

RAISING THE QUALITY OF CHILD CAREGIVING IN BANGLADESH





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ABBREVIATIONS AND ACRONYMS

BEN	Bangladesh Early Childhood Development Network
BSA	Bangladesh Shishu Academy
BTEB	Bangladesh Technical Education Board
CPECCD	Comprehensive Policy for Early Child Care and Development
DWA	Department of Women Affairs
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
ELCD	Early Learning for Child Development
ELDS	Early Learning and Development Standards
GoB	Government of Bangladesh
HSC	Higher Secondary Certificate
JMS	Jatiyo Mahila Shangsthya
KII	Key Informant Interview
LMIC	Lower Middle Income Country
MoE	Ministry of Education
MoPME	Ministry of Primary and Mass Education
MoWCA	Ministry of Women and Children's Affair
NCP	National Children Policy
NCTB	National Curriculum and Textbook Board
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
PPE	Pre Primary Education
RMG	Ready-Made Garment
SSC	Secondary School Certificate
TMED	Technical and Madrasa Education Division

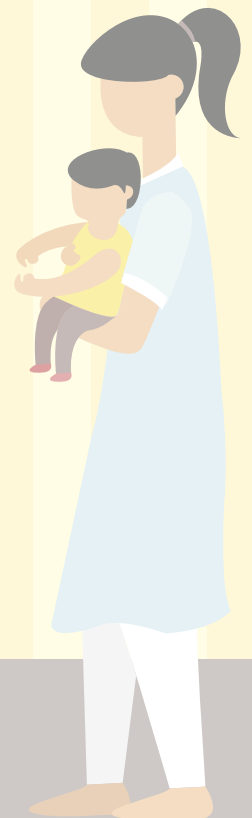
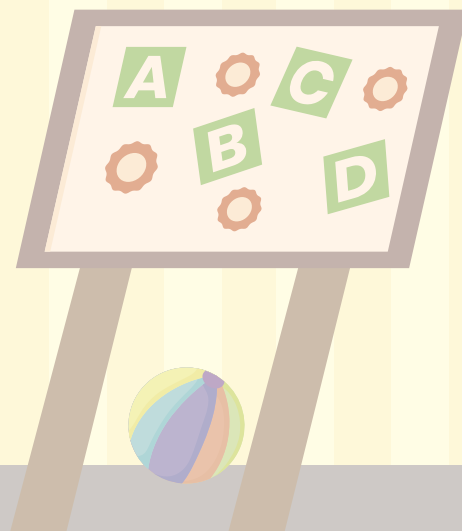
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EXECUTIVE SUMMARY

Access to quality childcare is critical for improving child development outcomes and ensuring that the next generation of Bangladeshi children are better prepared to contribute as active citizens. Child caregivers play a pivotal role in developing children's physical and cognitive growth in the early years of life. Moreover, access to quality childcare has been linked to higher women's labor force participation and better economic growth. However, there remains a knowledge gap in the area of child caregiver skills, globally and particularly in the case of Bangladesh. In the case of Bangladesh, there is critical need to understand the complex child caregiver training structure and means to improve the system in helping the country ensure better child development outcomes, higher female workforce participation and ultimately its goal of becoming a developed country in the next two decades.

This study uses a mixed method approach to - first, understand the current status of child caregivers and childcare services in Bangladesh and second, assess the current training programs available and opportunities for professional development for the childcare workforce. The study investigates the socio-economic profiles; training acquired and perceptions of skills gaps and the environment in which child caregivers and center managers operate across different types of providers. The key recommendations emerging from the study are then discussed along four areas: policies, quality caregivers, pedagogical approach and enabling environment.



