

**EVALUATION OF UNICEF'S
EARLY CHILDHOOD
DEVELOPMENT PROGRAMME
WITH FOCUS ON GOVERNMENT
OF NETHERLANDS FUNDING
(2008-2010)**

NEPAL COUNTRY CASE STUDY REPORT

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Evaluation of UNICEF’s Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008-2010): Nepal Country Case Study Report

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This report presents the results of a retrospective evaluation of policy and programmatic initiatives to promote early childhood development (ECD) in Nepal, with an emphasis on those supported by the United Nations Children’s Fund (UNICEF) in partnership with the Government of Nepal (GoN). Nepal was selected as one of the 4 case study countries for the broader evaluation of the UNICEF-Government of Netherlands (GoN) Cooperation Programme on ECD which aimed to promote comprehensive approaches to ECD in 10 selected countries with a focus on sustainable policy development and partnerships to scale up successful interventions.

The independent evaluation was carried out by a team of consultants from Mathematica Policy Research and included Kimberly Boller, Kathy Buek, Andrew Burwick, Minki Chatterji, and Diane Paulsell with assistance from Samia Amin, Evan Borkum, Larissa Campuzano, and Jessica Jacobson. National consultants participating in the country case study visits and reports included Sadananda Kadel, Sathya Pholy, Arcard Rutajwaha, and Susan Sabaa. Krishna Belbase in the Evaluation Office at UNICEF New York Headquarters managed the evaluation with the support of Suzanne Lee and Chelsey Wickmark. The Evaluation Office also involved UNICEF ECD Unit, Nepal Country Office as well as the Regional Office for South Asia.

The purpose of the report is to assess the progress made and challenges faced by Nepal in mainstreaming early childhood policy, building early childhood programme capacity, and generating and disseminating knowledge. The report seeks to facilitate the exchange of knowledge among UNICEF personnel and with its partners. The content of this report does not necessarily reflect UNICEF’s official position, policies, or views.

The designations of this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

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ACRONYMS

ADB	Asian Development Bank
AusAID	Australian Overseas Aid Program
CBO	Community-Based Organization
CERID	Center for Education Innovation and Development
CO	Country Office
CPAP	Country Programme Action Plan
DACAW	Decentralized Action for Children and Women
DEO	District Education Office/Officer
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DOE	Department of Education
ECD	Early Childhood Development
ECED	Early Childhood Education and Development
EFA	Education for All
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
FA	Focus Area
FCHV	Female Community Health Volunteer
GER	Gross Enrollment Rate
GoN	Government of the Netherlands
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome
HQ	Headquarters
INGO	International Non-Governmental Organization
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MLD	Ministry of Local Development
MOE	Ministry of Education
MOH	Ministry of Health
MTSP	Medium-Term Strategic Plan
NER	Net enrollment rate
NGO	Non-Governmental Organization
NPC	National Planning Commission
OECD	Organization of Economic Cooperation and Development
PO	Parenting Orientation
PSA	Public Service Announcement
RO	Regional Office
SMC	School Management Committee
SSRP	School Sector Reform Plan
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
US	United States of America
USAID	United States Agency for International Development
VDC	Village Development Committee
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

As early as the 1960s, national and international non-governmental organizations (NGOs and INGOs) in Nepal have been working to expand access to Early Childhood Development (ECD) activities and services as a key strategy for improving primary-school retention and performance. Today, ECD in Nepal consists primarily of center-based Early Childhood Education and Development (ECED), parenting orientation classes, awareness-raising campaigns, health services, and nutrition support for infants and young children that promotes physical and cognitive development. Nepal's primary focus in scaling up ECD activities has been on centers. There are currently more than 29,089 ECD centers operating in Nepal (Ministry of Education [MOE] 2009). Overall, 66.2 percent of the population of 3- and 4-year-olds is enrolled in an ECD center—64.8 percent of girls and 67.5 percent of boys (MOE 2009).¹ Nepal is ranked among the poorest countries in the world, with a Human Development Index rating of 144 out of 182 countries (United Nations Development Programme [UNDP] 2009). Nearly 20 percent of the population is under age 6, and half of these children fall within the age range of 3 to 6 years (United Nations Educational, Scientific, and Cultural Organization [UNESCO] 2008). The primary-school net enrollment rate is 94 percent. However, only 78 percent of children who start grade 1 will continue in school to reach grade 5 (MOE 2009).

This report presents the results of a retrospective case study of policy and programmatic initiatives to promote ECD in Nepal, with an emphasis on those supported by the United Nations Children's Fund (UNICEF) in partnership with the Government of Nepal. The evaluation team conducted the study as part of an evaluation of the UNICEF-Government of Netherlands (GoN) Cooperation Programme on ECD, 2008-2010. The Cooperation Programme on ECD emphasizes three strategic objectives: (1) capacity building, (2) knowledge generation and dissemination, and (3) mainstreaming ECD into policies and services for young children. In addition, the Cooperation Programme on ECD focuses on cross-cutting issues, such as use of a human rights based approach to planning and providing ECD services, as well as gender equity and outreach to the marginalized.

For the Nepal case study, in June 2010, the evaluation team conducted eight days of in-country data collection, including field visits to locations where ECD is implemented. Primary data sources included key informant interviews with UNICEF country office staff, officials from the ministries of education and health, and staff from key UNICEF partner organizations; focus group discussions with parents, ECD facilitators,² local ECD stakeholders, and district and local government officials; and observations of ECD centers. The evaluation team employed two main qualitative evaluation methods in analyzing case study data: (1) thematic framing and (2) triangulation. The analysis is structured around the logical framework for ECD in Nepal and the questions, outcomes, and indicators specified in the case study matrix (Appendix A). Triangulation confirmed patterns and identified important discrepancies across data sources and respondents participating in interviews and focus groups.

¹ These data are taken from official statistics. The quality and accuracy of this data is questionable, as noted in a recent study of Nepal's ECD programme (MOE/UNICEF 2009).

² ECD facilitators are the teachers/caregivers who staff ECD centers, which are essentially preschool classrooms.

UNICEF's ECD Focus in Nepal

The UNICEF country office ECD Specialist, along with the Education Section Chief and Country Office Representative, works primarily with national government counterparts in the MOE, Department of Education (DOE), and partner INGOs and NGOs to advocate for and provide technical assistance for developing policies and plans for ECD services, as well as related training and other materials. The ECD Specialist also works within UNICEF to integrate ECD into other ongoing work in the other sections.

UNICEF's ECD goals are stated succinctly in the current Country Programme Action Plan (CPAP) with Nepal: "The early childhood development project will provide support to expand the ECD system to marginalized communities. In the most marginalized communities in 15 districts, 80 percent of parents and guardians of children ages 3 to 5 years will receive orientation on ECD and on the importance of primary education. By 2010, there will be ECD centers in each of the category 3 and 4 VDC [Village Development Committee] settlements in disadvantaged groups' VDCs in 15 DACAW [Decentralized Action for Children and Women] districts."³

Nepal's ECD initiatives include center-based care and instruction, parenting orientation classes, awareness-raising campaigns, and health services for infants and young children that support physical and cognitive development. This section provides a snapshot of these services. The primary modality for provision of ECD services is center-based care and instruction for 3- and 4-year-old children.⁴

Case Study Findings

The report presents the case study findings in nine areas. These findings are summarized below.

Alignment with National Goals and Priorities

Activities undertaken in Nepal as part of the Programme of Cooperation on ECD are well aligned with national goals and priorities. ECD became a formal part of national education policy in 2000, when Nepal adopted the goals and strategies of the Education for All (EFA) Dakar Framework for Action, which included the goal of "expanding and improving comprehensive early childhood care and education" (UNESCO 2000). The School Sector Reform Plan (SSRP), adopted in 2009, includes concrete steps toward mainstreaming ECD into the national education system; the SSRP specifies a target gross enrollment rate (GER) for ECD centers of 80 percent by 2015. UNICEF has also made significant investments in parent education consistent with the CPAP objective. CPAP seeks to increase the number of parents with specific knowledge of ECD messages. ECD activities carried out by Nepal with support from UNICEF focus heavily on capacity building for start-up and support to ECD centers, and are well aligned with the government's goals for expansion of the ECD activities into new districts and Village Development Committees (VDCs).

Effectiveness: Increasing Access and Coverage

Access to ECD services has increased substantially in Nepal. ECD in Nepal has expanded rapidly in the past few years, from 5,023 centers in 2004 to 29,089 in 2009 (MOE/ UNICEF 2009). In 2007, only 33 percent of children entering grade 1 had any experience with ECD.

³ The DACAW programme is the primary mechanism for UNICEF's ECD work at district and local levels. DACAW is UNICEF's framework of collaboration with communities and local and district government through which UNICEF's Health, Education, Child Protection, Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome (HIV/AIDS), and Water, Sanitation, and Hygiene (WASH) programmes are implemented. Specifically, DACAW works to build the capacity of individuals and communities, especially women, to demand change; to build capacity among local service providers to meet the needs of the population; and to build the capacity of local government to plan, implement, and monitor programmes that support the interests of women and children. DACAW is currently operating in 23 districts throughout Nepal (UNICEF 2008b).

⁴ In Nepal, children begin the first grade at the age of 5.

Access to ECD services in Nepal has increased for the most disadvantaged and marginalized groups. These groups include *Dalits*, the Hindu caste formerly known as “untouchables,” and *Janajati*, which includes Hindu and non-Hindu ethnic groups. Data reported by the MOE for 2009-10 do not disaggregate GER for ECD by caste or social group.⁵ However, according to MOE data from 2006-07 and 2008-09, the proportion of Dalit and Janajati entrants to grade 1 who have some ECD experience increased substantially in this short time period (8.6 and 12.7 percent, respectively). Other groups experienced less growth (20.2 percent).

Nepal has not achieved ECD targets set in cooperation with UNICEF. These goals are to by the end of 2010 establish an ECD center and provide orientation to 80 percent of parents of young children in the most marginalized communities in 15 DACAW districts. According to the 2009 Annual Report, by the end of 2009, “ECD centers were present in 63 percent of wards in the most disadvantaged VDCs in UNICEF-supported districts,” and 49 percent of parents in the most disadvantaged communities had received parenting orientation, compared with 39 percent in the previous year. There are several possible explanations for why targets have not yet been met. The case study team found no evidence that Nepal is targeting funding for ECD centers to the most disadvantaged VDCs, or evidence that funding is allocated in a way that prioritizes the meeting of UNICEF targets. Also, the availability of parenting orientation (PO) classes in the 15 DACAW districts is not sufficient to reach 80 percent of parents.

Effectiveness: Building Capacity for ECD

The Government of Nepal, with support from UNICEF, has taken a strategic approach to capacity building focused on addressing the needs of local service providers and officials. The Government of Nepal and its partners are engaging in a strategically appropriate “mix” of capacity-building activities that contribute to a supportive environment for ECD in homes, communities, and the education system. Through its extensive work with communities and districts as part of the DACAW approach, UNICEF has gained an understanding of the needs and abilities of local officials and other stakeholders. The cooperation programme has strategically targeted capacity-building resources to teachers, head teachers, and district and VDC officials. The cooperation programme has also taken into account the importance of parent involvement in the creation and expansion of ECD services and has employed a participatory approach in raising parents’ awareness of ECD, creating demand for it, and building their capacity to provide the health and nutrition supports that make ECD most effective.

Nepal has implemented district-level ECD training, but not all stakeholders receive the training they need. Although the Government of Nepal and its partners recognize the importance of ECD orientation for head teachers, ECD management committees, and district and VDC officials, training to date has not been implemented consistently in all districts. Orientations are organized locally according to the initiative and interest of individuals in the community and thus do not occur in all districts for all relevant stakeholders. Systematic data about who is trained and the amount of training received and thus precise estimates of training coverage are not available. However, multiple facilitators and stakeholders interviewed noted that some facilitators receive only 8 or 12 days of the required 16-day basic training, and most had not received refresher training. Moreover, some facilitators had received no training, because turnover rates are so high that training cannot keep up with the intake of new facilitators. Uneven provision of training is likely related to the lack of monitoring of the training process and poor follow-through on the part of the local government and INGO and NGO partners responsible for managing and implementing ECD.

The impact of PO classes on parents’ behaviors is unclear. Although the classes appear to be successful in creating demand for ECD, they may not be reaching their full potential for improving parents’ knowledge, attitudes, and practices about caring for and stimulating their young children’s holistic development. The Center for Education Innovation and Development (CERID), with UNICEF support, conducted a baseline study of parents’ knowledge, attitudes, and behaviors related to ECD in five DACAW districts in 2008 to inform the parenting education curriculum. A follow-up survey planned for

⁵ The net enrollment rate (NER) and GER were reported for Dalit, Janajati, and other groups in the 2006-2007 Flash Report but are left out of later reports. The 2008-2009 reports provide only the proportion of Dalit and Janajati students out of the total ECD enrollment. They do not provide information about the proportion of all eligible Dalit and Janajati children who are enrolled in ECD.

2011 will measure changes. Meetings with parents in Tanahun and grandmothers in Parsa yielded very little evidence of behavior change related to child care practices. Informants in both districts recalled information related to immunizations and child feeding, but did not mention changes in children's cognitive, social, or emotional development. Parents, however, did report that PO classes convinced them to send their children to ECD centers.

Effectiveness: Generating Knowledge for ECD

Data are not consistently collected and used for planning and managing ECD activities and services in Nepal. Nepal does not have accurate information about the total number of ECD centers that currently exist in the country; the breakdown of community-based, school-based, and privately run centers and pre-primary classes; or the exact geographic distribution of these centers.⁶ Systematic data are also not collected about other ECD activities being piloted on a smaller scale, including PO classes, facilitator training, awareness raising, stakeholder orientation, and ECD messages in the micronutrient-supplementation activities.

Early Learning and Development Standards (ELDS) will be a vital tool to define and monitor quality of ECD services. The ELDS will not only allow Nepal to obtain a baseline for children's status at the outset of ECD services but will also provide measures that can be used for monitoring of ECD centers and will form the basis for improved curricula and training materials for facilitators as well as parents. The challenge will be to ensure that the standards are turned into the necessary tools and that key groups are properly trained in their use.

There is little evidence on the effectiveness of ECD services in Nepal. Aside from a lack of basic information to describe and monitor the state of ECD services in Nepal, there is also a lack of data regarding the effectiveness of ECD services. CERID has conducted several qualitative studies about ECD's positive influence on student retention in primary grades. A 2003 study conducted by Save the Children examined the impact of ECD services on children, families, and communities, combining administrative data from ECD centers and schools with qualitative data collected from parents, teachers, and other stakeholders (Save the Children 2003). This study found that children with ECD experience had higher rates of enrollment in grade 1, performed better in primary school, and attended more regularly. However, the study focused on a single district in Nepal, and the authors noted significant data-quality issues in school and other administrative records. Additionally, the study was designed in such a way that it is not possible to attribute differences in outcomes to exposure to ECD.

There appear to be no rigorously designed, nationally representative studies examining whether ECD services, as they are currently being provided, have succeeded in improving rates of dropout and repetition in grade 1 and later grades, or have achieved other important outcomes related to school performance, or cognitive and socioemotional development in the medium and long term.⁷ Similarly, no evaluations have been conducted of parenting education activities to determine whether participating parents behave differently with their children than parents who do not participate, or whether outcomes differ between their children.⁸

⁶ While most ECD stakeholders recognize community-based versus school-based ECD centers, MOE Flash Reports consider both of these types of centers to be "community-based" and refer to private centers or classes as "institutional." Therefore, it is not possible to determine the proportion of ECD centers that are community-supported and community-managed versus those that are school-managed and funded by the DOE.

⁷ Rigorously designed research would examine outcomes at the child level, specifically comparing those who had ECD experience with appropriately matched comparison children who had not, and would control for potential confounding factors such as parents' education level, socioeconomic status, and other circumstances.

⁸ CERID conducted a baseline survey of the Knowledge, Attitudes and Practices (KAP) of Parents/Guardians on Early Childhood Development and Primary Education in Nepal, with followup planned in 2011. This survey will not provide rigorous evidence about whether parenting education programmes affect parent behavior and child outcomes, but it will provide some information about

Effectiveness: Mainstreaming ECD into National Policies and Plans

ECD is not yet integrated across sectors in Nepal. Considerable efforts to work toward integration of ECD have taken place and have involved Ministry of Local Development (MLD), MOE, National Planning Commission (NPC), and CA members. However, more work is needed in this area. ECD policy is implemented largely within the education sector in Nepal. The most current government policies on ECD, particularly the SSRP, are in the education sector. Other ministries may believe that ECD is primarily an education-sector issue and do not understand the importance of intersectoral coordination for reaching younger children and those without access to ECD centers and for affecting parenting behaviors that can support children's growth and development.

The Government of Nepal has developed strong partnerships with UNICEF and others to support ECD policymaking and planning at all levels. MOE and DOE officials at the national level noted consistently that UNICEF had played an important role in keeping ECD on the national agenda and in pushing for more recognition and funding. Some respondents noted that UNICEF's credibility and its professional capacity are extremely important factors in its work and gives it a high degree of influence with the government and other partner organizations. Respondents also consistently cited UNICEF's ability to bring organizations together to discuss and collaborate on ECD policy development and implementation efforts.

ECD is not fully mainstreamed into all components of UNICEF's country programme. Nearly all of UNICEF's ECD activities fall under the education programme, which mirrors the concentration of Nepal's ECD policy development and implementation in the education sector. Country Office (CO) staff indicated that efforts have been made to collaborate on ECD across sectors, such as monthly meetings for key staff from all sections and exchanges of annual work plans across sections for review and comment. However, in only a few instances has ECD been integrated into activities in other sections. Specific examples of this integration include the ECD Specialist's work with the nutrition section to include messages about ECD in micronutrient-supplementation activities. Similarly, a page about children's needs and risks throughout the development cycle was included in a resource kit on community mobilization for child protection (UNICEF 2010a). In addition, there are references to "bad practices" in the parent-orientation materials. Aside from these examples, however, ECD has not truly been integrated into the activities of sections other than education.

Nepal has taken a critical step toward mainstreaming ECD into formal education through the passage of the recent SSRP, but the plan has limitations. Incorporation of ECD in the SSRP reflects significant progress toward mainstreaming ECD, however the plan has some limitations. First, although the EFA had established ECD as a priority for 3- and 4-year-old children, the SSRP limits its commitment to 4-year-olds. Second, the plan provides only enough funding to cover the one-time costs of establishing a new ECD facility (and only enough centers to cover the country's 4-year-old children), the facilitator's salary and training, and some basic materials.

Efficiency and Quality of ECD Services

The quality of ECD services provided varies from center to center. The site visit team visited a few centers and cannot generalize to all settings; however, the findings provide some insight into ECD issues in Nepal. All four of the ECD centers the team visited had a wide variety of interesting materials available to use as aids for play-based learning, including blocks, dolls, homemade storybooks, basic household items labeled with their Nepali names, charts of the seasons, and other educational materials on the walls. However, the case study team did not observe organized use of the materials in any of the classrooms visited. Interactions with the facilitators were brief and not very stimulating or responsive to children's interests and developmental needs. On the other hand, one center had a facilitator who organized her classroom and activities very well, led an interactive story time with the class, and described for us creative games she had devised to teach children colors and numbers. Interviews with UNICEF staff and national and local stakeholders confirmed these observations about the variability of

whether parenting knowledge, attitudes, and practices different before and after participation in a parenting education programme.

center quality. Nepal does not collect consistent data from monitoring visits to ECD centers. Therefore, no systematic information is available about the quality of ECD center-based services in Nepal.

Monitoring of ECD facilitator performance is insufficient. There are no standard procedures in place to monitor the quality of ECD services provided in Nepal. Although nearly every stakeholder—including district education offices, ECD management committees, village development committees and municipalities, education resource centers, school management committees, and I/NGOs—in a district monitors ECD centers, there are no standard monitoring tools and no formal mechanism for reporting monitoring findings to district-level education officers or any other body. Monitoring conducted by multiple stakeholders, without coordination and standardized monitoring and reporting tools, is not an efficient use of ECD resources.

Processes for Planning, Management, and Coordination

Intersectoral collaboration on ECD at the national level is minimal. The official inter-ministerial ECD coordination bodies, which sit within the NPC and MOE, have become inactive. The only functioning coordination body at this time is the interagency working group, which sits within the DOE. Representatives from MLD are invited to these meetings, but it is not clear whether other ministries are actively involved in this committee. The context for efforts to collaborate across sectors is a fragile state at a political impasse.

Interagency collaboration on ECD at district and local levels varies by district. The Strategy Paper on Early Childhood Development (MOE/UNESCO 2004) details guidelines for the management of ECD centers and other activities at district and local levels, including the formation and functioning of ECD management committees, the roles of VDC/municipality officials, the District Education Office and Resource Persons, and community members, INGOs and NGOs, and (community-based organizations) CBOs. These guidelines lay out general goals for collaboration between these groups to carry out the establishment, management, funding, and monitoring of school-based and community-based ECD centers.

Data collected through site visit interviews indicates that the effectiveness of collaboration between stakeholders varies substantially by district, and possibly by VDC/municipality as well. The school and local governance officials the case study team met in Tanahun district described a well-functioning and highly engaged network of local ECD stakeholders who had established clear roles and responsibilities, and who met regularly to coordinate ECD services among themselves. In Parsa, however, VDC and district officials were less engaged and informed about ECD in the district, and most of the work of managing, supporting, and monitoring ECD centers there was done by INGOs and NGOs. Because Nepal does not systematically collect ECD monitoring data, there are no national data sources that can be used to assess the effectiveness of collaboration on ECD more broadly.

