

Nepal's progress and plans on Early Childhood Development (ECD)

Teertha Dhakal, PhD
National Planning Commission

Outline

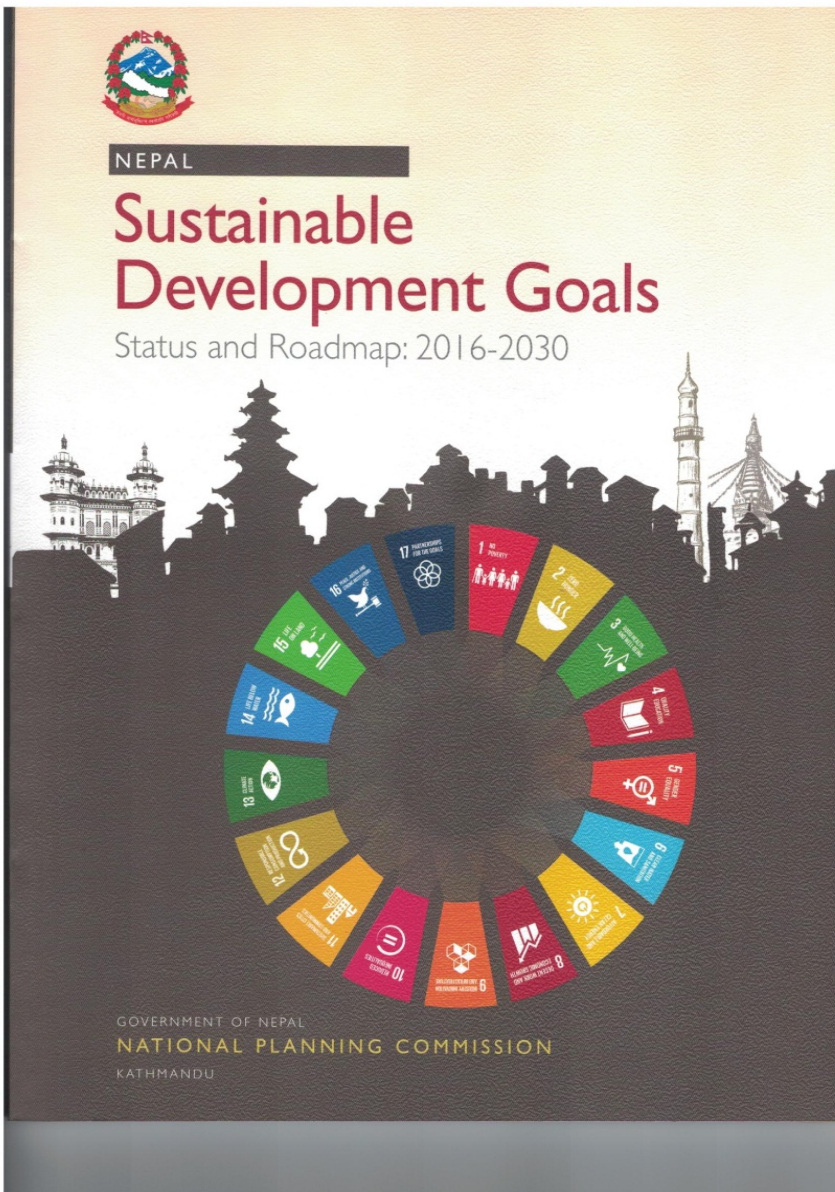
- Overview
- Policy and institutional frameworks
- Multi-sectoral interventions
- Issues and challenges
- Lessons learnt
- Future priorities

Overview

Background

- Government of Nepal (GON) takes ECD as the foundation of education and sustainable development
- ECD is a fundamental right of children as per the Constitution of Nepal
- GON has been adopting multi-sectoral, inclusive and collaborative approaches engaging communities, private sector, NGOs and devt partners in ECD implementation
- In addition to SDG Target 4.2 (access to quality ECD, care and pre-primary edu), Targets 2.2 (nutrition), 3.2 (health); and 16.2 (protection) are considered as part of holistic ECD