SECTION 1

INTRODUCTION

1. The early years are the crucial time in a child’s life to promote healthy growth and development, laying the foundation for future life success. Evidence indicates that investing in the first years has ripple effects over the life span of individuals that increase their productivity during future development stages and in adulthood (Heckman, 2008; Naudeau, et al., 2011; Sayre, et al., 2015). One way to invest in early childhood development is through Early Childhood Care and Education (ECCE) centers (definitions can be found in Box 1). Vast evidence shows that attending ECCE institutions has positive effects on child development outcomes. This is particularly true for children living in vulnerable contexts, where early childhood education can decrease the development gaps and foster cognitive, language and socioemotional development and school readiness (Baker-Henningham & Lopez Boo, 2010). School readiness leads to better learning outcomes and lower dropout rates (Engle, et al., 2011) and ultimately better earnings prospect. Investing in ECCE is a high cost-effective investment a country can make to support human development (Heckman, 2008). Research shows a return on investment of between US\$6 and \$17 for every US\$1 invested in early childhood care and development (Engle, et al., 2011).

2. Access to quality ECCE is particularly important for Bangladesh in realizing its goal of becoming a developed economy by 2041.¹ According to the World Bank’s Human Capital Index (HCI), a child born in Bangladesh today will be 46 percent as productive when she grows up as she could be if she enjoyed complete education and full health. This is lower than the average for South Asia and lower Middle Income Countries (LMICs) (0.48). Bangladesh’s HCI is also 10 percentage points lower than for Upper Middle-Income Countries (0.56) and 23 percentage point lower than High-Income country (0.71) (HCI, 2020). Moreover, Bangladesh is facing a huge learning poverty which estimated that around 58 percent of 10-year-olds cannot read and understand a simple text by the end of primary school in 2017 (HCI, 2020). The need for investment in quality ECCE has been identified as one of the reasons for the low learning outcomes in Bangladesh (Bhatta, et al., 2020). Quality ECCE has the potential to improve child development outcomes and lift families out of poverty, build human capital and increase equity. The country will have to invest effectively to improve its human capital and materialize its vision of becoming a High-Income Country by 2041. Childcare centers are one of the core ECCE service providers which can, through quality child caregiving, promote and

¹ Vision 2041 seeks to put Bangladesh in a development path through setting strategic goals to reach High-Income Country (HIC) status by 2041 with poverty approaching extinction.

develop cognitive, early literacy and numeracy and socio-emotional skills that will carry children through the rest of their education and tackle learning poverty (Devercelli & Beaton-Day, 2020). The Bangladesh Government also acknowledges the importance of ensuring quality and affordable childcare to improve female labor force participation and employment.

3. Around the world, nearly 350 million children need childcare but do not have access to it (Devercelli & Beaton-Day, 2020). Too many children are spending their early years in unsafe and unstimulating environments while their parents are at work. In Bangladesh, formal ECCE is provided by childcare centers or schools. In case of schools, the government has provision for one year of preprimary education for 5-year-olds. This indicates that younger children below the age of five years, who could benefit from ECCE interventions would have to rely either on family or childcare centers. According to estimates made by the World Bank in 2020 (Bhatta, et al., 2020), only 5.7 percent of 3-year-olds and 21 percent of 4-year-olds were enrolled in some type of early childhood development program. The lack of quality childcare services remains a concern in Bangladesh. As a result, the burden of child caregiving for children primarily falls in the hands of the family, particularly mothers, in the Bangladesh culture.

4. Expanding access to quality and affordable childcare services is also closely related to women's employment, family welfare and productivity and economic growth. Studies have documented how lack of quality and affordable childcare prevents women from returning to the workforce at childbirth or forces them to take poorer quality and unstable jobs, decreasing their earning opportunities with substantial impacts on their family welfare. In Bangladesh, though female labor force participation (FLFP) has slightly increased over the past decade, it still remains less than half of male participation rate at only 37 percent in 2017 (BBS, 2017). If FLFP can be raised to male LFP rate, it is expected to add 1.8 percentage points to GDP growth annually (World Bank, 2015). The national Labor Force Survey 2017 finds that improving access to quality and affordable childcare services can improve female labor force participation, but concern remains on the quality of provision of these services." Furthermore, the nascent ECCE sector in Bangladesh can offer substantial employment for women as child caregivers, teachers, or childcare center owners.

