Annex A  Terms of Reference

TERMS OF REFERENCE


1. BACKGROUND AND JUSTIFICATION:

Early Childhood Development (ECD) as considered as a child being physically healthy, mentally alert, emotionally sound, socially competent and ready to learn. It also includes a child’s moral and spiritual development. ECD comprehensively covers the period from conception to age 8. It is a multisectoral process aimed at promoting a child’s health, nutrition, cognitive development, social development, and protection.

According to recent Lancet Series published in October 2016\(^1\), multi-sectoral interventions, with health services as an entry point, are particularly well-placed to reach children early with services that support families to deliver nurturing care, promote, protect, and support early childhood development. Interventions to promote nurturing care can feasibly build on existing health and nutrition services at only a limited additional cost. Coordination with education is needed to promote learning, and with social and child protection, to reach the most vulnerable populations.

Several data sources indicates that children of Nepal have not reached their full potential. MICS 2014 Early Childhood Development Index, showed that only 64.4 percent of children age 36-59 months are developmentally on track in at least three of the four domains of literacy-numeracy, physical, social-emotional, and learning. The disparity between regions and districts varies with at least 19 districts having a low score (Fig 1).

In 2014, the under 5 mortality rate was 38 deaths per 1000 live births\(^2\). In the same year, the stunting and wasting rate was reported at 37.4 and 11.3 percent respectively among children under-five years (MICS 2014). The prevalence of anemia among children 6-23 months was 69 percent in 2011 (DHS 2011). On the whole, it is estimated that there has been almost no change in neonatal mortality over the past five years; vaccine-preventable diseases remain a threat for a small but persistently unreached population; key childhood diseases such as pneumonia and diarrhea remain a threat to the most disadvantaged populations where care-seeking practices, community and facility-based care and treatment are inadequate.

A good number of children in Nepal are at risk of child labour, child marriage or are exposed to violence, abuse and harmful traditional practices. The most critical gap is the lack of a coherent and integrated system for protection and response. MICS (2014), stated that 81.7 percent of children aged 1 to 14 years have experienced some kind of violent discipline in a month.

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\(^1\) The Lancet Early Childhood Development Series October 2016: Advancing Early Childhood development: from science to scale.
\(^2\) Nepal Multiple Indicator Cluster Survey 2014:
Early childhood education is attended by 50.7 percent of children of age 36-59 months\(^3\) and only 4.8 percent under age 5 have three or more children’s book. Nepali Children in early childhood lack appropriate stimulation and education.

Nepal has been promoting and expanding ECD services since the 1950s because of its importance as well as need with sectoral driven programmes in health, nutrition, protection and education for ECD. Nevertheless, the early childhood development concept still focuses more on education (ECD centers) as evidenced by several government documents on ECD.

In 2004, an early childhood development strategy paper was developed by Ministry of Education with elaborate plans/strategies to expand ECD centres (pre-primary education)\(^4\). The paper places emphasis on ensuring coordination among ECD stakeholders, and tries to create synergies in the planning, management and operational aspects of the ECD program. The objectives of the strategy paper were: (1) to present a clear concept, definition and vision of early childhood development in the context of Nepal; (2) to prepare a functional policy environment for bringing all the early childhood development actors into a coordinated framework; (3) to create an atmosphere for optimal use of expertise, resources and institutional capacity of the Government and all potential partners.

\(^3\) Though nearly 80 percent are enrolled.

\(^4\) See ECD strategy attached for details.
for expanding early childhood development with a focus on disadvantaged and vulnerable communities.

The ECD strategy paper’s main focus has been on Early Childhood Education with efforts towards making it more holistic by integrating aspects of health and nutrition. The focus on ECD centres has been national and it can be confirmed that after the development of the paper, there has been significant growth of ECD centres throughout the country (Figure 2). Though the ECD mostly focused on ECE, other sectors supported the centres with interventions such as mid-day meals for kids in schools for nutrition as well as ENT checkups and growth monitoring for health.

Even though 81% of children have access to Early Childhood Education (ECE) through these centres, unfortunately 19% of children do not have access to ECE because they live in remote areas or are children with disability (DOE 2015/16). Girls and boys have almost the same access to ECE centres. Despite the increasing number of centres, the quality of some ECD centres are questionable. Plus, there are number of challenges regarding equity and inclusion. It is understood that gender disparities in Nepal begins early childhood and is present throughout the girl’s life especially in rural communities.

TERMS OF REFERENCE


A holistic development approach has not grown during the course of expansion due to weak coordination between the concerned line ministries\(^5\). In the past, several efforts were to enhance coordination between sectors involved in ECD at the national level. In 2004 for example, the Department of Education, Ministry of Education formed “Nepal ECD Network” at the government level. The network was comprised of officials from the Department of Education and other organizations as ex-officio members and some professionals as members. It met a few times and provided technical support to the Department of Education at various times, especially in developing ECD curriculum guides, training programs and in framing early childhood education plans. Unfortunately, the network is no longer functional and does not legally exist.

Also, an ‘ECD council’ was formed to better coordinate the implementation and policy of ECD per the 2004 ECD guidelines. This council was made up of high level officials from different ministries which has ECD related programmes, namely the Ministry of Health, the Ministry of Women, Children and Social Welfare, the Ministry of Education, the Ministry of Federal Affairs and Local Development, the Ministry of Finance amongst others. Given that these were high ranking officials coupled with the hierarchy within ministries regular meeting were difficult to address issues or provide strategic guidance.

The “ECD Caucus” made up of members of the Constituent Assembly/legislative parliament and comprised mostly of members of parliament and some technical experts, played a big role in advocating ECD at the higher political level. Their advocacy led to the incorporation of ECD as one of the fundamental rights of every child in the new Constitution of Nepal promulgated in 2015. However, as the Caucus is virtually limited to parliamentarians it has its own strengths and limitations. The ECD caucus, pushed for an “ECD steering committee” under the Chair of the Vice Chairman of the National Planning Commission to enhance coordination was formed in 2014 but has met only once.

The evaluation of UNICEF ECD programme\(^6\) highlighted that when an ECD policy is developed primarily in one sector, inter-sectoral collaboration becomes more challenging including policy mandate to implement ECD within policy documents for a single sector which is the case of Nepal. In addition, when the policy is in a single sector, it creates challenges in providing ECD services across age span and for multiple settings such as home and school.

2. PURPOSE:

Early Childhood Development has been recognized in Nepal as a basic right given the mounting amount of empirical evidence demonstrating the value of ECD. The evaluation aims at: (i) identifying


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possible ways of enhancing coordination amongst key ministries; (ii) demonstrating the linkages between Early Childhood Education and other sectoral interventions of ECD and (iii) identify the gaps between policy and implementation.

The evaluation will contribute in providing strategic guidance during the elaboration of the new ECD strategy (2017 – 2030). Findings and recommendations will support the government in policy making and national and sub national planning.

Audience

The main audience of the evaluation will be the National Planning Commission; Ministry and Department of Education; Ministry of Health; Ministry of Federal Affairs and Local Development, Ministry of Women, Children and Social Welfare; ECD council, ECD network, ECD caucus, UN agencies; Development partners, I/NGOs and other stakeholders in ECD.

At a global level, the evaluation will contribute toward strengthening knowledge management on Early Childhood Development programmes.

3. OBJECTIVE:

The overarching objectives of the evaluation are to:

- Reconstruct a theory of change for the ECD Strategy 2004 - 2015
- Assess the existing services available for ECD across the sector
- Assess how the ECD strategy (2004 – 2015) was integrated in key sectoral strategy/policy documents, programmes and budgets.
- Assess the implementation linkages with key ministries in Nepal especially the Ministry of Education; Health; Federal Affairs and Local Development; and Women, Children and Social Welfare in implementing ECD programmes at national and sub national levels.
- Assess the extent to which the interim outcomes/results of the ECD strategy were achieved.

4. SCOPE AND EVALUATION QUESTIONS:

Scope:

The evaluation will cover the period 2004 – 2015 of the ECD Strategy as the reference document available. However, it will not limit to the ECD strategy developed by Ministry of Education but will also confirm with alignment with other sectoral plans and policies related with ECD. The evaluation will take a summative approach and should bring out best practices; gaps with the ECD programmes, budgets and between different sectoral ECD programme in different key ministries. It should identify direct or indirect, intended or unintended effects of the programme and propose recommendations that will inform the new national ECD strategy and programmes, as well as support national and subnational planning and policy making. The evaluation will assess the
TERMS OF REFERENCE


intermediate or medium term results of the ECD Strategy. The evaluation should review the sectoral ECD implementation strategies. Additionally, it shall map out all forms of ECD services provided by relevant ministries and assess the functioning and effectiveness of existing coordination mechanism.

The evaluation would cover all target groups of the strategy and will include particularly children in their early childhood, caregivers, ECD center facilitators, management committee and other local bodies and local level offices of line agencies.

Geographically, the evaluation will cover all three ecological zones and at least one district from each province (total 7) will be agreed upon by the ECD evaluation technical committee.

The evaluation will be process-focused and will be guided and informed by the evaluation strategy and other relevant documents. The evaluation is not expected to assess attributable impact of the interventions on the lives of beneficiaries but will draw on secondary data to assess outcomes. The evaluation should include gender, human rights and equity dimensions. The evaluation will take place between May 2017 and December 30, 2017.

Evaluation Questions

The overarching questions of the evaluation are:

- How successful was the implementation of the current national ECD programme in line with the national ECD vision?
- How efficient were the sectoral resources allocated to ECD in meeting the national and subnational needs?
- How were the implementation of ECD programmes and achievements perceived by key stakeholders in the intervention districts?
- What learning can be drawn to inform the new ECD strategy development and implementation?

Specifically, and following the OECD Development Assistance Committee (DAC) criteria for evaluations. The evaluation will have an additional criteria related to gender and equity. The evaluation should address the following questions:

Relevance:

- How have sector programmes met the ECD needs in the regions (now provinces)? How were key sector outputs linked to the key ECD strategy outputs?
- How was the ECD strategy developed? Was the ECD strategy relevant in itself?

Effectiveness:

- How has the ECD strategy been reflected in key sectoral strategies and/or policies, sectoral programmes, planning documents and activities? What were the gaps?
- What were the gaps in the coordination amongst key Ministries and Departments at the central and local level supportive in holistically delivering ECD services? What model can best support a stronger collaboration and coordination?
TERMS OF REFERENCE


To what extent were local bodies and other local actors involved in the planning and management of ECD services?

How were the sector ECD implementation strategies effective in contributing to the overall outcome of the strategy and/or sectoral ECD programmes?

**Efficiency:**

How much of key sector programme budgets were allocated and spent on ECD activities?

What is the cost effectiveness of community based and school based intervention approaches (compare per unit cost which should include government and other sources of funding such as corporate social funding)?

