

Pursuing Child Protection and Development During the COVID-19 Pandemic

A study to harvest lessons to inform the design and implementation of the integrated childcare component of the Development Project Proforma/Proposal to the Government of Bangladesh



The Integrated Community Based Centre for Child Care, Protection and Swim-Safe Facilities Project

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Esha Husain, Synergos, January 2022

ACRONYMS

ARNEC	Asia Pacific Regional Network for Early Childhood
BEN	Bangladesh ECD Network
BRAC IED	BRAC Institute of Educational Development
CHT	Chittagong Hill Tracts
CIPRB	Centre for Injury Prevention and Research
DFID	UK Government Department for International Development
DPP	Development Project Proforma
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ELCDP	Early Learning for Child Development Project
GoB	Government of Bangladesh
HCTT	Humanitarian Coordination Task Team
IEDCR	Institute of Epidemiology, Disease Control and Research
MoDMR	Ministry of Disaster Management and Relief
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
MoWCA	Ministry for Women and Children Affairs
ROSA	Regional Office for South Asia
UDMC	Union Disaster Management Committee

INTRODUCTION AND BACKGROUND

With the intent to prevent the drowning of children under 5 due to gaps in supervision, facilitated by the global nonprofit organization Synergos, an alliance of diverse organizations came together over a three-year period to explore sustainable and scalable solutions for early child care, development and protection in Bangladesh. Prominent among these organizations were the Bangladesh ECD Network (BEN) and the Centre for Injury Prevention and Research, Bangladesh (CIPRB). Members of the alliance worked in close collaboration with the Ministry for Women and Children Affairs (MoWCA), and in 2020 prepared a Development Project Proforma (DPP) for a project¹ dedicated to establishing child development and protection services for children under 5 from disadvantaged communities. A central strategy of the project is the establishment of government-led community based childcare centres offering integrated services. The design was based on research and analysis of various childcare centre models that had proven to be effective in early childhood development and protection (including drowning prevention) with an ambition toward building a sustainable program [Drowning Prevention Partnership - Synergos and BEN, 2019].

The onset of the global COVID-19 pandemic in 2020 severely disrupted economic, social, educational activities and public services. The first case of the COVID-19 virus was detected in Bangladesh on March 8, 2020. The lockdown that followed interrupted the provision of services related to early childhood care and development, such as health, nutrition, early learning, child protection, safety, and security. There were many efforts to overcome these interruptions and to try to maintain contact with young children and their families from disadvantaged communities. Some of these succeeded and new innovations were born. Others were not successful, but yielded important lessons.

While the DPP was moving through the Government of Bangladesh's approval process in 2020, various stakeholders began to consider the implications of the pandemic and potentially of other large-scale disasters for the design and future implementation of the proposed project. Communities and service providers were adapting to a new normal during the pandemic, and it became increasingly clear that community-based childcare centres and the network of relationships surrounding them could play an important role in supporting local risk reduction related to such disasters, as well as emergency preparedness, response, and recovery efforts. This study was commissioned to harvest emerging lessons from the experience of stakeholders during the pandemic to inform potential adaptations to the design and early inception of the DPP Program, recognizing the possibility of continued and recurring pandemic and other disaster impacts.

The **purpose of the study** was *to learn from experiences and efforts related to disaster risk reduction and emergency preparedness, response, and recovery in light of the COVID-19 pandemic outbreak and other environment and climate related disasters in order to enhance the design of the integrated childcare centre component of the proposed Development Project Pro-forma (DPP).*

To fulfill this purpose, the study focused on the following **objective**:

To gather lessons from experiences during the pandemic to adapt the integrated childcare component of the proposed DPP in order to:

- a) minimize disruption of integrated community based childcare services due to emergencies;*
- b) to understand how the DPP could contribute to minimizing risk and enhancing disaster risk reduction, emergency preparedness, response, and/ or recovery.*

¹ The Integrated Community Based Centre for Child Care, Protection and Swim-Safe Facilities Project

The **methodology for this study** included a brief literature review and interviews with seven key informants² from government and civil society at national level. In October 2021, stakeholders came together in a working session to review key findings, fill information gaps, discuss insights and lessons, and explore potential implications. The study has **some limitations**. All interviews were done on zoom or phone as pandemic restrictions did not allow for in-person meetings or travel. Most interviews were conducted towards the end of 2020, and in such a fast-changing environment that disrupts everyone's lives, progress can be slow, but information quickly becomes outdated. Further, all key informants interviewed were people working at national level. The study did not directly source information from other levels, although the line of questioning drew on their insights and information across levels. Despite these limitations the lessons emerging from the study highlight important questions and insights to inform the DPP design and the future of community-based childcare in Bangladesh in a post-pandemic context in ways that take into account disaster risk reduction, emergency preparedness, response, and recovery.

This report comprises of five sections³. Section 1 outlines the relevant ecosystems and institutional context, and the conceptual framework for this study. Section 2 reports on the key challenges arising from the COVID-19 pandemic for children under 5 and their families from disadvantaged communities, and for key child development and protection service providers. Section 3 describes stakeholder responses to these challenges and opportunities that were leveraged. Section 4 then summarizes five key lessons emerging from the study. And, Section 5 explores implications for the future and key recommendations: for the design and inception of the DPP, for policy advocacy, and for the nature of leadership that child development and protection calls for in these complex changing times.

1. INSTITUTIONAL CONTEXT AND CONCEPTUAL FRAMEWORK FOR THE STUDY

THE MULTI-SECTORAL NATURE OF PANDEMICS

The protection and development of young children in poor and disadvantaged communities is always complex – it is a multi-sectoral endeavour requiring action across multiple sectors (health, nutrition, responsive care, education, injury prevention, etc.), and it is influenced by social, economic, political, environmental dynamics, with impacts across generations. Its complexity is even greater when confronting a large-scale complex disaster. A disaster like a global pandemic that scales fast, contains high levels of uncertainty, can be influenced by changes beyond our control (and in different parts of the world), and that affects every aspect of life cannot be understood in terms of individual sectors. Therefore, the context of this study resides across multiple sectors and ecosystems of stakeholders, which include (but are not limited to) the following stakeholders, as described below:

Drowning prevention and ECCD

For the purposes of this study, we considered the drowning prevention and ECCD ecosystem as connected, since these stakeholders had already come together in support of the design of the DPP Program for the establishment of child development and protection services for children under 5 and their families from disadvantaged communities. MoWCA was seen as the lead agency for child development and protection and the Bangladesh Shishu Academy (an implementing arm for MoWCA)

² A list of key informants is provided in the annex to this report. Detailed key informant interview notes are available with Synergos.

³ A short summary of this report is available at: <https://www.synergos.org/bangladesh/reports-studies>

and their network of offices and childcare centres, a core part of this ecosystem. Other key stakeholders include:

- Existing ECD programs, such as the Unicef supported Early Learning for Child Development Project (ELCDP);
- The Bangladesh ECD Network (BEN) comprising 128 organizations, including government, local, national and international organizations, academic and research institutions, and UN agencies. BEN is core to the alliance for drowning prevention facilitated by Synergos and is connected to international ECD partners and platforms such as the Asia Pacific Regional Network for Early Childhood (ARNEC) and UNICEF's Regional Office for South Asia (ROSA);
- Other drowning prevention research, implementation, and funding agencies such as CIPRB, supported by the Royal National Lifeboat Institution (RNLI) and Bloomberg Philanthropies.

