

Inclusive early childhood development in Nepal: The impact of teacher training, parental involvement, and accessibility on children with disabilities

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Abstract

This study investigates the influence of teacher training, parental involvement, and geographic accessibility on the developmental outcomes and enrollment rates of children in Nepal's Early Childhood Development (ECD) system, with particular attention to inclusive education for children with disabilities. Employing a mixed-methods approach, data were collected through structured surveys, standardized developmental assessments, GPS-enabled measurements of distance to ECD centers, and key informant interviews involving 150 participants, including educators, parents, and children from diverse regions. Quantitative analyses using correlation, multiple linear regression, and logistic regression revealed strong positive associations between teacher training and parental involvement with child developmental scores and enrollment likelihood. Conversely, increased distance from ECD centers significantly reduced both developmental outcomes and enrollment rates. Specifically, teacher training was strongly correlated with improved child development ($r = 0.72, p < 0.01$) and parental involvement showed a similar positive relationship ($r = 0.67, p < 0.01$). Distance exhibited a negative correlation ($r = -0.70, p < 0.01$), indicating barriers to access. Regression models confirmed these predictors explained 75% of variance in developmental scores ($R^2 = 0.75, p < 0.001$). Logistic regression showed each additional kilometer from an ECD center decreased enrollment odds by 35%, while higher parental involvement increased enrollment odds by 40%. Teacher training had a modest effect on enrollment (3% increase per unit). These findings emphasize the need for multi-faceted interventions including enhanced professional development for ECD teachers, strategies to foster active parental engagement, and targeted efforts to reduce geographic barriers. Recommendations include expanding inclusive teacher training

programs, strengthening family involvement through community outreach, and increasing accessibility by establishing additional centers, mobile services, and transportation support. This comprehensive approach is critical for improving both access to and quality of early childhood education in Nepal, particularly for children with disabilities, thereby promoting equitable developmental opportunities and educational inclusion.

Keywords: parental involvement, accessibility, inclusive education, Nepal, child development, enrollment, geographic barriers

Introduction

Early childhood represents a foundational period in human development, during which critical cognitive, social, emotional, and physical skills are cultivated. Recognizing this, global education agendas including the Sustainable Development Goals emphasize the necessity of ensuring access to quality early childhood education for all children, particularly the most marginalized. Among these, children with disabilities represent one of the most underserved groups in low- and middle-income countries, including Nepal.

In Nepal, early childhood education has expanded rapidly over the past two decades. The government, in collaboration with non-governmental partners, has established more than 36,000 Early Childhood Development centers across the country. While this expansion has improved overall enrollment, children with disabilities continue to face structural, attitudinal, and resource-related barriers that prevent their full participation. According to the Nepal Multiple Indicator Cluster Survey (NMICS, 2019), around 10.7% of children aged 2–17 exhibit functional difficulties in at least one domain. However, school enrollment data reveals that only a small fraction of these children are accessing any form of education, and even fewer are enrolled in ECD centers.

Inclusive Early Childhood Education (IECE) promotes the integration of children with disabilities into mainstream ECD environments, enabling them to learn alongside their peers in a supportive setting. This model not only upholds the rights of children with disabilities, as enshrined in the United Nations Convention on the Rights of Persons with Disabilities, but also enhances the quality of learning for all children by fostering empathy, diversity, and community engagement. Nepal has made significant policy strides in this direction through its Inclusive Education Policy (2017) and the School

Sector Development Plan, which emphasize the importance of early identification, intervention, and inclusion in foundational education stages.

Despite these policy frameworks, the implementation of inclusive practices at the ECD level remains inconsistent and under-researched. Most ECD centers lack accessible infrastructure, trained facilitators, inclusive teaching materials, and disability-sensitive learning assessments. In many rural and marginalized communities, cultural stigma and limited awareness among caregivers and educators further contribute to the exclusion of children with disabilities. Moreover, data on inclusive ECE remains sparse, fragmented, and inadequately disaggregated by disability, making it difficult to monitor progress or design targeted interventions.