Results-based planning for ECD is limited in Nepal both within the government and the UNICEF country office. Ideally, any set of activities should be guided by a detailed results framework that elaborates on specific, measurable objectives and targets for outputs and outcomes expected for all activities. Outputs and outcomes should be measured using clearly defined, measurable indicators to track progress toward the objectives. The lack of activity-specific objective-setting and monitoring within the Government of Nepal-UNICEF programme of cooperation hampers the country's ability to determine whether its investments have been properly targeted, its resources are being used as intended, and its activities are achieving the desired results. UNICEF monitors all objectives, but in the context of the Paris Declaration focuses primarily on monitoring impact rather than inputs and process. UNICEF uses the Education Management Information System (EMIS) data from MOE to align with other development programmes and facilitate joint monitoring of trends and results. Also within the context of the Paris Declaration, use of resources is jointly monitored through reports to GoN.

Current country programme monitoring and evaluation (M&E) focus only on outputs, not outcomes. The current MOE indicators on ECD provide information about outputs—the number of ECD centers and enrollment rates—that can be used to assess expansion. Data are not currently collected or reported regarding the effectiveness of ECD in improving educational, socioemotional, or health outcomes for young children in Nepal.

Incorporation of Human Rights Based Approach and Strategies to Improve Equity and Participation of the Disadvantaged and Marginalized

Nepal has emphasized the importance of extending ECD services to the most disadvantaged and marginalized populations. National policies and plans consistently emphasize the importance of increasing access to services for disadvantaged groups and reducing disparities in access to services and in related outcomes. The government has carried out a poverty-mapping exercise, in which it collected data on basic poverty and millennium development goals (MDG) indicators through qualitative data collection and community mapping, and then categorized VDCs according to the data provided. UNICEF has used poverty-mapping data to plan and target its support to the VDCs categorized as most in need.

Specific strategies and targets for reaching disadvantaged groups with ECD have not been fully developed. Despite the policy emphasis on extending services to disadvantaged groups and the availability of some education statistics disaggregated by social group (Dalit, Janajati, or other) no specific strategies have been adopted for tracking and targeting these groups, or the communities in which they live, with funds for ECD services. Funding allocated to ECD through the SSRP is provided to districts according to a quota system, by which the district may distribute funds to VDCs and municipalities at its discretion for the establishment of ECD centers in those areas. Although some districts may make efforts to target these funds toward VDCs/municipalities categorized as disadvantaged, others do not. In fact, some local stakeholders the case study team interviewed noted that funds for ECD are often allocated to the communities that are best organized to lobby for funding. Disadvantaged communities often lack the organization and sense of self-efficacy required to successfully mobilize successful lobbying efforts.

Additionally, equity in ECD enrollment is not monitored through basic statistics. As noted in previous sections of this report, official statistics do not report on net or gross ECD enrollment rates by social group. They report only on the proportion of enrolled children belonging to particular groups. This indicator provides little useful information about equity as it does not take into account the total population of 3- and 4-year-olds belonging to each group.⁹ The Demographic and Health Survey (DHS) data reported (MOE/UNICEF 2009) show large disparities in ECD enrollment by wealth category. Because DHS is a household survey, the data can be used to categorize households into wealth quintiles. According to these data, 63 percent of children in the wealthiest quintile of families attend an ECD center, compared with 12 percent of children from families in the poorest quintile (Table IV.4). These DHS data do not provide information about disparities by social group (Dalit, Janajati, or other), but such data are captured to some extent in the disparities by wealth quintile. DHS data also show that enrollment in ECD centers is lower in mountain areas and in the Far West region.

Nepal does not identify children with disabilities as a distinct disadvantaged group in need of increased access in its ECD policy or activities. The case study team did not find evidence of outreach efforts to families with children with disabilities, PO training on disabilities, or training and orientation for stakeholders and facilitators. MOE Flash Reports contain indicators for the enrollment of children with disabilities in primary and lower secondary school (including students who are blind, deaf, or blind and deaf; students with speech difficulties; and students with physical and mental disabilities), but no such data are reported for ECD centers. According to UNICEF, insufficient attention to children with disabilities is an issue in multiple sectors, including healthy and primary education, and therefore not unique to ECD.

Gender equity in ECD enrollment has been achieved in most regions. In the mountain, hill, and Kathmandu Valley areas, GER for boys and girls in ECD have been roughly equal over the last four years

⁹ For example, assume that of 99 children enrolled in an ECD center, 33 are Dalit, 33 are Janajati, and 33 are from another group. Enrollment rates for these groups are not necessarily equal, because we do not know what proportion of the total Dalit or Janajati population is represented by those 33 children. If the Dalit population of 3-4-year-old children in the community is 1,000, while the Janajati population is 2,000, and the “other” population is 500, then the enrollment rates for Dalit children would be 3.3%, while for Janajati children it would be 1.6% and for “other” children, 6.6%--double the enrollment rate for Dalit children.

(Table IV.5). There remains a slight gap between GER for boys and girls in the Terai: GER for girls is lower than for boys. This gap has widened since 2006.

UNICEF's work at district and local levels is highly participatory and encourages grassroots involvement in all aspects of ECD services and management. All ECD activities at these levels are generally carried out through the DACAW mechanism, which is itself a mechanism for collaboration amongst community members, especially women, schools, community-based organizations, and VDC and district government officials.

Sustainability and Scale-Up of ECD Services and Initiatives

Insufficient allocation of resources for ECD at the national level threatens its sustainability. Based on case study team observations and review of studies and reports on ECD in Nepal, the team concludes that ECD lacks a secure “home” in Nepal. MOE, which in practice oversees policy implementation, does not take full ownership of ECD and maintains that ECD is split not only across the MOE and MLD. Other local government bodies, community CBOs, and NGOs that help to sustain services are also involved. At the same time, MLD participation in ECD-coordinating bodies at the national level is minimal. Stronger mechanisms for collaboration between these groups at central as well as district and local levels are needed to ensure sustainability at scale over the long term. MOE has committed to ECD center services to 4-year-olds for the next seven years but a shift toward school-based centers and away from community-based centers is possible.

Local governance structures and collaboration among stakeholders require strengthening in some districts. The Government of Nepal is committed to decentralization—control of services by local government entities and their partners—as the means of providing education and health services throughout the country. However, local governance is still weak in many areas and lacks the capacity and political will necessary to provide high quality services in an equitable manner.

Conclusions

This section presents conclusions about progress that has been made and ongoing challenges faced by Nepal and its partners as they continue to develop ECD policy and support implementation and scale-up.

Alignment with National Goals and Priorities

- ECD policies and activities are well aligned with national priorities. Lack of intersectoral policy implementation and functional collaboration mechanisms at the national level, however, limit Nepal's ability to implement policies in a coordinated, holistic manner.

Increasing Access and Coverage

- Access to ECD centers has increased substantially, including among the most disadvantaged and marginalized groups. Enrollment rates, however, vary by region and for children from families in different income groups.
- Information about coverage results for PO classes that have been implemented in DACAW districts indicate that additional PO classes may be needed in each village to reach the target of 80 percent of parents.

Capacity Building for ECD

- Resources for building ECD capacity are strategically targeted to subnational levels; more consistent implementation and increased access to coordinator training is needed to increase coverage.
- Intensity of PO classes may not be sufficient to produce lasting changes in KAP. A planned follow-up KAP survey of parents will provide important information about the potential for PO classes to create lasting change when implemented at current levels of intensity.

Knowledge Generation for ECD

- ECD planning and activities in Nepal can be enhanced by more complete data at national and subnational levels. Nepal faces a similar challenge in the education sector.
- The ELDS and the ECD mapping exercise provide important opportunities to build a solid base of information for ongoing ECD policy development and implementation in Nepal.

Mainstreaming of ECD into National Policies and Plans

- The Nepal-UNICEF cooperation programme has made some progress in mainstreaming ECD into the education and local development sectors; the education sector has incorporated 4-year-olds, and some efforts have been made to infuse ECD messages into nutritional and health services.

Efficiency and Quality of ECD

- Use of common monitoring methodology and tools and coordination among monitors can improve efficiency and consistency in coverage of critical ECD elements.
- More training or other mechanisms to support quality improvement in ECD centers are needed.

Processes for Planning, Management, and Coordination

- National policies call for ownership of ECD implementation at district and local levels. Mainstreaming of ECD is limited in some districts by a lack of sufficient local capacity to implement ECD policies.

Incorporation of Human Rights-Based Approach and Strategies to Improve Equity

- An effort to map locations of ECD centers is underway, but strategies are not yet in place to target construction of new ECD centers to communities with high proportions of children from marginalized and disadvantaged groups.

Sustainability and Scale-Up

- Lack of strong intersectoral policy implementation and active coordination bodies at the national level could hamper sustainability.
- Rapid scale-up of ECD centers has occurred, but more attention to quality and equity is needed.

Role of UNICEF-GoN Funding

- The UNICEF-GoN Cooperation Programme funded two important ECD initiatives in Nepal—development of the ELDS and integration of ECD messages into a micronutrient supplementation initiatives—and jump started or enhanced previously planned ECD activities, particularly at district and local levels.

Lessons Learned

ECD policy development and implementation in Nepal has focused primarily on the education sector in the last two years since the SSRP was developed. Nepal's experience thus far at both the national and subnational levels provides several important lessons learned that may be useful for other countries, particularly about the challenges and potential benefits of focusing the majority of ECD resources in one primary sector.

- **When countries develop ECD policy primarily in one sector, intersectoral collaboration becomes more challenging.** Including policy mandates to implement ECD within policy documents for a single sector, such as the education sector in Nepal, creates challenges to engaging other sectors in supporting ECD. Staff in other sectors may not view ECD as their responsibility, they may not understand the importance of providing holistic ECD, and they may be reluctant to commit scarce resources when they are responsible for fulfilling other mandates. ECD is by definition intersectoral, and policy implementation and activities should reflect this intrinsic characteristic. For example, if an ECD specialist is placed within one section, other mechanisms such as joint planning and the formation of intersectoral working groups, are likely to be encouraged.
- **Mainstreaming ECD within a single sector may facilitate rapid scale-up.** Clear systems and resource allocation plans can be established in a single sector for replicating specific services, such as ECD centers, in communities across the country. ECD can be introduced efficiently into already existing service delivery systems, such as the primary education system or home visiting or community education activities operating within health systems. As in Nepal, sectoral approaches can be efficient and where they work well should continue. Intersectoral collaboration is not an end in itself; it is a means for developing holistic ECD policies and services. However, intersectoral approaches offer one way to address unmet needs and can increase the frequency of conveying ECD messages to parents and communities.
- **Concentrating ECD policy in a single sector creates challenges for developing ECD the age span and for multiple settings, such as home and school.** Few sectors offer services that span the ECD age range of birth to 5 years old. For example, health interventions often focus on supporting positive maternal health and birth outcomes, as well as on delivering basic health and nutrition services to children under age 3. For those services, interventions are most often delivered in the home environment or in gatherings that occur in the local community. Preschool education is most often delivered in centers to children ages 3 to 5. To provide holistic ECD across the age span and in multiple settings, intersectoral approaches are needed.
- **Rapid scale-up can lead to insufficient focus on quality and equity.** Implementing ECD is a complex endeavor that requires action at both national and subnational levels. In addition to developing resource-allocation plans, establishing facilities, hiring and training staff, and recruiting families and children, systems must be developed to promote quality services and equitable access to them. Steps required to create these systems—including developing standards, indicators, and targets; collecting data to track indicators and monitor progress toward targets; and using data to make improvements—take time to develop and implement. Rapid scale-up can occur before critical support systems are fully in place, leading to uneven quality and access to services among disadvantaged populations.

Recommendations

This section presents the following recommendations to enhance ECD policy development and implementation in Nepal. Recommendations for the Government of Nepal focus on intersectoral collaboration and implementation, and for UNICEF focus on advocacy and provision of technical support.

Table 1.1 Recommendations

Government of Nepal	UNICEF
Alignment with National Goals and Priorities	
To align policy development and implementation with stated goals, activate existing ECD intersectoral coordinating bodies that are not currently meeting.	Continue advocating for ECD policies that promote holistic approaches to meeting children’s needs. To support increased alignment of national and subnational policies and goals, begin providing a strong model of intersectoral ECD collaboration for Nepal by improving systems for intersectoral coordination and collaboration within the UNICEF CO.
Increasing Access and Coverage	
Begin to consider strategies for equalizing access to ECD centers across regions and income groups, and for children from marginalized and disadvantaged groups.	Continue providing technical support and data from the mapping projects and other sources of information to support MOE in identifying underserved areas. Continue advocating for increased resources for PO to both increase coverage within communities and expand PO to additional communities.
Capacity Building for ECD	
Begin developing 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. Strengthen existing communication and reporting systems between national and subnational levels to increase consistency in coverage of training and orientation.	Increase the support for capacity building at the national level to begin developing materials and strengthen existing communication systems. Consider developing and piloting a more intensive approach to PO.
Knowledge Generation for ECD	
Begin using ELDS as the basis for developing indicators and targets for ECD and standardized tools for collecting and reporting data on these indicators. Complete the mapping of ECD centers that has occurred in the DACAW districts in all districts and develop the database to store this information for use by regional and district officials and stakeholders.	Develop and utilize a detailed results framework to guide ECD. Establish and track objectives and indicators for each funded ECD activity, including measures of expected outcomes. Continue devoting resources to plan for rigorous evaluation of the impact of ECD services on children’s outcomes.
Mainstreaming of ECD into National Policies and Plans	
Consider a shift away from relying on NGO/CBO partners to scale up ECD at the district and local levels; ensure greater support for national, district, and local governance bodies to increase ownership of ECD at all levels. Draw on the experience in Tanahun, where stakeholders have successfully mainstreamed community-supported ECD centers into the District Education Office’s (DEO’s) budget through strong collaboration between DEO and VDC officials.	Continue to support ECD mainstreaming by supporting ECD capacity building at all levels of government.
Efficiency and Quality of ECD	
To address facilitator turnover, consider increasing ECD facilitator salaries from current levels by reducing the number of new ECD centers funded. As an incentive to reduce turnover, consider beginning to offer additional training to facilitators who remain in their	Provide support to strengthen the current ECD monitoring system, allowing for tracking of facilitator characteristics, turnover, and ECD center quality. Provide expertise on alternatives to the current strategies for providing ongoing facilitator training and support for

position for at least two years.

facilitator engagement in and commitment to their positions.

Processes for Planning, Management and Coordination

Strengthen the existing collaboration between education, health, and other sectors to promote the delivery of more comprehensive and holistic services for young children.

Continue advocating for increased intersectoral collaboration between the ministries at the national level and between relevant line agencies and stakeholders at the district and local levels.

Incorporation of Human Rights Based Approach and Strategies to Improve Equity

Begin setting targets for enrollment of children from marginalized and disadvantaged groups in ECD centers and developing strategies for increasing access among these groups.

Continue advocating for inclusion of children with disabilities in ECD and provide support for capacity building to work with these children.

Sustainability and Scale-up

Balance the existing focus on scale-up with steps to improve access for marginalized and disadvantaged groups and quality of existing and planned ECD centers.

Continue advocating for the development of an intersectoral ECD policy.

1. INTRODUCTION

Research confirms the fundamental role that good health, adequate nutrition, and responsive interactions with caregivers play in the emergence of critical physical, cognitive, and socioemotional skills during a child's early years. Achievement of key milestones in early development (from the prenatal period through age 8) creates a basis for health, learning capacity, and productivity throughout a person's life. Studies of public policies and programmes focused on enriching early childhood development (ECD) also offer evidence that high quality interventions can produce substantial benefits later in life in such areas as communication and cognitive development, school enrollment and completion, health status, and earnings and self-sufficiency (Engle et al. 2007; Love et al. 2005; Young 2007).

These findings have helped advance the incorporation of ECD in international agreements and agendas related to children's rights. Children's basic rights to survival and development of their full potential are affirmed in the Convention on the Rights of the Child. The World Fit for Children agenda prioritizes ECD, asserting that nations must promote the "physical, psychological, spiritual, social, emotional, cognitive and cultural development of children," and Education for All commitments include expansion and improvement of early childhood care and education among its goals to be met by 2015 (United Nations Children's Fund [UNICEF] 2002, United Nations Educational, Scientific, and Cultural Organization [UNESCO] 2000). Moreover, ECD is closely related to achievement of the Millennium Development Goals (MDGs), particularly MDG1, Eradicate Extreme Poverty, MDG2, Achieve Universal Primary Education, and MDG4, Reduce Child Mortality.

1.1 Nepal's ECD Focus

In keeping with UNICEF's mission to "advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential" and in accordance with its Medium-Term Strategic Plan (MTSP; covering 2006-2013), UNICEF identifies ECD as a cross-cutting issue.¹⁰ The ECD Unit in UNICEF's New York headquarters (HQ) works closely with the regional offices (ROs) and country offices (COs) to provide support for meeting the MTSP targets. UNICEF's aims for ECD include policy and programme development and implementation that are holistic and attend to children's unique developmental needs from before birth through age 8 (UNICEF ECD Unit 2006). Holistic approaches aim to address the needs of the whole child by considering health, nutrition, child protection, early learning, education, and other needs. To achieve these goals at the country level, UNICEF works in cooperation with partner nations to support the development and implementation of both intersectoral and sectoral policies and strategies promoting ECD. UNICEF's work is grounded in its human rights based approach to promoting access to services equitably across gender and income levels, and for those who are marginalized and disadvantaged. In addition, UNICEF works to ensure that ECD in emergencies incorporates holistic and intersectoral approaches.

Each host government enters into a programme of cooperation with UNICEF. The resulting (usual) five-year Country Programme Action Plan (CPAP), a broad contract between UNICEF and the host country, is developed in mutual agreement and signed by both parties. The CPAP defines the results to be achieved and basic strategies to be used. ECD is included in the CPAP to the degree it is mutually agreed upon. The joint work conducted under a given CPAP may evolve over time, and activities may include more or less of what was originally specified in the CPAP or the United Nations Development Assistance Framework (UNDAF). There is an opportunity to formally revise the CPAP during the mid-term review, usually conducted in the third year of country programme implementation, or if a significant emergency occurs.

UNICEF in Nepal addresses the needs of young children through seven programme components: Decentralized Action for Children and Women (DACAW); Child Protection; Education; Health and Nutrition; Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome [HIV/AIDS]; Water, Sanitation and Hygiene (WASH); and Social Policy (UNICEF 2008a). ECD is a focus area within the

¹⁰ Although all five focus areas of the current MTSP are relevant to ECD, organizational targets and areas of cooperation that specifically mention ECD appear under Focus Area 1 (FA1, Young Child Survival and Development) and Focus Area 2 (FA2, Basic Education and Gender Equality).

education section, alongside projects for formal primary education, non-formal primary education, peace education, and emergency education. ECD activities supported by UNICEF as part of the CPAP are funded by a range of resources as well as by the UNICEF-Government of Netherlands (GoN) programme.

ECD activities are led by the ECD Specialist and the Education Section Chief. The UNICEF country office ECD Specialist, along with the Education Section Chief and Country Office Representative, works primarily with national government counterparts in the Ministry of Education (MOE), Department of Education (DOE), and partner international non-governmental organizations (INGOs) and non-governmental organizations (NGOs) to advocate for and provide technical assistance for developing policies and plans for ECD services, as well as related training and other materials. The ECD Specialist also works within UNICEF to integrate ECD into other ongoing work in the other sections.

UNICEF's ECD objectives are stated succinctly in the current CPAP with Nepal: "The early childhood development project will provide support to expand the ECD system to marginalized communities. In the most marginalized communities in 15 districts, 80 percent of parents and guardians of children ages 3 to 5 years will receive orientation on ECD and on the importance of primary education. By 2010, there will be ECD centers in each of the category 3 and 4 VDC [Village Development Committee] settlements in disadvantaged groups' VDCs in 15 DACAW districts."

The UNICEF- GoN Cooperation Programme on ECD represents a major investment in furthering UNICEF's work in this area and advancing comprehensive approaches to ECD, with a focus on sustainable policy development and partnership to scale up successful interventions. GoN funded UNICEF HQ to work with 7 ROs, 10 COs, and country partners in Africa and Asia to achieve three strategic objectives: (1) build the capacity of policymakers, service providers, and parents to fulfill duties and claim rights related to ECD; (2) generate and disseminate knowledge in support of ECD policies and services; and (3) mainstream ECD policies and activities in national development agendas. The three strategic objectives of capacity building, knowledge generation and dissemination, and mainstreaming are defining elements of the framework for the UNICEF-GoN Cooperation Programme and UNICEF ECD activities in general. Country-specific inputs, activities, outputs, and outcomes in each strategic area are expected to produce ECD services and activities that result in all children entering school developmentally ready and on time, staying in school, and learning.

1.2 National Context for ECD in Nepal

Nepal is ranked among the poorest countries in the world, with a Human Development Index rating of 144 out of 182 countries (United Nations Development Programme [UNDP] 2009). It is primarily rural, and the economy is largely agricultural. Most of the population engages in subsistence-level agriculture, and 55 percent of the population lives on less than 1.25 (US\$) per day (UNICEF 2010b; 2010c). Poverty is exacerbated in much of the country by topography. Two-thirds of the country is covered in steep hilly terrain and high mountains where the population lacks access to some essential services. Nearly 20 percent of the population is under age 6, and half of these children fall within the range of 3 to 6 age years (UNESCO 2008). The primary-school net enrollment rate is 94 percent. However, only 78 percent of children who start grade 1 will continue in school to reach grade 5 (MOE 2009). Although data on enrollment rates are not readily available for children in Nepal's disadvantaged and marginalized groups,¹¹ their primary-school enrollment and completion rates are likely substantially lower than for other children. These groups include *Dalits*, the Hindu caste formerly known as "untouchables," and *Janajati*, which includes Hindu and non-Hindu ethnic groups, among others. There is also segregation according to social groups.