Disaster risk reduction and emergency preparedness, response, and recovery

The inquiry for this study was designed to transcend the humanitarian – development divide, since this has been a longstanding commitment of the Government of Bangladesh (GoB) and key humanitarian and development players in the country. The implications are: i) that we explore a range of lessons relevant to disaster risk reduction and emergency preparedness, response, and recovery; and ii) that we consider how community level childcare centres may have a place in enhancing the resilience of young children and their families.

The existing humanitarian cluster system and coordination infrastructure is important to our inquiry. This includes a national humanitarian coordination task team (HCTT) co-led by the Ministry of Disaster Management and Relief (MoDMR) and the United Nations Resident Coordinator Office with nine GoB approved clusters⁴ and six inter-cluster groups⁵. At district level there are District Disaster Management Committees led by an organisation appointed by the HCTT for each disaster-prone district. At local level, there are Ward, Upazila and Union Disaster Management Committees (UDMCs), which function as the local governance structure for disaster management, mandated by a standing order on disasters. Following the outbreak of COVID-19, the Prime Minister designated UDMCs to coordinate with Deputy Commissioners and Upazila Nirbahi Officers⁶, to conduct activities such as food distribution for vulnerable groups, public hygiene and sanitation promotion at community levels.

Public Health System

The public sector health system in Bangladesh is set up for out-patient, and in-patient and preventive care with oversight from the Ministry of Health and Family Welfare (MoHFW). In urban areas, primary health care is mandated to the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C). MoHFW is currently implementing the 4th Health, Population and Nutrition Sector Program (2017-2022). The main grassroots level infrastructure are community clinics, which were constructed in 2000-2001 for every 6,000 people of the rural population. These clinics are managed by a Community Clinic Management Group which includes local public leaders and representatives. Ward level community healthcare providers and health assistants are important healthcare service providers. At union level there are rural health centres, union sub-centres and union health and family welfare centres.

⁴ Food security, Health, WASH, Shelter, Nutrition, Logistics, Education, Early recovery, Child protection and gender-based violence.

⁵ Emergency cash coordination, Needs assessment, Information management, Private sector liaison, Gender in humanitarian actions, and Community engagement.

⁶ The Executive head of sub-district administration in Bangladesh

Important in the context of a global pandemic are a range of major national public health institutes in the country, such as the Institute of Epidemiology, Disease Control and Research (IEDCR), the Institute of Public Health, the Institute of Public Health Nutrition, the National Institute of Preventive and Social Medicine. IEDCR is the focal institute for conducting public health surveillance and outbreak response, and serves as the focal institute for international health regulations.

Key relevant policies

The box below lists existing policies (or those in development) that are relevant to our inquiry and the recommendations and implications from it.

- **Comprehensive ECCD Policy 2013** that guarantees all children full care, development, protection, and survival support to develop a strong foundation for life-long development
- **Child Daycare Centre Act** which was approved by Parliament in 2021. Beyond licensing considerations for private childcare services, this act is potentially an important reference point for childcare centre functioning, especially re-opening after the pandemic and calling attention to holistic child development and protection considerations, including the quality of ECCD services
- Ongoing efforts by injury prevention stakeholders to develop a **National Drowning Prevention Strategy** in collaboration with the Ministry of Health and Family Welfare
- **Bangladesh 2012 Disaster Management Act** and associated **standing orders on disaster and risk reduction** which are based on the UN [Sendai Framework for disaster risk reduction](#) outlining targets and priorities to prevent new disasters and reduce existing disaster risks
- **Bangladesh Emergency Response Preparedness Plan (2014)** prepared by the Ministry of Disaster Management and Relief based on Inter-Agency Standing Committee (IASC) guidance that supports system-wide coordination and multi-sectoral responses
- **“New ways of working”** launched at the UN World Humanitarian Summit in 2016 (to which Bangladesh has committed) that calls for greater humanitarian-development sector collaboration and outlines mechanisms for rapid assessments
- **Infectious Diseases (Prevention, Control and Elimination) Act, 2018** that provides guidance on quarantine, isolation or sample collection and testing in the case of emerging communicable diseases
- **National Preparedness and Response Plan for Covid-19 (March 2020)** prepared by the Ministry of Health and Family Welfare

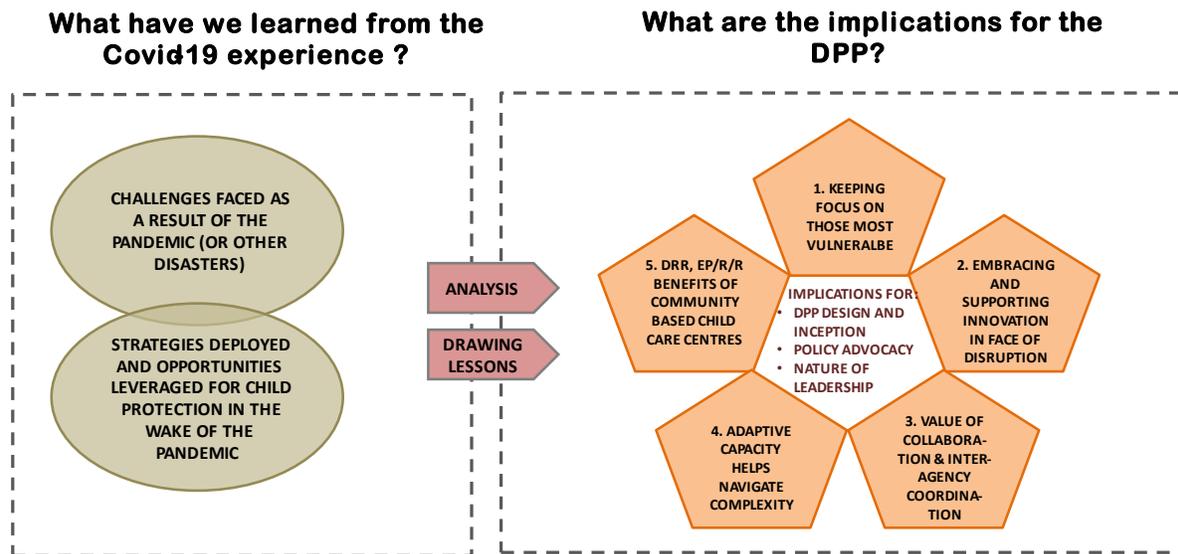
CONCEPTUAL FRAMEWORK FOR THE STUDY

While we are interested in disaster risk reduction, emergency preparedness, response, and recovery broadly as it relates to child development and protection, the entry point for our inquiry is the particular experience of responding to the COVID-19 pandemic and the lessons it yields for the design of community-based integrated childcare services.

The study framework includes two main parts (depicted in the diagram below). The box on the left (Part A) focuses on the challenges and opportunities arising from the COVID-19 pandemic (and potentially other environment and climate related disasters and disease outbreaks) for child development and protection. This section explores the nature of challenges and/or opportunities and how they were addressed or leveraged. The box on the right (Part B) emerges from this analysis and highlights key lessons (depicted in the five green pentagons) which inform implications going forward. The lessons emerging from this study led to an exploration of implications in three main areas: For the DPP design (childcare component) and its early inception period; For policy advocacy; and For the nature of

leadership that will be important for DPP effectiveness in the current context. Beyond these specific implications, the study also highlights the particular benefits that government-supported community-based childcare centre infrastructure may contribute to disaster risk reduction, emergency preparedness, response, and recovery efforts.

