

# Community-based childcare centres in Bangladesh: Sustainability and scaling

Finding best practices for childcare models that help children survive and thrive.



## Summary

### **The first five years of a child's life form a crucial window of physical, cognitive, emotional, and social growth.**

Meeting children's core needs – especially nutrition, health care, safety and security, and education – is critical to their ability to survive and reach their full potential. Due to inadequate childcare and other safety and security risks, many children in Bangladesh never get to pass through the five-year window. More than 30 children between the ages of 1-4 die every day from drowning alone. It is one of the leading causes of death in the country.



Community-based daycare centres are an effective intervention for preventing child drowning. A Bloomberg Philanthropies-funded study indicates a more than 70 percent reduction in drowning deaths for children in daycare.<sup>2</sup> Daycare centres also provide vital early childhood development (ECD) benefits that help children learn and grow to their full potential.

Community-based childcare centres are widely seen as a critical investment in the future of children, one that can ensure cognitive and social development, health, and safety. A recent feasibility study<sup>3</sup> revealed a high level of demand – over 90 percent of respondents – among parents and communities for high-quality childcare centres that address these integrated needs. Furthermore, more than half of parents indicated willingness to contribute in some form to support such services, and a majority also expected that the services be provided and mostly subsidized by government.

The study also shows willingness among stakeholders to coordinate, leveraging and better utilizing resources for improved sustainability. Without continued support to sustain and scale childcare centres and other child protection and development services, children will remain at risk.

Dozens of models are already being successfully implemented in communities across the country, using a diversity of funding, implementation, and governance structures. The purpose of this brief is to present top insights gathered from two studies<sup>1</sup> of these models, to recommend best practices for taking childcare programs to scale in Bangladesh.

## Top Recommendations

Based on the findings from the ECD Mapping and Feasibility Report, Synergos identified four essential actions for moving toward sustainable, integrated childcare centres that address children's needs and respond to the opportunity and demand being presented by stakeholders.

### **1. Pursue an integrated approach that leverages resources.**

Partnerships between local government, non-governmental organizations (NGOs), and the community offer an effective sustainability strategy. A cost-effective, multi-service childcare centre model that addresses early childhood needs will need to be developed with the input of these stakeholders, including diverse, relevant public agencies. In addition, the private sector can play a greater role in most communities, helping to scale up ECD and care centres. Engaging with the private sector also provides another opportunity to shore up financing, as it diversifies the funding model. Moreover, each centre should require decentralized joint-action plans and referral systems for managing case-specific child disabilities and other requirements. Such efforts will require central coordination and monitoring by relevant government ministries.

### **2. Engage communities and parents in building ownership of integrated childcare centres.**

Centres should be run by local committees under an enabling licensing framework and supported by linkages to public agencies as relevant for accessing diverse services. As



awareness strengthens demand and engagement, outreach to parents that builds understanding of the health and ECD benefits, including risks of injury and drowning, will be important. Communities should be encouraged to consider utilizing free or lower-cost community spaces, such as disaster shelters, local government facilities or health facilities; such options may reduce centre costs considerably, with the added value of increasing local buy-in.

### 3. Build government’s role for ensuring and supporting the quality of operations.

The government is best positioned to enhance data collection on early childhood by improving upon its existing monitoring system. In addition to such systems, clear benchmarks and strategies for sustainability need to be established at the outset, defining the medium- to long-term expectations of parents, the community and the local and central government (revenue budget). Government should also develop and promote best practices for childcare centres, with a special focus on creating incentives for maintaining quality

and effective care. This would include operating hours that protect during 9am-1pm, the hours when children are often left unsupervised and drowning and injury risk is highest.

Similarly, ECD programming should be delivered within a standardized framework to ensure quality, monitored by a standardized tool. Government resources could be made conditional upon meeting certain targets and criteria, as an incentive to maintain efficiency or spur innovation. Meanwhile, the government should also consider local (region/district) differences when dispersing subsidies, as childcare centre operating costs can vary greatly, generally depending on the availability of space and employment.

