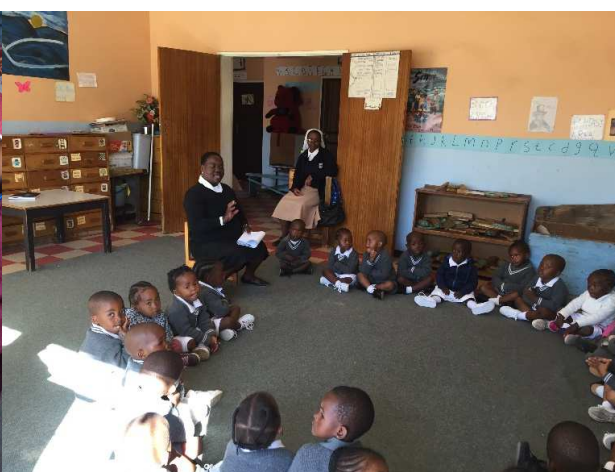


Nutrition Conference: Lesotho Early Child Care and Development National Study

October 2018



Goals for this session

- Provide a background on the Lesotho ECCD system
- Provide an overview of the recently completed Lesotho ECCD National Study
- Present preliminary findings from the ECCD Study related to health and nutrition of preschool children
- Discuss recommendations based on the findings to support children's health and nutrition



Early Child Care and Development (ECCD) and ECCD Study Background

ECCD is Important

- Huge return on investment:
 - For every \$1 invested, the return is \$6-\$17 (Heckman, 2016)
 - Contributes to economy, reducing poverty and building human capital
- ECCD has a lasting impact on:
 - Brain development and learning
 - Health and quality of life
 - Future success in school and life
- In Sub-Saharan Africa **just 2%** of the education budget goes to pre-primary education. In Lesotho, ECCD is **.07%** of education budget.

ECCD is a Global Priority

- 250 million children under five at risk of not reaching their developmental potential because of **poverty and stunting** (Lancet, 2015).
- SDG, Target 4.2: “by 2030 ensure that all girls and boys have access to **quality** early childhood development, care and pre-primary education so that they are **ready for primary education**”
- Global organizations have prioritized funding **ECCD systems**



ECCD in Lesotho

- IECCD Policy
- 10-year sector plan
- 2,287 preschools:
 - 245 Reception classes within schools
 - 57 Community/Home-based
 - 1,985 Private ECCD centers
- Serving over 55,000 children; approximately 33% of eligible children
- Preschools include other health and nutrition services



Mandate of ECCD Unit

Two main strategic goals given by ESP 2016-2026

- ✓ **Improved access** to comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children
- ✓ **Improved quality** of IECCD learning programmes

Addressing these challenges: The ECCD National Study

Purpose: to produce data on **child development and quality of learning environments** to inform work towards **improving access and quality.**

Key questions

1. How are children and classrooms performing?
 - Data on child development, health, and classroom quality
2. What factors are associated with child development?
 - Associations between child development and child, family, teacher, preschool and quality factors
3. What factors are associated with higher levels of quality?
 - Associations between quality and teacher and preschool factors
4. What are potential costing factors?

While the study included many areas, the findings presented today will focus on those related to health/nutrition only. A final, comprehensive report will be available later this year.

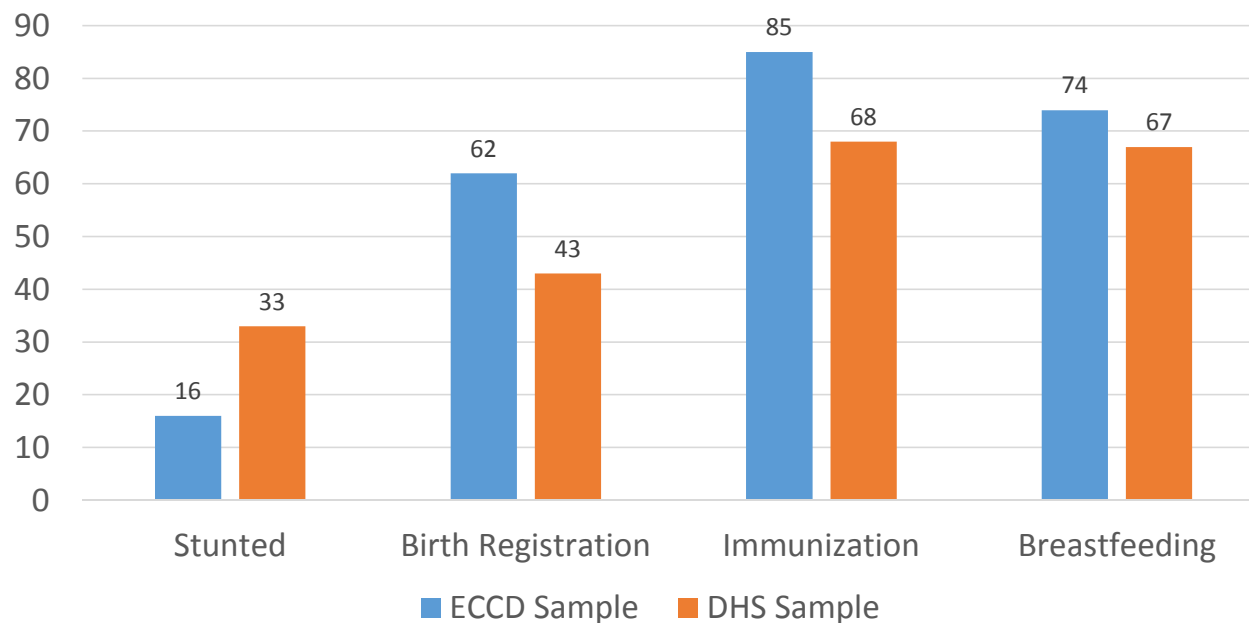
Lesotho ECCD National Study Design & Preliminary Findings

