

Toolkit on Drowning Prevention in Rural Bangladesh





This toolkit is for public and private sector agencies, communities, and individuals who are interested in replicating or scaling holistic, proven solutions to child drowning. It captures four World Health Organization (WHO)-prescribed prevention strategies that are relevant and effective in the context of Bangladesh, financed largely by two key donors: Bloomberg Philanthropies and the Royal National Lifeboat Institute (RNLI).

The toolkit is divided into three major sections. The first briefs the reader on the reality of Bangladesh's child drowning crisis, citing recent statistical evidence. This section also presents the most recognized, tested solutions and prevention strategies available, offering examples from the drowning prevention and early childhood development sectors. With an eye toward scaling integrated childcare services, the toolkit makes strong references to early childhood learning or development centers that closely resemble *anchals*, a proven solution to child drowning. The second section of this guide shares insights on the sustainability potential of the interventions introduced in the section before, proposing recommendations based on the recorded lessons learned from pilot initiatives. The section also casts light on some common lessons and challenges that can guide future implementation efforts and policy or program design on future programs.

The third and final section offers recommendations to government at all levels on how it can effectively support drowning prevention efforts, from developing a nationwide drowning prevention strategy, to enabling local ownership.

Throughout the guide, the reader will encounter real-life stories that illustrate the tangible benefits of the interventions discussed for children, parents, and communities. More than any statistic or policy recommendation could, these stories capture the less-obvious, multi-layered dividends of saving children's lives.

Acknowledgements



We acknowledge the valuable contributions of drowning prevention research agencies, particularly the Center for Injury Prevention and Research, Bangladesh (CIPRB) for sharing their research findings on drowning prevention for this toolkit. We are thankful to the parents and community groups which allowed us to document and publish their stories and photographs. Special thanks to the RNLI for sharing their learnings and insights and providing feedback to sections of the toolkit. In addition, we are immensely grateful to the Bangladesh ECD Network (BEN) for providing frequent updates on advancements achieved in the early childhood development sector.

Also, we would like to acknowledge the contribution of the Work for a Better Bangladesh (WBB Trust) and Synergos teams in developing this toolkit through a thoughtful, well-designed process. Finally, the compilation of this toolkit would not have been possible without valuable support from Bloomberg Philanthropies.

Information Sources



The toolkit draws information from research, studies, evaluation reports and video documentation of the following initiatives:

The WHO's Global Report on Drowning (2014), which makes a detailed analysis of the risks of drowning across the world, focusing mainly on low- and middle-income countries where the risks are highest. It uses its pool of data to calculate valuable estimates, outlines effective drowning prevention strategies, and presents its recommendations on social and national policy levels.

The Saving of Lives from Drowning (SoLiD) project was carried out by two local institutions: CIPRB and the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). SoLiD was overseen by Johns Hopkins University and supported by Bloomberg Philanthropies. It reached 80,000 children across three districts in Bangladesh and was evaluated for effectiveness and efficiency over a 2-year period. Project Bhasa (which means "float" in Bengali) was undertaken by the CIPRB with support from the RNLI inSeptember 2018. It implemented a range of evidence-based drowning prevention interventions in the district of Barisal, targeting one of the country's highest-risk populations for child drowning, in the hopes of developing a sustainable solution to the threat.

The Bangladesh Health and Injury Survey (2016) is one of the largest national surveys ever conducted. It examined the various fatal and non-fatal cases of injury in the country, classifying data across age groups, gender, and regions. This data reservoir is a vital compendium for researchers examining country-wide injury cases.

The Drowning Prevention Partnership, implemented by Synergos, carried out an ECD mapping and sustainability analysis study followed by a feasibility analysis for scaling community-based childcare centers and swim safe interventions. Many learnings and recommendations shared in this guide are drawn from these sources.

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Global Background and Bangladesh Context



Key facts

Drowning claims countless lives around the world every day. According to the WHO Global Report on Drowning (2014), 372,000 lives are lost to drowning every year¹. That amounts to one person about every 80 seconds. More than 90 percent of these incidents occur in low- and middle-income countries and 40 percent of drowning victims are children under 14 years of age². WHO also finds that child injury correlates with poverty – around the world and within countries—as parents in poor households may not be able to properly supervise their children. Many parents are forced to leave their children alone or in the care of siblings and may not be able to afford safety equipment³.

Bangladesh is a flood-prone country with water covering a large proportion of its surface area. Here, drowning poses a major threat to children on a daily basis. The rate of death from drowning is much higher in rural areas compared to urban areas. Rural areas are scattered with open water bodies such as ponds, rivers, canals, and drainage ditches, on which households often depend. Child drowning also commonly occurs in household water containers such as tubs, buckets, and water drums. The ubiquity of such hazards means that child drowning is an everyday tragedy. The majority of child drowning deaths occurs less than 20 meters from the home. While the statistics on the number of child drownings are alarming, data also points to high-impact interventions capable of making drastic reductions. Indeed, child drowning is preventable.

The rate of drowning in Bangladesh is roughly five times higher than that of other Low- and Middle – Income countries.

^{1.} World Health Organization (2014). Global report on drowning: Preventing a leading killer.

^{2.} Center for Injury Prevention and Research (2018). Project Bhasa: Ending the drowning epidemic in Barishal division, Bangladesh.

