

Continuum of Family Care in Indonesia

Healthier pregnancies, safer births, and stronger growth and development in early childhood

FOCUS AREAS	PILOT	EXPANSION	PARTNERS
Maternal, newborn, and child health; nutrition; parenting	3.5 years in Banten province, with an external endline evaluation	60 high-risk villages in West Java, reaching about 90,000 people	YPCII (lead implementer), Global Communities, Universitas Indonesia

INTRODUCTION

The Continuum of Family Care (CoFC) is an integrated approach that supports families from pregnancy through a child's second birthday. It connects families with midwives, cadres (community health volunteers), and government services to support healthier pregnancies, safer births, and stronger early childhood growth and development. Pilot project findings suggest women's use of antenatal care and facility-based care for deliveries increased by **57%** and **42%**, respectively.



CHILD GROWTH MONITORING AT A COMMUNITY HEALTH POST

CoFC was piloted for 3.5 years in Banten province. Local partner Yayasan Pembangunan Citra Insan Indonesia (YPCII) led implementation, working with district and village governments, health facilities, midwives, cadres, and local leaders. Global Communities introduced the approach and provided funding, technical support, and monitoring, evaluation, and learning. Universitas Indonesia conducted data collection, research, and the endline evaluation.

CoFC responds to overlapping barriers. Families in high-risk communities often face hard-to-reach care, gaps in health insurance and referral support, limited nutrition information, and household dynamics that can keep women from acting on health advice such as food taboos during pregnancy and gender norms that reinforce the expectation that wives should follow their husbands' decisions, including decisions related to maternal and child health. CoFC addresses these barriers together rather than one at a time.

KEY APPROACHES

CoFC combines maternal health and nutrition, parenting and family engagement, frontline health worker support, and practical links to care during the first 1,000 days.

CARE CLOSE TO HOME

Group pregnancy and parenting classes run through Posyandu (village health posts) and are reinforced by home visits.

FAMILIES AS PARTNERS

Fathers, elders, religious leaders, and traditional birth attendants are engaged as decision-makers and trusted messengers.

STRONGER FRONTLINE SYSTEMS

Midwives and cadres receive practical training, coaching, and tools to improve the quality of services.

DESIGNED TO ENDURE

Supervision and data practices are embedded in government and community structures from the start, and the model can be adapted to address barriers to care, such as transport and health insurance enrollment.

PILOT RESULTS

The Universitas Indonesia endline evaluation found that CoFC reached families repeatedly and influenced practices at home and decisions to seek care. Findings draw on a household survey, routine health data, participatory workshops with mothers and fathers, and interviews with community and health system stakeholders.

96.7% of pregnant women attended a pregnancy class	**85.8%** of mothers of children under two attended a parenting class	**41% → 95%** four or more antenatal care visits (routine data, 2022–2025)
49% → 87% facility deliveries (routine data, 2022–2025)	**89.3%** of surveyed MMS recipients started in the first trimester	**93–99%** said they would keep using what they learned if classes stopped

Note: Evaluation design is suggestive of strong program trends, not causal attribution. Data sources available upon request. MMS= Multiple Micronutrients.

Fathers became more involved. Fathers and local stakeholders reported that fathers took a greater role in birth planning, child health, and caregiving. These findings suggest that engaging fathers, elders, and other family decision-makers can help create a more supportive environment for women and children.

A promising signal: Pagerbatu village, once a major contributor to maternal deaths in its area, reported zero maternal deaths for three consecutive years. Village midwives and district health officials credit stronger service use, family engagement, and health system gains supported by CoFC, alongside other factors.





EXPANSION PLANS

The next phase will bring CoFC to 60 high-risk villages in West Java, reaching about 90,000 pregnant women, children under two, fathers, and other caregivers. It builds on what worked in the pilot and addresses lessons learned: focusing on geographic hotspots, deepening family engagement, making father outreach more flexible, strengthening cadre recruitment and supervision, and improving routine data quality.

1	SELECT AND ALIGN	Work with provincial, district, Puskesmas, and village leaders to choose high-burden villages, map barriers, and align CoFC with government priorities.
2	STRENGTHEN THE FRONT-LINE	Train and coach midwives and cadres in group antenatal care, counseling, MMS, growth monitoring, nurturing care, and referral.
3	ENGAGE THE WHOLE FAMILY	Run pregnancy and parenting groups with flexible outreach to fathers, elders, religious leaders, and traditional birth attendants.
4	CONNECT FAMILIES TO QUALITY CARE	Pair behavior change with access solutions such as insurance enrollment, re-ferral transport, home follow-up, and links to 24-hour maternity care.
5	USE DATA TO ADAPT	Track participation, service use, nutrition, and quality, and hold regular learning sessions with families and stakeholders.
6	STRENGTHEN LOCAL OWNERSHIP	Embed activities, supervision, refresher training, and budgets in district and community systems, with milestones for reducing external support.

***Funding status:** $1 million of the estimated $6 million needed for the expansion is secured.*

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