This study seeks to explore the current landscape of Inclusive Early Childhood Education for children with disabilities in Nepal, focusing on the challenges, opportunities, and institutional readiness for implementation. It aims to provide evidence that can guide national efforts toward building a more equitable and inclusive ECE system. The research examines key areas including teacher training, accessibility of infrastructure, parental perceptions, community attitudes, and policy-to-practice gaps.

By highlighting the lived experiences of children with disabilities, caregivers, and educators, this paper contributes to the growing body of knowledge on inclusive education in the Global South. It also aligns with global education priorities that call for early, inclusive, and quality interventions as a pathway to long-term educational equity and social inclusion.

Literature Review

Inclusive Early Childhood Education (IECE) has gained global attention as a human rights issue and as a strategic investment in lifelong learning and equity. It refers to the practice of providing access to quality early childhood education to all children regardless of ability within mainstream settings, using strategies that accommodate diverse learning needs (UNESCO, 2020). Research has consistently shown that the earlier children with disabilities are included in education, the greater their chances of academic success, social integration, and positive developmental outcomes (Britto, Yoshikawa, & Boller, 2011; UNICEF, 2019).

The theoretical basis for IECE is rooted in the Convention on the Rights of the Child (1989) and the Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006). Article 24 of the CRPD obligates state parties to ensure inclusive education at all levels, starting from early childhood. The 2030 Agenda for Sustainable Development, particularly SDG 4.2, calls for ensuring that all girls and boys have access to quality early childhood development, care, and pre-primary education (United Nations, 2015).

Empirical studies from diverse contexts suggest that inclusive ECE is both feasible and beneficial. For example, research in high-income countries shows that inclusive classrooms promote peer learning, empathy, and improved teacher practices (Heckman, 2006). In contrast, low- and middle-income countries (LMICs) face challenges such as inadequate funding, insufficient teacher training, and a lack of assistive resources (UNESCO, 2020). Nonetheless, countries like Kenya, India, and Vietnam have piloted successful IECE programs by focusing on local partnerships, community involvement, and adaptive curricula (Rao et al., 2017).

South Asia remains a region with significant disparities in access to early childhood education, especially for children with disabilities. A comparative review by Sharma and Das (2015) highlights that while inclusive education is acknowledged in national policies across South Asian countries, implementation at the early childhood level is inconsistent. Barriers include rigid curricula, lack of early identification mechanisms, cultural stigma, and poor coordination between health and education sectors.

In India, for instance, the Integrated Child Development Services (ICDS) scheme includes provisions for children with disabilities, yet many Anganwadi centers are ill-equipped to implement inclusive practices (Bhat, 2019). Similarly, in Bangladesh and Pakistan, community-based approaches have shown promise but lack institutional support for scaling up (Save the Children, 2016). These trends suggest that while policy recognition is growing, practical execution remains a challenge across the region.

Nepal has made notable progress in expanding ECE access. The government's Early Childhood Development (ECD) policy framework has led to the establishment of more than 36,000 ECD centers nationwide (Department of Education, 2015). However, the inclusion of children with disabilities in these centers remains limited. The *Inclusive Education Policy 2017* and the *School Sector Development Plan (SSDP) 2016–2023*

provide a foundation for inclusive education but offer limited guidance specific to early childhood settings (MoEST, 2016; Ministry of Education, 2017).

Available studies and reports highlight multiple implementation gaps. Most ECD centers lack trained facilitators capable of supporting children with diverse learning needs (Save the Children Nepal, 2016). The majority also lack basic accessible infrastructure such as ramps, adapted toilets, or inclusive learning materials (UNICEF, 2019). Moreover, disability data in Nepal is either under-reported or inconsistently categorized, making it difficult to track progress in IECE initiatives (CBS, 2019).