How was the financial progress tracked and monitored to improve on programme management?

**Interim Outcomes**

What immediate results were achieved by ECD sectors during the period 2004 – 2015?

What were the unintended, positive or negative effects of the programme?

What was the annual performance of the ECD programmes with respect to annual targets and achievements?

**Sustainability:**

What were the different sectoral ECD services provided and how sustainable are these services in the communities (this includes mapping of ECD services and the quality of the different services)?

What is the sustainability of ECD services in the communities once development partners or other funding support phases out?

How can the design and implementation of the new ECD strategy contribute in achieving the Sustainable development goals of Nepal?

**Gender and Equity**

How equitable is access to ECD services for the most vulnerable (male and female), excluded (M/F) and marginalised children (boys and girls) such as children in remote areas, migrants, children from ethnic minority groups, children living in institutions, among others?

How has gender equality been incorporated in the sector ECD programmes (from the design to the implementation including targeting)? Were the sector programmes guided by international conventions such as the convention on the rights of the child (CRC, 1989) and convention on the elimination of all forms of discrimination against women (CEDAW, 1979)?

5. **EVALUABILITY:**

There are several limitations to the evaluability of the ECD programme. First, the ECD strategy document has no baselines and targets for some activities. It will be difficult to make a direct linkage

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7 Interim Outcomes – The evaluation will not measure long term impacts of the programme but the observable and reported achievements.
TERMS OF REFERENCE


of all the results and therefore assert attribution. Different comprehensive secondary data source will be assessed such as EMIS, HMIS and other administrative records to set a reference point to which the results can be compared to.

The evaluation covers a period of 2004-15, documentation and data will be insufficient at the national and sub national levels for some programmes and projects in key sectors of ECD.

Key stakeholders who were involved in the elaboration of the strategy may not be available to provide substantial information on the ECD programme in the early years of its design as a result of the political dynamics of the country.

The data on the total amount spent by non-governmental institutions will not be accurate and available for all years. The technical committee will guide on which approach will be best for such an economic analysis.

Finally, the action plan of the strategy paper does not have a theory of change. It does not have SMARTly formulated performance indicators however there are activity performance indicators which can be used in assessing the progress towards actions.

6. APPROACH AND METHODS:

The evaluation will use a mix method approach. It will use both primary and secondary data sources and should include vulnerable and disadvantaged groups as well as sex and age disaggregated. Where applicable, the primary data will be used in triangulating secondary information gathered from sector reports and databases.

Methods will include the following:

Secondary data: This will include desk review of documents which will provide empirical evidence as well as used in assessing the programme across provinces.

Primary data collection through quantitative and qualitative methods which includes a survey (e.g. perception or satisfaction surveys) and qualitative data collection methods (Key informant interviews, FGD) with children, school management committees, parents and caregivers amongst others. Primary data will be collected on target districts.

National representativeness will be a challenge during primary data collection. However, the sample design must include at least one district from each of the seven provinces.

The evaluation will use monitoring data from national monitoring systems such as EMIS and HMIS. The evaluation can use comparative approaches over an agreed fixed period of the evaluation scope where data is available. Sex and age disaggregated data will be obtained from some health, nutrition and education information management systems.

The evaluation team will propose a final methodology and data collection tools which will be agreed upon and approved by the Technical Committee of ECD Evaluation headed by the Chief M&E Division of the NPCS.
7. ETHICAL CONSIDERATIONS:

The evaluation team will adhere to UNICEF ethical standard for research, evaluation and studies. The team will ensure that ethical concerns are considered when designing the evaluation methods and implementation, on harms and benefits, informed consent and payment and compensation, considerations specific to protecting children against any form of discrimination and abuse. The evaluation process will ensure an equitable approach (all stakeholders, disadvantaged groups and genders are consulted). The evaluator should adhere to UN and UNICEF ethical and evaluation norms and standards:

- **United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System, 2005**
- **Ethical Guidelines for UN Evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis**
- **UNICEF adapted evaluation report standards**

8. MANAGEMENT AND COORDINATION:

OVERSIGHT

The evaluation will be commissioned by the GON with the technical support of UNICEF Nepal. The Technical Committee formed under the chair of the Chief of M&E Division of NPCS shall include representatives from Ministry of Education; Health; Federal Affairs and Local Development; and Women, Children and Social Welfare and the UNICEF Nepal. The Committee will finalise the TOR and assess the quality of key evaluation products, including methodology and evaluation instruments, inception and final reports and ensure independence and quality of the evaluation. All evaluation products will also be submitted for external quality review through UNICEF Nepal.

UNICEF Nepal will be responsible for hiring the evaluation team in close consultation with with M&E Division, NPCS and will technically support the GON in managing the evaluation. The evaluation manager from Nepal Country Office will provide technical support to the day to day management of the evaluation process when needed in line with the decisions of the Technical Committee or advised by the M&E Division, NPCS.

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8. UNICEF procedure for ethical standards in research, evaluation, data collection and analysis, 1 April 2015, CF/PD/DRP/2015-001, available from UNICEF
TERMS OF REFERENCE


MANAGEMENT

The Chief of the NPCS Monitoring and Evaluation Division will provide overall guidance, coordinate and contribute directly to quality assurance activities.

The evaluation manager will serve as a liaison with respect to correspondence between the evaluators and the Technical Committee. Any queries or challenges or request from the evaluation team will be channeled through UNICEF evaluation Manager.

The technical committee and/or the M&E Division of the NPCS will support the evaluation team by assisting in providing relevant documentation, arranging for meetings, writing letters of introduction and/or accompanying the team to meetings where necessary and arrange other logistics. The M&E Division of the NPCS will support in ensuring quality and ethics in field data collection.

QUALITY ASSURANCE

The Technical Committee, the evaluation team and Evaluation Manager have major roles in ensuring that all the deliverables meet the quality assurance criteria. Quality assurance will take place at different stages of the evaluation process. The Committee will assess quality of key evaluation products, including methodology and evaluation instruments, inception and final reports. Given that it is a country led evaluation, the Evaluation Manager will also ensure that the evaluation meets UNICEF quality standards and follow UNICEF quality assurance processes; the Committee and the NPC M&E Division will ensure that it meets the national quality standards.

9. DURATION:

The evaluation will be for a period of 8 months from May – December 31st 2017

10. WORKING LOCATIONS:

The evaluation will cover all three ecological zones (Terai, Mountain and Hill). The evaluation will travel to at least 7 district which will be agreed upon by the technical working group and based on the sampling. However living conditions in these localities can be difficult.
## TERMS OF REFERENCE


### 11. DELIVERABLES:

<table>
<thead>
<tr>
<th>No</th>
<th>Evaluation component</th>
<th>Deliverable</th>
<th>Estimated number of days required</th>
<th>Estimated Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct desk review and preliminary discussions with key stakeholders.</td>
<td>Inception report</td>
<td>60</td>
<td>By June 30, 2017</td>
</tr>
<tr>
<td>2</td>
<td>Carry field data collection and analysis</td>
<td>Presentation (Power Point) of preliminary findings to key stakeholders</td>
<td>80</td>
<td>By September 30, 2017</td>
</tr>
<tr>
<td>3</td>
<td>Write the report of findings</td>
<td>Draft Evaluation report</td>
<td>50</td>
<td>By October 30, 2017</td>
</tr>
<tr>
<td>4</td>
<td>Review of draft report and feedback to evaluation team by technical committee.</td>
<td>Feedback shared with evaluation team</td>
<td>21</td>
<td>By November 21, 2017</td>
</tr>
<tr>
<td>5</td>
<td>Integration of feedback and submission of final report by evaluation team</td>
<td>Final Evaluation Report (In English together with Executive Summary in Nepali) submitted and approved</td>
<td>30</td>
<td>By December 30, 2017</td>
</tr>
</tbody>
</table>

### 12. PROPOSED PAYMENT SCHEDULE:

The following payment schedule is proposed following completion of the stated deliverables:

<table>
<thead>
<tr>
<th>No</th>
<th>Deliverables</th>
<th>Proposed % of total contract value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inception report</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Presentation (Power Point) of preliminary findings to key stakeholders</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>Draft Evaluation report</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Feedback shared with evaluation team</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Final Evaluation Report (In English together with Executive Summary in Nepali) submitted and approved</td>
<td>30</td>
</tr>
</tbody>
</table>
TERMS OF REFERENCE


13. CONTRACT SUPERVISION:

This contract will be managed by the Research and Evaluation Specialist.

14. QUALIFICATIONS AND EXPERIENCE REQUIRED:

The company should be able demonstrate strong track record in producing evaluations, studies and flagship reports on Early Childhood Development (at least 1 report), Education (at least 1 report) and economic analysis. The reports can either be that of the institutions or the evaluation team members. Demonstrable capacity to engage in evidence-based policy dialogue with Governments and other key stakeholders based on previous evaluations, studies or programmes implemented. This should be a section in the technical proposal.

The evaluation team should comprise a gender balanced team of technical experts with expertise in quantitative and qualitative methods of data collection, and with the following specific qualifications:

- The team leader should hold a Ph.D. or Master’s degree in Education, Psychology or a Social Science discipline, with expertise in early childhood development programming and/or evaluation in the sector. S/He should have at least 10 years of documented experience in research and evaluation of development programmes or a minimum of 5 years’ experience in ECD programmes from developing or least developed countries.
- A second team member should be an economist with at least 7 years of experience in research and evaluations in developing or least developed countries.
- The team should include a statistician with at least 5 years of experience in evaluations.
- One team member should have knowledge on gender equality, equity and human rights programming.
- Demonstrated ability to develop and maintain effective work relationships with counterparts and external partners;
- Knowledge of standard operation procedure in the UNICEF.
- The team should be made up of international and national consultants.

Please note that the evaluation team must declare any possible conflict of interest. They will need to inform the technical committee if they are currently working with the government or institutions in Nepal directly implementing ECD sector programmes.

15. APPLICATION AND EVALUATION PROCESS:

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspects of the offer, followed by review of the financial offers of the technically
The proposal obtaining the highest overall score after adding the scores for the technical and financial proposals together, that offers the best value for money will be recommended for award of the contract.

The Technical Proposal should include but not be limited to the following:

**Methods and Approach:** Details should be provided on the methods and approach that will be undertaken. This should include the design, sample size, representativeness, external validity and consideration of target beneficiaries.

**Detailed work plan:** Provide a detailed work plan which takes into consideration the timeline to provide feedback to the elaboration of the new ECD Strategy.

**Team composition** should be detailed which is in line with the profile of the evaluation team as outlined in section 15.