^{3.} World Health Organization (2008). World report on child injury preventior



Fig. 1: Mortality Rate per 100,000 by Injury Mechanism; ages 0-17

Worse still, the survey identified drowning as the leading cause of death for children under five. The youngest children are shown, in BHIS disaggregated data on fatal drowning, to be the most vulnerable, with 53 in 100,000 lives lost by first birthdays and 72 in 100,000 before their fifth birthday.

Any effective prevention method would need to address these youngest groups of children first, due to the outsized risk that they face.

14,438 lives of children 18 and younger are lost to drowning in Bangladesh each year—a staggering 40 deaths per day, or a rate of nearly 26 lives per 10,000, according to the Bangladesh Health and Injury Survey (BHIS) (2016) as illustrated by Figure 1.

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Fig.2: Fatal Drowning Rate per 100,000 Children under 18, by age group



The majority of drownings occur during daylight hours, with an astounding 68 percent happening between 9:00 am and 1:00 pm, when parents are busy with their responsibilities, a finding highlighted by a SoLiD (Saving of Lives from Drowning) project study⁴.

A successful intervention method should ensure the supervision of children in these crucial hours while parents are occupied.

Female



Male

Fig.4: Fatal Drowning Rates per 100,000 by Age and Sex

The all-ages fatal drowning rate was 16 per 100,000 for males and 7.4 per 100,000 for females. Drowning rates were higher for boys than girls across most childhood age groups.

Awareness of time and gender specific drowning risks will assist communities to take up targeted prevention measures.

4. Johns Hopkins International Injury Research Unit (2016). Saving of Lives from Drowning (SoLiD) project findings.

The Drowning Scenario in Bangladesh



Work-care balance and burden of care

Children's safety is compromised by a care gap.

Parents around the world struggle to raise their children while also working to earn money or manage their housework. The inability to provide enough time and attention to small children has been called a 'care gap' and is common in lower- and middle-income countries, as well as in industrialized countries that lack proper social policy support.⁵

The burden of care is mostly thrust on mothers. A typical Bangladeshi woman performs about 45 different tasks each day, working an average of 16 hours, even if she does not have a formal wage-earning job⁶. Women face severe pressure on their time which limits their ability to supervise children. Additionally, the blame for child accidents often falls exclusively on the shoulders of mothers. This takes a massive toll on their physical, mental, and emotional well-being.

6. Efroymson, D, J Ahmed, and S Ruma, The Economic Contribution of Bangladeshi Women through their Unpaid Labour. HealthBridge and WBB Trust, 2nd Edition, February 2013

^{5.} Heymann, J and Beem, C, ed. Unfinished Work, Building Equality and Democracy in an Era of Working Families. The New Press, 2005.

Caring for and nurturing children is a shared family and societal responsibility.

Here's how each pillar of society can do its part.

| Family | Community | State | Media | Private Sector |
|--|--|--|---|--|
| | | | | |
| Caring for children is a shared family responsibility. Since both parents are occupied with work, no individual parent should be blamed in case a child has an accident. | Responsibility also falls on the community and neighborhood surrounding children. Their vigilance is crucial, and they must play an active role in ensuring children are nurtured and stay out of harm's way. | The state must be more proactive in adopting and enforcing policies that ensure child protection and help close the care gap. Developing a national plan of action to reduce drowning is an essential first step. | The media needs to play a strong role in raising awareness about child safety and nurturing care. Donating airtime for public service announcements is one example of a contribution the media can make. | Private sector entities can play a vital role in drowning prevention by raising awareness about drowning risk and promoting proven solutions, contributing resources, and setting up community- and work place-based childcare centers, swimming classes for children, or training programs for community members in rescue and resuscitation, according to government standards. |



STORY A.1 BETTER SAFE THAN SORRY

Every morning, Morjina Begum drops-off her three-year-old daughter, Afia, at the anchal on the other side of the Sherpur-Mymensingh Highway. She makes sure Afia goes to anchal every day of the week. Morjina Begum still regrets not pushing her eldest daughter Ashia so much on going to the anchal. Morjina recalls in tears the horrific day in July two years ago, a few days after Eid, when the house still had guests. A 3-year-old Ashia had skipped anchal that day, wanting to spend time with the guests at the house, especially her grandmother. That afternoon, on her way to the kitchen, Morjina noticed something floating in the water-filled ditch next to the courtyard. Her heart sank as

she recognized that it was Ashia's skirt. In fear, she started calling out Ashia's name but with no response. She poked the floating skirt with a stick to remove it from the water, only to discover that it was still affixed to Ashia's lifeless body. All their efforts to save Ashia failed. Ashia's father, Ahadul Islam, regrets not taking greater precautions, such as putting a fence around the ditch earlier when others warned him. Now both parents are vigilant in supervising Afia. They make she attends anchal regularly and have installed a fence around the ditch. They're doing everything in their power to ensure such a tragedy never befalls their family again.

For more information, see:

The World Health Organization (2016). Global Report on Drowning: Preventing a leading Killer

Center for Injury Prevention and Research (2018). Project Bhasa: Ending the drowning epidemic in Barishal division, Bangladesh.

3

Bangladesh Directorate General of Health Services (2016). "Bangladesh health and injury survey 2016: Summary report."

4

Johns Hopkins International Injury Research Unit (2016). Saving of Lives from Drowning (*SoLiD*) project findings.

Heymann, J. & Beem, C. (2005). ed. Unfinished Work, Building Equality and Democracy in an Era of Working Families. The New Press.



Efroymson, D., Ahmed, J. & Ruma, S. (2013) *The Economic Contribution of Bangladeshi Women through their Unpaid Labour.* (2nd Ed.). HealthBridge and WBB Trust.