¹¹ Official education statistics do not provide net or gross enrollment rates or completion rates by social group but only the proportion of total enrollment belonging to each group (*Dalit*, *Janajati*, or other).

Health and nutrition are significant concerns for Nepal's young children, as well. Nepal's infant mortality rate is 41 per 100,000 births, and 51 out of 100,000 children die before reaching age 5. These infant and under-5 mortality statistics, however, are better than the regional averages, which stand at 57 and 76, respectively. Malnutrition is prevalent, with 45 percent of children under age 5 underweight, and 49 percent stunted, which is roughly consistent with the regional averages for south Asia (UNICEF 2010c).

Primary Needs of Young Children in Nepal

- Opportunities to receive cognitive stimulation and support for social-emotional development so that children begin school ready to learn, either through interaction with parents at home or ECD interventions carried out during home visits or in ECD centers
- Support for a successful transition to primary school
- Health and nutrition services to reduce infant mortality and malnutrition in young children
- Focused supports for marginalized populations and children who live in rural areas to increase their access to ECD services

1.3 Purpose of this Report

This report presents the results of a case study of ECD activities in Nepal. The Evaluation Team conducted the study as part of an evaluation of the UNICEF- GoN Cooperation Programme on ECD, 2008-2010.¹² Under the Cooperation Programme on ECD, Nepal and nine other countries, along with UNICEF ROs and UNICEF HQ, received funding to further existing ECD work, support new activities, and advance comprehensive approaches to ECD.¹³ The Cooperation Programme on ECD emphasizes three strategic objectives: (1) capacity building, (2) knowledge generation and dissemination, and (3) mainstreaming ECD into policies and services for young children. In addition, the Cooperation Programme on ECD focuses on cross-cutting issues, such as use of a human rights based approach to planning and providing ECD services, as well as gender equity and reaching the disadvantaged and marginalized.

The case study analyzes ECD in Nepal by focusing on a core set of UNICEF, government, and partner activities they prioritized for investment of the GoN funds. Where possible, the report presents findings on other activities related to the core set, but the case study was designed to use the GoN investment as a lens for analyzing ECD in Tanzania. Throughout, the report provides findings and conclusions about the role of the GoN funding in strengthening and catalyzing new and ongoing ECD activities. As described in the following section, the case study focuses on why and how Nepal and its partners took the ECD approach they did, the processes and results of these efforts to promote ECD, and lessons learned that may be useful for similar efforts. The remainder of this section describes the focus of the case study, the research methods used to conduct the study, and limitations regarding the case study approach and findings.

¹² In April 2010, the UNICEF Evaluation Office (New York) contracted with Mathematica Policy Research to conduct an evaluation of the UNICEF-GoN Cooperation Programme. The evaluation includes case studies of four countries receiving GoN funding: Cambodia, Ghana, Nepal, and Tanzania. The case-study countries were selected to represent multiple regions and exhibit diversity in context and ECD programming. UNICEF CO and partner availability to receive a visit during our study period was an additional factor considered in the final selection of case-study countries.

¹³ The 10 countries receiving funding through the Cooperation Programme on ECD are: Cambodia, Democratic Republic of the Congo, Ghana, Malawi, Mongolia, Nepal, Sri Lanka, Swaziland, Tajikistan, and Tanzania.

1.4 Case Study Scope and Methods

To assess the design, processes, and results of ECD activities, the evaluation team conducted a retrospective study employing qualitative analysis methods. The study focuses on initiatives that UNICEF has supported in cooperation with the government and other partners, as expressed in the logical framework for ECD, including broad issues related to policy and coordination, as well as the services offered to families that were supported by the UNICEF-GoN funds (ECD centers). It explores these topics and questions, which are based on the terms of reference for the evaluation of the UNICEF-GoN Cooperation Programme on ECD:

- **Alignment of ECD activities with national priorities.** Why were specific strategies adopted? How well aligned are they with national priorities as expressed in development plans and strategic documents?
- **Planning, management, and coordination.** How successful has planning and coordination for ECD been within and among UNICEF, the government, and development partners?
- **Quality and efficiency of ECD services.** What is the current quality of ECD services provided, and how, if at all, has it been enhanced through ECD? What is known about the costs and efficiency of ECD services?
- **Effectiveness¹⁴ in expanding coverage of ECD services.** Have strategies to increase coverage contributed to changes in service availability or participation rates? If so, how?
- **Effectiveness in building capacity for ECD.** How successfully have activities increased the capacity of service providers, caregivers, and decision makers to support ECD? What capacity gaps exist?
- **Effectiveness in generating knowledge for ECD.** How successfully have activities promoted measurement of children's development and family and community care and increased the knowledge base regarding the effectiveness of ECD interventions?
- **Effectiveness in mainstreaming ECD into national policies and plans.** How, if at all, has the level of national and subnational engagement and ownership of ECD changed?
- **Sustainability and scalability of ECD services.** What factors have supported or inhibited sustainability and scale-up of ECD services?
- **Use of a human rights based approach, gender equity, and reaching the most disadvantaged.** How successfully have ECD activities involved key stakeholders in design and implementation? How has national and local context been taken into account in design and implementation? To what extent has ECD promoted gender equity and access among marginalized and disadvantaged groups?
- **Lessons learned.** What general lessons can be drawn from the strengths and weakness of the design and implementation of ECD in Nepal, as well as its results?

The study was guided by a case study matrix (presented in Appendix A) that details research questions and links them to relevant outputs or outcomes and indicators. Some elements of the case study matrix directly align with those specified in the UNICEF-Government of Nepal country programme action plan; others are designed to address issues and results that are important to the broader evaluation of the UNICEF-GoN Cooperation Programme on ECD.

Data Collection

For the Nepal case study, the case study team conducted eight days of in-country data collection, including field visits to locations where ECD is implemented. A two-person team including a survey

¹⁴ In this study, we use the Organization of Economic Cooperation and Development (OECD) definition of effectiveness: "the extent to which a development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance" (OECD 2002).

researcher and a local consultant conducted numerous interviews and focus groups in Nepal during June 2010. Primary data sources included:

- **Key informant interviews.** The case study team conducted in-depth interviews with UNICEF country office staff, ministry officials from the ministries of education and health, and staff from key UNICEF partner organizations. These interviews took place at the UNICEF country office or ministry offices in Kathmandu. The interviews focused on: (1) ministry and UNICEF roles in development of the School Sector Reform Plan (SSRP), (2) coordination among ministries and other partners, including UNICEF, on ECD, and (3) the resulting successes and challenges in the development of ECD policies and activities.
- **Focus group discussions with parents, ECD facilitators,¹⁵ local ECD stakeholders, and district and local government officials.** Discussions were held in visits to four ECD centers, a meeting at district headquarters in Tanahun district, a meeting at the home of a female community health volunteer (FCHV) in Makwanpur district, at UNICEF offices in Parsa district, and at the headquarters of an NGO partner managing ECD centers in Mudli, Parsa district. Topics of discussion in these focus groups included parents' understanding of ECD, their experiences with parenting classes and changes in behavior as a result of what they learned in the classes, ECD facilitators' training and understanding of ECD, use of the national ECD curriculum, monitoring of ECD center classes and performance, support received from the government and community, local stakeholders' understanding of ECD, training received, and awareness of minimum standards and other national ECD guidelines.
- **Observations of ECD Centers.** During ECD center observations the case study team observed classroom activities, noted the types of educational and play materials available, assessed the overall classroom environment, observed interactions between the children and facilitators, and reviewed visitors' logs and attendance records for each center. Observations were conducted in four ECD centers—three in Tanahun district and one in Parsa district. The ECD centers visited were selected by the UNICEF country-office staff to provide a view of the different contexts in which ECD services are delivered in Nepal (including variation in the economic and social circumstances found in different regions of the country). Because of the difficulty of travel to the most disadvantaged and remote regions of Nepal (the Midwest and Far West regions and the mountain belt), it was not possible to visit ECD centers in these areas during the country visit.

Appendix B more thoroughly details how primary data was collected for the Nepal case study, including a list of individuals interviewed and locations visited. In addition to these primary data sources, the case study team reviewed secondary sources, including reports and strategic plans, data from surveys and management information systems, and the results of external studies.

Analysis Methods

The team employed two main qualitative evaluation methods in analyzing case study data: (1) thematic framing and (2) triangulation. Thematic framing involves the systematic review, sorting, and interpretation of data according to a specified structure. The analysis was structured around the logical framework for ECD in Nepal and the questions, outcomes, and indicators specified in the case study matrix. The case study team used triangulation to confirm patterns or identify important discrepancies across data sources and respondents participating in interviews and focus groups.

1.5 Limitations of the Study

The evaluation's findings and recommendations must be understood in the context of five important limitations:

¹⁵ ECD facilitators are the teachers/caregivers who staff ECD centers, which are essentially pre-school classrooms.

1. **Timing.** Because the evaluation includes one round of data collection and focuses on experiences through summer 2010 (clarifications were made based on information provided to the study team through September 2010), the conditions at multiple points in time and through the end of the GoN funding period (December 2010) were not assessed. This limitation diminishes the case study team's ability to ascertain definitively the extent of change that may have occurred in Nepal's ECD activities and results over time.
2. **Representativeness of field visit sites.** The Nepal data collection included one country visit and observations and interviews in four field visit sites. Because the field visit sites were not selected at random, they may not be representative of ECD throughout the country.
3. **Stakeholders as primary data sources.** The analysis relies largely on reports from individuals in Nepal who are affiliated with or affected by ECD activities. Although many individuals offered frank assessments of the ECD's strengths and weaknesses, as well as its outcomes, it is possible that affiliation with ECD activities skewed respondents toward positive assessments.
4. **Quality of secondary data.** In many cases, the case study team did not have detailed information on the quality or accuracy of secondary data. This is generally true for data obtained from ministry management information systems.
5. **Incomplete information.** The interviews and meetings conducted during the country site visit were arranged in advance by the UNICEF Nepal CO to address the evaluation's focus on the UNICEF-GoN programme. To select interview participants, the Evaluation Team extracted information from UNICEF-GoN programme progress reports about key government ministries and partner agencies involved in the programme and asked the CO to fill in details and names of relevant individuals. The meetings included several interviews with MOE and DOE officials (counterparts from ministries UNICEF was working with to implement the UNICEF-GoN strategies and activities). Thus, the site visit did not include interviews with representatives of other ministries more broadly involved in ECD, including the Ministry of Local Development (MLD). In addition, an interview with a representative of the Ministry of Women's Development was canceled (by the ministry) and could not be rescheduled during the data collection period. This means that the visit mainly focused on the activities funded by the UNICEF-GoN programme, primarily centers.

These limitations notwithstanding, the evaluation team addressed the case study questions fully and used them to develop the most accurate findings and logical recommendations possible.

1.6 Organization of the Report

The remainder of this report is organized into five sections. Section II describes the policy and governance framework for ECD in Nepal. Section III presents an overview of ECD services and initiatives in Nepal and activities to support ECD conducted under the programme of cooperation between the Government of Nepal and UNICEF. Section IV presents case study findings in each of the topic areas, including findings on the appropriateness and alignment of the programme design; coverage, quality, and efficiency of ECD services; and effectiveness. Section V addresses the prospects for sustainability and scalability of ECD services and initiatives, and Section VI offers conclusions, recommendations, and lessons intended to enhance future ECD in Nepal.

2. POLICY, GOVERNANCE, AND PARTNERSHIPS FOR ECD

Over the past 40 years, Nepal's national policies related to education and poverty reduction have gradually increased their emphasis on ECD. Earlier policies made mention of the need for ECD activities, and of the existence of ECD services provided by private entities and INGOs and NGOs. Beginning with the adoption of the Education for All Dakar Plan of Action in 2000, Nepal and its partners have focused on increasing government support for community-based ECD activities and on mainstreaming ECD into the basic education system through Nepal's approach to decentralized governance. This section highlights the development and evolution of ECD-related policy in Nepal, presents the governance structure for ECD at the national and subnational levels, and provides an overview of key ECD partners involved in the programme of cooperation.

2.1 Relevant Policies

Education-sector policies and plans have included some mention (and some funding) of ECD in their national development plans since the 1970s. In 1997, the MOE began initiatives to open pre-primary classes under its Basic and Primary Education Programme to pull underage children out of grade 1 classes and thus improve the learning environment for grade 1 students (UNESCO 2008). Subsequent education policies and plans acknowledged the importance of ECD and allocated funds to establish ECD centers. At that time, the centers were being operated and supported by local and international organizations, including Save the Children, Plan International, and UNICEF (through local partners).

However, ECD did not take a formal place in national policy until 2000, when the Government of Nepal adopted the goals and strategies of the Education for All (EFA) Dakar Framework for Action as its plan for educational development. The Dakar Framework elaborated six key goals, the first of which was "Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children" (UNESCO 2000). In the 2003 National Plan, the government indicated its intention to support community-based ECD centers in collaboration with the INGOs and NGOs through provision of training, development of a curriculum, support to establish new centers, and provision of monitoring and supervision (MOE/UNESCO 2003). A 2004 strategy paper presented operational guidelines for the establishment and management of ECD centers (MOE/UNESCO 2004) by local government, in collaboration with communities and INGO and NGO partners. It called for an Effective Parent Service Programme to educate parents about children's rights and parents' roles and duties, help parents identify the developmental needs of their children, assist in the creation of environments conducive to holistic development, help parents develop skills in communicating and interacting with their children, involve parents in monitoring children's growth and development, and establish the coordinating mechanisms within the local government and other agencies to support parent education. Despite these policy developments, at that time, ECD was not an integral part of the national education system. Appendix C presents the key features of the policies enacted and revised over the past 13 years.

With the adoption of the SSRP in 2009, the government has taken a concrete step toward mainstreaming ECD into the national education system. The SSRP specifies that, by 2015, the gross enrollment rate¹⁶ for ECD should reach 93 percent¹⁷ and at least 71 percent of grade 1 students should have ECD experience. Like its predecessor, the EFA plan, the SSRP emphasizes expanding ECD services in disadvantaged areas and promotes community-based approaches as a means of “ensuring all children’s access and participation, particularly girls, children with special needs, and the populations facing multiple exclusions” (MOE 2009).

ECD-Related Policy Development: Timeline of Key Policies	
1997	MOE opens pre-primary classes under its Basic and Primary Education Programme
2000	Nepal adopts EFA Dakar Framework for Action (UNESCO 2000)
2003	National Plan calls for provision of training, curriculum development, and monitoring for community-based ECD centers (MOE/UNESCO 2003)
2004	National Strategy for ECD provides operational guidelines for ECD centers, a framework for an Effective Parent Service Programme, and goals for national ECD programming (MOE/UNESCO 2004)
2009	SSRP sets enrollment targets for ECD centers, calls for expansion to disadvantaged areas, and promotes community-based approaches to ensure equitable access to programming (MOE 2009)

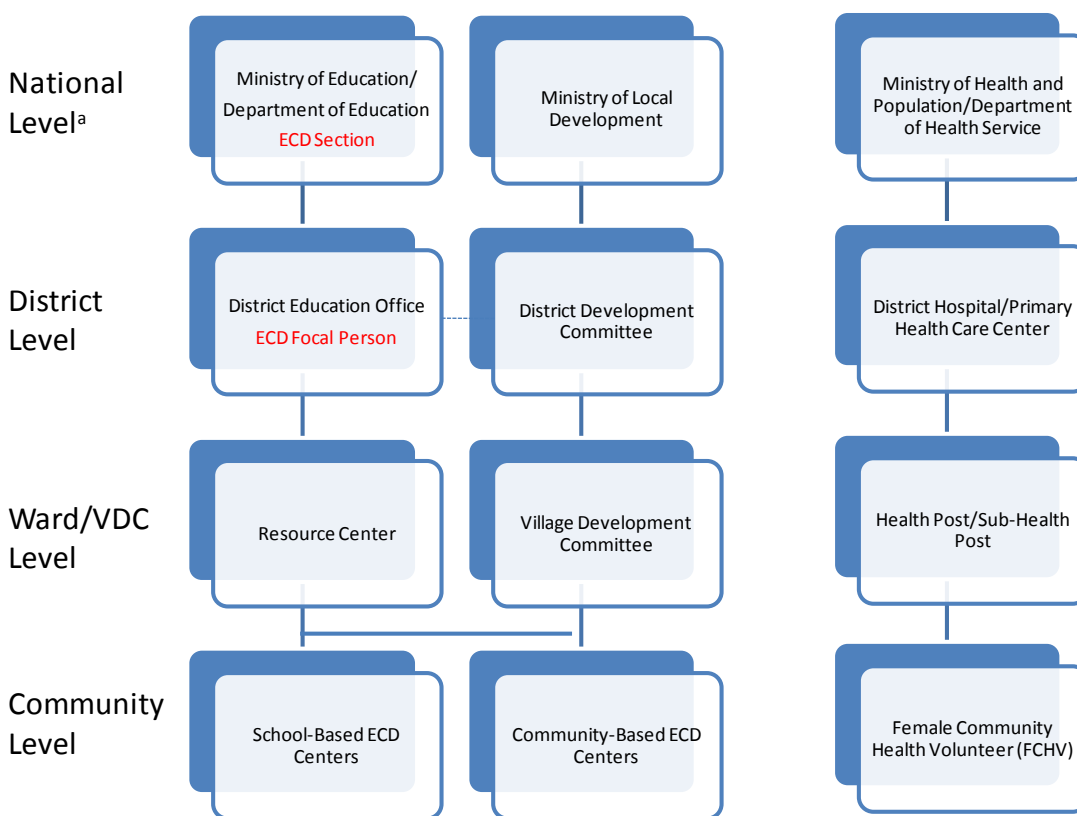
2.2 Governance for ECD

The diagram below (Figure II.1) displays the governance structure for ECD services at the national, district, VDC, and community levels. The MOE and MLD fund and manage ECD centers, while the health sector independently operates health interventions. At the national level, an ECD Section sits within the DOE, led by the Deputy Director of the DOE. The ECD Section is primarily responsible for planning and implementation of ECD services in collaboration with district- and local-level line agencies and implementing partners, including UNICEF and various INGOs and NGOs.

¹⁶ Gross enrollment rate (GER) is calculated as the total number of children enrolled in ECD, as a proportion of all children 3 to 4 years old. GER may thus exceed 100 percent in cases where ECD enrollment includes children above and below this age range.

¹⁷ The target appears in some places in the SSRP as 99 percent, and in other documents as 80 percent. The 80 percent figure appears most frequently and has thus been used here.

Figure 2.1. ECD Services Management Structure within the Government of Nepal



Source: Nepal country case study visit conducted in June 2010.

^aMOE and MLD both have responsibility for governance of ECD, but interministerial coordinating bodies at the national level are not active. Collaboration between the two ministries occurs primarily at district and local levels, but coordinating mechanisms in some districts are not yet fully developed. This district-level link is thus shown with a dotted line in the diagram above.

National Level Governance

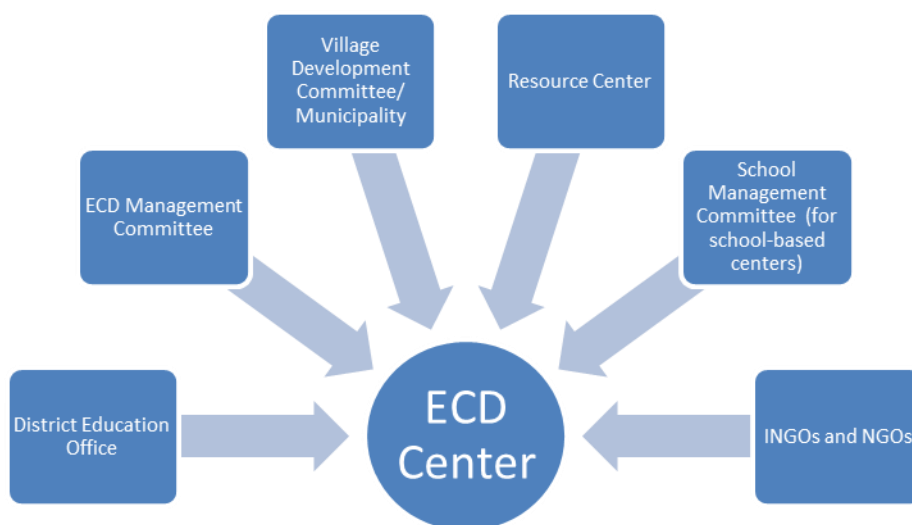
At the national level, the MOE has primary responsibility for governance of ECD. Mechanisms for interministerial coordination include an ECD Council housed within the MOE, a coordination committee within the National Planning Commission (NPC), and an interagency coordinating committee based in the DOE. While the MOE's ECD Council is responsible for developing national ECD policies and strategies, DOE representatives report that the council meets rarely and is not very active. Likewise, according to the ECD Section Chief in the DOE, the NPC coordination committee for ECD has met only once and has not yet been officially declared a committee. Currently, the primary group actively engaged in ECD coordination is the interagency coordination committee set up by the DOE in 2008, at the urging of partners including UNICEF. Members of the committee include representatives from UNICEF, UNESCO, Plan International, Save the Children, World Vision, and the United States Agency for International Development (USAID), as well as representatives from the MLD; Ministry of Health (MOH); Ministry of Women, Children, and Social Welfare; and the National Planning Commission. The Director General of the DOE chairs the committee, and the member-secretary is the ECD Section Chief/Deputy Director of the DOE. The committee meets regularly to address such issues as ECD funding, coordination to avoid duplication of services and activities, and other matters of interagency collaboration.

District and Local Level Governance

Governance for ECD centers occurs among multiple district- and local-level bodies under the ministries of education and local development. The Government of Nepal is committed to decentralization, control of services by local government entities and their partners, as the means of providing education and health services throughout the country. The country is divided into 75 administrative districts. Each district is further divided into VDCs and municipalities, which are regarded as grassroots administrative units of the MLG. Funding for health, education, and other services from the national budget is distributed to the districts, and District Development Committees allocate these funds across VDCs at their discretion.