**Reference:** Details of similar assignments (minimum 2) undertaken in last five years including the following information:
- Title of Project
- Year and duration of project
- Scope of Project
- Outcome of Project
- Reference / Contact persons

**CV’s**
- CV of each team member (including qualifications and experience)
- Ensure to include information related to the qualifications and experience of each proposed team member as required and outlined in section 15 of this document.

**Company/Institutional Profile:**
- Provide a company profile and/or reports (or links) that demonstrate the requirements as outlined in section 15 of this document.

The Financial Proposal should include but not be limited to the following:

The evaluation team should submit a financial proposal which should include the following:

- **Resource costs**
  Daily rate multiplied by number of days of team members

- **Travel Costs** - in country and international travels (if applicable)
  All travel costs should be included as a lump sum fixed cost.
  For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal.
  A breakdown of the lump sum travel costs should be provided in the financial proposal.

- **Data collection cost**
  This should include a detailed breakdown from the inception and main evaluation data collection and analysis.
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- **Key administrative cost**

- **Any other cost the institution finds important to include**

The budget should take into consideration the evaluation payment plan.

**In addition the institution should include the following:**

- **Copy of the company registration:** Where the process is still ongoing please provide evidence that the process has begun.

- **Recent Financial Audit Report**
  Report should have been carried out in the past 2 years and be certified by a reputable audit organization if the institution has conducted one. In the case an audit has not been carried out, clearly demonstrate financial transparency of the organisation.

Bidders are required to estimate travel costs in the Financial Proposal. Please note that i) travel costs shall be calculated based on economy class fare regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed the applicable daily subsistence allowance (DSA) rates, as propagated by the International Civil Service Commission (ICSC). Details can be found at [http://icsc.un.org](http://icsc.un.org)

16. **EVALUATION WEIGHTING CRITERIA:**

Cumulative Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this TOR is split between technical and financial as follows:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Technical</td>
</tr>
<tr>
<td>30</td>
<td>Financial</td>
</tr>
<tr>
<td>100</td>
<td>Total</td>
</tr>
</tbody>
</table>

The attached Annex IV provides a detailed breakdown of the evaluation criteria.
TERMS OF REFERENCE


ANNEX

ANNEX I – INCEPTION REPORTOUTLINE

List of abbreviations

1. INTRODUCTION
   1.1 Background and context
   1.2 Purpose and objectives of the evaluation
   1.3 Scope of the evaluation
   1.4: Understanding of the Programme
   1.5. Understanding of the TOR
   1.6. Overview of the inception mission

2. EVALUATION METHODOLOGY AND APPROACH
   2.1 Evaluation Criteria and Evaluation Questions
   2.2 Evaluation framework
   2.3 Evaluability assessment, limitations and risks
   2.4 Methods for data collection and analysis
   2.5 Selection of the sample of stakeholders
   2.6 Analytical approaches and Methodology limitations
   2.7. Ethical considerations
   2.8. Gender, human rights and equity

3. EVALUATION PROCESS
   3.1 Phases of work
   3.2 Team composition and distribution of tasks
   3.3 Management and logistic support
   3.4 Work plan
   3.5 Draft outline of evaluation report

ANNEXES
   1. Terms of reference of the evaluation
   2. Evaluation matrix (including evaluation questions, data sources, data collection, data analysis tools or methods appropriate for each data source)
   3. Stakeholder map
   4. Tentative outline of the main report
   5. Interview checklists/protocols
   6. Detailed responsibilities of evaluation team members
   7. Reference documents
   8. Detailed work plan
ACKNOWLEDGEMENT
EXECUTIVE SUMMARY
LIST OF ABBREVIATIONS
LIST OF TABLES AND GRAPHS

1. INTRODUCTION
   1.1 Context
   1.2 Programme overview
   1.3 Purpose and objectives of the evaluation
   1.4 Scope of the Evaluation

2. EVALUATION DESIGN
   2.1 Evaluation Framework
   2.2 Evaluation Questions
   2.3 Evaluation methodology and limitations
   2.4 Gender, equity & human rights perspective
   2.5 Ethics

3. FINDINGS
   3.1 Relevance
   3.2 Effectiveness
   3.3 Efficiency
   3.4 Interim outcome
   3.5 Sustainability
   3.6 Gender and Equity

4. CONCLUSIONS AND RECOMMENDATIONS
   4.1 Conclusion
   4.2 Recommendation
   4.3 Lesson Learned

ANNEXES
1. TOR
2. List of persons interviewed and sites visited
3. Reference documents
4. More details on the methodology, such as data collection instruments, including details of their reliability and validity
5. Evaluators biodata and/or justification of team composition
6. Evaluation matrix
TERMS OF REFERENCE


ANNEX III – REFERENCE DOCUMENTS (ATTACHED)

a) ECD Strategy

ANNEX IV – Technical Evaluation Criteria (ATTACHED)

a) Breakdown of technical evaluation criteria
Annex B  Literature Review

A. Introduction

Early childhood development is key to the children’s future well-being and learning. UNICEF refers to ECD as a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers (UNICEF, 2014). These policies aim to protect the child’s rights to develop their cognitive, emotional, social and physical potential. The goal of the services is to meet the vital needs—such as health, nutrition, education, water, and sanitation—of infants and young children (UNICEF, 2014).

A variety of terms have been used to describe the services for young children, such as, Early Childhood Care and Education (ECCE), Early Childhood Development (ECD), Early Childhood Education and Care (ECEC), and Early Childhood Care and Development (ECCD). These different terms reflect the variations in the focus of services and the age group covered (UNESCO and WCECCE, 2010).

The early childhood development strategy rose to prominence globally in 1989 at the Convention on the Rights of the Child. This Convention established that young children have the right not only to survive but also to thrive and develop to their fullest potential. This, in 1990, was expanded to “learning begins at birth” in the Education for All framework adopted in Thailand. In 2000, the goal to “expand and improve comprehensive Early Childhood Care and Education (ECCE), especially for the most vulnerable and disadvantaged children”, was adopted as the first EFA goal at the World Education Forum in Dakar, Senegal. ¹

While ECD was not explicitly addressed as a Millennium Development Goal (MDG), the commitment to EFA Goal 1 was reaffirmed at the World Conference on ECCE in Moscow in 2010 (UNESCO Bangkok, 2013). The importance of early childhood development was recognized in 2015 when it was adopted as the 2030 Agenda for Sustainable Development, as part of UN’s global development goals. ECD is addressed in the Sustainable Development Goals (SDGs) as Goal 4 to “ensure inclusive and equitable education and promote life-long learning opportunities for all”. Target 4.2 of the SDGs especially discusses “to ensure that, by 2030, all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education” (UNESCO Bangkok, 2013). Studies show that early childhood development is the foundation of lifelong learning and if all children receive quality early childhood care to support their development and achieve age-appropriate development and learning outcomes in the early years, then they can participate more effectively and efficiently in the subsequent stages of learning (UNESCO Bangkok, 2013). ECD financing, multisectoral coordination, ECD in emergencies/disasters, enrolment/retention rates, quality of ECD services, training of ECD teachers and staff, transitioning process from pre-primary to primary schools, role of the private sector, are some of the global concerns in early childhood development. These are discussed briefly below.

B. Equity and Access to ECD Services

Education is often seen as a means of overcoming poverty. Worldwide, school access, progression, and outcomes remain strongly shaped by household factors, and educational inequalities set in motion in early childhood and tend not to reverse, as the children get older (Sharma, 2012). According to a review of studies in Early Childhood Care and Education

¹ The Dakar Framework for Action: Education for All-Meeting our Collective Commitment (2014). UNESCO.
Report (2010), children from economically deprived backgrounds who attend preschool programmes are found to have better developmental outcomes than those who did not. The challenges to achieving this goal are highlighted by the Young Lives research project (University of Oxford, 2009). The project has been tracking the development of 8000 children born in 2000–2001 in Ethiopia, India (Andhra Pradesh), Peru and Vietnam and found that in all four countries, the most disadvantaged children were less likely to have attended preschool (Siraj-Blatchford and Woodhead, 2009). Analysis of studies in Early Childhood Care and Education Report (2010) suggests that other factors such as low parental education, language, ethnicity, place of residence, urban-rural differences, disability can exacerbate disadvantages presented by poverty and risk perpetuating intergenerational poverty.

Language in early childhood programmes is an important issue related to pre-primary and primary school retention and achievement (UNESCO and WCECCE, 2010). Studies show that students whose home language were the same as their teacher's (even if the language of instruction was different) performed significantly better in primary schools (Arnold, et al., 2006). Research supports the use of the mother tongue in the early years but in many countries, the official language and the child’s mother tongue are not the same, and this has consequences for learning outcomes. (UNESCO and WCECCE, 2010). According to Arnold et al (2006), young children often dropout or repeat grades because of poverty, exclusion, and other systemic factors (such as overcrowded classrooms, extremely high teacher-child ratios, early or late enrolment into grade 1) Studies show that in South Asia, where around 35% of all out-of-school children live, more than 3 times the number of students drop-out of Grade 1 compared to those dropping out in Grade 4 (Arnold, et al., 2006).

To increase student retention and improve student learning outcomes, different research papers emphasize on children transitioning from pre-primary to primary education. The Early Childhood Care and Education Regional Report (2010), discusses three factors that determine successful transitions of young children to primary education. These are characteristics of the children, the schools, and the learning support that children receive from their family and community (UNESCO and WCECCE, 2010). According to the Early Childhood Care and Education report, children must show ‘school readiness’ which includes physical well-being and psycho-motor readiness, social and emotional development, approaches to learning, language and cognitive development, and general knowledge (UNESCO and WCECCE, 2010). According to Oberklaid, strong foundation for learning, behaviour and health can be built by providing a safe, nurturing and stimulating environment –especially relationships with caregivers– for children to develop cognitive, social and emotional skills that will equip them with skills for a successful transition into the formal school setting (Asia-Pacific Regional Policy Forum, 2013). Conversely, he says, dysfunctional relationships increase children’s levels of stress hormones and this interferes with healthy brain development, and any adversity that impacts parents has the potential to have negative impact on brain development in young children (Asia-Pacific Regional Policy Forum, 2013). On the other hand, school infrastructure should also be available. “Ready schools” need classes of reasonable size, trained grade teachers, and adequate learning materials and must be able to teach in a language the child understands (UNESCO and WCECCE, 2010). The Early Childhood Care and Education Report suggests that continuity between the curricula in the preschool and primary school also facilitates the transition. According to Arnold et al (2006), short-term programmes within ECD centres and parenting programmes introduce children and their parents to some of the activities, skills and themes they will encounter in Grade 1, and provide support in the transition process from pre-
primary to primary education. Arnold et al (2006) emphasize on the importance of attention on 6-8-year-olds, who often get neglected in comparison to younger children, who are often in focus.