SECTION - B

High-impact solutions to child drowning



Effective Interventions:

The WHO drowning report states that, "Drowning can be prevented through targeted prevention strategies, improved community infrastructure, public awareness, appropriate policies and legislation".

Top-four high-impact interventions to prevent drowning, according to WHO





WHO identifies four interventions as

"Community-Based Actions" it considers effective, feasible, and scalable, noting the importance of local adaptation for maximum efficacy. Efforts to scale up these actions could have dramatic positive impacts across Bangladesh, and help the country meet the Sustainable Development Goals (SDGs). In addition to community-based actions, WHO recommends effective policy and legislation actions, including the coordination of drowning prevention efforts with those happening in other sectors.

Based on WHO recommendations, the following sub-sections present insights from the work of Drowning Prevention Partnership members to guide stakeholders interested in implementing, adapting, and scaling drowning prevention strategies in Bangladesh.

This toolkit has a particular focus on community-based childcare centers for young children. Preliminary research findings have shown that such centers are more than 70 percent-effective in preventing child drowning deaths⁷. Additionally, this intervention toolkit prioritizes interventions aimed at children aged 1-5 years old, the age range with the highest rate of drowning.

7 https://www.bloomberg.org/program/public-health/drowning-prevention-program/

STRATEGY - 1 Community-based Daycare

Introduction to the strategy | Most child drowning incidents occur in the morning hours when parents are occupied with work and find it difficult to supervise their children. Community-based day care centers in intervention areas that serve children under five and operate for a 4-hour period in the morning are a proven-effective strategy to prevent child drowning.

Several organizations have experimented with community-based day care models across Bangladesh. Some, such as CIPRB and ICDDR,B, are specifically concerned with child drowning.

Details of the community-based daycare model |

The community-based day care center is hosted in an enclosed, secure location. This may be a room offered by an individual or private entity in the community, or a space identified by the community in collaboration with local government services. The average day care center that is effective in preventing drowning takes care of up to 25 children and operates from 9:00 am to 1:00 pm, six days a week offering drowning prevention and basic early childhood development services, as outlined below. The center would typically have posters, toys, and other learning materials appropriate for children of this age-group.

All centers offer supervision and protection from injury,

including drowning. Some provide early academic instruction, including singing and dancing, as well as informal play time. Even in day care facilities set up specifically for drowning and injury prevention, parents have reported observing improved social, physical, and emotional development in their children. Additional services may be integrated over time, including nutrition services, health referrals, immunization, early screening for disability or illness, initiatives to connect and support mothers, and awareness raising for parents on a range of issues. The integration of additional services increases the demand and use by parents, thus ensuring a greater chance of sustainability.

The center's primary caregiver is typically a motivated and trustworthy woman from the community with at least a secondary school education. In many cases, the caregiver offers to host the center in her home. She is required to be child-friendly and skilled in childcare, a good storyteller, eager to engage with parents, and interested in participating in social service in her community. The childcare assistant is typically also from the community and has at least a fifth-grade education. Together, the caregiver and assistant engage parents and others in the community to help resource and support the center and receive remuneration for their roles. The management and governance of community-based day care centers typically rests with a local 'Management' Committee⁸, consisting of parents, the Union Parishad parents, the Union Parishad ward representatives, and other local stakeholders. The responsibilities and operating protocols and norms of the committee should be clear and transparent to everyone in the community.

8. In the CIPRB model, Village Injury Prevention Committees serve this purpose, and also link to similar bodies at union and upazila level



Management Committee Responsibilities



The committee ideally plays a role in positioning the center as a hub in the community that offers useful services for which there is a demand, and that adds value for parents. The **Drowning Prevention** Partnership's Sustainability study pointed out that developing effective and high-functioning management committees is a journey, and requires vision, dedicated effort, and attention over time. The CIPRB Standard Operating Procedures offers guidance on essential steps for setting up a community-based day care, including selection and set-up of spaces to be used for centers, as well as selection and training of caregivers, and may be consulted for further information.



Lessons | The various existing day care models offer a range of valuable lessons for communities seeking to start their own center. Below are some of the most significant lessons relevant for any community-based integrated day care initiative.

 Becoming a caregiver or child-care assistant has numerous benefits for women in communities, particularly as a means of employment and empowerment. It offers culturally acceptable employment and steady income, utilizes women's' education and enhances their skills, grows their confidence, and helps them develop an individual identity and gain respect in the community.
 Further, it often serves as a stepping stone to careers, most commonly in the caregiving, education, and nonprofit sectors. Care work also improves women's' abilities to respond to medical emergencies through first aid or CPR techniques.

• The most effective and sustainable day care center models include the formation of local committees with defined norms and training requirements to manage day-to-day operations, mobilize resources, and manage finances. These committees also cultivate links to local government bodies and other established civil society groups and play an important role in facilitating the local ownership of the care center.

• Effective community-based day care centers cultivate critical relationships and linkages with a range of actors and institutions to build legitimacy of community-based day care facilities -- including formal links with ECD committees at the Union, Upazila and District levels, Union Parishads and standing committees, and other local services to facilitate referrals. Establishing and sustaining

these linkages requires focused attention. At a local level, management committees cultivate relationships with parents and their networks, local private sector actors and NGOs in the region, drawing resources, training opportunities and support to the center.

• Parental awareness is essential for sustaining a well-functioning community day care center. In addition to general awareness messages on drowning risk and prevention solutions, involving parents in day-to-day management of the center has proven to improve the quality of care provided and prospects for sustainability.