Conceptual Framework for the Study



2. CHALLENGES ARISING FROM THE COVID-19 PANDEMIC

The people of Bangladesh and development stakeholders are familiar with confronting emergencies and disasters of different kinds. There is a well-established and regularly updated preparedness and response system. However, it is most frequently applied to environment and climate related disasters, such as cyclones, landslides, and floods.

In understanding the challenges for young children and their families resulting from the COVID-19 pandemic, we cannot focus on COVID-19 alone, as the restrictions that were placed on people’s movement and ability to meet others affected every aspect of their lives. In addition, the precautionary lockdown for COVID-19 was put in place shortly before the regular flooding and cyclone season, and in many areas, this meant that flooding, landslides, and other more familiar disasters impacted communities more severely than usual, by compounding the socio-economic and health risks from the COVID-19 crisis. This section outlines the main challenges that people reflected on during the course of our study. Additional information on challenges may also be found through regular disaster response assessments and ARNEC’s study on ECD strategies [ARNEC, 2020] in reaching out to children from poor communities during COVID-19.

CHALLENGES AND EFFECTS FOR CHILDREN UNDER 5 FROM DISADVANTAGED COMMUNITIES AND THEIR FAMILIES

Most stakeholders directly interacting with communities attempted some kind of consultation with them (formal or informal) related to the effects of the pandemic in their lives. There are also agreed and well-established protocols and coordination mechanisms in Bangladesh at national level for conducting and sharing needs assessments following the onset of disaster. However, not all local development

players are aware of these assessments and they do not necessarily offer insights into the specific age-group of children under 5.

Drawing on BEN's rapid survey report on member organizations' response to the pandemic [BEN, 2020], ARNEC's study on ECD strategies in reaching out to children from poor communities during Covid-19 [ARNEC, 2020], various reports from UNICEF and other ECD organizations, and key informant interviews for this study, the following main challenges surfaced for children under 5 and their families.

Loss of livelihoods and access to essential services from movement restrictions | For many families, the sudden loss of livelihoods and access to essential services from movement restrictions caused by lockdowns were a bigger, more direct threat than that of contracting COVID-19. In an assessment conducted by the Zurich Flood Resilience Alliance in Bangladesh⁷, UDMCs surveyed reported that 72% of the population were unemployed due to movement restrictions and workplace closures, resulting in challenges in accessing food and fulfilling other basic needs, thus exacerbating food insecurity in already poor communities. UDMCs also noted increased competition in accessing essential services, with political affiliations influencing access in several cases [Okura, et al, 2020]. Daily wage earners in particular struggled to meet family meal requirements and in many cases resorted to migration to cope with their situation. A survey by BEN conducted to contribute to the ARNEC study showed that critical activities such as child immunization and health care, health care for pregnant women and mothers, child development services, safety services and nutrition services were hampered during the lockdown, and in many places were not operational at all [ARNEC, 2020].

"In our intervention areas, daily wage earners were facing reduced incomes and struggling to meet daily meal requirements. All this was causing mental anxiety and stress in homes. In addition, being stuck indoors continuously, resulted in increased domestic disputes that affect children's mental wellbeing as well." [Key Informant]

Violence and loss of access to informal support networks | The Gender in Humanitarian Working Group undertook a Rapid Gender Analysis⁸ to inform national preparedness and response. The report outlines six broad areas in which the gendered impact of COVID-19 is most evident in Bangladesh, first among these being the increased risks and evidence of gender-based violence in the context of the pandemic and its responses [UN Women, 2020]. A [survey conducted by the Manusher Jonno Foundation in April 2020](#) in 27 districts, showed that of 4,249 women who had been subjected to domestic violence, 1,672 of them were facing violence for the first time in their lives and blamed the lockdown for their situation. In addition to loss of access to services and livelihoods described earlier, many people, especially young mothers, lost access to informal support networks such as friends, teachers, childcare workers, extended family, and community members, leaving them more

"Child protection systems were already struggling to prevent and respond to violence against children, and now a global pandemic has both made the problem worse and tied the hands of those meant to protect those at risk"

"In times of crisis, governments must have immediate and long-term measures that protect children from violence, including designating and investing in social service workers as essential, strengthening child helplines and making positive parenting resources available." [UNICEF Executive Director Henrietta Fore, August 2020 Press Release]

⁷ Members of the Zurich Flood Resilience Alliance in Bangladesh include Concern Worldwide, Mercy Corps, and Practical Action.

⁸ With particular contributions from UNFPA, UNICEF, CARE, World Vision, Plan International, and the UN Resident Representative's Office

vulnerable, especially in situations where they faced domestic violence⁹.

Children's exposure to violence | According to UNICEF, even before the pandemic, children's exposure to violence was widespread with about half of the world's children experiencing corporal punishment at home. Roughly three in four children aged two to four, were regularly subjected to forms of violent discipline [UNICEF, 2020]. As with other services, mechanisms for providing support for cases of domestic violence, or reporting and referring cases of violence against children were also affected. Key informants indicated that the combination of lack of services combined with the stress of loss of livelihoods in the home and women's loss of contact with even informal networks increased their vulnerability and that of their children.

Caregiving stress and loss of quality | In addition to the above challenges (loss of access to essential services, loss of livelihoods, and loss of access to networks) parents did not initially have the knowledge, support, capabilities, and resources to support early learning at home. Many resource-poor families were facing severe stress, which adversely affected the quality of caregiving for young children at home.

Under nutrition among young children |

As countries around the world were forced to shut down, many feared the rise of undernutrition among young children and the reversal of nutrition gains over the past two decades. [Analysis published in *The Lancet*](#) [Headey, et al, 2020] projected that 6.7 million children globally could suffer from wasting and over half (58 per cent or 3.9 million) would be from South Asia alone. *The Lancet* analysis found that the prevalence of wasting among children under the age of five could increase by 14.3 per cent in low- and middle-income countries in 2020, due to the socio-economic impacts of COVID-19. Such an increase in child malnutrition could potentially translate into an increase from 1.7 million children wasted in 2019 in Bangladesh to 1.9 million in 2020.

"Malnutrition could exacerbate the effects of COVID-19 in mothers and children and make the current crisis an inter-generational one. Greater effort is needed to make sure that essential nutrition services are operating at full capacity, and that parents feel safe to bring their children to health facilities for screening and treatment."
[Tomoo Hozumi, UNICEF Representative in Bangladesh at the launch of the *Lancet* 2020 report]

Loss of learning and development | With education and ECD viewed as non-essential services (in Bangladesh and around the world), learning sessions for children under 5 in almost all facilities were stopped, disrupting learning at a critical stage in children's development cycle, and possible long-term effects on social and emotional development of children. At the time, knowledge, capabilities, support, and other resources for quality early learning at home were lacking.

