PROJECT BRIEF

INTEGRATED COMMUNITY BASED CENTER FOR CHILD CARE, PROTECTION AND SWIM-SAFE FACILITIES PROJECT

An integrated community-centered plan for children's care, development and safety

On 22 February 2022, the Government of Bangladesh approved a child care, development, and safety project costing about 271.82 crore taka (US$ 32 million) spanning from January 2022 to December 2024. The project will be implemented in 16 priority districts, sponsored by the Ministry of Women and Children Affairs. Bangladesh Shishu Academy will serve as the national-level implementing agency in collaboration with local and regional childcare-focused NGOs as implementing partners. The project will also receive technical assistance from Development Partners, Bloomberg Philanthropies and Royal National Lifeboat Institution.

1 PROJECT OVERVIEW

This project is designed for outcomes that lay a strong foundation for young children across Bangladesh to survive and thrive to their full potential, with comprehensive attention to physical, cognitive, social, and emotional growth and development. The key features of this project's design include:

- A comprehensive focus on integrated child development—not just a single issue.
- Strong coordination across government ministries and between government and non-state actors.
- Investments in awareness raising and community building opportunities, especially for parents.
- A design that emphasizes sustainability of services over time.
- A plan for staged scaling to maximize impact across Bangladesh.

OBJECTIVES OF THE PROJECT

1. Provide childcare and supervision support for children under five during the critical hours for child safety (9:00 am-2:00 pm) when elders remain engaged with many other responsibilities.
2. Promote provision of integrated early childhood care and development services through childcare centers leading to benefits, including cognitive, linguistics, social emotional, health, and nutritional development for 1- 5 year children.
3. Impart training on safe swimming to children aged 6-10 years for self-protection from drowning.
4. Increase institutional capacity of national and sub-national systems to protect children from injuries, including drowning, and provide integrated ECCD services.
5. Engage families and communities to share best practices for preventing childhood injuries and practicing integrated ECCD services.
6. Broaden the horizon of parents by creating learning opportunities for them on comprehensive childcare, protection, and positive parenting.

The starting point for the project is the urgent issue of child drowning, which is identified by the 2016 Bangladesh Health and Injury Survey conducted by the Directorate General of Health Services (DGHS) as a leading cause of death among children 1-9 years old. Children under 5 in Bangladesh face the greatest risk of death by drowning. Drowning incidents typically occur in small bodies of water within 20 meters of a child's home, most often during morning and early afternoon hours. Notably, the drowning rate is the highest in rural settings, most likely due to the high prevalence of small bodies of water, such as ponds and ditches, in such areas.

A recently published Johns Hopkins University study[1] reveals that such incidences of drowning are preventable, with reduction rates as high as 88 percent. These findings align with those of the Global Report on Drowning[2] , published by the World Health Organisation (WHO) in 2014, which calls for three essential prevention strategies:

i. Providing safe, affordable childcare opportunities (for example, a crèche) for children under 5.
ii. Increasing access to swimming instruction for children ages 6-10, with an emphasis on water safety and safe rescue skills.
iii. Raising public and parental awareness of child safety risks and methods for reducing them.

This project incorporates all three of these prevention strategies. It is built around an adaptive design that was co-created by childcare and protection professionals from across Bangladesh's government and civil society, drawing on lessons from a range of early childhood development (ECD), drowning prevention, and child protection initiatives. In its first phase, spanning three years, the project will launch in 16 districts with three major goals:

i. **Set up 8,000 integrated childcare centers** for children under age 5. The childcare intervention will be reaching 200,000 children.
ii. **Introduce 1,600 swimming training facilities** for children ages 6-10, in partnership with a high-quality instructional program called *Swim-Safe*. This program will teach 360,000 children survival swimming.
iii. **Initiate parenting sessions** hosted by childcare centers, to inform parents on parenting and child safety best practices and create a space for peer support.