• Active parental oversight of the care provided in the centers is crucial to ensuring sufficient enrollment. Any number of concerns can prevent parents from enrolling their toddlers in day care centers. Most common concerns surround safety of the care environment,

age-appropriateness of activities, and separation anxiety on the part of the child, particularly for younger children. Parental oversight helps ensure these and other parental concerns are sufficiently addressed.

• Involving the community in managing centers offers an effective way to build community ownership, particularly the ability to creatively respond to challenges. Common community challenges include accessibility during the rainy season due to poor road quality, managing extreme temperatures during the cold or warm seasons, and helping families in more remote areas access the centers.

• In-kind contributions from parents and the local community are key to making many rural centers operational. These contributions take several forms, such as equipment, toys, gathering space, and meals for children.

Cost and revenue considerations | The

Sustainability Study conducted by the Drowning Prevention Partnership offers valuable insight on the childcare center model. It included an examination of the key cost and revenue categories and their relative shares.

Cost centers are similar across various community day care initiatives and are detailed in the Sustainability Study. Existing day care models vary in the number of children enrolled and operating hours, however, when costs were standardized to reflect Tk per child hour of care, NGO, community, and private sector-linked care centers all operated at costs in the range of approximately Tk 5-12 per child hour with fairly similar cost structures. The sustainability study includes details on the relative share of different cost categories in total monthly costs.

The variation in monthly operating costs in different models is matched by a similar variation in resources used to cover those costs. The key sources of revenue vary across models and are detailed in the sustainability study. While most of the care centers currently operating are heavily dependent on support from government or development agencies (NGOs, donors, etc.), examples of low-cost models that are entirely locally supported do exist, such as the model run by Plan International with Dhaka Ahsania Mission in Gazipur. Despite generating only modest funds, user fees are an important indicator of financial sustainability for childcare centers, and in many cases cover the majority of caregiver remuneration.

Sustainability and scale of services | There are a number of different ways that community-based day care center initiatives have sought financial sustainability, which relies not only on monetary resources but also the strength of its management and engagement of parents, community, and other partners.

The sustainability study also analyzed the financial and institutional sustainability of day care center models. No single model will suit every community, but the following five aspects of sustainability highlighted in the study may be useful for any entity seeking to set-up a sustainable community-based day care center:

| KEY ASPECTS OF SUSTAINABILITY | GOOD PRACTICE INSIGHTS FROM SUSTAINABILITY ANALYSIS OF EXISTING COMMUNITY-BASED DAY CARE MODELS | | |
|--|--|----|--|
| Legitimacy of the center/program | Establishing links with local government and securing community endorsement and ownership is crucial for building the trust that legitimizes local center operations. Several existing models have a formal link with local government and most of them engage local community members as management committees. Parental involvement is an effective way to build legitimacy. Models implemented by BRAC IED and BRAC-BSA Tea State models enhance the parented by rotating mothers as class assistants. Care centers can gain legitimacy by integrating services through referrals, and through field level coordination with ECD committees and local govern services such as immunization, nutrition, and disaster preparedness. In this way, the day care centers may serve as a hub over time, attracting and m referrals to additional services, offering a more holistic integrated service to children and their families. Establish local committees tasked with building resourceful connections and networks of support in the local community and with local government er at the union level such as ECD committees and members of the Union Parishad standing committees. For many centers, building and maintaining a network of well-trained trainers and caregivers heps sustain local centers and build a pool of tale achieve this context must danged for expressiver and members and caregivers and heps sustain local centers and build a pool of tale achieves the present target and the standard for expressive rand and target and the pressive rand and pressive random restores the pressive rand and pressive target and the standard for expressive random random random random random random random random random restores the pressive random random restores the pressive random random restores and caregivers and pressore random restores and caregivers heps sustain local centers and build a pool of tale achieves the context and random | | |
| The extent to which a program's responsibilities may be carried out and adapted by local committees | Career or achievement recognition for caregivers helps improve performance, commitment, and confidence. Existing approaches have not established certification and reward systems, and there is room for innovation here. Periodic meetings of caregivers in a union (e.g. ICDDR,B monthly meetings) have proven effective for strengthening organizational capacity, problem solv- ing, and building supportive relationships. | | |
| Management and governance The prevailing form of supervision and oversight used for each program | Model centers utilize local committees with clear roles and responsibilities, defined protocols, and strong capacities to operate day-to-day functions, mobilize resources, and manage finances. Good governance and community ownership take time to develop. In Gazipur, a care center 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 using a low-cost approach. | | |
| Adaptive management The ability of the program's systems and processes to respond to management issues and to address risks to children | Local committees play an important role in surfacing challenges and identifying solutions and sources of support. Horizontal coordination of services between departments and agencies is essential for sustainable centers and potential integration with other services. Existing models suggest horizontal coordination might be best-achieved at the Union Parishad level. Existing models do not have tools in place to assess potential risks to children, with the exception of CIPRB and ICDDR,B which specifically assess drowning risk. Developing simple and clear risk assessment processes with local committees can help reduce risk. | | |
| Resource mobilization The potential of the program to become self-sustaining | Most existing day care centers rely on financial support from donors or NGOs, but in-kind contributions play an important role in making many rural centers operational. A few day care center approaches to collect user fees from parents, which mostly cover caregiver salaries. Costs for rural day care centers are quite similar across existing models, with supervision and management comprising a significant part of the cost. Achieving financial sustainability for a center takes time, steady attention, and investment. There are some examples of models that have achieved financial sustainability. 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 supplementary 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 factories. Multi-purpose integration of services could improve the demand for day care centers initially set up to prevent drowning or for ECD, thus boosting resource availability. Integration is most advantageous in healthcare and education, as well as in the public and nonprofit service providers. | 10 | |

Quality standards | In addition to the guidance provided in the Standard Operating Procedures developed by CIPRB, other standards and recommendations related to childcare centers are being developed. These include:

 Early Learning Development Standards have been developed by the Ministry of Women and Children affairs (MoWCA), which validates age-specific learning standards.