Mental health impacts | The cumulative effect of all these challenges and the inability of many families to meet their basic needs contributed to frustration, anxiety and fear for many. Women who already faced a disproportionate burden of care duties came under additional pressure, in many cases accompanied by domestic violence.

Disproportionate burden of impact on those most disadvantaged | The survey conducted by BEN for ARNEC showed that young children in disadvantaged communities who faced multiple intersecting disadvantages (such as living in remote locations, in informal settlements, or excluded on the basis of gender, ethnicity, faith, or language) bore a disproportionately high burden of the pandemic. Even with significant efforts to reach children through digital or broadcast media, a large number of children in the most precarious situations, were not being reached.

⁹ Additional sources and analysis of the impact of the COVID-19 pandemic on domestic violence in Bangladesh may be found at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462560/#bib0025> (Accessed December 31, 2021)

CHALLENGES FOR SERVICE PROVISION

Lockdown induced closures and break in connection | Sudden closures and restrictions resulted in service interruptions and breaks in the connection between service providers and those they serve, as indicated by these observations during the course of the study:

- BRAC IED closed play labs in the Rohingya camps, outside the camps and in 400 government primary schools across 32 upazilas. A representative from BRAC IED reported during key informant interviews that they felt disconnected from the communities and families with which they worked, and disconnected from their struggles. They were also worried about how the pandemic situation may affect the mental health of people. They later developed an initiative to address this issue (see box on page 8 for details).
- A representative from MoWCA reported that during the lockdown all their service delivery outlets like Shishu Bikash Kendros, clubs, shelter homes, day care centres had to close down and only social safety nets remained operational at the time this study was being conducted
- In the Chittagong Hill Tracts, Para Kendra based early learning and pre-primary sessions conducted by the Development Board closed and children were homebound. In addition, routine monitoring and supervision activities were hampered.
- All day care centres run by the Centre for Injury Prevention and Research Bangladesh closed during the precautionary lockdown and remained closed at the time this study was being conducted.

Service providers faced the basic challenge of providing education services to children who could not go to school or childcare centres. For pre-primary children, it was especially difficult. When the first rounds of situation analysis and response planning was taking place for COVID-19 in Bangladesh, education in general was being viewed as a non-essential service, as was the case in many parts of the world. This prevented education and early learning being prioritized in disaster response. Further, the humanitarian coordination cluster for education lacked the experience of dealing with a pandemic type of situation where people's mobility was so curtailed. In addition, key informants reported that the cluster did not yet have the capability for a particular focus on very young children or on non-formal education.

Capacity challenges | Even without the complexity of a global pandemic, there were ongoing capacity challenges for disaster risk reduction and emergency preparedness and response. While UDMCs are mandated in Bangladesh policy, the assessment conducted by the Zurich Flood Resilience Alliance in Bangladesh found that 75% of UDMCs reported that they were not fully functional, mainly due to lack of personnel and budget resources. As many UDMC members also serve as members on other committees, these individuals often did not have the time and resources to fully conduct the mandated activities for disaster management planning. Given the compound risks of a COVID-19 pandemic during the monsoon season, the assessment recommended strengthening the capacities of UDMCs, including through personnel and funding support, and providing detailed guidance on how to consider COVID-19 in disaster management planning [Okura, et al, 2020].

In operating environments where development and humanitarian response efforts are sectoralized, it is always challenging to launch integrated responses. For a complex disaster such as a novel virus pandemic compounded by other simultaneously occurring disasters such as floods and cyclones, capacities for an integrated response are particularly challenged. In Bangladesh (as in many other countries), there was greater preparedness and capacity for environment and climate related emergency response, but not for pandemics. And, while any kind of disaster mitigation or preparedness training is useful, many stakeholders found it difficult to integrate child protection and COVID-appropriate messaging into emergency preparedness and response.

Key informants also noted that a complex and unfamiliar emergency such as a pandemic creates unfamiliar challenges and needs, and demands different capacities. There were capacity gaps in dealing with the stress, anxiety, violence and psychosocial challenges that people faced at this time. Most frontline responders had not been trained in dealing with these kinds of issues.

Supporting and protecting frontline responders | Beyond capacities to support others, in the context of a pandemic, frontline worker and first responders themselves may need psychosocial support or help to manage anxiety and stress. Many of them are women, and themselves faced additional pressures and expectations at home. They also needed basic equipment and training to protect themselves from risk of infection. Many stakeholders believe that supporting and protecting frontline workers is an area that will need additional attention and investment.

Resource challenges | One of the biggest challenges that service providers faced was keeping a basic level of service running to maintain some connection with communities and to ensure that services did not completely stop, which would make it necessary to recruit and train new staff and build relationships with communities all over again. In an interview with a representative of CIPRB, they mentioned that this concern was a driving force in their efforts to find ways to continue to engage staff of their project and parents and children in communities. This required keeping the donor supportive, even though childcare centres (the core of their project) were closed and developing alternate modalities to offer services would take some time. Several players voiced similar concerns. Aid resources and management systems are not always flexible and adaptive. Several related questions surfaced during the course of this study -- How do you ensure that donors will be supportive and adaptive in an environment of so much uncertainty? What kinds of flexible, quick financing facilities may be developed to navigate complex emergencies such as pandemics? What kinds of learning and feedback loops are required in these scenarios? How and by whom may they be developed?

The issue of time as a resource also surfaced in key informant interviews. Maintaining social distance measures and precautions mandated in the pandemic response resulted in many activities taking more time and effort than in the past. These experiences reinforced the need for agility and support for adaptable work plans.

Compound and complex emergencies such as the pandemic call for new health and safety measures. Developing new measures and related training materials, building new capacities, and troubleshooting and ensuring that new protocols are practiced is not easy in a resource poor environment. Several key informants commented on the need for mechanisms to quickly deploy additional resources and ensure easy access to information and refresher training opportunities at all levels. Some stakeholders observed that without access to funds, even previously functioning coordination mechanisms were becoming less effective. An example given was that of the humanitarian cluster mechanism, where some members were gradually losing interest or becoming less engaged when resources to implement joint action plans were not available.

Dealing with uncertainty and complexity

Fundraising for the pandemic was difficult due to the inherent uncertainty in how the pandemic would play out and the novel nature of the virus and its spread. The following are some observations from key informants on dealing with uncertainty:

- As it is a novel Corona virus, the trajectory and nature of the pandemic is not known. There was a lot of uncertainty and unfamiliarity with the situation and differences in expectations

- The danger of COVID-19 in the flooding and cyclone season compounds risk. In the future, preparedness for flooding, cyclones, landslides may need to take into account COVID-19 prevention protocols
- Centralized response rollout is not very effective in addressing a complex and fast changing emergency which play out differently in different contexts, and where the challenges and solutions are not necessarily already agreed upon or known (beyond basic guidance and protocols). Service providers realized that contextualized solutions were needed to navigate this level of complexity.

3. THE RESPONSE - STRATEGIES DEPLOYED AND OPPORTUNITIES LEVERAGED

CONTINUING OUTREACH TO COMMUNITIES

With the sudden onset of the pandemic and lockdown restrictions, service providers and implementing organizations were challenged to maintain a link to the communities they served. Following are some examples of emerging solutions and experiences that were highlighted in the course of this study.