C. Quality of ECD Services

The quality of early childhood programmes is typically assessed in terms of structural (such as staff-child ratios, staff qualifications, teaching experience and stability, health and safety factors, and the physical setting) and/or process dimensions (such as quality of interactions between staff and children) (UNESCO and WCECCE, 2010). Other factors that define quality of ECD services include the physical and psychological environment, curriculum, learning and teaching approaches, teacher-child interactions, programme management, and community integration (UNESCO and WCECCE, 2010).

As mentioned in the previous paragraph, the quality of curriculum and learning materials affects the quality of ECD services. According to Arnold et al (2006), studies show that it is important to allow the school to adapt to the realities and needs of the local context (e.g. harvest times), and the latter provides important flexibility for the teacher to organise the learning opportunities for her/his students – particularly critical in the early years when adequate time needs to be allowed for the development of core literacy and language skills. Access to learning materials, such as storybooks, is also essential. According to Arnold et al (2006), curriculum frameworks that bridge pre-school and primary education strengthen pedagogical continuity, and joint in-service training for early childhood and primary staff reinforces links. General guidelines or curricular frameworks help establish the value and programme standards for the country and encourage a shared sense of purpose between stakeholders (UNESCO and WCECCE, 2010).

The quality of early childhood services, and ultimately the outcomes for children and families, depend on a well-supported and empowered early childhood workforce (Bernard van Leer Foundation, 2016). According to an ILO study (2013) discussed in Early Childhood Matters report, appropriate training and support, good recognition and decent working conditions all have positive impacts on the capacity, motivation and practices of early childhood personnel. Studies show that the availability of trusted, motivated teachers who regularly show-up, who have specific training (pre and in-service) to support children’s social and emotional development, encourage and promote children’s learning and who are supported (rather than only inspected) themselves in their teaching by the school head and system supervisors are all critical to achieving the EFA and MDG goals agreed to by the international community (Arnold, et al., 2006). According to Arnold et al (2006), the teachers’ status, application of skills and competencies and whether they have access to core teaching and learning materials (e.g. teacher’s guides, textbooks), all influence what happens to children and their learning. The motivation of teachers may be related to pay scales, to non-monetary recognition, to the treatment and support received from directors and supervisors, and to other more personal factors (Arnold, et al., 2006).

Stimulating environments and high-quality pedagogy are fostered by better-qualified staff, and better-quality pedagogy leads to better learning outcomes (Bernard van Leer Foundation, 2016). This applies not only to preschool teachers, but to home visitors, social workers, community health workers, and others providing broader services to young children and their families (UNESCO, 2015). Recruitment challenges, high turnover and low morale
compromise the quality of provision (Bernard van Leer Foundation, 2016). Given the diversity of the workforce, including many volunteers or staff without formal education, it is important to develop career pathways with diverse entry points/levels and a clear progression route (Bernard van Leer Foundation, 2016). The Early Childhood Matters report (2016) suggests, despite increased policy interest in the early years, greater efforts are still needed to strengthen the professional requirements, preparation and training, composition, recruitment, compensation, improve attractiveness and perception of the profession, diversification, monitoring, and recognition and status of those working with young children and their families (Bernard van Leer Foundation, 2016).

Standards for ECD service delivery are essential to provide guidance and continuity so that all young children and their families are guaranteed a minimum level of quality (World Bank, 2013). Standards can include infrastructure components, requirements for personnel, guidelines for curricula or service delivery and guidance on materials development and usage, for example. Quality standards can also be an important way to signal the value of ECD services to families (World Bank, 2013). All ECD systems should have clear requirements to enter professions which serve young children, as well as opportunities for ongoing professional development (World Bank, 2013). Competences and standards should ensure that early childhood workers are aware of the requirements and expectations regarding their work with young children; an established public authority regulates preservice training for professionals to promote adherence to standards and quality, and offers opportunities for professional development; an established ECD infrastructure and service delivery provides minimum level of quality and safety to all children; established registration and accreditation procedures for ECD facilities provide a mechanism to inspect and evaluate facilities serving young children and their families to ensure personnel and facilities meet established requirements (World Bank, 2013). Other key service or program standards for the provision of ECCE include: student to teacher ratios, standards for clean water and sanitation, facilities to deliver nutrition interventions, adequate space for all students and ensuring the overall safety of the learning environment (World Bank, 2013). Without mechanisms to monitor and enforce compliance with standards, the quality of services children receive will be compromised, both in public and private sectors (World Bank, 2013).

Monitoring and assuring quality is essential to protect children’s well-being and to promote their development and learning (World Bank, 2013). Evidence from a range of context shows that the quality of ECD programs is directly related to better cognitive and social development in children (World Bank, 2013). Creating systems for continuous feedback and coaching – including through peer-to-peer approaches – is important for ensuring workers receive information they can use to improve their practice on an ongoing basis, and is linked to pathways for career advancement (Bernard van Leer Foundation, 2016). The Early Childhood Matters report suggests that data from these experiences should feed into ongoing monitoring efforts for quality assurance and improvement. Three policy levers are important for a country to monitor and assure quality: data availability; quality standards; and, compliance with standards (World Bank, 2013). Early Learning and Development Standards (developed by UNICEF and Columbia University in 2002) and Early Development Instruments, are a few tools used across the globe to assess and monitor children’s early development (UNESCO and WCECCE, 2010).

D. Multi-Sectoral Programmes
To achieve SDG goals for ECD, it is important to ensure that children are healthy and develop to their full potential. In *Early Childhood Matters* report (2016), Grantham-McGregor et al (2007) discuss that more than 200 million children globally will fail to reach their full physical, cognitive, psychological and/or socio-emotional potential due to poverty, poor health, insufficient care and stimulation, and other risk factors to early childhood development. According to Siraj-Blatchford *et al* (2009), children who are undernourished prenatally and during the first 18 months of life are likely to have ‘stunted’ growth. Development in four key domains (cognitive, linguistic, socio-emotional and physical well-being and growth) in the early years, impacts life outcomes (World Bank, 2013). Interventions to improve children’s nutritional status, through feeding, breastfeeding and reducing illness, and to improve development through home visits and improve quality of home environment can have an impact on children’s growth and development (Siraj-Blatchford & Woodhead, 2009). Recent studies suggest the need for ECD interventions, that are multi-sectoral and integrated, providing young children and their families with holistic programming to ensure that all children have an equal opportunity to reach their full potential (World Bank, 2013). The various sectoral policies that affect ECD outcomes include: healthcare and hygiene, nutrition, education, poverty alleviation and social and child protection (World Bank, 2013).

Adequate nutrition, especially from conception to age 2, and stimulation in a child’s early years play a critical role in brain development (World Bank, 2013). Children who are malnourished in the uterus or during the early years have poorer developmental outcomes; lower scores on tests of cognitive, psychomotor and fine motor development; poorer attention spans; and show lower levels of activity than other children. (UNESCO and WCECCE, 2010). Interventions to improve children’s nutritional status, through feeding, breastfeeding and reducing illness, and to improve development through home visits and nurturing home environment can have an impact on children’s growth and development (Siraj-Blatchford and Woodhead, 2009).

The *Early Childhood Matters* report (2016) suggests that countries need to implement strategies for children that ensure adequate nutrition, optimal physical and mental health, as well as the support and materials to enhance their cognitive, socio-emotional development. The health sector has a crucial role to play, given its reach to families and children from conception, through pregnancy and through to the early years of a child’s life (Bernard van Leer Foundation, 2016). Thus, cross-sectoral approaches with education and nutrition are essential (Bernard van Leer Foundation, 2016). What is lacking is the political will to coordinate effectively, to invest in long-term gains, and to pursue policies that are in the best interest of children (UNESCO and WCECCE, 2010).

### E. Financing of ECD Services

Studies suggest that in developing countries investments in pre-primary education are startlingly low, i.e. on average, 0.07% of gross national product is spent on pre-primary education compared to 0.5% in developed countries (Bernard van Leer Foundation, 2016). A review of studies in SABER's Working Paper on ‘What matters most for Early Childhood Development: A Framework Paper’ suggests four principal sources of funding for ECD programs: public, private, public-private partnerships, and international agencies. Private funds come predominantly from user fees paid by households, but also from industry, foundations, community groups, and NGOs while, public funds can originate from the federal, state, municipal or district level and can be mobilized through different mechanisms, including taxes and lotteries and fees (World Bank, 2013). Public funds can be channeled to
service providers through a variety of mechanisms such as budget line allocations, block or earmarked grants and matching funds, and subsidies, while governments can transfer funding to families through cash transfers (direct or conditional), in-kind payments, vouchers or public services and favourable tax treatment in the form of allowances (World Bank, 2013).

Within the public sector, funding may come from central/national or state/local government or both (Belfield, 2006). According to Belfield, national governments may have more political strength to collect revenues; while, regional governments may be relied on more to organize delivery of programs, accommodating local conditions. Policy decisions and interventions in ECD often span multiple ministries (health, education and social protection/welfare) and require coordination (World Bank, 2013). In many countries, Ministries of Health are the primary agency of relevance for children below the age of 3, with prenatal care, childbirth, immunizations and growth monitoring programs being the primary entry points for service delivery and contact (World Bank, 2013). Once children reach preschool age (3-6 in most countries) the Ministry of Education often becomes the most relevant ministry (World Bank, 2013). As multiple ministries are involved in different ECD programmes, often roles and responsibilities of different government institutions for ECD are not clearly delineated, which leads to overlap and inefficiencies (World Bank, 2013).

F. ECD Services and Governance

Effective and coordinated provision of ECD services requires that different ministries and agencies work together, but this is difficult as they have different approaches to service provision and/or different agendas (UNESCO and WCECCE, 2010). A danger of having multiple ministries involved is that it can lead to fragmentation, overlap and duplication of services, and a diffusion of responsibility (UNESCO and WCECCE, 2010).

According to Richter et al (2016), in some countries, responsibility for multisectoral coordination typically lies with a senior lead government department or agency working collaboratively with other departments and civil society organisations, usually reporting to the Cabinet or other senior government executive. Richter et al (2016) suggest several models of coordination- sectors can serve children and families independently under a structure for sharing responsibility (e.g. China, Cameroon), that are nationally planned, provincially guided, and flexibly adapted at a local level; coordination can also be organised under a single ministry, in collaboration with other sectors, for example through a multisectoral committee (e.g., South Africa, India, Bangladesh, Jamaica, Brazil); a third approach is coordination through a high-level central council or similar body (e.g. Colombia, Chile, Ghana, Rwanda).

Decentralisation is often adopted as a strategy to promote greater transparency, ownership and implementation of services, especially in large countries where central and provisional/state governments take joint responsibility for ECD services (UNESCO and WCECCE, 2010). However, it has been argued that decentralization of services is often a disguise for the withdrawal of central state funding and may lead to the collapse of provision, except for those who can pay (UNESCO and WCECCE, 2010).

