implausibly large)

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Blencowe et al.	2010	Global	Examines association between consumption of folic acid and neonatal mortality (through reduced probability of neural tube defects)	19 studies and 1 systematic review 3 RCTs estimate impact of folic acid supplements on recurrence of defects in subsequent births 4 other studies estimate effects of folic acid supplements on prevention of first occurrence of defects	Meta-analysis	Substantial reduction in recurrence and first occurrence of neural tube defects Can combine with estimates of neonatal mortality due to congenital abnormalities to obtain efficacy (*)
Childbirth interventions^b						
Blencowe et al.	2011	Developing countries	Estimates association between clean birth practices (hand washing of birth attendant, clean birth surface, clean perineum, cutting of the umbilical cord using a clean implement, clean cord tie, and a clean cloth for drying) and neonatal mortality due to sepsis and tetanus	Systematic review and expert opinion	Systematic review identified only low-quality evidence; therefore, a panel of 30 experts was convened for a Delphi expert opinion process, which resulted in consensus about the likely associations ^c	Clean birth practices reduce neonatal mortality from sepsis and tetanus, with these practices being more effective in facilities than at home (even with skilled attendance) (*)
Age-appropriate breastfeeding^{d,e}						
NEOVITA Study Group	2016	Ghana, India, Tanzania	Estimates association between early initiation of breastfeeding or exclusive breastfeeding and child mortality	3 unrelated RCTs	Regression analysis: relative risk with birth and maternal demographic covariates	Decreased relative risk of neonatal mortality for early initiation of breastfeeding (*) Decreased relative risk of post-neonatal mortality from predominantly or exclusively breastfeeding

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Debes et al.	2013	Nepal, Ghana, India	Estimates association between early initiation of breastfeeding and neonatal mortality	Systematic review identified 3 relevant studies	Meta-analysis	Decreased relative risk of neonatal mortality for early initiation of breastfeeding No difference in relative risk of neonatal mortality for early initiation of breastfeeding (among exclusively breastfed children)
Victora et al.	2000	Brazil, Pakistan, Philippines	Additional analysis (not reported in paper but conducted at the request of the LiST team) estimates association between any breastfeeding and neonatal mortality	3 unrelated studies with relevant information for analysis	Meta-analysis	Increased relative risk of neonatal mortality for <i>not</i> breastfeeding (*)
Lamberti et al.	2011	Low- and middle-income countries	Estimates association between breastfeeding and child mortality due to diarrhea	Systematic review identified 18 relevant studies	Meta-analysis	Decreased relative risk of diarrhea mortality for 0-5 month old children from exclusively breastfeeding (*) Decreased relative risk of diarrhea mortality for 6-23 month old children from any breastfeeding (*)
Lamberti et al.	2013	Low- and middle-income countries	Estimates association between breastfeeding and child mortality due to pneumonia	Systematic review identified 10 relevant studies	Meta-analysis	Decreased relative risk of pneumonia mortality for 0-5 month old children from exclusively breastfeeding (*) Decreased relative risk of pneumonia mortality for 6-23 month old children from any breastfeeding (*)
Vaccinations						
Fulton et al.	2016	Italy and Sweden	Examines effectiveness of 3 doses of DPT vaccine	Systematic review identified 2 RCTs	Meta-analysis	Vaccine efficacy 84 percent (used as a proxy for reduction in pertussis mortality in LiST) (*)
Sudfeld et al.	2010	Global	Examines effectiveness of measles vaccine	Systematic review identified 3 RCTs and 2 quasi-experimental studies	Meta-analysis	Vaccine efficacy 85 percent (used as a proxy for reduction in measles mortality in LiST) (*)
WASH behaviors^f						

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Fink et al.	2011	Low and middle-income countries	Examine associations between access to water and sanitation and child health	171 DHS rounds (1986-2007)	Regression analysis: logistic regression models with socio-demographic controls	Children under age 5 living in a household with high quality toilet infrastructure have a mortality risk which is 15–23 percent lower than that of children living in households with no toilet facility
Null et al.	2018	Kenya	Studies the impacts of water, sanitation, handwashing, and nutrition interventions, separately and in combination	Primary data collected on children who were in-utero (second or third trimester) at baseline	RCT	No statistically significant impacts on child mortality in the first two years of life, for individual interventions or combinations (however, the study was not powered to detect mortality impacts, and mortality was only a tertiary outcome)
Luby et al.	2018	Bangladesh	Studies the impacts of water, sanitation, handwashing, and nutrition interventions, separately and in combination	Primary data collected on children who were in-utero (second or third trimester) at baseline	RCT	Only statistically significant impact on child mortality was a decrease of 1.9 percentage points for combined water, sanitation, handwashing, and nutrition intervention (however, the study was not powered to detect mortality impacts, and mortality was only a tertiary outcome)

* = Estimates incorporated into LiST

^a Stunting and wasting are classified as mild (Z score of between -1 and -2 SD), moderate (Z score between -2 and -3 SD), and severe (Z score below -3 SD).

^b As discussed earlier, there are several childbirth interventions in LiST. Here we only present the literature cited for clean childbirth practices, as an illustrative intervention; the literature for most other childbirth interventions uses a similar methodology.

^c Under the Delphi method, experts answer questions in two or more rounds. After each round, a facilitator provides an anonymized summary of the experts' answers and their reasons. The experts are then encouraged to revise their answers taking this summary into account. Typically this results in convergence of the responses until consensus (or a narrower range) is obtained.

^d The LiST approach to selecting effect sizes from these studies to separate out the impacts of early initiation of breastfeeding and exclusive breastfeeding is described in a recent technical note. (Lives Saved Tool, 2017)

^e Breastfeeding is classified as exclusive (only breastmilk), predominant (main source of nourishment has been breast milk, but some other liquids such as water or fruit juice), partial (some breastmilk but also other sources of nutrition such as non-human milk and food-based fluids).

^f The effect sizes for the impact of WASH behaviors on child mortality in the LiST model are based on weak evidence. For latrine use, LiST cites Cairncross et al. (2010); however, the authors acknowledge that the evidence they cite is weak, as it is based on a single quasi-experimental study in the Ivory Coast (Messou et al. 1997). They suggest that Esrey et al.'s (1991) estimate of a 36 percent reduction in child mortality due to improved sanitation, based on 5 rigorous studies in developing countries, remains the best available estimate. For handwashing with soap, LiST cites Darvesh et al. (2017), which conducts a meta-analysis of 6 studies in Asia. However, the authors examines diarrhea morbidity rather than mortality, and it does not seem appropriate to use the same effect size (a reduction of 27 percent) because this incorrectly implies that all cases of diarrhea are fatal.