- **Spreading awareness** | Without the ability for face-to-face interactions, MoWCA used leaflets and media to spread awareness messages. BRAC IED started a social awareness campaign in their working areas using leaflets that included information on ECD and psychosocial health. Plan International arranged announcements at community level, advising people on social distancing, avoiding bringing children to crowded areas, staying at home as much as possible, and being mindful to avoid expressions of stress around young children. As COVID-19 was an unprecedented slow onset emergency, solutions had yet to be worked out to get people good information and to develop long-term solutions for service provision in a pandemic world. At the time of this study, various solutions were being considered, such as engaging day care centre caregivers and their assistants in reaching out to communities and using mosques and mics to relay messages.
- **Listening to people** | CIPRB had been running day care centres (Anchals) focused on preventing drowning of children under 5. When the precautionary lockdown was put into effect, CIPRB supervisors engaged in informal conversations with Anchal staff, community members, and families of young children to understand the issues they were facing and think about how best to mitigate them.
- **Positive parenting outreach** | Plan International organized distance parenting sessions on hygiene practices and positive parenting with parents and other family members via mobile phone and text messages. They also offered guidance and support on preparing home-based play corners, and provided families with story books and play materials to help parents spend quality time with their children at home. In collaboration with Sesame Workshop Bangladesh, they made available audio-visual content on hygiene practices.
- **Protecting frontline workers** | UNICEF Bangladesh provided personal hygiene items including masks, hand sanitizers, and eye protectors for social service workers to enable them to continue to safely support children living on the streets, in slums, and in climate-affected and hard-to-reach areas. They recruited and trained additional social workers for the national child helpline. The Sustainable Social Services Project in the CHT also distributed Corona safety material like masks, surgical caps, hand gloves, and personal hygiene materials like soap, hand sanitizer, disinfectant spray to frontline workers, including Para workers and Field Organizers.

INCREASING COLLABORATION

Collaboration across sectors: Complex emergencies such as the COVID-19 pandemic demand integrated multi-sectoral responses. MoWCA aligned their field level workers (District Child Service Workers and Upazila level Women’s Affairs Workers) with local government administration, supporting their primary response efforts – distribution of relief materials, masks, and food supplies. During this initial phase of lockdown in March and April 2020 when there was limited direct access to certain areas, MoWCA’s collaboration with local government for door-to-door delivery of services and relief meant that mothers and children were not completely deprived of services. Key informants for this study also mentioned the recent (pre-pandemic) increased appetite and felt need for field level collaboration between MoWCA and MoHFW, that strengthened further after the experience of the pandemic, opening opportunity for greater collaboration, including through the DPP Program.

Collaboration between government and non-government orgs: CIPRB worked with MoHFW to make sure that their messages were aligned with central government messaging. At local level, Village Injury Prevention Committees played the role of ensuring that messages were well received and properly understood by young children’s parents and other family members. MoWCA successfully collaborated with NGOs, allowing for policy makers to receive timely information and feedback from work on the ground. They were thus able to complement each other’s work, with the government stepping into areas where NGOs could not reach, and vice versa, avoiding duplication of services. There were also several webinars, meetings, and awareness raising activities at central level, conducted with government - NGO collaboration, to enable joint strategizing and coordination to address emerging challenges in a timely way in an effort to continue services for women and children, especially those in the most precarious situations.

Collaboration with communities: BRAC IED began communicating with parents and other family members on the phone to understand their needs and perspectives on the nature of support that they required. This interaction led to the development of the “Pasche Achi” model for psychosocial support for children and their mothers. Later, the BRAC School of Public Health conducted research on this initiative, where they found the “Pasche Achi” model was well accepted by communities, with demands for a similar services for fathers.

Humanitarian coordination clusters as platforms for multi-sectoral collaboration: MoWCA presides over a humanitarian coordination cluster led by UNICEF called the National Cluster for Child Protection. In monthly online cluster meetings, attended by various national and international NGOs such as BRAC, UNICEF, World Vision, etc. different organizations shared their experiences and discussed what work was being done, what challenges were being faced, and the nature of government support that was required. The output of these discussions were disseminated amongst stakeholders for follow up action.

EMBRACING INNOVATION

Psychosocial support | The BRAC IED team supporting play centers realized that the pandemic was a game changer. The needs of communities were changing and they were worried that if they did not work closely with families, children, frontline workers, and play leaders, it would cause serious problems for children and for their own continued effectiveness. They began to communicate with parents and other family members over the phone, and from this an innovative model for psycho-social support grew (*Pasche Achi*), that has been very effective during the pandemic in multiple contexts in 32 upazilas, and potentially effective for other emergencies too. In an interview for this study, Erum Mariam, Executive Director of BRAC IED describes the experience of developing the model (Box on page 12).

Simple efforts to reinforce existing practices | In some cases, rather than re-invent the wheel, stakeholders found value in reinforcing existing efforts. For example, there already had been work to

“We were worried how this pandemic situation might affect the mental health of people. It may cause a lot of frustration, anxiety, and fear. So, we started a platform with two other organizations called ‘Moner Jotno Mobile’ offering psychosocial support. Through this we realized that we could stay well-connected to the parents and families through a phone-based intervention having regular calls. With our curriculum developers and psychologists, we evolved this model further and named it ‘Pashe Achi’. It integrates ECD and psychosocial support services.

Through this model we are able to offer emotional support to people with whom we work. In the scripts for our model we have a component where we talk about the well-being of the receiver, asking if they are alright, if they want to share any thoughts, or if they are facing any specific problems. This begins a process of healing and all our callers are trained in listening and emotional support. Further, we offer parents certain skills to engage with their children through poems, stories, and games. Our front-liners and service providers also received emotional support and healing. Initially Pashe Achi was targeted toward children and their mothers. Now there is demand from fathers too! So, we have worked on a new curriculum targeting the emotional literacy of fathers. We are also using the same skills to provide emotional support to the head teachers of about 400 government schools and have received very good response.” [Erum Mariam, Executive Director, BRAC IED]

promote handwashing in the CHT as part of the Sustainable Social Services project, with a hand wash station at each Para centre. Stakeholders continued to encourage and support these practices whenever possible, leveraging already heightened awareness on sanitation.

Online and at-home learning | In the CHT, a special home-based learning curriculum for children was developed and relevant materials distributed among about 55,000 families as part of the ‘*My children stay at home and learn at home*’ project. The key feature of these home-based learning materials was that even parents with minimum education were able to facilitate learning for their children at home, bringing them closer to their children spending quality time together. Project staff also helped children get connected to government online pre-primary classes on Sangsad TV in areas where electricity was available.

Frontline worker roles | From this study it is clear that frontline workers played critical roles in enabling outreach to communities to continue during the pandemic by supporting various forms of collaboration at local level and in developing the innovations listed here. The adaptive roles of frontline workers themselves may be important sites of further innovation and learning during and post pandemic, for disaster risk reduction, and for emergency preparedness, response, and recovery.