The childcare center model is structured to do more than just protect children during high-risk hours. It would provide a range of early childhood development services such as nutrition, healthcare, early stimulation, and play-based learning opportunities that meet early learning development standards. The model allows for potential incorporation of additional services over time, such as nutrition and healthcare. Childcare centers can serve as a point of service in the community for any number of services, which can be tailored to meet local needs or emergency circumstances such as the COVID-19 crisis, for example.

Project Implementation Area

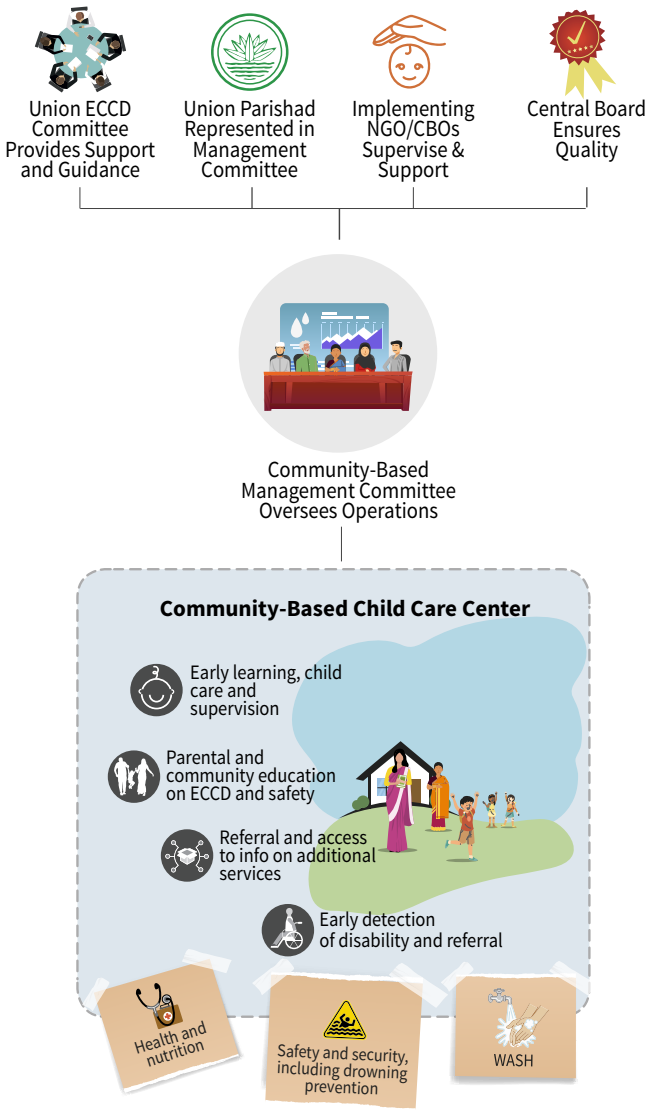
	Division	District
1	Barishal	Barguna
2		Bhola
3		Patuakhali
4	Chattogram	Brahmanbaria
5		Chandpur
6		Lakshmipur
7	Dhaka	Narshingdhi
8	Khulna	Bagerhat
9		Satkhira
10	Mymensingh	Mymensingh
11		Netrokona
12		Sherpur
13	Rajshahi	Sirajganj
14	Rangpur	Nilphamari
15	Sylhet	Habiganj
16		Sunamganj

[1] Alonge et al. Injury Epidemiology: Large-scale evaluation of Interventions designed to reduce childhood Drownings in rural Bangladesh: a before and after cohort study. Johns Hopkins International Research Unit, Department of International Health, Johns Hopkins Bloomberg School of Public Health. Baltimore, USA, 2020

[2] Global Report on Drowning: Preventing a Leading Killer. World Health Organization. Geneva, Switzerland, 2014.