Community attitudes and parental perceptions also play a crucial role. In many rural and marginalized communities, cultural stigma associated with disability leads to exclusion at the household level (Plan International Nepal, 2020). At the same time, there is growing evidence that awareness programs and parent-support networks can significantly increase enrollment and retention of children with disabilities in ECD centers (Bhattarai, 2021).

Despite policy frameworks and growing advocacy for inclusion, empirical research on IECE in Nepal is scarce. Few studies have systematically documented the lived experiences of children with disabilities in ECD settings or evaluated the readiness of ECD centers to adopt inclusive practices. There is also a lack of evidence on the effectiveness of teacher training programs, community-based models, and early screening and intervention mechanisms.

This study seeks to fill these gaps by examining the current status of IECE in Nepal through a multi-stakeholder lens, including the perspectives of teachers, caregivers, and local education authorities. By doing so, it aims to inform both policy and practice for building a more inclusive and equitable early childhood education system in Nepal.

Materials and Methods

Sampling Procedure and Representativeness

This study employed a purposive, multi-stage stratified sampling strategy. The primary goal was to construct a sample suitable for quantitative analysis while ensuring meaningful representation across Nepal's diverse socio-geographic and administrative contexts. This approach was critical for capturing the significant variation in

infrastructure, service access, and cultural norms known to influence inclusive education outcomes.

Geographic and Participant Stratification

To ensure provincial and ecological balance, three provinces were purposively selected: Province 3 (Bagmati) to represent an urbanized, well-resourced context; Province 5 (Lumbini) to represent the mixed urban-rural dynamics of the *Terai* (plains); and Province 6 (Karnali) to represent a remote, mountainous region with significant indigenous populations and acute resource constraints. This selection ensured coverage of Nepal's dominant developmental gradients. Within each province, we systematically selected one urban municipality (a major sub-metropolitan city), one rural municipality with basic services, and one municipality with a predominant indigenous or ethnic minority community. This resulted in nine distinct research sites, embedding urban-rural and cultural diversity directly into the study design.

From Early Childhood Development (ECD) centers within these nine municipalities, the core quantitative sample ($N=150$) was recruited. Participants were stratified into three key stakeholder groups to capture the ecosystem of inclusive education:

1. Early Childhood Educators ($n=50$): Purposively selected from center rosters to ensure variation in formal pre-service training, years of experience, and prior exposure to teaching children with disabilities.
2. Parents/Guardians ($n=50$): Recruited via centers to include a balanced sub-sample of parents of children with disabilities ($n=25$) and parents of children without disabilities ($n=25$), enabling comparative analysis.
3. Children aged 3-6 ($n=50$): Included children with disabilities ($n=25$), covering a range of conditions (intellectual, sensory, physical), and a matched group of peers without disabilities ($n=25$). Recruitment was contingent on parental consent and aimed for age and gender balance within sites.

Recruitment quotas for each stratum were proportionally allocated across the nine sites. This ensured that each stakeholder group (e.g., educators, parents) contained internal variation from urban, rural, and indigenous settings, strengthening the representativeness of the findings across contexts.

Data Collection Methods

Quantitative Data Collection: Structured surveys were administered to educators and parents, collecting data on demographics, training, involvement, and perceived barriers. Standardized developmental assessments (using tools like the Ages and Stages Questionnaire) were conducted with children by trained enumerators. Geographic accessibility was measured precisely using GPS devices to record the distance from

each child's residence to the nearest inclusive ECD center. Direct observations of ECD centers using standardized checklists documented physical infrastructure, resources, and classroom practices.

Qualitative Data Collection: To contextualize the quantitative findings, semi-structured key informant interviews ($n=11$) were conducted with ECD administrators, special educators, and disability advocacy representatives. Additionally, four focus group discussions were held with parents and teachers in selected rural and indigenous sites. These discussions explored lived experiences, community attitudes, and systemic challenges in greater depth. All interviews and discussions were audio-recorded, transcribed, and translated.