Globally, an estimated 43 million new childcare jobs are required to meet the global need for childcare (Devercelli & Beaton-Day, 2020). Increasing job opportunities and reducing the burden on women would likely help improve the low female labor force participation (36 percent) among Bangladeshis. It is estimated that a one percent increase in female employment in Bangladesh is linked to 0.65 percent increase in Global Domestic Product rate (Rushidan & Rizwanul, 2013).

5. There is also increasing job demand for child caregivers in Bangladesh. Ministry of Women and Children Affairs (MOWCA) is in process to set up 8,000 childcare centers in 16 districts in Bangladesh. It will be a huge establishment and new opportunity for skills subsector. A rough calculation considering that each center employ five persons, would generate 40,000 jobs which include caregivers, supervisor and manager and all of them need skills training and certification.

6. Ensuring provision of quality and affordable childcare services to all children and families depends on policies, quality caregivers, pedagogical approach and facilities. Equitable access to affordable childcare depends on a demand and supply analysis of these services and coordinated efforts by public and private entities based on needs of different demographic clusters. Quality of the institutional childcare services depends on four key actions – (i) developing and implementing national strategies, policies, and acts (USAID, 2020; World Health Organization, United Nations Children's Fund, World Bank Group, 2018); (ii) caregivers who are qualified and trained (Wolf, et al., 2018; Slot, et al., 2015); (iii) pedagogical approach incorporating early childhood care and development (Bhatta, et al., 2020), and (iv) physical attributes of the center to accommodate age-appropriate materials and ensure safe environment (World Health Organization, United Nations Children's Fund, World Bank Group, 2018; Ministry of Women and Children Affairs, 2016). Figure 1 presents this analytical framework for analyzing the state of center-based childcare services in Bangladesh which may support better child development outcomes and lead to higher human capital development. This study focuses on childcare workforce as caregivers play a pivotal role on the development of a child in the early years. It is important to understand the status and challenges of quality provision of child caregiving and find approaches to improve the system for better child development outcomes in Bangladesh. However, there

is a gap in the in the available literature vein on this area for Bangladesh, and this study attempts to bring insight on this neglected sector and generate policy dialogue for improving quality of childcare workforce system. The study also acknowledges other factors which impact

childcare and child development and discusses those in areas of existing policies (Section 2), the pedagogical approach (Section 4) and briefly describes the physical attributes of the surveyed center (section 5).

