

# Formative Study on Parental Education in Five Districts of Nepal





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# Acronyms:

**DEOs: Districts Education Officers** 

DOE: Department of Education

DWCO: District Women and Children's Office

ECD: Early Childhood Development

HIS: Human Interest Stories

IIDS: Institute for Integrated Development Studies

KAP: Knowledge Attitude and Practice

PE: Parental Education

SGNCDS: SetoGurans National Child Development Services

### **Executive summary:**

The purpose of this study is to document the processes of the parental education programme, a joint initiative of UNICEF, Setogurans and Department of Education. The project intended to pilot newly developed parental education programme and raise awareness among caregivers on early childhood development. It targeted 500 ECD centres and 10,000 caregivers.

The studyhas elaborated all the process involved in the parental education programme, and details on participants reached. The assumption for this programme was that if parents are delivered with contents as per their interest and based on their availability, then the attendance rate of the parental education will be high. High attendance was further assumed to lead to positive changes in behaviour and perception of ECD topics. This assumption is confirmed true with the evidence that 11,593 (73.3 per cent) caregivers have attended more than 50 per cent of the sessions. The sample results in caregivers' understanding by 85 per cent and 73 per cent in child status indicate that caregivers' knowledge and practice towards child development have changed positively.

Following are recommendations based on the findings of the study:

- (a) Mentoring support plays a critical role in ensuring quality of PE session and should be maintained.
- (b) Improving the basic infrastructure of ECD facilities could demonstrate the standards for Early Childhood Development, as taught in PE sessions.
- (c) Other community platforms (besides ECD centres) should be considered to increase outreach among pregnant women and caregivers of children under three.
- (d) Specific methods targeting male participants/fathers should be developed, these methods must take into account the high level of out migration among men in the community.
- (e) Ensuring parents understand the importance of parental education is more important than incentivising attendance of PE sessions through snacks or remuneration.
- (f) Data collection forms, particularly to confirm changes, should be simple and practical.

### 1. Background:

Parents are key players in early childhood development. The Multiple Indicator Cluster Survey (MICS) study captured data that provides a snapshot of parenting trends in Nepal. 56.9 per cent of surveyed mothers with infants less than 6 months of age reported exclusive breastfeeding the previous day. In the three days prior to the survey, 67.2 percent of children age 36-59 months had engaged in four or more activities to promote learning and school readiness, only 10.1 per cent of instances involved fathers.

20.6per cent of children under age 5 are left alone or in the care of a child younger than 10 for more than one hour at least once in the last week. 4.8 per cent of children under age 5 have three or more children's books (MICS, 2014). The parental education project being studied focused on raising awareness among parents on early childhood development, to improve these figures.

UNICEF and Setogurans National Child Development Services have partnered for Parental Education (PE) in the "Unleashing Children's Potential through Improved Quality and Parental Involvement" project. The project works closely with Department of Education (DoE) and District Education Offices (DEOs), for parental education in five districts namely Achham, Bajura, Kalikot, Mugu and Mahottari. The project aims to pilot the parental education package developed jointly with Department of Education and promote wider scale up by Government of Nepal. The project targeted to reach 500 ECD centres and 10,000 caregivers.

500 ECD centres were selected for the project, based on the convergence with other programme components of UNICEF Nepal. Particularly, ECD centre selection is focused to provide support to early grade learning project implemented in the schools by UNICEF Nepal. The ECD centre selection was closely coordinated with district education offices.

Table 1: PE intervention area in old structure

| Project area |          |          |                  |                    |            |  |  |  |  |  |
|--------------|----------|----------|------------------|--------------------|------------|--|--|--|--|--|
|              |          |          |                  |                    |            |  |  |  |  |  |
| District     | Total    | Project  | <b>Total ECD</b> | Project coverage   | Percentage |  |  |  |  |  |
|              | VDC/Muni | coverage | center           | ECD                |            |  |  |  |  |  |
|              |          | VDC/Muni |                  | caters/communities |            |  |  |  |  |  |
| Mugu         | 22       | 12       | 120              | 80                 | 66.66      |  |  |  |  |  |
| Kalikot      | 30       | 16       | 233              | 120                | 51.50      |  |  |  |  |  |
| Achham       | 58       | 13       | 472              | 104                | 22.03      |  |  |  |  |  |
| Bajura       | 24       | 12       | 233              | 96                 | 41.20      |  |  |  |  |  |
| Mahottari    | 77       | 31       | 536              | 100                | 18.31      |  |  |  |  |  |
| Total        | 211      | 84       | 1584             | 500                | 31.17      |  |  |  |  |  |

## 1.1. Objectives of the Intervention:

The objective of the parental education programme was to pilot the new participatory modality in parental education and provide government with a different option on parental education. The assumption for this programme was that if parents are delivered with contents as per their interest and based on their availability, then the attendance rate of the parental education will be high. High attendance was further assumed to lead to positive changes in behaviour and perception of ECD topics.

### 1.2. Objectives of the study:

The purpose of this study is to document overall process of the parental education. As this project is a pilot project, it is necessary to document all the process so that it can be replicated by other organization and the Government of Nepal. This study supplements the summative evaluation of this programme conducted by Institute of Integrated Development Studies (IIDS) through the Knowledge, Attitude and Practice (KAP) Study.

# 2. Methodology:

Both quantitative and qualitative methods were used to document the process. Baseline survey was conducted in June/ July 2016 to understand the status of project ECD centres and community

surrounding them. Each activity was documented by project staff. Fourforms were filled by the ECD facilitators during the parental education implementation. Mentors collected these forms and also did case studies of changes confirmed. Also, mentors tracked 10 parents and 10 children each in three districts (Achham, Bajura and Mahottari). They conducted pre-test and post test to them and confirmed changes achieved before and after parental education.