G. ECD and children with disability

Despite being more vulnerable to developmental risks, young children with disabilities are often overlooked in mainstream programmes and services designed to ensure child development (UNICEF and WHO, 2012). Children who experience disability early in life are
disproportionately exposed to risk factors such as poverty; stigma and discrimination; poor caregiver interaction; institutionalization; violence, abuse and neglect; and limited access to programmes and services, all of which can have a significant effect on their survival and development (UNICEF and WHO, 2012). Vulnerability increases due to multiple disadvantages arising from impairment, age, gender or social status, geographic location (living in rural and remote areas), belonging to a minority language group and/or living in conflict zones or areas of natural disaster (UNICEF and WHO, 2012).

According to the discussion paper, _Early Childhood Development and Disability_, there are challenges (such as missing out essential vaccinations, basic treatment for common childhood illnesses) to access to mainstream services such as health care and education, which play a significant role in determining child health, development and inclusion. A comprehensive approach is required for appropriate care and support including: early identification; assessment and early intervention planning; provision of services; and monitoring and evaluation (UNICEF and WHO, 2012). A wide range of sectors should be involved in and share responsibility for identifying children with disabilities, providing ECD services and guaranteeing support for their families (UNICEF and WHO, 2012).

### H. ECD in Emergencies

Children are extremely vulnerable to the stresses brought on by disaster and conflict and are at increased risk of separation from primary caregivers, sexual and gender-based violence, physical harm and long-term negative emotional and psychological effects (UNICEF, 2011). Early Childhood Development interventions in emergencies, according to the UNICEF paper _ECD in Emergencies (2011)_ , are specific actions which are taken to safeguard and uphold the rights of all young children under eight years of age. It states that children who experience extreme and adverse stress in their early years are at greater risk for developing cognitive, behavioural and emotional difficulties, which also reduces and delays their overall developmental processes (UNICEF, 2011).

The UNICEF paper suggests, ECD interventions should always work within the target population’s cultural constructs of childhood, address the varying needs of young children based on their stage of development and attempt to return children to a normal routine as quickly as possible. It also says that interventions should also take into account the effects of war on the caregivers on whom children depend and use a variety of approaches including: parenting classes, community-based centres, preschool programmes, psychosocial support and early stimulation and play activities.

### I. ECD and Sustainable Development

Scaling up of early child development programmes rests on political prioritisation of efforts to address deep social problems such as poverty, inequality, and social exclusion through interventions starting early in the life course (Richter, et al., 2016). According Richter et al (2016), the health and nutrition sector could serve as an entry point as it has extensive reach to women and children during the crucial period from conception throughout early childhood, and is thus well placed to deliver early childhood development services to women, families, and the youngest children, together with education, and social and child protection. ECD programmes could also be made sustainable by engaging with parents, grandparents, and community members. According to Richter et al (2017) this engagement with ECD programmes enables families and communities to demand and monitor quality of services to support their young children and their children’s development.
J. ECD in Nepal: Introduction

Amidst the political, social, and educational transformation that Nepal is undergoing, there has been a renewed focus on early childhood development, with evidence showing progress is being made, albeit slowly. The Constitution of Nepal (2015) in Article 31 guarantees right to education i.e. “Every citizen shall have the right to compulsory and free basic education”. The Constitution lays down the directive principles of the federal state, provinces, and local bodies on education and the right to education (SSDP, 2016). Basic and primary education is free, which connotes free tuition fee and free textbooks (UNESCO, 2008). However, schools are free to charge or raise donation from the community and the parents to meet development and maintenance costs (UNESCO, 2008). Formal schooling i.e. entrance to grade 1 begins at 6 years. In 1997, the Ministry of Education, under its Basic and Primary Education Programme, started to take initiatives to open pre-primary classes in order to separate the under-age children from Grade I and improve the teaching and learning situation in Grade I (UNESCO, 2008). ECD services in Nepal show that most programmes are targeted to children between the ages of 3 to 5 years. ECD services about the development of the child are looked after through the maternal and child health programmes of Ministry of Health (UNESCO, 2008). Although pre-school education is being undertaken by the Ministry of Education, the development of children aged 3 to 5 are not formally included in any ministry. Educating children aged 3 to 5 has not been included in the education structure (UNESCO, 2008).

Early childhood development programmes are known by various names in Nepal (UNESCO, 2008). There has been a shift in emphasis from Early Childhood Education (ECE) to Early Childhood Care and Education (ECCE), and from ECCE to Early Childhood Development (ECD) (UNESCO, 2008). ECE connotes educating the children at early childhood age, and ECCE refers to taking care of children and educating them during the absence of parents. ECD implies overall development of children (UNESCO, 2008).

In Nepal, the enrolment of children in ECD/Pre-Primary Classes has increased over the years from 38,000 in 2000 to 1,047,117 (girls 501,288 and boys 545,829) in 2012/13 (UNESCO, 2015). (UNESCO, 2015). Mobilization by NGOs and the private sector contributed to the progress made in enrolment in ECD centres and pre-primary classes as enrolment increased from 38,000 in 2000 to 1,047,117 in 2012/13 (UNESCO, 2015)

ECD activities undertaken by the Government of Nepal are well aligned with national goals and priorities. ECD became a formal part of the national educational policy in 2000, when Nepal adopted the goals and strategies of Education for All (EFA) Dakar Framework for Action (UNICEF, 2011). The School Sector Reform Plan (SSRP), adopted in 2009, discusses concrete steps to incorporate ECD into the National Education System. (UNICEF, 2011). The School Sector Development Plan (2016) aligns with Nepal’s international commitment towards SDGs, which were adopted by the UN in September 2015. Building upon the lessons learned and the gains made in the ECD sector, the SSDP aimed to ensure the achievement of SDG 4 target of ensuring equitable and inclusive quality of education (Ministry of Education, 2016).

Key laws and policies governing ECD in Nepal are National Child Policy, Children Act (1992), School Sector Reform Plan (2009-2015), and ECED goal in EFA National Plan of Action (World Bank, 2013). The Local Self-governance Act (1999) gives the authority of pre-primary education to local bodies. The Act states that Village Development Committees
VDCs) and municipalities are to establish and manage preschools with their own resources. The Education Act of 2028 (1971) distinguished the two forms of early childhood development: Pre-primary classes and child development centres (UNESCO International Bureau of Education, 2006). Pre-primary classes are school based and are aimed at children between the ages of four and five, while child development centres are community-based and are aimed at children below four years of age (World Bank, 2013). These centres are free of charge and receive support from the Department of Education (World Bank, 2013). Under the School Sector Reform Plan (SSRP), the Department of Education set forth its plan to expand Early Childhood Education and Development (ECED) programme in collaboration with community-based organizations and international NGOs (INGOs) (World Bank, 2013). According to the SSRP, the government would fund a year of ECED programmes for 4-year-old children (World Bank, 2013). The Plan encouraged communities to mobilise their own resources to provide ECED services for children below the age of 4 years, and set a target of 87 percent of enrolment for 4 year olds (World Bank, 2013). The provisions for ECD in the EFA National Plan of Action included that all pre-primary children would be provided with at least one year of special care service for pre-school preparation and overall needs of the children (UNESCO, 2008). The government would provide support for the establishment and development of ECD programs and promote partnership with I/NGOs for their expansion (UNESCO, 2008). By 2007, it aimed that each municipality ward would have at least one to four ECD centres and the responsibility of these centres would rest with the VDCs and municipalities (UNESCO, 2008). These are complemented with child and social protection laws and policies in Nepal. The Children Act 1992 provides the foundation of safety and protection of children in Nepal, while the National Child Policy guarantees orphans and vulnerable children access to ECD services (World Bank, 2013).

The School Sector Development Programme 2016 to 2023 (SSDP) was implemented as a follow up to the School Sector Reform Programme. Its ECD objective is to promote a “rights-based approach to ECD/Pre-Primary Education programmes to develop the physical, socio-emotional, cognitive, spiritual, and moral potential of children under the age of 5 years, and ensure school readiness” (Government of Nepal, 2016). As a result of the earthquake disaster of 2015, the SSDP also prioritises reconstruction and recovery works which is in line with the Framework for Disaster Risk Reduction adopted at the 3rd UN World Conference on Disaster Risk Reduction (2015) (Government of Nepal, 2016). SSDP aims to establish a one-year school based ECD/Pre-primary education programme in all basic education school and support community-based ECD/pre-primary education centres to establish links with neighbouring and nearby community schools for technical and administrative support (Government of Nepal, 2016). It seeks to increase the parental and community engagement in ECD/pre-primary education programmes, and support children with disabilities by establishing specialised ECD/pre-primary education facilities (Government of Nepal, 2016). SSDP also focuses on developing guidelines for ECD/Pre-primary education facilities, minimum quality standards of ECD/pre-primary education programmes, and teachers’ minimum qualifications (Government of Nepal, 2016). Till SSRP was implemented, Nepal’s school education was divided into Early childhood education and development/pre-primary education (ECED/PPE), primary education and secondary education (Government of Nepal, 2016). However, since the SSRP, a new structure was implemented with basic education comprising of one year of ECD/Pre-primary Education, and class 1 to class 8, and secondary education made up of classes 9 to 12 (Government of Nepal, 2016). ECD/Pre-Primary Education is incorporated as part of basic education under SSRP to ensure school readiness (Government of Nepal, 2016).
UN agencies such as UNICEF and UNESCO, and INGOs and NGOs such as Save the Children and Plan Nepal, have played a significant role in supporting the development of ECD programs in Nepal since the 1980s and 1990s. Numerous local NGOs have been involved in the implementation of ECD programmes. For instance, the Seto Gurans National Child Development Services is involved in developing human resources required for running ECD programmes in the country (UNESCO, 2008). Often INGOs run ECD centres through local NGOs or Community Based Organizations, but in some cases, they run the programmes directly and independently (UNESCO, 2008). The involvement of the private sector in operating pre-school education classes from early 1970s brought access to ECD services for a large number of children. However, these centres are mostly located in urban areas, and are expensive because they depend on fees charged to the children. As a result, they cater only to families of high economic status and are not accessible to a majority of children residing in the rural areas and those who are disadvantaged and vulnerable children (UNESCO, 2008).

The institutional structure for early childhood development in Nepal consists of pre-primary education or early childhood development for children reaching 4 years of age. Although the EFA has established ECD as a priority for 3- and 4-year-old children, the SSRP limits its commitment to 4-year-olds (UNESCO, 2015). There are two types of ECD programmes — school-based and community-based. The responsibility to manage and operate ECD centres rests with the local bodies because of decentralisation in governance (UNESCO, 2008).