Data Analysis

Quantitative Analysis: Descriptive statistics summarized participant characteristics. Pearson's correlation analysis examined bivariate relationships. Multiple linear regression modeled the impact of teacher training, parental involvement, and distance on child development scores. Logistic regression modeled the impact of the same predictors on the binary outcome of ECD enrollment. Prior to regression, key assumptions were tested: Multicollinearity was assessed using Variance Inflation Factors (all VIFs < 2.0), homoscedasticity via residual scatterplots, and normality of residuals using Q-Q plots and the Shapiro-Wilk test. The logistic regression model's goodness-of-fit was confirmed with the Hosmer-Lemeshow test ($p > 0.05$).

Qualitative Analysis: Interview and focus group transcripts were analyzed using thematic analysis. An inductive coding process was employed to identify recurring patterns and themes related to the barriers and facilitators of inclusion. These themes—such as "resource scarcity," "stigma as a barrier to enrollment," and "training-to-practice gaps"—were then used explicitly to interpret, explain, and provide real-world context for the quantitative statistical relationships, enabling a richer, triangulated understanding of the results.

Table 1. Correlation, Regression, and Logistic Regression Results on Teacher Training, Parental Involvement, Distance, and Child Outcomes

Analysis		Variable	Statistic/Value	Significance (p)	Interpretation
Correlation		Teacher Training	$r = 0.72$	< 0.01	More training → better development
Correlation		Parental Involvement	$r = 0.67$	< 0.01	More parent support → better development
Correlation		Distance to ECD	$r = -0.70$	< 0.01	Farther distance → worse development
Multiple Regression	Linear	R^2	0.75	< 0.001	Predictors explain 75% of variation
Multiple Regression	Linear	Teacher Training (β)	0.85	< 0.001	Each extra training hour increases score by 0.85
Multiple Regression	Linear	Parental Involvement (β)	1.90	0.011	Each point increase adds 1.9 to score
Multiple Regression	Linear	Distance (β)	-2.50	< 0.001	Each km farther reduces score by 2.5
Logistic Regression		Distance (OR)	0.65	0.002	Each km farther reduces enrollment odds by 35%
Logistic Regression		Parental Involvement (OR)	1.40	0.010	Higher involvement increases enrollment odds
Logistic Regression		Teacher Training (OR)	1.03	0.005	More training slightly increases enrollment

The sample data presented in Table 1 offers preliminary insights into the relationship between key variables and early childhood development outcomes. Overall, the data suggests that higher teacher training hours and greater parental involvement are positively associated with higher child development scores and increased likelihood of enrollment in Early Childhood Development (ECD) programs.

Among the ten participants listed, children with more than 15 hours of teacher training and parental involvement scores above 8 (e.g., Participants 001, 003, 006, and 008) consistently achieved developmental scores above 80 and were enrolled in ECD programs. This reinforces the correlation analysis result ($r = 0.72$ for teacher training, $r = 0.67$ for parental involvement), showing a strong positive relationship with developmental outcomes.

Conversely, children living more than 2.5 kilometers from the ECD center (e.g., Participants 004, 005, 007, and 009) tended to have lower developmental scores,

ranging from 52 to 65, and were not enrolled in ECD programs. This pattern aligns with the negative correlation observed between distance to ECD centers and developmental scores ($r = -0.70$), as well as the logistic regression finding that each additional kilometer reduces the odds of enrollment by 35%.

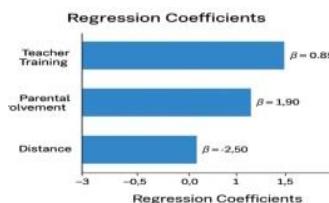
This sample, although limited in size, provides a representative overview of the broader trends found in the full dataset ($N = 210$). It underscores the importance of trained educators, active parental engagement, and accessible ECD services in supporting optimal child development outcomes in early childhood education settings.