2 KEY FEATURES OF THE PROJECT DESIGN

Community-Based Childcare Center Service Delivery Model



Integrated service delivery

At the core of the project model is a network of thousands of community-based childcare centers across Bangladesh, designed to promote holistic, evidence-based child development. The centers are set-up to consider a range of developmental, care, and safety issues, with a special focus on drowning prevention. Each center serves a maximum of 25 children each, operating six days per week, primarily between the hours of 9 am and 2 pm, the time of day when children face the greatest drowning risk. All childcare centers and their staff would be centrally accredited by the MoWCA, which would oversee a national system for maintaining quality standards and best practices.

Beyond their obvious role in providing safe, affordable childcare, the centers are designed to serve as educational hubs for parents as much as for children, disseminating best practices for play-based learning, building child psycho-social development, and promoting hygiene and nutrition. The long-term goal of building community awareness of approaches to early childhood care, safety, and health goes hand-in-hand with the immediate goal of keeping children out of harm's way.

Individual care centers have the flexibility to expand their offerings over time by adding or adapting services to respond to local need. Through the use of periodic child growth monitoring, centers have the potential to detect early signs of disability and malnutrition at a low cost. Similarly, centers can be used by other service providers as a point of delivery, serving as a convenient "one-stop-shop" for services such as birth registration, child immunizations, and referrals to other primary healthcare services.

The holistic development approach of childcare centers ultimately contributes to Bangladesh's ability to achieve the SDGs by 2030. It would advance progress on several goals such as reducing under 5 mortality, improving access to quality early childhood development, alleviating hunger and malnutrition, and boosting women's economic and social empowerment.

A Low Cost Model

The childcare center model is nimble and inexpensive, as it relies on mostly existing infrastructure. The land and/or facilities used for the childcare center would be contributed by the community. Most commonly, centers operate from the caregiver's home. The caregivers would be remunerated for four hours of work per day. Besides the cost savings, community-sourced childcare spaces have the additional benefit of boosting community ownership of and engagement in the project.

In cases where a community-sourced space is not possible, communities will have to account for rent costs. Enrollment fees are not part of the childcare center business model, which means that in-kind contributions from parents and the community play a key role in keeping centers operational and sustainable.

Community Engagement

Community engagement is an essential ingredient in a successful childcare center, and can be fostered through the formation of management committees. Comprised mostly of parents and representatives from the Union Parishad, management committees can also include religious leaders, local school teachers, childcare center caregivers themselves, and local donors. Membership in the committees is designed to ensure all stakeholder voices are included by requiring representation from relevant groups and instituting rotating terms of service. Committees regularly meet to manage and oversee the care centers activities and finances and evaluate caregiver performance with parents. They also play a central role in promoting the center's services to parents and recruiting caregivers.

