



Policy Goals

1. Establishing an Enabling Environment

The early childhood development system in Nepal is defined by policies, including the early childhood development sections in the National Plan of Action 2011 and the School Sector Reform Plan. The Ministry of Education has identified a costed five-year plan for early childhood education and development in Nepal. While a plan and some coordinating mechanisms are in place, the system should be strengthened in order to ensure effective implementation of the policy and efficient revision of multi-sectoral services at the local level.

Status

Emerging

2. Implementing Widely

Coverage levels for essential early childhood development services are inadequate, particularly for children from the poorest families and those living in rural areas. There is currently a disconnect between the outcomes policies are designed to achieve and the reality of service delivery. ECD service delivery in all sectors should be expanded to ensure all children are provided the opportunity for optimal development.

Emerging

3. Monitoring and Assuring Quality

The government of Nepal has established adequate quality standards for early childhood development services across relevant sectors. However, well-developed and applied quality assurance mechanisms do not yet exist.

Emerging



This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children in Nepal and recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework¹ and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Nepal, along with regional and international comparisons.

Nepal and Early Childhood Development

Nestled between China and India, the Federal Democratic Republic of Nepal is a geographically diverse and culturally rich nation, with the world's highest peak and diverse geography, including the rugged Himalayas in the north and the flat river plains in the south. According to the National Population and Housing Census (2011), Nepal is home to 26.5 million people, 81% of whom practice Hinduism. Nearly 15 percent (3,858,137) of the population is 6 years old or younger. Nepal is the 105th largest economy in the world, with a GDP of US\$19.4 billion.² The country has experienced economic growth of 4.3 percent and 3 percent in 2010 and 2011, respectively.³ Two-thirds of the population is

employed in the agriculture industry, which accounts for more than one-third of the country's economy. Despite strong economic growth in recent years, one-quarter of the population is living below the poverty line. Since 1990, Nepal has reduced the rates of infant mortality and under-5 mortality by 46 percent and 54 percent, respectively.⁴ In recent years, the government has placed increased importance on early childhood development (ECD), as exemplified by the development of the 2011 National Plan of Action, which is an important step towards achieving universal, high quality ECD for all children. Despite this progress, many children in Nepal do not have access to comprehensive, quality ECD services.

Table 1: Snapshot of ECD indicators in Nepal with regional comparison

	Nepal	Bangladesh	India	Pakistan	Sri Lanka
Infant mortality (deaths per 1,000 live births, 2010)	46	37	47	59	11
Below 5 mortality (deaths per 1,000 live births, 2010)	54	46	61	72	12
Below 5 suffering from stunting, moderate and severe (percentage)	41%	41%	48%	44%	17%
Maternal mortality ratio (deaths per 100,000 births)	170	240	200	260	35
Birth registration 2005-2011	42%	10%	41%	27%	97%
Gross pre-primary enrollment rate (ages 3-5)	73.7 (2012)	26 (2011)	55 (2010)	53 (2005)	84 (2011)

Source: UNICEF MICS, UNESCO Institute of Statistics (2011), Nepal Living Standard Survey, 2011; DHS, 2011, Nepal Department of Education

¹ SABER-ECD is one domain within the World Bank initiative, Systems Approach to Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

² World Development Indicators database, World Bank, 2013.

³ Ministry of Finance Economic Survey, Fiscal year 2011/2012.

⁴ DHS, 2011.

Systems Approach to Better Education Results – Early Childhood Development (SABER-ECD)

SABER–ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multi-sectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children’s development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: Establishing an Enabling Environment, Implementing Widely, and Monitoring and Assuring Quality. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers have been identified, through which decision-makers can strengthen ECD.

Strengthening ECD policies can be viewed as a continuum; as described in Table 2 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

Box 1: A checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?	
Health care	<ul style="list-style-type: none"> Standard health screenings for pregnant women Skilled attendants at delivery Childhood immunizations Well-child visits
Nutrition	<ul style="list-style-type: none"> Breastfeeding promotion Salt iodization Iron fortification
Early Learning	<ul style="list-style-type: none"> Parenting programs (during pregnancy, after delivery, and throughout early childhood) Childcare for working parents (of high quality) Free pre-primary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection	<ul style="list-style-type: none"> Services for orphans and vulnerable children Policies to protect rights of children with special needs and promote their participation / access to ECD services Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection	<ul style="list-style-type: none"> Mandated birth registration Job protection and breastfeeding breaks for new mothers Specific provisions in judicial system for young children Guaranteed paid parental leave of at least six months Domestic violence laws and enforcement Tracking of child abuse (especially for young children) Training for law enforcement officers in regards to the particular needs of young children

Figure 1: Three core ECD policy goals

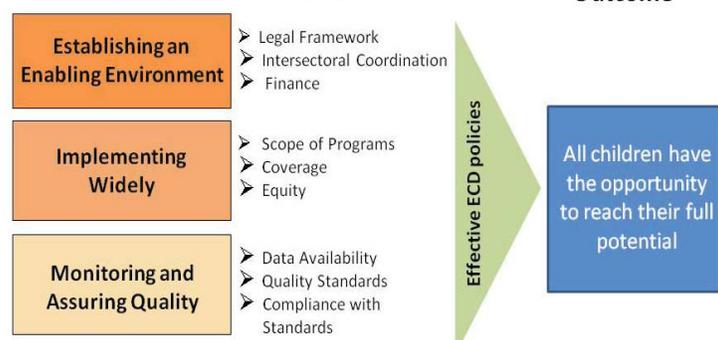


Table 2: Early childhood development policy goals and levels of development

ECD Policy Goal	Level of Development			
	Latent 	Emerging 	Established 	Advanced
Establishing an Enabling Environment	Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional, and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➤ **Policy Levers: Legal Framework • Intersectoral Coordination • Finance**