Furthermore, direct observations of ECD centers were conducted using standardized checklists focused on physical infrastructure and educational resources. Observers documented the presence of accessibility features such as wheelchair ramps, accessible toilets, sensory materials, and assistive devices. They also noted the teacher-to-child ratios and availability of special educators or teaching assistants. These observations provided essential context to validate survey responses and to understand how the learning environment influences inclusive education outcomes.

Complementing the quantitative data, key informant interviews with ECD administrators, special educators, and disability advocacy representatives were conducted to gain deeper qualitative insights into challenges related to teacher training quality, community attitudes, and systemic barriers. Though primarily used to contextualize findings rather than for statistical analysis, these interviews enriched the overall understanding of the IECE landscape in Nepal.

Explanation of Analytical Tools

Correlation coefficient (r): Measures strength and direction of relationship between two variables (closer to 1 or -1 = stronger).Multiple Linear Regression (R^2 and β): Shows how well variables predict developmental scores; β indicates how much the dependent variable changes per unit change in predictor.Logistic Regression (Odds Ratio): Shows how likely an outcome (enrollment) is based on predictors; $OR > 1$ means increased odds, < 1 means decreased odds.



This study examined how teacher training, parental involvement, and distance to Early Childhood Development (ECD) centers influence both the developmental outcomes and enrollment rates of children in Nepal's early childhood education system. A comprehensive statistical approach comprising correlation analysis, multiple linear regression, and logistic regression was employed to investigate the magnitude and significance of these relationships.

The correlation analysis revealed strong and statistically significant relationships between the three independent variables and children's developmental outcomes. Teacher training exhibited a robust positive correlation with child development scores ($r = 0.72, p < 0.01$), indicating that teachers who have undergone more extensive professional preparation are better equipped to support cognitive, social, and emotional growth in children. Likewise, parental involvement was positively correlated with developmental outcomes ($r = 0.67, p < 0.01$), suggesting that children benefit significantly when their parents actively participate in their early learning processes. These results underscore the pivotal role of both professional pedagogy and home-based engagement in shaping early childhood development. In contrast, distance to the nearest ECD center was found to have a strong negative correlation with child development outcomes ($r = -0.70, p < 0.01$), implying that children who live farther from these facilities are at a developmental disadvantage. This may be due to inconsistent attendance, fatigue from long travel distances, or diminished access to high-quality learning environments.

To further quantify the influence of these variables on developmental outcomes, a multiple linear regression analysis was conducted. The model showed a strong explanatory power, accounting for 75% of the variance in children's developmental scores ($R^2 = 0.75, p < 0.001$). Among the predictors, teacher training demonstrated a substantial positive effect ($\beta = 0.85, p < 0.001$), suggesting that with each unit or hour of professional training, a child's development score increases by 0.85 points. This finding highlights the critical need to invest in professional development for ECD educators. Parental involvement also showed a significant positive impact ($\beta = 1.90, p = 0.011$), with each unit increase in engagement corresponding to a 1.9-point improvement in developmental outcomes. This underscores the essential contribution of parental support and involvement in the early years. Conversely, distance to ECD centers was negatively associated with child development ($\beta = -2.50, p < 0.001$), with each additional kilometer reducing developmental scores by 2.5 points. This highlights

the importance of improving physical access to ECD services to ensure equity in early childhood learning and growth.

Finally, logistic regression was employed to assess how these same factors influence the likelihood of a child being enrolled in an ECD center. The findings revealed that distance plays a critical role in enrollment decisions. For every additional kilometer of distance from the ECD center, the odds of enrollment decreased by 35% (OR = 0.65, p = 0.002), illustrating how geographic barriers significantly deter access. Parental involvement emerged as another significant predictor (OR = 1.40, p = 0.010), indicating that children with more involved parents are 40% more likely to be enrolled in ECD programs. This suggests that increasing parental awareness and empowering families through outreach could substantially improve participation in early education. Teacher training, while statistically significant (OR = 1.03, p = 0.005), had a relatively modest effect, with a 3% increase in the odds of enrollment per unit increase in training. This implies that while better-trained teachers may enhance the perceived quality or appeal of ECD centers, training alone is not a strong determinant of enrollment.