TABLE C.5 EFFECTS OF BIRTH OUTCOMES AND CHILD UNDERNUTRITION ON MORBIDITY IN ADULTHOOD

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Estimates in original Nutrition Project CBA						
Alderman and Behrman	2006	Low income countries	Estimates economic benefits of reduced low birthweight in terms of reduced morbidity in adulthood (as well as reduced infant mortality; lower cost of child illnesses; increased productivity; and intergenerational transmission of low birthweight) ^a	Findings on adult morbidity are not data-based (based on assumptions)	Assumes that moving a baby from low birthweight to non-low birthweight reduces probability of chronic disease by 8.7 percentage points ^b Assumes that the cost of chronic disease is \$5,000 (lost productivity and increased medical care, equivalent to 10 years of earnings in low-income countries)	A small percentage of the assumed total economic benefits of reduced low birthweight (3 percent) are due to reduced morbidity in adulthood
Seminal review study						
Victora et al.	2008	Low- and middle-income countries	Estimates association between birth outcomes (low birthweight/SGA) and indicators of chronic adult morbidity, including glucose concentration (related to insulin resistance and type 2 diabetes), blood pressure, cardiovascular disease, etc. Also estimates similar associations for height-for-age and weight-for-age Z-scores (HAZ and WAZ) at age 2 years	Systematic review identified 28 relevant studies (number of studies varies by outcome) Supplemented with new analysis of data from cohort studies in Brazil, Guatemala, India, the Philippines and South Africa	Summary of existing studies, and regression analysis for new studies: Linear models with controls for adult age, parental education, early childhood SES, and skin color (in Brazil and South Africa) Results pooled across all studies using meta-analysis	Association with low birthweight/SGA: ^c Glucose concentration: No strong evidence of significant associations in existing or new studies ^d Blood pressure: Mixed evidence of negative associations in existing studies; no significant associations in new studies Cardiovascular disease: Negative association in one existing study in India, but with wide confidence intervals

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Victora et al. (cont.)						<p>Lung function: Negative associations in one existing study in India but without SES controls; no significant associations in new Brazil study with SES and other controls</p> <p>Immune function, blood lipids, cancer, bone mass, and mental illness: Limited evidence of associations in existing studies (few studies available)</p> <p>Association with HAZ/ WAZ:^c</p> <p>Glucose concentration:</p> <p>No strong evidence of significant associations in existing or new studies</p> <p>Blood pressure: Mixed evidence of associations in existing studies; <i>positive</i> associations in new studies</p> <p>Cardiovascular disease: No evidence available^d</p> <p>Lung function, immune function, blood lipids, cancer, bone mass, and mental illness: Limited evidence of associations in existing studies (few studies available)</p>

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Illustrative selection of more recent studies						
Fan et al.	2010	China	Estimates association between low birthweight or length and coronary heart disease in adulthood	Cohort of babies who were born at Peking Union Medical College Hospital from 1921-1954	Regression analysis: multinomial logic	Coronary heart disease associated with low birthweight and low birth length with no control variables (results with controls not reported)
Norris et al.	2011	Brazil, Guatemala, India, the Philippines, and South Africa	Estimates association between birthweight or weight at 24 months and glucose levels and insulin resistance (diabetes risk factors)	5 birth cohorts	Regression analysis: linear or logit models with control variables for site, age, SES, etc.	Negative association of birthweight with glucose levels (odds ratio 0.91 per SD) but not with insulin resistance No association of weight at 24 months with glucose levels or with insulin resistance
Stein et al.	2013	Brazil, Guatemala, India, the Philippines, and South Africa	Estimates association between preterm or SGA and blood pressure and glucose levels	5 birth cohorts	ANOVA across birth categories defined by preterm and gestational age	Blood pressure and blood glucose level did not differ by birth category
Adair et al.	2013	Brazil, Guatemala, India, the Philippines, and South Africa	Estimates association between birthweight and blood pressure and glucose levels ^e	5 birth cohorts	Regression analysis: linear or logit models with control variables for site, age, SES, etc.	No association with blood pressure Small negative association of birthweight with glucose levels, but only for females

^a In this table we focus on reduced morbidity in adulthood, because other benefits are covered elsewhere (mortality in Section A, childhood illnesses in our surveys, and increased productivity in Section C) or occur too far in the future to have large benefits due to discounting (intergenerational transmission).

^b Based on the assumptions that the risk of chronic diseases is double for low birthweight babies, that 10 percent of adults suffer from relevant chronic diseases, and that the prevalence of low birthweight is 15 percent.

^c The sign, magnitude, and/or statistical significance of the estimates for many outcomes in these studies are affected by the inclusion of controls for adult size (body mass index and/or height). Lucas et al. (1999) argues that that this implies that rapid weight *gain* after infancy is a key mechanism driving these associations. However, for the purposes of the CBA, we are interested in estimating the associations themselves rather than uncovering the underlying metabolic pathways (for example, it does not matter to us whether low birthweight babies have a higher risk of chronic diseases as adults because they are low birthweight or because they subsequently tend to experience rapid weight gain). Our review therefore focuses on the unadjusted estimates, without controls for adult size, wherever possible.

^d In contrast, there are many studies showing significant associations in high-income countries.

^e This study also presents associations between *gains* in infant height and weight and chronic disease indicators, but not with height or weight z-scores. There are also several other studies in the literature that examine the association between height and/or weight gain in infancy and chronic disease in adulthood (see for example, Buffarini et al. 2018 and Antonisamy et al. 2017). However, we do not include these studies in this review because we will not be able to measure height or weight gain in our endline surveys.

TABLE C.6 EFFECTS OF CHILD HEIGHT ON INCOME IN ADULTHOOD

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
McGovern et al.	2017	Global	Review of literature relating height and economic outcomes, focusing on RCTs	Review covers three main types of studies: 21 prospective cohort studies linking child height to adult economic outcomes 5 natural experiments linking early life exposure to famine to adult economic outcomes 10 quasi-experimental studies linking adult height to adult outcomes using instrumental variables (for example, time and place of birth, twin differences, etc.)	Literature review	The most relevant studies for the purposes of the CBA are as follows: Hoddinott et al. 2013 (Guatemala): 1 SD increase in HAZ at age 2 results in 21 percent increase in per capita household expenditure at age 25-42 (see below) Victora et al. 2008: (Brazil and Guatemala): 1 SD increase in HAZ at age 2 results in 8 percent increase in income (see below) Quasi-experimental studies (several developed and developing countries):: median return to 1 cm in adult height is 4 percent increase in wages for men and 6 percent increase in wages for women
Hoddinott et al.	2013	Guatemala	Estimates link between child HAZ and adult household expenditure	Data are from a long-term RCT of a nutrition intervention	Instrumental variables analysis	A 1 SD increase in HAZ at age 2 results in a 21 percent increase in per capita household expenditure at age 25-42
Victora et al.	2008	Brazil, Guatemala, Philippines, and India	Estimates link between child HAZ and educational attainment (all four countries), and child HAZ and adult monthly income (Brazil and Guatemala)	Prospective cohort study in each country	Regression analysis: Linear models with controls for adult age, parental education, early childhood SES, and skin color (in Brazil) For association with schooling, results pooled across all studies using meta-analysis	For men, a 1 SD increase in HAZ at age 2 results in an 8 percent increase in income in Brazil and Guatemala (only significant at 10% level in Guatemala)