Overview: Operationalization of SDGs

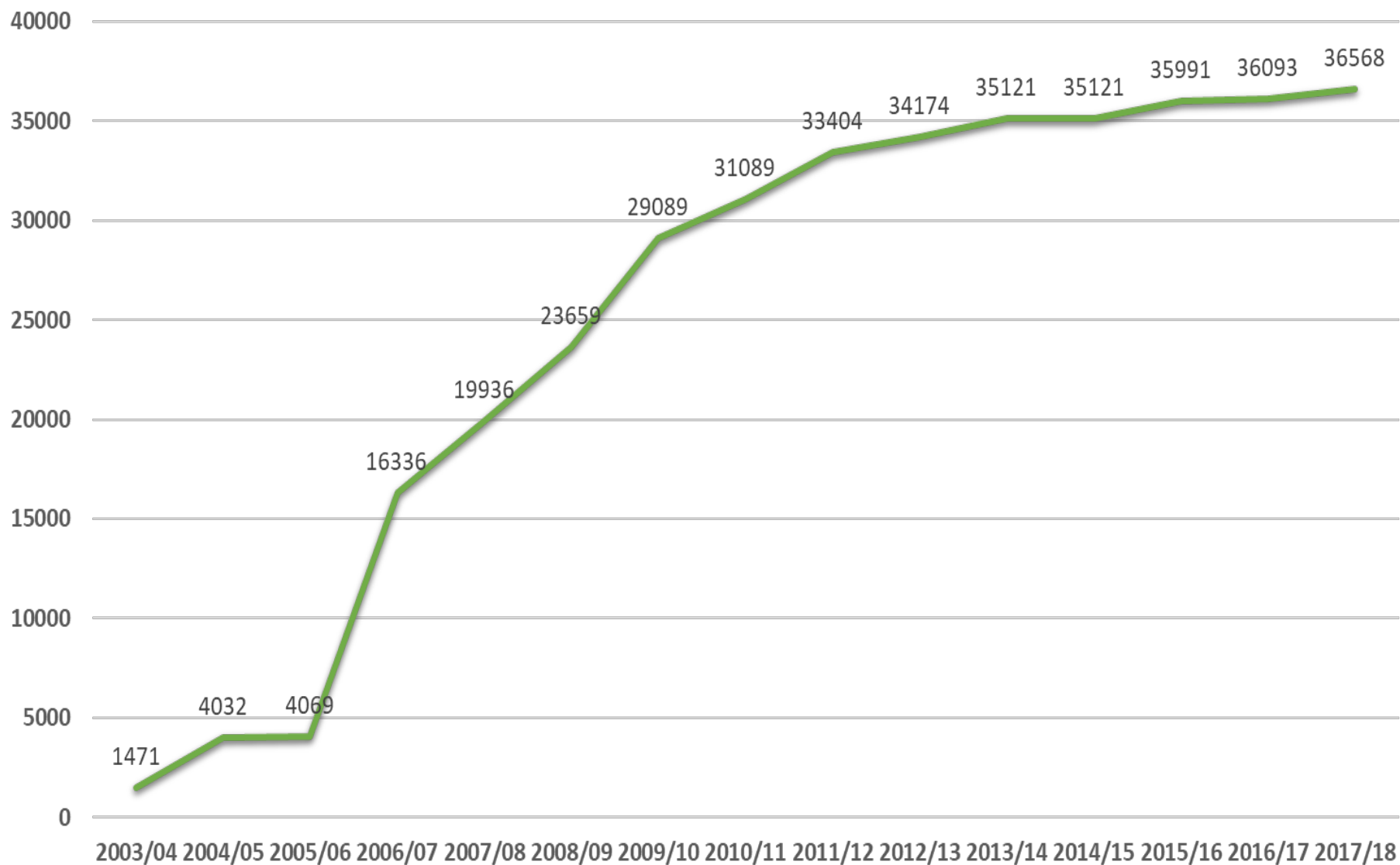


- Three-tier institutional framework
- Integrated in national plan
- SDG coding of programmes
- Preliminary exercise on SDGs needs assessment and costing
- Indicators and M&E framework- status and roadmap
- Integrated Eval Action plan for 2016-20
- VNR in 2017- next in 2019