### 2.1. Data collection tool:

A baseline data collection tool was developed by Setogurans in consultation with UNICEF.As the summative evaluation was conducted externally, the project baseline data collected more of ECD centre and community status related information. The following four forms were used by ECD facilitators to collect data.

- a. Format1: Registration of the participants details (Name, gender, age, relation, caste/ethnicity, education level and profession)
- b. Format 2: Selected subject by the participants (16 subjects selected by the participants in PE participants)
- c. Format 3: Attendance update of the participants
- d. Format 4: Date of the each session and total session

### 2.2.Quality assurance:

Overall data collection was managed by Setogurans National Child Development Services. ECD facilitators were trained on how to fillforms during the seven day parental education training. Similarly, mentors and district coordinators were also oriented for the data collection. Also, the monitoring and evaluation officer visited five intervention districts biannually to provide technical support on the documentation.

### 2.3. Data entry and analysis:

Setogurans district programme coordinators reviewed and compiled the forms, collected by the mentors. These were sent to Setogurans national office for entry. Setogurans national programme staffs directly entered this data to SPSS software. Further, tables were generated for quantitative analysis. All activity reports were reviewed for qualitative part. Qualitative data was analyzed using tools such as coding, categorizing and generalization.

# 2.4. Time frame of the parental education:

Table 2: Timeframe of Parental Education

|  | Apr-Jun | July-Sep | Oct-Dec | Jan-Mar | Apr-May |
|--|---------|----------|---------|---------|---------|
| Activity   | 2016    | 2016     | 2016    | 2017    | 2017    |
| Programme planning workshop                            | Х       |          |         |         |         |
| Formative Study  | Х       | Х        | Х       | Х       | Х       |
| Bi-annual monitoring and technical support             |         | Х        |         | Х       |         |
| Consultation meetingson Parental Educationpackage      | Х       |          |         |         |         |
| Finalization of Parental Educationpackage and          |         |          |         |         |         |
| development of reference materials                     | Х       |          |         |         |         |
| Training of Trainers on Parental Education             | Х       |          |         |         |         |
| Training to 500 ECD facilitators on Parental Education |         | Х        | Х       |         |         |
| Parenting Education in community                       |         | Х        | Х       | Х       |         |
| Data analysis and report writing                       |         |          |         |         | Х       |

## 3. Parental Education implementation process:

Following steps were adopted to implement parental education in five project districts.

# 3.1. Programme planning workshop

In consultation with local offices of Setogurans and focal persons from respective district education offices a detailed plan to reach the targeted 10,000 caregivers was finalised. The workshop clarified roles of district staffs and finalized the selection of 500 ECD centres to be covered by the project. Also, the workshop oriented programme staffs on baseline survey format to be conducted before the activities started. The workshop resulted in a finalised action plan for programme implementation.

### 3.2. PE package development

The Parental Education(PE) guidebook previously developed by UNICEF Nepal was utilized from the beginning of the project.

A committee in the Department of Education (DoE) endorsedthePE guidebook. It also worked to identify and develop resource materials, aligned with DOE's existing PE package. The committee held three workshops to confirm the content alignment with existing DOE



DOE Director General, Khagaraj Baral disseminating the PE resource materials

package; and develop activity cards and facilitator guidebook as resource material. Extensive support to the committee was provided by ECD experts to develop and finalize the resource materials in and between workshops. The final resource materials were disseminated in a programme, by the director general of DOE, in presence of related government agencies, ECD experts and media.

The PE package (activity cards and facilitator guidebook) has five parts and 33 subjects. The package builds on the participatory modality and recognizes the existing knowledge of the community. Parents have to choose only 20 subjects or sessions (including four mandatory sessions), out of 33 subjects available.

Out of 33 subjects, four subjects were made compulsory in consultation with the committee and district staffs. The four subjects were: (a) Introduction to early childhood development and its importance; (b) Fundamental rights of children; (c) Brain development in early childhood; and (d) Role of father in early childhood development. All subjects are listed below (table 3):

Table 3: Subjects in parental education

| S.N.  | Subjects   |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|
| Role  | Role of caregivers and early childhood development             |  |  |  |  |  |  |  |
| 1     | Introduction to early childhood development and its importance |  |  |  |  |  |  |  |
| 2     | Fundamental rights of children                                 |  |  |  |  |  |  |  |
| 3     | Care of mother and child during pregnancy                      |  |  |  |  |  |  |  |
| 4     | Care of mother and new born child                              |  |  |  |  |  |  |  |
| 5     | Brain development in early childhood                           |  |  |  |  |  |  |  |
| 6     | Importance of golden 100 days                                  |  |  |  |  |  |  |  |
| 7     | Role of father in early childhood development                  |  |  |  |  |  |  |  |
| Child | development and development phases                             |  |  |  |  |  |  |  |
| 8     | Physical development   |  |  |  |  |  |  |  |
| 9     | Cognitive development  |  |  |  |  |  |  |  |
| 10    | Emotional development  |  |  |  |  |  |  |  |