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Victora et al. (cont.)						<p>For women, a 1 SD increase in HAZ at age 2 results in an 8 percent increase in income in Brazil and 25 percent in Guatemala</p> <p>A 1 SD increase in child HAZ results in an increase of 0.50 years of schooling across all four countries⁹</p>
Alderman et al.	2006	Zimbabwe	Uses exposure to early life shocks (drought and civil war) as an instrument for stunting to estimate causal effects of stunting on attained grades of schooling (and hence lifetime schooling)	Longitudinal surveys of households and children living in three areas of rural Zimbabwe first conducted in 1983-1984, 1987 and followed up in 2000	Regression analyses: instrumental-variables model with maternal fixed effects, which compares educational outcomes of children exposed to shocks (the instrument) to outcomes of siblings who were not exposed to these shocks	<p>A 1 SD decrease in child HAZ results in a decrease of 0.57 years of schooling</p> <p>This can be translated into a decrease in earnings using returns to education estimated in Bigsten et al. 2000 for the Zimbabwean manufacturing sector (17.5 percent per year of education)</p>
Adair et al.	2013	Brazil, Guatemala, Philippines, India, and South Africa	Estimates association between linear growth and in early childhood, and educational attainment	Prospective cohort study in each country	Regression analysis: Linear models with socio-demographic controls using <i>conditional</i> HAZ as the independent variable ⁹	A 1 SD increase in <i>conditional</i> HAZ at age 2 results in an increase of about 0.5 years of educational attainment ⁹
Horta et al.	2017	Brazil	Estimates association between child HAZ and linear growth in early childhood, and educational attainment and family income in adulthood	Cohort of babies who were born in 5 Brazilian hospitals in 1982	Regression analysis: Linear models with socio-demographic controls	Compared to children who are stunted at age 2, non-stunted children have higher educational attainment (the results are reported in HAZ categories, but amount to about 0.80 years of education per SD of HAZ, on average)

Authors	Date	Geographic area	Description	Data	Methodology	Key relevant findings
Horta et al. (cont.)						There are similar associations between <i>conditional</i> HAZ at age 2 years ^b and educational attainment The association between HAZ at age 2 years and family income in adulthood is not statistically significant
Fink et al.	2016	Global	Estimates economic costs of lower educational attainment due to early-life growth faltering	Combines country-level estimates of linear growth delays from the Nutrition Impact Model Study with estimates of country-level returns to education from the economics literature and national income data from the World Bank	Economic modelling	In Indonesia, combining an estimated return to education of 5.8 percent ^c per year with an average HAZ of -1.19 SD and estimated increase of 0.47 years of schooling per SD of HAZ (from Adair et al. 2013), leads to an estimated loss of more than \$9,000 billion per birth cohort, given cohort size and typical wages (provided in supplemental study tables)
Galasso and Wagstaff	2018	Developing countries	Uses a macro-economic development accounting framework to estimate effect of stunting on GDP per capita; in doing so, summarizes association between child stunting and wages in adulthood	Several studies that examine the relationship between: Child stunting and educational attainment Child stunting and adult height Adult height and adult income	Literature review: effects averaged across studies	Stunting in childhood reduces educational attainment by 1.6 years Stunting in childhood reduces adult height by 6cm An extra 1cm of adult height is associated with 1.8 percent higher wages

^a Other studies have conducted similar analyses using the same data but different regression specifications. For example, Adair et al. 2013 replicate the finding on years of schooling with the same data from the four countries. Using the Brazilian data, Horta et al. 2017 find a significant association between stunting at age 2 and years of schooling, but not with monthly income.

^b This is defined as HAZ at age 2 years adjusted for previous length and weight measures. This measure “represent[s] children’s deviation from the expected size on the basis of their own previous measures and the growth of the other children in each cohort, and can be interpreted as representing faster or slower relative [...] linear growth.”

^c The supplemental tables to this study suggest that the estimated return of 5.8 percent per year is from a meta-analysis of the returns reported in Duflo 2001 (5.4 percent) and Sohn 2013 (8.7 percent). However, the actual returns might be higher since the preferred estimate reported in Duflo 2001 is between 6.8 and 10.6 percent, and that reported in Sohn 2013 is 10.7 percent.