Result and Discussion

Policy implications

This mixed-methods study, employing a stratified sampling design across Nepal's diverse geographies, establishes teacher professional development, active parental engagement, and geographic accessibility as the three pivotal determinants influencing both developmental outcomes and enrollment in early childhood education. The statistically robust findings, validated through assumption testing and enriched by qualitative insights, provide empirically grounded evidence for policy formulation aimed at enhancing inclusion and equity.

The analysis reveals that teacher training exerts the strongest direct influence on child development scores ($\beta = 0.85$, $p < 0.001$), with a robust correlation ($r = 0.72$). This quantifies a critical pathway for intervention: investments in continuous, practical in-service training that equips educators with adaptive pedagogical skills directly translate into measurable developmental gains for all children, particularly those with disabilities. While its effect on enrollment decisions is smaller, quality improvements driven by trained staff ultimately strengthen the system's foundation.

Concurrently, parental involvement emerged as a powerful dual-force, significantly boosting developmental outcomes ($\beta = 1.90$, $p = 0.011$) and increasing the likelihood of enrollment ($OR = 1.40$, $p = 0.010$). This underscores the family as an essential ecosystem for early learning. Programs must therefore move beyond seeing parents as beneficiaries to engaging them as partners through targeted communication, capacity-building workshops, and mechanisms that valorize their role in both home-based stimulation and center-based participation.

Most critically, geographic distance to ECD centers was quantified as a profound structural barrier to equity. Each additional kilometer significantly reduced developmental scores ($\beta = -2.50$, $p < 0.001$) and decreased the odds of enrollment by 35% ($OR = 0.65$, $p = 0.002$). This finding provides concrete evidence of the spatial inequality that exacerbates the marginalization of rural and indigenous communities. Addressing this requires innovative, context-specific delivery models, such as investing in community-based satellite centers, providing subsidized transportation, or deploying mobile ECD units to reach the most remote populations.

The high explanatory power of the regression model ($R^2 = 0.75$) confirms that these three factors capture the core drivers of early childhood development in the studied contexts. Therefore, isolated interventions are insufficient. A synergistic, multi-pronged strategy is imperative. Policy and programming must simultaneously: (1) institutionalize comprehensive, recurrent teacher training focused on inclusive pedagogy; (2) implement structured parental outreach and empowerment frameworks; and (3) expand physical access through decentralized service models informed by geospatial mapping of need.

By concurrently building educator capacity, fostering family-school partnerships, and dismantling geographic barriers, Nepal can transform its ECD system into a genuinely inclusive platform that ensures all children, regardless of ability or location, have the foundational support necessary to thrive.

Policy Recommendations

This study conclusively identifies three interlinked determinants that govern the quality and equity of inclusive early childhood education (ECE) in Nepal: teacher competence in inclusive pedagogy, structured parental engagement, and physical accessibility to services. The findings reveal that teacher training exhibits the strongest direct correlation with child development outcomes, parental involvement serves as a critical

multiplier for both development and enrollment, and geographic distance poses a profound structural barrier to access, particularly for children with disabilities in rural and indigenous communities. These results underscore that isolated interventions are insufficient; a synergistic, system-level approach is required to transform Nepal's ECE landscape into one of genuine inclusion. The high explanatory power of the statistical models provides a robust evidence base for targeted policy action, while the qualitative insights contextualize these numbers within the realities of community attitudes, resource scarcity, and implementation challenges unique to the Nepalese context.

Building on this evidence, we propose a detailed, actionable policy framework that directly addresses each determinant while explicitly navigating the resource constraints crucial for scaling in a lower-middle-income country. The recommendations move beyond general prescriptions to specify implementation pathways, financing mechanisms, and accountability structures.