Each of the country's 75 districts has a District Education Office (DEO) that oversees a small number of Education Resource Centers within the district. Each Resource Center serves several VDCs and/or municipalities.¹⁸ The VDC/municipality, in turn, oversees both school- and community-based ECD centers in the area. Head teachers and school management committees manage school-based ECD centers, along with an ECD-management committee formed at the District Development Committee level and comprised of community members or leaders, local INGO and NGO staff, parents, and perhaps village- or ward-level government officials. Community-based ECD centers are also managed by ECD-management committees. At this time, not all community-based centers receive government funding through the DEO. These centers rely on parents and NGOs for financial support. However, even government-supported centers may receive additional financial support from other sources.

Figure 2.2. Management and Funding of School- and Community-Based ECD Centers at District and Local Levels



Source: Mathematica Nepal country case study visit conducted in June 2010.

Figure II.2 depicts the range of stakeholders involved in funding, managing, and monitoring ECD centers.¹⁹ All of the stakeholders conduct some form of independent monitoring of the ECD centers for both school-based and community-based centers.

¹⁸ A VDC is both a committee and a geographical area. The VDC is the smallest administrative unit in the country, which includes 9 wards. The committee itself is the governing body at the local level, responsible for administration of services in the VDC area. The committee is responsible for coordination of activities at the local level in all sectors, including health and education. VDCs are rural areas. The urban equivalent of the VDC is the municipality.

¹⁹ Resource Centers do not provide financial support, but rather monitoring of ECD centers only. Central government funding for ECD centers goes through the DEOs to School Management Committees ([SMCs]for school-based centers) I/NGOs, funding in some geographical areas also goes through SMCs

2.3 Key Partnerships

UNICEF began its work on behalf of children in Nepal in the late 1960s. At that time, there were already some pre-primary classes available in private schools and centers, but these facilities were not accessible to the majority rural population. Save the Children, Plan International, and Seto Gurans National Child Development Services, as well as UNICEF and UNESCO, began supporting community-based centers for early childhood education and development in remote and disadvantaged parts of the country in collaboration with local NGOs and CBOs in the 1970s. Seto Gurans is a national NGO focused on training and technical support for ECD services implementation and management. Seto Gurans conducts facilitator training and provides monitoring for ECD centers in several districts, parent education for mothers and fathers, and technical assistance to support development of training materials and monitoring tools. These partners, in collaboration with a wide variety of other governmental and non-governmental organizations, have promoted increased public investment and ownership of ECD services in Nepal over the past 30 years. These efforts have contributed to the rapid growth of government-supported ECD centers throughout the country.

Other key partners include the Center for Education Innovation and Development (CERID). This organization, based in Tribhuvan University, has collaborated with UNICEF, DOE, and other partners in the development of early learning and development standards (ELDS), and administers a small grant programme for small-scale “action research” on ECD by ECD professionals and other stakeholders (not trained researchers). Equal Access is an NGO partner that produces communications for development. UNICEF and the DOE have partnered with Equal Access to produce a radio broadcast for parents of young children that airs on local radio stations.

Additionally, a group of donors and development partners contributes funds to the education sector through a fund-pooling mechanism. Contributors include donors such as the World Bank, the Asian Development Bank (ADB), Australian Overseas Aid Program (AusAID), the European Union, the Department for International Development (DFID; United Kingdom), Finland, Norway, Denmark, and UNICEF. These partners work with the MOE and DOE, as well as members from the MLD; MOH; Ministry of Women, Children, and Social Welfare; and the National Planning Commission to set policy priorities, and to coordinate policy and implementation with the Government of Nepal’s needs and priorities.

Finally, a national-level ECD network provides technical input to policymakers to assist in the development of policies and strategies, as well as the ECD curriculum, reference books/materials, training packages, and other materials. The network consists of ECD professionals and experts from the various organizations supporting or implementing ECD throughout the country. Meetings are organized frequently by the DOE and sometimes in other organizations, as well.

community-based organizations (CBOs) or VDCs/municipalities for community-based centers, or ECD-management committees.

3. ECD SERVICES AND PROGRAMME DESIGN

The Government of Nepal, UNICEF, and the government's other partners have stated their commitment to ECD to improve children's participation, retention, and achievement in primary education, to further national efforts for poverty reduction and community mobilization, and to facilitate social transformation through sharing of experiences among mothers (MOE/UNESCO 2004). Nepal's conceptualization of ECD emphasizes education. As described in the previous section, early childhood education services began in the 1970s in Nepal. At that time, many children, especially those from poor and marginalized families, entered grade 1 cognitively and socially unprepared, as evidenced by high rates of grade 1 dropout and repetition. ECD was, and still is, viewed as a key strategy for improving children's primary-school performance. Thus, ECD policy implementation in Nepal consists primarily of center-based early childhood education and development (ECED), supplemented with parent education to improve caregiving knowledge, practices, and attitudes and awareness-raising to create demand for ECD.

3.1 Overview of ECD Services and Initiatives

Nepal's ECD initiatives include center-based care and instruction, parenting orientation classes, awareness-raising campaigns, and health services for infants and young children that support physical and cognitive development. This section provides a snapshot of these services.

Center-based Early Childhood Education and Development. The primary modality for provision of ECD services is center-based care and instruction for 3- and 4-year-old children.²⁰ According to the DOE, there are currently 29,089 ECD centers operating in Nepal (MOE 2009). School-based centers are situated in or near a primary school. Community-based centers are often based near a public school but may also be stand-alone facilities in communities that do not have a primary school. According to national standards, ECD centers should be located within 10- to 15-minutes walking distance from children's homes (MOE/Save the Children 2009). ECD centers are available in most districts throughout the southern flatlands (the Terai) and the middle hill belt, but are still relatively sparse in the northern mountain belt, where the topography presents a challenge for roads, electricity, and large settlements.

Overall, 66.2 percent of the population of 3- and 4-year-olds is enrolled in an ECD center—64.8 percent of girls and 67.5 percent of boys (MOE 2009).²¹ Each ECD center is staffed by one or two ECD facilitators, usually young women, who provide care and instruction for as many as 25 children in the center. National guidelines established for ECD centers require facilitators to have at least a 10th-grade education and receive 16 days of basic training before starting work as a facilitator, as well as 6 days of refresher training during their first year of employment (MOE/UNESCO 2004). The DOE has developed an ECD curriculum and training for facilitators based on this curriculum; however, different curricula and training and materials are used in different districts, depending on the local or international NGO that provides the training. ECD facilitators earn as little as 1,800 rupees (about 24 US\$) per month in centers supported by the DOE. This base rate is often supplemented by additional funding from the community, parents, or the local government. However, facilitator salaries rarely reach 3,000 rupees per month and are consistently lower than the standard salary for a primary school teacher, which is at least 8,280 rupees per month.

Parenting orientation (PO) classes. The DOE has expressed its commitment to education of parents as a key component of improving early childhood development in Nepal. It has developed parent education activities that are implemented by district- and local-level government and NGO partners. The PO classes are designed to improve parents' knowledge, attitudes, and practices related to child health and nutrition, early learning, prenatal and postnatal care, birth registration, gender discrimination, and the importance of early childhood education. Classes are held for 45 days (2 hours per day) for about 25 parents and grandparents and are led by a facilitator trained by various international or local NGO partners. Only one course of 45-day classes is conducted in a given community.

²⁰ In Nepal, children begin the first grade at the age of 5.

²¹ These data are taken from official statistics. The quality and accuracy of this data is questionable, as noted in a recent study of Nepal's ECD programme (MOE/UNICEF 2009).

Information, education, and communication to raise awareness in communities. Several initiatives are underway in Nepal to raise awareness of ECD issues among parents and community members. For example, the DOE, in partnership with UNICEF and Equal Access (an INGO that conducts communication campaigns for social change), has provided support for a radio broadcast to inform parents about maternal and infant care, young child growth and development, play and stimulation, early childhood education, and other related topics.

Health services for infants and young child growth and development. Nepal and its partners provide no ECD services, per se, to children under age 3. This age group is served with health and nutrition services through a vast network of FCHVs who link rural communities with the health care system (ward-level health posts and sub-health posts). At present, there are some 50,000 trained FCHVs working in their communities to provide direct services such as vitamin A supplementation and oral rehydration salts. The FCHVs also educate mothers about topics such as prenatal and postnatal care and infant feeding, provide referrals for clinic or hospital care, and offer information about family planning and other health issues. UNICEF has worked to integrate messages about the importance of cognitive stimulation and play for young children into a micronutrient-powder-supplement initiative carried out by FCHVs (UNESCO 2008).

3.2 Logical Framework for ECD in the UNICEF-Government of Nepal Country Programme

The collaboration between the Government of Nepal, UNICEF, and other partners to enhance ECD includes three main strategies, as shown in Appendix D.²² As depicted in this logical framework, each strategy links to a distinct set of activities, outputs, expected outcomes, and impacts. Activities identified in the logical framework for each of these three strategies are:

6. **Capacity Building for implementation and expansion of ECD services.** This component includes activities to support capacity building and technical assistance for national-level policymakers, training ECD stakeholders and facilitators at the district and local levels, provision of services and infrastructure in ECD centers, and support for PO classes.
7. **Knowledge generation, dissemination, and management to inform policy and programme development.** A second strand of ECD involves activities to develop standard measures of young children's well-being and outcomes, as well as measures of the practices and environmental conditions that foster these desired outcomes. Additionally, DOE, with support from UNICEF, has begun a data collection effort to map the locations of all ECD centers within the country, and to describe their basic characteristics, for the purposes of more effective targeting of resources and planning for expansion.
8. **Mainstreaming ECD into National and Subnational Policy and Programming.** This component focuses on activities to develop and implement national and subnational policies establishing government commitments, action plans, and guidelines regarding ECD. It also includes awareness-raising activities in communities (such as a radio broadcast for parents of young children), and integration of ECD messages into existing health services.

In combination, the Government of Nepal and its partners expect these activities to produce several key outcomes: policies that support ECD and enhance intersectoral collaboration; increased knowledge and skills among parents and service providers and increased enrollment in ECD centers; and improved planning and monitoring of ECD services. Finally, in the medium-term, stakeholders expect these activities to support the expansion of ECD services throughout the country and enhance the development and well-being of children. In the long term, children should be ready for school, enter on time, stay in school, and be able to learn and thrive.

²² The evaluation team developed this logical framework based on the 2010 site visit and document review. Our understanding will be confirmed with the UNICEF Nepal CO and, with the help of CO staff, with government counterparts.

Capacity Building for Implementation and Expansion of ECD Services: Activities and Strategies

National-level capacity building. UNICEF provides support to increase the capacity of government officials at the national level to formulate effective and appropriate ECD policies and guidelines, and to plan and allocate resources for implementation. Additionally, with tools developed by UNICEF headquarters, UNICEF Nepal will assist the MOE/DOE in an analysis of ECD capacity at all levels as part of a capacity-gap analysis planned for 2010, and UNICEF will provide support to the Government of Nepal for the formulation of capacity-development plans.

Training and orientation for district and local ECD stakeholders and facilitators. UNICEF supports training and orientation for local stakeholders charged with managing and providing ECD. Partner INGOs and NGOs in DACAW districts lead orientation for teachers, head teachers, district and VDC officials, and ECD-management committee members, and they teach basic skills for establishing, managing, and maintaining an ECD center. Training of ECD facilitators constitutes another major aspect of capacity building for implementation and expansion of ECD. UNICEF support for facilitator training partially covers the costs of basic and refresher training for the facilitators hired to staff the newly established centers.

Support for ECD centers. UNICEF provides direct support to some ECD centers in the DACAW and Girls' Education districts. This direct support to ECD centers is primarily material, and includes toys, educational materials, and repairs or improvements to the physical infrastructure. UNICEF also provides indirect support in other districts through the education-sector donor group, which supports implementation of the SSRP (including ECD services), and through the provision of technical assistance to district- and local-level governance partners to implement and manage ECD.

Support for Parenting Orientation. UNICEF provides direct financial support for PO classes in communities with ECD centers in the DACAW districts. CERID, with UNICEF support, conducted a baseline study of parents' knowledge, attitudes, and behaviors related to ECD in five DACAW districts in 2008 to inform the parenting education curriculum. A follow-up survey planned for 2011 will measure changes.

Knowledge Generation, Dissemination, and Management to Inform Policy and Programme Development: Activities and Strategies

Developing standards for early learning and development. The MOE, with support from UNICEF and other stakeholders, has drafted standards and indicators for early learning and development. The ELDS lay out key goals for children between the ages of 4 and 5 years in the domains of physical, social, emotional, cognitive, language, and cultural development. The ELDS framework includes a list of learning-environment characteristics and activities, with indicators for each domain, to guide practitioners and parents in making concrete steps to promote children's development. The Government of Nepal and its partners have drafted and reviewed the standards and will test them in 2010 with children ages 4 to 5 years.

Mapping and profiling of ECD centers. At national, district, and local levels, UNICEF and its partner, CERID working under the leadership of DOE, have carried out several ECD studies and data collection efforts to provide decision makers at all levels with information to support policy implementation and advocacy. An ECD mapping exercise carried out by the DOE with UNICEF support is among the most important of these activities. This mapping exercise will create a national inventory of ECD centers and enable tracking of key information about them, such as enrollment, facilitators' qualifications, and other basic information. The DOE's Regional Education Directorate, with support from UNICEF, has mapped all ECD centers in five DACAW districts. UNICEF also provided support for the development of a database to store mapping data to be used by the regional directorates for planning of ECD service delivery. The nationwide mapping exercise is currently stalled because appropriate contractors have not yet been identified to complete the data collection, and technical difficulties have arisen with the database.

UNICEF, in collaboration with the DOE, hired a consultant to review the status of Nepal's ECD services in terms of progress in expanding services, inclusion of disadvantaged groups, and quality of services

provided. In addition, this study collected detailed information regarding the actual costs of providing ECD services—including parental education and center-based ECD. This study goes beyond the cost estimates included in the SSRP, which account only for the amount contributed by the MOE, to include all expenditures from other ministries, NGOs, and communities that contribute to the whole of ECD service-provision in Nepal. The study provides calculations for the total budget required to provide ECD services over the long term and discusses means for reaching necessary funding levels (MOE/UNICEF 2009).

Mainstreaming of ECD into National and Subnational Policy and Programming: Activities and Strategies

Advocacy, networking, and coordination. UNICEF has been working for the past 20 years to mainstream ECD into education policy and planning in Nepal. Its efforts have included advocacy for the establishment of national level committees to coordinate ECD planning and implementation among the ministries, line agencies, and INGO and NGO partners, and participation in these committees. UNICEF's advocacy efforts were instrumental in the creation of the interministerial ECD committee within the NPC and the interagency committee. UNICEF staff collaborated with UNESCO and the MOE in the elaboration of the EFA National Plan and the ECD operational guidelines (MOE/UNESCO 2004) and in the development of the SSRP. UNICEF is also assisting the DOE in dissemination of the National Minimum Standards for ECD Centers. These standards, developed by the MOE and Save the Children, were adopted in 2009. They establish benchmarks for ECD center facilities, the learning environment, and center management to be met by all school- and community-based ECD centers in the country (MOE/Save the Children 2009).

Information, education, and communication to raise awareness on ECD. UNICEF works in DACAW districts, through community and mothers' groups, to raise awareness of ECD issues, and has supported the development of radio broadcasts on early childhood development and schooling through Equal Access Nepal. They have also contributed to the development and distribution of other information, education, and communication materials.

Integration of ECD messages into health services. UNICEF worked to integrate messages about the importance of cognitive stimulation and play for young children into a micronutrient-powder-supplementation initiative. Micronutrient-supplementation is a parent education initiative carried out by FCHVs in communities throughout Nepal. FCHVs train parents in their own communities through mothers' groups and in-home visits to teach parents about the nutritional needs of young children, the importance of vitamins for brain development, and the proper use of the powdered supplement, which is provided at local health posts.

3.3 ECD in the UNICEF Country Office

UNICEF supports Nepal in addressing the needs of young children through seven programme components: DACAW; Child Protection; Education; Health and Nutrition; HIV/AIDS; Water, Sanitation and Hygiene (WASH); and Social Policy (UNICEF 2008a). ECD is a focus area within the education section, alongside projects for formal primary education, nonformal primary education, peace education, and emergency education. ECD activities supported by UNICEF as part of the country programme are funded by the UNICEF-GoN ECD programme as well as other resources.

ECD in the UNICEF Country Programme Structure

UNICEF Nepal integrated ECD in the late 1990s as a component of the Education programme. ECD was moved to the Health and Nutrition section in 2002, and then returned to the Education programme in 2008, when a post was created for an ECD Specialist. ECD activities are led by the ECD Specialist and the Education Section Chief. The UNICEF country office ECD Specialist, along with the Education Section Chief and CO Representative, works primarily with national government counterparts in the MOE, DOE, and partner INGOs and NGOs to advocate for and provide technical assistance for developing policies and plans for ECD services, as well as related training and other materials. The ECD Specialist also works within UNICEF to integrate ECD into other ongoing work in the other sections.

ECD in the CPAP

UNICEF's ECD goals are stated succinctly in the current CPAP with Nepal: "The early childhood development project will provide support to expand the ECD system to marginalized communities. In the most marginalized communities in 15 districts, 80 percent of parents and guardians of children ages 3 to 5 years will receive orientation on ECD and on the importance of primary education. By 2010, there will be ECD centers in each of the category 3 and 4 VDC settlements in disadvantaged groups' VDCs in 15 DACAW districts."

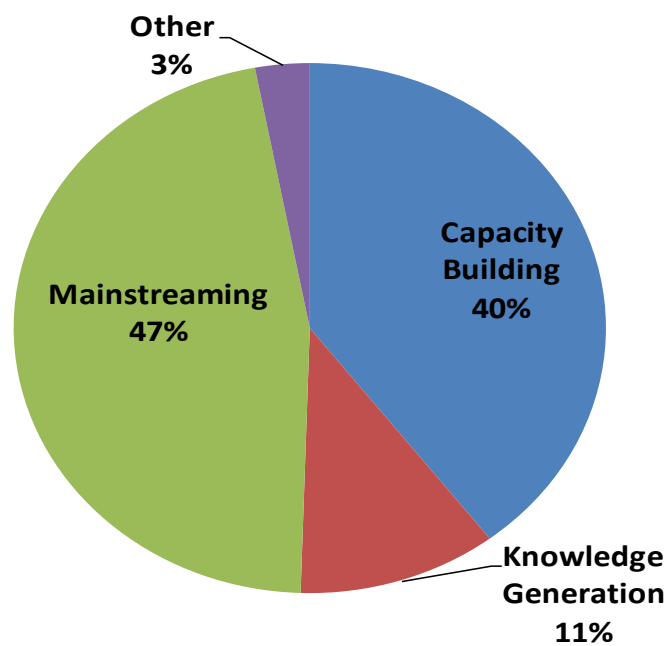
The DACAW is the primary mechanism for UNICEF's ECD work at district and local levels. DACAW is UNICEF's framework of collaboration with communities and local and district government through which UNICEF's Health, Education, Child Protection, HIV/AIDS, and WASH are implemented. Specifically, DACAW works to build the capacity of individuals and communities, especially women, to demand change; to build capacity among local service providers to meet the needs of the population; and to build the capacity of local government to plan, implement, and monitor activities that support the interests of women and children. DACAW is currently operating in 23 districts throughout Nepal (UNICEF 2008b). ECD services are also supported by UNICEF in seven stand-alone districts (without DACAW) that target special support for girls' education.

Use of UNICEF-GoN ECD Programme Funding

According to UNICEF CO and region/zone office staff, allocation of the Dutch funds has been guided by the UNICEF-GoN project objectives as well as the priorities laid out in the UNICEF Country Programme Action Plan (2008-2010), the Strategy Paper for ECD in Nepal and the SSRP. With the exception of the development of the ELDS and the recent integration of an ECD component into micronutrient-supplementation activities, almost all of the ECD activities had already begun, or were in development, when the Dutch funding was received in 2008. No specific strategy for the allocation of funds to particular activities was elaborated; rather, the country office used the funds to jump-start previously planned activities that had not been implemented and to enhance activities that were already underway. CO staff indicated that the Dutch funds had not only complemented ongoing advocacy and other work, but allowed for an intensification of this work. Appendix F further details UNICEF Nepal's expenditure of the Dutch funds during the past three years of the programme of cooperation (2008 and 2009 expenditures and 2010 allocations) by strategy and activity.

Capacity building activities account for 40 percent of UNICEF's spending from the Dutch ECD funds (Figure III.1). Most capacity-building expenditures are for district and VDC-level training and orientation for head teachers, facilitators, and government officers involved in management of the ECD centers. Activities carried out at district and local levels, across all three strategies—including training, orientation, parent education, collaboration with district and local governance, and direct support to ECD centers—together account for more than half of all expenditures (not shown).

Figure 3.1. Distribution of UNICEF Nepal Expenditures Across Country Programme Strategies (includes planned expenditures for 2010)



Sources: Adapted from UNICEF 2009; UNICEF 2010. See Appendix F.

4. EVALUATION FINDINGS: NEPAL CASE STUDY

This section presents findings from the case study in five broad areas: (1) alignment with national plans and policies; (2) effectiveness, including the effectiveness of advocacy efforts; (3) quality and efficiency of ECD services, (4) planning, management, and coordination; and (5) incorporation of a human rights based approach and strategies to improve equity.