• The Day Care Act from MoWCA will set operational standards and regulations for day care centers. It is currently pending approval.

 Comprehensive Early Childhood Care and Development (ECCD) was made policy in 2013. It launched an operational framework and is working on a costed comprehensive ECCD plan for children 8 years old and under, in relation to survival, safety, care, growth and development. It includes ECCD coordination or standing committees activated at district/upazila/union levels, which serve as coordinating and monitoring bodies for project interventions.



<u>STORY B.1</u> PLAY LEARNING SAVES LIFE



If we see anyone fall in the water We shall not go in the water We shall inform elders As we cannot rescue If we try to rescue, we'll end up at the bottom of the water (A rhyme taught in Anchals) Children are taught in anchals what to do when they see someone drowning. These lessons saved Lamia, a three-year-old girl, from the village of Kamaria Union of Sherpur district.

Fatema and Lamia were playing next to a small waterhole near their house when Lamia's mother was busy with her work. Suddenly Lamia slipped and fell in the water. Fatema, a four-year-old girl, remembered her rhyme from anchal and ran to the house to seek assistance from elders instead of trying to help Lamia herself, and risk her own life as well. Parul, her aunt, immediately ran to the waterhole where Lamia was struggling. She grabbed Lamia by her hand and lifted her from the water.

Now the entire village lauds Fatema's wisdom and her rhyme that saved Lamia from drowning.

STORY B.2

SHIRINA'S AMBITION KNOWS NO BOUNDS

Shirina Begum, a single mother of a twelve-year-old son is an elected member of Bhatshala Union Parishad under Sherpur Shadar Upazila of Sherpur District. Shirina recalls that her first exposure to a paid job started with her role as an Anchal Ma (creche mother) in one of the creches operated by Center for Injury Prevention and Research Bangladesh (CIPRB) in Sherpur. Six years into the job, she grew in confidence, popularity, and ambition when she was encouraged by her community to run for the local public office to become a Union Parishad (lowest local government office) member. She won her election with ease, as she was adored by children and parents alike for her agile caregiving role in the anchal. Many parents even sought guidance from her on child-rearing and health issues.

Shirina is thankful for the opportunity she received to sharpen her leadership and negotiation skills in her first caregiving role. It involved motivating families to send children to creches, cautioning them of drowning risks, and persuading community leaders for support to the creches. Little time went by before Shirina became the acting Chairperson of the Union Parishad when the position became vacant. Shirina recalls, "the training I received as an Anchal Ma helps me carry out my current



duties". As the acting Chairperson, she now has the power to use local funds for the benefit of community children. Shirina expressed that she understands, and tackles problems related to child malnutrition and safety better as a result of her work with the children in the anchal.

Shirina's ambition knows no bounds. She has plans to contest for the position of the vice-Chairperson of her Upazila in the next election. She has gained a treasure trove of experience and knowledge as an Anchal Ma, which plans to make good use of in service of the children of her community.

STRATEGY - 2 SwimSafe Survival Swimming Instruction

Introduction to the strategy | The Royal National Lifeboat Institute (RNLI), a UK based agency, has obtained promising findings from its research on prevention strategies for primary school children aged 6-10 years in Barisal division (through the BHASA project implemented by CIPRB). These 'SwimSafe' activities focused on building safe water survival and swimming skills for children. The program also trained community volunteers for rescue and first response in the event of drowning, which is discussed in the next strategy section.

Details of the SwimSafe model | The SwimSafe model that has been promoted by RNLI and implemented by CIPRB, involves a 21-step swimming course aimed at children aged 6-10 years, teaching them survival swimming and rescue skills. Survival swimming involves specific techniques beyond basic swimming skills and is not typically taught to children on their own.

To protect children from drowning, it is essential that they learn swimming skills in a safe environment under the supervision of a trained instructor through a structured lesson. Therefore, in RNLI's SwimSafe model:

• Community ponds (in rural areas) are inspected and transformed into swimming pools using bamboo structures

- Instructors from the community, called Community Swimming Instructors (CSIs), are appointed to help enroll participants and provide swimming lessons.
- Instructors are paid for every child that graduates.
- Classes are taught in groups of five by one instructor.
- Each Instructor is managed by a SwimSafe supervisor.

To graduate, each child is expected to learn:

- To swim 25 meters unaided in a pond / water body through a structured 21-lesson program.
- To tread water for at least 30 seconds.
- Basic land-based rescue techniques.

