

Final Draft

**Comprehensive Early Childhood Care and
Development (ECCD)
Policy Framework**

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Comprehensive Early Childhood Care and Development (ECCD) Policy Framework

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Comprehensive Early Childhood Care and Development (ECCD) Policy Framework

1. Introduction

Bangladesh is considered to be one of the most densely populated countries in the world. Rather than being a problem, this increasing number of people can actually be a tremendous asset in human capital if timely investments are made. And this must start in the early years of a child since the foundations of later development are laid then. All children merit the best possible start in life in accordance with the recognized rights of children. In fact, the Constitution of Bangladesh in its Article 28, clause 4 clearly states its commitment for provisions in favor of women and children.

A child's first eight years is a critical formative stage known as early childhood years. This is when the groundwork for lifelong learning is established. Basic needs for safety, food, shelter and health ensure physical growth and development. But opportunities for interaction, attachment, stimulation, learning through exploration and discovery are of equal importance to a child, in terms of cognitive, social, language and emotional development.

The critical importance of addressing the needs of the early childhood years is recognized by the Government of Bangladesh (GOB). Bangladesh has made remarkable progress in meeting children's survival and protection by providing health care, nutrition, immunization and education. Government agencies and non-government organizations (NGOs) have initiated examples of school readiness programs for five year olds. Various ministries of the GOB as well as NGOs are providing direct services to young children. Some NGOs are involving parents and communities in childcare. But these services have been, for the most part, very sectoral and without any institutionalized coordination. This has often led to duplication and wasted resources.

The GOB feels a strong need to converge and integrate all these services into a common platform. The Ministry of Women's and Children's Affairs (MoWCA), which is mandated to ensure the well-being of women and children, has taken the lead in bringing other ministries and major actors together for better synergy. It has commissioned this document to bring all stakeholders to a common understanding and expectation regarding ECCD and to solicit collaboration and integration among all partners.

2. Purpose

The development of this policy framework is the first attempt ever to include a diverse range of sectors, encompass the complete age group (conception to eight years) of early childhood, and to set up an operational framework for a comprehensive ECCD program. The framework provides the basis and a general direction to further draw out action plans and strategies for implementing ECCD interventions.

More specifically this policy framework provides the following:

- standardized and acceptable definition of ECCD that encompasses all the different dimensions of early childhood, and agreement on the age group to be included within ECCD in Bangladesh
- common vision, mission, goals and guiding principles of ECCD
- strategy for implementing comprehensive ECCD programs using integrated, cross-sectoral and collaborative approaches
- standards for developing program interventions

This document is closely aligned with the “Operational Framework for Pre-Primary Education”, prepared by the Ministry of Primary and Mass Education (MoPME) in 2008. The Operational Framework for Pre-Primary Education is a guideline for implementing education programs for children between 3 to 5 years of age and provides a common standard for all pre-primary programs, be it government, NGO or community operated programs. It is therefore integral to this document which covers children from conception to eight years.

3. Background

3.1 The Process for Developing the ECCD Policy Framework

This policy framework was commissioned by MoWCA. A Working Group was created under the guidance of the Bangladesh Shishu Academy to prepare this document. The Working Group included representatives from relevant ministries, ECCD specialists and practitioners, researchers and academicians and development partners.¹ The Working Group selected a 5 member Core Team² to coordinate the process, to provide need based consultation and to draft the document within an integrated, overarching framework. Three technical teams³ were also formed by the Working Group and were assigned to prepare different sections (guideline for caregivers, early learning and development standards and cross-sectoral collaboration) of the document. Members of these teams included individuals with expertise on child and maternal health, child rights, child development, child psychology and education. All sections of this document were written through a process of consultation and deliberation stretching over a one year period. It should be noted that cultural appropriateness and child rearing practices relevant to Bangladesh was carefully considered and incorporated within this framework.

3.2 Importance of ECCD

ECCD interventions contribute strongly to providing a safe, healthy, and nurturing environment during the early years of children; so necessary for their holistic development. Neurological research demonstrates that the brain develops during pregnancy and continues to grow at a rapid pace during the first 3 years.⁴ It is therefore extremely important to intervene during the critical period and provide an enabling environment for repeated interactions and stimulation, and a

¹ See Annex 1: List of members of the Working group

² See Annex 2: List of members of Core Team

³ See Annex 4: List of members of Technical Teams and Terms of Reference

⁴ UNICEF, ECD Resource Pack, Session 2.2 *The Importance of the Brain in Early Childhood Development*

supportive caregiver for promoting optimal brain development.⁵ Brain, during this critical period is so sensitive that its development may be jeopardized if children experience neglect, abuse, starvation or any kind of distress.⁶

Children develop best with access to integrated ECCD interventions -- education, nutrition and health services coupled with parents who are supported with ECCD awareness programs. Evaluation of integrated programs has found positive effects on the growth and development of children – declining levels of severe malnutrition and nutritional deficiencies.⁷ The caregivers' ability to understand and respond to the infants needs is critical for the child's survival and development. It is important for the caregiver to recognize danger signs of illness crucial for child's mortality, morbidity and nutrient intake.

Parents, who have the most influence in a child's life, can be effectively supported through ECCD programs to create enabling environments for their children. When parents are involved, and when children receive consistent and caring attention during the early years, they are more likely to go to school and be successful in life.⁸ Improved parenting skills and responsive child-caring practices also help language development.⁹ Children are more likely to attend preschool, which in turn is an important determinant for better school performance.¹⁰ Pre-primary schools, as integral component of ECCD, reduces dropout and grade repetition rates and ensures achievement of higher competencies in the later years.¹¹

Investment in ECCD also has long term benefits. There are net economic gains through a better skilled and more productive workforce and tremendous social savings from the reduced costs of taking care of those in ill health. In addition a more gender sensitive ECCD can mean a more educated citizenry that values women, that increases age at marriage and reduces child birth. Investments in ECCD will be costly but it does not have to be a drain on resources. In fact studies indicate that it can be very cost effective. One such study shows that \$ 1 investment in ECCD provided for \$ 7 in social benefits.¹²

⁵ Harvard University, Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*, 2007

⁶ UNICEF, *The State of the World's Children: Early Childhood*, 2001

⁷ Verdisco, A., Naslund-Hadley, E., Regalia, F., & Zamora, A (2007). *Integrated Childhood Development Services in Nicaragua*. Child Health and Education, 1, 2, 104-111. Inter-American Development Bank.
JD Hamadani, SN Huda, F Khatun, SM Grantham-McGregor, *Psychosocial stimulation improves the development of undernourished children in rural Bangladesh...* Journal of American Society for Nutrition 13 , 2006

⁸ Evans, J.L., R.G. Myers & E.M. Illfeld.; *Early Childhood Counts: A Programming Guide on Early Childhood Care for Development*. Washington, D.C.: The World Bank. 2000

⁹ Aboud, F. E., *Evaluation of an early childhood parenting program in rural Bangladesh*. Journal of Health, Population and Nutrition, 25, 3-13, 2007.

¹⁰ Aboud F. E., Hossain, K., O'Gara, C. *The Succeed Project: challenging early school failure in Bangladesh, Research in Comparative and International Education*, 3(3), 295-307., 2008

¹¹ Planning Commission, *National Strategy for Accelerated Poverty Reduction (II), FY 2009-2011*, Government of Bangladesh, 2008.

¹² Evans, J.L., R.G. Myers & E.M. Illfeld.; *Early Childhood Counts: A Programming Guide on Early Childhood Care for Development*. Washington, D.C.: The World Bank. 2000

3.3 Historical Highlights of ECCD in Bangladesh

Bangladesh was one of the first members to ratify the Convention of Child Rights and make it the fundamental principle for all subsequent programs on children. It also signed the World Declaration on Education for All in 1990 and the Dakar Framework for Action 2000, which emphasized the importance of early childhood years as a means to achieve Education for All. Participation in these major world events has influenced ECCD in Bangladesh. The various initiatives and projects undertaken over the years have also shaped ECCD in the country. It should be stressed that though ECCD as a comprehensive concept is fairly new in the country, opportunities for early childhood education did exist in an informal and unstructured form.

The general timeline of activities leading to ECCD today is presented below:

Phase I

- 1972 Spontaneous and informal “baby classes” started in government run primary schools in a sporadic manner at various times in different places.
- 1974 Qudrat-e-Khuda Education Commission Report published. Though written about 30 years ago it is still extremely visionary, very relevant and applicable to ECCD even today. Some key features of the Commission Report related to ECCD include:
 - a recognition of early years, from birth to age 5, as a critical stage of human development.
 - the need for day care for children aged few months to 3 years of age and kindergarten for children aged 3 to 5.
 - appropriate and relevant teacher training (ranging from child psychology to nursing) on teaching techniques and interaction and management of young children.
 - proposal for establishing a research institute on Early Childhood Education.
- 1976 Bangladesh Shishu Academy established for orienting children on cultural activities and performing arts such as songs, drama, poetry, dance etc.
- 1981 Need-based curriculum developed by NCTB for government run baby class but soon became redundant due to lack of interest.

Phase II

- 1991 Pre-school activities imparting pre reading, writing and numeracy skills within Integrated Non-Formal Education Program (INFEP) implemented through NGOs on a limited scale.
- 1992 Early Childhood Education and Development (ECED) component in the EFA NPA I encouraged continuation of existing baby classes through non-government and community initiatives but did not provide the necessary support to formalize and institutionalize baby class.
- 1994 GOB circular sent out encouraging primary schools to organize baby class but with no provisions for a separate teacher or a structured curriculum.
- 1995 Bangladesh Shishu Academy started district level pre-school activities in each of their district level offices but limited only to basic reading, writing and arithmetic.