## Surveying Existing Early Childhood Care Centres in Bangladesh

An incomplete patchwork of childcare centres currently serves families across Bangladesh, supported by government, civil society, and private sector actors or partnerships

#### OVERVIEW OF MAJOR CHILDCARE PROGRAMS OPERATED BY LEADING ORGANIZATIONS IN BANGLADESH

Organization name	Day care (1-5 yrs)	Early learning centre (3-5 yrs) <sup>1</sup>	Pre-primary (5-6 years)	Number of districts covered
<b>International Organizations</b>				
Save the Children (StC) <sup>*2</sup>		✓	✓	6
World Vision*		✓	✓	7
Plan International		✓	✓	7
iccd, b*	✓			1
<b>National Organizations</b>				
BRAC-BSA <sup>3*</sup>		✓	✓	64
BRAC IED*		✓	✓	61
CARITAS		✓	✓	37
DAM*	✓	✓	✓	8
ESDO		✓	✓	23
RIB		✓		9
RDRS Bangladesh		✓	✓	4
Phulki <sup>*4</sup>	✓			6
CIPRB*	✓			5
DDEF	✓	✓	✓	1
SUROVI		✓	✓	1

\* Care centre models selected for case study

1. Also known as Shishu Bakiash Kendro (SBK)

2. Includes two programs: StC Khelaghors (play centers), which operate mostly in rural areas; and the StC PROTIVA project, which provides child care in garment factories.

3. Funded by UNICEF in many districts

4. Funded by Aga Khan Foundation

between them. The box below highlights the major implementers of daycare and ECD programs.

BRAC's Bangladesh Shishu Academy (BRAC BSA) and Institute of Educational Development (BRAC IED) programs, Caritas, and Save the Children each cover more than half of the country's districts. Almost all NGOs reviewed here operate early learning centres or their equivalent in rural areas for 3-5 year-olds for a maximum of two and a half hours, with the exceptions of the Centre for Injury Prevention and Research (CIPRB) and the International Centre for Diarrhoeal Disease Research, Bangladesh (iccdr,b), which operate centres for four hours to cover hours when drowning risk is greatest (9am to 1pm).

Synergos, together with the Bangladesh ECD Network (BEN), field tested nine of these cases and analyzed them for

In addition to a comparative analysis based on these criteria, a cost analysis was conducted to assess risks, any special provisions to ensure inclusion, and major expenses which includes primary caregivers' remuneration, supervision and management, rent, utilities and maintenance, play and learning materials, training and quality control, food, transportation, and marketing.

## Key Insights on Institutional Sustainability from ECD Mapping Study

While no single model will fit for all communities, there is a wealth of experience found in the various approaches that provides valuable insights on sustainability and scaling. The following are top highlights:

**Establishing linkages with local government and securing community endorsement and ownership is crucial** for legitimizing local care centre operations. Several studied approaches formalized a link with local government and most engaged local communities as management committees.

**Parental awareness is a common ancillary service** adopted by all the approaches. The BRAC IED and BRAC-BSA Tea State models enhance the parental role by rotating mothers as class assistants.

**The best practice model centres include local committees with defined norms and training requirements** to operate day-to-day management functions, mobilize resources, and manage finances.

financial and institutional sustainability.<sup>4</sup> Two others were included with information compiled from key informant interviews. Cases were evaluated using a framework of five criteria:

**1. Legitimacy:** The strength of each program's ties with local government agencies.

**2. Organizational Capacity:** How much of the program's key responsibilities were carried out by local committees.

**3. Governance:** The prevailing form of supervision used for each program.

**4. Adaptive Management:** The ability of the program's systems and processes to respond to management issues.

**5. Resource Mobilization:** The potential for the program to become self-sustaining.

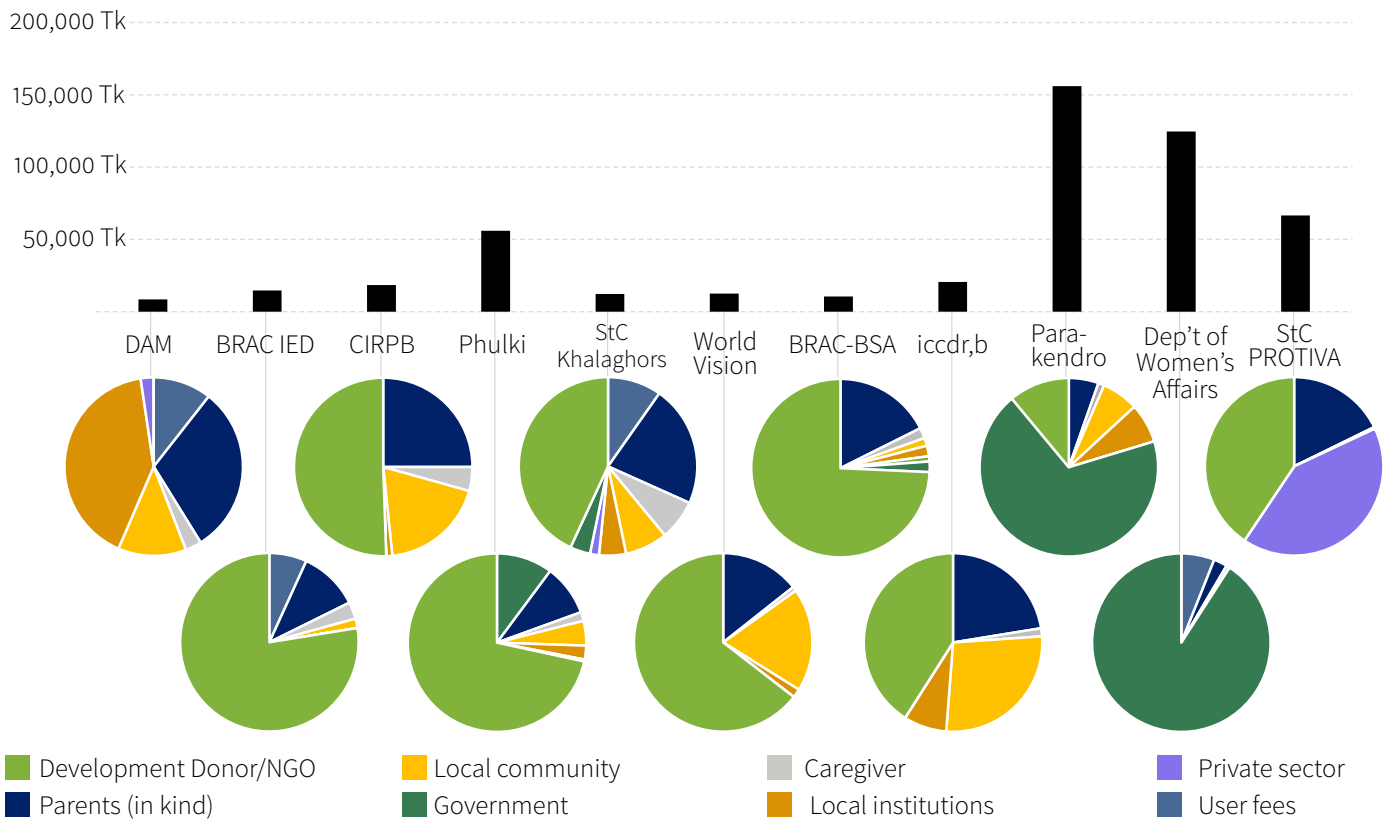
**Good governance and community ownership take time to develop.** In Gazipur, a care centre financed by Plan International Bangladesh was handed over to the local community after 10 years of operation by Dhaka Ahsania Mission and is now managed by using a low-cost approach.

**A trained pool of trainers and caregivers helps sustain and scale-up centres.** It is important to develop capacity standards for caregivers and provide continuous training to enforce those standards and retain a necessary local pool of talent. In addition, the use of career or achievement recognition for caregivers could improve performance. However, none of the approaches reported any certification or reward system for caregiver performance.

**Multi-purpose integration of services could improve the effectiveness and sustainability of daycare centres and efforts to reduce child drowning.**



## MONTHLY PROGRAM REVENUE TOTAL (Tk) AND BROKEN DOWN BY SOURCE (%)



Integration is most effective in healthcare and education, as well as in the public and nonprofit service providers.

### Risk management is limited in most current approaches

(apart from ICDDR and CIRPB), including drowning avoidance. Developing and sharing clear, simple risk assessment and criteria with centre committees could reduce risks.

**Horizontal coordination of services between departments and agencies in the field is essential.** This level of coordination remains a challenge for most centres because the lines of authority are strongly hierarchical within government agencies. For this reason, horizontal coordination might be best-achieved at the Union Parishad level.