4.1. Alignment with National Goals and Priorities for ECD

Activities undertaken in Nepal as part of the Programme of Cooperation on ECD are well aligned with national goals and priorities. ECD activities carried out by Nepal with support from UNICEF focus heavily on capacity building for start-up and support to ECD centers, and are well aligned with the government's goals for expansion of ECD into new districts and VDCs. ECD became a formal part of national education policy in 2000, when Nepal adopted the goals and strategies of the EFA Dakar Framework for Action, which included the goal of "expanding and improving comprehensive early childhood care and education" (UNESCO 2000). The SSRP, adopted in 2009, includes concrete steps toward mainstreaming ECD into the national education system; the SSRP specifies a target GER for ECD of 80 percent by 2015. UNICEF has also made significant investments in parent education consistent with the CPAP objective related to increasing the number of parents with specific knowledge of ECD messages.

As Table IV.1 shows, ECD policy development and implementation has largely focused on the most pressing needs of young children in Nepal. Several initiatives have been established to address children's need for cognitive stimulation and support for social-emotional development in both center-based and home settings. As noted elsewhere in this report, through the SSRP, Nepal has worked to scale up ECD centers over the past several years and plans to continue moving in this direction. PO classes and training for ECD center facilitators have also been implemented. Nepal's National Strategy on ECD sets a goal of 90 percent of children attending ECD centers transitioning to primary school cognitively and socially ready to learn by 2015 (MOE/UNESCO 2004). Nepal and its partners have begun to address school transition through awareness-raising activities for parents about the importance of primary education as well as stakeholder orientation. In the area of health and nutrition, the National Strategy on ECD states that by 2015, children under age 3 should receive care through parents and communities for health and nutrition in an environment conducive to holistic development (MOE/UNESCO 2004). Nepal and its partners have begun working toward this goal by infusing ECD messages into micronutrient-supplement activities implemented in communities by FCHVs. Increasing access to ECD activities and services for marginalized and disadvantaged populations is a focus of Nepal's major ECD policies. The case study team did not find evidence, however, of specific strategies or plans for targeting these populations for enrollment, prioritizing the areas in which these populations live for establishing new ECD centers, or other strategies to prioritize these groups for ECD activities and services.

Table 4.1. Alignment of Child Needs, Policies to Address Them, Status of Implementation, and Progress

Needs of Young Children	ECD Policies that Address Needs	Policy Implementation	Implementation Progress
Opportunities for cognitive stimulation and support for social-emotional development	SSRP	ECD centers	Scale-up underway
		PO classes	Initial/pilot implementation
		Facilitator training	Initial/pilot implementation
Support for a successful transition to primary school	National Strategy for ECD	Awareness-raising for parents	Initial/pilot implementation
		Stakeholder orientation	Initial/pilot implementation
Health and nutrition services	National Strategy for ECD ^a	ECD messages in micronutrient-supplementation	Initial/pilot implementation
Supports to increase access for marginalized populations and children who live in rural areas	SSRP National Strategy for ECD	No targeted strategies	No action/gap

^aOther policies in Nepal address the health and nutrition needs of young children, but this analysis was limited to ECD-specific policies.

4.2 Effectiveness of ECD²³

This section reports key findings about four dimensions of effectiveness of ECD: (1) increasing access and coverage, (2) building capacity for ECD, (3) generating knowledge for ECD, and (4) mainstreaming ECD into national policies and plans.

Increasing Access and Coverage

Access to ECD services has increased substantially in Nepal. ECD in Nepal has expanded rapidly in the past few years, from 5,023 centers in 2004 to 29,089 in 2009 (MOE/UNICEF 2009). In 2006, only 18 percent of children entering grade 1 had any experience with ECD; this figure increased to 50 percent in 2010. Moreover, MOE data indicate substantial increases in the ECD GER between 2006 and 2010 in most geographic regions of Nepal, with the exception of the Kathmandu Valley, where relatively wealthier urban families have for decades had access to ECD through public and private schools (Table IV.2).

As noted earlier in the report, UNICEF has some concern about the quality of data from the Education Management Information System (EMIS), on which the figures in Table IV.2 are based. As noted in a recent report by Jan Van Ravens (MOE/UNICEF 2009), the Demographic and Health

²³ ECD examined as part of this case study includes programming initiatives in Nepal, with an emphasis on those supported by UNICEF in partnership with the Government of Nepal and UNICEF, 2008-2010.

Table 4.2. ECD Gross Enrollment Rate from 2006-07 to 2009-10 by Eco-Zone

	ECD Gross Enrollment Rate (Percentage)	
	2006-07	2009-10
Mountain	36.8	56.9
Hill	38.1	62.3
Kathmandu Valley	128.0	127.1
Terai	36.3	63.7
Total	41.4	66.2

Sources: MOE/DOE. Flash I Report 2063 (2006-07). Bhaktapur, Nepal, 2006.
MOE/DOE. Flash I Report 2066 (2009-10). Bhaktapur, Nepal, 2009a.

Note: Gross enrollment rate indicates the total number of children (of any age) enrolled as a proportion of all 3- and 4-year-old children. It can exceed 100 percent if there are large numbers of over- and under-age children enrolled.

Survey (DHS) asked parents specifically about their 3- and 4-year-old children's enrollment in ECD centers, so these data may provide more accurate estimates than those produced from national statistics. In part, this is because DHS provides estimates of net enrollment (enrollment of 3- and 4-year-olds only), while EMIS data produce estimates of gross enrollment (children of any age enrolled in ECD centers). DHS, however, asked about enrollment in private as well as public ECD centers, whereas EMIS data produce enrollment estimates for public centers only.

As a result, comparisons of these data sources must be made with caution. Nevertheless, estimated rates of ECD enrollment based on both sources are similar. In 2006, the last time the DHS was conducted in Nepal, the survey found that 23 percent of 3- and 4-year-olds were enrolled in ECD, compared with an estimated GER (including children of all ages) of 41 percent based on EMIS data.

Access to ECD services in Nepal has increased for the most disadvantaged and marginalized groups. Data reported by the MOE for 2009-10 do not disaggregate GER for ECD by caste or social group.²⁴ However, according to MOE data from 2006-07 and 2008-09, the proportion of Dalit and Janajati entrants to grade 1 who have some ECD experience increased substantially in this short time period (see Table IV.3).

However, as can be seen in Table IV.2, the proportion of grade 1 entrants with ECD experience has grown faster for nondisadvantaged ("other") groups than for Dalit and Janajati groups. Also, Dalit children still remain far behind "other" groups in terms of ECD experience.

Table 4.3. Grade 1 Entrants with ECD Experience 2006-07 and 2008-09

	Grade 1 Entrants with ECD Experience	
	2006-07	2008-09
Dalit	17.3	25.9
Janajati	21.0	33.7
Other	16.5	36.7

²⁴ The net enrollment rate (NER) and GER were reported for Dalit, Janajati, and other groups in the 2006-2007 Flash Report, but are left out of later reports. The 2008-2009 reports provide only the proportion of Dalit and Janajati students out of the total ECD enrollment. They do not provide information about the proportion of all eligible Dalit and Janajati children who are enrolled in ECD.

Grade 1 Entrants with ECD Experience		
	2006-07	2008-09
Total	18.3	33.1

Sources: MOE/DOE. Flash I Report 2063 (2006-07). Bhaktapur, Nepal, 2006.
MOE/DOE. Flash II Report 2065 (2008-09). Bhaktapur, Nepal, 2009b.

Nepal has made progress toward ECD targets set in cooperation with UNICEF, but has not achieved them. These goals are to by the end of 2010 establish an ECD center and provide orientation to 80 percent of parents of young children in the most marginalized communities in 15 DACAW districts. According to the 2009 Annual Report, by the end of 2009, “ECD centers were present in 63 percent of wards in the most disadvantaged VDCs in UNICEF-supported districts,” and 49 percent of parents in the most disadvantaged communities had received parenting orientation, compared with 39 percent in the previous year. There are several potential explanations for why targets have not yet been met. The case study team found no evidence that Nepal is targeting funding for ECD centers to the most disadvantaged VDCs, or evidence that funding is allocated in a way that prioritizes the meeting of UNICEF targets. Also, the availability of PO classes in the 15 DACAW districts is not sufficient to reach 80 percent of parents. As noted in Section III, only one series of classes for 25 parents and grandparents is held in each community, and may not be sufficient to reach 80 percent of parents. In addition, outreach to parents in these districts may not be sufficient to attract 80 percent of the parents.

Building Capacity for ECD

The Government of Nepal, with support from UNICEF, has taken a strategic approach to capacity building. The Government of Nepal and its partners are engaging in a strategically appropriate “mix” of capacity-building activities that contribute to a supportive environment for ECD in homes, communities, and the education system. Through its extensive work with communities and districts as part of the DACAW approach, UNICEF has gained an understanding of the needs and abilities of local officials and other stakeholders. The cooperation programme has strategically targeted capacity-building resources toward teachers, head teachers, and district and VDC officials. Of the head teachers and local officials that interviewed during the site visit, most seemed to have a good understanding of ECD and its importance, though this was almost always expressed in terms of improving young children’s performance in grade 1, and not in terms of a child’s holistic development. The cooperation programme has also taken into account the importance of parent involvement in the creation and expansion of ECD services, and has employed a participatory approach in raising parents’ awareness of ECD, creating demand for it, and building their capacity to provide the health and nutrition supports that make ECD most effective. Thus, the Government of Nepal and its partners are engaging in a strategically appropriate “mix” of capacity-building activities that contribute to a supportive environment for ECD in homes, communities, and the education system.

Nepal has implemented district-level training, but not all stakeholders receive the training or orientation they need. In Parsa and Tanahun, District Education Officers (district-level DOE officials) had not received any orientation. Although the MOE and its partners recognize the importance of ECD orientation for head teachers, ECD management committees, and district and VDC officials, training has not yet been implemented consistently in all districts. Orientations are organized locally according to the initiative and interest of individuals in the community, and thus, do not occur in all districts for all relevant stakeholders. Similarly, some facilitators reported receiving only 8 or 12 days of the required 16-day basic training, and most had not received any refresher training. Consistent mechanisms for monitoring whether facilitators have completed the full 16 days of basic training or the refresher training are not in place. More than one facilitator the case study team interviewed had been working for more than 12 years and had never received any refresher training. Stakeholders noted that in many areas, there are facilitators who have not received basic training, because turnover rates are so high that training cannot keep up with the intake of new facilitators. It is not clear why all facilitators do not complete the full basic-training course, or why many do not receive the refresher training. Presumably, this situation relates to the lack of monitoring of the training process and poor follow-through on the part of the local government (and INGO and NGO partners) responsible for managing and implementing ECD.

Impact of PO classes on parents' behaviors is unclear. PO is an important component of ECD in Nepal, but it appears to have limited effects on parent knowledge, attitudes, and practices. The site visit team's meeting with parents in Tanahun occurred three years after the orientation classes had been provided in their community, and few remembered much of what they had been taught. Similarly, a meeting with three grandmothers in Parsa district yielded very little evidence of behavior change related to child care practices. Participants in both districts tended to recall information related to immunizations and child feeding, but did not mention changes related to young children's cognitive, social, or emotional development. The case study team asked participants whether they learned in PO classes about things to do at home to help their children develop, but few seemed to understand the question. Participants did report that PO classes convinced them to send their children to ECD centers.

Although the classes thus appear to be successful in creating demand for ECD, they may not be reaching their full potential for improving parents' knowledge, attitudes, and practices about caring for and stimulating their young children's holistic development. CERID, with UNICEF support, conducted a baseline study of parents' knowledge, attitudes, and behaviors related to ECD in five DACAW districts in 2008 to inform the parenting education curriculum. A follow-up survey planned for 2011 will measure change.

Generating Knowledge for ECD

Data are not consistently collected and used for ECD policy development and implementation in Nepal. Data are not consistently collected, analyzed, or used for making decisions about ECD. For example, Nepal does not have accurate information about the total number of ECD centers that currently exist in the country (or the breakdown of community-based, school-based, and privately-run centers and pre-primary classes),²⁵ or the exact geographic distribution of these centers. The mapping exercise described in Section III is intended to remedy this situation. As noted earlier, however, mapping has been completed in DACAW districts but is stalled in the rest of the country. Administrative data reports produced annually by the MOE (Flash Reports) include two basic ECD indicators: (1) ECD enrollment and (2) percent of grade 1 students who have had some ECD experience. These reports, however, do not disaggregate information by rural versus urban areas, socioeconomic groups, or provide the gross or net enrollment rates for disadvantaged groups.²⁶ Other sections of the reports, which provide information about primary and secondary education in the country, include such indicators as dropout and repetition rates, student-teacher ratios, teacher training, availability of textbooks, and other important quality indicators. Finally, as noted earlier, there is no standard mechanism for monitoring the training or performance of ECD facilitators.

The ELDS will be a vital tool to define and monitor quality of ECD services. The ELDS currently being developed by the government of Nepal, with UNICEF support, are currently the best available quality standards for ECD centers. They have gone through a comprehensive and highly participatory process of development, beginning with formation of the working group of government officials, ECD professionals, academics, donors, and a writers group consisting of subject-area specialists. Stakeholders first agreed upon key domains and sub-domains for the standards, and writers then elaborated on the standards and indicators. The draft standards were then circulated widely and reviewed by stakeholders and practitioners at all levels to determine whether the content was valid and complete. Revisions have been made based on feedback from the content validation, and the standards will be tested in 2010 with children ages 4 to 5 years. The ELDS will not only allow Nepal to obtain a baseline for children's status at the outset of ECD services, but will also provide measures that can be used for monitoring of ECD centers and provide the basis for improved curricula and training materials for

²⁵ While most ECD stakeholders recognize community-based versus school-based ECD centers, MOE Flash Reports consider both of these types of centers to be "community-based" and refer to private centers or classes as "institutional." Therefore, it is not possible to determine the proportion of ECD centers that are community-supported and community-managed versus those that are school-managed and funded by the DOE.

²⁶ The NER and GER were reported for Dalit, Janajati and other groups in the 2006-07 Flash Report, but are left out of later reports. The 2008-09 and 2009-10 reports provide only the proportion of Dalit and Janajati students out of total ECD enrollment.

facilitators as well as parents. The challenge will be to ensure that the standards are turned into the necessary tools and that key groups are properly trained in their use.

There is little evidence on the effectiveness of ECD services in Nepal. Aside from a lack of basic information to describe and monitor the state of ECD services in Nepal, there is also a lack of data regarding the effectiveness of ECD services. CERID has conducted several qualitative studies about ECD's positive influence on student retention in primary grades. A 2003 study conducted by Save the Children examined the impact of ECD services on children, families, and communities, combining administrative data from ECD centers and schools with qualitative data collected from parents, teachers, and other stakeholders (Save the Children 2003). This study found that children with ECD experience had higher rates of enrollment in grade 1, performed better in primary school, and attended more regularly. However, the study focused on a single district in Nepal, and the authors noted significant data-quality issues in school and other administrative records. Additionally, the study was designed in such a way that it is not possible to attribute differences in outcomes to exposure to ECD.

There appear to be no rigorously designed, nationally representative studies examining whether ECD services, as they are currently being provided, have succeeded in improving rates of dropout and repetition in grade 1 and later grades, or have achieved other important outcomes related to school performance, or cognitive and socioemotional development in the medium and long term.²⁷ Similarly, no evaluations have been conducted of parenting education activities to determine whether participating parents behave differently with their children than parents who do not participate, or whether outcomes differ between their children.

Mainstreaming ECD into National Policies and Plans

ECD is not yet integrated across sectors in Nepal. Considerable efforts to work toward integration of ECD have taken place and have involved MLD, MOE, NPC, and CA members. However, more work is needed in this area. ECD policy is implemented largely within the education sector in Nepal. Overall, policy implementation is not comprehensive or fully integrated across sectors through ECD centers, health centers, or some other mechanism, in Nepal. This situation is likely due to several factors. First, there is an overall lack of collaboration between the ministries involved in policy and activities related to the interests of young children. As noted in Section II, several interministerial coordination bodies exist but are not active. For example, UNICEF's advocacy efforts were instrumental in the creation of the interministerial ECD committee within the NPC and the interagency committee, but the NPC had met only once and had not yet been officially declared a committee. Second, the most current government policies on ECD, particularly the SSRP, are in the education sector. Other ministries may believe that ECD is primarily an education-sector issue and may not understand the importance of intersectoral coordination.

The Government of Nepal has developed a strong partnership with UNICEF to advocate for and support ECD policymaking and planning at all levels. MOE and DOE officials at the national level noted consistently that UNICEF had played an important role in keeping ECD on the national agenda and in pushing for more recognition and funding. Some respondents said that UNICEF's credibility, and its professional capacity, is an extremely important factor in its work and gives the organization a high degree of influence with the government and other partner organizations.

Respondents also consistently cited UNICEF's ability to bring organizations together to discuss and collaborate on ECD policy development and implementation efforts. UNICEF has a seat on the interagency coordination committee, which it helped establish, as well as the education-sector donor group. UNICEF staff members have worked closely with the DOE as a partner and technical advisor in national-level ECD efforts. Moreover, UNICEF staff members were involved in the development of the SSRP, and they advocated keeping 3-year-olds in the plan. They contributed to the development of the original ECD curriculum and will be involved in its revision in 2010. They have collaborated in the development of the training package for ECD facilitators, and will assist with the dissemination of

²⁷ Rigorously designed research would examine outcomes at the child level, specifically comparing those who had ECD experience with appropriately matched comparison children who had not, and would control for potential confounding factors such as parents' education level, socioeconomic status, and other circumstances.

minimum standards to districts and VDCs. Even at a local level, one DOE representative reported, UNICEF's work in awareness-raising and its close working relationship with community groups and VDC officials (through the organization's work with DACAW) had been critical for the expansion of ECD because it created buy-in from local officials and community members, as well as demand for ECD services among parents.

ECD is not fully mainstreamed into all components of UNICEF's country programme. Nearly all of UNICEF's ECD activities fall under the education programme, which mirrors the concentration of Nepal's ECD policy development and implementation in the education sector. CO staff indicated that efforts have been made to collaborate on ECD across sectors using several strategies. ECD is discussed during monthly meetings for key staff from all sections, and sections exchange their annual work plans with each other for review and comment. However, in only a few instances has ECD been integrated into programming in other sections. Specific examples of this integration include the ECD Specialist's work with the nutrition section to include messages about ECD in micronutrient-supplementation activities. Similarly, a page about children's needs and risks throughout the development cycle was included in a resource kit on community mobilization for child protection (UNICEF 2010a). In addition, there are references to "bad practices" in the parent-orientation materials. Aside from these examples, however, ECD has not truly been integrated into the programming of sections other than education.

Nepal has taken a critical step toward mainstreaming ECD into formal education through the passage of the recent SSRP, but the plan has limitations. Development of the SSRP began in 2004, coinciding with dissemination of the national ECD strategy (MOE/UNESCO 2004). Experts, professionals, and stakeholders at national, regional, district, and community and school levels reviewed and debated the core SSRP document during its formulation. Nepal's key partners, including UNICEF, advocated for inclusion of ECD in the plan. Incorporation of ECD in the SSRP reflects a significant progress toward mainstreaming ECD; however, the plan has some limitations. First, while the EFA had established ECD as a priority for 3- and 4-year-old children, the SSRP limits its commitment to 4-year-olds. Second, the plan provides only enough funding to cover the one-time costs of establishing a new ECD facility (and only enough centers to cover the country's 4-year-old children), the facilitator's salary and training, and some basic materials. According to UNICEF, the SSRP also provides annual operating costs of the ECD centers.

"The main responsibility for creating demand, identifying needs, planning, implementing and ensuring ECD quality standards will lie with the local government" (MOE 2009). In fact, although the amount allocated to ECD in the SSRP (approximately 4.8 billion rupees)²⁸ is almost five times the amount allocated by the EFA National Plan in 2004 (1.05 billion rupees),²⁹ the overall proportion of the education budget allocated to ECD has decreased from 8.8 percent in the EFA National Plan to 2.2 percent in the SSRP (personal communication with L. van de Wiel, July 9, 2010).

4.3 Quality and Efficiency of ECD Services

The efficiency and quality of ECD activities and services provided vary from center to center. As described in Section I, the site visit team visited only a few centers and cannot generalize for all settings. Although this evaluation could not assess the full extent of these issues, the findings provide some insight into ECD issues in Nepal. All four of the ECD centers case study team members visited had a wide variety of interesting materials available to use as aids for play-based learning, including blocks, dolls, homemade storybooks, basic household items labeled with their Nepali names, charts of the seasons, and other educational materials on the walls. However, the case study team did not observe organized use of the materials in any of the classrooms visited. Making developmentally appropriate materials available in classrooms may not be an efficient use of resources if facilitators do not have the knowledge

²⁸ The School Sector Reform Plan (2009) total budget (Annex 9-1) shows 4755.52 million rupees (59.44 million US\$) budgeted for ECED for the five year period 2009-10 through 2013-14.

²⁹ The Strategy Paper for Early Childhood Development in Nepal 2004-2009 development budget (Annex 3) shows 1,053,000 rupees for expanding early childhood development for the five-year period between 2004-05 and 2008-09. This is the "high scenario," assuming establishment of 13,000 new ECD centers. The low scenario includes a five-year budget of 840,250 rupees.

and skills to support children's use of them. On the other hand, one center had a facilitator who organized her classroom and activities very well, led an interactive story time with the class, and described creative games she had devised to teach children colors and numbers. When asked where she had learned about these games, she indicated that she made them up herself. Interviews with UNICEF staff and national and local stakeholders confirmed these observations about the variability of center quality. Consistent data from monitoring visits to ECD centers are not collected. Therefore, no systematic information is available about the quality of ECD center-based services in Nepal. Regarding children's development, parents reported during focus groups in both centers that their children who attend an ECD center are less shy and do better in school than their children who did not attend an ECD center.