| 11    | Social development   |
|-------|--|
| 12    | Language development among children                                  |
| 13    | Development stages, characteristics and behaviour in early childhood |
| 14    | Early detection of disability  |
| 15    | Play activities for children from birth up to 1 year                 |
| 16    | Play activities for children from 2 to 3 years                       |
| Child | health, nutrition and hygiene  |
| 17    | Homemade nutritious food for children                                |
| 18    | Importance and methods of breastfeeding                              |
| 19    | Quantity and frequency of meals for children 6 months to 2 years old |
| 20    | Importance of healthy water  |
| 21    | Personal and environmental hygiene                                   |
| 22    | Protection of children from HIV infection and their participation    |
| 23    | Safety and protection of children from accidents                     |
| Child | psychology and behaviour   |
| 24    | Behaviour of child and role of caregivers                            |
| 25    | Inclusive participation of all children                              |
| 26    | Protection of children from violence, misbehaviour and punishment    |
| 27    | Child safety and learning during disasters                           |
| Early | learning and child development programmes                            |
| 28    | Child centred learning activities, rhymes, music and dance           |
| 29    | Play and other activities with children four to five years old       |
| 30    | Early literacy and maths for children                                |
| 31    | Local learning materials and use of toys                             |
| 32    | Early childhood centres and pre-primary class                        |
| 33    | Child development programme and role of partner institutions         |

### 3.3. Training of Trainers (ToT) on Parental Education

The ToT was organized for eight days on 10<sup>th</sup> to 18<sup>th</sup> June, 2016 at Dhulikhel Training Centre, Kavre. 25 mentors, five district programme coordinators, and five District Education office representatives were participants of the ToT. Through the ToT, participants were made clear on concept and content of



A participant practicing micro teaching

parental education. A participatory approach was adopted for the training and participants had to do micro teaching of all the subjects. Furthermore, they were trained on presentation, facilitation and community mobilization skills.

Table 4: Details of participants in PE ToT

| Female   | Male | Dalit  |      | Janajati |      | Others |      | Total |
|----------|------|--------|------|----------|------|--------|------|-------|
| . cindic |      | Female | Male | Female   | Male | Female | Male | 7000  |
| 13       | 22   | 1      | 2    | -        | 1    | 12     | 19   | 35    |

# 3.4. Basic training on PE to ECD facilitators

Seven days basic training on parental education to 500 ECD centre facilitators in five project districts was conducted in phased manner during the month of August and September, 2016. To ensure the quality of the training, national Setogurans trainers travelled to the districts and jointly delivered the training along with mentors and district coordinators who were trained during the ToT.

Table 5:Details of the PE basic training in the districts

| S.N. | Districts | Date                             | Venue                       |
|------|-----------|----------------------------------|-----------------------------|
| 1.   | Achham    | 2nd August-1st September 2016    | Sunshine Hotel, Mangalsen   |
| 2.   | Bajura    | 1st August-28th August 2016      | LRP Hall, Martadi           |
| 3.   | Kalikot   | 1st August-1st September 2016    | White Guest House, Manma    |
| 4.   | Mugu      | 11th September- 1st October 2016 | Hotel Grand, Gamgadi        |
| 5.   | Mahottari | 5th August-1st September 2016    | Bishwamitra Hotel, Bardibas |

During the training, ECD facilitators were trained on the utilization of the parental education package effectively. Trainers demonstrated model sessions, while all participants required to participate in micro teaching for the sessions. They were motivated to use local language and songs as much as possible during communityPE sessions. The trainers emphasized the use of standard five steps for conducting the sessions in community. They are (a) Welcome (*Swagat*) the parents; (b) Review of the previous session

(Samikshya); (c) Problem Analysis (SamasyaBislesan) of the topic to be discussed in the session; (d) Message (Sandesh) delivery of what is expected change; and finally (e) Commitment (Sankalpa) from participants to change their practice as per the message.

The training was well coordinated with relevant district stakeholders such as District Education Office (DEO), District Women and Children's Office (DWCO), District Health Office (DHO), Municipalities, and Media. In relevant sessions, they were also utilized as resource persons.

Gender **Dalit** Others Total Janajati **District** Male Male **Female Female** Male **Female** Male **Female Achham Bajura Kalikot** Mugu Mahottari 

Table 6: Details of the participants in the basic training

### 3.5. Parental education in community

Prior to the parental education in community, an orientation meeting was held by the respective facilitators and mentors. The community were guided on all the topics of the parental education package and clarified on the purpose. Further, it was clarified from the orientation that there will not be any allowances and they were motivated to participate so that it can benefit their children. Interested caregivers were requested to participate and attend regularly.

Facilitators and mentors were guided to start the first session with minimum 20 participants. In the first session, four mandatory topics were briefed and 16 others topics which can be chosen were decided in a participatory manner. Also, appropriate time forall participants was agreed. The sessions were agreed to last two hours. The sessions were agreed to be conducted two to four times per month. It was agreed with the participants that, in case of absence, the participants should send alternate from family members. In this way, the content selected would not be missed by the family. Additionally, session were organised around local economic and seasonal requirements.

Overall sessions were conducted following the five 'sa' methods i.e. (a) welcome (Swagat); (b) review of the previous session (Samikshya); (c) problem analysis(SamasyaBislesan); (d) message (Sandesh); and (e) commitment (Sankalpa). Further, facilitators were using the local language, folk songs, local stories/cases, and puppets, which were also part of the training. These were confirmed through the monitoring visits by mentors, district coordinator and monitoring and evaluation officer.

Mentors supported the parental education sessions. Each mentor had 20 centres to cover visited each at least once a month. They were also expected to conduct 8 sessions each month as support to centres facing difficulties. Furthermore, they followed up on the learning throughout the sessions and conducted home visits. District project coordinators managed and supported all the mentors and supported parental education sessions, when required. Mentors and district coordinators had joint monthly meeting to reflect on the challenges and come up withsolutions.