An enabling environment is the foundation for the design and implementation of effective ECD policies.⁵ It consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework



The legal framework comprises all of the laws and regulations that can affect the development of young children in a country. The laws and regulations impacting ECD are diverse due to the array of sectors that influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers

.National laws promote appropriate dietary consumption for young children. Nepal has a strong set of laws and regulations that promote prenatal and early

nutrition. In 1998, *The Food Act 2055* was passed to provide voluntary guidelines to encourage salt iodization and in August 2011 a notification was passed under the existing Food Act making fortification of staples such as wheat, maize, and rice mandatory. Furthermore, the *Substitute of the Breast Milk (Sale, Distribution and Control) Act 2049* enshrines in law the guidelines set forth in the International Code of Marketing of Breast Milk Substitutes.

Table 3: Regional comparison of maternity and paternity leave policies

Nepal	Bangladesh	India	Pakistan
52 days, 100% pay, covered by employer	112 days, 100% pay, covered by employer	84 days, 100% pay, covered by employer and Social Security	84 days, 100% pay, covered by employer

Source: ILO, 2012

Healthcare for pregnant women and young children is a concern of the national government. Nepal has taken steps to ensure the good health of young children by requiring that all children receive a complete course of recommended childhood immunizations. Well-child visits, which evaluate a child’s general health and development, are not mandated, but are made widely available. In the *Second Long-term Health Plan (1997-*

⁵ Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005.

2017), the government outlines goals to reduce child and mother mortality rates. Nepal's Safe Motherhood Program, coordinated by the Ministry of Health (MoH), is designed to reduce maternal mortality by increasing access to family planning, essential obstetric and neonatal care, and access to skilled birth attendants. Currently, there are no laws, regulations, or policies encouraging pregnant women to have standard health screenings for HIV and STDs.

Policies provide partial job protection to pregnant women and new mothers. *The Labor Act* (1992) states that employers are required to provide break time for nursing mothers. *Labor Rules 1993* stipulate that all mothers working in the public or private sector are entitled to 52 days of paid maternity leave at 100 percent of their salary. This is paid by the employer. Table 3 presents maternity leave policies in selected South Asian countries. As demonstrated in the table, Nepal currently has the shortest minimum maternity leave in the region. Similar to Bangladesh, India, and Pakistan, Nepal does not have a policy stipulating paternity leave for fathers. However, the *Labor Rules 1993* state that a few days of leave are granted to take care of the spouse.

While some protection is provided for mothers, Nepal does not guarantee complete job protection and non-discrimination for mothers in accordance with ILO Maternity Protection Convention. Currently, no policy penalizes or prevents the dismissal of pregnant women nor obligates employers to give employees the same job when they return from maternity leave.

Pre-primary education is available for children aged 36-59 months but is not mandatory in Nepal. Pre-primary school is not compulsory in Nepal. The *Local Self-governance Act* (1999) gives the authority of pre-primary education to local bodies. The Act states that Village Development Committees and municipalities are to establish and manage preschools with their own resources. Pre-primary education is part of the formal education system; however it is not required of all students who go through grades 1-12. The *Education Act* (2028) identifies two forms of early childhood care and education (ECCE): pre-primary classes based in schools are targeted primarily for children ages 4 and 5. Some of these pre-primary classes are private and charge fees, but many public schools (community schools) now offer ECCE classes, which do not charge fees. The second type of ECCE is child development centers, which are community-based and are primarily

targeted towards children below 4 years. The centers are free of charge and receive technical support from the Department of Education (DoE)—the executive department of the Ministry of Education (MoE)—and District Education Offices.

In the *School Sector Reform Plan* (2009-2015), the DoE set forth its plans to expand Early Childhood Education and Development (ECED)⁶ program in collaboration with community-based organizations and international NGOs. The Plan states that the government will fund one year of ECED programming for 4-year-old children. Communities can mobilize their own resources to provide ECED services for children below the specified age group. It sets a target of 87 percent of 4-year-olds enrolled in ECED.

Child and social protection policies are established in Nepal. *Children Act* 1992 provides the foundation for safety and protection of children in Nepal. In addition to mandating the registration of children at birth, the *Children Act* 1992 ensures the protection of children within the national judicial system. This includes specific child protection training for judges, lawyers, and law enforcement officers, and the creation of a specialized body to advocate for child protection. Furthermore, the *National Child Policy* guarantees orphans and vulnerable children with access to ECD services and children with disabilities and special needs are provided support and access to cross-sectoral services.

Key Laws Governing ECD in Nepal

- National Child Policy
- Children Act, 1992
- ECED goal in EFA National Plan of Action
- School Sector Reform Plan (2009-2015)
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Other Policies Protecting Women and Children

- Food Act, 1998
- Labor Act, 1992
- Labor Rules, 1993
- Substitute of the Breast Milk Act 2049
- Second Long-term Health Plan (1997-2017)

⁶ There are variations in the exact definition of Early Childhood Development between organizations, academics, practitioners, and countries. In Nepal, Early childhood Education and Development (ECED) refers to interventions for early childhood specifically in the education sector, whereas ECD captures cross-sectoral services.