ADJUSTING PLANS AND BUILDING NEW CAPACITIES

All stakeholders interviewed for this study pointed to numerous ways in which they had to adapt their plans, practices, and models of service delivery, as well as design new activities to address a different set of problems and needs, and to protect themselves. Everyone involved in community outreach had to adapt or re-purpose their plans and adjust their deliverables. This was challenging to do given the high levels of uncertainty about the spread of COVID-19 and the potential trajectory of the pandemic in Bangladesh. The situation called for new skills and ways of working in all sectors, including among the donor community. There was an emerging need for new kinds of collaborative relationships that included more interaction and dialog, understanding different perspectives and being able to process new information quickly. In some cases, while donors were willing to shift plans, they requested new plans with a high level of detail and certainty around outcomes which was impossible for stakeholders to provide in the changing and uncertain environment at the time.

Key informants call for exploring new ways of working and innovative schemes to help adjust plans, such as DFID’s “COVID pivot scheme.” In some cases, while there was intent to be flexible and change plans, teams did not have new tools or capacities to support these changes. This is an area that warrants further

exploration and from which we may harvest lessons around building capacities for adaptive planning, different ways of interacting, the use of real time data to adjust plans, and cultivating an open-mindedness to change and adaptation.

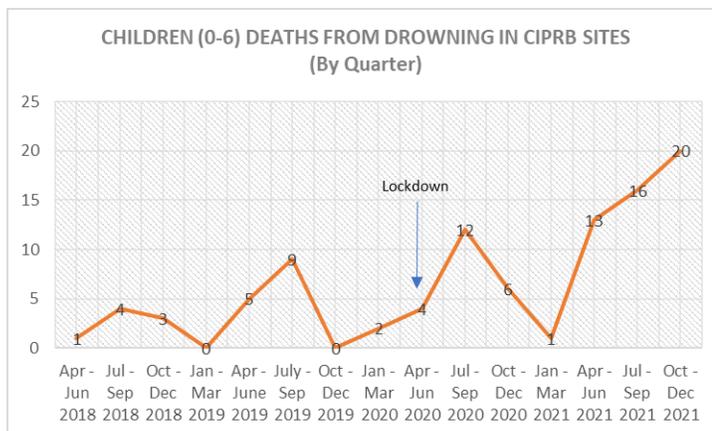
4. FIVE EMERGING LESSONS

The development and protection of young children cuts across multiple sectors (nutrition, health, safety, security, early learning, care) and is always a complex endeavour. What lessons can we draw from our experience through the COVID-19 pandemic for the provision of integrated child development and protection services? We reflect below on five overarching lessons that have emerged from this study, that may have broader implications for child development and protection in the context of disaster risk reduction and emergency preparedness, response, and recovery.

LESSON 1 | When a complex disaster strikes, it is important to understand and draw attention to the particular situation of those most vulnerable, in this case children under 5 from the most disadvantaged communities and their families

The **most vulnerable people tend to be the most adversely affected by complex emergencies**. For children under 5 from disadvantaged communities, during the pandemic, in addition to lack of service and interruptions in learning, they experienced greater exposure to violence and poorer quality of childcare. There is also anticipation of an increase in their poverty levels and significant decline in their levels of nutrition. Many of their parents lost their livelihoods, and have diminished access to informal networks and support for their role as parents of young children. **Understanding their particular situation and needs can inform new solutions, innovations, and effective allocation of resources.** It can also help surface unintended harms from emergency response mechanisms, such as loss of learning due to the extended period of lockdowns.

Another unintended harm for young children was the increase in incidences of drowning during this period which adversely affected the quality of supervision of young children, as evident from CIPRB data [CIPRB, 2022] in the graph shown here. Dedicated attention to the situation and needs of particular vulnerable groups helps more accurately assess the costs and benefits of responses to the emergency. As those most vulnerable tend to be the most severely affected (eg. women headed households, survivors of domestic violence, the poorest households in a community, migrant workers), efforts to understand the needs of children and their families **must include attention to the intersecting dynamics of gender and other social relations.**



Preparedness, response, and recovery protocols and strategies need to take into account direct and indirect impacts on specific vulnerable groups and focus particular attention on their situation and needs. This may be done by including organizations and networks with a particular focus on special groups in DRR and emergency response coordination mechanisms. For example, the inclusion of early childhood development and protection expertise in the humanitarian coordination cluster for education or in the inter-cluster group focused on needs assessments will help draw attention and resources to the

particular needs of children under 5 from disadvantaged communities and their families, rather than just the generic needs of children. The same would apply to young children with other special needs.

LESSON 2 | It is possible to embrace and support innovation in the face of disruption caused by large-scale complex emergencies such as the pandemic, but it requires flexibility, willingness to adapt, and space for innovation

The pandemic offers important lessons for dealing with the disruption caused by complex emergencies. In this case the disruption made face-to-face interaction with communities impossible, challenging more traditional emergency response operations. But this significant **disruption sparked innovation** from which we may learn.

When face-to-face interaction was not possible, service providers explored **alternative ways to reach young children and their families** to understand their situation, to offer support, or to keep learning going. There has been a significant body of experimentation with the use of mobiles for outreach in order to: Enable young children to continue to learn; Offer psychological support and positive parenting advice and encouragement to parents and children; and Raise awareness related to health, cleanliness, safety, education and recommended COVID-safe behaviours. Other examples of innovative outreach that surfaced through the study included the use of leaflets, mics in mosques, and community level announcements to raise awareness and spread vital messages, distribution of home-based curriculum and learning materials, attempts to revive local networks of support, and supporting families to participate in pre-primary classes on TV. These kinds of innovations are important as it has become clear that face-to-face interaction cannot be taken for granted any more – the situation will likely not return to the “normal” of the past.

In addition, lack of access to services and to informal support networks **shifted the nature of support that people required**. In the case of the pandemic it created a lot of stress for parents of young children from disadvantaged communities. Their needs were not just physical. They also needed psychosocial support to overcome this stress. Understanding their changing needs sparked innovation, such as BRAC IED’s “Pasche Achi” model, a low-tech model for remote learning and psychosocial support for children and their parents.

This kind of **localized innovation is vital for effective responses to complex changing emergencies** that hold a lot of uncertainty, and in scenarios where it is not possible to wait for things to return to the “normal” of the past. Embracing and nurturing this kind of innovation can help design new solutions and test and scale proven ideas and effective relationships and ways of working. Experience from the pandemic demonstrates that the role of frontline workers (caregivers, ECD facilitators, teachers, childcare centre staff) is instrumental in developing and contextualizing innovative solutions, **making the case for additional investment in, and support for frontline workers** who are well-positioned to understand the changing needs and dynamics of the communities they serve.

LESSON 3 | Responses to complex, large-scale disasters demand inter-agency coordination and collaboration across sectors (health, education, injury prevention, women and child, disaster management) and types of organizations (government, non-government)

This study has shown us that **solutions or responses to complex emergencies such as a pandemic may not already be known**, challenging our existing systems for preparedness. In the course of our conversations, we were frequently reminded that the COVID-19 pandemic does not stand alone -- it plays out in interaction with other crises and disasters, and socio-economic and political forces that cause differential impacts in different contexts and with different people.

This complexity combined with the inherent multi-sectoral nature of child development and protection **demands multi-sectoral, integrated, innovative and adaptive responses**. The experience of the pandemic shows the **importance of partnerships, platforms, and collaborative ways of working** that enable connections across sectors, silos, and levels, and that have the capability to support adaptive and agile decision making and local innovation.