- 1997 As a solution to shortage of teachers, physical facilities and resource constraints, the National Committee on Primary Education proposed considering the first six months of grade 1 to help children prepare for primary school. But this proposal did not materialize and baby class continued as before.
- 1998 GOB planned to expand and support operation of baby class through PEDP I (1998-2003) “but no clear information is available about its implementation”.¹³

Phase III

- 2001 GOB initiated Early Childhood Development Project (ECDP) through Bangladesh Shishu Academy as a pilot project for innovative and comprehensive ECCD model, in partnership with NGOs, as a stepping stone to create awareness about holistic child development.
- 2002 Selected NGOs received approval from MoPME to organize pre-primary activities in government primary schools.
- 2002 Effort to set ECD network initiated by GO/ NGO and Development partners.
- 2005 The ECD Network formally launched.
- 2007 GOB continued ECDP through Bangladesh Shishu Academy and named it Early Learning for Child Development Project (ELCDP).
- 2008 Operational Framework for Pre-Primary Education launched by MoPME.
- 2008 ECD included in under graduate and post-graduate medical education and nursing Colleges and approved by Bangladesh Medical and Dental Council.

It is important to note that along with the government, national and international NGOs have been involved in ECCD and have developed and implemented quite a few innovative ECCD models by involving parents and communities. They have structured ECCD programs for different age groups and promoted parental education. Through staff training and research, organizations such as BRAC, Save the Children-USA and Plan Bangladesh have contributed to the designing of appropriate curriculum, low cost learning materials and trained professionals.

Over the years, rich and exciting resources on ECCD have grown within the country. Institutions such as IED-BRAC University, ICMH and NIPORT have gained the expertise and the capacity to provide technical and professional support, as well as to participate in the policy making dialogue of ECCD at the national level.

GOB has also re-affirmed its commitment to early childhood education by announcing that pre-primary education is considered an integral part of the primary education system. The government has assured effective support to universalize pre-primary education in phases. Initially the government will provide pre-primary support to all government primary schools and then expand to all other primary schools from 2012. The government has additionally announced plans to open one comprehensive ECD center (Shishu Bikash Kendro) in each upazilla.¹⁴

¹³ Ministry of Primary and Mass Education Government of Bangladesh, *Education for All, National Plan of Action (NPA II)* 2003-2015

¹⁴ Budget Session: Summary Speech of Prime Minister, June 30th, 2009

The draft National Health Policy, 2009, has included provisions for comprehensive health care services for mothers, newborns and children with special attention to children of vulnerable and disadvantaged groups such as poor mothers and mothers in tribal community.

The government has very recently prepared a National Education Policy upon review of Qudrut-e-Khuda Education Commission Report, 1974 and Education Policy 2000 and has announced the draft version in September 2009. It highlights the importance of children to be mentally and physically ready for primary school and includes provisions for 1-year pre-primary education for children age 5.

3.4 The Situation of Children in Bangladesh

The current situation of young children in Bangladesh is examined in terms of different dimensions that affect their well-being.

Health & Nutrition:

- Despite the success and impact of the Expanded Program of Immunization (EPI) against the six killer diseases over the years, children are still dying of diseases such as diarrhea, acute respiratory illness (ARI), birth related complications, severe malnutrition, and neonatal tetanus. In fact the under- five mortality rate during 2002-2006 was 65 deaths per thousand live births and the infant mortality rate was 52.¹⁵
- It is estimated that 36% of infants are of low birth w and 77% of them suffer growth retardation.¹⁶ Children with low birth w due to intrauterine growth retardation are more susceptible to illness, and less likely to begin school on time. They perform poorly in school and are more likely to be low-achievers in life.
- Breastfeeding in Bangladesh is almost universal. But many people supplement breastfeeding with bottle feeding. The rate of exclusive breastfeeding among children under 6 months of age is only 43%.¹⁷ Despite extensive campaigns to promote breastfeeding practices, many mothers do not start breastfeeding right after delivery.¹⁸
- The food consumed by most children and adults is not sufficient to promote healthy intake of multiple micronutrients (vitamin- A, iron, iodine and zinc).¹⁹ Child malnutrition makes children vulnerable to frequent attacks of infectious diseases, which in turn is detrimental to child development.

Early Childhood and Pre-Primary Education:

- The total number of children in the 5 to 6 age group was estimated to be 31,86,413 in 2008.²⁰ This number will increase in subsequent years but provides a basis for estimating

¹⁵ NIPORT, *Demographic and Health Survey*, Bangladesh 2007.

¹⁶ Bangladesh Bureau of Statistics, *National Low Birth W Survey of Bangladesh*, 2005

¹⁷ NIPORT, *Demographic and Health Survey*, Bangladesh, 2007

¹⁸ Faruque, A.S.G., A.M. Shamsir Ahmed, Tahmeed Ahmed, M. Munirul Islam, Md. Iqbal Hossain, S.K. Roy, Nurul Alam, Iqbal Kabir, and David A. Sack. "Nutrition: Basis for Healthy Children and Mothers in Bangladesh." *J Health Popul Nutr* 3rd ser. 26 (2008): 325-39.

¹⁹ Bangladesh Bureau of Statistics, *Child and Mother Nutrition Survey of Bangladesh*, 2007

²⁰ *Bangladesh Primary Education Annual Sector Performance Report*, 2009.

the potential demand for pre-primary schooling.

- Various organizations are providing non-formal education services to children within the early childhood age group. This includes 60,510 in ECCE and 1,426,986 in pre-primary. In addition 734,573 parents have received parenting education.²¹
- Bangladesh has been ranked 57 out of 100 countries in how young children below 5 years of age are prepared to succeed in school.²² The ranking was based on an index that included the health, academic achievement and parental care of young children.
- The Knowledge, Attitude and Practices Survey of Caregivers (KAP study), found that 50% of rural mothers do not know the importance of fostering curiosity and self-confidence in a child.²³ Most are not aware of the importance of playing for the development of children. In fact it is commonly believed that playing is a waste of time.

Environment:

- A staggering number of people dispose children's faeces in places other than in latrines, contributing to greater transmission of diseases. In fact, only 22.5 % of mothers in the country dispose their childrens' faeces safely.²⁴ Many caregivers do not wash their hands properly after using the toilet. Since children are fed by hand such unhygienic practices expose children to health hazards.
- Rapid urbanization has serious implications on children's health. Living standards of the urban poor are low. They live in congested housing, with no access to adequate sanitation. They are exposed to industrial and hazardous waste and often succumb to injury due to accidents and violence. The child mortality rate is consistently higher among urban slum dwellers than in the rural population. Among the slum dwellers, 48.3 % of people over 5 years of age living in the slums have never attended school. To exacerbate the situation it is reported that, household urban slums get less assistance by government or NGOs to improve their social conditions compared to households in rural areas.²⁵

Protection:

- The present rate of birth registration coverage is only between 7 to 10 percent even though the Birth Registration Act 2004, makes it mandatory for all children to be registered.²⁶
- An estimated 30,000 children die of injuries every year.²⁷ These include injuries through burning, drowning and road accidents. Most drowning occurs among the 1-4 age group. In fact it is found that many people are not aware that young children are at risk of drowning and that children age 4 and younger drowned in ponds, ditches, tubs, very close to their homes. It is also found that pre-school and primary aged children often have to cross a main road on their way to school putting themselves at risk of getting into fatal

²¹ Bureau of Non-Formal Education, MoPME, *Mapping of Non-Formal Education Activities in Bangladesh*, 2009, pg. 48

²² Save The Children, *State of World's Mother 2009, Investing in the Early Years*, 2009

²³ UNICEF, *Baseline Survey of Caregivers' KAP on Early Childhood Development*, 2001

²⁴ BBS/ UNICEF, *Bangladesh Multiple Indicator Cluster Survey*, Progotir Pathey, 2006

²⁵ IFPRI, *Study of Household Food Security in Urban Slum Areas of Bangladesh*, 2006

²⁶ UNICEF, *Birth Registration Day helps ensure basic human rights in Bangladesh*, 2007

²⁷ Ministry of Health and Family Welfare, *Bangladesh Health and Injury Survey*, 2005

accidents. In addition to drowning, road accidents are also becoming emerging problems of the society. It is reported that nearly 82 % of road accidents involve children age 5 to 10 years.²⁸

In addition, it should be recognized that domestic violence, acid burn, sexual abuse, obesity, mental health and climate change issues also affect mothers and children in our society. Though this framework has not addressed these new ECCD emerging areas, these do warrant attention and should be included in future policy discussions.

3.5 Legal and Policy Framework

Bangladesh has been proactive in adopting global and national policies to protect the rights of children. The following international regulations provide policy directions pertaining to children.

- Through ratification of the Convention of Child Rights (CRC, 1989), Bangladesh made a strong commitment to making children's well-being a priority.
- Bangladesh is committed to protect women and girls through its ratification of CEDAW, 1999.
- Through participation in the World Declaration on Education for All in 1990 and the Dakar Framework for Action 2000, Bangladesh has pledged to reach the ECCE goal for *"expanding and improving early childhood care and education, especially for most vulnerable and disadvantaged children."*
- By adopting the MDGs, Bangladesh has also committed to improve the lives of young children. Focus on ECCD on the basis of the MDGs not only makes a difference to young children but also cuts across multiple areas. It ensures poverty eradication, reduction of infant and maternal mortality, malnutrition and promotion of gender equality and primary education for all.

In addition to these international pledges, the country's young children also benefit from the following national level policies:

- The Constitution of the People's Republic of Bangladesh has affirmed general principles for protecting children from all forms of discrimination. More specifically: Article 17a stipulates that free and compulsory education will be provided to all children. Article 17b states that education relevant to the society will be provided to help students to become productive and motivated to serve those in need. And Article 28(4) specifies special provisions for the progress of children.
- Compulsory Primary Education Act, 1990, made the five-year primary education program free in all government schools.
- National Children's Policy 1994 provided broad guidelines for ensuring protection, development and welfare of children.
- EFA NPA I (1991-2000) and EFA NPA II (2003-2015) identified Early Childhood Care and Education as one of the major components of basic education and specified strategies for implementation.
- Birth Registration Act, 2004 provides protection and right to all services.