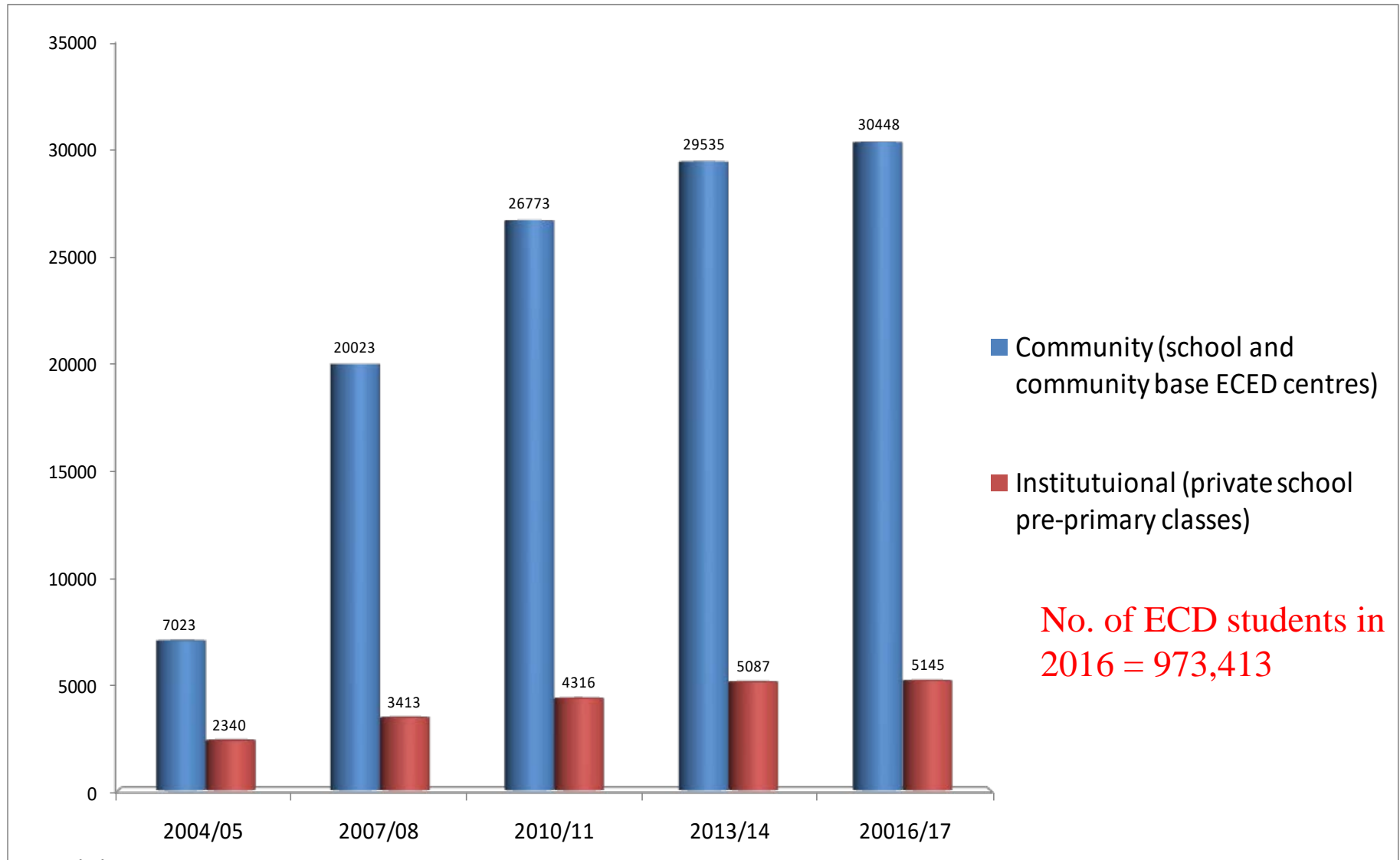
Situation Analysis of Children in Nepal

Indicators	2001	2006	2010	2016
HDI value	0.472	0.527	0.428	0.558
Population under 5 yrs	15.3	13.1	13.1	12.1
Infant mortality ratio (per 1000 live birth)	64	48	39	33
Under 5 mortality ratio (per 1000 live birth)	91	61	48	39
Immunization coverage				
% of BCG coverage (<1 year)	93.3	96.3	87	98.6
% of DPT 3 coverage (<1 year)	76.4	90.3	84	89
% of Polio coverage (<1 year)	76.1	90.2	82	89.8
% of Measles coverage (<1 year)	80.5	85.4	79	93
Nutritional Status (< 5yrs stunted)	51	49	49	36
Gross enrollment rate in ECED	13	41.4	70	80.6
Enrolment in Grade 1 with ECED experiences	10.5	38.6	51.3	64.7