APPENDIX D: STAKEHOLDER COMMENTS

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TABLE D.1 STAKEHOLDER COMMENTS AND EVALUATOR RESPONSE

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/M&E	Ch. 9 p. 6	Comment for formal review: is this the only explanation or could it also be possible that someone else affected outcomes or that the compact version of CLTS was no better than the existing version? "The high percentage of sanitariums in the control group that received CLTS training suggests that it may be difficult for the Project to demonstrate impacts on outcomes like triggering or ODF." I think we can infer something more from the zero impact.	We revised the report to address this comment before the report was submitted. This is what we wrote: "The high percentage of sanitariums in the control group that received CLTS training suggests that it may be difficult for the Project to demonstrate impacts on outcomes like triggering or ODF. (It is possible that the MCA-I trainings had characteristics that made them more effective than other CLTS trainings; later, we show that the MCA-I trainings had improved characteristics but that these did not make them more effective in improving key sanitation-related outcomes.)" We agree that there is no evidence to suggest that the MCA-I training was more effective than the existing version.
MCC/M&E	Ch. 9 p.7	Re: training of sanitariums mostly happening in 2016/7 in both T and C areas, does this support MCA-I's theory that control keca were scaling up the program's training with their own funds? Is that likely, given that MCA-I training was happening at the same time? shouldn't scale-up have occurred after MCA-I training had demonstrated its effectiveness/quality?	We revised the report to address this comment before the report was submitted. This is what we wrote: "The training in control areas in 2016 and 2017 was too soon to represent a scale-up or replication as a result of the MCA-I training; rather, it likely represents a broader focus on CLTS in Indonesia. (As we show later, the DHO and PHO largely took on the funding of CLTS training in areas not covered by MCA-I.)"
MCC/M&E	Ch. 9	p. 13 – Similar to the page 6 comment, if MCA-I's CLTS training was intended to focus on stunting, as an innovation, then can we not safely say that it didn't work as hoped? CLTS existed before the project and we were scaling it up differently with the expectation that it would be more effective. If you agree that we can infer a bit more, I'd like to see that in the key findings box on page 3.	We revised the report to address this comment before the report was submitted. This is what we added to the key findings box: "The Project had no effect on sanitation facilities or behaviors; open defecation and unhygienic disposal of child stools were common, even among households with latrines. Thus, the improved characteristics of MCA-I trainings relative to other CLTS trainings did not lead to larger effects on key sanitation-related outcomes that might have affected stunting."
MCC/M&E	15 and other pages	Counseling spelled with two "L"s in various places. It's spelled the American way in other places. Please reconcile.	We revised to spell counseling with one L consistently throughout.
MCC/M&E	28	Please conclude section 3.2.2. with a statement about the range of exposure for the sample at endline. This should match with what is in the Evaluation Brief. I don't follow why the EB states that exposure was up to 2 years, when Table 3.2. states that it was up to 3 for Generasi. The original exposure period in the EDR was 3 years, so we need to be clear about whether we deviated from that and why. I don't believe we did deviate from it, going by Generasi, but of course the supply side activities were supposed to be coordinated with Generasi and weren't.	The Evaluation Brief was updated to align with the report.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/M&E	32	Figure 4.1 has an error in the baseline timing. My records noted November 2014-Feb 2015	We have corrected this error.
MCC/M&E	64	Have the province abbreviations been defined anywhere in the report? If not, please add.	We have added the province abbreviations to the figure note on this page and to the glossary at the beginning of the report.
MCC/M&E	73	Does the first sentence include an extra period in the quote?	We deleted the extra period.
MCC/M&E	78 and 94	Figure 7.2 and 7.11. The text is cut off in some of the boxes and the first box is too dark to be able to read the text.	We changed the size of the boxes and changed the font color in the first box.
MCC/M&E	108	Figure 7.21 has a typo in the title (Coordinators)	We corrected this typo.
MCC/M&E	218	There seems to be an extra line in the first paragraph	We removed the blank line.
MCC/M&E	219	Just curious why this caveat is necessary: "(We only asked providers a short set of questions about topics covered in the training, so it is also possible that knowledge improved on other topics we did not ask about.)" The survey focused on the key topics of the training, which were presumably chosen by the project because they were expected to be most relevant to the goal of reducing stunting. Why would other topics be relevant?	We added a footnote in section 7.3 about why we asked certain questions at baseline and endline. We also revised text in the conclusion to clarify the caveat.
MCC/M&E	224	As discussed on a call, you should add policy recommendations to the conclusion. I believe you said the team had some. Since this is the final evaluation and the program is over, it is appropriate to provide recommendations.	Added to the conclusion and executive summary
MCC/GSI	ES, p X. p. 56	1. The report notes that the following are being carried out in control Desa. Monthly weighing (88 percent of desa), complete childhood immunizations (83 percent of desa), and ensuring monthly weight increases for children under 2 (83 percent of desa). Q: are these numbers from MoH data or from Mathematica survey? are these the same desas where services were provided? What about control areas? are they similar in providing similar services?	These were activities carried out in Generasi/treatment desa, according to desa administrators that SurveyMETER interviewed at endline. There is no mention of control desa in association with these statements.
MCC/GSI	ES p. X	The report notes that "Generasi. In 2018, Generasi desa were more likely to spend desa budget on community health promotion activities, growth monitoring and PMT, and training for kader desa relative to control desa; these differences were not sustained for 2019 but spending did not decline markedly, suggesting that spending across treatment and control areas is becoming more similar." Q: why? Were desas asked to provide more funds for health/nutrition activities from Jakarta or community demanded it? Any impact of national campaign?	We don't have an explanation for this finding in control areas. It is possible that control areas shifted their spending due to the national focus on "stunting prevention activities" (hence the name of the database that Bappenas provided to MCC), but we can only speculate on reasons for this finding.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/GSI	ES p. XI	Despite the increased training participation and improved characteristics of the trainings in treatment areas, Project impacts on provider and caregiver knowledge related to basic breastfeeding topics (which was already high before the IYCF trainings), growth measurement, and stunting were modest, at best. Q: did the project failed to provide adequate training to the frontline desa level staff? what are the reason for this? Not enough funds? monitoring from MoH?	We do not think one can conclude the IYCF training was inadequate from this finding. Recall that the IYCF training covered a very wide range of topics (see Figure 7.7). Due to the large volume of topics we needed to cover in the provider surveys, we were only able to ask providers a very limited number of knowledge questions. For some providers, especially bidan coordinators, nutritionists, and bidan, knowledge was already very high at baseline; so there was little room for improvement. For other providers, like kader posyandu, baseline knowledge levels were lower but there was only a very modest improvement on some topics. We do not have an explanation for this finding; it is possible that trainings in control areas also covered those topics and hence there was a small T-C difference. For caregivers, again we do not have an explanation for our finding of limited improvement in knowledge. It is possible that caregivers did not have enough contact with providers for their knowledge to change.
MCC/GSI	ES p. XI	IYCF - MCC provided training materials on maternal health and food consumption -MIYCF. Did the training include "maternal" issues at all or no?	See Figure 7.7 for a comprehensive list of training topics. Yes there are some maternal-related topics covered.
MCC/GSI	ES p. XII	However, only 34 percent of mothers in the treatment group received the recommended number of IFA pills and only 23% consumed the recommended number. Q. did the respondents say why they consume less and whether the pills smell bad?	Appendix Table 8.11 includes reasons why mothers of 0-11 month olds who did not consume 90+ pills did not consume them. The most common reason was side effects. We did not ask about the smell. There is also some detail in section 8.1.2 about reasons for not consuming IFA.
MCC/GSI	ES p. XIII	Men rarely attended group counseling sessions: Q. were men (husbands/fathers) included as respondents in the survey? Why are they not attending? Did they know about the importance of their participation and knowledge in maternal and child health?	Men were not survey respondents and we did not ask caregivers why men did not attend sessions.
MCC/GSI	ES p. XIV	Q: why only about 28% of children (6-23 months) met the criterion for minimum acceptable diet, which combines the dietary diversity and meal frequency indicators? are these HH poor and do not have the necessary food? Or are these HHs have enough food, but do not have time to nurture children or they were lacking knowledge and understanding of feeding children properly?	Minimum acceptable diet combines the dietary diversity and meal frequency indicators. Dietary diversity is defined as the percent of children 6–23 months of age who received foods from 4+ (out of 7) food groups during the previous day, which can be challenging for many households. See more on the UNICEF/WHO indicators here https://www.unicef.org/IYCF_Indicators_part_III_country_profiles.pdf . We do not know why households did not meet the minimum acceptable diet criteria. It is possible that the high rate of food insecurity is causing the low rate of people meeting the minimum acceptable diet criteria.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/GSI	ES p. XV	Q on Triggering and ODF: did all triggering included an Action Plan? Did these Action Plans had responsibilities and budget? What were the main failures of non-ODF - not enough responsibilities or not enough budget?	We did not ask sanitarians about details of triggering events so we do not have any details about action plans. Appendix Table 9.19 includes responses from sanitarians on the challenges in making communities ODF. The most common challenge is motivating communities to participate in triggering. We recognize that latrines are a necessary but not sufficient condition for ceasing to OD. Table 9.21 includes reasons households had not constructed latrines.
MCC/GSI	ES p. XVI	the report concludes that "stunting was reduced from 45% (baseline) to 37%(endline), but had similar results in control areas e.g. the project had no impact". What are the reasons behind the stunting reduction (8%) in both treatment and control areas? Are the reasons the same or different? if different what are these?	As we state in Chapter 10, we do not know why stunting went down in treatment or control areas. We understand that the Government of Indonesia is working on answering this question nationally; and we have added pursuing this research to the recommendations in the conclusion.
MCC/GSI	General	The report does not mention the major almost yearlong disruption of demand side fund disbursement and activities when Generasi was moved from MOHA to Ministry of Village. This may have reduced the potential Generasi impact.	We do not have enough details on this disruption to link it to our impact findings.
MCC/GSI	8	Generasi was replaced by a new program and in 2017, only 1,812 desa received grants. This also diminished impact.	As shown in Chapter 6, Generasi funds were disbursed to treatment areas until 2017 and Generasi activities continued in these areas until 2018.
MCC/GSI	44	the reports notes that food security are unlikely to be driving differences in nutritional status. However, survey found that only 40% of HHs are food insecure. FIGURE 5.2 shows high level of severely food insecure HHs. So food security is a leading cause of malnutrition and stunting.	It is possible that food insecurity is related to undernutrition. Our point was that there is no difference between treatment and control groups in food security status, thus this would unlikely be a cause for difference in undernutrition status across treatment and control areas. That said, because we did not observe any differences in nutritional status this statement might be confusing, so we have removed it.
MCC/GSI	47	Distance and related cost to puskesmas and pharmacy can be a major factor for limited quality services.	Indeed, remoteness can affect service quality.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/ESP	n/a	<p>To note: I have already commented during an M&E discussion on the tenuous nature of the "handshake" which both institutionally and geographically had little overlap. With a complex, multifactor problem such as stunting the idea of covering as much national territory as possible may respond to political and urges and donor pride, but will tend to obscure challenges and insults that we cannot control for. The evaluation results just reinforce my early questioning of the scale and design of the intervention.</p> <p>The notion that ODF will actually minimize an infant exposure to pathogens in his/her immediate environment requires us to imagine a nicely sanitized domestic environment across urban slums and rural shacks. I found this shocking picture that illustrates how even in Jakarta, where people do have access to toilets and latrines, a breastfeeding mother is surrounded by water-borne pathogens. While the LSHTM wants to make the point with the photo that water is contaminated and hence preparing formula is dangerous, no one in urban Indonesia would nowadays use anything other than bottled water (people have given up boiling water since the 1990s) to drink or prepare formula. Despite her dedication to nursing, her baby's microbial ingestion would rather come directly from the mother's clothes and hands and the baby's own contact with sewage contaminated surfaces. In a rural setting, one would add domestic animal feces.</p>	<p>We appreciate this thoughtful comment. Indeed, we see that although the vast majority of households (about 9 in 10 in treatment areas) had access to some type of latrine, a large share of these households continued to use unsafe sanitation practices, including open defecation and not disposing of children's stools in the latrine, as shown in Figure 9.15. Animal feces in the household was common. In about one-third of households the survey team observed human or animal feces visible in the house or surrounding living area. This suggests that many children were at high risk of exposure to fecal contamination from their immediate environment.</p>
MCC/EA	viii (bullet 1.)	<p>World Bank documents and academic literature (Olken et al. 2014) indicate that Generasi included a mix of conditional (performance-based or incentivized) and unconditional (non-incentivized) community grants. The MCC report indicates that progress on 12 health and education indicators was a criterion determining grant sizes, but it is unclear as to whether all study villages were under the conditional grant arrangement. Suggest a clarification on this - seems like MCC's project was implemented after the conditionality RCT?</p>	<p>The endline for the Olken et al 2014 study occurred in late 2009/early 2010 and Generasi supported by MCC was implemented from 2013-18. MCC was unable to get information from Generasi implementers on exactly how the grants in MCC-supported areas were incentivized.</p>