**Care is largely available for children with moderate disabilities, but far less so for children with severe disabilities.** Few approaches currently report referring such children to facilities that are able to provide specialized support, and none address issues such as safe transport.

## Key Insights on Financial Sustainability

- **Most care centres rely on support from large donors and NGOs.** Mobilizing non-project resources is constrained by the low incomes of most families.
- **A few care centre approaches collect user fees from parents** that mostly cover caregiver salaries.

- **In-kind contributions from parents and the local community play a key role in making many rural centres operational.**
- **Food is not provided by most centres,** but in several cases, parents arrange weekly nutritious meals.
- **Most centres lack a source of significant government funds** besides modest local council donations.
- **Overall, the costs for rural care centres are quite similar.** They are lower than high-cost government-run centres (Tk. 5-12/child/hour vs. tk. 46/child/hour for DoWA and Tk. 94/child/hour for Parakendro). The urban approaches have higher costs due to long operational hours and high rent and training costs. Supervision and management comprise a major part of costs in high-cost government run centres.
- **There is a handful of diverse models for how to achieve financial sustainability successfully.** The Plan International model, run by Dhaka Ahsania Mission in Gazipur, achieved sustainability by being handed over to the community. The parakendro model in Chittagong Hill Tract (CHT) is almost entirely supported by the Ministry of Chittagong Hill Tracts Affairs, with minimal support from UNICEF. The PROTIVA project of Save the Children works as a partnership with several companies to establish day care and early childhood care and development (ECCD) within or operated by factories.

## OBSERVED BEST PRACTICES FOR CHILD CARE PROGRAMS

Programs using a practice noted in (). If no program is noted, practice is used by several programs.

Indicator	Notable best practice
<b>Legitimacy and linkages</b>	
Local government	Including union parishad in committee
Government departments	Linking via UP with departmental support
Community	Having a management committee
<b>Organizational</b>	
Committee	Formalizing membership
Rules and norms	No best practice observed- lack of documented clear, simple procedural rules and responsibilities
Attendance records	Children recording attendance via pictures (World Vision)
Financial records	Caregiver keeps records (Plan International, DAM Gazipur)
Supervision	Daily checks (Plan International, DAM Gazipur), monthly meetings of caregivers (iccdr,b)
<b>Governance</b>	
Parental role	Rotating assistance to classes (tea estate), parent meetings
Inclusion of disadvantaged/ disabled	Referring children to health centres and others for support (tea estates, parakendro)
Financial review	Sharing all details with committee (Plan International, DAM Gazipur)
<b>Adaptive management</b>	
Risk	Detailed assessment (CIPRB)
Child safety	First aid box (several), child safety trainings (several)
Caregiver skills	No best practice observed- All providers had similar education and training
Monitoring children	All programs keep notes on children and provide feedback to parents
Adaptation	Adapting to language/culture, operating multiple sessions (Save the Children)
<b>Resource mobilization</b>	
Planning	Obtaining local government funds (Parakendro), analyzing costs and sources of income (Plan International, DAM Gazipur)
Cost-minimalization	Obtaining support in-kind, local donations, etc. (several)

## Endnotes

1. This brief draws on data from two papers: *Mapping and Sustainability Analysis of Community-based Childcare Centre: Approaches for Children under five in Bangladesh* and *Feasibility Study for Government-led Scaling of an Integrated Community-Based Childcare Center and Swimsafe Project for the Protection of Children*. The papers were commissioned by Synergos with technical support from the Bangladesh Early Childhood Development Network (BEN).
2. Research from the Saving of Lives from Drowning (SoLID) project was implemented by the Centre for Injury Prevention and Research Bangladesh (CIPRB) and the iccdr,b, supervised by Johns Hopkins University.
3. BISR Consultants Ltd: *Feasibility Study Report: An Integrated Community-Based Child Care Centre and SwimSafe Project*, Synergos, July 2019.
4. Ahsan T, Thompson P, Patwary R, Ehsan K, Yasmin S: *Mapping of ECD Approaches and Sustainability Analysis Study - Summary Report*. Synergos and BEN. May 2019.

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**Bangladesh ECD Network (BEN)** is a forum of stakeholders including government, non-government and international organizations working in early childhood development (ECD). Learn more at [ecd-bangladesh.net](https://ecd-bangladesh.net).