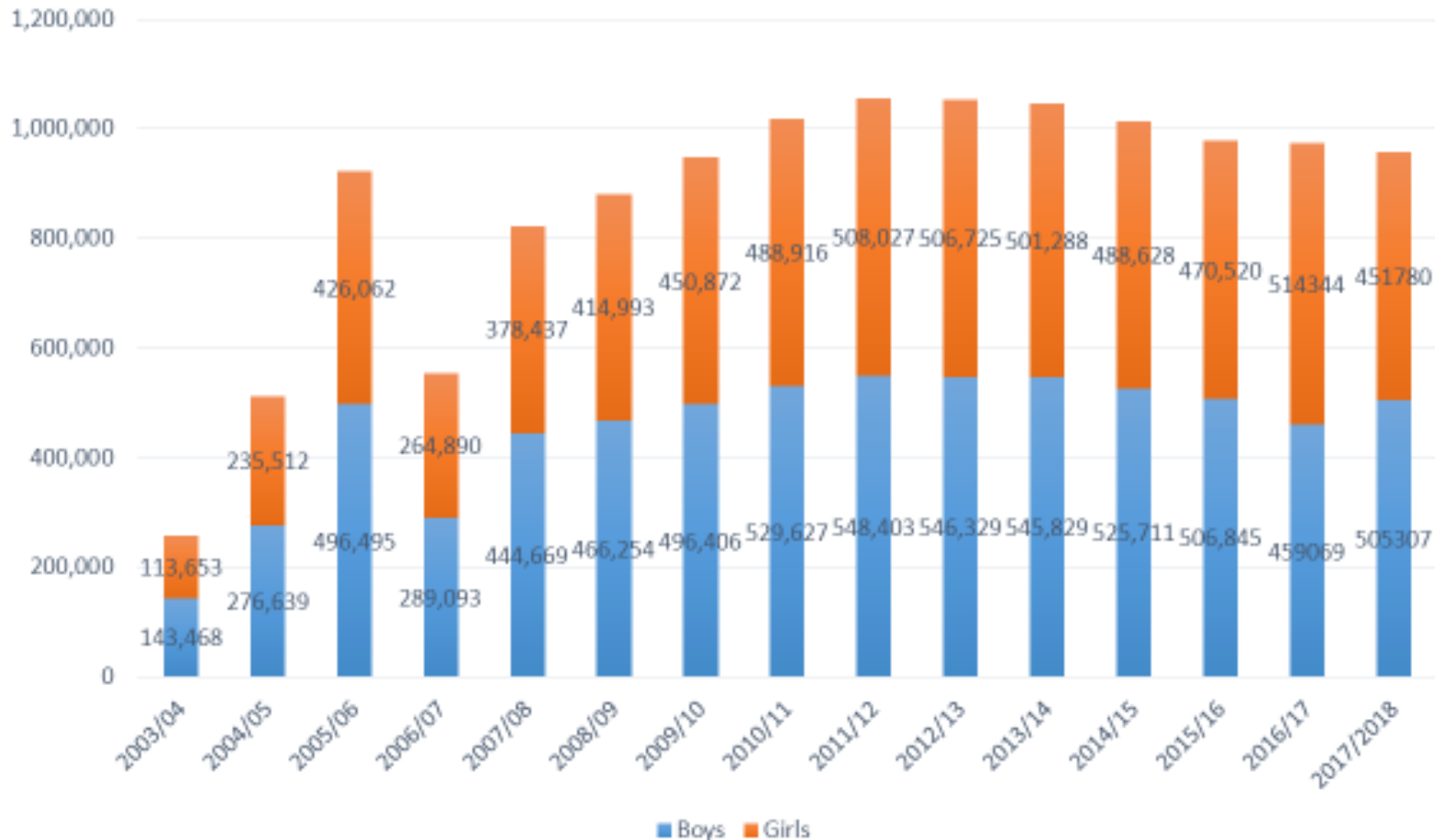
Number of ECD Centers in Nepal



Trend of ECD centres and pre-primary classes



Number of Enrolment in ECD

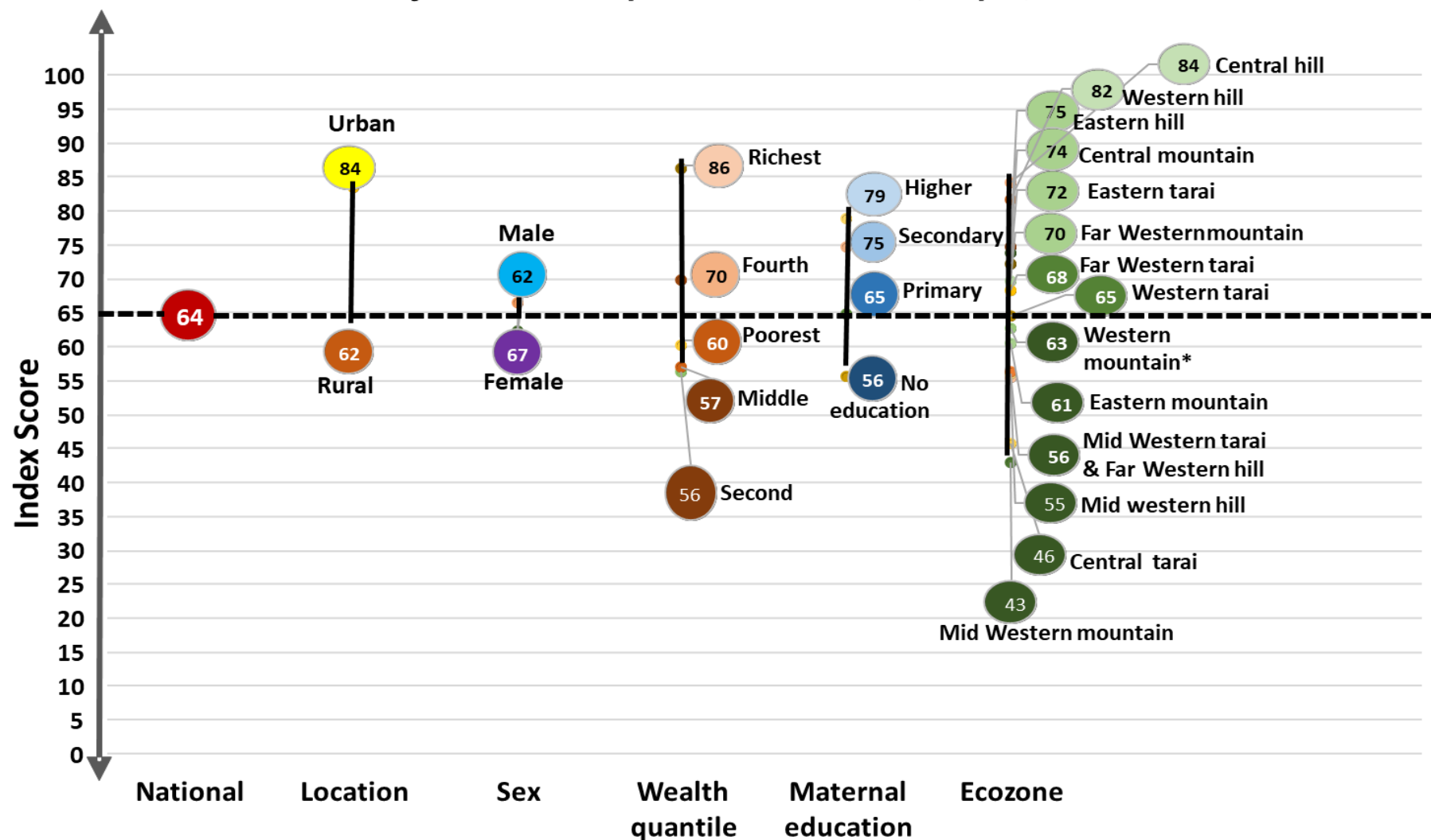


Source: Department of Education, Flash report 2003/2004-2016/2017

ECD Index (ECDI)

- The ECDI is calculated as a percentage of children who are developmentally on track in any three of the domains of literacy-numeracy, physical, socio-emotional and learning
- The ECDI for Nepal is 64.4 % (NMICS, 2014)
 - females (66.6) and males (62.4)
 - 7.7 in Far Western Hills to 75.1 in Kathmandu
- There has been gradual increment in the share of children with ECD experience in grade one
- However, Nepal is yet to make significant improvement in ECDI including literacy and numeracy

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Nepal, 2014



Note: * Western mountain figure are based on 25 49 unweighted cases.

Policy and institutional frameworks

Existing policy and legal provisions

- **Constitution of Nepal** (fundamental right):
 - Education, health, protection, sports, entertainment and overall personality devt (Article 39.2)
 - Right to ECD and participation (Article 39.3)
- **Education Act** : ECD as a part of basic school edu; Free and compulsory basic edu- ECED to grade 8
- School Health and Nutrition Strategy
- 14th Plan (2016/17-2019/20); Multi-sector Nutrition Plan
- National Safe Motherhood Plan (2002-2017)
- Local Governance Operation Act- ECD is governed by LGs
- **SSDP (2016-23)** - Rights-based approach to ECED programs for developing physical, cognitive, spiritual, socio- emotional and moral potential of children below 5 yrs; ensure school readiness

ECD Strategy 2004-2015

- **Objective:**
 - To create child-friendly learning environment to **enable every child to develop their optimum potentials through well managed services by the schools and communities**, supported by national policies and backed up by professionals through a rights based approach
- **Multi-sectoral involvement:**
 - National Planning Commission,
 - Five ministries- Finance, Edu, Health, Federal Affairs and General Adm., Women, Children and S. C.
- **Holistic development of children :** Health, edu and nutrition with a focus on community participation