Policy Level 1.2: Intersectoral Coordination



Development in early childhood is a multidimensional process.⁷ In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

The government of Nepal has an ECED strategy and costed implementation plan. In the Education for All (EFA) National Plan of Action (2003), the government of Nepal and UNESCO outlined its strategy for the development of policies and programs for managing and financing ECED. It sets the ambitious goals of expanding coverage and efficacy of services so that all children are provided comprehensive ECED services.

As predicated by the EFA National Plan of Action, the DoE included ECED in its School Sector Reform (SSR) Plan (2009-2015). The MoE outlined a clear multi-sectoral strategy for ECED and a five-year implementation plan, estimated to cost US\$62.9 million. While the plan is heavily focused in education, it includes strategies for coordination arrangements with the MoH, Ministry of Local Development (MoLD), and Ministry of Women, Children, and Social Welfare (MoWCSW).

An institutional anchor exists at the national level to coordinate ECD activities. In 2005, the Early Childhood Development Council was established to coordinate ECD activities and synergies across all sectors. The council is chaired by the MoE and has representatives from the MoH, MoLD, MoWCSW, UN agencies, and NGOs. The main responsibility of the council is to ensure coordination of ECD activities among national and local level programs. Figure 2 displays the institutional arrangements of the council. In some districts, District Child Development Boards have been established to ensure community participation and coordinate with local authorities. While these boards do not yet exist in all 75 districts, there are plans to ensure that all districts in Nepal have these local boards.

Figure 2: Institutional Arrangements of ECD Council



National ECD strategy emphasizes coordination with communities. The EFA National Plan of Action highlights a community-based approach for implementation for ECD programs. Local bodies are to be delegated authority of managing ECD centers. The plan states that Village Development Committees (VDCs) and municipalities should each be responsible for establishing and operating centers with financial and technical support from the national government.

Interventions could be better coordinated at the point of service delivery. While the SSR Plan establishes a strong framework for coordination of education services for young children, the coordination across all relevant sectors could be strengthened. The government does not currently have an established menu of integrated services to be provided to children. Agreeing on a common plan of action through an integrated service delivery manual could improve inter-sectoral coordination in Nepal.

Policy Level 1.3: Finance



While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.⁸ Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

The government reports public ECD expenditures, but determining the budget is not a coordinated effort across ministries. Financing of ECD in Nepal is achieved through both public and non-public contributions. Table

⁷ Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

⁸ Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003.

4 displays the national budgets related to ECD for education, health, and nutrition in 2009 and 2010. No data are available pertaining to the level of financing, or on the coordination of funding between bilateral aid partners and other stakeholders. The Financial Comptroller General Office tracks expenditures across the sectors. However, the budget for specific ECD expenditures is not determined through coordinated efforts across ministries, which could be a more efficient and cost-effective strategy. In order to benchmark and assess the level of public sector financial commitment to ECD, it would be particularly helpful to disaggregate financial data by age cohort, funding mechanism, and allocation.

Table 4: ECD budget across sectors in Nepal, by sector

	2010	2009
Education	680,365,000 NPR	633,564,000 NPR
Health	981,303,000 NPR	941,068,000 NPR
Nutrition	842,055,000 NPR	281,613,000 NPR

Source: Ministry of Education; Ministry of Health Nutrition and Population; Ministry of Women, Children, and Social Welfare.

The level of ECD finance is not adequate to meet the needs of the population. In 2011, 5 percent of the annual education budget was allocated towards pre-primary education (UNESCO, 2011). This represents less than 0.1 percent of GDP. The OECD suggests that public investments represent a minimum of 1 percent of GDP to ensure quality early childhood care and education services.

Table 5 presents a regional comparison of health expenditure indicators. In 2007, the Interim Constitution 2063 was passed, guaranteeing free basic health care for pregnant women and young children. However, as of 2011, only 20 percent of routine EPI vaccines were financed by the government, and the remainder by non-government sources. Additionally, out-of-pocket expenditures⁹ account for 83 percent of all private health expenditures. Although the data are not specific to ECD-aged children or pregnant women, the high rate of out-of-pocket expenditure indicates

⁹ Out-of-pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.

that, despite policy suggesting otherwise, there are private costs associated with health services. At the regional level, out-of-pocket expenditure is relatively comparable to other countries. However, total expenditure on health per capita is less than half of that for India and Sri Lanka, but more than that for Bangladesh and Pakistan.

Table 5: Regional comparison of select health expenditure indicators

	Nepal	Bangladesh	India	Pakistan	Sri Lanka
Out-of-pocket expenditure as a percentage of all private health expenditure	83%	97%	86%	82%	81%
Out-of-pocket expenditure as a percentage of total health expenditures	48%	63%	61%	50%	45%
Total expenditure on health per capita (2009, adjusted for purchasing power parity)	US\$ 63	US\$ 24	US\$ 132	US\$ 59	US\$ 148
Routine EPI vaccines financed by government, 2011	20%	29%	100%	100%	57%

Source: WHO Global Health Expenditure Database, 2012.

