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

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

No. of ECD students in 2016 = 973,413
Number of Enrolment in ECD

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

![Bar chart showing trend in ECED GER with SSDP targets for the years 2012/13 to SSDP 2022. The chart includes data points for GER and ECD PPC Experiences.]
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

Delivered at home

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1996</td>
<td>92</td>
</tr>
<tr>
<td>2001</td>
<td>89</td>
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<tr>
<td>2006</td>
<td>81</td>
</tr>
<tr>
<td>2011</td>
<td>63</td>
</tr>
<tr>
<td>2016</td>
<td>41</td>
</tr>
</tbody>
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Delivered in health facility

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>8</td>
</tr>
<tr>
<td>2001</td>
<td>9</td>
</tr>
<tr>
<td>2006</td>
<td>18</td>
</tr>
<tr>
<td>2011</td>
<td>35</td>
</tr>
<tr>
<td>2016</td>
<td>57</td>
</tr>
</tbody>
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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)
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
**Health**
- Maternal Infant and Young Child Feeding
- Micronutrients supplementation
- Management of SAM cases
- Integrated Mgmt of Neonatal and Childhood Illnesses

**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

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

**Intervene Intergenerational Life Cycle Transmission of Growth Failure**
- Child Growth Failure/Death
- Low Birth-weight Baby
- Early Pregnancy
- Low Weight and Height in Teenagers
- Small Adult Woman
- Small Adult Man

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

**Federal Affairs and Gen Adm**
- Ensure social protection links with Nutrition
- Mobilization of local resources and ownership by local level

**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

**National Planning Commission**
(Leadership, Coordination, Resources Management, Capacity Building, Information Management)

**MSNP Framework 2013-2017 and 2018-2023**
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 disaggregate 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