Institutional Framework

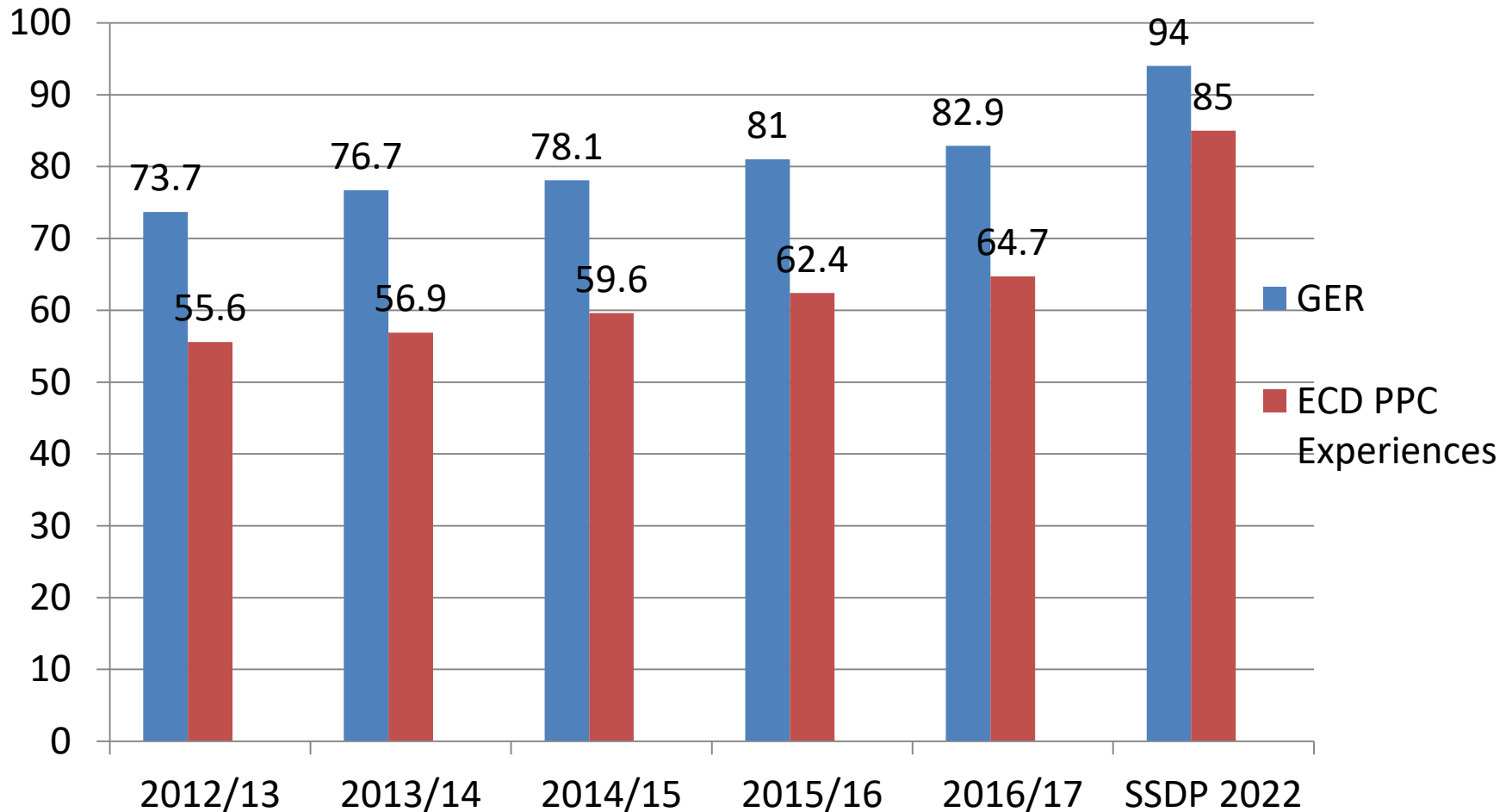
- **National Level**
 - High Level Steering Committee- chaired by VC of the NPC
 - National Council for ECD- chaired by Secretary of MOEST
- **District ECED committee:** Multi-sectoral steering committee on implementation level
- **Municipalities (Rural/Urban)-** Main implementing agencies
- **ECD caucus-** Advocacy and oversight forum of parliamentarians and experts

Sectoral and Multi-sectoral Interventions

Education- SSDP ECD interventions

- Develop/prepare ECED/PPE learning materials
- Training (intensive, TOT, refresher) to ECED/PPE facilitators/ teachers
- Strengthen parental education
- Establish new centres
- ECED/PPE networking and other meetings also for experience sharing
- Develop ECED/PPE course, textbooks and reference materials as optional subject for grades 9 and 10
- Orientation trainings for local governments

Trend in ECED GER with SSDP targets



Achievements of SSDP ECD



- **Access:** Increased access of disadvantaged and marginalised groups in ECD services
- **Parental Edu:** Children of mothers with higher level of edu have higher ECDI
- **Quality of ECE Services:** % of ECD facilitators with academic qualification and training has increased in all regions
- **Positive contribution to**
 - increase enrolment in school edu, cohort graduation and learning achievement
 - decrease in drop-outs/repetitions