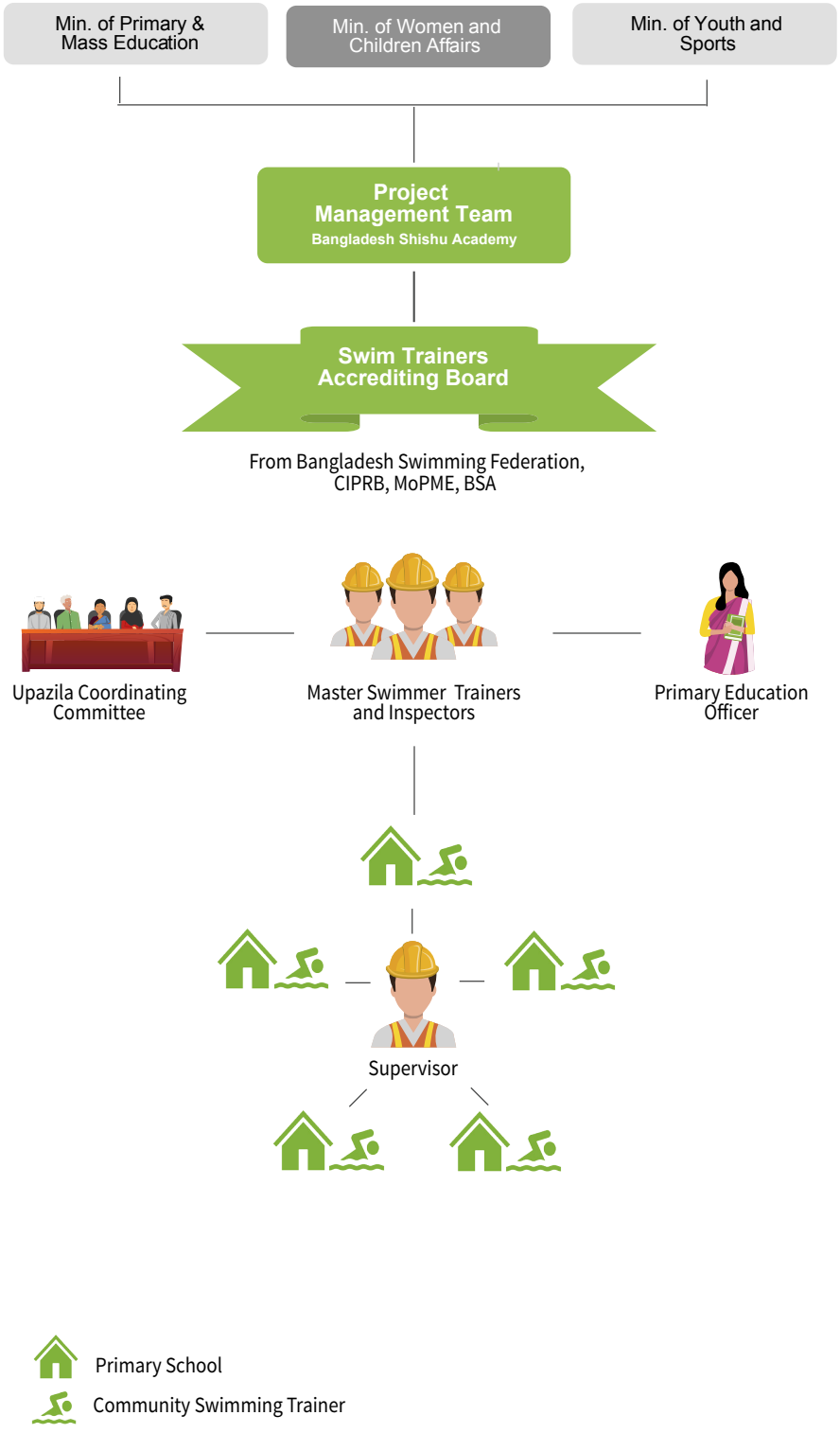
Empowering Women

Care centers provide employment opportunities and services that empower women. The typical care center would be staffed by one female caregiver and one female assistant who are trained on early childhood care, development, and child safety issues. These caregivers would be supported by volunteer parents on a rotational basis, with refresher trainings provided every two years. Further, the care centers would create opportunities for women to build solidarity, receive parenting and childcare guidance and support from their community, and gain access to mental health counselling. As mothers and as care center caregivers, women would have more exposure to networking and expanded opportunities for learning exchanges.

SWIM-SAFE TRAINING PROGRAMS FOR CHILDREN AGES 6-10

The SwimSafe program represents a complementary pillar of drowning prevention and community engagement to reduce child drowning risk by teaching survival swimming skills to children ages 6-10. By expanding SwimSafe's existing, proven instruction services and offering them alongside childcare centers, the program targets another leading cause of child drowning.

Swim-Safe Instruction Delivery Model



Swim-Safe instructions will operate from May to September, as swimming is a seasonal activity and water in ponds is usually either scarce or too cold outside this period. Notably, Swim-Safe is not a facility-dependent model. Instead, it utilizes a cohort of accredited swimming instructors attached to established government primary schools.