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/EA	ix (bullet 3.)	The canceled activities (distributing micronutrients for children and incentivizing service providers) likely would have had a complementary/multiplier effect on the activities that were actually implemented. The implementation of all activities in conjunction may have been integral for the project logic. Can you provide additional literature or evidence on the expected program effects had the entire package been implemented? Can you also tie this into the calculation of the 16% ERR? If the individual subcomponents were additive to the ERR, this might be a break in the program logic that could be explained by available literature on complementarity of behavior change and physical program interventions.	Indeed, complementarity was a key assumption in the program logic and ERR. We hypothesize in the conclusion that the lack of synchronicity is one reason why Project impacts were limited. It would have been ideal to design this IE with multiple treatment arms, but our design was set up to rigorously evaluate the package rather than different combinations of interventions. If feasible, such a design could be useful for future studies of MCC programs.
MCC/EA	44	Figure 5.2 shows that 43% of control and 40% of treatment households are severely food insecure, but text in preceding paragraph says 40% of treatment households were classified as food secure when the figure indicates 22%. Can this be clarified or corrected? A large percentage of food insecure households is indicative of an inability of households to provide nutrients to children even if they are trained to do so, and this might be why outcomes have not materialized given the cancellation of supply-side project components.	Corrected
MCC/EA	52	The difference between BLM funds and Generasi block grants that are not BLM is unclear, as BLM is previously defined as synonymous with block grants. Can you please clarify and unpack the significance of the difference? Does the final sentence of the penultimate paragraph indicate that DD funds and not MCC funds supported Generasi? Is this simply to indicate that additional grant funds were not included in MCC costs?	BLM is indeed synonymous with block grant. DD, dana desa, or village funds also supported Generasi activities in 2018. It is correct that other funds other than BLM supported Generasi.
MCC/EA	78	On the training cascade plan, training delays affected project implementation. In para. 3 of this page, it would be useful to explain how the timing of training and training delays were addressed in the empirical strategy. Were these training delays concurrent with other sub-component activity delays in the specific project areas so that different areas were receiving different combinations of interventions at different times?	Yes it is correct that different kabupaten implemented different activities at different times. We do not have detailed implementation data on the timing of each activity by kabupaten or province. Our evaluation captures the average impact of the package of activities that was implemented in the evaluation provinces, which encompasses differences in timing across different areas.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/EA	81	Figure 7.4 could confuse readers - without careful reading of the title it could appear that (i) 100% of bidan and nutritionists have been trained in IYCF; or (ii) the same number or percent of nutritionists and bidan received training in both control and treatment groups. I would suggest including additional information within the figure itself. Suggest adding N=xx for treatment and control to all of these types of figures - there are many throughout the report.	We have revised the figure title (and similar figure titles) slightly to clarify that these numbers are conditional on attending training. We experimented with adding T and C sample sizes within these types of figures, but this made the figures very cluttered.
MCC/EA	96	Similar to the previous comment, Figure 7.13 does not differentiate the sample size across treatment and control bidan coordinators and nutritionists. The figure does not give a well-rounded picture of training attendance among the entire sample and does not give information on the characteristics of those who did not attend (it would be good to know if there were systematic differences among training attendees and those who did not attend growth monitoring training).	For training participation among the entire sample, Figure 7.12 shows the share of bidan coordinators and nutritionists trained in treatment and control groups. We also examined whether the characteristics of individuals who did and did not attend training were different. For the characteristics we collected data on (age, education, years of experience, residence in the desa in which they worked), we did not find any systematic differences.
MCC/EA	115	Results show that the project resulted in more pregnant women in the treatment area going to the posyandu for pregnancy checkups, but still saw the same type of provider. Does this have any implications for quality of the checkups, and is there any equipment or resources at other locations that would affect the quality of prenatal checkups at the posyandu relative to other locations? It would also be useful in this section to again describe how providers are brought to the posyandu to give prenatal checkups rather than have kader posyandu conduct them.	We asked respondents about the location of the checkup as well as the provider. Only approximately 4 percent of women ever report seeing a kader posyandu for a prenatal checkup (see Appendix B Table 8.2), so we do not think that having kader posyandu conduct checkups is a large concern. We do not have information on the equipment available for checkups at the posyandu compared to other locations. Providers were (sometimes) incentivized by Generasi to attend posyandu sessions.
MCC/EA	121	The report indicates a result that cannot be explained - that mothers in the treatment areas were significantly less likely to report receipt of micronutrients. It would be useful to look into the literature or qualitative evidence from the project to determine whether the expectation of receipt of micronutrients through the program meant that alternative options for micronutrient provision were not explored? It is unclear to me whether the issue with the composition of the micronutrient pills is something that would affect only treatment/project areas or larger regional areas, or whether alternatives to the pills to be provided by the project existed.	The Project only intended to provide pregnant women with IFA, not other micronutrients. The Taburia intervention that was not implemented was aimed at children.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/EA	138, 143-144	The issue of lack of funding comes up as a reason for posyandu not holding kelas ibu hamil and kelas balita. Figure 8.17 discusses reasons for posyandus never having these classes, but does not differentiate between baseline and endline and is thus unable to portray any differences in holding classes/lack of funding specifically for treatment-group posyandus after Generasi funding. On a higher level, the discussion of availability of funds on pp. 143-44 report the incidence of funding, but not the level of funding. A deeper dive into funding levels post-Generasi would be useful, especially if there are posyandu who have successfully maintained funding levels after the project.	Figure 8.17 uses only the endline data. This is corrected in the figure note. We did not collect survey data on the amount of Generasi funds (or any other funds) devoted to holding kelas ibu hamil/balita. We do not have access to monitoring data on desa-level spending by spending category that includes kelas ibu hamil/balita.
MCC/EA	154	Is it possible that program-funded complementary feeding and/or PMT was being used to supplement breastfeeding before 6 months? What is the recommendation when women cannot produce sufficient breastmilk before their child reaches 6 months of age? Without anthropometric measurements of pregnant women and mothers, it is more difficult to see if some of the prescribed IYCF practices were not followed due to health of the mother, but was there any qualitative evidence of this?	We do not have any data on whether food as part of PMT was given to babies under 6 months. Our understanding is that bidan and kader posyandu try as much as possible to help women breastfeed. We do not have much evidence on why IYCF practices were not followed. Appendix B Table 8.42 looks at the reasons caregivers stopped breastfeeding or never breastfed.
MCC/EA	168	With the project having no effect on diagnosis of stunted and underweight children at posyandus. This is an area for future exploration (was this not part of the training, or was the quality of training or skills of kader posyandu too low to result in effective diagnosis despite being part of the training?). Increased use of posyandus for checkups might prevent diagnosis and receipt of supplemental foods if caregivers are shifting checkup location to the posyandus.	The shift of location to posyandu due to the Project only applied to prenatal care. Usually if children are consistently underweight, the kader posyandu refers them to the bidan or puskesmas staff for attention. Kader posyandu don't conduct length taking - this is the responsibility of puskesmas-level staff who attend posyandu or conduct length-taking at the puskesmas. We don't have any data to help us answer the question about why diagnosis at the posyandu was poor.
MCC/EA	173	Relating to the previous comment, there is a mismatch in bidan and caregiver reporting of receipt of PMT by undernourished children. This indicates a failure of targeting of underweight and stunted children by bidan or a lack of understanding by caregivers of what constitutes PMT. This might be better presented with links to knowledge surveys, looking at whether bidan and caregivers recall being trained on this topic.	Given that we know from section 8.7.2 that diagnosis of undernourished children is a challenge, we suspect that there could be a problem with targeting. However, we didn't assess provider ability to target so this is only a conjecture. We also didn't assess household knowledge of PMT.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/EA	193-194	Assuming the target readership of the report may not be experts in CLTS, I think it is necessary to give a little more information on the definition of triggering and how it occurs. Given the low rate of pass-through of triggering events to ODF status in the project areas, more literature might be brought in here to underpin the chain of causality.	We added a bit more detail on triggering in section 9.1. All the triggering steps are covered in detail at the beginning of Chapter 6 in the interim report. Appendix B Table 9.19 includes sanitation reports about challenges in making communities ODF and Appendix B Table 9.21 includes household responses to why they have not constructed improved latrines. By far the most common response is cost. We added a new figure (Figure 9.16) to show ODF behavior by latrine type which shows that many with latrines still OD. This means that the behavior change communication from triggering wasn't as effective as expected. We don't have the data to explain why, though.
MCC/EA	197	It is unclear how actual ODF status is measured or awarded. Were follow-up questions asked to sanitarians who reported they did not award ODF status to ensure that there was not an interpretation problem with the survey question? Also on this page on ODF, it is unclear if the household reporting on barriers to latrine construction is from baseline or endline - if it is endline, are there ways to look at project spending to see if latrine construction was a budget line item in these communities? How were sanitation engineers that were supported by the project monitored, and how do we know if and where they constructed latrines?	There are details on how ODF status is awarded on p180/section 9.1. You are correct there was an interpretation problem with sanitarians understanding the question about awarding ODF status. We did not realize this problem until after data collection was over so the survey firm was not able to ask follow-up questions. Because of this possible misunderstanding, we used reports from kepala desa, not sanitarians, on ODF status. Household reports on barriers to latrine construction is from endline. See Appendix B Table 9.21 for detailed results. Generasi did not fund private latrine construction and private latrine construction is usually not supported by public funds. We do not have any information on monitoring of sanitation entrepreneurs or where they constructed latrines.
MCC/Health	general	Suggest to replace Bahasa terms with the best English equivalent possible, for example kelas balita, kelas ibu hamil, Puskesmas, Posyandu, Buka KIA, posyandu kader, bidan, etc... Although these words are well defined in the report, readers without familiarity of the Indonesian context will struggle to remember their definition and reading comprehension will be reduced.	We appreciate this suggestion would make the report more readable to an audience not familiar with Indonesia, but since the primary audience is MCC and Indonesian stakeholders, we would prefer to keep the report as-is. We revised the executive summary to ensure it is accessible to readers not familiar with Indonesia.
MCC/Health	xv, 15, 174	Often the phrase "the Project hoped" is used. Can this be changed to the project was designed or the project aimed.... Hoped is usually defined as a "feeling"	We have revised this language as suggested.
MCC/Health	176	Change "worm infections" to Caregiver reported worm infections	Changed in the executive summary. In other cases in the report, we had already mentioned caregiver reports.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/Health	general	Stunting, underweight and wasting - can the numerical results for the full 0-35m cohort be provided, perhaps in tables or charts, showing the adjusted impact? Can the results for the different provinces and socio-economic groups be provided as well? The narrative is clear that nothing was SS, but it would be helpful to see this detailed in the data, especially across age-groups (6-24 months for example), provinces and socio-demographic groups. 4,515 caregivers were interviewed at endline - this provides an incredible wealth of information about the projects lack of impact for this indicator.	Please see Appendix B Tables 10.1-10.10
MCC/Health	216	low birthweight - was there a way to know if the birthweight in the buku KIA and KMS was taken at birth by a trained health professional? Can the evaluators say birthweight was not reduced based on reports from KIA and KMS? Why was birthweight measured at endline, but not baseline? [Note we discussed this at length with the evaluators and I am convinced that the data - although possibly flawed due to its source, would be equally flawed across the control and tx group. Question thought as the data demonstrated a ss increase in GM training occurring in control groups, could this lead to more accurate birthweight taking in the control areas? would this counter the "equally flawed birthweight data" argument?	No, we have no way of knowing who recorded the birthweight in the buku KIA. Yes, based on data from buku KIA/KMS, birth weight did not go down. Birth weight was measured at baseline, as well as at endline (see Appendix B Tables 10.1-10.7). Rates of training in growth monitoring were higher in treatment areas. GM training didn't cover birthweight as far as we could assess from looking at the training manuals.
MCC/Health	general	Village Law - not mentioned in the report, should this be discussed in the context of the sustainability of Generasi?	The Village Law is mentioned in sections 1.4, 6.1.1, and 6.2. (Section 6.2 is on sustainability.)
MCC/Health	general	I think most readers are really going to focus on the executive summary and especially the key finding section so I will focus the majority of my comments there.	Noted
MCC/Health	10	Suggest that the description of Generasi be revised for a non-Indonesian audience. There is some of language that will prevent the reader from understanding the basic programming. I suggest that the words/phrases: Generasi, CDD, block grant, BLM, PMT be omitted. Since this is the first section of the key findings section, I think it will be important to make it understandable. Suggest to consider the main findings section with IYCF and GM findings.	We define these terms in this section in the ES so we don't see a need for further clarification. We use the term "block grant" as this is the language from the Generasi implementation documents and reports.
MCC/Health	10	Coverage of what desa (villages) chose to use their grant funding for was useful. I appreciated the use of percentages. Suggest to also mention average USD\$ amount of an annual block grant. (I don't think we have to refer to it as a block grant...)	Figure 6.2 shows the average amount of a block grant received per desa per year by province. The text includes the USD amount. We explained the use of "block grant" in the response to the previous comment.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/Health	10	The paragraph that covers the sustainable effects of Generasi seems to indicate Generasi spending was sustained in treatment desa in 2018, but how 2019 spending is covered creates confusion. Control desa increasing their spending in 2019 to match treatment desa (probably due to Village Law - which we believe was an effort to nationally scale village grants like those provided via Generasi) a positive findings - but it's framed to cast doubt on the sustainability of Generasi. Suggest to state the control desa sustained spending on community health promotion activities, etc... in 2018 and 2019 (with a minor decline in 2019) and that in 2019 control areas increased their spending to become more similar to that of treatment villages.	We revised the text to clarify that overall Generasi areas largely sustained their spending on activities they funded during Generasi.
MCC/Health	10 and 11	Throughout the "key finding" section when ss impacts are mentioned, they are usually followed with "but these impacts were modest" or "however, these impacts were small". I'm concerned that the way the positive impacts are framed doesn't allow the reader to interpret the information in an unbiased format, but unfairly leads the reader to disregard positive findings as irrelevant. The project had a statistically significant finding on 5 of the 10 health-related Generasi indicators - that's huge! that positive! that's something to get excited about. Does the report need to say "these impacts were modest?" to be truthful/accurate in representing the data? It definitely needs to be said that there were no impact on the other 5 indicators. But would it be accurate to say "while the other five indicators measured improved the improvements were seen across both control and treatment villages and no impact can be attributed of the project."? Or could a table similar to that included for the IYCF and GM key findings be included laying out the data?	<p>As discussed in a response above, we consider whether a change in a lower-level outcome is large enough to affect higher-level outcomes. For example, indicators like counseling session attendance and weighing are proximal so one would expect large changes in these indicators in order to affect a higher-level outcome like differences in feeding behavior, which according to the program logic then would need to translate into changes in stunting. Thus, changes of less than 10 percentage point change in proximal outcomes are unlikely to be sufficient to meaningfully change higher-level health outcomes. Moreover, we feel it is our role as researchers to not simply present the findings, but also indicate whether a change is relevant or meaningful. We do not assume that all readers will have sufficient background regarding all outcomes to appreciate what is a meaningful magnitude of a change, based on a combination of the literature or context. In this case meaningful means large enough to affect other outcomes in the program logic.</p> <p>It is also important to note that the study was designed with a relatively large sample size to be able to detect small impacts on stunting. Such as sample size was not necessary for other outcomes, and in some cases, even small changes are likely to be statistically significant. This means that impacts might be statistically significant but not substantive in terms of magnitude.</p>