Monitoring of ECD facilitator performance is insufficient. There are no standard procedures in place to monitor the quality of ECD services provided in Nepal. Although nearly every stakeholder in a district monitors ECD centers (see Figure II.2), there are no standard monitoring tools and no formal mechanism for reporting monitoring findings to district-level education officers or any other body. Monitoring conducted by multiple stakeholders, without coordination and standardized monitoring and reporting tools, is not an efficient use of ECD resources. Multiple monitors are likely to duplicate their efforts, and lack of standard tools means that gaps in monitoring topics are likely, with some dimensions of quality covered by multiple monitors and other dimensions reviewed by no one. Moreover, lack of formal monitoring and evaluation (M&E) and reporting mechanisms reduces the likelihood that monitoring findings will be used for improvement of ECD services.

Facilitators do not have access to training or other professional development opportunities beyond the refresher training, and they have no curriculum manuals or guides to aid them in their daily work. Facilitators typically reported that they do not create lesson or activity plans, but rather described a daily routine of free play, singing, outside play; a few minutes of lessons; snack; and nap time. From the observations, facilitators did not seem to have sufficient understanding of the types of activities and interaction required to provide quality services to support cognitive and socioemotional development. Using facilitators who lack knowledge and training to provide ECD is not likely to produce developmental gains in children is not an efficient use of ECD resources.

4.4 Planning, Management, and Coordination

Intersectoral collaboration on ECD at the national level is minimal. As noted earlier, the official inter-ministerial ECD-coordination bodies, which sit within the NPC and MOE, have become inactive. The only functioning coordination body at this time is the interagency working group that sits within the DOE. Representatives from MLD are invited to these meetings, but it is not clear whether representatives of other ministries are actively involved in this committee. Currently, the various ministries involved in initiatives for young children operate their respective activities and services independently and do not leverage resources across sectors for integrated ECD services. One reason for this lack of collaboration is that ECD policy in Nepal is implemented largely within the education sector. The most current government policies on ECD, particularly the SSRP, are in the education sector. Other ministries may believe that ECD is primarily an education-sector issue and may not understand the importance or potential benefits of intersectoral collaboration. Efforts to collaborate across sectors were in a fragile situation given the context of a political impasse.

Interagency collaboration on ECD at district and local levels varies by district. The Strategy Paper on Early Childhood Development (MOE/UNESCO 2004) details guidelines for the management of ECD centers and other activities at district and local levels, including the formation and functioning of ECD management committees, the roles of VDC/municipality officials, the District Education Office and Resource Persons, and community members, INGOs and NGOs, and CBOs. These guidelines lay out general goals for collaboration between these groups to carry out the establishment, management, funding, and monitoring of school-based and community-based ECD centers.

The effectiveness of collaboration between stakeholders varies substantially by district, and possibly by VDC/municipality, as well. The school and local governance officials the case study team met in Tanahun district described a well-functioning and highly engaged network of local ECD stakeholders who had established clear roles and responsibilities, and who met regularly to coordinate ECD services. In Parsa, however, VDC and district officials were less engaged and informed about ECD in the district, and most

of the work of managing, supporting, and monitoring ECD centers there was done by INGOs and NGOs. (In Tanahun, a meeting was arranged for the visit including representatives of the District Education Office, the District Development Committee, the VDC Secretary, district leaders from Seto Gurans, UNICEF region/zone office staff, and other local stakeholders, whereas in Parsa, neither VDC nor DEO officials were available to meet with us during the two-day visit.)

Results-based planning for ECD is limited in Nepal both within government and the UNICEF country office. Ideally, any set of activities (such as the UNICEF's ECD activities) should be guided by a detailed results framework that explains specific, measurable objectives and targets for outputs and outcomes expected for all activities. These outputs and outcomes should be measured using clearly defined, measurable indicators to track progress toward the objectives. The lack of activity-specific objective-setting and monitoring within the Government of Nepal-UNICEF programme of cooperation hampers the country's ability to determine whether its investments have been properly targeted, resources are being used as intended, and activities are achieving the expected results. For example, the Strategy Paper for ECD (MOE/UNESCO 2004) lays out several key strategies for implementation and expansion of ECD (including education of parents, collaboration at the community level, and use of mass media for raising awareness), establishes standards for ECD facilitator competencies and performance, and describes the training and curricular materials to be developed related to ECD. However, these strategies and standards are not measured at the district, local, or national levels. The EFA National Plan of Action and the SSRP elaborate only two goals for ECD in Nepal: (1) to achieve 80 percent gross enrollment in ECD and (2) to ensure 80 percent of grade 1 entrants have had at least some ECD experience by 2015-16. These indicators are the only two reported in the national education reports each year (Flash reports), aside from the total numbers of ECD centers and total enrollment.

Similarly, UNICEF carries out M&E only at the level of the overall country programme and not at the level of each section or activity. The UNICEF country office does not currently have such a results framework for ECD. Beyond the goals stated in the CPAP, to expand ECD centers to disadvantaged areas and educate parents, the country office has not elaborated any specific objectives related to ECD that guide or justify its allocation of resources to the various ECD activities it supports. For instance, UNICEF has spent more than 60,000 (US\$) on a radio broadcast for parents that disseminates information about young children's development and encourages parents to send their children to ECD centers. However, UNICEF has not set objectives or targets to indicate what it hopes to achieve with this broadcast, and it has not collected any data to indicate how many parents it reaches, whether parents find it useful, and most importantly, whether it is producing changes in parents' knowledge, attitudes, or behavior.

UNICEF monitors all objectives, but in the context of the Paris Declaration focuses primarily on monitoring the impact rather than inputs and process. UNICEF uses the EMIS data from MOE to align with other development programmes and facilitate joint monitoring of trends and results. Also within the context of the Paris Declaration, use of resources is jointly monitored through reports to GoN.

Current country programme M&E collects data about ECD outputs but not outcomes. The current MOE indicators on ECD provide information about outputs that can be used to assess expansion—specifically, the number of ECD centers and enrollment rates. Data are not currently collected or reported regarding the effectiveness of ECD in improving educational, socioemotional, or health outcomes for young children in Nepal. Similarly, UNICEF's indicator related to parent education measures an output—the percentage of parents in a particular community with specific knowledge of some key ECD messages. Presumably, "specific knowledge" is assessed by a "quiz" at the end of a PO course. This type of indicator can provide a good estimate of the percentage of parents who were trained, but it does not indicate whether parents have adopted new caregiving practices after the training, or whether the training has resulted in improved child outcomes.

4.5 Incorporation of Human Rights Based Approach and Strategies to Improve Gender Equity and Participation of the Disadvantaged and Marginalized

Nepal has emphasized the importance of extending ECD services to the most disadvantaged and marginalized populations. National policies and plans consistently emphasize the importance of increasing access to services for disadvantaged groups and reducing disparities in access to services

and in related outcomes. The government has carried out a poverty-mapping exercise (the information provided does not indicate when this exercise occurred), in which it collected data on basic poverty and Millennium Development Goals (MDG) indicators through qualitative data collection and community mapping, and then categorized VDCs according to the data provided. UNICEF has used poverty-mapping data to plan and target its support to the VDCs categorized as most in need.

Specific strategies and targets for reaching disadvantaged groups with ECD have not been fully developed. Despite the policy emphasis on extending services to disadvantaged groups and the availability of some education statistics disaggregated by social group (Dalit, Janajati, or other) no specific strategies have been adopted for tracking and targeting these groups, or the communities in which they live, with funds for ECD services. Funding allocated to ECD through the SSRP is provided to districts according to a quota system, by which the district may distribute funds to VDCs and municipalities at its discretion for the establishment of ECD centers in those areas. Although some districts may make efforts to target these funds toward VDCs/municipalities categorized as disadvantaged, others do not. In fact, some local stakeholders that the case study team interviewed noted that funds for ECD are often allocated to the communities that are best organized to lobby for funding. Disadvantaged communities often lack the organization and sense of self-efficacy required to successfully mobilize successful lobbying efforts.

Additionally, equity in ECD enrollment is not monitored through basic statistics. As noted in previous sections of this report, official statistics do not report on net or gross ECD enrollment rates by social group. They report only on the proportion of enrolled children belonging to particular groups. This indicator provides little useful information about equity as it does not take into account the total population of 3- and 4-year-olds belonging to each group.³⁰ DHS data reported in the Van Ravens report (MOE/UNICEF 2009) show large disparities in ECD enrollment by wealth category. Because DHS is a household survey, the data can be used to categorize households into wealth quintiles. According to these data, 63 percent of children in the wealthiest quintile of families attend an ECD center, compared with 12 percent of children from families in the poorest quintile (Table IV.4). These DHS data do not provide information about disparities by social group (Dalit, Janajati, or other), but this data is probably captured to some extent in the disparities by wealth quintile. DHS data also show that enrollment in ECD centers is lower in mountain areas and in the Far West region.

Nepal does not identify children with disabilities as a distinct disadvantaged group in need of increased access in its ECD policy or activities. The case study team did not find evidence of outreach efforts to families with children with disabilities, PO training on disabilities, or training and orientation for stakeholders and facilitators. MOE Flash Reports contain indicators for the enrollment of children with disabilities in primary and lower secondary school (including students who are blind, deaf, or blind and deaf; students with speech difficulties; and students with physical and mental disabilities), but no such data are reported for ECD centers. According to UNICEF, insufficient attention to children with disabilities is an issue in multiple sectors, including healthy and primary education, and therefore not unique to ECD.

Gender equity in ECD enrollment has been achieved in most regions. In the mountain, hill, and Kathmandu Valley areas, gross enrollment rates for boys and girls in ECD have been roughly equal over the last four years (Table IV.5). There remain slight discrepancies between GER for boys and girls in the Terai, where the gender gap has widened since 2006. It is difficult to draw conclusions from these data, however, because of the problems associated with gross (as opposed to net) enrollment rates, and because it is not known whether these differences are statistically significant. Nepal does not collect and report data by gender on other ECD services and activities; therefore, the case study team cannot assess gender equity in ECD services provided outside of centers.

³⁰ For example, assume that of 99 children enrolled in an ECD center, 33 are Dalit, 33 are Janajati, and 33 are from another group. Enrollment rates for these groups are not necessarily equal, because we do not know what proportion of the total Dalit or Janajati population is represented by those 33 children. If the Dalit population of 3-4-year-old children in the community is 1,000, while the Janajati population is 2,000, and the “other” population is 500, then the enrollment rates for Dalit children would be 3.3%, while for Janajati children it would be 1.6% and for “other” children, 6.6%—double the enrollment rate for Dalit children.

Table 4.4. 2006 Net Enrollment in ECD Centers by Wealth Quintile

Quintile	Net Enrollment in ECD
Lowest	11.5
Second	10.9
Middle	13.3
Fourth	29.6
Highest	62.8

Source: MOE/UNICEF 2009.

Table 4.5. ECD Gross Enrollment Rate 2006-07 and 2009-10

	ECD Gross Enrollment Rate			
	2006-2007		2009-2010	
	Girls	Boys	Girls	Boys
Mountain	37.3	36.4	56.4	57.5
Hill	38.3	37.9	62.7	61.8
Kathmandu Valley	129.0	127.0	123.4	130.5
Terai	35.1	37.4	61.0	66.4
Total	40.9	41.9	64.8	67.5

Sources: MOE/DOE. Flash I Report 2063 (2006-07). Bhaktapur, Nepal, 2006.
MOE/DOE. Flash I Report 2066 (2009-10). Bhaktapur, Nepal, 2009a.

Note: Gross enrollment rate indicates the total number of children (of any age) enrolled as a proportion of all 3- and 4-year-old children. It can exceed 100 percent if there are large numbers of over- and under-age children enrolled.

UNICEF's work at district and local levels is highly participatory and encourages grassroots involvement in all aspects of ECD services and management. All ECD activities at these levels are generally carried out through the DACAW mechanism, which is itself a mechanism for collaboration amongst community members, especially women, schools, community-based organizations, and VDC and district government officials. Within DACAW districts, a mechanism for a Community Action Process has been developed, by which CBOs and other groups are supported to "identify their particular problems, analyze various causes, plan appropriate actions, and mobilize external and internal resources to bring about solutions and change in the community" (UNICEF 2008b).

5. SUSTAINABILITY AND SCALABILITY

In the initial phase of the development of ECD services in Nepal in the 1970s and 1980s, ECD centers depended entirely on technical and financial support from local and international NGOs, which provided matching funds to supplement funds raised by the community. The number of ECD centers in the country remained relatively small during this phase because of the limited availability of these financial resources. The gradual integration of ECD into national education policies and the subsequent allocation of public funds for ECD services have aided in the rapid scale-up of ECD services throughout the country, and have greatly improved the chances that these services will be sustained over the long term. However, two main factors currently threaten the sustainability of the ECD system: (1) the lack of a secure “home” within a single ministry or strong partnership between multiple ministries, which results in insufficient funding, and (2) the relatively low capacity of some local governance infrastructures and mechanisms for collaboration in many districts and VDCs/municipalities.

5.1 Sustainability of ECD Services and Initiatives

Insufficient allocation of resources for ECD at the national level threatens its sustainability. As mentioned above, the SSRP does not allocate sufficient resources to fully support existing ECD centers, or the planned expansion of ECD services, and limits its support to 4-year-olds, despite the EFA National Plan’s commitment to ECD for all 3- and 4-year-old children. Ministry officials stated that this decision was based purely on a shortage of resources, and emphasized that centers were still permitted to enroll 3-year-old children. The case study team asked UNICEF and NGO staff respondents whether the problem was truly a lack of funding, or rather a failure to prioritize ECD in the allocation of funds on the part of the MOE. The response was invariably that the MOE could devote additional resources to ECD if it chose to do so, but that it does not view ECD as a key priority on the level of primary education. Additionally, representatives of the MOE repeatedly indicated that ECD should not be its responsibility entirely, but rather that the responsibility must be shared by local government, which is supported by the MLD. Because the case study team did not interview representatives of the MLD, this report does not capture the levels of investment this ministry has made in terms of ECD.

Based on case study team observations and review of studies and reports on ECD in Nepal, the team concludes that ECD lacks a secure “home” in Nepal. MOE, which in practice oversees policy implementation, does not take full ownership of ECD and maintains that ECD is split not only across the MOE and MLD. Other local government bodies, CBOs, and NGOs that help to sustain services are also involved. At the same time, MLD’s participation in ECD coordinating bodies at the national level is minimal. Stronger mechanisms for collaboration between these groups at central as well as district and local levels are needed to ensure sustainability at scale over the long term. MOE has committed to ECD center services for 4-year-olds for the next seven years, but a shift toward school-based centers and away from community-based centers is possible.

Local governance structures and collaboration among stakeholders require strengthening in some districts. The Government of Nepal is committed to decentralization, control of services by local government entities and their parents, as a means of providing education and health services throughout the country. However, local governance is still weak in many areas and lacks the capacity and political will necessary to provide high quality services in an equitable manner. Several of the NGO and UNICEF staff with whom the case study team met during the site visit noted that the lack of elected officials at local levels has hindered the development of strong coordination mechanisms around ECD and has resulted in weak accountability structures, as have high rates of turnover in these positions.

5.2 Scale-Up of ECD Services and Initiatives

As of June 2010, there were 29,089 ECD centers throughout Nepal, serving almost 950,000 children. Thus, center-based ECD services are already implemented at a national scale but coverage remains inadequate to serve all eligible children, including children from marginalized and disadvantaged populations. The factors that have contributed to rapid scale-up of ECD centers in Nepal are not definitively known. A UNICEF-sponsored study is planned for 2010 to identify some of these factors, as well as lessons learned in the scale-up of ECD in various geographical and socioeconomic contexts.

However, the gradually increasing emphasis on ECD in national education policy and the corresponding budget allocations for the establishment of ECD centers seem to have contributed substantially to the rapid expansion of services. According to stakeholders interviewed at both district and national levels, the significant involvement of local government and NGO/CBO partners has also contributed to the rapid growth of ECD in Nepal, by providing essential human and financial resources, as well as generating demand and support among parents and communities.³¹

³¹ The perspective of stakeholders interviewed by the evaluation team differs somewhat from conclusions drawn in the recent ECD costing study (MOE/UNICEF 2009). This study concludes that the NGO sector within the ECD system has not expanded significantly, becoming a smaller portion of the total ECD programming available compared with the rapid growth of public and private sector ECD centers.

6. CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS

6.1 Conclusions

This section draws conclusions based on the questions outlined in the case study matrix about Nepal and its partners as they continue to develop ECD-related policies and support implementation and scale-up.

Alignment with National Goals and Priorities

ECD is well aligned with national priorities. Lack of intersectoral policies and collaboration mechanisms at the national level limits Nepal's ability to implement policies in a coordinated, holistic manner. Nepal has made significant progress in scaling up ECD centers. However, implementing a holistic approach to ECD in these centers; scaling up integration of ECD messages into health and nutrition activities; training and orienting parents, ECD facilitators, and stakeholders; and increasing access for children from marginalized and disadvantaged group require intersectoral collaboration at both national and subnational levels. Without intersectoral policies to guide implementation, the responsibility falls primarily to MOE, and gaps in coordination within and between national and subnational levels beyond the education sector persist.

Increasing Access and Coverage

Access to ECD centers has increased substantially, including among the most disadvantaged and marginalized groups. Enrollment rates, however, vary by region and for children from families in different income groups. As noted earlier in the report, children in urban areas and from wealthier families have more access to ECD centers than children from rural areas and poor families. Likewise, access to ECD centers for children from marginalized and disadvantaged groups has increased, but not as much as for other groups.

Information about coverage results for PO classes that have been implemented in DACAW districts indicates that additional PO classes may be needed in each village to reach the target of 80 percent of parents. The current approach for implementing PO is to offer one series of classes in each community for 25 parents and grandparents. In the DACAW districts, this approach was not sufficient for meeting UNICEF's goal of reaching 80 percent of parents.

Capacity Building for ECD

Resources for building ECD capacity are strategically targeted to subnational levels, but more consistent implementation and increased access to coordinators training is needed to increase coverage. As noted in Section IV, the Nepal-UNICEF cooperation programme has targeted capacity-building resources to teachers, head teachers, and district and VDC officials to maximize support for support to scaling up ECD. However, because capacity-building activities are not coordinated nationally, there are significant gaps in coverage. For example, there is no national orientation curriculum for district and local stakeholders; orientation sessions are organized locally based on the initiative and interests of community members and do not occur in all communities. Some facilitators have not received basic or refresher training, in part due to frequent facilitator turnover.

Intensity of PO classes may not be sufficient to produce lasting changes in knowledge, attitudes, and practices (KAP). Nepal has focused on increasing access and coverage of PO classes by holding one series of classes per community. Based on site visit interviews, however, parents did not appear to have understood messages about how to support children's cognitive, social, and emotional development. Producing changes in parents' knowledge, attitudes, and skills may require a more intensive training series and other supports such as home visits in which parents practice the new skills they have learned with a trained visitor.

Knowledge Generation for ECD

ECD planning and implementation in Nepal can be enhanced by more complete data at national and subnational levels. Nepal faces a similar challenge in the education sector. The site visits and interviews did not provide the opportunity for in-depth discussion of existing data collection and reporting mechanisms within the Government of Nepal. However, available evidence suggests that there is very little emphasis within local and district bodies governing ECD services, or within UNICEF, on monitoring ECD services, reporting on basic outputs and key indicators of quality and efficiency, and evaluating effectiveness and impacts on children's outcomes.

The ELDS and the ECD mapping exercise provide important opportunities to build a solid base of information for ongoing ECD policy development and implementation in Nepal. These standards can be used by ECD facilitators to assess children's progress and to create monitoring tools for ECD centers. Consistent use of these tools could provide important tracking data to assess the extent to which services and activities meet standards and to evaluate children's developmental progress. ECD mapping data would facilitate the targeting of resources and support to districts and communities that are not performing at expected levels.

Mainstreaming of ECD into National Policies and Plans

The Nepal-UNICEF cooperation programme has made some progress in mainstreaming ECD into the education and local development sectors; the education sector has incorporated 4-year-olds, and some efforts have been made to infuse ECD messages into nutritional and health services. Education sector policies have incorporated ECD for 4-year-olds, and some efforts have been made to infuse ECD messages into nutrition and health services. ECD in Nepal still lacks a strong support system at the national level and consistent policy implementation at subnational levels, including clear mechanisms for collaboration and resource allocation among the wide variety of district- and local-level stakeholders in ECD.

Efficiency and Quality of ECD

Use of common monitoring methodology and tools and coordination among monitors can improve efficiency and consistency in coverage of critical ECD elements. As Section III noted, a variety of district- and local-level organizations monitor ECD centers, but they do not use common methodologies and tools, and there is no system in place for reporting monitoring findings and using them to assess the implementation process, identify needs, and allocate resources. Under the current structure, multiple monitors are likely to duplicate their efforts due to lack of communication and coordination, while some critical elements of quality may not be assessed by any monitoring entity.

More training or other mechanisms to support quality improvement in ECD centers is needed. Beyond the 16-hour initial training and a refresher training session, there are no training opportunities for ECD center facilitators. Facilitators also do not have access to curricula, operation manuals, or other materials to guide them in their daily work.

Processes for Planning, Management, and Coordination

National policies call for ownership of ECD implementation at district and local levels; mainstreaming of ECD is limited in some districts by lack of sufficient local capacity to implement ECD policies. As noted earlier, more guidance and support from national ministries may be needed to train and orient district- and local-level ECD stakeholders and facilitators, ensure equity of access to ECD for children from marginalized and disadvantaged groups, monitor services and activities against standards, and collect consistent output and outcome data and use it to improvement. There are important resources being developed at the national level—the ECD curriculum, facilitator training package, minimum standards, and other materials. However, these resources are not yet being effectively and consistently disseminated at the district and local levels.