As with the community-based childcare center model, SwimSafe programs rely on community leadership, often in the form of committees composed of formal and informal leaders, influential persons, and parents. This leadership provides essential input on implementing the model in their communities to ensure it runs smoothly. Importantly, they raise awareness of the value of survival swimming instruction, dispelling misconceptions among community members, parents, and government officials. Community leadership may also support the model to establish and reinforce supportive linkages, such as partnerships with local schools. The BHASA project has developed standard operating procedures for this model which include guidance on such factors as:

- Pond selection and modification to include swimming learning infrastructure
- Selection and recruitment of instructors and supervisors
- Enrolment of children
- Training of community swimming instructors and first responders
- Community engagement
- Coordinating roles and responsibilities of various stakeholders

As urban areas lack suitable existing ponds, the model may be modified to install prefabricated "portable pools." However, with facility development for the pool area to host classes for children, the pools in effect become fixed facilities. Since the capital costs are relatively high (given the land, utility and infrastructure requirements), and the child capacity of the pools is high, the instructor to child ratio is modified and number of children able to use the facility may be higher. Each instructor may teach groups of up-to 16 children, and two groups may use a pool at the same time. Ideally, a pool could be installed at a school with suitable space, but serve several nearby schools via formal agreements between schools.

Swimming is a seasonal activity, affected by changes in temperature and fluctuating water levels. For this reason, SwimSafe is organized to operate from May through October (and from April onwards in urban "portable pools").



Lessons The following lessons have emerged from RNLI's SwimSafe model, implemented through the BHASA project:

• Public awareness is critically important for the success of the model. The main operational challenge has been mobilizing demand, due to lack of awareness on drowning risk and the widespread perception that children naturally learn to swim without lessons. In areas in Barisal where swimming initiatives were started, people began to realize the value of swimming skills.

• Community swimming instructors play a pivotal role in building demand for swimming classes and helping families overcome reasons for not enrolling or dropping out. To do this well, instructors should have the skills and relationships to engage people across the community.

• Community committee members are essential advocates for the program, encouraging families to enroll their children, and helping them overcome barriers to enrollment.

• Encourage program leadership and instructors to innovate in making the program more available and accessible to children. Several innovative alterations emerged as a result of the BHASA project's SwimSafe intervention as leaders adapted to local challenges. Some examples include:

In some cases, swimming instructors picked up younger children on their way to class or organized the community to arrange transportation to and from classes.

• In some places, instructors altered the bamboo

platforms to accommodate higher water levels during the rainy season.

• Some instructors worked with participants to adapt their clothing to better suit swimming.

 Make the SwimSafe program gender-sensitive at every level. Women and girls faced unique barriers to participation in the project, both as instructors and students. In the BHASA project, for example, menstruation was a common disruptive factor for female instructors, forcing them to adapt their clothing or instruct classes from outside the pool. Reasons for participant or instructor drop-out must be understood and addressed through a gender lens, which can include issues like marriage and pregnancy. In order to deal with these issues effectively, local committees must be gender-balanced and trained in gender sensitivity. Additionally, enrollment of girls can be impacted by the gender of the swimming instructor and cultural concerns.

• Ensure a continuous roster of available instructors. The BHASA project experiences frequent turnover. The turnover rate for male instructors is slightly higher than for females, as they are more inclined to seek more desirable employment opportunities, especially in the winter months when no swimming instruction takes place. Female instructors also experience turnover, though more often for reasons of marriage, migration, or pregnancy. The reality of turnover underscores the need for continuous recruitment and training of new instructors to maintain an adequate pool of credentialed talent to staff classes

Sustainability and scale of services | Parents'

demand for swimming class facilities is an important aspect of sustainability. The feasibility study⁹ conducted by the Drowning Prevention Partnership found that parents are generally not initially interested in swimming classes for their children, but begin to see the value once their child enrolls. A sustainable program will need to have a systematic outreach mechanism to build awareness of drowning risk and proven solutions, and to build demand by helping to overcome any constraints to participation.

SwimSafe services may best be scaled through a government program that has a formal link with the Ministry of Primary and Mass Education (MoPME) to set up swimming classes through primary schools. Because of the need for context-specific arrangements for pool facilities, swimming classes could be organized in collaboration with schools and be instructor-based, rather than facility-based. A program of this nature would benefit from close collaboration with primary education officers at the district and Upazila levels, and with union parishad- and union-level standing committees. Sustainability may be enhanced by embedding a strong learning practice in the program, for example through Upazila-level sharing events at the start and end of swimming instruction seasons.

A government-supported scaled program would benefit from the development of a cohort of accredited community-based swimming instructors for 6-10 year-old children, who are affiliated with government primary schools. An accreditation agency and process may be set up through a collaboration between the nodal ministry and the Ministry of Youth and Sports. A supervision and quality control infrastructure will be essential for an effective and sustainable SwimSafe program and may be set up by creating a pool of instructor trainers, inspectors, and supervisors.

Over time, as SwimSafe interventions are embedded into the school infrastructure, it may be possible to integrate additional messaging for children related to hazards, risks and disaster preparedness, and even leadership and team-building skills as complements to academic study.

Existing models have not yet experimented with resource mobilization for financial sustainability, such as through fees for participation in the program. This is an area where experimentation may be advantageous.

⁹ Drowning Prevention Partnership-Synergos (2019). Feasibility study for government led scaling of an integrated community-based childcare centre and Swimsafe project for the protection of children.

STRATEGY - 3 Rescue Response Instruction

While the Bangladesh Fire Service and other first responders may be trained for rescue and resuscitation, community members may be trained to perform rescue as community volunteers and bystanders.

• Rescue is a component within the SwimSafe survival swimming training for both children and community members. The ability to rescue and be rescued is critical to preventing drowning. The training is adapted to context, on extending or grasping a rescue aid such as a pole or a rope. As illustrated in the Story B.2, rescue training offers life-saving instructions for how to perform a rescue safely.