Policy Options to Strengthen the Enabling Environment for ECD in Nepal

Legal framework:

➤ The government could consider expanding maternity benefits beyond 52 paid days and establishing provisions for parental leave. It is recommended to follow the guidelines established by ILO Maternity Protection Convention to guarantee job protection and non-discrimination to pregnant women and new mothers. Countries such as Brazil and Chile, which have made substantial strides in recent years to improve their ECD system, provide 120 and 90 days of paid maternity leave, respectively. Sweden provides 480 days of paid parental leave, 60 of which are designated for both the mother and the father, and the remaining 360 days can be allocated at the discretion of the parents.

➤ The government should also consider requiring well-child visits to ensure adequate health coverage for young children. This could reduce the infant and under-5 mortality in the country.

Intersectoral Coordination:

➤ The ECED plan in the School Sector Reform plan is commendable. Having a specific implementation plan and allocated budget are essential steps to ensure this strategy is followed. It would be beneficial to expand this strategy to place greater emphasis on other sectors. An effective early childhood strategy should cater to the holistic needs of children's development. Close coordination in planning, budgeting, and implementation with the MoH, MoWCSW, and MoLD will be crucial.

The government can also make continued efforts already outlined in the ECD strategy to ensure that all 75 districts have District Child Development Boards to coordinate with local government bodies and support local implementation of a national ECD strategy. Establishing integrated service delivery guidelines would also improve coordination both across sectors as well as across levels of government.

Finance:

➤ In order to develop an effective system that provides each child with the services and system required to ensure their safe and full development, it is critical to develop mechanisms for consistent and predictable revenue streams, and a budget that disaggregates spending by ECD age group, ideally by children aged 0-2, 3-4, and 5-6. This would enable policymakers to evaluate the equity of investment and link allocations to result-based plans to promote accountability and direct investment towards those interventions that have the highest impact on children.

Policy Goal 2: Implementing Widely

➤ Policy Levers: Scope of Programs • Coverage • Equity

Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population), and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children, and their parents and caregivers. A robust ECD policy should include programs in all essential sectors, providing comparable coverage and equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs



Effective ECD systems have programs established in all essential sectors and ensure that every child and expectant mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

ECD programs are established in core ECD areas of focus and target all relevant beneficiary groups. Nepal has ECD programs established in each of the critical ECD sectors: education, health, nutrition, and child protection. Within these, there are programs that target the three main ECD groups – children aged 0 to 72 months, pregnant women, and caregivers. Figure 4 shows a selection of some of the existing ECD interventions in Nepal, including sectoral, cross-sectoral, and multi-sectoral interventions.

While Figure 4 displays some of the most important ECD programs in Nepal, it does not convey information on the coverage of these programs. Table 6 shows that a range of ECD programs in Nepal are established in health, education, and nutrition; while coverage is not yet universal, programs are scaling nationally (see third column of "Scale"). No programs are currently established to promote positive parenting, and there are no cash transfer programs that target young children or are conditional on enrollment in ECD. There is, however, a provision for unconditional cash transfer programs in several areas that are yet to be scaled up. Nepal does not have a comprehensive system in place to track individual children's needs and, where necessary, intervene.