# 4. Findings:

# 4.1. Programme baseline findings

Before implementation of parental education in the community, baselines were conducted to assess the situation of the project intervention area. The survey was conducted utilizing mentors and district coordinators during the period of June/ July 2016. The survey collected the general situation of ECD centres, community, parents and children. Key findings are:

(a) Most of the project ECD centres (ranging from 88.5 to 97.5 per cent in respective districts) have approval from Village Development Committees (VDCs) and municipalities and facilitator supported (86.2 to 97 per cent) from District Education Office (DEO), which is the general and recommended practice in Nepal. However, only a few ECD centres (12 to 50 per cent) were getting financial support from local government.

Table 7.1: Status of ECD centres

| Indicators                               |                 | Achham | Bajura | Kalikot | Mugu   | Mahottari | Total  |
|--|-----------------|--------|--------|---------|--------|-----------|--------|
| Approval taken from VDC/<br>Municipality | Taken           | 88.50% | 99.00% | 97.50%  | 96.20% | 95.00%    | 95.20% |
|  | Not Taken       | 11.50% | 1.00%  | 2.50%   | 3.80%  | 5.00%     | 4.80%  |
| Quota provided from                      | Provided        | 96.20% | 95.80% | 96.70%  | 86.20% | 97.00%    | 94.80% |
| DEO                                      | Not<br>Provided | 3.80%  | 4.20%  | 3.30%   | 13.80% | 3.00%     | 5.20%  |
| Subsidy received from                    | Received        | 50.00% | 26.00% | 35.00%  | 31.20% | 12.00%    | 31.20% |
| VDC/ Municipality                        | Not<br>Received | 50.00% | 74.00% | 65.00%  | 68.80% | 88.00%    | 68.80% |

(b) Infrastructure in project ECD centres were found to be weak with basic needs not fulfilled, such as availability of pure drinking water (11 to 67 per cent available as per district), separate toilet (1.2 to 39.6 per cent available as per district) and separate playground (10 to 56.7 per cent available as per district).

Table 7.2: Status of ECD centres

| Indicator           |   | Achham | Bajura | Kalikot | Mugu   | Mahottari | Total  |
|---------------------|---|--------|--------|---------|--------|-----------|--------|
|                     | Available   | 61.50% | 43.80% | 38.30%  | 11.20% | 67.00%    | 45.60% |
| Pure drinking water | Available         61.50%         43.80%         38.30%           Not Available         38.50%         56.20%         61.70%           Available         36.50%         39.60%         24.20%           Not Available         63.50%         60.40%         75.80% | 61.70% | 88.80% | 33.00%  | 54.40% |           |        |
|                     | Available   | 36.50% | 39.60% | 24.20%  | 1.20%  | 10.00%    | 23.20% |
| Separate toilet     |   | 63.50% | 60.40% | 75.80%  | 98.80% | 90.00%    | 76.80% |
|                     | Available   | 56.70% | 35.40% | 33.30%  | 10.00% | 19.00%    | 32.00% |
| Separate playground | Not<br>Available  | 43.30% | 64.60% | 66.70%  | 90.00% | 81.00%    | 68.00% |

(c) The new school sector development plan recommends facilitators have School Leaving Certificate (SLC) as minimum qualification, which majority of our project ECD facilitators fulfils. However, there are still 12 per cent of facilitators who have not completed their SLC, with highest percentage in Mugu with 37.5 per cent.

Table 8: Qualification of ECD facilitators

| Indicators |       | Achham | Bajura | Kalikot | Mugu   | Mahottari | Total  |
|------------|-------|--------|--------|---------|--------|-----------|--------|
|            | NoSLC | 10.60% | 11.50% | 3.30%   | 37.50% | 4.00%     | 12.00% |
|            | SLC   | 35.60% | 40.60% | 26.70%  | 35.00% | 40.00%    | 35.20% |
| Education  | I. A. | 51.90% | 44.80% | 66.70%  | 27.50% | 49.00%    | 49.60% |
|            | B.A.  | 1.90%  | 3.10%  | 3.30%   | 0.00%  | 5.00%     | 2.80%  |
|            | M.A.  | 0.00%  | 0.00%  | 0.00%   | 0.00%  | 2.00%     | 0.40%  |

(d) From the survey, it was confirmed that in average 37.8 per cent facilitators had previously also attended some type of parental education training. These facilitators reported to have trained total 2700 caregivers (1662 female, 1038 female) on parental education.

Table 9: Training experience of ECD facilitators

| Indicator                                    |           |        | District |         |        |           |        |  |  |  |
|--|-----------|--------|----------|---------|--------|-----------|--------|--|--|--|
|  |           | Achham | Bajura   | Kalikot | Mugu   | Mahottari | Total  |  |  |  |
| PE training taken in past<br>by facilitators | Taken     | 38.50% | 27.10%   | 44.20%  | 31.20% | 45.00%    | 37.80% |  |  |  |
|  | Not Taken | 61.50% | 72.90%   | 55.80%  | 68.80% | 55.00%    | 62.20% |  |  |  |

(e) As per report by the ECD facilitators, expected number for the parental education programme participants were found to be 12,310 parents from 500 ECD centres/ communities. Of which, pregnant woman were reported to be 3133.