²⁸ Institute of Child and Mother Health, *Prevent Accidents and Injuries: Promote Quality of Life*, 2004

- PRSP (2004-2005) and NSAPR II (2009-2011) set the objectives of pro-poor growth and economic development through meeting the needs of children. It highlights the importance of providing interventions on early childhood development for all children below 5 years of age.
- NPA for Children, 2005-2010, was formulated based on five thematic areas with the aim of improving children's lives. The areas are: Food and Nutrition, Health, Education and Empowerment of the Girl Child, Protection from Abuse, Exploitation and Violence and Physical Environment.
- National Food Policy, 2006 ensures adequate nutrition for all, especially for women and children.
- Non- Formal Education Policy, 2006, includes provisions for early childhood care and education (ECCE) through non-formal institutions.
- Operational Framework for Pre-primary Education, 2008, provides a framework for implementing education programs for children between 3 to 6 years of age. This framework provides a common standard for all pre-primary programs, be it government, NGO or community operated programs.
- National Health Policy, 2009 (draft under consideration) includes provisions for comprehensive health services for mothers, newborns and children.
- Draft National Education Policy; September 2009 includes provisions for Pre-Primary Education for 5-year-old children.
- More recently, in line with the growing recognition of providing care and stimulation during the early months, GOB has indicated that maternity leave will be extended to six months to enable mothers to spend more quality time with their babies. However, this issue is still under discussion but this provision needs to be ensured in all sectors in addition to having all service outlets set up in a child friendly manner.

4. Major Components of ECCD Policy Framework

The components included in this framework are standardized definition, vision, mission, goals, target group and standards of ECCD. It also specifies guiding principles to be adhered to for implementing ECCD and illustrates implementation mechanism through cross-sectoral collaboration among all stakeholders.

4.1 Key Concepts Related to ECCD

Much global discussion and deliberation have taken place in the early childhood sector because of the need to have a unified conceptual understanding connected to the latest neuroscience and programmatic research findings. The challenge has been to come up with a clear and common understanding of ECCD. Some of the key concepts relevant for this understanding include:

Brain Development: Neurological research has demonstrated that the brain grows during pregnancy and continues to develop at a rapid pace during the early years. Repeated interactions and stimulation from the environment increases the connections among the neurons, determining healthy brain development. Increase in the number of neurons depends on increase in the number of connections. At birth a new born baby has 50

trillion connections. The brain adds 40,000 synaptic connections every second. “It soon begins an impressive growth spurt, reaching 80 percent of adult size by around age three.”²⁹ It is important to note that new brain connections do continue to take place in the later years but at a much reduced rate and that the brain’s plasticity allows it to change and compensate. The quality of the infant’s interaction with the environment and the relationship with the caregiver during the prime time, known as “critical period” is therefore important for synapses among neurons to take place; which is prerequisite for optimal brain development.³⁰

Early childhood Years: A child’s first eight years is a critical formative stage.³¹ It involves distinctive developmental continuum through which children develop surprisingly sophisticated skills and the capacity to learn by interacting and communicating with their environment. They develop and learn through manipulating objects and interaction in a safe and stimulating environment. During this period children go through transition into primary school.

Early Childhood Education: The term *Early Childhood Education* highlights the cognitive dimensions of children, such as learning through exploration and discovery, and school preparedness activities.

Early Childhood Development: The term *development* refers to the child’s physical growth and change through gradual progression of sequential stages. It refers to the acquisition of increasingly effective patterns of activity, maturation of skills, behavior and values of the growing child. Early Childhood Development emphasizes the holistic development of the child and includes optimum growth and mental development; therefore focusing on physical, emotional, social and cognitive development.

Early Childhood Care and Development: The term *care* is deliberately added by proponents of children’s well-being because of the growing recognition that “care and nurturing” have powerful effects on development and learning. It includes promotion of children’s healthy growth and development by providing health care, nutrition, interactive stimulation and emotional support.

4.2 Definition of ECCD:

It is important to have a definition of ECCD reflecting all the dimensions of children and the range of support that would be required to make it truly comprehensive. After reviewing a number of standard definitions and through a process of consultation, the following definition has been adopted for Bangladesh.

²⁹ Harvard University, Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*, 2007

³⁰ UNICEF, ECD Resource Pack, Session 2.2 *The Importance of the Brain in Early Childhood Development* ;

Brotherson, S. Family Science Specialist, NDSU Extension Service, *Understanding Brain Development in Young Children* FS-609, APRIL 2005

³¹ Evans, J.L., R.G. Myers & E.M. Illfeld. 2000. “*Early Childhood Counts: A Programming Guide on Early Childhood Care for Development*”. Washington, D.C.: The World Bank.

Early Childhood Care and Development (ECCD) is a holistic and integrated approach, focusing on children from conception to age , to ensure their right to survival, protection, care and optimal development, through family focused, center and school based programs.

The above definition forms the premise of this policy framework.

4.3 Vision, Mission and Goals

Vision

- All children, irrespective of gender, special needs, ethnicity, religion, geographical location and economic status, are nurtured, valued and loved; and have the best start in life for reaching their full potential.

Mission

- Ensure equity and quality in services and to enhance knowledge, attitude, practice and skills related to “care” of children from conception to eight years.
- Promote a responsible and accountable mechanism involving government/NGOs and all other stakeholders, for meeting health, nutrition, education and development needs of all children.
- Strengthen capacity of parents, caregivers, community and other service providers to enable them to create a developmentally appropriate and stable environment for children.

Goals for ECCD

- Foster a society in which importance of investment in early childhood years is understood and prioritized as a critical input to human development of the country.
- Mobilize all stakeholders to collaborate and coordinate on issues related to the needs, rights and well-being of all children from conception to age eight.
- Ensure that all children have access to age and developmentally appropriate early childhood interventions and achieve successful school transition.
- Support parents with appropriate parenting skills and knowledge to help their children develop to their full potential.

4.4 Target Group

The target group for ECCD is all children from conception till age eight, with priority given to children of poor families, disadvantaged communities, ethnic minorities, children with special needs and children living in remote geographical areas. This age group has been selected because children below age eight are within a specific developmental continuum. They develop and learn best if they have objects to manipulate, and opportunities to interact in a safe and stimulating environment. Moreover, it is important to focus on the grades 1 & 2 (age six-eight) to ensure smooth and successful transition into primary school. The target group of the program also includes parents, caregivers and teachers.

5. Guiding Principles of ECCD:

The multifaceted and complex nature of ECCD makes it imperative that a multiple and flexible approach be used rather than a prescribed or single system program intervention. Programs have to be designed on the basis of needs of specific target groups and communities and adhere to the following guiding principles:

Holistic approach: The different domains (motor/physical, cognitive, linguistic, social, emotional and self-awareness) of child development are interconnected and complement each other. The neglect of one domain will adversely affect all others. ECCD projects that do not provide multiple services should therefore provide linkages to other interventions to ensure an integrated ECCD approach.

Continuity of care and services: Uninterrupted service provisioning is critical to ECCD. Mechanisms for synchronizing programmatic linkages need to be set up for seamless transitions from one intervention to another. Children, for example, should be able to get health, nutrition and education services at the same time. Also in the case of specific projects, transition of the child (conception to three), to early childhood services (three to five), to pre-school (five to six) and then to school (six and beyond) should be done in a smooth and effortless manner.

Parent/ caregiver education: This strengthens skills and knowledge about child rearing and practices. Appropriate behavior and positive attitude of caregivers allow them to be responsive to children.

Community engagement and ownership building: Community involvement in identifying needs and solutions and in making decisions is important. Community participation leads to a far greater likelihood of ECCD ownership and success.

Access to age and culturally appropriate programs: Children of all ages (conception to eight) should have the option to attend some early childhood program, be it home based, center based or community based.

Inclusion: Disabled children require additional support and should be mainstreamed through inclusive approach.

Life cycle approach: Through a life cycle approach ECCD can ensure a continuum of services from conception to primary school, resulting in long-term impacts. It is recommended that ECCD policy include the following four major periods, with each period building on the preceding period, creating a cumulative effect:

- **Pre-natal and birth:** Maternal and child health care during this period significantly reduces infant mortality rates, low birth weight and morbidity rates.
- **Birth to Three years:** Parent education on issues involving infant development, health, nutrition, and feeding practices enhances better parenting skills. It is extremely important for parents and caregivers to be aware of rapid brain development during this time and to provide opportunities for appropriate stimulation and learning. Safe and secure

environment with a consistent and nurturing relationship with a caregiver is critical to be established during this period.

- **Three to Six years:** During this period children are more likely to have rapid development of socialization skills through interaction with peers and with individuals other than family members. Through attending center based early childhood programs (day care and pre-primary school) children acquire school readiness skills. While education needs are being met by early childhood education programs, children at this stage, continue to have health and nutrition needs as well. Therefore ECCD programs should have the provision for all these critical components.
- **Six to Eight years:** During this period children go through a process of transition to primary school. Through better school readiness skills and smooth school transition, children have better chances of having successful and effective school experience. There is strong evidence that positive experiences in school during the early years result in reduction of dropout and repetition rates as well as completion of primary school and achievement of higher education.

6. ECCD Program Interventions and Standards

Program intervention standards include standards for parents, the extended family members, teachers, health workers, medical professionals, neighbors and other ECCD service providers and standards for monitoring programs. These will be developed on the basis of the ELDS. The ELDS will provide direction and a common guideline for all standards.

6.1 Early Learning and Development Standards (ELDS)

ELDS is a tool to monitor the development and learning of children (birth to eight years) and includes a range of indicators encompassing different dimensions. These include tracking physical and motor development, social and emotional development, language and communication skills, and cognitive development (incorporating knowledge, comprehension, logic, reasoning and creativity). A team of experts³² is currently developing the ELDS and will then subsequently conduct research to validate the standards. It will be a resource for all caregivers, parents and teachers, and the basis for integrating services to young children to ensure effective curriculum development, teacher preparation, parenting education and public information. Upon approval of the ELDS, it will be an integral part of the ECCD policy. See Annex 4 for details.