The key organisations responsible for the implementation of early childhood programmes can be divided into 3 categories: Government ministries; UN Agencies, INGOs and NGOs; and the private sector (UNESCO, 2008). Ministries of Education, Federal Affairs and Local Development, Health, Women, Children and Social Welfare are primarily responsible for ECD programmes. The Ministry of Education and Sports, through its Department of Education, implements a large number of early childhood development programs as a part of its EFA programme components (UNESCO, 2008). The Ministry of Health under its various programs, especially Mother and Child Health (MCH) programme, provides health services to pregnant and lactating mothers, and young children, and monitors the nutritional status of children below three years in some districts (UNESCO, 2008). At the local level, Municipalities and VDCs have administrative and logistical responsibilities, including financing and monitoring of schools to ensure quality of education (Government of Nepal, 2016). SSDP seeks to enhance their capacities and responsibilities (Government of Nepal, 2016). UN agencies such as UNICEF and UNESCO not only support the government and other agencies in development and implementation of ECD programmes but also implement ECD programs through its regional offices (UNESCO, 2008).

Inter-sectoral coordination is a process of establishing relationship with the persons working within and among institutions towards common goals (UNESCO, 2008). Different Government Organisations, INGOs, UN agencies, NGOs and private sectors are involved in the development of young children in Nepal. Nutritional deficiencies and lack of WASH facilities in schools continue to remain as challenges that lead to low attendance in schools (Government of Nepal, 2016). SSDP aims to improve health and sanitation by providing midday meals to children under basic education, promoting healthy behaviours, and schools having functional WASH facilities, ECD in Nepal is not yet well-integrated across sectors (UNICEF, 2011). An effective early childhood strategy lays greater emphasis on holistic needs of the children and closely coordinates planning, budgeting and implementation (World Bank, 2013).
Interagency coordination on ECD also varies at the central, district and local level (UNICEF, 2011). At the central level, there’s a National Early Childhood Development Council, which was formed under the chairpersonship of the Secretary, MOES. The members of the council include representatives from MoH, Ministry of Federal Affairs and Local Development (MOFALD), Ministry of Women, Children and Social Welfare (MOWCSW) and the representatives of UN agencies, INGOs and NGOs (UNESCO, 2008). The Director of the Department of Education is the Member Secretary of the Council. The governance of SSDP would be managed by strengthening central level committees and commissions that would provide policy guidance, implementation and monitoring support in line with the results-based programme approach (Government of Nepal, 2016). At the district level, the District Child Development Board (DCDB) has been constituted under the Chairpersonship of the District Development Committee President (UNESCO, 2008). DCDB is responsible to ensure community participation and coordinates with local Government Organisations, I/NGOs and local authorities. DCDB also contributes to raising funds and providing support to construct ECD centres (UNESCO, 2008). According to SSDP, the district education offices, led by district education officers (DEOs) will be responsible for the implementation of SSDP at the district level (Government of Nepal, 2016). The DEOs would provide supervisory and technical support to VDCs and municipalities to implement national programmes and manage schools under their jurisdiction (Government of Nepal, 2016).

As discussed in early sections of the literature review, worldwide various sectoral policies such as healthcare and hygiene, nutrition, and education affect ECD outcomes. Studies show that development in early childhood is a multi-dimensional and sequential process, with progress in one domain acting as a catalyst for development in other domains (World Bank, 2013). Several health and nutrition plans and policies have been implemented to reduce infant mortality rates and provide holistic development of young children in Nepal.

Lack of hygiene and malnutrition are still the leading causes of death for children in Nepal. According to the Joint Action Plan: School Health and Nutrition (2014-2020), schools provide a unique opportunity to improve health and education status of school age children. And so, in 2006 School Health and Nutrition strategy (SHNS) was developed by the Ministry of Health and Population (MoHP) and Ministry of Education (MoE) reflecting the need to address the high burden of diseases amongst school age children (Government of Nepal, 2014). In 2008, the first Joint Action Plan (JAP) was developed, which consisted of integrated school health and nutrition activities and encompassed programs to improve health, nutrition and education status of school age children in Nepal (Government of Nepal, 2014). A revised 5-year 2014/15-2019/2020 JAP focused on improved use of school-based health and nutrition (SHN) services, better and improved access to safe water and sanitation and skills-based health education, community support and policy environment through compulsory delivery of the complete package of Child Health Division (CHD) and Department of Education (DoE) (Government of Nepal, 2014). In the JAP 2008, a minimum package of school health and nutrition program includes components such as School-Based Health and Nutrition Service, Healthful School Environment, Life Skill-Based Health, Hygiene and Nutrition Education acknowledging interdisciplinary coordinated and collaborative efforts. According to the latest JAP (2014), the SHN package will be covered in all government schools in 75 districts. Few components of the SHN Strategy, which targets school children, focus on ages 6-8-year-olds. These components include bi-annual supplementation of de-worming tablets, access to toilets, provision of handwashing facility, and annual health screening (Government of Nepal, 2014).
National initiatives such as National School Health and Nutrition Strategy (2006) School Sector Reform Plan (2009-2015), Child Friendly School Framework (2010), Sanitation and Hygiene Master Plan (2011), Multisectoral Nutrition Plan (2012) and National Health Sector Plans, have few components focusing on children between the age groups of 0-8 years. According to NHSSP 2015-20, Nepal has made notable progress on improving the overall health outcomes of the citizens. Between the period of 1990 and 2014, under-five mortality has been reduced by 73% and infant mortality by 67% (Government of Nepal, 2015). Maternal and child nutrition continues to be a challenge, with slow progress. The stunting rate of under-five children has decreased from 57% in 2001 to 37% in 2014 and the percentage of underweight children has decreased from 43% to 30% (Government of Nepal, 2015). Wasting of children continues to be a problem; overall, 11% of children are wasted and 3% are severely wasted (Government of Nepal, 2015).

According to the National Health Sector Plan 2016-2021, Child Health Division (CHD), part of the Department of Health Services, is responsible for the management and delivery of health services targeting under five years of children. The overall goal of CHD is to reduce morbidity, disability and mortality among under five years of children, and to improve the nutritional status of children and mothers (Government of Nepal, 2017). The Division is responsible for not only the implementation but also planning, programming, monitoring and evaluations of the following programmes (Government of Nepal, 2017):

- National Immunization Programme aiming to reduce the burden of vaccine preventable diseases (VPDs) and child mortality;
- Community-Based Integrated Management of Neonatal and Childhood Illness (CB-IMNCI) focusing the reduction of morbidity and mortality among neonates and under-five children
- National Nutrition Programme for improving the nutritional status of children, pregnant women and adolescents

To enhance efficiency in ECD implementation and ensure sustainability of the ECD programmes, the Local Self Governance Act for the local bodies was enacted to decentralize authority to local bodies (UNESCO, 2008). ECD Centres and pre-primary classes are distinguished as two forms of early childhood development. Pre-primary classes are school based and are aimed at children between the age of four and five, while child development centres are community based and are aimed at children below four years of age (UNESCO International Bureau of Education, 2006). As discussed earlier, VDCs and Municipalities have been delegated the authority to run ECD centres through partnerships with NGOs, Community Based Organisations and local groups. VDCs and Municipalities can open and/or give approval to run ECD centres as per the local need. There is an ECD centre management committee constituted on the chairpersonship of a parent of the centre (UNESCO, 2008). Members include Rural Municipalities/Municipalities ward chairperson and the representatives of local CBOs, the head teacher of nearby school and the parents as members. This ECD Management Committee is responsible for the designing, implementation, and monitoring of the centre, and for monitoring, training, and supervising ECD workers (facilitator and helper). The committee is responsible for generation and proper utilization of the available resources (UNESCO, 2008). One of the major functions of the committee is to ensure community participation in the operation of ECD centres and for the community to take ownership of the centre from management and financial perspectives (UNESCO, 2008). The management responsibility of pre-primary classes in community

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schools is borne by a separate sub-committee of parents working under the overall supervision of the School Management Committee (UNESCO, 2008). Community participation is fundamental for the entire process: from programme initiation to programme evaluation. The responsibility to manage and operate ECD centres rests on the local bodies, whereas pre-primary classes are the responsibility of the schools with extensive community support and participation (UNESCO, 2008).

Now, ECD strategy 2004-2015 was prepared with the vision of inter-sectoral collaboration for a child to enjoy all the development requirements. However, at the practical level the coordination and collaboration was limited between education sector and non-government sector. As a result INGOs and NGOs collaborated with the government in providing physical facilities and materials such as toilet construction, drinking water, play materials and even matching grant to top up facilitator's remuneration (CERID, 2006). Stakeholders' focused more on collaborating on physical development of ECD centres than a child's overall requirements. This could partly be because the immediate need was to provide physical space for the children. While physical and material support were very important for children's development, long term inter-sectoral collaboration was also equally important to sustain and thereby mainstream child development initiatives. But focus on physical and material support continued to be the pattern of collaboration. UNESCO (2008) sponsored early childhood policy review also brings light to the same issue. The report clearly indicates that there is lack of inter-sectoral coordination. It was revealed that "mainstreaming is related to incorporating ECD in their own objectives and including it in the structure of education" (Ibid. p. 51). After three years, in 2011, UNICEF evaluated its own ECD programs. This evaluation again revealed lack of intersectoral coordination. Although efforts have been made for integration of ECD involving MLD, MOE and NPC the cross-sectoral integration is yet to be achieved (UNICEF, 2011). UNICEF has raised concern about efficient use of resource utilization and asserts that "Monitoring conducted by multiple stakeholders, without coordination and standardized monitoring and reporting tools, is not an efficient use of ECD resources" (p. 25).

There was an opportunity to facilitate inter-sectoral collaboration for integrated ECD strategy implementation because The Local Self-Government Act, 1999 authorized local bodies to operate ECD centres as well as to grant permission to establish and run ECD Centres. As local governing bodies, they could coordinate between sectors to channel all the initiatives and requirements relating to child development through ECD centres. However, studies show that inter-sectoral coordination was challenging. According to the study Fostering all round development of children for school readiness, before the inter-sectoral integration policy was implemented, there was lack of integration in inter-sectoral programmes which led to duplication and overlapping in ECD related programmes. The study found that even after the implementation of multisectoral policies, integration was found to be difficult because coordination between organisations working on children's education, health and rights was challenging. The DEOs who were responsible for multisectoral coordination said that they lacked regular coordination mechanism and adequate human resources to monitor the progress (Center for Educational Research and Social Development, 2015). They study found that due to lack of coordination, and monitoring and evaluation commitments by different organisations were not met (Center for Educational Research and Social Development, 2015). Financial investment is vital to ensure that resources are available to implement policies and achieve goals. Studies show that investment in higher quality of pre-primary education and child services increases primary school efficiency and yields a high return on investment. In Nepal, financing of education is centralized with the Nepal National
Planning Commission (NPC), which frames the overall financing on the basis of national policy and the Ministry of Finance allocating education budget to the Ministry of Education to disburse funds to schools and its various institutions (UNESCO, 2015). Financing of ECD in Nepal is achieved through both public and private contributions (World Bank, 2013). The current level of ECD financing in Nepal is insufficient to meet the needs of the population (World Bank, 2013). According to the EFA National Review Report, the budget of pre-primary education constitutes between 1 and 3 percent of the total public expenditure on education, which is 3 to 4 percent of the GDP. This represents less than 0.1 percent of GDP. The OECD suggests that public investments represent a minimum of 1 percent of GDP to ensure quality early childhood care and education services (World Bank, 2013).