Incorporation of Human Rights Based Approach and Strategies to Improve Equity

An effort to map locations of ECD centers is underway, but strategies are not yet in place to target construction of new ECD centers to communities with high proportions of children from marginalized and disadvantaged groups. As noted in Section IV, funds for new ECD centers are provided to districts, which can then distribute them to VDCs and municipalities at their discretion. There are no requirements for prioritizing areas with high proportions of children from marginalized and disadvantaged groups. Moreover, data are not currently collected that would enable national or subnational bodies to compare ECD center enrollment rates for marginalized and disadvantaged groups with those of other groups, which could also aid in targeting resources to increase equity in access.

Sustainability and Scale-Up

Lack of strong intersectoral policy implementation and active coordination bodies at the national level could hamper sustainability. Currently, most of the responsibility for ECD implementation falls to MOE. During the site visit, staff indicated that other ministries should share this responsibility. If policies are jointly developed by multiple ministries, staffs are more likely to feel invested in their implementation and available to advocate for resources to support implementation. Coordination at the national level could also facilitate consistent communication to district and local officials about priorities and expectations, leading to a more coordinated and consistent approach to ECD policy implementation at all levels.

Rapid scale-up of ECD centers has occurred, but more attention to quality and equity is needed. As noted earlier, access to ECD centers has increased dramatically as Nepal has scaled-up ECD, but steps have not been taken to ensure consistent facilitator training, compliance with national standards, or consistent delivery of ECD interventions in the classroom. PO training is brief and may not be sufficiently intensive. Efforts have not been made to ensure that ECD centers are built in communities with large populations of children from marginalized and disadvantaged groups.

Role of the UNICEF-GoN Funding

The UNICEF-GoN Cooperation Programme funded two important ECD initiatives in Nepal—development of the ELDS and integration of ECD messages into a micronutrient supplementation initiatives—and jump started or enhanced previously planned ECD activities, particularly at district and local levels. According to UNICEF staff interviewed during the country visit, GoN funds were allocated based on UNICEF-GoN project objectives, the CPAP, the strategy paper for ECD in Nepal, and the SSRP. GoN funds enabled UNICEF and Nepal to develop the ELDS and integrate an ECD component into the micronutrient supplementation programme. In addition, the funds either jump started or enhanced previously planned activities, especially capacity building for district and VDC-level stakeholders. More than half of the activities funded by GoN—including training, orientation, parent education, collaboration with district and local governance, and direct support for ECD centers—occurred at the district or local level.

6.2 Lessons Learned

Nepal's ECD policy development and activities have focused primarily on the education sector in the last two years since the SSRP was being developed. Nepal's experience thus far at both the national and subnational levels provides several important lessons learned that may be useful for other countries, particularly about the challenges and potential benefits of focusing most ECD resources in one primary sector.

When countries develop ECD policy primarily in one sector, intersectoral collaboration becomes more challenging. Including policy mandates to implement ECD within policy documents for a single sector, such as the education sector in Nepal, creates challenges in engaging other sectors in supporting ECD. Staff in other sectors may not view ECD as their responsibility, may not understand the importance of providing holistic ECD, and may be reluctant to commit scarce resources when they are responsible for fulfilling other mandates. ECD is by definition intersectoral; hence, implementation efforts should be reflective of this intrinsic characteristic. For example, if an ECD specialist is placed within one section, other mechanisms, such as joint planning and the formation of intersectoral working groups, are likely to be encouraged.

Mainstreaming ECD within a single sector may facilitate rapid scale-up. Clear systems and resource allocation plans can be established in a single sector for replicating specific services, such as ECD centers, in communities across the country. ECD can be introduced efficiently into existing service-delivery systems, such as the primary education system or home-visiting or community-education initiatives operating within health systems. As in Nepal, sectoral approaches can be efficient and where they work well should continue. Intersectoral collaboration is not an end in itself; it is a means for developing holistic ECD policies and activities. However, intersectoral approaches offer one way to address unmet needs and can increase the frequency of conveying ECD messages to parents and communities.

Concentrating ECD policy in a single sector creates challenges for providing ECD services across the age span and for multiple settings, such as home and school. Few sectors offer ECD services and activities that span the age range of birth to 5 years. For example, health interventions often focus on supporting positive maternal health and birth outcomes as well as on delivering basic health and nutrition services to young children under age 3. For those activities, interventions are most often delivered at home or in gatherings that occur in the local community. Preschool education is most often delivered in centers to children ages 3 to 5. To provide holistic services across the ECD age span and in multiple settings, intersectoral approaches that include health and education interventions are needed.

Rapid scale-up can lead to insufficient focus on quality and equity. Implementing ECD is a complex endeavor that requires action at both national and subnational levels. In addition to developing resource-allocation plans, establishing facilities, hiring and training staff, and recruiting families and children, systems must be developed to promote quality services and equitable access to them. Steps required to create these systems—including developing standards, indicators, and targets; collecting data to track indicators and monitor progress toward targets; and use of data for making improvements—take time to develop and implement. Rapid scale-up can occur before critical support systems are fully in place, leading to uneven quality and access to services among disadvantaged populations.

6.3 Recommendations

This section presents the following recommendations to enhance ECD policy development and implementation in Nepal. Recommendations are presented separately for the Government of Nepal, focused on intersectoral collaboration and implementation, and for UNICEF, focused on advocacy and provision of technical support.

Alignment with National Goals and Priorities

Government of Nepal: To align policy implementation with stated goals, activate existing ECD intersectoral coordinating bodies that are not currently meeting. As noted in Section II, these bodies include the ECD Council housed within MOE and the NPC coordinating committee. Coordination between MOE and MLD is especially needed to harmonize policy priorities (for example, the emphasis on increasing access for children from marginalized and disadvantaged groups) with implementation at district and local levels.

UNICEF: Continue advocating for ECD policies that promote holistic approaches to meeting children's needs. Such policies require participation and investment by the health, education, and social protection sectors to meet the needs of young children in a holistic manner.

UNICEF: To support increased alignment of national and subnational policies and goals, begin providing a strong model of intersectoral collaboration for Nepal by improving systems for intersectoral coordination and collaboration within the UNICEF CO. For example, the CO could establish an intersectoral committee that would meet regularly to discuss the integration of ECD across sectors and strategies for promoting holistic approaches to ECD with each section's government counterparts at national and subnational levels.

Increasing Access and Coverage

Government of Nepal: *Begin to consider strategies for equalizing access to ECD centers across regions, income groups, and for children from marginalized and disadvantaged groups.* For example, national ministries could provide more guidance to districts about allocating funds for new ECD centers to VDCs and communities that are the most disadvantaged in terms of income levels and the presence of marginalized or disadvantaged populations. MOE should also access all available data from EMIS and DHS to identify underserved areas of interest and consider redirecting resources for ECD center to those communities.

UNICEF: *Continue providing technical support and data from the mapping projects and other sources of information to support MOE in identifying underserved areas.* UNICEF could also provide support for developing strategies for targeting resources to increase equity and collecting data to track changes in equity of access over time.

UNICEF: *Continue advocating for increased resources for PO to both increase coverage within communities and expand PO to additional communities.* For example, some communities may need to offer the PO class more than once to achieve UNICEF's goal of reaching 80 percent of parents. UNICEF should also consider advocating that districts to target PO classes to the most disadvantaged VDCs and communities.

Capacity Building for ECD

Government of Nepal: *Begin developing capacity building materials for use at the district and local levels and systems for dissemination to districts and local communities to increase coverage and improve quality.* For example, MOE should consider revising the ECD facilitator training curriculum to ensure that it is up to date with current knowledge about ECD, well aligned with the ELDS, and covers expectations about minimum standards. A curriculum for stakeholder orientation should also be developed that includes a core set of topics, such as ELDS, minimum standards, monitoring expectations and reporting requirements, and key implementation indicators. Once these materials are developed, Nepal should consider using them to train not only districts and VDCs that are new to ECD, but all districts and VDCs with ECD centers.

Government of Nepal: *Strengthen existing communication and reporting systems between national and subnational levels to increase consistency in coverage of training and orientation.* For example, MLD could assist districts and communities in tracking facilitator training to ensure that all facilitators receive training within required timeframes and target resources to locations that need more support. In addition, subnational entities could track ECD orientation to ensure that all personnel involved in monitoring ECD centers have received orientation on a core set of topics.

UNICEF: *Increase the support for capacity building at the national level to begin developing materials and strengthen existing communication systems.* For example, UNICEF should consider shifting some resources from direct facilitator training to investments at subnational levels. This step would improve the facilitator training package and dissemination of standardized capacity-building materials for district and local stakeholders on the ELDS and minimum standards. UNICEF could also provide support to develop systems for collecting and reporting training and orientation indicators.

UNICEF: *Consider developing and piloting a more intensive approach to PO than the approach currently in use.* Changing parents' knowledge, attitudes, and skills, may require more than a single series of classes. UNICEF could pilot and evaluate approaches to PO at a higher level of intensity, as well as an option to follow up on classes with one or two home visits to practice using new skills and knowledge.

Knowledge Generation for ECD

Government of Nepal: *Begin using ELDS as the basis for developing indicators and targets for ECD and standardized tools for collecting and reporting data on these indicators.* These data should be reported to decision makers at various levels for use in planning and determining where to direct resources for capacity building as well as ongoing scale-up. For example, the DOE might consider setting specific objectives related to the percentage of facilitators who complete both basic and refresher

training, the percentage of ECD centers supported that meet national minimum standards, and the percentage of parents who participate in PO classes who also send their children to ECD centers, or whose children are fully immunized. Even these short-term outcome measures will provide information about aspects of quality in ECD service provision beyond what the current indicators allow.

Government of Nepal: *Complete the mapping of ECD centers that has occurred in the DACAW districts in all districts and develop the database to store this information for use by regional and district officials and stakeholders.* Completion of the mapping project and its database would help the government prioritize funding for areas most in need of new ECD centers. Similarly, ECD indicators could be mapped to specific centers or VDCs, thus allowing the government and NGOs to provide support to areas with poor outcomes. Ideally, this database would eventually be mainstreamed into the EMIS, so that multiple ECD indicators could be tracked at the national level, providing more detail and context to the ECD situation than the two indicators currently in use.

UNICEF: *Establish and track objectives and indicators for each funded ECD activity, including measures of expected outcomes.* Development of objectives and data collection indicators will facilitate collaboration both within the CO and with the Government of Nepal about progress of implementation, strategies to address identified needs, and resource allocation.

UNICEF: *Continue devoting resources to plan for rigorous evaluation of the impact of ECD services on children's outcomes.* ECD in Nepal is now reaching nearly one million children throughout the country primarily in center-based settings. Well-designed research and evaluation projects should be conducted to determine whether the ECD activities are producing the desired results in terms of improving educational efficiency and school performance among children, and whether there are differences in these outcomes between groups of children or geographical areas. If it is effective, this evidence would be invaluable to efforts to increase funding for ECD. A rigorous evaluation that included an implementation study would also identify gaps in the service-delivery system and provide data to guide improvement.

Mainstreaming of ECD into National Policies and Plans

Government of Nepal: *Consider a shift away from relying on NGO/CBO partners to scale up ECD at the district and local levels toward greater support for national, district, and local governance bodies to increase ownership of ECD at all levels.* As described above, national ministries should develop curricula, tools, and systems to better support district and local bodies in carrying out consistent training, orientation, monitoring, data collection, and reporting.

Government of Nepal: *Draw on the experience in Tanahun, where stakeholders have successfully mainstreamed community-supported ECD centers into the DEO's budget through strong collaboration between DEO and VDC officials.* SSRP funds for ECD are distributed to districts as a quota; districts are expected to use these funds to establish a certain number of new ECD centers according to their discretion. In Tanahun, stakeholders have been able to direct these funds to existing ECD centers, which have previously been supported by communities and NGO partners, thus transferring responsibility for the payment of the facilitators' salary and monitoring of the center to the DEO. This impressive model warrants replication in as many ECD centers as possible, to begin transferring responsibility for ECD to the local government, which must then allocate sufficient resources.

Efficiency and Quality of ECD

Government of Nepal: *To address facilitator turnover, consider increasing ECD facilitator salaries from current levels by reducing the number of new ECD centers funded.* Reducing turnover among ECD facilitators can help to ensure that all facilitators receive the required amount of training, provide time for facilitators to gain experience, and potentially improve the quality of services provided. Recent research in other countries shows that investments in child-care quality improvement can significantly decrease staff turnover. This area shows where investments in quality should take precedence over service expansion. Ideally, both investments could happen simultaneously, but budget limitations in Nepal make such a situation unlikely.

Government of Nepal: As an incentive to reduce turnover, consider beginning to offer additional training to facilitators who remain in their positions for at least two years. Funds for capacity building are generally directed toward basic training for new ECD facilitators. A portion of these funds could be used, instead, for additional refresher training and supplemental skills building for facilitators who have been employed for more than two years. The government and its partners should consider other quality-improvement approaches that have demonstrated impact on quality and child outcomes, such as mentoring or coaching. Increased opportunities for skill development might increase the motivation of facilitators and reduce turnover rates.

UNICEF: Provide support to strengthen the existing ECD monitoring system. As noted earlier, districts and communities could benefit from standardized monitoring tools and reporting formats. Developing more standardized monitoring procedures, tools, and reporting expectations would make the monitoring process less duplicative and more efficient, and it would increase the likelihood that monitoring results would be used to improve ECD.

Processes for Planning, Management, and Coordination

Government of Nepal: Strengthen existing collaboration between education, health, and other sectors to promote the delivery of more comprehensive and holistic services for young children. Strong governance structures and clear roles and responsibilities for all aspects of ECD are needed to achieve Nepal's stated goals for ECD. Closer collaboration between the MOE/DOE and MLD at the national level is needed to set objectives and allocate resources, in parallel with close collaboration between VDCs/municipalities, the DEOs and Resource Centers, and NGO/CBO and donor stakeholders at subnational levels. Figure VI.1 illustrates the linkages that could support stronger intersectoral collaboration on ECD and clarify roles and responsibilities among stakeholders. ECD centers could serve as a platform for the delivery of key health and nutrition services, and parent education could be modified to more fully integrate child-protection components. Similarly, FCHV might serve as an excellent vehicle for the delivery of parenting education, above and beyond the components that have been integrated into micronutrient-supplementation.

UNICEF: Continue advocating for increased intersectoral collaboration between the ministries at the national level and between relevant line agencies and stakeholders at the district and local levels. Closer ties across sectors and levels of government will increase ownership of ECD at all levels, as well as efficiency.

ownership of ECD among multiple sectors, creating more opportunities to advocate for national resources and the potential for stronger coordination and increased efficiency of implementation at all levels.

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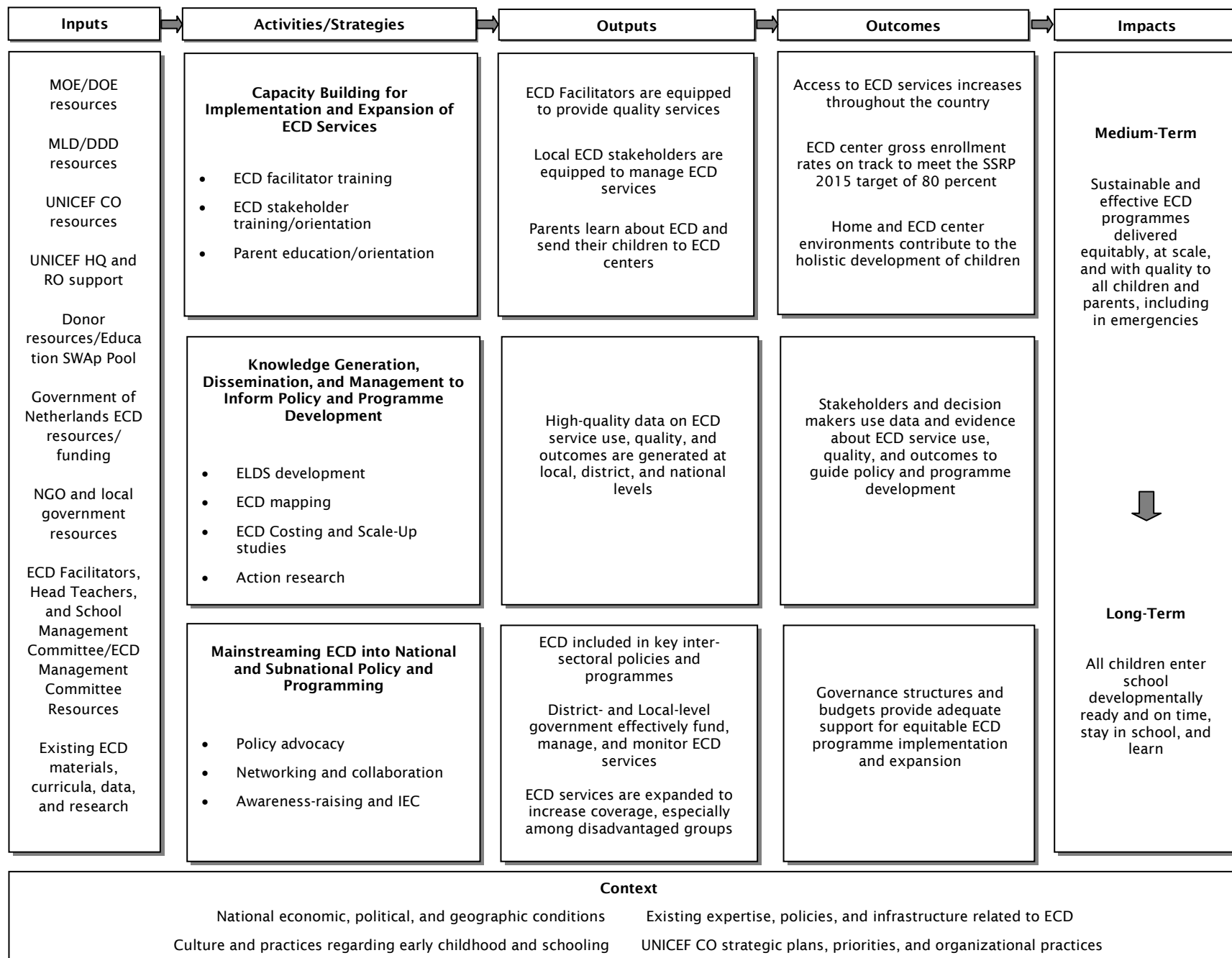
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**APPENDIX A
LOGICAL FRAMEWORK FOR ECD IN THE
NEPAL-UNICEF PROGRAMME OF COOPERATION**

Figure A.1. Logical Framework for ECD in the Nepal-UNICEF Programme of Cooperation



A.2

APPENDIX B
CASE STUDY MATRIX

Table B.1. Nepal Case Study Matrix

Research Questions	Key Outputs/ Outcomes	Indicators
Appropriateness and Alignment of ECD Activities		
1. How closely does Nepal's ECD programming relate to priorities and expected results expressed in country strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"> ECD programming addresses priorities expressed in programmes of cooperation, Nepal development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan
2. How appropriate are Nepal's ECD programming strategies for expanding holistic ECD?	Programming strategies expand holistic ECD	<ul style="list-style-type: none"> Programming integrates multiple sectors to achieve holistic ECD
ECD Programme Coverage		
1. What types of ECD services exist and what is the level of participation?	Increased availability and participation in ECD services	<ul style="list-style-type: none"> The ECD gross enrollment rate (GER) is on track to meet the SSRP 2015-16 target of 80 percent overall and at least 80 percent of grade 1 students having some ECD experience By 2010, one ECD center exists in each of the category 3 and 4 VDC settlements for VDCs in 15 DACAW districts. Eighty percent of parents of children 3 to 5 years old in UNICEF-supported districts receive parenting orientation and messages about the importance of ECD
2. What proportion of 3- and 4-year-old children attends ECD centers (school-based or community-based)? Has participation increased?		
3. What is known about participation of parents and children in parenting-orientation classes?		
4. What is known about participation of parents and children in health and nutrition programmes that include an ECD focus (micronutrient-powder-supplementation training)?		
5. What is known about the reach of the ECD-focused radio programme for parents?		
Quality and Efficiency of ECD Services		
1. What is the quality and efficiency of ECD services? Have quality and efficiency improved?	Increased monitoring of ECD programme quality and efficiency	<ul style="list-style-type: none"> Quality standards have been developed and disseminated Regular monitoring is carried out to ensure quality standards are being met and services are provided efficiently.
2. How are service quality and efficiency monitored?	Increased use of ECD service quality and efficiency information to inform programme improvement (staff capacity development)	
3. How is service quality and efficiency information used to inform and improve ECD programmes and policies?		