Cardiopulmonary Resuscitation (CPR) is a combination of chest compressions and mouth-to-mouth breaths. It is among first responders' best tools to prevent death when a drowning victim has no pulse and is not breathing. It needs to be implemented within 10 minutes of recovering a victim for the best chances of survival.
CIPRB-implemented projects have included CPR training for local volunteers, including adolescents. These volunteer trainees receive a two-day training and regular refreshers on first response to maintain the skill; these skills may not be retained if they are not practiced or used in a real situation.



STRATEGY - 4 Awareness Raising

Creating awareness about high drowning risk for children and various proven solutions can be a powerful tool to reduce vulnerability of children to drowning and to build demand and interest in drowning prevention solutions.

The Synergos Drowning Prevention Partnership, together with SoLiD and the CIPRB-BHASA project, developed an awareness raising campaign to raise public understanding of the prevalence of child drowning in Bangladesh and to emphasize that drowning is preventable. The campaign evolved from analysis of stakeholder information needs and capacity to trigger anticipated changes in knowledge, attitude and practice (KAP). It formulated messages with evidential support

and strategies to deliver on the change outcome (outlined in the table below). The periodic evaluation and monitoring of the change targets (e.g. through media monitoring and recall testing of public awareness messages) will improve the impact of future public awareness campaigns.

Public Awareness Stakeholders and Change Indicators

Campaign Target Audience

• Communities, parents of young children.

- Digital and print media publications.
- Policy and civil society thought leaders.

Campaign Objectives

- Increased awareness of and sensitivity to drowning deaths.
- Increased understanding that drowning deaths are preventable.
- Increased knowledge about age-specific prevention measures.
- Reducing use of bad rescue practices.
- Voicing demand for sustainable solutions.
- Increased investment in drowning preventionforchildren under five years.

Awareness raising messages drew on the key facts on child drowning, as referenced in the earlier section of this toolkit. These include:

- Drowning is the leading cause of death among children under 5.
- Children aged 1-5 years have the highest incidence of drowning.

• Most child drowning incidents occur within 20 meters of the home.

- Drowning occurs mostly between the hours of 9:00 am and 1:00 pm, the hours when parents are likely occupied with other responsibilities
- Drowning is preventable, it is not an inevitable fate.

• WHO-recommended intervention strategies to prevent child drowning include placing children in community childcare centers and providing SwimSafe instruction.

Some public awareness materials developed by the campaign team are available for broader dissemination. A range of products were developed with the intention to reach a wide audience through various channels. TV spots may be aired on channels specially selected for their main audiences and shown at stakeholder and community meetings. Posters and pamphlets may be distributed to target audiences – including childcare center operators, parents, and community centers – and printed in large sizes to be displayed in public areas.

While effective, public campaigns are costly to sustain for a meaningful period of time. Campaign planners should consider leveraging requisite government agencies such as Department of Health Services (DGHS) and the MoWCA for uptake and ownership of the public campaign.



Video Clips and TV spots

The following video clips cover various topics related to prevention of child drowning, for raising awareness and understanding among a wide audience.



Drowning in the Delta: Preventing Childhood Drowning in Bangladesh (Bangla)

Death by drowning is the major cause of death for children under 5 in Bangladesh. John Hopkins University together with CIPRB and icddr'b with funding from Bloomberg Philanthropies conducted research to prevent death by drowning. This video presents the drowning scenario in Bangladesh.







Drowning prevention TV commercial with Lucky - Sept 2019 #1 - Bangladesh

Sharmin Lucky is a concern mother and a media personality. She shares her concern for child death by drowning and how to avert that.

https://youtu.be/x0t0sKWUo_g







Drowning prevention TV commercial with Chanchal Chowdhoury -Sept 2019 #2 - Bangladesh

Chanchal Chowdhury is a celebrity performer in Bangladesh. One of his most memorable performance was in a movie where he played the role of a care giver in a day care center. He talks about the importance of sending children to child care centers for their safety and wellbeing.

https://youtu.be/JI4-rfahii8









Drowning prevention TV commercial with Abul Hayat - Sept 2019 #3 - Bangladesh

Abul Hayat, a prominent Bangladeshi media personality, expresses his concern for child drowning and what the community should do to prevent it.

https://youtu.be/rexhYID_C44





TV spot to raise awareness to end child drowning in Bangladesh (2018 #1)

Everyday around 30 children in Bangladesh die by drowning within 20 meters of their homes. Improved awareness among the families can prevent these deaths.

https://youtu.be/mkVqAhM3ZYk









Drowning prevention TV commercial with Lucky - Sept 2019 #1 - Bangladesh

Most child drowning deaths occur within 20 meters of the child's home, in ditches, ponds or waterholes. Awareness about these facts can save lives.

https://youtu.be/md3gSiDOWD8





TV spot to raise awareness to end child drowning in Bangladesh (2018 #3)

Traditional practices can harm a child rescued from drowning. Access to quality information for responders is critical.











TV spot to raise awareness to end child drowning in Bangladesh (2018 #3)

Attendance at crèches from 9:00 am to 1:00 pm can avert drowning deaths of children under 5. Community should act responsibly to prevent child drowning deaths.

https://youtu.be/mTXUO2VGMXE





Swim class aims to stop major cause of death in Bangladesh

Swimming classes aim to stop a leading cause of death in Bangladeshl children under 5.

https://www.youtube.com/watch?v=ddScqgwrkXI







Saving lives with swimming lessons in Bangladesh

https://www.youtube.com/watch?v=8IDyRQjTH0Q





In Bangladesh, swimming pools provide lessons for life

https://www.youtube.com/watch?v=Uo7jgduawpM



Poster and leaflets for community awareness

Posters and leaflets with key information on the importance of drowning prevention, as well as effective interventions may be distributed widely and hung in public areas. They were developed by Synergos with technical input from CIPRB and endorsement by the Directorate General of Health Services' Non Communicable Disease Control unit.