Table 10: Expected participants for parental education

| Indicator             | Achham | Bajura | Kalikot | Mugu | Mahottari | Total |
|-----------------------|--------|--------|---------|------|-----------|-------|
| Expected number       | 2164   | 2710   | 3147    | 2072 | 2217      | 12310 |
| Number of<br>Pregnant | 419    | 704    | 621     | 707  | 682       | 3133  |

### 4.2. Details of programme participants

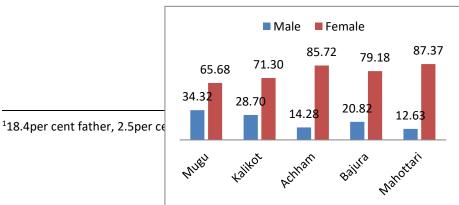
While the programme targeted for 10,000 caregivers, it reached total 15,805 caregivers through 500 ECD centres in five districts. In average 28 to 34 participants were covered in the districts, despite of the fact that no snacks or allowance were provided to participate. New registrations were continued even till the last sessions as it was open and all independent sessions. Also, it was agreed that families will send alternative from the family members if a main caregiver registered is absent.

Table 11: Caregivers covered through the programme

| Districts | Project<br>ECD centres | Total registered | Average participants |  |  |
|-----------|------------------------|------------------|----------------------|--|--|
| Achham    | 104                    | 2914             | 28                   |  |  |
| Bajura    | 96                     | 3021             | 31                   |  |  |
| Kalikot   | 120                    | 4017             | 33                   |  |  |
| Mugu      | 80                     | 2433             | 30                   |  |  |
| Mahottari | 100                    | 3420             | 34                   |  |  |
| Total     | 500                    | 15805            | 32                   |  |  |

Onaverage, 22 per cent of these caregivers were male<sup>1</sup>. In the patriarchal society, parenting is seen as women's role and it was hard to convince them to participate in the sessions. Furthermore, fathers have often migrated for economic purposes.

Graph 1: Gender-wise participation in districts



The parental education targeted caregivers of 0-5 children which included pregnant and newly married couple as well. As per the data, majority of the participants (81.71 per cent) were parents, especially mother<sup>2</sup> of under 5 children in the ECD centre or community.

Table 12: Participants detail (type)

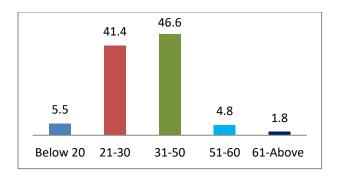
| Participants base | Percentages |        |
|-------------------|-------------|--------|
| Parents           | 12915       | 81.71  |
| Caregivers        | 1490        | 9.43   |
| Pregnant women    | 800         | 5.06   |
| Newly married     | 600         | 3.80   |
| Total             | 15805       | 100.00 |

From the age-group data, it was found that among the caregivers there were also brothers and sisters under 20 years as well. The majority of the participants (88 per cent) were between 21-50 years old. 96.1 per cent were farmers and also have to look after household chores. 88 per cent had basic education and 1.3 per cent were illiterate.

Graph 2: Age group of participants

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<sup>&</sup>lt;sup>2</sup> 10,801 registered were reported to be mothers.



The ethnicity of the caregivers seem to vary as per district and representing the distribution in the community. Hence, no particular groups were excluded in the programme.

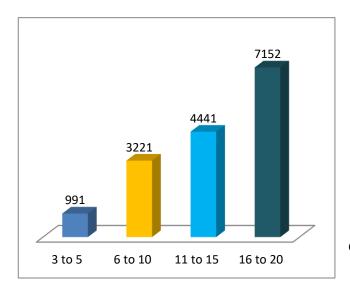
Table 13: Participants detail (Caste and Ethnicity)

| District  | District Chhetri Dalit |      | Brahmin Janajati |     | Muslim | Total |
|-----------|------------------------|------|------------------|-----|--------|-------|
| Achham    | 1851                   | 934  | 105              | 22  | 0      | 2914  |
| Bajura    | 1947                   | 1040 | 30               | 4   | 0      | 3021  |
| Kalikot   | 2421                   | 1424 | 164              | 4   | 0      | 4017  |
| Mugu      | 1831                   | 497  | 2                | 102 | 0      | 2433  |
| Mahottari | 2302                   | 677  | 62               | 207 | 179    | 3420  |
| Total     | 10352                  | 4572 | 363              | 339 | 179    | 15805 |

Total of 17,515 (8400 girls and 9115 boys) children of zero to five years benefitted through the program. Among which 340 were found to have somekind of disability (146 girls, 194 boys).

# 4.3. Participation trends and selected subjects:

11,593 caregivers attended 11-20 sessions. This is 73.3 per cent of participants registered, attending more than 50 per cent of the sessions provided. Achham district had the highest number of participants with 78.6 per cent registered, participating in more than 11 sessions. Meanwhile, Bajura district had the lowest number of participants with 68.9 per cent registered, participating in more than 11 sessions. The participation trend does not indicate subjects, as the sessions were not conducted in progressive manner. Caregivers chose the subjects to be delivered and its sequence.





Graph 3: Participation trend

Table 14: Participation trend by district

A glimpse of parental education in Mahottari

| District  | 3 to 5<br>sessions | 6 to 10<br>Sessions | 11 to 15<br>sessions | 16 to 20<br>sessions | 11 to 20<br>sessions | Per cent<br>attending 11<br>to 20 sessions | Total<br>participants |
|-----------|--------------------|---------------------|----------------------|----------------------|----------------------|--|-----------------------|
| Achham    | 91                 | 484                 | 743                  | 1365                 | 2108                 | 78.6                                       | 2683                  |
| Bajura    | 280                | 647                 | 675 1380 2055        |                      | 68.9                 | 2982                                       |                       |
| Kalikot   | 317                | 745                 | 908                  | 908 2085 2993 73.    |                      | 73.8                                       | 4055                  |
| Mugu      | 172                | 382                 | 572                  | 1308                 | 1880                 | 77.2                                       | 2434                  |
| Mahottari | 131                | 963                 | 1543                 | 1014                 | 2557                 | 70.0                                       | 3651                  |
| Total     | 991                | 3221                | 4441                 | 7152                 | 11593                | 73.4                                       | 15805                 |