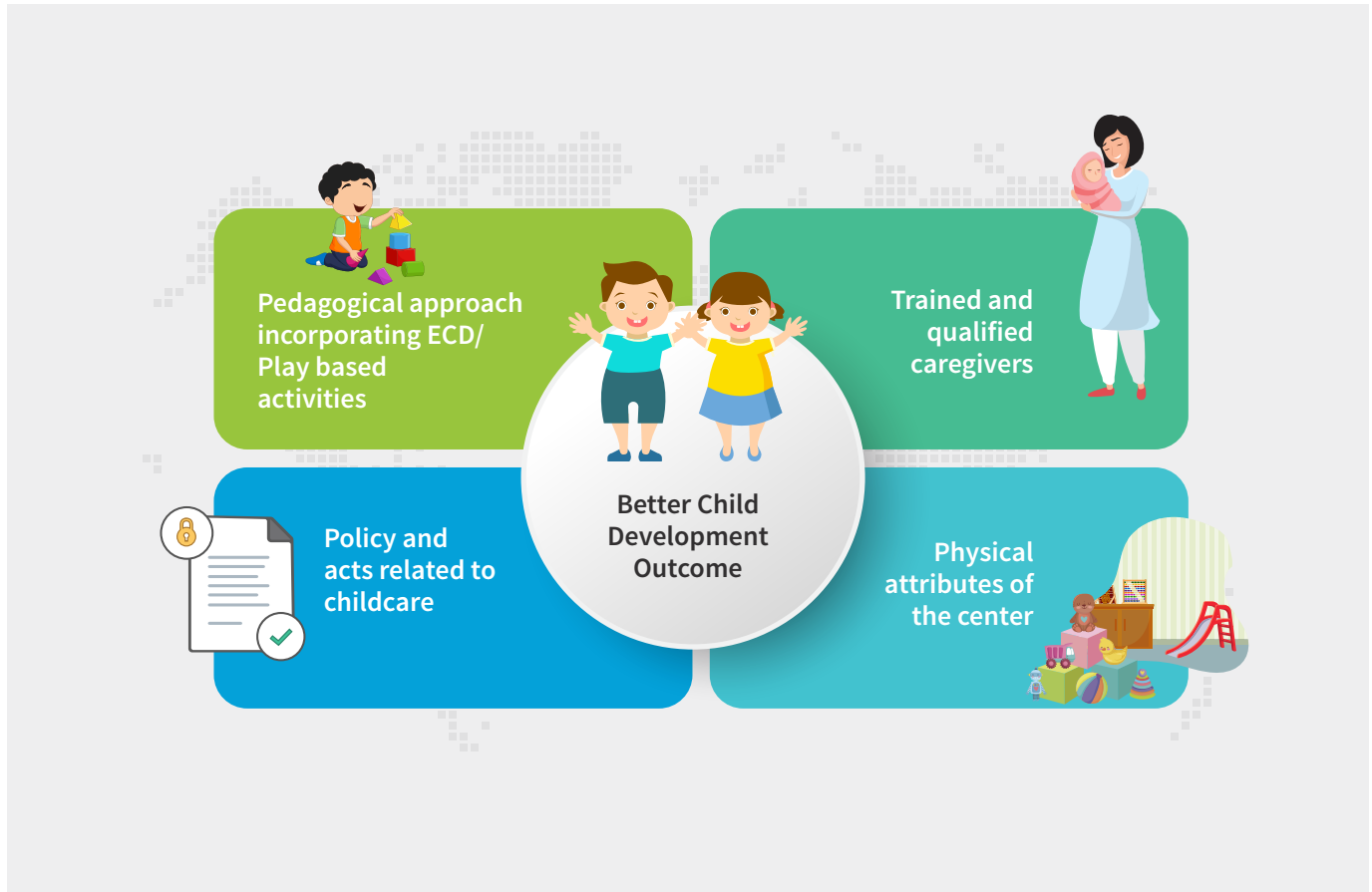


Figure 1: Analytical Framework for Quality Childcare Services

Source: Developed by Authors' based on Literature Review

Box 1:

DEFINITIONS

The definition of Early Childhood Development (ECD), Early Childhood Care and Education (ECCE) and Early Childhood Education (ECE) used in this study are based on Sayre, et al., 2015 and adapted for Bangladesh.

Early Childhood Development (ECD): Covers the period from conception until the transition to primary school. In Bangladesh this is at age six. It addresses children's basic needs in health, physical, cognitive, linguistic, and socioemotional development. ECD is an integrated concept across multiple sectors, including health and nutrition, education, and social protection. ECD policies and interventions target infants, toddlers, and children including the transition to school entry, as well as pregnant women, parents, and caregivers (Sayre, et al., 2015)

Early Childhood Care and Education (ECCE): Includes care for children ages 0–2 years, and education for children ages 3 to 5 years. Quality programs address both care and education for these age groups (Sayre, et al., 2015).

Early Childhood Education (ECE): Includes programs that provide children with opportunities to interact with responsive adults and actively learn with peers to prepare for primary school entry (Sayre, et al., 2015). In Bangladesh this includes children aged 5 years and will be extended to 4-year-olds. The Government provision of this one year of ECE is known as preprimary education (PPE).

Childcare: Childcare can be provided in many different settings, and it tends to fall into three categories: home-based care, center-based care, and improvised and unremunerated family arrangements (Devercelli & Beaton-Day, 2020). This report focuses on center-based childcare for 3–5-year-old and uses “childcare” and “childcare center” interchangeably.