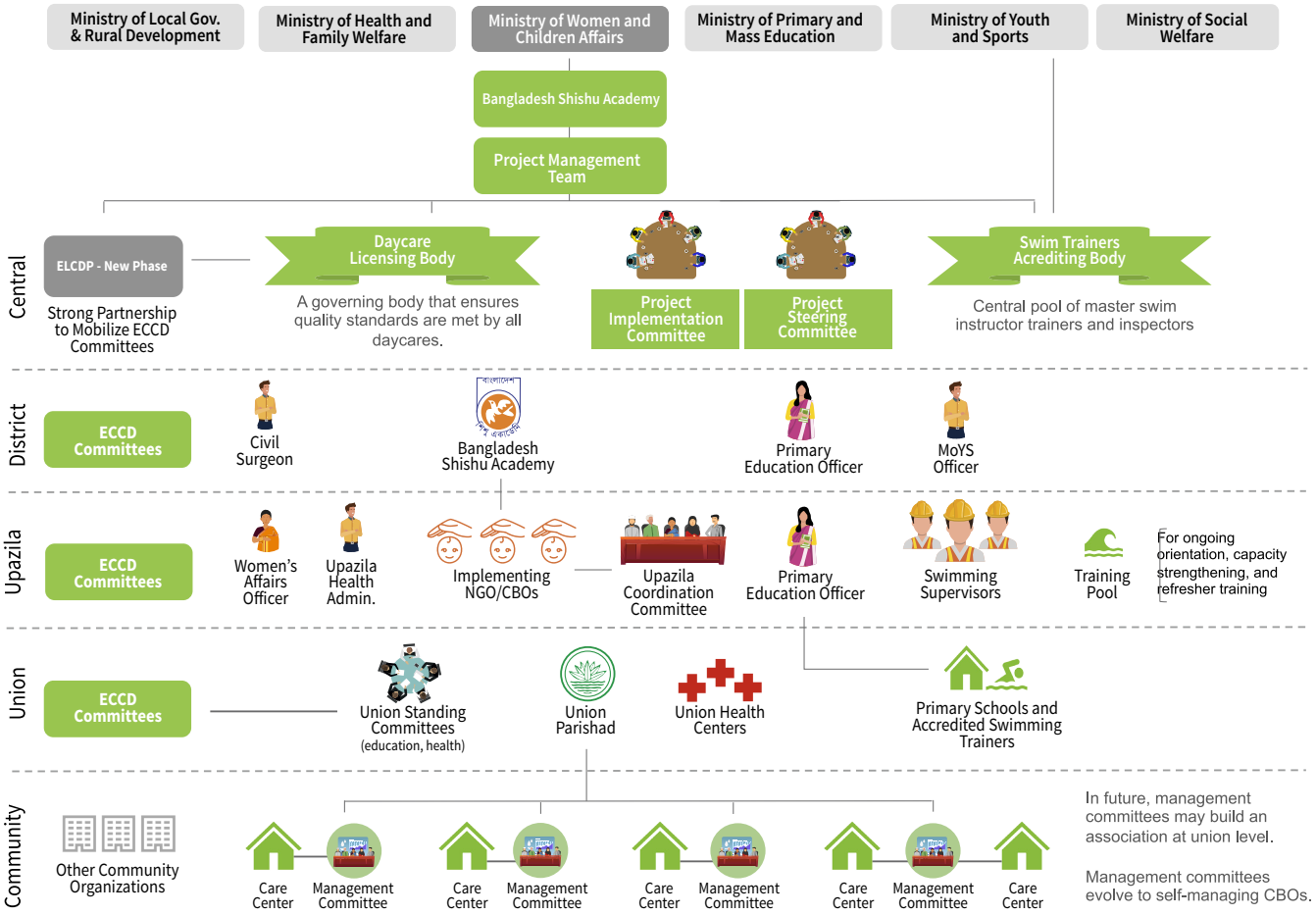
Swimming instructors include women and men between ages 18 to 34 from the local community. Over a five-month swimming season, an instructor can teach about 75 children. Instructors use certified manuals that offer reliable training techniques. They are responsible for identifying suitable ponds in the vicinity and agreed by the community people that can be cleaned and used for the swimming lessons. SwimSafe collaborates closely with the Ministry of Primary and Mass Education (MoPME)'s primary education officers to identify and engage participating schools.