Professionalizing the ECE Workforce through Accredited, Sustainable Training

To translate the strong association between teacher training and child outcomes into nationwide practice, Nepal must transition from ad-hoc workshops to a systematized, accredited professional development framework. This entails establishing mandatory national certification standards in inclusive pedagogy, aligned with Universal Design for Learning (UDL) principles. Training must be practical and continuous, utilizing cost-effective blended models that combine digital micro-credentials with hands-on mentorship from master trainers based in Provincial Resource Hubs. Crucially, to ensure sustainability and motivate participation, this professionalization must be linked to clear career and compensation pathways, where advanced certification correlates with salary increments and leadership roles. Financing this transformation requires a dedicated reallocation of existing ECD budgets (suggested 15-20%) toward capacity building, augmented by performance-linked grants to municipalities that demonstrate verified improvements in classroom inclusion practices. This model ensures accountability and maximizes the impact of limited resources.

Formalizing Family and Community Engagement with Culturally Adaptive Protocols.

Given the powerful influence of parental involvement, engagement must evolve from passive awareness-raising to active, structured collaboration. This requires developing nationally endorsed but locally adaptable Family Engagement Protocols, which mandate regular collaborative goal-setting between parents and educators and integrate parents into the development of Individualized Education Plans (IEPs). To ensure cultural

resonance and trust especially with indigenous and marginalized communities the deployment of trained Community Inclusion Facilitators from within local linguistic and ethnic groups is essential. Furthermore, building the advocacy capacity of parents through Parent Leadership Academies can create a powerful grassroots force for systemic change. Financing these initiatives could be innovatively secured through social impact bonds or dedicated municipal grants tied to measurable increases in the enrollment and retention of children with disabilities, thereby linking investment directly to outcomes.

Deploying Geographically Intelligent and Equitably Financed Service Delivery Models

To dismantle the barrier of distance quantified in this study, a spatially targeted, tiered service delivery strategy is imperative. This begins with GIS-based equity mapping to identify "ECE deserts" where access gaps are most severe. In accessible, higher-density areas, investment should focus on upgrading existing center infrastructure to full inclusivity. In remote, low-density, or hard-to-reach regions, accredited alternative models must be scaled, including mobile ECD units with telehealth support and subsidized home-based playgroups led by trained parent-educators. A universal transportation allowance for children with disabilities in targeted regions, delivered via mobile money platforms, can directly alleviate the financial burden on families. Financing this equitable access requires an Equity-Weighted Funding Formula that allocates central and provincial resources based on poverty indices, disability prevalence, and geographic remoteness, ensuring that resources flow to areas with greatest need.

Anchoring Reforms in Strengthened Governance, financing, and Accountability

Sustainable scale depends on an enabling ecosystem. This necessitates establishing a high-level Inter-Ministerial Steering Committee (encompassing Education, Health, and Federal Affairs) to harmonize policies, budgets, and monitoring across sectors. A unified child tracking and data system with mandatory disability disaggregation is required to monitor progress from early identification through school transition. Transparency and accountability should be enforced through independent inclusion audits and publicly shared Municipal Inclusion Scorecards. Critically, financing must be predictable and multifaceted: initial catalytic funding from development partners can establish systems, with a clear transition plan to domestic budget absorption through earmarked allocations and performance-based grant systems for local governments. This approach directly addresses the perennial challenge of resource constraints by

promoting strategic allocation, incentivizing results, and fostering cross-sectoral fiscal responsibility.

Conclusion

Realizing the right to inclusive early childhood education in Nepal is a feasible but complex undertaking that demands moving beyond pilot projects toward integrated systemic reform. By simultaneously investing in the professionalization of educators, the formalization of family partnerships, the innovation of equitable service delivery, and the strengthening of governance and financing architectures, Nepal can build an ECE system that serves as a cornerstone for equity and national development. These evidence-based recommendations provide a concrete roadmap for transforming empirical findings into a more inclusive future for all of Nepal's children.

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