Education ECD- Challenges remain

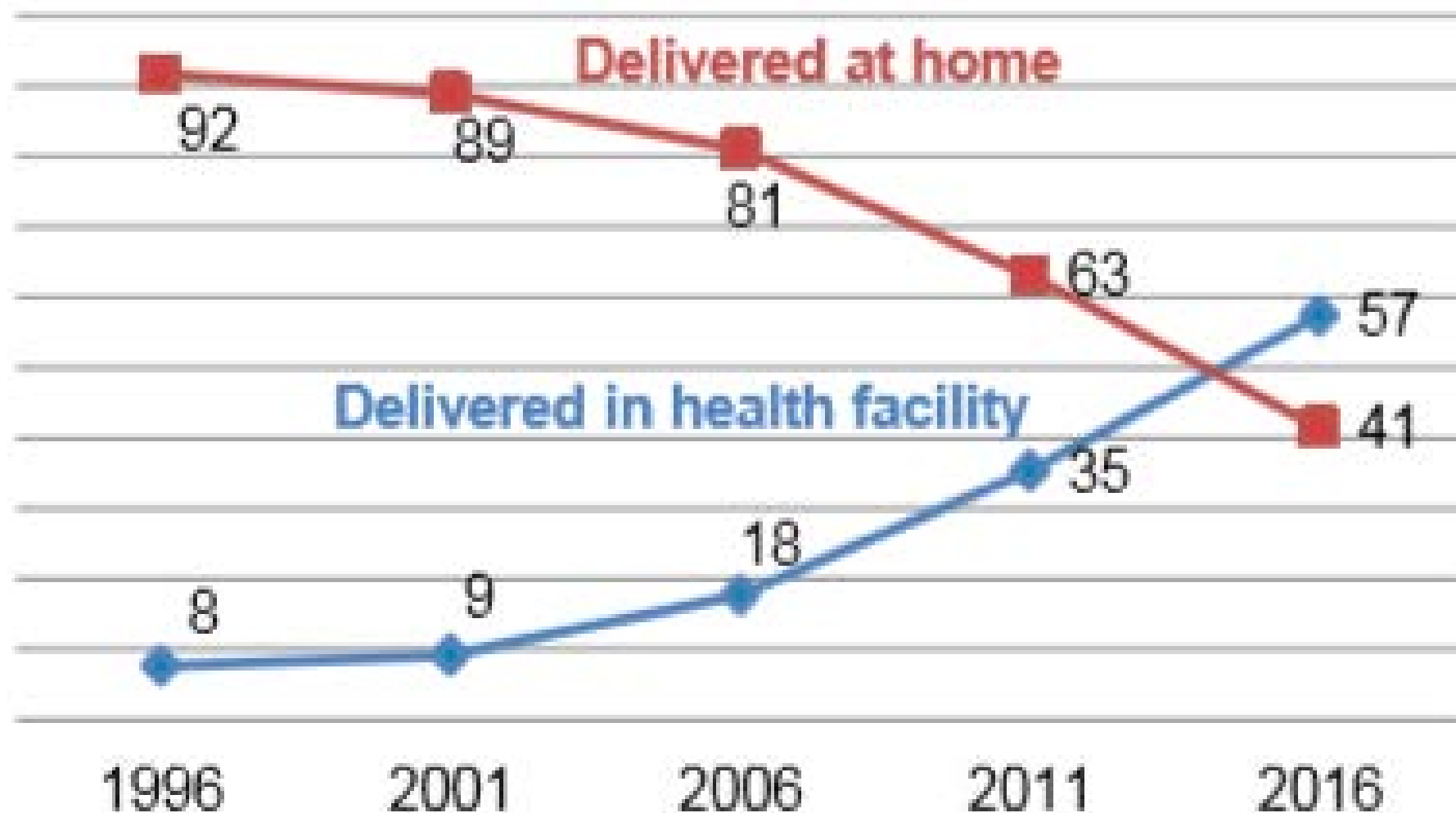


- Identify the number of ECD centres needed and its mapping for equitable access
- Retain, motivate and enhance capacities of the facilitators
- Adapt ECD pedagogy of thematic approach of teaching and learning
- Capacity of local government officials in overall mgmt and monitoring and evaluation

Health-related interventions

- Immunization programmes
- Exclusive breastfeeding
- Golden thousand days programme
- School health and nutrition programme
- Maternal, child-health and nutrition-related programmes
- National safe motherhood plan (2002-2017):