Not all subjects in the package are selected by all participants. The detailed selection dataisshownin annex 1. The following table gives insight on participation in mandatory subjects, highest attended subjects and least attended subjects. More than 10,000 caregivers attended four mandatory subjects of the package. Hence, they were oriented on basics of the early childhood development. Subjects such as

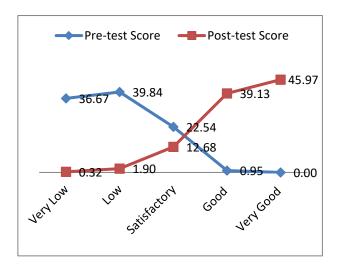
physical, social and language development; importance of golden 1000 days; homemade nutritious food; and care of mother and new born child were highly attended and hence prioritized or selected sessions by the community. Meanwhile, protection of children from HIV infection and their participation; child safety and learning during disasters; and subjects specific to age 3-5 linked with ECD centres were least attended sessions.

Table 15: Participant's attendance inparticular subjects

| S.N   |                                     |              |     |                                       | Highest attendance subjects |     |  | Lowest attendance subjects |  |  |  |
|-------|-------------------------------------|--------------|-----|---------------------------------------|-----------------------------|-----|--|----------------------------|--|--|--|
| S.N   |                                     | No. of       |     |                                       | No. of                      | S.N | Subjects   | No. of participants        |  |  |  |
| l In  | Subjects ntroduction to early       | participants | S.N | Subjects                              | participants                | 22  | Protection of children from HIV infection and                | 1773                       |  |  |  |
| ch    | hildhood development                | 12623        | 3   | Care of mother and new                | 8480                        |     | their participation Child safety and                         |                            |  |  |  |
| Fu    | undamental rights of hildren        | 11700        |     |                                       | 9486                        | 27  | learning during disasters                                    | 2636                       |  |  |  |
| 2 (11 | Tillarett                           | 11049        | 6   | Importance of golden 1000 days        |                             | 29  | Play and other activities with children 4 to five            | 2657                       |  |  |  |
|       | rain development in rarly childhood |              | 9   | Physical development                  | 10126                       |     | years old  Early literacy and math                           | 1106                       |  |  |  |
|       | Role of father in ECD               |              | 12  | Social development                    | 9205                        | 30  | for children   | 1106                       |  |  |  |
|       | hildhood development                | 10856        | 13  | Language development among children   | 9007                        | 32  | Early childhood centres and pre-primary class                | 3635                       |  |  |  |
|       |                                     |              | 17  | Homemade nutritious food for children | 9338                        | 33  | Child development programme and role of partner institutions | 1935                       |  |  |  |

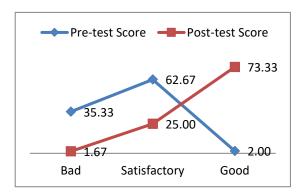
### 4.4. Some insights on changes achieved

Changes in the Knowledge, Attitude and Practice of caregivers and children were originally intended to be captured through regular data collection by ECD facilitators. However, the methods were not found to capture data approproatiely. Data was only collected by mentors for 30 caregivers and 30 children in three districts (Achham, Bajura and Mahottari). The change in same caregivers were confirmed through Likert scale in 22 indicators related to the topics in the parental education package. Caregivers were questioned on the extent of their knowledge on 22 indicators before and after the parental education.



Regarding changes in children, 30 sample childrenwere observed in 10 indicators by mentors, before and after the parental education. These indicators were children growth based on age, activities done based on age, sanitation, play with materials, interaction by parents, protection and care, knowledge on rhymes, and regularity on ECD centres. The average result shows that mentors have confirmed 73.33 per cent good condition in 10 indicators of children, which was only 2 per cent during the pre-test. Hence, it implies that there is improvement in children's situation as well.

Graph 6: Changes in children



Further, monthly and quarterly reports and case studies submitted by district chapters also reflect positive changes as mentioned above through the indicators. There have been significant improvement in caregivers' behaviour, particularly, they have started to drop children regularly in ECD centres neat and clean. They are more participatory in ECD centre management and support. Caregivers are now more concerned regarding health, nutrition, and sanitation of children.

### 5. Lesson Learnt (Discussion)

- (a) This study has found that mentors are a particularly effective way of ensuring quality parental education through ECD centres.
- (b) The baseline data indicates that ECD centres do not fulfil basic infrastructure such as drinking water, separate toilet and separate playground. This situation should be remedied through local advocacy among ECD users, having an example of best practice would be useful.
- (c) In the baseline survey, 3133 pregnant women were identified as tentative participants for parental education. However, only 800 pregnant women (25.5 per cent) were covered. Further, as the parental education platform was the ECD centre, the ECD facilitators prioritized caregivers of enrolled children. Hence, other platforms should be considered to reach more pregnant women and caregivers of childrenunder 3.
- (d) The total male participants were 22 per cent (18.4 per centfathers). This is comparatively less than women's participation. Two factors contribute towards this. First, the majority of fathers are economic migrants. Second, parenting is seen as the women's role in Nepal'spatriarchal society. Therefore, specific interventions and methods should be sought that target the male population.
- (e) The project exceeded its target of 10,000 caregiver by 58 per cent. This was achieved without incentivising attendance. Caregivers did make repeated request for attendance incentives. The increased attendance numbers and high levels of sustained attendance (over 70 per cent of attendance joining at least 11 classes or more) indicate this is not needed to sustain and bolster attendance.
- (f) The high registration is due to the rule that families do not miss sessions. The participants will send alternative family member in their place when they are unavailable. This boosted the spread of knowledge and, because sessions were stand-alone, it was easier to participate in one-off sessions enabling families to be flexible.
- (g) The low level of attendance for PE sessions on services provided by ECD centres contrasts with the increasing trends across the targeted districts of ECD centre attendance. This indicates that caregivers are learning through informal mechanism and regular visit to ECD centres of the services they provide. Therefore, the provision of PE sessions focusing on ECD services should be reviewed.
- (h) Streamlining and simplifying data collection methods and forms would significantly boost the capacity of the programme to effectively manage its data and results. During