Figure 3: Essential interventions during different periods of young children's

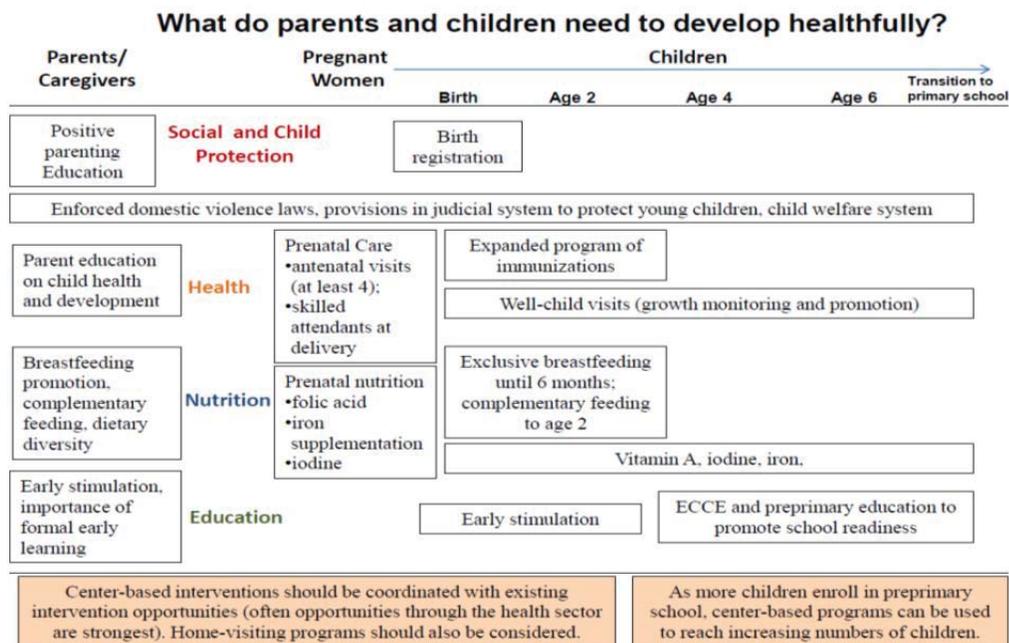


Figure 4: ECD programs in Nepal

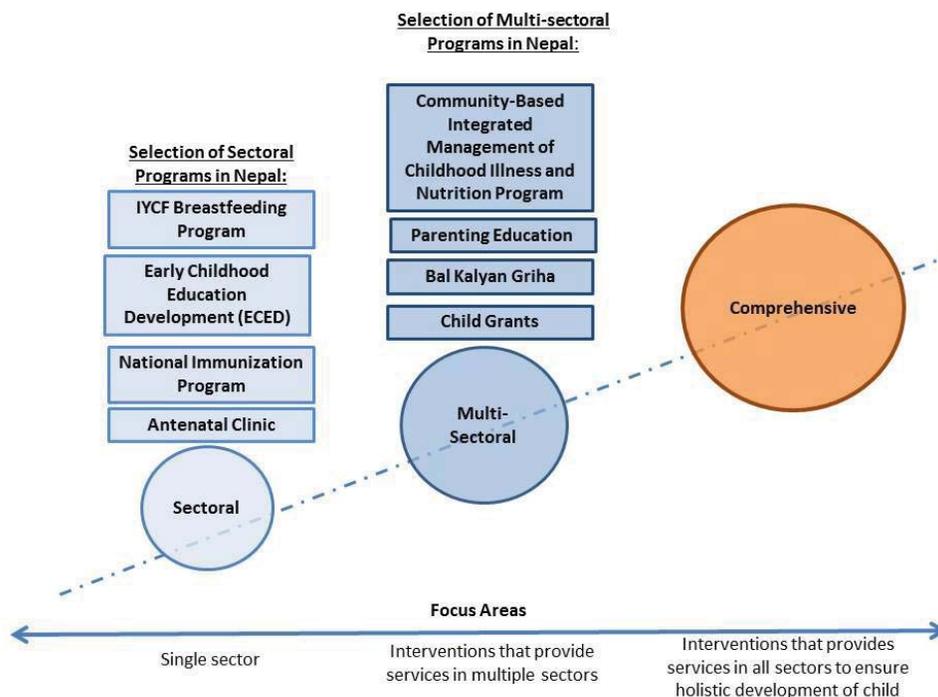


Table 6: ECD programs and coverage in Nepal

ECD Intervention	Scale		
	Pilot programs	Scaling Nationally	Universal Coverage
Education			
State-sponsored early childhood care and education (ECCE)		X	
Community-based ECCE		X	
Health			
Prenatal healthcare		X	
Comprehensive immunizations for infants		X	
Childhood wellness and growth monitoring		X	
Nutrition			
Micronutrient support for pregnant women		X	
Food supplements for pregnant women		X	
Micronutrient support for young children			
Food supplements for young children		X	
Food fortification			
Breastfeeding promotion programs		X	
Anti-obesity programs encouraging healthy eating/exercise			
Feeding programs in pre-primary/kindergarten schools			
Parenting			
Parenting integrated into health/community programs		X	
Home visiting programs to provide parenting messages			
Special Needs			
Programs for Orphans and Vulnerable Childrens		X	
Interventions for children with special (<i>emotional and physical</i>) needs			
Anti-poverty			
Cash transfers conditional on ECD services or enrollment	X		
Comprehensive			
A comprehensive system that tracks individual children's needs			

Source: SABER-ECD Policy and Program Instrument, 2011.

Policy Lever 2.2: Coverage



A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expecting mother have guaranteed access to essential ECD services.

Access to essential health and protection interventions for pregnant women and young children is inadequate.

Table 7 presents the level of access to essential ECD health interventions for young children in Nepal. Currently, 75 percent of young children suspected to

have pneumonia do not receive antibiotics, and 63 percent of young children suffering from diarrhea do not receive oral rehydration and continued feeding. Both of these figures indicate a need for health interventions to enhance coverage and targeting mechanisms to ensure children in need receive the appropriate services. The level of access to essential ECD health interventions for pregnant women is low in Nepal. Just 36 percent of births are attended by skilled attendants and 42 percent of births are registered.

Table 7: Regional comparison of level of access to essential health and protection services for young children and pregnant women

	Nepal	Bangladesh	India	Pakistan	Sri Lanka
1-year-old children immunized against DPT (corresponding vaccines: DPT3B) (2011)	91%	96%	72%	80%	99%
Children below 5 with diarrhea receive oral rehydration salts (2007-2012)	39%	78%	26%	41%	50%
Children below 5 with suspected pneumonia seeking medical care (2007-2012)	50%	35%	69%	69%	58%
Births attended by skilled attendants (2007-2012)	36%	32%	52%	43%	99%
Pregnant women receiving prenatal care (at least four times)	50%	26%	37%	28%	93%
Birth registration	42%	10%	41%	27%	97%

Source: DHS Nepal, 2011 and UNICEF Country Statistics, 2012.

Access to essential nutrition interventions in Nepal is adequate for some interventions but not for others, and stunting among young children is still prevalent. Table 8 illustrates that the level of moderate and severe stunting amongst children 5 years of age or younger is 42 percent in Nepal. By international standards, this figure is quite high and indicates that a large portion of the children in Nepal are not receiving the essential nutrition interventions they require. The impact of stunting to child development is acute, and if stunting is not addressed in the early stages of life, a child will likely never fully recover.

Table 8 sheds further light on the nutrition status of young children and pregnant women. The percentage of pregnant women who have anemia is very high by international standards. Nepal is among the upper echelon of countries in terms of the level of children who are exclusively breastfed until 6 months of age and scores comparatively well with 80 percent of the population consuming iodized salt.