This study surfaced several examples where these kinds of connections or collaboration may be emerging, or suggestions where there may be potential to nurture them. Some examples are:

- MoWCA’s collaboration with NGOs during the pandemic, complementing each other’s strengths in challenging areas
- MoWCA’s partnership with local administration deploying their staff infrastructure (district level child service officers and Upazila women affairs workers) to support primary response efforts
- Village Injury Prevention Committees in some places ensuring that messages from multiple sources and sectors were properly coordinated and understood by families
- Proposals to explore the role of frontline workers may play in disseminating key messages and collecting critical data beyond their specific sector¹⁰
- Proposals to see humanitarian infrastructure (coordination clusters or inter-cluster groups at national level or UDMCs) as more than just static coordination bodies, but as platforms enabling multi-sectoral collaboration
- Suggestions for DPP childcare centres to be leveraged for multi-sectoral responses for child protection and development, including for disaster preparedness, emergency response and recovery. The idea here is that the government-led community-based childcare centres serve as platforms for local stakeholders (including community workers from other sectors) to collaborate and innovate together and that they serve as a catalyst to connect the infrastructure of different sectors for truly integrated services (explored in greater detail in lesson 5).
- Suggestions to leverage the increased appetite and interest in MoWCA and MoHFW collaboration at local levels to enhance disaster risk reduction, and emergency preparedness, response, and recovery
- Suggestions to draw links between the DPP Program and other ongoing child development and protection efforts, such as the next phase of ELCDP, MoWCA, BEN and ARNEC’s collaboration to pilot the UNICEF-ROSA quality service delivery standards, or UNICEF-ROSA and ARNEC’s joint initiative to develop formative assessment tools that build on lessons from the pandemic

These examples and ideas can inform deeper work on inter-agency collaboration and coordination to prepare for, respond to, and recover from complex and large-scale disasters.

LESSON 4 | Adaptive capacities and systems at multiple levels help navigate complexity

We can see that disasters of the future will be increasingly more complex and less familiar. COVID-19 has taught us the importance of navigating this complexity, moving away from a mindset of waiting until the emergency is over to return to normalcy.

“We need to have an open mindset and be very versatile and quickly move forward in the face of emergency situations. We cannot wait to return to ‘business as usual’” [Key Informant]

Centralised micro management does not work well in facing complex emergencies. This study highlights the importance of cultivating capacities that enable localized innovation, adaptation, and collaboration in real time as the situation evolves. This calls for

¹⁰ At the time of this study, these were just proposals, but it is evident that the role of frontline workers is an area that warrants further exploration and analysis to learn lessons for the future.

investing in adaptive capacities at multiple levels, but especially at local level. Community-based childcare centres may offer opportunities in this regard.

A few specific suggestions emerged from the study related to building adaptive capacity:

- Increased attention to the potential **role of frontline workers in strengthening adaptive capacity and building local resilience** and outreach to household level. This requires investment, support, and protection of frontline workers, who are already well-positioned for direct relationships, experience and understanding of community needs and dynamics. It also requires a more holistic view, valuing frontline workers beyond their role as functionaries of the specific projects that employ them. Achieving this will require focused investment in building frontline worker skills and capabilities that enable a greater degree of adaptive capacity as first responders. Examples of specific skills may include: the ability to build relationships and connections with other frontline workers in their area; capacities to offer basic psycho-social support to communities and to each other; experience and practice of listening and learning together; gender sensitivity
- Adaptive capacity will depend on strong and well-functioning local infrastructure. This makes the case for **ongoing investment in existing local governance structures and humanitarian/disaster management coordination platforms**, such as UDMCs, Union Parishad committees, Village Injury Prevention Committees, Childcare Centre Management Committees, moving investment close to the ground. The proposed DPP Program childcare centres can play a role here.
- Cultivate **mindsets and practices to support agility, speed, and flexibility at all levels to adapt to changes in context** during a complex emergency. Some specific suggestions included: Building the ability to adjust plans for the use of funding resources locally and quickly; Pre-negotiated flexibility and contingency plans that allow innovation and adaptation of models and roles of key functionaries in response to the changing context without long delays; Building the ability to recognize and quickly leverage available opportunities and generate real time data and feedback
- Many organizations and communities already have disaster risk reduction plans, but they tend to focus on more familiar climate and environment related disasters, landslides, cyclones and are designed for speed, scale and more predictable contexts. The pandemic has drawn attention to the uncertainty of complex disasters and emergence of different kinds of needs that demand a **different nature of preparedness, learning in real time and mobilizing action across sectors, silos, and organizational boundaries**. Disaster risk reduction plans will need to take into account this reality.

Even prior to the onset of the COVID-19 pandemic, humanitarian actors had been studying the role that flexibility -or lack thereof- was playing in humanitarian actors' ability to respond effectively to new and changing crises, making the case for attention to adaptive capabilities for humanitarian action [Obrecht, 2018]. The experience of the COVID-19 and findings from this study reinforce these directions.

LESSON 5 | Government-supported community-based childcare centres may offer many benefits for disaster risk reduction and emergency preparedness, response and recovery

This lesson highlights the benefits that government-supported community-based childcare centres that provide integrated child development and protection services may offer for disaster risk reduction, emergency preparedness, response and recovery.

- They could drive **increased investment close to communities**, which is important for building resilience and enabling local solutions, innovation, and adaptation
- They could **serve as a platform to strengthen formal and informal local networks of support and coordination** which can be of support in times of crisis
- They offer opportunities for **greater local level collaboration and linking across basic services** (including social protection services such as cash and voucher assistance), as well as building links to the Union Disaster Management Committees
- They could help **enhance community level disaster preparedness efforts**
- As they promote and strengthen integrated services for children under 5 and their families (eg. nutrition, health, hygiene, sanitation), they **build community resilience and reduce risk**
- They open **opportunity to build strong adaptive capacities among community members** including parents, teachers, local supporters and other service providers

In order to leverage these potential benefits, it will be important to socialize the design of the DPP Program (including the opportunities listed above) among key stakeholders, including orienting stakeholders in the humanitarian and disaster management ecosystem.

5. IMPLICATIONS FOR THE FUTURE AND RECOMMENDATIONS

Lessons emerging from this study led to the exploration of implications in three areas: for the DPP design and its inception, for policy, and for the nature of leadership for child development and protection. These potential implications and possible recommendations were refined through a working session with key stakeholders in October 2021, and are described below:

1. **Support DPP Program childcare centres to serve as “good practice” sites for post pandemic opening of facilities** | As this report is being finalized (January, 2022) the urgency to re-open day care and other educational facilities has grown. As the start of the DPP Program may coincide with post pandemic opening of day care facilities, the DPP Program childcare centres may exemplify good practice, establishing alignment across various opening protocols, such as government guidance for post pandemic opening of facilities, global guidance from UNICEF, UNESCO, and the World Bank on re-opening facilities in early childhood education settings [UNICEF, WB, UNESCO, 2020], and the government’s implementation guidance for the recently approved Day Care Act.
2. **Establish the DPP Program’s community-based childcare centres as platforms that enhance community resilience and strengthen emergency preparedness, response, and recovery** | The study reinforces the potential value of government-led community-based childcare centres to serve as platforms for integrated services for child development and protection (including drowning prevention). These platforms may also be used to enhance community collaboration and resilience, to strengthen emergency preparedness, and to support collaborative multi-sectoral action in responding to and recovering from complex emergencies. The potential of community-based childcare centres to serve as platforms for these functions needs to be socialised and further developed with stakeholders at the start of the DPP (including disaster management stakeholders), as it can only be realized if there is collective understanding, buy-in, and ownership of the centres. Some specific ideas to support childcare centres as platforms include:
 - Position the childcare centres and functionaries as sources of reliable information about relevant basic services and emergency response and recovery efforts

- Post-emergency, enable the childcare centres to enhance recovery by supporting food security and nutrition improvement efforts, providing links to cash/ voucher assistance, demonstrating excellence in water and sanitation and hygiene, and supporting parents to return to work
- Capacitate centres to play a valuable role in generating reliable household level data related to direct and indirect impacts of disasters, highlighting the needs of children under 5 and their families, and generating specific data around the voices and perceptions of mothers and fathers of young children

These ideas may be incorporated in the design of the DPP Program orientation and early inception.