*Percentage of live births in the 5 years
before the survey*

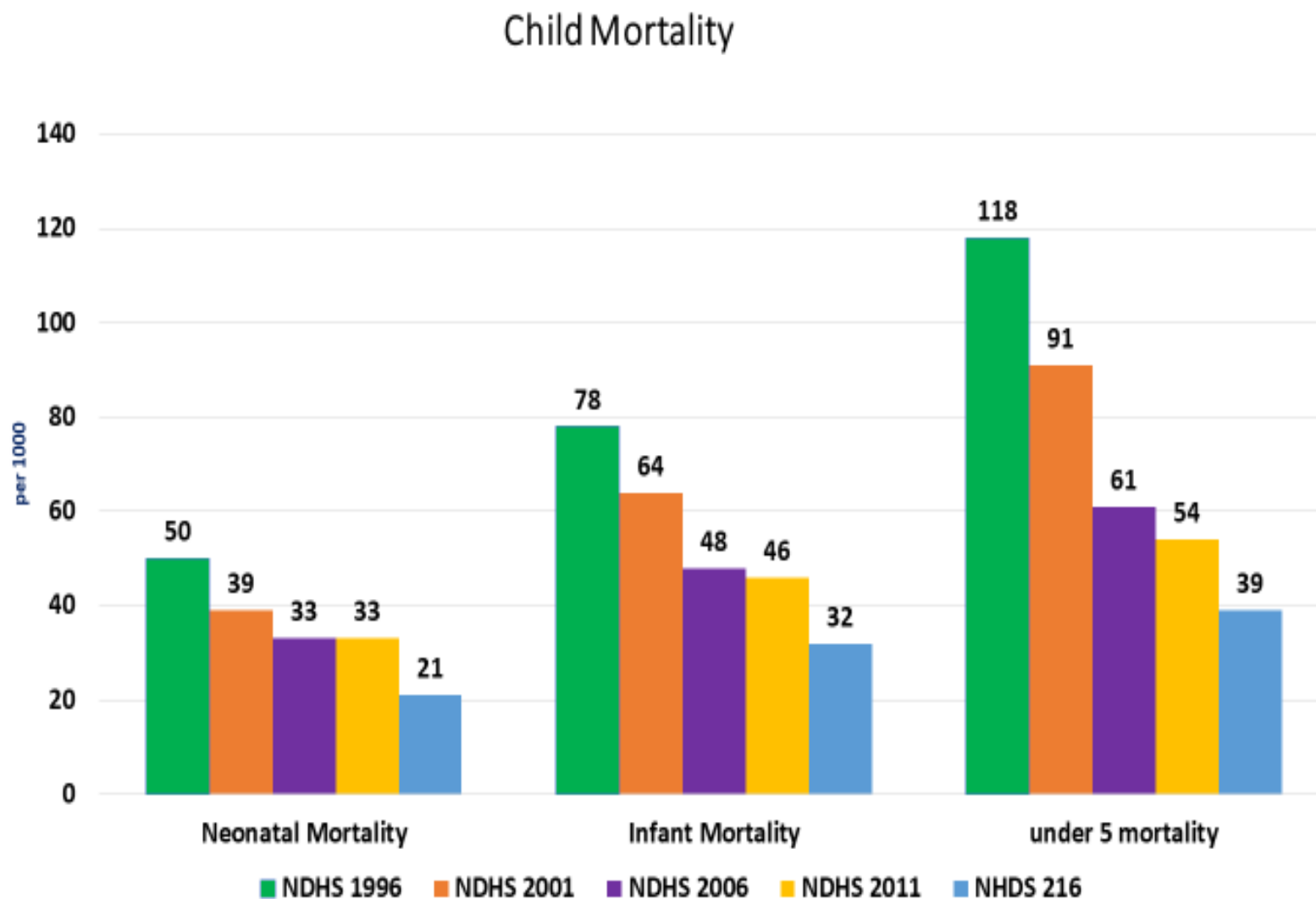


Health-related achievements

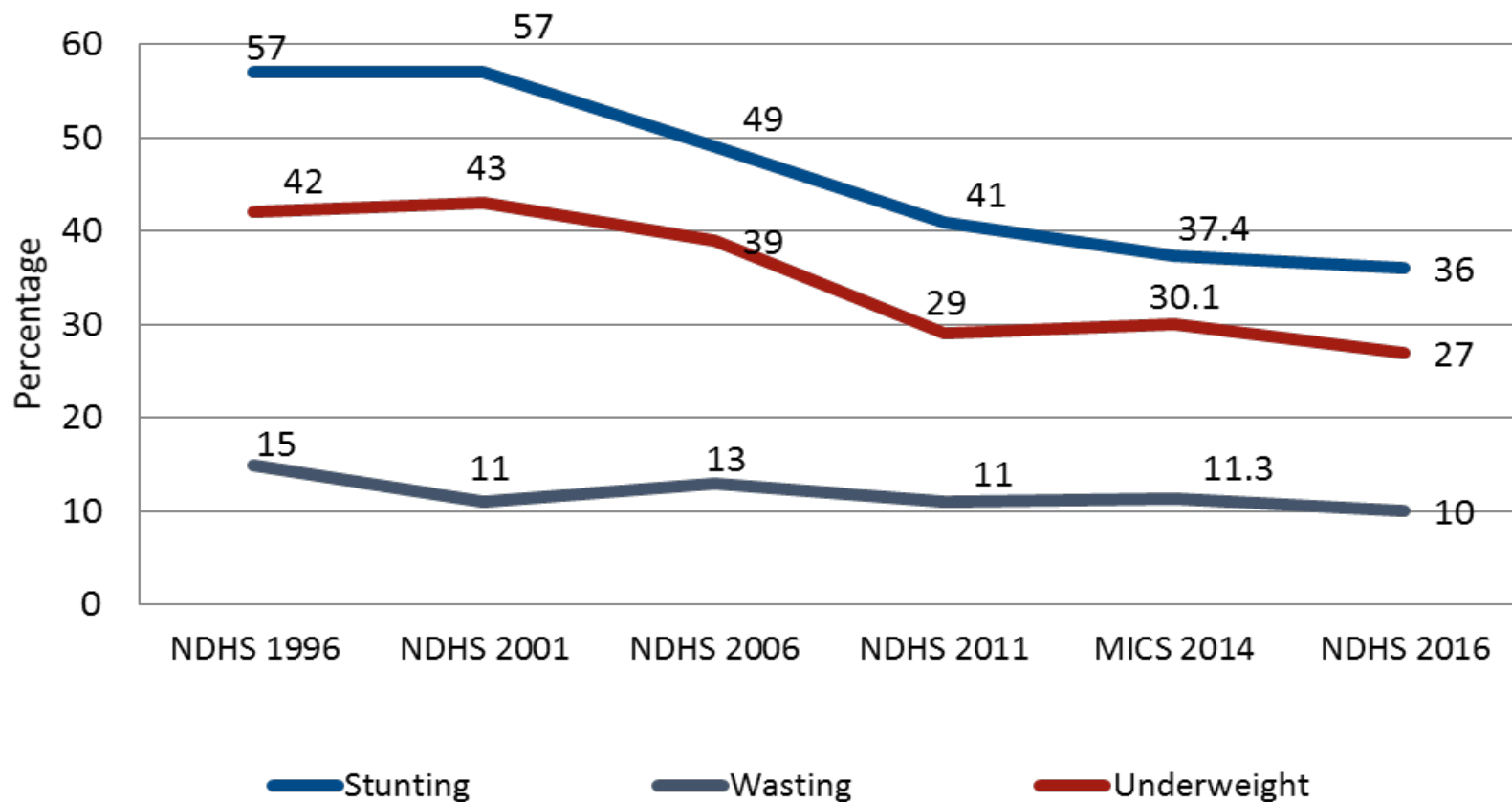
- Child mortality reduced
 - Nepal achieved its MDGs of reducing <5 mortality rate, however, disparities exist in terms of urban–rural location, mother’s education, wealth status and regions
 - A range of new interventions (exclusive breast-feeding, immunisation etc) contributed to reduce child mortality
 - Important emphasis has given on community-based approaches to deliver maternal and child health promotion and services

(SBA increased from 12.7% in 2001 to 40% in 2017)

Health: Child Mortality



Nutritional status (SDG 2 and 3)



Multi-sector Nutrition Plan (2018-2022)

- The GON has been implementing the Multi-sector Nutrition Plan (MSNP- II) targeting to address the nutritional issues focusing esp. on mother and children
 - captures health, agriculture, livestock devt, education, drinking water, sanitation, women, children and local devt
 - integrated in the plans of and implemented at the provincial and local levels
 - collaboration with DPs (UNICEF, EU, USAID, World Bank)
 - clearly designed theory of change and result indicators
- School day-meal program (fortified meal in 10 districts and cash grant in 19 districts)
- Improve knowledge, attitude and practices related to nutrition

MSNP Framework 2013-2017 and 2018-2023

National Planning Commission

(Leadership, Coordination, Resources Management, Capacity Building, Information Management)