Research Questions	Key Outputs/ Outcomes	Indicators
Knowledge Generation and Dissemination		
<ol style="list-style-type: none"> 1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals? 2. How has this knowledge been used and by whom? 3. What core ECD indicators are used to monitor outputs and outcomes? Are they agreed upon by key stakeholders in Nepal? Are the data adequate for planning and monitoring progress on ECD? 4. Are ECD data routinely collected and reported at the national and subnational levels? How are data disaggregated? 5. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills? 6. Do UNICEF CO staff members have the skills they need to use ECD data effectively to support policy and programme development? What could strengthen these skills?^a 	<p>Increased availability, understanding, and articulation of knowledge on ECD</p>	<ul style="list-style-type: none"> • Evaluations/studies of ECD interventions have been completed • Results from evaluations/ studies of ECD programmes inform policy and planning • Data on ECD activity outputs and outcomes are used for planning by country partners • Methods to calculate and budget costs of ECD programming have been developed and disseminated • ELDS have been developed for use in generating information on child well-being and quality of ECD services
Capacity Building		
<ol style="list-style-type: none"> 1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision makers, and institutions in Nepal? 2. What factors have promoted or inhibited capacity development? 3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Nepal country office staff? What new skills have these staff members developed, and how are these skills being used?^a 	<p>Increased ability to promote and provide high quality ECD policy and programme development</p>	<ul style="list-style-type: none"> • Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved • Service providers report and demonstrate improved practices related to ECD • Parents report improved caregiving practices • UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners • UNICEF country office staff report increased ability to implement and/or support ECD programming

Research Questions	Key Outputs/ Outcomes	Indicators
Mainstreaming and Scale-Up		
<ol style="list-style-type: none"> 1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Nepal? 2. What is the evidence regarding national and subnational engagement and ownership of ECD (including increased budgetary allocations)? 3. What factors have supported or inhibited successful replication and scale-up of ECD interventions? 	<p>Policies, plans, coordinating structures, and funding mechanisms for ECD fully operative</p> <p>Increased number of ECD programmes of high quality and coverage</p>	<ul style="list-style-type: none"> • ECD policies have been adopted at the national level • Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels • Stakeholders perceive that coordination among government entities and sectors is effective • Policymakers can articulate specific contributions of UNICEF programming toward putting ECD on the national agenda • ECD-related allocations in national and subnational budgets have increased • Donor/NGO investments do not supplant existing government funding but rather support programme expansion and quality improvement
Sustainability		
<ol style="list-style-type: none"> 1. The national ECCD policy and other policies related to ECD have been costed 2. How likely are current interventions with an ECD focus (state and community ECD centers, parenting orientation, and health-related programmes) to be sustained without UNICEF country office support? 3. How likely are current interventions with an ECD focus (state and community ECD centers, parenting orientation, and health-related programmes) to be sustained without other donor/partner support? 4. What are the main barriers and potential facilitators of ECD programme sustainability? 	<p>Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining existing services</p>	<ul style="list-style-type: none"> • Country, province, and local budgets include projections for maintaining or increasing allocations for ECD

Research Questions	Key Outputs/ Outcomes	Indicators
Planning, Implementation, and Coordination		
<ol style="list-style-type: none"> 1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level? 2. Who are the main partners/actors in ECD in Nepal? 3. How effective is the intersectoral coordination on ECD in the government? 4. How has ECD programming influenced partnerships among government, non-governmental organizations, civil society organizations, and others? 5. How effective is the intersectoral coordination within the Nepal CO? 6. How successful has coordination and support for ECD programming been among HQ, the RO, and the Nepal CO? 7. How systematically have funds been used to achieve ECD programming objectives? 	<p>Effective planning, coordination, and budgeting of ECD programming</p>	<ul style="list-style-type: none"> • Stakeholders report that ECD coordination is effective and intersectoral • UNICEF CO staff report that HQ and RO guidance and support have been received when needed • UNICEF CO staff reports that HQ and RO guidance and support has been helpful/enhanced programme planning and implementation • The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear • A results framework provides clear guidance for steps that will lead to achievement of strategic results • Monitoring and evaluation are used to track progress and promote continuous improvement

Research Questions	Key Outputs/ Outcomes	Indicators
Human Rights Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized		
<ol style="list-style-type: none"> 1. How successfully have the key principles of a human rights based approach been applied in planning and implementing the ECD programming? 2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children? 3. To what extent do disadvantaged and marginalized families and children have access to ECD services? 4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families? 5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes? 	<p>Human rights based approaches are fully applied in planning and implementing ECD programming</p> <p>Disadvantaged and marginalized families and children have access to ECD services</p> <p>Gender equity exists in participation, decision-making, and access</p>	<ul style="list-style-type: none"> • Parents, ECD service providers, and other stakeholders are involved in programme design and implementation • National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation • National ECD policies address the disadvantaged and marginalized • Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased • Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized • Men and women are equally represented in policymaking positions related to ECD • Boys and girls are served in equal numbers in ECD interventions • Policymakers and service providers monitor issues of gender equity in service provision and access

^a The site visits focused on activities the UNICEF Country Offices identified as supported by the UNICEF-GoN programme. Investment in staff capacity development was not a central focus in Nepal and thus these questions are not addressed in this report. UNICEF staff capacity development was assessed globally through an internet survey. Those findings are presented in the final report (Boller et al. 2011).

**APPENDIX C
DATA SOURCES**

Table C.1. List of Informants

Name	Position
UNICEF Nepal Staff	
Purushottam Acharya	Chief, Bharatpur Zonal Office and formerly ECD Specialist, UNICEF Nepal
Lieke van de Wiel	Education Section Chief, UNICEF Nepal
Sabina Joshi	Education Officer, UNICEF Nepal
Sumon Tuladhar	Education Specialist, UNICEF Nepal
Myriam Blaser	Programme Officer, Education, UNICEF Nepal
Pankaj Mehta	Chief, Health and Nutrition, UNICEF Nepal
Pragya Mathema	Nutrition Specialist, UNICEF Nepal
Raj Kumar Pokharel	Child Health Division Chief, Nutrition Section, Ministry of Health and Population
Gillian Mellsop	Representative, UNICEF Nepal
Will Parks	Deputy Representative, UNICEF Nepal
Misaki Ueda	Chief - Planning Monitoring & Evaluation, UNICEF Nepal
Ashok Vaidya	Programme Specialist, Monitoring & Evaluation
---	OIC, Child Protection
Dan Toole	Regional Director, ROSA
Raka Rashid	Education Officer - UNGEI, ROSA
Purnima Gurung	Project Officer, UNICEF
Representatives of National Ministries, Departments and Agencies	
Mahashram Sharma	Joint Secretary, Ministry of Education
Janardan Nepal	Joint Secretary, Ministry of Education
Teertha Raj Dhakal	Joint Secretary, Nepal Administrative Staff College (formerly Under Secretary in National Planning Commission)
Hari Lamsal	Deputy Director, Department of Education
Lava Dev Avasthi	Joint Secretary, Ministry of Education (MOE)
Devina Pradhananga	Deputy Director, Department of Education
Representatives of District- and Local-Level Agencies and Committees	
Hari Prasad Dahal	Chairperson of District ECD Committee and Local Development Officer (LDO), District Development Committee (DDC)
Hari Krishna Paudel	Member of District ECD Committee and Chief District Officer (CDO)
Khadga Bahadur Kumal	Member of District ECD Committee and District Education Officer
Ram Prasad Sharma	School Supervisor (responsible for Pokharibhanjhyan VDC), DEO ECD Focal Person, DEO
Yuba Raj Baral	Under Secretary, Planning Office
Khadga Bahadur Kamal	District Education Officer
Ishwari Bhattarai	Program Coordinator Seto Gurans Child Development

Name	Position
Hutiman Bishwakarma	Service Tanahun, Damauli Secretary, Pokharibhanjyang VDC and Chairperson of VDC Level ECD Networking Group
Representatives of Local NGOs	
Ram Nath Bhattarai	Chairperson, Seto Gurans Child Development Service Tanahun
Ishwari Bhattarai	Program Coordinator, Seto Gurans Tanahun
Agatha Thapa	Executive Director, Seto Gurans
Kishore Shrestha	Professor, Research Centre for Educational Innovation and Development (CERID), Tribhuvan University
Upendra Aryal	Managing Director, Equal Access
Ram Nath Bhattarai	Chairperson, Seto Gurans Child Development Service Tanahun
Local ECD Managers and Service Providers	
Janajagriti Ganga school-based ECD center Pokhribhanjyang, Tanahun District	ECD Management Committee members, Head teacher, and ECD facilitators
Kopila Bla Bikas Kendra, community-based ECD center Pokhribhanjyang, Tanahun District	ECD management committee members, VDC officials, and ECD facilitators
Sarbottam community-based ECD center Bishwampur, Parsa District	ECD management committee members, DEO and VDC officials, and ECD facilitators
SODCC office Mudli, Parsa District	ECD management committee members, DEO and VDC officials, and ECD facilitators

Table C.2. List of Focus Group Discussions (FGD)

FGD Locations	Participants	Estimated Number of Participants
Kopila Bla Bikas Kendra, community-based ECD center Pokhribhanjyang, Tanahun District	Mothers and grandmothers with children in the community-based ECD center, some of whom had participated in the PO classes in that district	15
SODCC office Mudli, Parsa District	Mothers and grandmothers who had participated in PO classes in the district	5

Table C.3 List of Documents Reviewed

Document Name	Document Source
UNICEF Reports/Presentations	
UNICEF Statistics (website)	UNICEF
UNICEF in Nepal 2008-2010	Country Office
UNICEF Nepal 2009 Annual Report (December 2009) and Annex A	Country Office
Nepal Annual Progress report: SC/2008/0318	Country Office
ECD: Second Annual Report to the GoN, April 2009-March 2010	Country Office
Specific Monitoring Questions 2008	UNICEF Headquarters
Nepal Knowledge Generation (PowerPoint Presentation)	Country Office
Early Childhood Development in Nepal, Expansion, Inclusion, and Quality	Country Office
Baseline Survey of the Knowledge, Attitude and Practice (KAP) of Parents/Guardians on ECD and Primary Education in Nepal	Tribhuvan University/ Country Office
Annual Work Plans 2008 and 2009	Country Office
Nepal Early Learning and Development Standards	Country Office
Mobilizing Communities for Child Protection: A Resource Kit	Country Office
Situation of Children and Women in Nepal 2006	Country Office
Situation Analysis 2009	Country Office
Mid-Term Review Report	Country Office
Country Programme Action Plan 2008-2010	Country Office
A World Fit For Children	UNICEF
Government Data/Documents	
Education Management Information System: Flash Reports (2007/2008/2009)	Ministry of Education
Early Learning and Development Framework	Government
Education for All National Plan of Action	Ministry of Education, UNESCO
National Minimum Standards for ECD Centers	Ministry of Education, Save the Children
SSRP – JAR Aide Memoire	Government of Nepal
School Sector Reform Plan 2009-2015	Government of Nepal
Strategy Paper for Early Childhood Development in Nepal	Ministry of Education, UNESCO
Education for All National Plan of Action	Government of Nepal

Document Name	Document Source
Other Reports/Information Sources	
The Dakar Framework for Action. Education for All: Meeting Our Collective Commitments	UNESCO
Early Childhood Policy in Nepal	UNESCO
Overcoming Barriers: Human Mobility and Development	UNDP
What's the Difference? An Impact Study from Nepal	Save the Children, UNICEF
Nepal Demographic and Health Survey 2006	MOHP

**APPENDIX D
POLICY SUMMARY**

Table D.1. Policy Summary

Policy	Year(s)	Ministry Responsible for the Policy	ECD-Related Content
Basic and Primary Education Master Plan	1997-2002	Ministry of Education	<ul style="list-style-type: none"> • Calls for formation of national committee on early childhood care and education to consist of NPC and representatives of the MOE, MLD, and others • Emphasizes only education, and not holistic child development • Focuses on 4- and 5-year-olds • Gives MOE responsibility for ECE for 4- and 5-year-olds, and MLD responsibility for early child care/development
Ninth Plan (Poverty Reduction Strategy Paper)	1998-2002	National Planning Commission	<ul style="list-style-type: none"> • Calls for ECD programmes for children under 5 years through community-based approach • Calls for radio and television programmes “to run child-related programmes for the psychological development of children” • Calls for institutionalization of coordination and monitoring of child-development programmes run by government and INGOs and NGOs
Local Self-Governance Act	1999	--	<ul style="list-style-type: none"> • A law that gives authority to local government bodies (VDCs and municipalities) to establish and manage ECD centers and classes with their own funds, as part of a government-wide decentralization effort
Education for All National Plan of Action (EFA/NPA 2001-2015)	2001-2015	Ministry of Education/UNESCO	<ul style="list-style-type: none"> • Adopts the Dakar Framework for Action as the national education strategy and lays out the plan for education for 2001 through 2015. • ECD is explicitly named as a priority, and targets are established for ECD gross enrollment rate and percentage of grade 1 entrants with ECD experience • Emphasizes provision of ECD for 3- and 4-year-old children • Determines that, by 2007, each VDC and municipality ward will have at least one ECD center • Calls for awareness-raising and IEC programmes on ECD • Emphasizes links with health and nutrition for holistic child development • Promises full MOE support for ECD centers in disadvantaged areas • Promotes a community-based approach
Tenth Plan (Poverty Reduction Strategy Paper)	2002-2007	National Planning Commission	<ul style="list-style-type: none"> • ECD is mentioned as a means of preparing children for primary school, and for holistic child development • Emphasizes training for ECD facilitators and awareness-raising for parents
Strategic Paper for Early Childhood Development in Nepal	2004	Ministry of Education/UNESCO	<ul style="list-style-type: none"> • Builds on the EFA National Plan • Establishes targets for expansion of ECD centers in line with EFA goals • Promotes community-based approach with MOE support for community-based, locally managed ECD centers • Local government is to collaborate with NGOs/CBOs to maintain and manage ECD centers • Guidelines are established for local management bodies, ECD facilitator training, parent involvement, and expected outcomes

Policy	Year(s)	Ministry Responsible for the Policy	ECD-Related Content
Ten Year National Plan of Action (POA) for Children and Development	2004/5-2014/5	Central Child Welfare Board	<ul style="list-style-type: none"> • Calls for a coordinated approach to implementation of ECD services across sectors and agencies • Mentions ECD as part of basic education • Calls for provision of pre-primary education to underage children in grade 1 in government-supported schools
School Sector Reform Plan	2009-2015	Ministry of Education	<ul style="list-style-type: none"> • Builds upon the EFA National Plan strategies and targets • Includes ECD as part of basic education system • Includes support for services for 4-year-olds only • Echoes the EFA National Plan in emphasizing a community-based approach, with primary responsibility for management and support of ECD centers falling on local government

APPENDIX E
PROGRAMME ACTIVITIES SUMMARY

Table E.1. ECD Programme Activities Summary

Activity	Sub-Activity
Capacity Building for Implementation and Expansion of ECD Services	
Policy advocacy and capacity building at national level	<ul style="list-style-type: none"> • Policy advocacy and capacity building at national level • Training, conference, and exposure visit outside country
District/local trainings and orientations for stakeholders and facilitators	<ul style="list-style-type: none"> • Development of training package for head teachers and teachers in primary school • Instruction for trainers of head teachers and teacher training • Training of ECD facilitators, teachers of primary school and district ECD committee members, and school management committee members • Orientation to local government leaders • Refresher training for participatory assessment • Master training of trainers and orientation on minimum standards
Parenting Orientation	<ul style="list-style-type: none"> • TOT and community orientation on parenting orientation • Training of facilitators of PO and supervisors • Print PO materials, tool kits for ECD facilitators self-learning in 30 districts • Design, printing, and piloting of new flexible parenting education package
Support to ECD Centers	<ul style="list-style-type: none"> • Scaling up and strengthening of ECD centers • Monitoring and supervision of ECD activities
Capacity-Gap Analysis	<ul style="list-style-type: none"> • Monitoring and supervision of ECD activities • Conduct capacity-gap analysis for implementation of ECED, develop competency profiles and plans for improving ECED programming
Knowledge Generation, Dissemination, and Management to Inform Policy and Programme Development	
ELDS Development	<ul style="list-style-type: none"> • Technical support for developing ELDS • Regional training workshop for ELDS validation • Writers workshop for developing ELDS • Age and content validation
Action Research	<ul style="list-style-type: none"> • Train NGOs to conduct small-scale action research • Develop a system for action research mini-grants
ECD Efficiency Study	<ul style="list-style-type: none"> • Undertake a study on impact of ECED on enhancing efficiency of basic education
ECD Mapping	<ul style="list-style-type: none"> • ECD mapping • Self-assessment of ECD centers
ECD Costing	<ul style="list-style-type: none"> • Costing analysis of ECD services in light of school sector reform implementation
ECD Scale-Up study	<ul style="list-style-type: none"> • Case study report recommending action to promote scale-up
Mainstreaming ECD into National and Subnational Policy and Programming	
Policy advocacy, networking, and collaboration	<ul style="list-style-type: none"> • Workshop to review ECD strategies and guidelines to sustain ECD centers in disadvantaged communities • Develop and implement ECED operational guidelines • Regional advocacy meetings in five regions • Strengthen partnership and interagency collaboration
Bal Vita Programme	<ul style="list-style-type: none"> • Social marketing campaign to promote ECD and micronutrient supplement • Training of health post staff and FCHV

Activity	Sub-Activity
Radio Programme	<ul style="list-style-type: none"> • Developed 26 half-hour radio-programme episodes based on parental education package • Developed half-hour radio programmes on module 3 that deal with child development in both Nepali and Maithali languages • Developed five public service announcements (PSAs), each in four languages (Nepali, Awadhi, Maithali and Bhojpuri). In total, 20 PSAs were developed to deliver key messages on parental education. • The programme episodes and PSAs broadcast through different broadcasting organizations to ensure widespread dissemination in all 15 districts (5 DACAW and 10 other districts)
IEC on ECD	<ul style="list-style-type: none"> • Development of IEC/advocacy materials on ECD • Implement communication strategies for advocacy and behavior changes at family and community levels

APPENDIX F
UNICEF EXPENDITURES ON ECD IN NEPAL

Table F.1 UNICEF Expenditures on ECD in Nepal (US\$)

Activity	Sub-Activity	Dutch Funding	Other Resources
Capacity Building for Implementation and Expansion of ECD Services			
Policy advocacy and capacity building at national level	<ul style="list-style-type: none"> • Policy advocacy and capacity building at national level • Training, conference, and exposure visit outside country 	\$73,225.77	Unknown
District/local training and orientation for stakeholders and facilitators	<ul style="list-style-type: none"> • Development of training package for head teachers and teachers in primary school • Instruction for trainers of head teachers and teacher training • Training of ECD facilitators, teachers of primary school and district ECD committee members, and school management committee members • Orientation to local government leaders • Refresher training for participatory assessment • Master TOT and orientation on minimum standards 	\$216,089.01	Unknown
Parenting Orientation	<ul style="list-style-type: none"> • TOT and community orientation on parenting orientation • Training of facilitators of PO and supervisors • Print PO materials, tool kits for ECD facilitators self-learning in 30 districts • Design, printing, and piloting of new flexible parenting education package 	\$122,281.87	\$68,000.00
Support to ECD Centers	<ul style="list-style-type: none"> • Scaling up and strengthening of ECD centers • Monitoring and supervision of ECD activities 	\$50,122.80	Unknown
Capacity-Gap Analysis	<ul style="list-style-type: none"> • Conduct capacity-gap analysis for implementation of ECED, develop competency profiles and plans for improving ECED programming 	\$20,000.00	Unknown

Activity	Sub-Activity	Dutch Funding	Other Resources
Knowledge Generation, Dissemination, and Management to Inform Policy and Programme Development			
ELDS Development	<ul style="list-style-type: none"> • Technical support for developing ELDS • Regional training workshop for ELDS validation • Writers workshop for developing ELDS • Age and content validation 	\$49,870.37	Unknown
Action Research	<ul style="list-style-type: none"> • Training to NGOs to conduct small-scale action research • Set up a system for action research mini-grants 	\$3,276.58	\$5,000.00
ECD Efficiency Study	<ul style="list-style-type: none"> • Study impact of ECED on enhancing efficiency of basic education 	-0-	\$30,000.00
ECD Mapping	<ul style="list-style-type: none"> • ECD mapping • Self-assessment of ECD centers 	\$13,417.46	Unknown
ECD Costing	<ul style="list-style-type: none"> • Costing analysis of ECD services in light of school sector reform implementation 	\$18,438.67	Unknown
ECD Scale-Up study	<ul style="list-style-type: none"> • Case study report recommending action to promote scale-up 	\$30,000.00	Unknown
Mainstreaming ECD into National and Subnational Policy and Programming			
Policy advocacy, networking, and collaboration	<ul style="list-style-type: none"> • Workshop to review ECD strategies and guidelines to sustain ECD centers in disadvantaged communities • Develop and implement ECED operational guidelines • Regional advocacy meetings in five regions • Strengthen partnership and interagency collaboration 	\$69,115.41	\$360,000.00
Bal Vita Programme	<ul style="list-style-type: none"> • Social marketing campaign to promote ECD and micronutrient supplement • Training of health post staff and FCHV 	-0-	\$30,000.00

Activity	Sub-Activity	Dutch Funding	Other Resources
Radio Programme	<ul style="list-style-type: none"> Developed 26 half-hour radio-programme episodes based on parental education package Developed half-hour radio programmes on module 3 that deal with child development in both Nepali and Maithali languages Developed Five Public Service Announcements (PSAs), each in four languages (Nepali, Awadhi, Maithali and Bhojpuri). In total, 20 PSAs were developed to deliver key messages on parental education. The programme episodes and PSAs broadcast through different broadcasting organizations to ensure widespread dissemination in all 15 districts (5 DACAW and 10 other districts) 	\$62,107.23	Unknown
IEC on ECD	<ul style="list-style-type: none"> Develop IEC/advocacy materials on ECD Implement communication strategies for advocacy and behavior changes at family and community levels 	\$63,781.80	\$65,000.00
Other			
Other	<ul style="list-style-type: none"> Programme Support Financial monitoring of CERID and Equal Access ECD Specialist Salary Monitoring and supervision of ECD activities 	\$19,192.14	\$20,000.00
Total		\$810,934.11	\$578,000.00

Sources: UNICEF. "Annual Progress Report: PBA SC/2008/0318-Government of the Netherlands." Nepal: UNICEF, March 2009.

Note: Dutch funding figures represent the total actual expenditures of Dutch funds by activity in 2008 and 2009, plus the planned expenditures for 2010. Data on expenditures of other resources was available not for 2008 or 2009 but only for activities planned for 2010.

UNICEF. "Early Childhood Development: Second Annual Report to Government of the Netherlands, April 2009 to March 2010." Nepal: UNICEF, 2010.