6.2 Guidelines for Caregivers

Caregivers (including parents, the extended family members, teachers, health workers, medical professionals, neighbors and other ECCD service providers) play an extremely critical role in creating an enabling environment to support a child's development. As such they need to follow a broad range of guidelines (See Annex. 5 for details). Caregivers have to recognize the rights of children to life, survival and development, and protect their best interests. They have to promote

³² The team includes representation from the Ministry of Primary and Mass Education (DPE), Ministry of Education (NCTB), MoWCA, academic and research institutions, NGOs and development partners and was selected by the Working Group in a meeting held on November 5th, 2008.

good hygiene practices and encourage healthy eating habits and good nutrition for both pregnant mothers and children. Caregivers need to be cognizant of the development of children and provide loving and trusting relationships, which is critical to the emotional development of children. They also need to provide a safe environment for children, ensure active learning experiences through regular engagement and challenge pervasive gender stereotypes and discrimination on the basis of sex, abilities and economic status.

6.3 Guidelines for Day Care Centers

Day Care Center is a platform of early care, stimulation and learning. The services of day care center combine childcare with pedagogical work in an activity that takes daylong responsibility for the whole child. The children aged from 3 year until they start pre-school usually continue with the day care center. The day care center supports families for performing their responsibility of upbringing, development and growth of their children appropriately. It is also helps parents to work or study. There is great scope for play and creativity as well as for the child's own exploration. Day care center is to be a fun, secure, learning experience for all the children who attend. Therefore, it has to follow a general guideline that outlines standard and norms (See Annex 6 for details).

7. Coordination and Linkages

For effective and optimum delivery of ECCD all sectors involved in this field should:

- share a common vision, understanding of the comprehensive nature of ECCD
- develop agreements among various ministries, directorates, NGOs, private sectors and other agencies
- draw standards and policy guidelines for comprehensive services to children
- develop a joint strategic plan integrating ECCD issues into their own sectoral agendas and ensure that they are part of their routine sectoral activities
- periodically review progress on strategic plans and associated activities
- design interventions based on success of existing programs and strengths of traditional practices

8. ECCD Coordination and Management: Integration and Cross-Sectoral Collaboration

Comprehensive child development includes a complex mix of physical, cognitive, linguistic, emotional and social dimensions. It is most effectively delivered through an integrated approach since no one sector is able to meet all the needs of the child. It is therefore imperative to work in partnership with all sectors and stakeholders for maximum coordination and utilization of services. The government must also ensure close harmonization of activities of its different agencies. In fact, the National Strategy for Accelerated Poverty Reduction³³, while stressing the importance of pro-poor growth and basic rights and livelihoods through child-focused development, strongly emphasizes the need for convergence of services (immunization, health, nutrition, personal hygiene, education, water, sanitation and protection). The success of this

³³ Planning Commission, *National Strategy for Accelerated Poverty Reduction (II)*, FY 2009-2011, Government of Bangladesh, 2008.

convergence depends on forging effective relationships among agencies. Though particular services may remain within the auspices of a specific agency or sector, a concerted effort is required to ensure that it reaches the same target group and that there is synergy between different programs. Information on types of ECCD interventions and responsible ministries and other providers involved in delivering services to young children in Bangladesh is provided in Annex 7.

The following section defines the operational mechanism for ECCD management, integration and coordination.

The **Ministry of Women and Children Affairs (MoWCA)** is the focal point for providing overall policy directions and oversight of all activities related to children. It will coordinate with all other ministries with ECCD programs for partnering, planning and technical oversight. These ministries are a) Ministry of Primary and Mass Education (MoPME), b) Ministry of Health and Family Welfare (MoHFW), c) Ministry of Education (MoE), d) Ministry of Social Welfare (MoSW), e) Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC), f) Ministry of Cultural Affairs (MoCA), g) Ministry of Chittagong Hill Tracts Affairs (MoCHTA) and h) Ministry of Religious Affairs (MoRA). The Ministry of Information (MoI), Ministry of Home (MoH) and Ministry of Food and Disaster Management (MoFDM) will also be included.

MoWCA (as the focal ministry responsible for women and children's wellbeing), will coordinate ECCD at the national level. It will ensure that ECCD is highly prioritized in the **National Council for Women and Children Development (NCWCD)** agenda which is chaired by the Prime Minister. The Minister of MoWCA will advocate for including ECCD in different sectors of relevant ministries.

A Children's Directorate will be set up to help coordinate all activities related to children and implementation of existing laws, policies and projects.³⁴ It is proposed that Bangladesh Shishu Academy will be strengthened and upgraded to **Directorate of Children's Affairs**, as has been discussed in various forums in the past.

The **MoPME** is responsible for operating pre-primary education and Grade 1 and 2 through formal and non-formal systems, and creating age-appropriate service facilities. MoPME has recently developed and approved the Operational Framework for Pre-Primary Education for 3-5 year age cohort. In the near future, the MoPME will help develop primary education operational guidelines for the six-eight year age group for successful transition to primary school and strengthening the base of lifelong learning. MoPME will also create opportunities for multilingual education for children of marginal language groups.

DPE will set up a new unit on pre-primary education, which will be headed by a Director.³⁵ The core responsibilities of the Director of pre-primary education will include planning, coordination, setting standards, and promoting pre-primary education. It will work in

³⁴ As recommended in *National Strategy for Accelerated Poverty Reduction (II)*, 2008

³⁵ As stated in *Operational Framework for Pre-Primary Education*, 2008

collaboration with other concerned agencies in the government, non-government service providers and academic and research institutions.

MoE, and more specifically, the **National Curriculum and Textbook Board (NCTB)** is primarily responsible for developing curriculum and teaching materials for pre-primary activities. Based on the ELDS currently being formulated, it will develop transition program curriculum, terminal competencies, age-appropriate textbooks and learning materials packages. NCTB will help conduct longitudinal studies on the effectiveness of curriculum and teaching materials for their further improvement. High school students will be involved in promoting ECCD in school catchment area as peer leaders for enhancing the capacity of young adults and adolescents.

The **National Book Centre**, within the **Ministry of Cultural Affairs (MoCA)** will organize countrywide book fairs for showcasing developmentally appropriate books, learning materials, and games and toys. The National Public Library along with its district and upazila level outlets and community learning centers will disseminate and advocate for developmentally appropriate books and learning materials. In addition MoCA will coordinate with all relevant organizations that are related to book and learning materials development and publishing as well as organizing children's book fair.

The **Ministry of Social Welfare (MoSW)** is currently operating baby homes, orphanages or shishu paribar, day care centers and safe homes for incarcerated mothers. This ministry will develop an ECCD operational framework on the basis of the current program activities as well as the proposed ECCD policy framework. Department of Women Affairs (DWA) and Jatiyo Mahila Sangstha (JMS) of **MoWCA** will coordinate with MoSW and set up and operate creche / day care centers for children of working mothers following the existing policy of MoWCA and the Factory Act of 1965 (# 4 of 1965).

The **MoHFW** is playing an extremely critical role in improving the lives of mothers and children through implementing its overarching Health, Nutrition and Population Sector Program. The program intends to reduce severe malnutrition, high mortality and fertility, and promote healthy life styles through reducing health risk factors from economic, social, environmental and behavioral factors. It is designed to meet the specific MDG goals related to reducing child mortality and improving maternal health. The Directorate General of Health Services and the Directorate General of Family Planning are the two implementing wings of the MoHFW. The strength of this Ministry in ECCD is twofold. Firstly, it establishes first contact with mother and child. Secondly, it is able to reach the community and the family through its existing network and infrastructure for health services.

The MoHFW currently provides few ECCD related health services but has great potential for expansion and convergence of ECCD services by using its infrastructure and its contacts with beneficiaries. The following are suggested to ensure better coordination and to provide a more effective focus on the newborn and overall ECCD.

- Review Maternal and Child Health (MCH) Strategy of MoHFW.
- Ensure child friendly environment in all health related outlets

- Incorporate and reorganize MCH strategy to integrate within a more comprehensive framework.
- Provide ECCD training to front line workers, paramedics and medical professionals of MoHFW and other providers, update their knowledge, attitude and practices, and motivate them to work on proposed activities.
- Establish links between community clinics and ECD centers in collaboration with MoWCA and MoPME.
- Ensure early detection of disability and special needs for appropriate interventions.
- Institutions such as ICMH and NIPORT will continue playing a pivotal role in providing technical and professional support, and participating in the ECCD policy formulation.

The **MoLGRDC**, especially its Union Parishad will coordinate all ECCD activities at the Union level. The women members of Union Parishad wards will be encouraged to take more proactive roles for coordinating ECCD programs within their wards (as per Compulsory Primary Education Act 1990).³⁶ Each ward should have information on all eligible and target audiences and program providers. All providers along with male and female ward members will jointly develop and implement a 2 to 3 year ECCD program based on community needs and presence of service providers. Union Parishads will coordinate with the Department of Public Health Engineering (DPHE) to ensure necessary water and sanitation service facilities.

The Ministry of Chittagong Hill Tracts Affairs (MoCHTA), in collaboration with MoE, DPE and Tribal Cultural Institute will take the lead in introducing multilingual education for children from preschool to the second grade level. In addition, this ministry will coordinate with other relevant ministries for promoting ECCD activities within the indigenous communities.

The Ministry of Religious Affairs (MoRA) is operating mosque and temple based school preparedness and basic education programs for adolescent and young adults through Islamic Foundation and Bangladesh Hindu Kallyan Trust. MoRA will continue these programs in close cooperation with BNFE and DPE of MoPME. Efforts will be made to avoid duplication and to cover a range of disadvantaged community and hard to reach areas. Also the ministry will develop ways to include the importance of early childhood stimulation, care and learning in their awareness program in collaboration with other ministries.

The Ministry of Food and Disaster Management (MoFDM) will also be included to provide support to children and mothers for ensuring food security and to prepare for periods of during and after emergency (hazard, risks and disasters).

The Ministry of Home Affairs (MoH) is involved in offering support to women and children in jails and protecting and assisting victims of human trafficking with rehabilitation services.

The Ministry of Information (MoI) has an important role in providing awareness raising, opinion building and advocacy support for ECCD through its respective departments. Distribution of publicity materials and dissemination of ECCD messages will be done through

³⁶ As stated in the Compulsory Primary Act, 1990.

community meetings, children's fairs, book fairs, film shows, TV/ radio programs, folk songs, drama and other cultural art forms.