Child Caregiver: The child caregiver is the person responsible to educate and take care of children either in a home-based setting, center-based setting, or other improvised family arrangement setting. This report uses the term caregiver to refer to child caregivers working at childcare centers for children ages 3 to 5. In Bangladesh, they are commonly known as “teachers”, even though they may not have studied to become a teacher.

Childcare Center Manager: Managers are the administrators/coordinators who are usually in-charge of each childcare center to manage enrollment, daily activities, caregivers/human resources, physical resources etc. Managers are responsible for each childcare center under them.

METHODOLOGY

7. The Government of Bangladesh has recognized Early Childhood Care and Development as one the crucial sub-sectors that require attention and investment to build a productive human capital for the country. However, prioritizing and investing in early years to ensure child development is still at a nascent stage in Bangladesh and urgently requires knowledge generation to inform the design of a government-endorsed training program for caregivers. In this context, the World Bank Education Global Practice undertook this study with the aim to: first, understand the current status of child caregivers and childcare services in Bangladesh and second, assess the current training programs available and opportunities for professional development for the childcare workforce.⁴ The childcare sector in Bangladesh is relatively new and unstructured and this is one of the first kind of comprehensive research in this sector of Bangladesh. This study reviews the status of center-based childcare services of Bangladesh with a focus on quality and skills of child caregivers. In addition, the study aims to assess the environment in which child caregivers are working and the existing policies that should enable caregivers to contribute to better child development outcomes.

8. The data collection for this study was conducted in early 2021 using mixed methods involving quantitative and qualitative research techniques. Structured questionnaires were administered to generate quantitative data, while interviews were conducted to elicit qualitative data from key informant interviews (KIIs) of experts and desk review of existing policies, documents and global literature on ECD and childcare service provision. The questionnaires were developed

based on ECD assessments (MELE),⁵ Nurturing and Care Framework,⁶ WHO recommendations (Jeong, et al., 2020), and Bangladesh Early Learning and Development Standard (ELDS).⁷ The detailed interviews were conducted with key experts, policymakers and longtime practitioners of the sector who were instrumental in contributing to the qualitative aspect of the analysis as the childcare sector in Bangladesh is unstructured with lack of available data. The desk review focuses on policies, plans, and strategies; existing global and national studies; and pertinent records related to ECD and the childcare sector in Bangladesh.

9. The lack of available data on childcare service providers and practices and the subsequent absence of a sampling framework⁸ led to purposive sampling for this study. Data collection was done in a convenience (non-random) sample of private, NGO and government managed Shishu Bikash Kendra (SBK)⁹ childcare centers from the major divisional cities where female labor force participation is higher in the country (that is across six urban division: Dhaka, Chittagong, Khulna, Mymensingh, Rajshahi and Sylhet). The selected respondents for the surveys were child caregivers, managers and owners of childcare centers,¹⁰ and parents of government, private and NGO childcare centers. It was attempted to survey equal number of centers from each category and two to three caregivers per center through phone survey. Given the purposive sample, the findings are not fully generalizable for all childcare center across the country, particularly for government centers (see Box 2). However, for NGO and private centers, the most prevalent centers with networks around the country were chosen, which helps capture the heterogeneity of those type centers and provide important insights and a reasonable extent

⁴ This includes only child caregivers and childcare center managers.

⁵ MELE is the classroom observation tool of Measuring Early Learning Quality and Outcomes -MELQO (UNESCO; World Bank; Center for Universal Education at the Brookings Institution; UNICEF, 2018)

⁶ Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential (World Health Organization; United Nations Children's Fund; World Bank Group, 2018)

⁷ Early Learning and Development Standards (ELDS) (MoWCA, 2016)

⁸ The childcare sector in Bangladesh currently is unstructured with varied operating models. There is overall absence of coherent data on childcare centers and their management under any authority. There is also no published information on enrolment.

⁹ It is to be noted that SBKs are one type of government managed childcare centers; there are other government managed childcare centers which have different operating models.