- 3. Emphasize inter-sector collaboration and coordination in the DPP Program and across child development, protection, and humanitarian/ disaster management systems** | The DPP Program design emphasizes links and strong coordination across key sectors and their institutional infrastructure at multiple levels. It is important that these coordination efforts include links to the humanitarian and disaster management infrastructure as well. At local level, efforts to establish intersectoral collaboration may include linking DPP Program childcare centre Management Committees, Village Injury Prevention Committees and ECD Committees to UDMCs and investing in the effectiveness of these bodies. At national level MoWCA may help broker links from the DPP Program to the MoWCA-led child protection cluster, and advocate for ECD expertise within the education cluster (both clusters are part of the existing humanitarian coordination system).

The study also points to the importance of the DPP Program's coordination with other national level child development and protection efforts and programs, such as the Early Learning for Child Development Project, Phase III, MoWCA and BEN's efforts to pilot UNICEF-ROSA's quality service delivery standards, and UNICEF-ROSA and ARNEC's joint initiative to develop formative assessment tools. All of these suggestions will require specific investments in inter-sector collaboration and coordination, especially at the start of the DPP Program.

- 4. Invest in supporting local innovation and enhancing adaptive capacities of frontline workers (caregivers, helpers, and parents) and local governance and disaster management coordination platforms** | This study highlights the importance of investing in capacities of frontline workers to enable them to play adaptive roles, and to empower and support them to serve as connectors and links to other services and members of their communities. Processes and spaces for orientation, learning and capacity strengthening of DPP stakeholders should pay particular attention to enhancing caregiver and helper capacities and building clarity on their roles. Targeted investment in quality supervision and leadership can help create space for innovation, collaboration, and learning to thrive, thus building greater openness to listening, to working across silos, and to learning new skills.

This recommendation has implications for the nature of orientation, capacity strengthening, and supervision that is made available, going beyond one-time training efforts, to opening spaces for regular collective learning, interaction, problem solving, and relationship building. This study also surfaced the importance of including parents and families of young children in this kind of skill building to support their role in enhancing the resilience of their families and communities.

- 5. Advocate for continuous education and learning for young children as essential services** | The problematic treatment (in Bangladesh and around the world) of education and learning, especially early learning, as non-essential services during the COVID-19 pandemic has resulted in significant harms from loss of education and learning for young children. Learning from this experience, stakeholders can advocate for policy changes that treat education and learning of young children as

essential services during emergencies, establishing mechanisms and protocols for their continuation. These mechanisms may include:

- Investments in the development of preparedness/ contingency plans for ECD and child protection outreach, such as through mobile phones, TV, remote coaching and support for parents, when physical access to communities is constrained (building on innovation and learning from the pandemic);
- Allocation of some emergency resources toward child protection and continuity of education and learning for young children in the wake of emergencies;
- Ensuring strong ECCD expertise and links to the non-formal education stakeholders within the humanitarian coordination clusters on Education and Child Protection and the inter-cluster groups.

In taking this recommendation forward, stakeholders may also consider possible advocacy targeting the range of associated policies (see box on page 4) that framed the context for this study.

6. **Draw attention to the particular needs of children under 5 from poor communities and their families in disaster risk reduction, emergency preparedness, response, and recovery efforts** | The study surfaced the importance of generating timely and high-quality data on the particular needs of children under 5 and their families during emergencies, to be accessible to humanitarian and disaster management stakeholders at various levels. The DPP Program may be positioned to play a critical role in generating some of this information and analysis, and making it accessible at multiple levels in coordination with the needs assessment inter-cluster group (part of the humanitarian coordination system). DPP Program stakeholders may also contribute to the development of resources and plans to build greater awareness of families, communities, and humanitarian stakeholders on child protection and safety considerations during emergencies.

The disruption of emergencies often offer opportunities to shift social norms – this reinforces the value of attention to gender and other social relations issues in the DPP Program’s compilation and analysis of data and information, in capacity building of stakeholders (especially frontline workers), and in raising awareness about child protection and development needs in emergencies.

7. **Engage child protection and development stakeholders at all levels in cultivating leadership that enhances collaboration across sectors, and builds capabilities and mindsets to navigate complexity (with its accompanying uncertainty and instability)** | Through the study we were reminded time and again of the complexity of the endeavour of child protection and development that spans multiple sectors and levels. We were also reminded of the increasing complexity of emergencies like the COVID-19 pandemic that scale fast and hold a lot of uncertainty and instability. In key informant interviews, participants reflected on how this has become the “new normal”.

It is clear that having government-supported, locally owned and managed community-level childcare centres that serve as collaborative platforms for child protection and development can be invaluable in a post-COVID-19 new normal for many reasons. However, these benefits will only be realized through the existence of certain capabilities. During the study, two capabilities surfaced as being increasingly important for effectiveness in child protection and development in this context: i) the capability to collaborate across sectors and silos at multiple levels, and ii) the capability to navigate complexity with its accompanying uncertainty and instability. *What is the nature of leadership required to cultivate these capabilities?*

Sole reliance on top-down leadership does not work well in navigating complexity. Our lessons point to the value of localised innovation, adaptation, decision making, and collaboration across

boundaries (including across the ECD and disaster management ecosystems). As was evident during the DPP Program design, no one actor or organization can achieve this alone.

In the case of the DPP Program design it required:

- Understanding the ecosystem of stakeholders at multiple levels in multiple sectors;
- Finding common purpose (across drowning prevention, ECD, child protection actors);
- Building trust between individual, teams, organizations, and networks;
- Cultivating shared ownership of the design among stakeholders, and building opportunities to cultivate joint ownership;
- Experimenting with different ways of organizing (co-organized webinars, events, regular sharing/ strategizing meetings);
- Inspiring collaboration with the shared intent to build a program that could scale and be sustainable.

In responding to the pandemic, we saw several of these characteristics at play in the innovations that emerged, in the adaptive capacity that grew at different levels, and in the ingenuity of frontline responders. As the DPP Program begins, it will be important to seed the space for these kinds of capabilities to thrive. In addition to specific capacity building efforts, this will require opportunities for stakeholders across the system to come together to practice leadership that builds common purpose, cultivates shared ownership and trust, and proactively encourages collaboration across boundaries and silos, and builds relationships of support to navigate uncertainty and instability in the post-COVID “new normal”.

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