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/Health	11	In reference to the impact on GM training - I would consider a modest difference to be 4 or 2 percentage points, not 17 or 15. Can the data just be presented without qualifying it as modest? To be consistent we could take out the positive qualifiers like "substantially" higher. For example this sentence reads clearly without qualifiers - "At the desa level, about 60 percent of bidan and kader posyandu in treatment areas reported that they had received such training, both about a statistically significant 40 percentage points higher than in control areas. "	We added a qualifier on the IYCF training results to indicate that this 40 percentage point difference is large while the growth monitoring differences are smaller (modest). Again we feel it is our role to frame findings to readers in the context of expected project changes and the magnitude of T-C contrast one would want to observe in order to see impacts on higher-level outcomes.
MCC/Health	11	There was statistically significant increased training in IYCF and GM and increased provider and caregiver knowledge related to basic breastfeeding topics, GM and stunting - and yet the last sentence in this section reads "Despite the increased training participation and improved characteristics of the trainings in treatment areas, Project impacts on provider and caregiver knowledge related to basic breastfeeding topics (which was already high before the IYCF trainings), growth measurement, and stunting were modest, at best." It reads like the project had no impact, when the data indicates that the training occurring and provider and caregiver knowledge were statistically significantly higher in treatment areas. Can the qualifiers be removed and let the reader interpret what is a "modest" result and which isn't?	When we discuss the size of the impact, we are considering by how much the indicator would need to improve to have an effect on a high-level outcome like stunting. Our sense is that impacts of less than 10 percentage points are likely insufficient to substantively affect higher-level outcomes. For *most* knowledge questions for *most* providers, there were very small or no differences. We feel this type of generalization is appropriate for the ES. There were some larger impacts for some providers that we discuss in Chapter 7. For example the Project had a large impact on kader posyandu's knowledge of stunting. (In addition to Chapter 7, all provider knowledge results are in Appendix B Table 7.28-31.)
MCC/Health	12	It was not only through Generasi that the project sought to encourage pregnant women to receive prenatal checkups and consume 90 IFA pills. The IFA trainings also covered at least the IFA pill consumption.	It was our understanding that the IFA trainings only covered distribution quality control and not how to encourage women to take IFA. MCC was not able to provide further documentation on the IFA trainings that causally linked the training to IFA consumption.
MCC/Health	12	Es.1 Summary of project impacts on maternal and child health outcomes is really helpful and well presented! Should immediate breastfeeding be included? Could the table include the data (baseline control and tx, endline control and tx, with the adjusted impact perhaps instead of the qualifiers (such as "but small")? Could this section be the first in the key finding section?	We added early initiation to the summary table. We do not include the suggested table content anywhere in the report so we don't want to deviate from this format but all the details you are interested in are in Appendix B Table 8.41. We addressed the issue of qualifiers above.
MCC/Health	12	The statement "The percent of deliveries assisted by a trained professional or conducted at a facility greatly improved from baseline, but remained similar in the treatment and control groups." reinforces the usefulness of presenting the baseline and endline data in the table. It would be helpful for the reader to quickly be able to refer to the table and see if we are talking about 45% of deliveries or 85% or somewhere in between.	We responded above about the baseline values. See Appendix B Tables 8.1-8.3 for all details about deliveries.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/Health	13	Suggest the men's participation be re-written to include the data, for example: Generasi included an indicator for husbands' participation in the sessions because of their important role in hh decision-making, especially around nutrition but the project had no impact on this indicator; at endline men's participation was XX and XX in control and treatment areas respectively.	Revised
MCC/Health	14	One of the most exciting results of the project was the positive impact on EBF. Can the qualifier "some" evidence be removed and "modestly" reducing the prevalence. Could the data be presented instead! This is a difficult behavior to change and critical for child health - lets please make sure the data (baseline and endline control vs. treatment) as well as the magnitude of the change (suggest to use the most widely accepted definition) be in the key findings section! I think a discussion of which definition used can be saved for chapter on IYCF so as not to diminish and complicate this finding!	We removed the word "some" but kept "modestly" regarding the prevalence of formula feeding since this reduction was 8 percentage points which we see as modest if the Project expects changes in breastfeeding to result in changes in stunting. As mentioned above, please see Appendix B Table 8.41 for all the baseline/endline numbers. We feel it is important to note both EBF definitions here since the results change depending on the definition. It is challenging to summarize the literature results in terms of magnitudes given differences in context and units in which impacts are reported.
MCC/Health	14	Another ss, amazing impact -minimum acceptable diet improved in the control group!!!!	We do not have baseline numbers for the acceptable diet and dietary diversity measures. See Appendix B Table 8.47 for details. But the project had an impact on minimum acceptable diet, driven by impact on meal frequency.
MCC/Health	16	I think the narrative description of the lack of impact on stunting, underweight, wasting and low birthweight is good. I suggest that table similar to ES.1 be included for these 4 important indicators, including the baseline control and tx, endline control and tx data, with the adjusted impact shown.	As mentioned above, we would prefer to maintain the existing table format. But we have added new summary figures to the ES. The details that you are interested in are in Appendix B Tables 10.1 and 10.4.
MCC/Health	16	The project had impact on short term and medium term impacts, but no impact on long-term outcomes. I suggest the conclusion summarize this and then propose the explanations for the lack of long term outcomes.	We do not see a need for another summary in the executive summary, but the conclusion in the executive summary discusses possible reasons for a lack of Project impact on undernutrition outcomes.
MCC/Health	16	Should the conclusion section (1.5) or sanitation chapter or CBA section include mention that components of the project's theory of change were flawed because they were based on the data available when the project was designed and that new data / RCT results indicate improvements in sanitation do not lead to reductions in stunting? In some ways this point is null because the project was not successful in improving sanitation or reducing diarrhea.	Indeed, the CLTS component had several implementation challenges that prevented it from improving OD behavior and reducing diarrhea. We added the point the conclusion that new literature about the association between sanitation improvements and stunting was published during the study period.