¹⁰ In most government centers managers, in-charge officers or in charge caregivers were surveyed. In NGO centers managers or cluster in charges were surveyed. In private centers ones mostly the owners were surveyed.

of generalization. The findings of this study were further validated by the KII. The experts for KIIs were selected based on their sector expertise, experience and ability to provide contextually relevant information that fit into the objectives of this study. They are representative from all levels of government and agency currently active in the childcare sector. A total of 405 people were surveyed and 18 interviewed using structured surveys or interview guides, respectively (more detail in Annex 1: Data source).

10. This report is divided into six sections. This first section describes the context of this study. Section 2 explains the structure, management and governance of the center-based childcare provision in Bangladesh. Section 3 provides a snapshot of child caregiver

socio-economic background and their professional development opportunities across different provider types in Bangladesh. Section 4 reviews of the most common child caregiver training curriculums of Bangladesh in comparison to the actual training received among surveyed caregivers. Section 5 describes whether Bangladeshi childcare centers are promoting an enabling environment for child caregivers to provide quality services followed by a discussion on the perception of parents of the childcare services. Section 6 summarizes the main findings and policy options moving forward, with a focus on the professional development needs of childcare workforce to ensure higher quality childcare services in Bangladesh.

Box 2:

Data collection during COVID-19

The COVID-19 pandemic modified the data collection plan of the study. Just before piloting the survey in March 2020, the COVID-19 pandemic hit Bangladesh and the country went into lockdowns and movement restrictions, including national closure of childcare centers and educational institutions. In this context, it was only possible to contact one type of government managed center, known as Shishu Bikash Kendra (SBK), that operate only for two or two and a half hours daily. For the purpose of this study, the SBK centers will be generally referred to as government childcare centers. There are other government managed centers that operate up to 8 hours and would have been more comparable to the private and NGO centers surveyed in this study, but those were closed at the time of the survey.

The whole data collection modality was readjusted from face-to-face to remote data collection method. It was originally planned to do classroom observation and assess the quality of childcare centers in-person, however, due to the pandemic this was no longer possible and childcare centers characteristic were assessed via phone through a questionnaire answered by the center manager or owner. The KIIs were also conducted through online platforms.

SECTION 2

OVERVIEW OF EARLY CHILDHOOD CARE AND DEVELOPMENT SYSTEM IN BANGLADESH

2.1 POLICY EVOLUTION IN CHILDCARE SECTOR OF BANGLADESH

11. There is a growing recognition of the importance of young children's development in Bangladesh with several policies and plans developed to support this. However, only recently, childcare service provision has received attention through the Bangladesh Child Daycare Centre Act 2021. During the past decade, Bangladesh has developed several important policies and plans to reflect the growing recognition of the importance of ECD. Key policies and operational documents that were guiding the broader ECD sector over the past decade include the National Children Policy 2011 (NCP 2011), the Comprehensive Policy for Early Child Care and Development 2013 (CPECCD 2013) prepared by Ministry of Women and Children's Affairs (MoWCA), the National Education Policy 2010 prepared by Ministry of Education (MoE), and the Operational Framework for Preprimary Education prepared by Ministry of Primary and Mass Education (MoPME). However, most of these policies or frameworks focus on Early Childhood Education (ECE) for 4 to 5 year old children. By contrast, discussion around childcare sector which support younger children remains insufficient and unclear. While protection of child rights and ensuring child safety have been reflected in these documents, there remained an absence of concrete policy, framework or regulatory practice for childcare sector up until recently. In June 2021, the Child Daycare Centre Act 2021 was passed in the Parliament under the leadership of the MoWCA. This Act will play the role of the much-needed regulatory framework for the sector and support the existing stakeholders to provide a coordinated and structured effort in childcare service delivery.