9. ECCD Implementation Mechanism

While different ministries and sectors are playing key roles, there needs to be effective coordination at various administrative levels reaching all the way to the communities. The proposed ECCD implementation mechanism is elaborated below with illustration in Annex 7.

The **National Council for Women and Children Development (NCWCD)** is an inter-ministerial body which will function under the chairpersonship of the Prime Minister. The NCWCD is consists of 50 members of which one chairperson, two vice-chairpersons and 47 members. Other than ex-officio members, there are provisions of seven members. The government will nominate these seven members who are contributing in women's development. The NCWCD will have representation from 17 ministries of which MoPME, MoHFW, MoSW, MoE, MoLGRDC, MoCHTA, MoRA, MoI and MoFDM have very close functional relationship with children. In addition, it will also include representatives from national organizations and professional bodies. The MoWCA will provide secretarial support to NSWCD. The **NCWCD** will keep regular contact with **Child Rights Coordination Unit**³⁷ (which is under the Prime Minister's office) and ensure that ECCD is viewed from child rights perspective and is considered a national priority. The NCWCD will be responsible for:

- coordinating among various policies and programs of different ministries, departments and directorates for ensuring women's participation in socio-economic activities.
- preparing recommendations for providing overall policy support, creating new laws, developing rules and regulations, changing or updating current laws/acts for protecting children's rights and responsibilities and ensuring overall children's welfare,
- monitoring and evaluating of implementation of women and children's development action plans
- Monitoring/evaluating of CEDAW and CRC
- Formulate policies related to women legal rights, women development and stop torture against women
- obtain decisions on the steps already been taken about protection of women benefits at all work sphere , women's participation and their total development
- The Council will meet after every six months.

The NCWCD will establish a **National ECCD Technical Team** with representation from all the relevant ministries and professional experts from member institutions of the Council and ECCD providers. Working under the over-all guidance of the NCWCD, the National ECCD Technical Team will be responsible for:

- providing technical assistance to the National Children's Council
- reviewing proposed ECCD standards and relevant regulations, norms and laws and presenting them to the National Children's Council

³⁷ Draft National Children's Policy, 2009

- reviewing other ministry's proposal for policy reform pertinent to children and presenting to the National Children's Council
- preparing biannual ECCD status report
- conducting evidence based research studies for policy decision making

While the overall policy guidelines, oversight and management will be provided by the NCWCD and National ECCD Technical Team, the operational function will be carried out by the **Directorate of Children's Affairs**. The responsibilities of the **Directorate of Children's Affairs** will include:

- Registration and quality control: Ensure child rights to protection and development through mandatory registration of all organizations and agencies working with young children; ensure their compliance to ECCD standards stated in this document.
- Capacity Building : Provide certificate and diploma courses for creating trained professionals in line with education, health, nutrition and child protection sectors.
- Resource Materials Development: Develop resource materials in collaboration with NCTB, Directorate of Health and National Book Centre. Formulate resource materials development policy for publishing children's developmentally appropriate books, teaching/learning materials, games and toys on the ELDS. The resource materials development policy will guide government organizations, children's organizations, private publishers, and other materials producers on standards for developmentally appropriate books and other learning material for children.
- Research and Development: Conduct research, adhering to developmental appropriateness, language, illustration, process of utilization and publishing procedures.

In addition, the Directorate of Children's Affairs will also be responsible for:

- providing guidelines for developing capacity building mechanism and M& E
- ensuring compliance of ECCD programs with the national policy
- preparing annual ECCD Action plans
- preparing agendas and submit annual/quarterly reports

The Directorate of Children's Affairs will set up **ECCD Coordinating/Implementing Teams** at all administrative levels. It will create the team at the district level, which in turn will create the one at the next administrative level. Each subsequent team will create the next.

The **District ECCD Coordinating/Implementing Team** will be chaired by the Deputy Commissioner, with BSA staff (DO/DCAO) as the member secretary. The team will comprise of individuals from organizations providing ECCD interventions at the district level. It will include representatives from government, NGOs, civil society, and professional networks. The team will focus on how each organization is contributing to the common ECCD goal and framework and be responsible for:

- monitoring plans and progress of each individual organization
- avoiding overlap of geographical areas
- working on areas of common interest while designing ECCD programs
- working on common challenges while implementing ECCD programs

- making joint and collective efforts while planning for advocacy/campaigning and scaling up of ECCD
- contributing to the writing of the annual report

Upazilla ECCD Coordinating/Implementing Team: will be chaired by the UNO with BSA staff (or relevant MoWCA staff) as the member secretary. The team will comprise of individuals from organizations implementing ECCD interventions at the Upazilla level. It will include relevant representatives from government, NGO, civil society, and professional networks at the upazilla level and will be responsible for:

- providing administrative support to ***District ECCD Coordinating/Implementing Teams***
- performing similar activities as the above team with more frequent meetings for better coordination
- holding annual and quarterly meetings to review progress of ECCD in line with the national program

Union ECCD Coordinating/Implementing Team: will be chaired by the Union Parishad Chairman with a female member of the Union Parishad as the member secretary. The team will coordinate all ECCD activities at the union and community level, including villages, paras and households. Each ward of the union will develop ECCD implementation plans based on community needs. It will involve all members of the ward as well as ECCD service providers. The Union Parishad will take efforts for activating and motivating all the existing committees such as SMC, CMC, PTA, etc. for effective implementation and coordination of ECCD programs at all levels (family, household, community, school, health center etc.). The women ward members of the Union Parishad will be encouraged and strengthened to take on more ECCD responsibilities.

10. ECCD Coordination Process among Partners

A number of established and organized networking units with representation from government, development partners and NGOs exist. Some of the coordinating and networking bodies in the education sector are ELCG (Education Local Consultative Sub-Group), CAMPE (Campaign for Popular Education) and BEN (Bangladesh ECD Network). Similar bodies with networking and coordinating function in other sectors will be identified, activated and further strengthened to involve all stakeholders in the process of dialogue. Such process of coordination will be done through review of programs, projects, activities, and events for sharing of lessons learnt and by resetting priorities and identifying common areas of interest for joint financing. The NCWCD and National ECCD Technical Team with support from the Directorate of Children Affairs will be responsible for leading and coordinating the dialogue with all relevant government agencies, national and international NGOS, civil society, research and academic institutions and development partners.

11. Capacity Building

The National ECCD Technical Team and Directorate of Children Affairs will provide guidelines and direction for building capacity at the national and the field level. It will work to strengthen ECCD practitioners, policy planners, managers, parents and institutions. It will coordinate with DPE to involve PTI, which provides training of personnel working with children from six-eight years. This will then complement the training for ECCD personnel working with children from conception to eight.

Institutes such as **NIPORT** and **ICMH** already have inbuilt ECCD component in training curriculum for health and family welfare staff development. Such existing training facility will be used for developing a cadre of master trainers to disseminate further training at the field level. Academic Institutions such as **Home Economics College** and **IED- BRAC University** offer certificate and masters courses on ECD. The private sector, including national and international organizations offer resources for training and capacity building of the ECCD sector.

Parents and caregivers will be given appropriate and positive parenting knowledge and skills to provide care for children in the age range from conception to age eight. The training will include psychosocial stimulation, health and nutrition of the child, importance of learning through playing as well as skills to monitor children's progress in school. Information will also be provided to caregivers on health care of pregnant mothers in terms of nutrition, vitamin supplements and safe delivery. **Health and Nutrition service providers** from both government and NGOs will be trained on effective preventive health care, and counseling parents on appropriate stimulation, feeding practices and nutrition. **Teachers** will be strengthened with knowledge, skills and resources to help children successfully transition from home to preschool and then from preschool to primary school. Using the ELDS as the basis, teachers will be trained on imparting lessons on domain specific competency based curriculum on all subjects especially math and science. The capacity of **ECCD Managers and Supervisors** will be enhanced with training on leadership, management and supervisory skills as well as technical and updated knowledge on comprehensive ECCD which includes child development, health, nutrition and education.

12. Monitoring and Evaluation

All implementing agencies and organizations will apply their own M&E system to follow progress, identify problems and report results. However the Directorate of Children's Affairs under the guidance of the National ECCD Technical Team will develop comprehensive M&E strategy, toolkit and sets of indicators for use at national, district, upazilla and union level. The data and information collected at the union level will be analyzed and incorporated in the upazilla, district and then in the national level reporting system.

13. Conclusion

This document, the "Comprehensive Early Childhood Care and Development (ECCD) Policy Framework", has been developed through a series of consultations and active participation of a variety of stake holders, especially the government. It stresses the value of existing programs and

interventions but points to the greater impact these would achieve with coordination and collaboration amongst different sectors and diverse partners. The thrust of this document has been to spell out implementation mechanisms of ECCD through a cross-sectoral and integrated approach, and extending the age group to encompass all children from conception to eight years, rather than proposing a new program or a prescribed model. The Framework therefore provides the basis for a comprehensive ECCD program and specific directions to draw out action plans and strategies for implementing ECCD interventions. ECCD in Bangladesh can be successful and can ensure that children grow up into responsible and productive citizens, with the leadership of MoWCA and the proactive collaboration of the range of stakeholders.