Sampling and Select Measures

- Sample of 238 preschools and 915 children
 - All 10 districts and 4 ecological zones represented (1 zone per district)
 - Preschools selected from those known to MOET
- Health and nutrition indicators:
 - Height, weight, immunizations
 - Family food insecurity, breastfeeding
- Child direct assessment (math, literacy, executive function and fine motor skills)
- Family engagement (playing or reading with children)

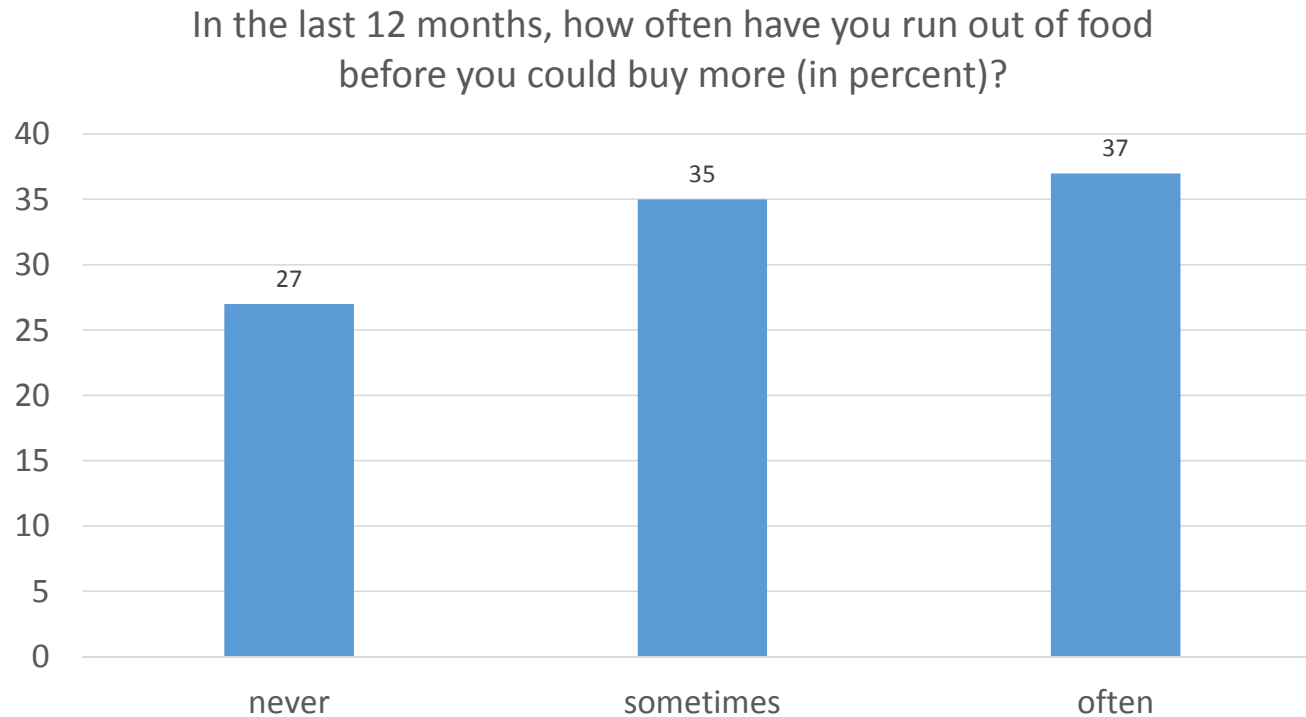
Health/Nutrition Findings

Data show children enrolled in preschool have better health/nutrition outcomes than national averages (in percent) (as reported by DHS, 2014)



Health/Nutrition Findings

Families reporting high rates of food insecurity (over 70 percent).



What matters most for child development?

- Home environment: learning materials
- Classroom: materials available and used
- Teachers: education and status
- Children in reception classes performed significantly better on global (overall), math, and literacy scales than those in centres.
- There were no significant difference on DA scales between ecological zone (but some on individual items).
- Additional relations between factors, including costing are still being explored.

Associations among Health/Nutrition Indicators, Child Development and Family Characteristics

- Children whose families were **food insecure performed lower** on the direct assessment.
- Children whose **parents read or played with them had higher** scores on the direct assessment.
- Mothers who **breastfed their children reported engaging in more activities** with their children.
- Children whose **parents reported using physical punishment had lower** scores on teachers' ratings of their social competence and self-regulation
- Children whose parents reported **they had been registered at birth had higher** scores on Cognitive Development

Recommendations

- Improve quality standards for ECCD programs
 - Ensure Early Learning Development Standards are vetted by all stakeholders and adopted
 - Register more ECCD centers and home-based programs
 - Improve inspection efforts
 - Invest in in-service training for teachers across program types
 - Improve access to learning materials and books
- Include disadvantaged children
 - Children enrolled in ECCD are more advantaged than the average child in Lesotho
 - Increase access to ECCD preschools, especially in more disadvantaged areas
 - Increase community outreach and early stimulation programs to target children between 0-2
- Address high rates of food insecurity
 - Food security programs for families

ECCD is one way to reach children and address health/nutrition needs

- To do so, we need to:
 - Increase access to quality ECCD services
 - Increase number of reception classes
 - Continue to register/inspect ECCD programs
 - Coordinate multi-sectoral services
 - Work with partners to provide health/nutrition services at ECCD preschools
 - Consider community-based programs for children 0-2 years of age to address malnutrition and promote child development
 - Increase access to food programs in ECCDs
 - Require immunizations for ECCD enrollment



Thank you!