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/Health	108	SS improvement of knowledge about the adverse effects of stunting among kader posyandu - I just wanted to highlight this powerful result!	Agreed. The Project had a large effect on kader posyandu's awareness of stunting.
MCC/Health	186	Calling out this result - Providers in Project areas were more likely to discuss stunting with caregivers, and bidan coordinators in Project areas were more likely to see stunting treatment as a job responsibility. Bidan and kader posyandu in treatment areas were a statistically significant 11 and 24 percentage points more likely, respectively, to report discussing stunting with pregnant women or caregivers of young children in the last six months compared to those in control areas.	Noted
MCC/Health	135	The evaluators shared that subgroup analysis was done and there was not a lot of ss findings. It's interesting that impact on IFA pill consumption was higher in lower socio-economic quintiles compared to higher quintiles.	Noted. You can find these results in Appendix B Table 8.S.2.
MCC/Health	220	Is it accurate to phrase the projects impact on short and medium term outcomes limited or modest? There was ss impact on short and medium term outcomes. This should be clearly said. In some cases the impact was 17 percentage points and for other indicators more or less - but they were ss.	<p>Yes, we maintain that the characterization of impacts is modest in the sense that none of these changes were large enough to have an impact on the project objective outcomes. At the short-term level, there were small differences in posyandu attendance, weighing, and counseling session attendance. At the medium-term level, there were small/modest differences in EBF, IFA receipt/consumption, and meal frequency.</p> <p>As discussed above, when interpreting findings, it is important to consider not just statistical significance (because many outcomes might be significant due to large sample sizes) and meaningful change.</p>