Health

- Maternal Infant and Young Child Feeding
- Micronutrients supplementation
- Management of SAM cases
- Integrated Mgmt of Neonatal and Childhood Illnesses

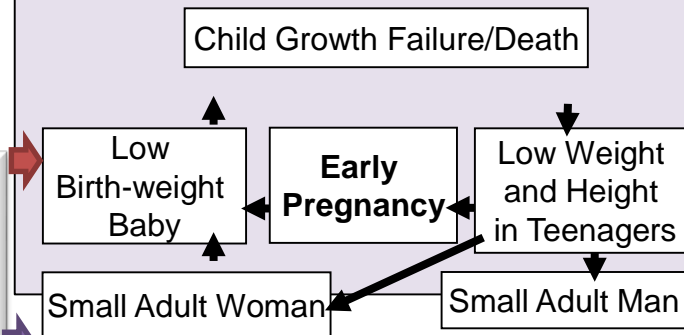
Education

- Day-meal program
- Improve knowledge, attitudes and practices related to nutrition
- Parenting Education

WASH

- Increase access to safe drinking water
- Encourage use of improved toilets
- Proper management of wastes
- Encourage handwashing practices with soap and water at critical times

Intervene Intergenerational Life Cycle Transmission of Growth Failure



Federal Affairs and Gen Adm

- Ensure social protection links with Nutrition
- Mobilization of local resources and ownership by local level

Livestock

- Increase accessibility, availability and consumption of animal source foods
- Income generating entrepreneurship

Agriculture

- Increase accessibility, availability and consumption of foods
- Income generating entrepreneurship
- Reduce workload of women

Women, Children and S.C

- Women empowerment
- Income generating activities for women
- Campaign against child marriage
- Public awareness on gender-based violence
- Adolescents and child protection

Water, Sanitation and Hygiene

- ECD strategy included WASH in parental edu package and ECD curriculum
- The strategy initiated changes in behaviour of children collaborating with local health workers
- Access to improved water sources has increased from 81.8% households in 2006 to 95% in 2016
- Access to improved sanitation facility has increased to 81.9% household in 2015 compared to 39 % in 2005
- However, recent evaluation finds that the availability of WASH facilities has been limited, and minimal progress observed changing behaviour of children

Child Protection

- Nepal has obligations to protect children from violence, abuse and neglect as a signatory of UNCRC
- Constitution of Nepal prohibits physical and mental punishment
- Violent disciplines is however prevalent in the family (MICS 2014), in schools and in other institutions
- ECD parenting edu package includes negative impact of violent discipline, positive disciplinary methods and birth registration
- Continuous efforts are required to raise awareness among parents and caregivers on harmful impact of violent discipline and positive discipline
- Linkage needs to be strengthened to other protection issues esp. GBV, given the high prevalence of domestic violence and its negative impact on young children

Child grant schemes

- Social protection has become a significant policy initiative in Nepal
- The child grant schemes under the social protection initiative was introduced in 2009/10 which has been a milestone in ensuring the right of protection of children
- Grants are provided to children through local govts and are coordinated by Ministry of Federal Affairs and Gen Adm
- It started to protect children under 5 of Karnali region where HDI was low as well as all children from the Dalits community
- The government decided to expand this in low HDI districts including the terai-madesh districts from next fiscal year
- Save the Children Nepal also initiated Child Sensitive Social Protection (CSSP) to support GON's efforts in some districts

Resource Allocation for ECD

- Education sector budget for ECD increased about five times in 10 years (1286 mil. in 2015/16 compared to 251 mil. in 2006/07)
- However,
 - the current level of financing falls far short to provide access to high-quality services for all children
 - significant share of the allocations goes to salary of facilitators and nominal on capacity and infrastructure devt
 - the salary of facilitators is considered very low
- Health ECD budget increased about four times during 2004/05 and 2015/16

Stakeholder Perceptions

(based on findings of eval by NPC/UNICEF in 2017/18)

- Positive perception of ECD Centres, but further, integration and coordination necessary
- Positive feedback from mothers on counselling and WASH services
- Some services being provided in an integrated way (health and nutrition, education and WASH)
- Key services in each sector (ECE, check ups, immunization, feeding, sanitation, clean water and birth registration), but not integrated (both govt and NGO interventions)
- Facilitators need training and better remunerated
- Monitoring and Evaluation ad-hoc, and usually weak
- Gender concerns are not significant in the ECD context
- Concerns about the access of some social groups in ECD services
- Local govt providing ad-hoc support and M&E

Issues and Challenges

Access

- Reaching to unreached, esp. children facing multiple exclusion and addressing the needs of below 4 children
- Parental awareness

Quality

- Addressing holistic part
- Facilitators' capacity, incentives and retention issues
- ECD materials

Management

- Vertical and horizontal coordination in the context of federalism
- Mechanism to ensure that each child receives all the services
- Proper supervision and feedback from local governments

Lessons learnt

- Significant progress has been made in edu, health, and nutrition, but disaggregated ecological zones
- ECD services appears to be sustainable,
 - Constitutional provision and strong political commitment
 - Increased budget allocation
 - Strong parliamentary oversight- ECD Caucus
 - Collaborative support from LGs, NGOs and private sector
 - Gradual realization of ECD as a holistic approach to ensure all-round devt of children
- More coordination to address protection issues (esp. violent disciplines of young children)
- Education, health, and nutrition in particular were regularly associated with necessary interventions that comprise ECD
- Coordination by agencies like NPC

Future priorities

- New ECD strategy with ownership from all relevant sectors
- Mapping, re-location and adjustment of ECD centres
- Orientation/ trainings to 753 LGs on integrated ECD coordination and management
- Capacity building of the human resources in ECD centers
- Mobilization of funds from the govt and other actors
- Integration of ECD in sub-national level plans
- Further institutionalize the multi-sectoral approach also linking govt and programmes of NGOs and civil societies



Thank you