Annex 1

Government of Bangladesh
Ministry of Women and Children

Sharok no; Mobishim/Shu:U: 2/14/2007-308

Date: 11/09/2007

Working Group formed for “Development of policy on Early Learning”

Director, Bangladesh Shishu Academy	Convenor
Senior Asst Secretary (Dev 2) MoWCA	Member
Senior Asst Chief , MoWCA	Member
Representative, MOPME	Member
Representative, MoFWA	Member
Representative, NCTB	Member
Representative, BSA	Member
Representative, ICMH	Member
Representative, IER, Dhaka University	Member
Representative, UNICEF	Member
Representative, Plan Bangladesh	Member
Representative, Grameen Shikha	Member
Representative, Save The Children-USA	Member
Representative, CAMPE	Member
Representative, Bangladesh Paediatric, Association	Member
Representative, OBGYN Assocation	Member
Project Director, ELCDP, BSA	Member

Members of the Core Team

- M. Habibur Rahman- SCF-USA Convenor
- Md Nuruzamman- ELCDP, BSA Member
- Mahmuda Akhter- ECDRC- IED, BRAC University Member
- Dr. Golam Mostafa- UNICEF Member
- Rubina Hashemi- UNICEF Consultant Member

Technical Teams

Members of Technical Team: ELDS

- Kamal Hossain – SCF-USA (Convenor)
- Mahmuda Akhter- ECDRC-IED,BU
- Ziaul Hasan- NCTB
- Mahbubur Rahman Billah- DPE
- Qurratul Ayan Safdar- MOPME
- Prof. Nazmul Haque- IER-DU
- Dr. Jena Hamadani- ICDDR'B
- Representative from Pediatric Association
- Dr. Tamanna Taher- UNICEF
- Rubina Hashemi - UNICEF

Members of Technical Team - Guideline for Caregivers

- SM Shahnawaz Bin Tabib, ICMH (Convener)
- BRAC Representative
- CAMPE Representative
- PLAN Bangladesh Representative
- NCTB Representative
- Shahin Islam, SC-USA
- MOWCA Representative
- Representative from Pediatric Association
- Rubina Hashemi- UNICEF

Members of Technical Team- Cross Sectoral Collaboration

- Dr. M. Akhter Hossain – NIPOORT (Convener)
- Zakir Hossain Chowdhury- MOPME
- MOWCA Representative
- Didarul Anam Chowdhury SCF-USA
- BSA Representative
- Representative from MOHFW
- M. Habibur Rahman, SCF-USA
- Mahmuda Akhter- ECDRC-BU,IED
- Dr. Golam Mostafa- UNICEF
- Rubina Hashemi-UNICEF

Terms of Reference
Technical Group for Developing Early Childhood Development Standards (ELDS)
ECCD policy document

The Working Group on Comprehensive ECCD Policy has formed a Technical Group to develop Early Childhood Development Standards (ELDS).

Assignment:

The Technical Group on ELDS will be responsible for developing a detailed guideline on ELDS that would incorporate within the proposed national ECCD Policy. This technical group on ELDS will accomplish the following tasks:

- Explore common moral values and ideals concerning children's growth and development in Bangladesh;
- Review ELDS of countries within the region;
- Revisit draft ELDS prepared and presented at both Bangkok and Nepal workshops e.g. values, domains, age range and age groups
- Identify and include standards for teachers, parents and programs within ELDS framework;
- Incorporate monitoring and evaluation strategy;
- Prepare draft ELDS and share within the group.
- Share with the Working Group for endorsement and incorporate in the policy document.
- Continue working on detailing out ELDS.
- Conduct Tier 1 (content) and Tier 2 (Content and age) validation.
- Produce final ELDS document.

Time Frame: Nov.08- Dec. 09

Terms of Reference
Technical Group for Developing Guidelines on Childcare for Caregivers
ECCD policy document

The Working Group on Comprehensive ECCD policy has formed a Technical Group to develop a guideline on childcare to be used by caregivers.

Assignment:

The Technical Group on Childcare will be responsible for developing a detailed guideline on childcare that would be incorporated within the proposed national ECCD Policy. This technical group will perform the following tasks:

- Collect existing guidelines for caregivers on childcare from major ECD providers and conduct desk research considering traditional childcare practices;
- Identify issues and thematic areas to be considered for the guidelines;
- Develop a format of the guidelines including its content areas;
- Prepare draft guidelines on childcare for caregivers;
- Incorporate Monitoring and Evaluation strategy;
- Share within the group and reach agreement and
- Share with the Working Group for endorsement and incorporate in the policy document.

Time Frame: Nov. 08 – Feb. 09

Terms of Reference
Technical Group for Developing Cross-Sectoral Collaboration Guidelines
ECCD policy document

The Working Group on Comprehensive ECCD policy has formed a Technical Group for developing a Cross-Sectoral Collaboration Guideline.

Assignment:

The Technical Group on Cross-Sectoral Collaboration will be responsible for developing a detailed guideline on cross-sectoral collaboration that would be incorporated within the proposed national ECCD Policy. This technical group will conduct the following tasks:

- Assess current situation e.g. status, program areas and strategy of cross-sectoral collaborations among various stakeholders (NGOs, Academic and Research Institutions, Development partners, various government directorate and ministries along with members of the other civil society) in the arena of ECCD and conduct desk research;
- Identify issues and thematic areas to be included in the Cross-sectoral collaboration guidelines;
- Develop format of the guidelines including its content areas;
- Specify roles of each sector (health, nutrition, education, social welfare etc.) and their program activities;
- Define proposed collaborative strategy for each sector
- Spell-out mechanism for ECCD implementation at different levels:
 - National level: Ministry
 - Directorate
 - Department
 - Division level:
 - District level:
 - Upazila level:
 - Community level:
 - NGOs
 - Schools
 - Family
- Develop draft guidelines;
- Incorporate Monitoring & Evaluation strategy;
- Share within the group and reach consensus and
- Share with the Working Group for endorsement and incorporate in the policy document.
- **Time Frame:** Nov 08 – Feb 09

Early Learning and Development Standards - ELDS

Standards are the basis for achieving common understandings and achievement of quality. There are different kinds of standards impacting young children. There are **teachers standards** that specify what teachers of young children should know and be able to do. There are **program standards** which may specify the components of and requirements for quality programs; for example number of adults needed to work with children or kinds of supplies and materials that should be used to promote children's development. Then there are **standards for parents or caregivers** or a guideline which enable them to have realistic expectation from their children. There are also **standards for society** often called social indicators or access to service indicators, which allow policy makers to assess the nature and the quality of services provided by interventions.

All these standards taken together are **program intervention standards** and are relevant for ECCD. **Early Learning Development Standards (ELDS)** will provide the basis of commonality among all the standards and a direction for development of **program intervention standards** of ECCD. It is envisaged that **program interventions standards** for ECCD will be developed as needed through the use of the ELDS (being developed).

Early Learning and Development Standards (ELDS):

Background of ELDS:

In 2003, UNICEF Headquarters and Columbia University initiated the development of national systems for monitoring learning and development of young children in six selected countries. The process generated much excitement and interest worldwide. Based on the positive experience and lessons learnt during the development of these ELDS, in 2007, countries in South Asia too began to develop their own ELDS with assistance from UNICEF Regional office for South Asia and UNICEF Headquarters.

The following section of this document has been developed by a team of 8/9 members assigned by the ECCD policy document working group in a meeting held on November 5th 2008. The team includes individuals with expertise in child development and represents the Ministry of Primary and Mass Education (DPE, NCTB), the Ministry of Women and Children Affairs, academic/research institutions, NGOs, and development partners. Some of the members of this team had been to Nepal and Thailand, to attend UNICEF supported regional training workshops on the concept and process for developing ELDS.

Process of Development of ELDS:

Over the last several months, the team met a number of times and reviewed country specific ELDS documents (Cambodia, Philippines, Washington State (US), Romania). The team articulated four domains, twelve sub domains and thirty seven specific aspects relevant to

Bangladesh. The exercise was guided by careful considerations for making ELDS culturally and contextually appropriate to Bangladesh.

This section of the policy framework provides an outline of the ELDS. A complete version containing elaboration of the ELDS will be provided in a separate and a stand- alone publication. The team in charge of developing the ELDS will continue working even after the policy document is done to complete the process. It will involve developing, researching, validating and endorsing the ELDS.

What is ELDS?

ELDS is a set of statements that describe children’s knowledge and behavior; what children should know and are able to do. It is a tool to measure children’s progress in terms of their development and learning continuum. ELDS is a resource for all caregivers, parents and teachers. It aims to support the growth and development of children whether they are at home, in community run ECD centers, day cares, in preschools or in early primary school (grade 1 and 2).

It provides the basis for integrating services for young children so that what young children are taught (curriculum), how they are taught (teacher preparation) how their progress is assessed (monitoring and evaluation), how families advance their children’s development (parenting education) and how the public understands early childhood (public information) are linked back to the agreed upon standards.

What are the National values? :

The national values of Bangladesh were identified by the national child development experts through a process of reflection involving brainstorming and discussion sessions. These were shared at the above mentioned regional workshops. The national values are:

- pride in being Bangladeshi
- respect for diversity, equity and religious freedoms
- high regard for mother tongue
- respect for each other
- practice tolerance and cooperation
- cherish independence and patriotism

What are the Guiding principles related to the content of the ELDS?

The following principles have been taken into consideration while determining the content of the ELDS.

- *Interaction with family and environment:* A child’s learning and development is determined by the kind of interaction and the relationship they have within their family and their environment. The important role that the families, communities and the environment play on children’s development is considered while developing the content of this ELDS.

- *Age and developmentally appropriate:* It is recognized that all children go through similar stages of development but at their own individual pace and style. It is unrealistic to expect all children to acquire all the skills at the same time. The content of ELDS is age appropriate as well as developmentally appropriate.
- *Multiple teaching approaches and diverse environment:* All children irrespective of their socio-economic or cultural background, mental or physical abilities are capable of learning and are active learners. Children learn through manipulating, exploring, and through trial and error. The content of ELDS recognizes the importance of providing multiple and diverse opportunities for optimal learning and development.
- *Holistic approach:* All developmental domains are multidimensional and interrelated. The ELDS therefore focuses on all the domains simultaneously to ensure holistic development of the child.
- *Alignment with other standards:* Efforts have been made for alignment of ELDS with other existing standards by NGOs, government and research institutions (example operational pre-primary education).

What are the principles related to the implementation of the ELDS?

It is recommended that the following principles be applied by all users of ELDS while implementing it.

- *Family involvement:* Implementation of ELDS should be guided by respecting the active role the family has on children's well-being. Efforts for family's involvement should be sought and encouraged for effective use of ELDS.
- *Enhance development and learning:* It is extremely important to use ELDS positively. It should be used to promote learning and for placement of children in appropriate level/grade.
- *Not to track, retain or label children:* Cautionary measures should be in place to prevent misuse of ELDS. It should not in any circumstances ever be used to exclude, punish, criticize, track, retain or label children.
- *Training:* It is extremely important that all relevant individuals are trained and continuously supported for using the ELDS.
- *Monitoring:* Monitoring of ELDS needs to be in place for appropriate use by families, caregivers, teachers and communities.
- *Review and update:* The ELDS should be reviewed and updated periodically to make it current and relevant. It should be done through a fair and unbiased process.