Successful expansion of SwimSafe will depend on the help of local NGOs, which would be contracted to operationalize and activate supervision infrastructure. In rural areas, this responsibility would more likely fall to school leadership. Supervision includes ensuring quality standards are met for swimming lessons and ensuring child enrollment and attendance. Site visits by swimming supervisors would also help ensure that standards and protocols are met. Each supervisor oversees sixteen instruction sites. Finally, Swim-Safe curriculum and instructors would be overseen by an accreditation board comprised of relevant agencies in collaboration with the Ministry of Youth and Sports.

3 STRONG COORDINATION AND LEADERSHIP AT ALL LEVELS

Coordinating Mechanisms for the project at Key Levels

Green represents new institutions. Grey represents existing ones.



A multi-tiered infrastructure of coordinating mechanisms constitutes an integrated governance and management framework that supports the program and promotes its sustainability and scaling potential. It also enables the program to adapt to needs as relevant by linking to other programs and investments as it grows. The graphic above outlines the six levels of coordinating mechanisms: ministerial, central, district, upazila, union, and community.

The leading agency at the ministerial level is the Ministry of Women and Children Affairs (MoWCA), with implementation support from Bangladesh Shishu Academy (BSA). Requisite ministries such as Health and Family Welfare (MoHFW), Primary and Mass Education (MoPME), Youth and Sports (MoYS), and Social Welfare (MoSW) augment and coordinate with the MoWCA to provide integrated service delivery where relevant.

The central level is led by two coordinating platforms, the Project Steering Committee (PSC) and the Project Implementation Committee (PIC). Both committees manage inter-ministerial coordination and are responsible for setting high level policies that govern the program. They would be charged with developing and setting-up the training, licensing, and certification procedures for caregivers and swim instructors, in conjunction with the MoWCA for caregivers and the MoYS for swimming instructors.

A project management team embedded in BSA would be responsible for implementing the project at the district level. BSA would also rely on a network of locally-rooted NGOs and institutions to carry implementation down to the upazila level, tailoring delivery to each community. The project will also have field offices in 16 districts to implement activities in coordination with the district offices of BSA and implementing NGO partners.

Establishing long-term coordination mechanisms is crucial at the outset of project implementation. The two main components of the project (childcare centers and swim-safe) have unique coordination and linkage requirements. For childcare centers, the project would necessitate a strong partnership with the Early Learning for Child Development Project (ELCDP), an existing MoWCA project funded by UNICEF that has already set up substantial community leadership infrastructure across the country, most notably its recently established ECCD coordination committees, which already operate at the district, upazila, and union levels. The ECCD committees represent an opportunity for rapid scaling, as they already cover a significant number of care centers where integration with heath care services and other social welfare provisions for infants and mothers could be quickly established and verified at each level.

The community-based childcare centers would be set up with direct links to their union level ECCD committees. Further, the union level ECCD committees could link to the upazila ECCD committee. Implementing NGOs (or representing NGOs) could also liaise with and participate in the upazila and district ECCD committees.

While the formal infrastructure is critical, it is the foundational community level that ultimately determines the project's success. At the heart of community-level leadership is the community-based management committee, comprised of parents, respected local patrons, and union parishad leaders. The committee would regularly supervise the caregivers, address any disputes that arise, and mobilize voluntary services and contributions. It would also ensure that achievements and challenges are shared with existing government-sponsored oversight committees at the union, upazila, and district levels. The committee would also have a role in finding ways to shift the center's funding model toward greater self-sufficiency over time, to become less reliant on NGO and donor support.

SwimSafe is dependent on support from the MoPME as it requires a formal linkage with primary schools in order to operate. In rural areas, each SwimSafe instructor would be linked with a primary school and tasked with providing the service for its enrolled children, overseen by the school's headmaster or headmistress and its board. Because there are 60 to 100 primary schools per district, SwimSafe implementation might be best coordinated at the upazila level where a Primary Education Officer is already posted. The MoPME would also play a central oversight role for ensuring SwimSafe programs meet standards.