Box 3:

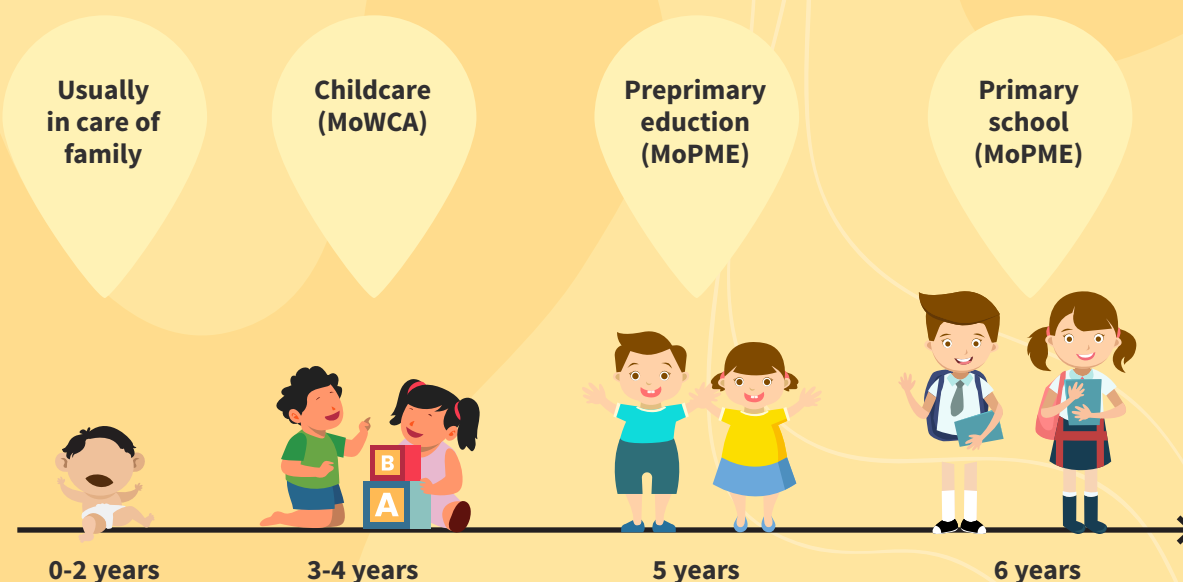
Bangladesh Child Daycare Centre Act 2021

The Child Daycare Centre Act 2021 has been passed in the Parliament in June 2021. Supporting the professional and working women of the country has been cited as the main stimulus to formulate this Act. As per the Act, there will be four types of childcare centers in the country – (i) Childcare centers with subsidy from the government; (ii) Childcare centers run by the government agencies to provide services free of cost; (iii) Childcare centers run by individuals or organizations for commercial purposes; and (iv) non-profitable childcare centers run by any individual, organization, NGOs, clubs, associations, corporate sector or industrial sector. Childcare centers will have to be registered under the selected government authority and will require to maintain set standards and follow regulations set by the authority to receive registration. Without registration no center will be allowed to operate and there will be periodic inspection from government authority to ensure basic standards of service including physical facilities, compliance, and activities. Ministry of Women and Children's Affairs (MoWCA) will be executing the Act and conduct monitoring. The Act sets several penalties in the events of failing to maintain set standards which vary from monetary fine to imprisonment. Maintaining child safety and security has been put as the highest priority under the Act. While the Act sets some broad rules to be covered by MoWCA and other GoB agencies, the detailed regulations are being drafted currently to support execution of the Act at the root level. One of the efforts under that is the “National Operational Manual for Day Care Centers” which is being drafted by the Bangladesh Shishu Academy (BSA) under MoWCA with technical assistance from relevant DPs. This manual will guide the childcare centers to operate following the rules under the Act and maintain standards. There is a dedicated chapter for skilled caregivers in the manual which indicates the requirement of a government/central body for caregiver skilling and accreditation.