Table 8: Regional comparison of level of access to essential nutrition services for young children and pregnant women

	Nepal	Bangladesh	India	Pakistan	Sri Lanka
Children below 5 with moderate/severe stunting (2007-2011)	42%	41%	48%	44%	17%
Vitamin A supplementation coverage (6-59 months) (2011)	91%	94%	66%	90%	N/A
Infants exclusively breastfed until 6 months of age (2007-2011)	70%	64%	46%	37%	76%
Infants with low birth weight (2007-2012)	18%	22%	28%	32%	17%
Prevalence of anemia in pregnant women (2010)	42%	39%	50%	39%	29%
Under-5 children with anemia (2006)	48%	68%	74%	51%	30%
Population that consumes iodized salt (2006-10)	80%	84%	71%	69%	92%

Source: DHS Nepal, 2011; UNICEF Country Statistics, 2012; WHO Global Database on Anemia, 2010.

Approximately one-third of children have access to pre-primary school in Nepal. In total, the MoE reports that there are 26,773 school-based and 4,316 community-based pre-primary schools, which provide coverage to 1,018,543 children (2011). Table 9 reports the pre-primary gross enrollment rates across the region.

Table 9: Regional comparison of pre-primary gross enrollment rates (GER)

	Nepal	Bangladesh	India	Pakistan	Sri Lanka
GER for preprimary (age 3-5)	74 (2011)	26 (2011)	55 (2010)	53 (2005)	84 (2011)

Source: Nepal Department of Education, 2012; UNESCO Institute of Statistics (2011).

**Policy Lever 2.3:
Equity**



Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services¹⁰. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Access to ECD services is not equitable between socioeconomic levels or geographic location. SABER-ECD tracks access to pre-primary education in a country by gender, socioeconomic status, regional status, and urban-rural locations. Using data from the UNICEF Multiple Indicator Cluster Survey, information on access to several ECD interventions and ECD outcomes based on socioeconomic status and residence is available.

Figure 5 compares ECD indicators for the poorest 20 percent of the population with indicators for the wealthiest 20 percent of the population. With the exception of diarrhea treatment, significant discrepancies exist. While levels of birth registration are low across all segments of the population in Nepal, 36 percent of the poorest children are registered at birth, compared to 52 percent of the wealthiest children. The differences in access to skilled attendants at birth are particularly stark: just 11 percent of poor children’s births include a skilled attendant, compared to 82 percent of the wealthiest children’s births. The underweight prevalence among wealthy children is 10 percent and is 40 percent among poor children. Finally, 14 percent of children from the poorest quintile have access to early childhood education while 61 percent of children from the richest quintile do.

As demonstrated in Figure 6, which presents access to ECD services and outcomes by rural and urban location, children living in rural areas are less likely to have access to essential health and sanitation services.

Access to pre-primary education by gender is equitable, but not by residence or wealth quintile. The government collects information on access to ECD by age, gender, sub-national division, and socioeconomic background. The MoE reports that of the pre-primary

student population, 48 percent are girls. In 2011, 47 percent of children (ages 3-4) in urban areas are enrolled in school-based pre-primary and ECD centers, compared to 28 percent of children in rural areas. Of children in the richest quintile, 61 percent were attending pre-primary or ECD centers, but only 14 percent of children from the poorest quintile were.¹¹ Information is not collected on access to pre-primary school for children with special needs or different languages of instruction.

Figure 5: Equity in access by wealth to ECD services and ECD outcomes in Nepal

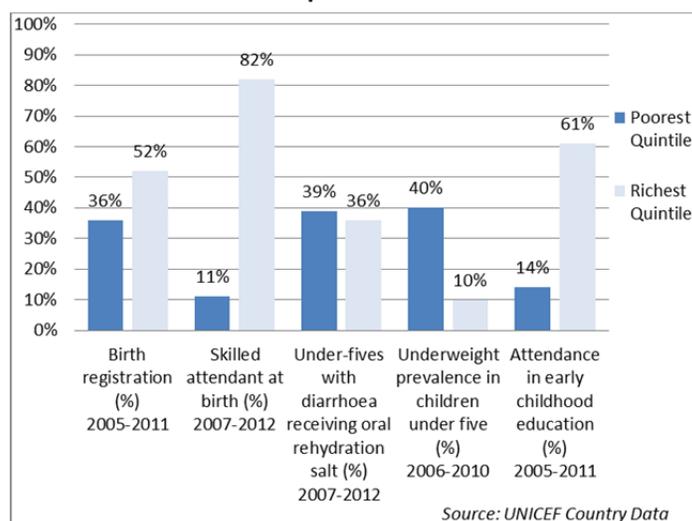
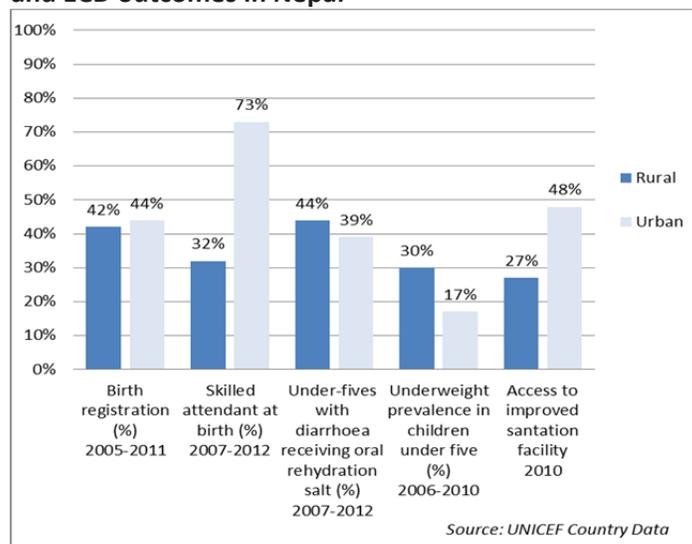


Figure 6: Equity in access by residence to ECD services and ECD outcomes in Nepal



¹⁰ Engle et al, 2011; Naudeau et al., 2011.