Beyond the formal governing bodies at the various levels, there is tremendous value in less formal spaces for practitioner coordination and lesson sharing. Examples of these spaces include learning forums for implementing NGOs and union level networking meetings for caregivers or care center management committee chairs. For Swim-Safe, this could take the form of upazila level sharing events for swimming instructors and headmasters/headmistresses at the start and end of the swimming instruction season.

4 SUSTAINABILITY CHARACTERISTICS

The project design is based upon rigorous sustainability and feasibility analysis studies. The model takes into account five key factors that have major implications for sustainability. The project includes a sustainability framework that would monitor progress and feed learnings into the design of the next phase. Feasibility analyses estimate that on average, a care center would require a minimum of 10 years over 2-3 phases to become fully self-sustaining. Over the course of these phases, the sustainability framework would iteratively perfect the project model, making it increasingly self-sustaining.

The five aspects of project sustainability

I. ***Legitimacy:*** Establishing links with local government and securing community ownership is crucial for building the trust that legitimizes local care center operations. Increasing parental involvement is an effective way to build legitimacy. Care centers should aim to gain more legitimacy over time, by attracting and making referrals to additional services and offering a more holistic, integrated service to children and their families.

II. ***Local organisational capacity:*** At the heart of sustainability are local committees tasked with building connections and networks of support in the community and with local government. Setting up and maintaining a network of credentialed trainers and caregivers helps sustain local centers and build a pool of talent. To achieve this, centers, with guidance from higher levels, must develop capacity standards for caregivers and systems to monitor and retrain as needed. Achievement recognition for caregivers is another effective tool for improving performance while celebrating success.

III. ***Governance and management:*** This requires local management committees whose members have clear roles and responsibilities, defined protocols, and strong capacity to operate day-to-day functions, mobilize resources, and manage finances.

IV. Adaptive management: Local committees play a critical 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 integration with other services. Developing simple and clear risk assessment processes with local committees can help reduce risk.

V. Resource mobilization: Every successful program relies on a steady stream of resources. The ability of care center management committees to mobilize local resources or source funds itself will obviously dictate its long-term sustainability.

5 A PATH TOWARD SCALING

This project will begin with a first phase in 16 districts and the intention to further scale to nationwide coverage across all 64 districts in future phases. An explicit scaling plan with scaling pathways will be developed as the program begins implementation.

Additionally, the project includes foundational elements for scaling, including its coordination mechanism, management design that provides for local leadership and adaptation, and partnership modality, as has been described above.

The following pathways outlined during the design process hold promise for scaling over time:

- A strong focus on attaining sustainability of childcare and swim-safe centers over time will help secure resources that enable the program to expand to new areas. This will require early investment in building supportive capacities for the five areas of sustainability outlined above, including consistent and transparent monitoring.
- The holistic and integrated nature of the project expands opportunities for partnerships with actors and agencies from various childcare sectors. It presents an opportunity to leverage resources for greater impact, and thus better facilitating replication and scale.
- Piloting and learning from mechanisms to engage private sector organisations in contributing to and participating in the program will be particularly valuable for scaling.
- Research and learning on successful project elements across a range of contexts will serve as an important resource for replication that is appropriately adapted to context.

CONCLUSION

While the project begins with a desire to protect children's lives from drowning, its vision is larger: for children to be supported to thrive and meet their full potential. We are a country with clear commitments to our children and their core needs – especially nutrition, health care, safety and security, and education. This project represents an enormous opportunity for cross-sector partnership for proven interventions that meet so many needs—for children, parents, and the community—all at once. It is an investment in our children's future that will deliver tangible benefits for them and their families while boosting our economy and collective livelihood. Few interventions offer such a resounding return on investment—both financial and human. And as the COVID-19 pandemic has shown, any investment in our collective health and wellbeing should be adaptable to crises. This project is built to adapt, not only to each community but to a rapidly changing world.

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