Leaflet







পানিতে শিশুদের ডুবে যাওয়া প্রতিরোধে যে কাজগুলো করবো

পানি ভরা পাত্র/বালতি

সবসময় ঢেকে রাখবো

বাডির চারপাশে অপ্রয়োজনীয় গর্ত

কিংবা ডোবা রাখবো না

সবসময় খেয়াল রাখবো যেন শিশুরা পানির কাছে একা না যায়

পানিতে ডুবে যাওয়া শিশুকে উদ্ধারের পর কি করবো



Poster



Books on injury prevention:

CIPRB has developed textbooks for school children sharing information on various kinds of injuries and how to avoid them. These books also teach children age-appropriate responses to various kinds of accidents. The injury prevention books are adapted to target specific ages.





For more information, see:



Community-based childcare centres in Bangladesh: Sustainability and scaling

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



Recommendations to Government





ADESH ECO

Addressing a leading cause of death among young children can contribute significantly to the achievement of targets in the Government of Bangladesh's 7th five-year plan and the UN Sustainable Development goals and targets. Based on policy research led by Synergos and the Bangladesh ECD network, we recommend the following high-impact actions for policy makers:

• Develop a nationwide strategy to prevent drowning, learning from proven interventions targeting those most prone to risk. Such a strategy must be adaptable to different age-groups of children (children under 5 years of age and children aged 6 to 10 years of age).

 Establish large-scale and sustainable drowning prevention interventions that are effective across diverse contexts and suitable to different age-groups.
 Such programs will benefit from:

• Proactive engagement and collaboration between government, civil society and private sector at multiple levels, and involving local communities.

• Committed, long-term investment based on learning from proven drowning prevention interventions, such as community-based childcare centers and SwimSafe interventions.

• An adaptive model at its core, that may be localized by diverse communities.

• Robust demand for drowning prevention services, which may be enhanced by creating synergies with other related or linked services for children, such as ECD, nutrition, immunization, injury prevention, and education.

• Active participation of parents and local community members in operationalizing high-quality and sustainable integrated services.

• Ownership of local communities and enhanced local ability to leverage resources from multiple stakeholders to sustain high-quality drowning prevention services.

• Proactive government support to promote innovation in support of community-based childcare centers and SwimSafe instruction

• Sustained investment in learning and adaptation for a minimum of ten years in multiple phases to facilitate mainstreaming of services.

• Horizontal engagement and coordination between various departments and agencies on the ground to support multi-purpose integration of services. This may best be achieved at the level of the Union Parishad

• The development of a dynamic referral system to enable effective linkages across services and easy access to a range of services, including health, emergency, and nutrition.systems to ensure quality of services and enable learning and adaptation over time.

• The creation of centralized licensing and accreditation bodies for community-based childcare and SwimSafe instruction, to encourage entrepreneurial expansion, standardize operating procedures, and promote high quality services. Collaboratively engage diverse stakeholders with overlapping agendas and interests around a common purpose and platform that may encompass a range of issues such as ECD, child injury prevention, and women's empowerment. Such an approach can increase demand for services and broaden the scope to leverage resources from different sources.

• Create incentives for private sector actors (organizations or individuals) to innovate around business models or provide financing or cost share for community/ work place-based childcare centers and swim safe interventions.



For more information, see:

1

Synergos and Bangladesh ECD Network. (2019). "Community-based childcare centers in Bangladesh: Sustainability and scaling" policy brief. Retrieved from https://www.synergos.org/news-and-insights/2019/policy-brief-community -based-childcare-centers-bangladesh-sustainability-and

Related Government Policies:

A number of policy processes are underway that have implications for the development and scaling of drowning prevention solutions. These processes are listed below.

| Policy/Strategy/Act | Status (Dec 2019) | Relevance to Child Drowning | | |
|--|--|--|--|--|
| Comprehensive Early Childhood Care and Development (ECCD) Policy, 2013 by MoWCA | Launched an operational Framework and is working on a costed action plan. | Includes comprehensive program for children from conception to age 8 in relation to survival, safety, care, growth and development. | | |
| | The ECCD coordination or standing committees activated at district /Upazila /Union levels. | The ECCD committees can perform as a coordinating and monitoring bodies for the project interventions. | | |
| Early Learning Development Standards by MoWCA | Developed | Validates age-specific learning standards for early childhood education. | | |
| Day Care Act by MoWCA | Awaiting approval | Will set operational standards and regulations for day care centers. | | |
| Drowning prevention Strategy by MoHFW | Awaiting approval | A national comprehensive strategy on drowning prevention recognizing the problem with plans to expedite action on drowning prevention for all ages. | | |
| National Education Policy 2010 by Ministry of Education (MoE) | Launched | Specifies PPE as one-year education program for children ages 4 and 5 before starting class 1. Education program planning for children over 5 remains in progress. | | |
| Bangladesh Shishu Approved Academy (BSA) ACT 2018 | | Mandates the BSA to take up programs on children's education, physical, mental development, disaster protection and environment development, disability | | |

Toolkit on Drowning Prevention in Rural Bangladesh

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December 2019