¹¹ DHS Nepal, 2011.

Policy Options to Implement ECD Widely in Nepal

Scope of Programs:

➤ To better gauge the breadth of publicly and privately provided ECD interventions, it could be useful to undertake a government-led mapping exercise to develop a database of ECD interventions. Enhanced coordination may shed light on duplication of service delivery, and enable service provision to target those most in need. Another possible benefit is uniting service delivery to capture economies of scale in transportation or direct service delivery, for example.

Coverage and Equity:

➤ Young children and pregnant women in Nepal have relatively low access to essential health interventions. While rates are low across the country, there is particularly low access to essential ECD services for children from the poorest families or those living in rural areas. The government should consider creating mechanisms to promote prenatal visits and well-child visits on a regular basis. The high level of stunting among young children in Nepal should also be addressed to prevent impaired health, educational, and economic performance later in life.

Policy Goal 3: Monitoring and Assuring Quality

➤ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital, because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

Policy Lever 3.1: Data Availability



Accurate, comprehensive, and timely data collection can promote more effective policy-making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff

recruitment and training, program quality, adherence to standards and efforts to target children most in need.

Relevant administrative and survey data are collected to monitor ECD in Nepal. Data are collected at the national and local level in Nepal. This includes administrative data collected by government ministries as well as survey data (such as UNICEF MICS data). Data on enrollment levels in ECCE, usage of ECD health centers and coverage of ECD nutrition interventions are collected at least annually at the local level. The DoE has also recently developed a monitoring form to track a child in the four interrelated domains: physical, linguistic, cognitive, and socioeconomic progress. Table 10 presents the availability of administrative and survey data.

Table 10: Availability of data to monitor ECD in Nepal

Administrative Data:	
Indicator	Tracked
ECCE enrollment rates by region	✓
Special needs children enrolled in ECCE (number of)	✓
Children attending well-child visits (number of)	✓
Children benefitting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	X
Children enrolled in ECCE by sub-national region (number of)	✓
Average student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	✓
Survey Data	
Indicator	Tracked
Population consuming iodized salt (%)	✓
Vitamin A supplementation rate for children 6-59 months (%)	✓
Anemia prevalence amongst pregnant women (%)	✓
Children below the age of 5 registered at birth (%)	✓
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four prenatal visits (%)	✓
Children enrolled in ECCE by socioeconomic status (%)	X

Policy Lever 3.2: Quality Standards



Ensuring quality ECD service provision is essential. A focus on access without a commensurate focus on ensuring quality jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.¹²

Standards for service providers exist in Nepal. Preschool teachers are required to have achieved secondary school (grades 9-10) or further formal education. They are also required to complete in-service training on health, cognitive, social, and emotional development. In addition to formal education, healthcare providers are required to complete training in early childhood health service delivery.

Infrastructure and service delivery standards for ECCE facilities exist. Both the MoE and MoH have established infrastructure and service delivery standards for education and health facilities. The construction standards address features such as structural soundness, type of roof, floor and windows, and access to potable water. ECCE centers are required to be open for five hours daily.

Clear learning standards are established for ECCE in Nepal. Learning standards are established for pre-primary school, which applies to children ages 36-59 months. These standards mainly focus on literacy and linguistic development, and do not specifically outline any standards pertaining to motor skills, cognitive, or socio-psychological development.

Policy Lever 3.3: Compliance with Standards



Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

A registration process for ECCE and health facilities promotes regulation of quality standards. The National

¹² Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003.

Minimum Standard for ECD Centers 2010 states that public school infrastructure facilities are to be monitored by the MoE upon completion of construction and thereafter on a monthly basis when the school is in session. The Education Regulation 2059 states that service delivery is evaluated on a monthly basis in preschools.

Private ECCE facilities are required to comply with the same established service delivery and infrastructure standards as public ECCE facilities.

Infrastructure standards for health facilities are monitored immediately following construction using site visits and facility reports. The Manual for Integrated Supervision System in Health Programs requires that health facilities servicing young children be evaluated for compliance with service delivery standards at least annually. Currently there are 4,087 public and private health centers in Nepal, and all of them meet the standards set forth.

The Department of Education reports that ECCE service providers and facilities meet standards. According to the DoE, as of 2011, all 26,773 preschool teachers received regular in-service training and have completed pre-service training.¹³ On average, there are 28 students per pre-primary teacher in Nepal. The DoE also reports that all 31,809 ECCE facilities (including public school and community-based) comply with infrastructure standards. While this 100 percent compliance with in-service training is commendable, a stronger monitoring system could ensure that ECCE professionals provide quality learning to all children.