What is the age group covered by the ELDS?

The age group to be covered by this ELDS is birth to eight years. It has been organized according to the following age spans:

- Birth – 12 months (<1 year)
- 13 – 36 months (1 to 3 years)
- 37 – 48 months (3 to 4 years)
- 49 – 60 months (4 to 5 years)
- 61 – 72 months (5 to 6 years)
- 73 – 96 months (6 to 8 years)

What is the content and structure of the ELDS?

The content of ELDS is grounded on current research on child development that emphasizes the critical need for interconnection and interdependence of all domains. The ELDS is therefore being developed on the basis of an integrated and holistic approach. A child's development is a continuous process and is built on prior knowledge acquired in the preceding developmental stage. The ELDS is designed to allow all children to progress in a sequential manner in their own unique pace. Supervision, guidance, encouragement and care by adult caregivers are key element for effective use of the ELDS.

Domains: describes broad category of children's development and learning.

Sub- Domains: Each domain is divided into several sub-domains with each of them representing general facets of the domain.

Specific Aspect: describes essential aspects of learning and development articulated within the sub-domain.

Standards: expresses a specific expectation of what children should know and be able to do.

Indicators: describes observable behaviors or skills of children. Several indicators may be used to demonstrate progress towards attainment of goal or standard.

Supportive practices: refers to activities or strategies an adult may use to engage the child to help achieve the indicators. It may be used by the caregiver at any setting be it home, in early childhood center or at schools. These supportive practices aim to nurture the child's learning and development.

**Bangladesh- ELDS
(0 to 8 years of age)**

Domain	Sub-Domain	Specific Aspect
1. Physical and Motor Development	1.1 Motor Development 1.2 Physical Development 1.3 Health & Personal Care & Hygiene	1.1.1 Gross Motor 1.1.2 Fine motor 1.1.3 Physical balance 1.1.4 Sensorimotor 1.2.1 Growth & Nutrition 1.2.2 Physical fitness 1.3.1 Safe Practice (drowning, sharp things) 1.3.2 Body cleanliness 1.3.3 Oral Hygiene
2. Social and Emotional Development	2.1 Social 2.2 Emotional 2.3 Values	2.1.1 Interaction with peers and adults 2.1.2 Pro-social behavior 2.2.1 Emotional expression 2.2.2 Self-control 2.2.3 self-concept 2.3.1 Understanding BD heritage 2.3.2 Religious, ethnic diversity & Tolerance 2.3.3 Cultural 2.3.4 Inter-personal
3. Language and Communication	3.1 Language 3.2 Literacy 3.3 Multilinguism	3.1.1 Receptive 3.1.2 Expressive 3.1.3 Non-Verbal 3.2.1 Reading 3.2.2 Writing 3.2.3 Math 3.3.1 Use of mother tongue 3.3.2 Knowledge of more than 1 language (verbal and comprehension)
4. Cognitive Development	4.1 Knowledge 4.2 Comprehension and Logic and Reasoning 4.3 Creativity	4.1.1 Environmental 4.1.2 Health & Science 4.1.3 Social 4.1.4 Maths 4.2.1 Problem solving 4.2.2 Critical and Analytical Thinking 4.2.3 Concepts (Shapes, size etc.) 4.3.1 Artistic Creativity 4.3.2 Musical Creativity

Guidelines for caregivers

What is caregiving?

Caregiving is a process that helps create an enabling environment to support a child's maximum development. It involves practices and behaviors aimed at improving the child's well-being. It is a process that helps create an enabling environment to support a child's maximum development. Caregiving is described as an "integrated set of actions" that provides, "a healthy and safe environment, supportive and affectionate interaction, appropriate modeling, stimulation, protection, and time."³⁸ The strength and effectiveness of caregiving is expressed not only through the practice itself but how the caregiver performs these "integrated actions", with affection, engagement, consistency and responsiveness.

Provisions of food, health, and care are all required for the child's healthy survival, growth, and development. Some of the critical care practices are breastfeeding and complementary feeding; psychosocial care; food practices; hygiene practices; and home health practices.³⁹

Who are caregivers?

The individual involved in the process of caregiving is a "caregiver". While the primary and foremost caregiver are parents (in most cases the mother, especially when the baby is few months old) it also includes grandparents, siblings, aunts, uncles, neighbors, domestic help, teachers, and many others. In other words, it includes anyone giving close and supportive attention to the child.

Where does caregiving take place?

Caregiving takes place at different levels: home-based (especially during the early months of the child) and center/institution based such as health center, day-care, pre-school and primary school.

What resources are needed for caregiving?

Three kinds of resources are required for successful caregiving: **human, economic and organizational**. Human resources are the caregiver's knowledge, skills and ability to nurture, guide and support the child. Economic resources refer to the caregiver's decision-making authority involving funds and use of economic support. Organizational resources include support from family members, community, institutions etc. These three resources are required by those

³⁸ Engle, Lhotska & Armstrong, *The Care Initiative: Assessment, Analysis and Action to Improve Care for Nutrition*, UNICEF, 1997

³⁹ Engle & Lhotska; *The Role of Care in Programmatic Actions: Designing and Evaluating Programs Involving Care*, UNICEF, 1998

involved in caregiving, at all levels, be it household, community, program or national level. Providing care without having the appropriate resources will be futile and will put unfair blame on the mother or immediate caregiver for being inadequate. It is therefore critical to provide support and resources to the caregiver.

Broad guidelines for caregiving include:

Child Rights

- Recognize that all children have the right to life, survival and development. Protect the best interests of children, and provide support for them to develop and thrive.
- Ensure that all children have gone through the birth registration process.

Health

- Ensure that pregnant mothers get adequate health care and attend ante-natal care services.
- Have the knowledge and skills on age appropriate interactive care and enable the child to gradually progress through the developmental milestones.
- Meet and maintain the child's immunization and medical needs.
- Promote hygienic practices. The caregiver has direct role in preventing contamination through food or water. They should ensure that the child is kept clean and be mindful of the child not putting contaminated objects in his/her mouth.
- Ensure use of sanitary facilities and safe drinking water.
- Detect growth faltering and development delays for timely intervention.

Nutrition:

- Encourage pregnant women to eat balanced food along with vitamin supplements and minerals and lactating mothers to eat extra food.
- Promote healthy eating habits and provide proper nutrition. Practice exclusive breastfeeding for the first 6 months and continue breastfeeding for up till 2 years. Gradually introduce complementary feeding.

Mental health

- Recognize that all children are unique and that each child has his/her own strengths and personality. Respond positively to the child's unique behavioral temperament and give attention to individual needs.
- Provide a loving and trusting relationship so that the child will become confident and learn the skills for relating and connecting with others. This early stable and trusting relationship ensures emotional development.
- Maintain attachment during the critical period. During the early months the child begins to demonstrate signs of attachment to one individual. To maintain the child's sense of security it is best not to introduce too many caregivers at this age.

- Portray positive role models. Children learn through imitation by observing their caregivers and the environment. Caregivers should be mindful of their responsiveness, behavior and actions because they are the child's first teachers.
- Understand and respond to the child's age appropriate rhythm, signals and cues with promptness and appropriateness. The quality of how a caregiver responds to the child's demand and needs affects the child's overall wellbeing and provides a foundation for future development.

Education:

- Children are natural learners. Give many opportunities to children for active learning experiences for cognitive development. They learn best through exploring, manipulating, and constructing. Shared story times through verbal scaffolding, verbal encouragement and verbal challenges promote early language development and triggers higher level thinking.
- Make your child ready for school for successful transition to primary school. Positive experience in school in the early years increases the likelihood of attaining higher education, resulting in having a better quality of life as an adult.
- Provide age appropriate play opportunities to allow children to enhance their physical and cognitive abilities. It is through play that the child learns self-discovery and exploration. The caregiver is able to encourage autonomy and learning through frequent guided playtime.

Environment

- Provide a consistent and stable environment. Through routine and consistent schedules related to major daily activities such as feeding, sleeping, bathing, playing etc, the child builds confidence that their needs will be met.
- Ensure safety of the child. The risk of the child getting burnt or falling into water increases with age and mobility. The caregiver should be mindful of risks and be able to take appropriate actions.
- Provide access to child friendly toys and learning materials and allow stimulating play opportunities.
- Provide an environment with good ventilation, light and space for movement.

Equity (in terms of Gender, Disability, Ethnicity, Disadvantaged /marginalized community)

Gendered stereotypical behavior gets instilled in the early years. It gets created and reinforced by family, friends and by the society at large. The kind of toys, games, stories and books used have an influence on gender identity. The perpetual cycle of gender discrimination can be prevented through the caregiver's careful and focused behavior and interaction.

- Treat and value boys and girls the same
- Offer equal opportunities and access to nutritional intake, health services and schooling.
- Break gender specific roles by involving both boys and girls equally in daily household chores.

Disabled children as well as children from poor, marginalized and indigenous community lack access to health care and educational opportunities. Children in disadvantageous circumstances are in greater risk of isolation and deprivation. They are often ostracized and shunned. They also suffer willful neglect.

- Identify and address the needs of children living in various difficult circumstances.
- Bring these children into the mainstream through inclusive approach.

Caregiver's Negative Attitude and behavior:

- Neglecting to give immediate attention to the child's needs
- Pushing the child to attain milestone/skill before the child is ready
- Putting undue and unrealistic pressure on the child to attain high grades in school
- Using verbally abusive language to hurt and belittle the child
- Scolding in public to humiliate the child
- Using physical/corporal punishment (Slapping, hitting caning etc.)
- Glaring and looking down at the child to intimidate
- Comparing frequently with others to make the child feel inadequate
- Confining the child into isolation (e.g., tying up the child to prevent mobility)
- Breaking trust by not keeping promises
- Forcing the child to take on too much responsibility in terms of household work
- Compelling the child to undertake hazardous work/employment
- Allowing the child to watch TV for hours

Guidelines for Day Care Centres

What is day care centre ?