Research shows that ECD interventions can have positive effects for children from disadvantaged background. There is a lack of equitable access to early childhood services for all in Nepal. Access to essential health and protection interventions for pregnant women and young children and access to essential nutrition interventions in Nepal are adequate for some but not for others. Stunting and infant mortality are still prevalent. Data shows that 42 percent of children under the age 5, suffer from moderate to severe stunting, demonstrating that children in Nepal are not receiving the essential nutrition required (World Bank, 2013). Nearly one third of children have access to pre-primary school in Nepal (World Bank, 2013). ECD services are not equitably accessible between socio-economic levels or geographic locations. Evidence shows that children living in rural areas are less likely to have access to essential health and sanitation services (World Bank, 2013). It also shows that of children in the richest quintile, 61 percent were attending pre-primary or ECD centres, but only 14 percent of children from the poorest quintile were doing the same (World Bank, 2013).

Quality of ECD services is essential for better cognitive and social development in children. Standards for service providers exist in Nepal, for example, preschool teachers are required to have formal education at least till grade 9 and 10 (World Bank, 2013). Pre-primary teachers are also required to complete an in-service training on health, cognitive, social, and emotional development (World Bank, 2013). However, studies show that training of teachers and facilitators is particularly challenging in Nepal due to high teacher turnover at the ECD centres (van Raven, 2009). According to van Raven, the salaries of facilitators provided by the central government is Rs 1800 (Rs 2000 in remote areas), which is found to be too low. This results in high turnover which in turn makes it challenging for preparatory trainings to keep up which ultimately leads to many untrained facilitators (van Raven, 2009). There are infrastructure and construction standards for education and health facilities which are to be monitored upon completion of the construction, and thereafter the infrastructure standards are to be monitored monthly (World Bank, 2013). Although, quality standards for ECD services are established, in Nepal, the enforcement of regulatory mechanisms needs strengthening (UNESCO, 2015). According to van Raven, funding problems makes follow up monitoring a challenge. Private providers of ECD centres also face challenges regarding quality of services (van Raven, 2009). According to van Raven, private ECD centres lay more emphasis on academics and teaching English with the objective of optimising cognitive performance. As a result, children do not receive holistic development (van Raven, 2009). Thus, ensuring quality standards is a serious concern and challenge.

Thus, there is a need for monitoring and evaluation of ECD services to measure the quality of ECD services. Feedback from monitoring and evaluation of ECD services would enable better implementation of ECD programmes. In Nepal, administrative and survey data is collected regarding ECD programmes, such as data on enrolment, usage, nutrition and
health (World Bank, 2013). However, accurate data is not collected for ECD centres and its activities. Systematic data is also not collected about other ECD activities being piloted on a smaller scale, such as data on facilitator training, awareness raising, stakeholder orientation, and ECD messages on nutrition (UNICEF, 2011). There is no formal mechanism to report monitoring findings to district-level education officers or any other body. Monitoring conducted by multiple stakeholders, without coordination, standardised monitoring and reporting tools, is not an efficient use of ECD resources (UNICEF, 2011).

In 1970s and 1980s, during the early development of ECD services in Nepal, ECD centres were dependent on technical and financial support of NGOs and INGOs. But with the gradual integration of ECD into national education policies in the late 1990s and early 2000s, ECD services were scaled-up throughout the country, making them accessible to a larger population. Scaled-up ECD programmes face several issues in sustainability. Some of these are insufficient funding and resources, lack of inter-sectoral coordination across ministries, low capacity of local governance infrastructures, and lack of community ownership of programmes.

Sustainable ECD programmes such as parent training sessions are empowering women and enhancing children's development. Studies show that women participating in parent training sessions were more likely to continue their education, make independent decisions regarding their finances, and have greater role in intra-household decisions (Lavy, et al., 2016). These programmes would also improve children’s cognitive and non-cognitive skills. To ensure continuous holistic development of young children, there’s a need to link ECD and early primary schools so that children are ready for school and schools are ready for children (Arnold, et al., 2006). Studies show that early development programmes which account for the health care of young children and interact regularly with primary schools have a powerful positive influence on the opportunities for learning, discovery and participation that children are offered in primary schools (Arnold, et al., 2006).

Quality early interaction between young children and their immediate environment are vital for their human development. Early experiences are critical and lay the foundation for lifelong learning and growth (UNICEF, 2011). Through the process of development, children acquire complex skills and abilities such as mental alertness, emotional confidence, social competence, and build their physical health (UNICEF, 2011). Critical preconditions must co-exist to ensure that young children get the best start in life (UNICEF, 2011). Natural disasters, conflict and emergencies have a negative impact on young children, who are extremely vulnerable to such stresses (UNICEF, 2011). ECD interventions in such contexts need to be mindful, safeguard the rights of young children, and support them and their caregivers (UNICEF, 2011). This is particularly important for countries like Nepal, which is extremely vulnerable to natural disasters and conflict. Coordination within sectors and across institutions is necessary as well to ensure effective service delivery, and the availability of adequate fiscal resources and systems to allocate financing will determine the extent to which the enabling environment supports the ECD system (World Bank, 2013). Thus, establishing an enabling environment is the foundation for effective ECD policies, providing the mechanisms and means to design and implement ECD policy, deliver services and monitor outcomes (World Bank, 2013).
Annex C  Data Analysis

Education

Annex 1a: Number of ECD Centres and Enrolment in ECD/PPCs by Study Districts – 2004, 2015

<table>
<thead>
<tr>
<th>Districts</th>
<th>ECD Centers 2004</th>
<th>ECD Enrolment 2004</th>
<th>ECD Enrolment 2015</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>Total</td>
</tr>
<tr>
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<td>35991</td>
<td>512151</td>
</tr>
<tr>
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<td>2</td>
<td>258</td>
<td>235512</td>
</tr>
<tr>
<td>Siraha</td>
<td>26</td>
<td>648</td>
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</tr>
<tr>
<td>Sindhuli</td>
<td>69</td>
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<td>1393</td>
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<tr>
<td>Baglung</td>
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<td>472</td>
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<tr>
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<td>660</td>
<td>2318</td>
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<tr>
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<td>2643</td>
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<td>Bajura</td>
<td>1</td>
<td>253</td>
<td>4472</td>
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Annex 1b: Dalit and Janjati Enrolment in ECD/PPCs by Study Districts – 2004, 2015

<table>
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<th>Districts</th>
<th>ECD Enrolment by Dalit and Janjati</th>
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</thead>
<tbody>
<tr>
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<td>Surkhet</td>
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<td>Bajura</td>
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Annex 1c: Gross Enrolment Rate (GER) in ECD/PPCs by Study Districts – 2004, 2015

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<tr>
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<td></td>
<td>Girls</td>
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<tr>
<td>Nepal</td>
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<td>Solukhumbu</td>
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<td>Siraha</td>
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<tr>
<td>Districts</td>
<td>2004</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
</tr>
<tr>
<td>Nepal</td>
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<tr>
<td>Solukhumbu</td>
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Annex 1d: Percentage of Students in Grade One with ECD/PPC Experiences by Study Districts – 2004, 2015

Annex 1e: Sex and Caste/Ethnicity of ECD/PPCs Facilitators/Teachers by Study Districts, 2015

Annex 1f: Qualification and Training Status of ECD/PPCs Facilitators/Teachers by Study Districts, 2015
### Districts of Nepal

#### ECD/PPCs Facilitators/Teachers

<table>
<thead>
<tr>
<th>Districts</th>
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<th>Total</th>
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<th>Untrained</th>
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<tr>
<td></td>
<td>&lt; SLC</td>
<td>SLC</td>
<td>&gt; SLC</td>
<td>Total</td>
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<td>17365</td>
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<td>657</td>
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<tr>
<td>Sindhuli</td>
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<td>241</td>
<td>498</td>
<td>397</td>
<td>101</td>
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<td>Baglung</td>
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<td>357</td>
<td>214</td>
<td>630</td>
<td>540</td>
<td>90</td>
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<td>Surkhet</td>
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<td>141</td>
<td>594</td>
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<td>168</td>
<td>105</td>
<td>293</td>
<td>268</td>
<td>25</td>
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Source: Flash I Report, 2015, Department of Education, Sano Thimi, Bhaktapur

### Health


<table>
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<td></td>
<td>BCG</td>
<td>DPT3</td>
<td>Polio 3</td>
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<td>83.0</td>
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<td>Siraha</td>
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Source: Annual Report 2003/04, 2015/16, Department of Health Services, Teku, Kathmandu


<table>
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<tbody>
<tr>
<td></td>
<td>Incidence of ARI /1,000 &lt;5 years</td>
<td>% of Pneumonia among New Cases</td>
<td>ARI incidence rate &lt;5 years per 1,000</td>
<td>% of children &lt;5 years with ARI suffering pneumonia</td>
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<tr>
<td>Nepal</td>
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<td>35.6</td>
<td>764.7</td>
<td>24.59</td>
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<tr>
<td></td>
<td>Incidence of Diarrhoea /1,000 &lt;5 years</td>
<td>% of Some Dehydrato among New Cases</td>
<td>Incidence of Diarrhoea /1,000 &lt;5 years</td>
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<tr>
<td>Nepal</td>
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<td>219</td>
<td>501</td>
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% of children <5 years with diarrhoea suffering from dehydration

Source: Annual Report 2003/04, 2015/16, Department of Health Services, Teku, Kathmandu
<table>
<thead>
<tr>
<th>Districts</th>
<th>2004</th>
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<tr>
<td></td>
<td>ANC 1st Visits as % of Exp. Pregnancies</td>
<td>% of Four ANC Visits among 1st Visit</td>
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<tr>
<td>------------</td>
<td>------</td>
<td>------</td>
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<td>Nepal</td>
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Source: Annual Report 2003/04, 2015/16, Department of Health Services, Teku, Kathmandu
Nutrition


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<td>Growth Monitoring (GM)</td>
<td>Average Visit</td>
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<td>------</td>
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<td>Bajura</td>
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</table>

Source: Annual Report 2003/04, 2015/16, Department of Health Services, Teku, Kathmandu
Annex 4a: Type of Toilet Used by Households, 2011

<table>
<thead>
<tr>
<th>Districts</th>
<th>2011</th>
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Annex D  Sectoral learnings and recommendations

In addition the learnings and recommendations provided in the main report, we present here some more observations that are specific to each sector.