theprogrammementors had to conduct pre-test and post-testing, because data collection forms were too complicated and could not be maintained by ECD facilitators.

### 6. Conclusion and recommendations

The report has elaborated all the process involved in the parental education programme, and details on participants reached and changes confirmed. The assumption for the programme was that if parents are delivered with contents as per their interest and based on their time availability, then the attendance rate of the parenting education is high and this positively influences their knowledge, attitude, skills and behaviour towards child development. This assumption is confirmed true with the evidence that 11,593 (73.3 per cent) caregivers have attended more than 50 per cent of the sessions. Further, there are indications on the fact that there are positive influence to caregivers' knowledge, attitude, skills and behaviour towards child development.

Following are the recommendations based on the findings:

- (a) Mentoring support plays a critical role in ensuring quality of PE session and should be maintained.
- (b) Improving the basic infrastructure of ECD facilities could demonstrate the standards for Early Childhood Development, as taught in PE sessions.
- (c) Other community platforms (besides ECD centres) should be considered to increase outreach among pregnant women and caregivers of childrenunder three.
- (d) Specific methods targeting male participants/fathers should be developed, these methods must take into account the high level of out migration among men in the community.
- (e) Ensuring parents understand the importance of parental education is more important than incentivising attendance of PE sessions through snacks or remuneration.
- (f) Data collection forms, particularly to confirm changes, should be simple and practical.

# ANNEX:

Annex 1: High and low participants in each subject in districts

| C N  | Subjects   | Districts wise participant trends out of 15805 (in per cent) |        |         |      |           |  |
|------|--|--|--------|---------|------|-----------|--|
| S.N. | Subjects   | Achham   | Bajura | Kalikot | Mugu | Mahottari |  |
| 1    | Introduction to early childhood development and its importance       | 82.7   | 75.2   | 80.6    | 72.3 | 86        |  |
| 2    | Fundamental rights of children                                       | 77.3   | 74.3   | 73.2    | 72.2 | 73.4      |  |
| 3    | Care of mother and child during pregnancy                            | 47.9   | 56.8   | 55.3    | 55.5 | 46.7      |  |
| 4    | Care of mother and new born child                                    | 39.5   | 56.3   | 54.4    | 53.6 | 61.8      |  |
| 5    | Brain development in early childhood                                 | 71.3   | 71     | 72.9    | 66.3 | 66.9      |  |
| 6    | Importance of golden 100 days  | 58.4   | 66.4   | 57.6    | 66.8 | 53.5      |  |
| 7    | Role of father in early childhood development                        | 68.8   | 71.3   | 71.8    | 65.7 | 64.7      |  |
| 8    | Physical development   | 68.5   | 56.9   | 68.1    | 68.4 | 58.8      |  |
| 9    | Cognitive development  | 58   | 50     | 56      | 49.5 | 53.3      |  |
| 10   | Emotional development  | 38.4   | 47.2   | 61.4    | 50.2 | 52.6      |  |
| 11   | Social development   | 45.4   | 52.2   | 68.3    | 65.6 | 56.1      |  |
| 12   | Language development among children                                  | 39.1   | 58.1   | 71.3    | 64.9 | 49.2      |  |
| 13   | Development stages, characteristics and behaviour in early childhood | 19.6   | 37.1   | 31.5    | 31.9 | 21.1      |  |
| 14   | Early detection of disability  | 56.1   | 60.1   | 56.4    | 65.2 | 54.7      |  |
| 15   | Play activities for children from birth up to 1 year                 | 30.4   | 47.6   | 52      | 37.9 | 31.4      |  |
| 16   | Play activities for children from 2 to 3 years                       | 43.5   | 45.4   | 40.8    | 44.4 | 38.3      |  |
| 17   | Homemade nutritious food for children                                | 60.8   | 58.9   | 66.2    | 63.5 | 46.6      |  |
| 18   | Importance and methods of breastfeeding                              | 39.6   | 35.2   | 39.8    | 47   | 45.6      |  |
| 19   | Quantity and frequency of meals for children 6 months to 2 years old | 24   | 23.8   | 22.2    | 21.1 | 24.7      |  |
| 20   | Importance of healthy water  | 39.4   | 38.6   | 47.4    | 49   | 44.9      |  |
| 21   | Personal and environmental hygiene                                   | 56.9   | 33     | 41.7    | 47.5 | 35.2      |  |
| 22   | Protection of children from HIV infection and their participation    | 16.7   | 8.9    | 3       | 9.2  | 19.3      |  |
| 23   | Safety and protection of children from accidents                     | 35.2   | 24.1   | 27.9    | 42.8 | 41.4      |  |
| 24   | Behaviour of child and role of caregivers                            | 52.1   | 19.3   | 31.8    | 24   | 23.7      |  |
| 25   | Inclusive participation of all children                              | 34.6   | 25.9   | 24      | 26.2 | 27.3      |  |
| 26   | Protection of children from violence, misbehaviour and punishment    | 33.8   | 21.5   | 15.5    | 20.1 | 15.2      |  |
| 27   | Child safety and learning during disasters                           | 19.5   | 18.4   | 10.2    | 27.7 | 13.3      |  |
| 28   | Child centred learning activities, rhymes, music and dance           | 29.7   | 17.7   | 23.7    | 16.6 | 17.1      |  |
| 29   | Play and other activities with children four to five years old       | 26.3   | 14.7   | 15.3    | 17.9 | 12.8      |  |
| 30   | Early literacy and maths for children                                | 3.2  | 8      | 6.9     | 11.7 | 6.1       |  |
| 31   | Local learning materials and use of toys                             | 47.9   | 26.5   | 34.2    | 36.7 | 13.3      |  |
| 32   | Early childhood centres and pre-primary class                        | 42.1   | 21.6   | 17.8    | 27.7 | 13.1      |  |
| 33   | Child development programme and role of partner institutions         | 33.7   | 7.5    | 7.6     | 18.5 | 1.3       |  |