Day Care Centre is a platform of early care, stimulation and learning. The services of day care centre combine childcare with pedagogical work in an activity that takes daylong responsibility for the whole child. The children aged from 3 year until they start pre-school usually continue with the day care center. The day care centre supports families for performing their responsibility of upbringing, development and growth of their children appropriately. It is also helps parents to work or study. There is great scope for play, games and creativity as well as for the child's own exploration. Day care center is to be a fun, secure, learning experience for all the children who attend. Therefore, it has to follow a general guideline that outlines standard norms and practices.

Where day care centres is housed?

The day care centre would be housed in any building or premises which is maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. Therefore, it does not include a boarding school, hostel or institution that is maintained or used mainly for teaching or training of children as is controlled or registered or approved by the State. Depending on its registration, a place of care can admit babies, toddlers, pre-school aged children and school-going children on a full-day or other basis.

General guidelines for a day care centre:

1. Administrative systems and procedures are in place to ensure the efficient management of the facility and its activities.
2. All practitioners should have access to training and resources which develop their capacity and competency regarding childcare, child development and the management of ECD program and facilities which will provide developmental opportunities for children.
3. Facilities are clean and safe with sufficient space for children to be active and move freely. A provision of 1,5m² of indoor play space per child must be adhered to.
4. Sufficient age appropriate equipment and resources to enable children to optimally develop are available at facilities.
5. All reasonable provisions are made that children and practitioners are safe from the risk of fire, accidents and or other hazards.
6. Center should provide emotional and social care to enrolled children which enable quality interaction with parents, family members, adults and peers and which promote positive sustained relationships in later life.
7. Children should be dealt with in a responsible way when they are sick.
8. Young children are dealt with in a constructive manner, which gives them support, security and ensures development of effective social behavior.

9. Children should experience an environment in which their culture, spirit, dignity, individuality and age appropriate development are respected and nurtured in a conducive and appropriate manner.
10. Children should be provided with appropriate developmental opportunities and effective programs, which enable them to meet the goals of early care, stimulation and learning plans.
11. In disadvantaged communities, nutrition programs should be attached to the place of care and at least one meal a day should be provided.
12. A child with special needs should receive services and treatment in accordance with his/her identified needs.
13. Families and children are free to express dissatisfaction with the service provided and their concerns and complaints are addressed seriously, without delay or reprisal.
14. Registration from designated authority is mandatory. In cases where minimum standards are not met, the day care center has to meet requirements within a specific time frame in order to register. If conditions are not complied with, it may result in closure of the facility and/or service. The following conditions need to be met:
 - Administrative and financial management systems to be satisfactory
 - Services provided to the children in terms of physical, emotional, intellectual and social care to be satisfactory
 - The physical condition of the centre to be satisfactory
 - The general functioning of the centre to be satisfactory.If not satisfactory, the authority will continue to consult, advise, empower, build capacity and review the facility.
15. The center is subject to inspection by the authority at least once a year. All day care center authority must also contact the Departments of Education and Health to determine any requirements from these departments.

Annex: 7

ECCD Interventions

Different forms of services are currently being provided for the ECCD age group by both government and NGOs. Some of the services are described briefly in the table below.

Intervention	Description	Agency
Parenting Education Program:	The government is providing parent education through its ongoing children focused program of the Ministry of Women and Children Affairs by Bangladesh Shishu Academy, the Ministry of Health and Family Welfare, ICMH, and leading NGOs of the country. Health staff at the community level nutrition and health centers provide relevant information to parents to improve feeding and care of children. Family Welfare and Health Workers also provide key messages on child development at the household level. Through its extensive network of health outreach workers NGOs are delivering ECD messages to their women members and micro-credit groups and is also assisting the government by sharing these messages at the government community and health centers.	MoWCA, MoHFW, ICMH, NGOs
Day care services:	Both government and NGOs offer reading, writing, numeracy through rhymes and play. NGO run day care services are offered for children of women living in urban slums. The women are usually employed as garments workers, domestic help, and babysitters or in school as “Ayah”. Community based day care, home based day care, factory and workplace based day care, all fall within this category.	MoWCA, NGOs
Kindergarten:	Kindergarten system usually provides education services through private enterprise in urban areas charging high tuition fees. The high expense of this system makes it unaffordable for most people. Children as young as 3 years of age begin Kindergarten system by attending play group; 4 year olds go to nursery and 5 year olds in KG I.	Private
Pre- Primary Education	Pre-Primary Education is a 1 year education program for 5 year old children preceding primary school. It teaches children math, bangla and school readiness skills. Presently there are 26,300 pre-primary program being offered by “baby class” adjacent to government schools and pre-schools by Shishu Academy, by pre-primary schools by government authorized NGOs, kindergarten, and community based pre-schools managed independently by NGOs and religious institutions. In March 2008, MOMPE has launched an, “Operational Framework for Pre-Primary Education” as an effort to bring all the pre-primary service providers on a common platform. It is envisaged that all pre-primary service providers will follow the framework and will perceive pre-primary education as an integral part of the primary education continuum. It provides detailed guideline on curricular framework, list of core and supplementary materials to be used, strategies for implementation and duration and timing of the course, training of teachers, coordination and linkages with other sectors.	MoPME, MoWCA, MoRA NGOs
Orphanages/children’s homes (Sarkari shishu paribar):	The Department of Social Services is running 76 orphanages for children from 5 to 9 year of age. As part of the safety net program the government is providing support to 10375 children in state run orphanages and to 45000 to NGO operated orphanages (NSAPR, 2008).	MoSA
Baby Home(chottomoni nibash	The Department of Social Services is operating 6 divisional level baby homes for children aged 0 to 5 years of age and has the capacity to support 525 children.	MoSA
Maternity allowance for poor mothers	As part of the government’s safety net program, an initiative has been undertaken in 2007/2008 to support poor pregnant mothers. Pregnant mothers will receive an allowance after 3 months of pregnancy for 2 years duration. (NSAPR, 2008).	MoWCA, NGOs
Community Integrated Management of Childhood Illness	C- IMCI is an approach which meets children’s health needs by focusing on the well-being of the child as a whole involving curative care, disease prevention and health promotion interventions. The household and community component of IMCI is known as Community-IMCI and adopted in	MoHFW

(IMCI)	<p>Bangladesh in March 2003 after successful implementation of a pilot IMCI project. IMCI services are provided at district level hospitals, upazilla health complexes and the union level health and family welfare centers and also private and NGOs hospitals and clinics. C- IMCI services are delivered at community outreach centers, household clusters and home based care centers. It aims to improve care-seeking behavior at family and community level. Government field workers such Health Assistant (HA), Family Welfare Assistant (FWA), and nutrition workers (Community Nutrition Organizer-CNO and Community Nutrition Promoter-CNP) deliver services through outreach centers and community based centers. NGOS also have an extensive network of community based health workers and volunteers.</p> <p>Community-based clinical service is provided to women and children through outreach centers called Satellite Clinics. It provides preventative services such as health and nutrition education, antenatal care, EPI and vitamin- A supplements.</p> <p>General Health care is provided at union level clinic called Family Welfare Center clinics for women and children. Some of these centers also provide postnatal, pediatric care, immunization and health education.</p> <p>C- IMCI framework is within the government's child health and nutrition program. It is built on the experience of existing community based services such EPI, ARI, CDD, ENC, micronutrient supplementation (Vit-A) breastfeeding, school education, de-worming, micro-nutrient supplementation and BINP/NNP.</p>	
The Expanded Program on Immunisation (EPI)	EPI program against six killer diseases; diphtheria, pertussis (whooping cough), tetanus, tuberculosis, polio and measles, is one of the success stories of public health services in Bangladesh. Such success resulted mainly due to the wide network of 120,000 EPI sites at grassroots level and active community participation.	MoHFW
Acute Respiratory Infection (ARI)	The number of (ARI) caused death among children under five dramatically reduced over the years. Field workers of government and NGOs and community based volunteers provide early detection of ARI and its treatment. They also teach mothers and caregivers how to detect ARI and its prevention and home management.	MoHFW
Vitamin A supplement Program	Bangladesh has managed to bring down the prevalence of night blindness at a significant rate through vitamin A supplement program. To continue the high coverage of vitamin A intervention held on the national immunization day, the government began a nation wide Vitamin A Plus Campaign. This intervention package delivers health and nutrition interventions to children plus vitamin A capsules to children aged 12 to 59 months. Infants aged 9 months are also given vitamin A capsules when they receive measles vaccine at the EPI centers. Women who gave birth also receive high potency vitamin A capsule within 2 to six weeks after delivery.	MoHFW
National Nutrition Project	National Nutrition Project is providing services to pregnant and lactating women and adolescent girls and children under 2, with services which include growth monitoring and promotion, targeted food supplementation and knowledge on appropriate health services. It seeks to promote community level nutrition centers where a child's overall development is nurtured and ensured.	MoHFW

ECCD Implementation Structure

Chair: Prime Minister
 Vice chair: Minister, MoWCA
Representative from

- MoMPE - MoCHTA
- MoE -MoRA
- MoSW -MoI
- MoLCRDC -MoFDM
- MoH
- Representative from MP's and women development activist.

National Council of
 Women and Children's
 Development
 (NCWCD)

Ministry of
 Women and
 Children Affairs
 (MoWCA)

National
 ECCD
 Technical
 Team

Chair: Minister, MOWCA
 M/S: Secretary, MOWCA
 Reps: from all ministries including researchers, academicians and professional experts

Directorate of Children
 Affairs
 (Proposed for BSA to be upgraded)

District ECCD
 Implementing/Coordinating
 Team

To be constituted by DCA

Chair: DC
 M/S: BSA Officer

Upazila ECCD
 Implementing Team

To be constituted by DEI/C Team

Chair: UNO
 M/S: BSA Officer/
 MOWCA officials at
 Upazila level

Union ECCD
 Implementing Team

To be constituted by UEI/C Team

Chair: Chairperson UP
 M/S: Women Member of UP