Policy Options to Monitor and Assure ECD Quality in Nepal

Data Availability:

➤ Developing and implementing a detailed information system for young children, which includes monitoring child development outcomes, will strengthen the ECD system by providing policymakers with the in-depth, accurate data that are required to make rational and effective policy decisions. Furthermore, monitoring child development outcomes for each child makes it

¹³ Pre-service training is for 90 days and in-service training is for 6 days. According to National Minimum Standard for ECD centers (2010), all facilitators should have received 90 hours of basic training related to local curriculum integration, taking care of children, and early identification of disabilities.

possible to address a particular development issue (such as malnutrition), while a child is still young before the consequences of inaction are more severe.

Quality Standards and Compliance with Standards:

➤ While quality standards for ECD are well established in Nepal, mechanisms are currently not in place to accurately monitor compliance with standards. For example, it would be valuable to collect information on specific qualifications for each ECCE service provider.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a given correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 11 presents a selection of ECD policies in Nepal and related outcome indicators. For example, Nepal complies with the International Code of Marketing of Breastmilk Substitutes and 70 percent of all babies are exclusively breastfed until the age of 6 months. Similarly, with a national policy that mandates the iodization of salt, 80 percent of households consume iodized salt. These discrepancies indicate some specific areas where the current policy framework or intervention may be inadequate to achieve desired aims.

Table 11: Comparing ECD policies with outcomes

ECD Policies	Outcomes
Nepal policy complies with Internat'l Code of Marketing of Breastmilk Substitutes	Exclusive breastfeeding rate (> 6 mo): → 70%
Nepal has a national policy to encourage salt iodization	Household iodized salt consumption → 80%
Pre-primary school is not compulsory in Nepal	Pre-primary school enrollment: → 74%
Young children are required to receive a complete course of childhood immunizations	Children with DPT3 (12-23 months): → 92%
There is a policy mandating the registration at birth	Completeness of birth registration: → 42%

Preliminary Benchmarking and International Comparison of ECD in Nepal

The SABER-ECD initiative is designed to enable policy makers and ECD stakeholders to compare ECD systems within regions and internationally. By using a consistent, transparent approach, it is possible to draw comparisons and identify areas for improvement across each of the nine policy levers and policy goals. The SABER-ECD classification system does not rank countries according to any overall score; rather, it is designed to share information on how different systems address the same policy challenges. Table 12 on the following page presents a classification of ECD policy in Nepal with each of the nine policy levers and three policy goals. International comparisons are presented to share insight from successful systems and to generate policy options to improve the ECD policy environment in Nepal. Table 13 presents the status of ECD policy development in Nepal alongside a selection of OECD countries.

Conclusion

This country report presents a framework to benchmark Nepal's ECD system; it is designed to help policymakers identify opportunities for further development. In recent years, Nepal has placed increased emphasis on early childhood development, and the adoption of the National Plan of Action in 2011 exemplifies this. The National Plan of Action 2011 establishes an enabling environment by articulating objectives, establishing goals, and presenting a strategy to advance Nepal's ECD system. An enabling environment, however, is only one important aspect of an effective ECD system. There is currently a disconnect between the outcomes policies are designed to achieve and the reality of ECD service delivery. Too many children are not receiving the services required to reach their potential in life, and this is in part due to the insufficient monitoring system and a lack of well-developed and applied quality assurance mechanisms. Strengthening these two areas will be critical to advancing Nepal's ECD system. Giving children a better start early in life will prepare them to succeed later, developing a new generation of citizens with the capacity to increase Nepal's social and economic development. Table 14 on the following page summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in Nepal.

Table 12 : Benchmarking Early Childhood Development Policy in Nepal

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment		Legal Framework	
		Inter-sectoral Coordination	
		Finance	
Implementing Widely		Scope of Programs	
		Coverage	
		Equity	
Monitoring and Assuring Quality		Data Availability	
		Quality Standards	
		Compliance with Standards	
Legend: 			

Table 13: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development				
		Nepal	Australia	Chile	Sweden	Turkey
Establishing an Enabling Environment	Legal Framework					
	Coordination					
	Finance					
Implementing Widely	Scope of Programs					
	Coverage					
	Equity					
Monitoring and Assuring Quality	Data Availability					
	Quality Standards					
	Compliance with Standards					
Legend: 						

Table 14: Summary of policy options to improve ECD in Nepal

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	<ul style="list-style-type: none"> • Expand maternity benefits beyond 52 paid days and establish provisions for parental leave • Require well-child visits to ensure adequate health coverage for young children • Develop specific implementation plan with allocated budget to ensure ECED strategy is followed • Coordinate with local government bodies and support local implementation of national ECD strategy • Develop mechanisms for consistent and predictable revenue streams
Implementing Widely	<ul style="list-style-type: none"> • Undertake government-led mapping exercise to develop an integrated database of ECD interventions • Increase access to essential health and nutrition interventions for young women and children
Monitoring and Assuring Quality	<ul style="list-style-type: none"> • Monitor individual child development outcomes to provide policymakers with in-depth accurate data that are required to make rational and effective policy decisions • Establish mechanisms to monitor compliance with standards

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Acronyms

DoE	Department of Education
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
ECED	Early Childhood Education and Development
MoE	Ministry of Education
MoH	Ministry of Health
MoLD	Ministry of Local Development
MoWCSW	Ministry of Women, Children, and Social Welfare
SABER	Systems Approach for Better Education Results
SSR	School Sector Reform (Plan)

All dollar amounts are U.S. dollars unless otherwise indicated.

The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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