### Annex 2: Human interest story- Redefining the meaning of parenting

### **Redefining the Meaning of Parenting**

In remote villages of Nepal, with H & M Foundation's support, UNICEF and partners work withlocal educators to engage parents for better care of children's body and brain.



Figure 1 ECD Facilitator Apsara Tamatta runs parental education class in Jupu Village of Achham District. Photo for UNICEF by Kiran Panday

## By Avinashi Paudel

**KATHMANDU, 10 February 2017-** Seated in a semi-circle under the warm January in a courtyard, the adults of Jupu village in Achham district, were talking intently with each other. Among them were mothers, grandmothers and few fathers and grandfathers. The topic of the talk was "Parenting."

"Today we shall discuss a father's role in raising children," said Apsara Tamatta, facilitator from a nearby Early Childhood Development (ECD) Center.

"Fathers are barely found at home!" said Saraswati Pariyar, a local mother, referring to myriad of men from the region who have gone to India for work.

Radha Rawal, a grandmother piped in with a frown, "From growing food to cooking, rearing children and cattle, it's always been us women!"

"That's because fathers are responsible for earning for the family!" retorted Ram Bahadur Rawal, a man seated across the women in the semi-circular gathering. "It doesnot mean fathers love children any less than mothers do!"

Apsara intervened, and tried to streamline the conversation. She reminded the group about the needs of young children and how they can be best addressed by both mothers and the fathers.

Punctuated by frequent nods and smiles, the discussion moved towards the division of tasks within households.

Before long, however, the male participation started thinning.



Figure 2 ECD Facilitator Apsara Tamatta, runs parental education class in Jupu Village of Achcham District. In this picture, men have left the conversation. Photo for UNICEF by Kiran Panday.

### Challenge accepted, little steps leading to change

In these communities where the idea of traditionally assigned gender roles are deeply ingrained in people's mind, the idea of even approaching a conversation on child rearing by men is itself a challenge. "It is often considered 'unmanly' to be taking care of children," said Apsara, who was trained by UNICEF's partner Seto Gurans toconduct parental education. "Trying to convince communities to accept men's active role in parenting has been an uphill battle."

But feistyApsara accepted the challenge in herstride. She has devised an outreach strategy for men. She identified a male teacher to talk to men when they sit chatting in the village teashop about the importance of parental education. She also regularly requestedmen like Ram Bahadur Rawal, who come more often to the sessions to convince his male peersto do the same. Likewise, she has been asking women to share the subjectsof the parental sessions to the menfolk when they go home.

A passionate educator keen on finding new ways of enhancing children's learning and development, Apsara was glad at the impact of these fortnightly sessions. Before starting the organized parental education, not all the enrolled children would come to school. "School attendance has improved significantly and the children too are more tidy," smiled Apsara. "Many times parents have come to

school to fetch children who have come without morning meal. This resulted after I discussed about the importance of nutrition in one of the parental sessions."

"We want our grandchildren to be a lot smarter than us," said Radha Rawal a regular attendee of these sessions, who, even on busy days, attends the meetings, even if it is just for 15 minutes. Radha admitted that she realized only after coming to these sessions that properly feeding a pregnant daughter-in-law meant having a smarter grandchild. "I conceived more than 12 times, many of the kids did not even survive." Raising her index finger to prove her point, she added, "But things should not be the same for today's generation!"

### Men's role in ECD: Need for keeping the conversation alive

Tanka Prasad Timilsina, Principal of Shree Mangalasaini ECD Center and Primary School, attended by most of the children of this village, is aware of fathers' reluctance towards coming to parental session. "Whenever I meet men gathered in the village, I ask them to cooperate with the ECD Facilitator Apsara for running successful parental education sessions," said the Principal. "I have seen an improvement to some extent in men's acceptance and participation but much is yet to be achieved."

Every year the Government of Nepal launches a campaign on school enrolment called 'Welcome to School' Campaign. "This parental education session has been supplementary to the campaign," says Timilsina, speaking about the programme provided by UNICEF with H&M's support. "This program is a perfect platform to raise awareness on the importance of parental engagement on children's development."

Even if the parental education sessions are meant to end in April, teachers at the school, including Apsara, have started thinking about ways to continue the conversations on parents' role children's development that have been initiated. "Early Childhood Development requires a continuous effort," said the Principal Timilsina. "With this knowledge and skill on engaging parents, we shall collaborate with them even more in redefining the meaning of parenting in coming days."