Reviewer name/ institution	Page number	Comment	Evaluator response
MCC/Health	22 and section 12	In the conclusion (section 12) The review of the logic and which short term and medium term outcomes needed to be met to affect the long term outcome is very well done and provides the data (or data framework) for a lot of lesson learning for future projects MCC projects of all types. I suggest that summary of this discussion be included in section 1.5 (key findings) otherwise I fear the majority of readers will miss this critical summary of all the data and how it feeds into the logic - explaining that while the project had short and medium term SS positive impact, not all the impact "pillars" or pathways were achieved. I suggest to include figure 1.2 (the Nutrition project logic) with all the boxes where the outcomes or impact was achieved in one color (maybe green) and where they were not achieved in another color. IF there is some way to include the results in the boxes to graphically demonstrate results that affected >50% of the control population or whatever measurement the evaluators think would have been sufficient to create impact at the medium or long term levels, that would also be helpful. (I think this may have been in the ppt Mathematic presented.)	We have revised the executive summary to include more summary findings.
Indonesia/ UNICEF		Vitamin A – seems very low for 12-35 mo age group. Please check this result.	We checked our analysis and we find that these results are correct given our data. The DHS and UNICEF reports use definitions of dosage by age group that are slightly different so it is hard to compare with these studies.
Indonesia/ UNICEF		Did you look at changes in animal protein consumption?	We looked at consumption across all food groups among treatment and control groups at endline and did not find any differences.
Indonesia/ UNICEF		What are the results on food insecurity between baseline and endline?	We unfortunately can't compare baseline and endline changes because we did not use the WFP/Coates et al. (2007) index at baseline.
Indonesia/ Former MCA-I M&E Specialist		Did the Project affect the percent of women who had no postnatal checks?	No. See Appendix B Table 8.15.
Indonesia/ Former MCA-I M&E Specialist		Did the Project affect the percent of women who had no postnatal checks?	No. See Appendix B Table 8.15.
Indonesia/ Former MCA-I M&E Specialist		Could you look at outcomes for women who attended kelas ibu hamil/balita that were led by providers trained by MCA-I?	We do not have the data to be able to link household respondents to the specific kader posyandu/bidan who led the sessions the household members attended.

Reviewer name/ institution	Page number	Comment	Evaluator response
Indonesia/ Former MCA-I Nutrition Project Director		What is the baseline-endline change in diarrhea?	It went up for some age groups. See Appendix B Table 8.58.
Indonesia/ Former MCA-I Nutrition Project Director		Does the evaluation have any results on supportive supervision?	Yes. There are a lot of results on this throughout the report and appendices, especially in Chapter 8. For example see Section 8.3.3 and Figure 8.12.
Indonesia/ Former MCA-I Nutrition Project Director		Could you talk more about results of intermediate steps between triggering and ODF, e.g. post-triggering monitoring?	This mainly involves follow-up visits. See Appendix B Table 9.17 for details on the visits. We don't see any impacts on follow-up visits.
Indonesia/World Bank		Did kabupaten use funds for similar activities in control areas?	Assuming this question refers to post-2018, see Figure 6.14 and related text.
Indonesia/World Bank		Could you do any analysis on the predictors of stunting in this dataset?	We conducted this analysis using the baseline data, see https://www.mathematica.org/our-publications-and-findings/publications/stunting-prevalence-and-correlates-among-children-in-indonesia . One can conduct this analysis with the endline data but this task is beyond the scope of this impact evaluation.
Indonesia/World Bank		Are the results on Generasi's sustainability due to spillover or catchup? See ES p10	This is a great question. We cannot say whether the results we see of treatment and control areas demonstrating similar project preferences are due to spillover, catchup, or to government incentives to invest in health and education.
Indonesia/World Bank		When you look at stunting by age group do you see a lag in impact on stunting?	You can see stunting by age group results in Appendix B Table 10.1, 10.4. We find no impacts for any age group.
Indonesia/ Former MCA-I M&E Director		Were there areas in which the activities were better synchronized than others?	We don't have the implementation data to be able to answer this question.

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