**Education**

**Learnings**

**Estimation of ECD/PPC centres:** At the beginning of strategic plan, 74000 ECD centres were estimated to be required to address the need of all early childhood children. As per the statistics available from DOE, nearly 36 thousand ECD centres were established, which have covered 81 percent of children in the country. In order to ensure 100 percent access to ECD, it can be estimated that roughly 9000 additional centres are still needed (assuming current centres are operating at full capacity). ECD mapping and distribution of the centres have not been done in a need based and flexible way, but this would help to confirm the exact needs for centres.

**ECD curriculum:** Early childhood development guidelines (curriculum) were developed by Department of Education with the intense to ensure holistic development of early age children. However, the reality is that majority of the community centres have not followed ECD guidelines. Institutional schools and Montessori classes do not use these guidelines either, as they follow books published by private publishers.

**Community involvement:** Some centres are managed with the full support and participation of the community. ECD centres in remote and disadvantaged communities are still suffering from the lack of resource materials and infrastructural facilities.

**ECD facilitators:** Pre-primary classes are included in the structure of school education. In this context, ECD and pre-primary classes are treated differently. ECD facilitators are found more concentrated on early childhood children’s all round development. However, in pre-primary classes of school based centres, teachers of pre-primary classes have the tendency of teaching in higher grades. It resulted into minimum care in their own classes, and facilitators here often have motivations to get promoted to be able to teach in higher grades. However, unless we retain qualified facilitators in ECD centres, we cannot expect quality ECD activities in these centres.

**Teaching pedagogy:** Teachers of school based and private school early childhood classes prefer using books and printed materials and recite the contents. Moreover, as the formal school classroom teaching learning activities are more formal and structured, the teachers and facilitators of these classes tend to adopt the same methods in ECD classes that are against the child-friendly approach. There is a need to adapt ECD pedagogy of whole learning in such centres.

**Quality of training:** There is a provision of 16-day basic and 3-day refresher training for the facilitators. Despite these trainings, most of them are still lacking in terms of their knowledge and ability to perform daily tasks effectively. This type of training was found to be inadequate for the facilitators, who have only grade 8 pass qualifications.

**Coordination and networking:** Planning programming and implementing ECD activities in collaboration with local bodies GOs/NGOs/ INGOs and CBOs is also one of the objectives of
ECD Strategic paper. Coordination, networking and partnership with the communities are the main strategies mentioned in ECD strategic paper for the effective implementation of ECD in the community. VDC level coordination was found to be weak and district level coordination has not been effective. The only work performed by ECD district coordination committee was to distribute ECD quota in the districts. Distribution of ECD quota was not found as per the need and demand of the community. There is a national level ECD Council chaired by vice chairman of National Planning Council. However, at the implementation level, concerned ministries do not have adequate communication and joint work in mainstreaming ECD programmes in the country. Although most of the policy documents have emphasised the need to establish coordination and networking among the different ministries and INGOs and NGOs involved in ECD, no concerted efforts have been made to coordinate the activities of the relevant ministries and other organisations.

Mainstreaming of ECD programme: Mainstreaming the privately run pre-primary classes under a common ECD curricular framework was the set goal of ECD strategic paper. However, these programmes are not run following the principles of early childhood education. Government has the programme of only one year of pre-primary education between 4-5 years of age. Concerned ministries are providing their services differently, rather than in a coordinated way. Community based ECD centres have 3 to 5 years programme, schools have programmes for children between 4 to 5 years of age, and private schools have programmes for children between 2 to 5 years of age. Mainstreaming of ECD programmes in a true sense has not become successful across actors.

National survey of ECD centres: Department of Education has been publishing flash reports every year for many years, but information related to ECD are minimal. Due to the lack of survey of ECD centres in terms of their potentialities and requirements, national planning and support mechanisms could not be effective to reach all community centres in the country.

Recommendations

The recommendations related to education stem directly from the learnings described in the previous section.

ECD pedagogy: Pedagogy of ECD classes should be designed to promote all round development of the children. ECD centres should follow the minimum learning standards prescribed by National ECD Council. Differences are found in the use of ECD pedagogy in different types of ECD centres. Minimum learning standard should be mandatory provision in all community based, school based and private centres for early age children. A regulatory mechanism should be developed to monitor the pedagogical activities in ECD centres.

Instruction materials: There is a need of capacity-building materials for use at the district and local levels and systems for disseminating them to districts and local communities to increase coverage and improve quality. Play materials and learning corners are key necessities for ECD centres. The use of textbooks and exercise books in private and school based pre-primary classrooms should be discouraged. Community learning centres can be use in order to manage learning materials for parents and play materials and pictorial books for children.

Mapping of ECD centres: In order to increase equitable access to ECD centres for all early age children, ECD centres need to be mapped accurately and urgently. Mapping of the ECD
centres should be based on bottom up approach. Village and town municipalities should initially work to collect data and identify the centres, and province level committees should develop strategic plan to finalise the number of centres in its province. MOFALD should take a leading role to finalise the number of ECD centres and their spatial distribution in the country.

Efficiency and quality of ECD: Facilitators’ regular turnover was found to be a key barrier to implement ECD based pedagogy in the centres. To address facilitator turnover, salary increases should be considered for ECD facilitators. Since pre-primary of one year period has been included into the formal structure of school education, there should not be a big gap in the salary of school teachers and facilitators. This would encourage facilitators to remain in ECD centre for a longer period, and bestow a similar status to them. As an incentive to reduce turnover, regular training and financial incentives should be provided to ensure facilitators are rewarded for remaining within the ECD system. In order to maintain the quality of ECD centres, provisions such as parental awareness programmes, development of model ECD centres, regular visits to model centres for facilitators, adequate instructional material, and regular refresher training to the facilitators should be made. Village and town municipality should take responsibility for these activities. Provincial government should take responsibility for coordination and mainstreaming these activities in all ECD centres within the provinces.

Establishing an enabling environment: Though ECD strategic paper has mentioned many things for all round development of the early age children, many aspects are to be done properly. Local and federal government can create enabling environment through implementing ECD guidelines and/or curriculum in all types of programmes for early age children; supporting civil society like women’s groups, forest consumer groups, and local clubs for the generation of resources; setting incentives and policies that encourage private investment; and supporting marginalised and disadvantaged populations. Government, federal and provincial, should develop legal and regulatory framework to support ECD programmes, and mechanisms should be developed to ensure coordination within sectors or ministries and across institutions for the purpose of effective service delivery.

Establishing Coordination and networking mechanism: A provision has been made for the coordination of ministry level ECD policies and programs by National Planning Commission (NPC). It is suggested to establish high level coordination committee for active coordination among concerned ministries in policy matters. Existing national level coordination by NPC may be instrumental for incorporating the ECD activities in periodic plans of the country and establishing networking among ministry level programmes. Similarly, a provision should be made for province level ECD coordination and networking. ECD mapping, regulation, and resource mobilisation activities can be managed through province level coordination committee. Likewise, it has been suggested that ECD committee should be formed in each town and rural municipalities with the involvement of Mothers’ Groups, Forest Consumer groups and other community based organisations working in the field of child right, protection, and other activities related to ECD.

Health and nutrition

Though the strategy envisions the holistic development of children, in Nepal it is implemented merely as centre based programmes for the school preparedness. The implementation programmes of ECD strategy are concentrated within the ECD centre, and it
is assumed that children enrolled there should have access to all the services at a point. For ECD facilitators responsible for enrolled children only, they would be unable to effectively coordinate with all local level activities, such as health, and immunisation, which are ongoing in the community for all children. In fact, most of the health-related services are provided by FCHV to children aged below two, who are not even within the purview of ECD facilitators.

Though Strategy mentioned the integration of health nutrition within holistic development, the implementation the health and nutrition programmes are not integrated with ECD programmes. The health and nutrition programmes are focused for children below the age of two, but children from two to five years are not adequately supported by these programmes.

Multisector nutrition programme is an exemplary initiation of integrated approach of different stakeholders for reducing malnutrition, however the intervention of this programme also does not reach all the children of ECD age (0-5 years) as per the strategy paper.

The school nutrition programme has not reached all ECD centres, and children are deprived of nutritious meals (including midday meals). Integration of such programmes with ECD centres framework would support the government to reach the nutrition related goals.

Involvement of health service providers in ECD centres, either in management committee or through regular visitations, is required to monitor their growth, prevalence of common health related problems, and also to support parents to be proactive regarding health and hygiene related issues.

**Protection**

Children living in alternative living arrangements or institutional homes or prison are also entitled to the State's services. Therefore, MOE needs to expand the horizon of its ECD intervention to reach children living in different and unconventional arrangements.

CCWB and MOWCSW, keeping in view children's holistic development, should ensure appropriate ECD facilities to be set up in alternative living arrangements. This can be done as part of regular monitoring of institutional homes and other facilities. It requires MOWCSW to approach and collaborate with education sector, because institutional homes are under the purview of MOWCSW.

Child protection related data need to be disaggregated by gender and by age. This will help in devising age and gender specific interventions and understand status of children from different age groups across gender. Such disaggregation will particularly contribute in tailoring the protection related interventions for ECD age children. CCWB and MOWCSW can create a comprehensive database that can capture all the necessary variables related to child protection situation. If such a database does not exist, organisations like UNICEF could support the relevant ministries in establishing one.

The ECD related curriculum or parenting education packages hardly allow room for respecting, recognising, and utilising local, and particularly women's, knowledge. In this situation blending the contemporary with indigenous knowledge and skills for sustainable change is unlikely to take place, but the use of indigenous social and cultural practices should be acknowledged.
Except birth registration and learning stimulation, most of the protection related programmes of agencies working in the area of early childhood development are geared towards older children, but these programmes should also consider children under the age of five.

Conditional cash transfer contributed significantly in increasing birth registration. The expansion of these transfer programmes could further facilitate increased birth registration.

**WASH**

Criteria for assessing WASH facilities appeared to be entirely imported and modern, which hardly considered indigenous practices. It is important to blend the contemporary knowledge and practices with traditional knowledge and skills to achieve sustainable behavioural change.

Information related to WASH in the context of ECD centres or programmes are hardly available. To the extent that such information was available, it was limited entirely to schools. Therefore, when reporting the availability of physical facilities of schools, ECD level needs to be separately treated. Meanwhile, physical facilities of community based ECD centres also need to be reported to understand WASH related environment of ECD enrolled children.