Box 4:

Childcare in Bangladesh

Center-based early childhood development usually starts at age 3 in Bangladesh. Children from zero to three usually are in care of their mother or relatives, however 30 percent of the surveyed centers offer services for 0-2 year olds (47 percent government, 71 percent NGO and 90 percent private facilities). Around age 3 and until age 5, children can attend center-based childcare under the Ministry of Women and Children's Affairs (MoWCA). It is not offered country wide, and it is still not considered as formal as preprimary education (PPE) offered through schools. The primary objective of childcare centers is caring for children while parents are working and ensuring children are safe and have opportunities to learn and develop positive relationships with caregivers and peers. In many countries childcare centers are called daycares, nurseries, or crèches. At age 5, Bangladeshi children start school-based preprimary education (PPE) which is under the Ministry of Primary and Mass Education (MoPME). The primary objective of PPE is to prepare children for transition to primary school (which start at age 6) by supporting their emergent numeracy-literacy skills, cognitive, socio-emotional, and physical development. Since 2010, PPE is the first compulsory level of education being a prerequisite for 5-year-old children, before entering primary education. PPE will soon be expanded to also include 4-year-olds in Bangladesh starting from 2023 as a pilot initiative. In other countries, PPE is also known as preschool and kindergartens. The majority of the surveyed centers provide some preschool education (100 percent private, 75 percent NGO and 95 percent government). For NGO and government ones, caregivers usually serve as the preschool teacher, while in private institution there is usually a dedicated teacher for these classes. This report focuses on childcare centers and the role of child caregivers in the provision of broader ECCE.



2.2 MANAGEMENT AND GOVERNANCE OF ECCE IN BANGLADESH

12. The MoWCA is the lead ministry for coordinating overall ECD especially childcare services in Bangladesh, while other ministries remain significant stakeholders in this sector. The Comprehensive Policy for Early Child Care and Development 2013 (CPECCD) gives MoWCA the lead coordination and supervision role for all early childhood activities while MoPME is implementing ECE through their one-year preprimary program. The policy covers the period from conception to age 8 and thus includes the target age group for ECE as well. The CPECCD emphasizes the need for a more multidisciplinary and coordinated approach to ECCE and it involves 11 ministries. It recognizes a ‘critical need’ to establish coordination mechanisms among service providers in health, education, social protection, and child protection for young children to avoid duplication and wastage of resources. However, in practice there is absence of coordination among these ministries, including ECE approaches of MoWCA and MoPME. Currently, MoPME covers children aged 5+ through their preprimary program. The expansion of this program by one year to include 4-year-olds through one additional year of PPE has been approved and awaiting to be piloted in 2023.

13. In addition to government entities, Bangladesh ECD Network (BEN) also provides policy level support in form of stakeholder coordination for overall ECD sector of Bangladesh. BEN is a forum of stakeholders including government, national and international NGOs and UN agencies working in the ECD sector in Bangladesh. It was established as a result of the growing demand for establishing a coordinating organization with the purpose of being a forum for sharing information and experiences, increasing cooperation, and building capacity of stakeholders regarding ECD in the country. BEN was formed in 2005 and currently around 200 different types of service providers from governmental, non-governmental and international institutions are enrolled with BEN.

14. Guided by the CPECCD, under the policy guidance of MoWCA, BEN facilitated the development of an Early Learning and Development Standards (ELDS) for Bangladesh. The purpose to form the ELDS is to have a set of agreed-upon standards for guiding ECD

programs and services. The ELDS are intended to provide guidance to families, ECD caregivers/teachers, and administrators on what young children (typically in the 0–6 age group) are expected to know and do at various stages of development. Numerous countries have developed and adopted their own ELDS in accordance with established concepts about child development and the country’s goals and values. Bangladesh’s ELDS outline the competencies that young children should possess at various ages and stages, from birth to 96 months. They propose development indicators for children (such as behaviors and skills they should exhibit) and strategies for caregivers to encourage these behaviors. They cover four domains: physical and motor, social and emotional, language and communication, and cognitive development. The ELDS have been endorsed by 16 ministries. The ELDSs have been used by the National Curriculum and Textbook Board (NCTB) in the development of the national preprimary curriculum and by several NGOs to inform the development of their preprimary teacher learning packages. The ELDS are incorporated by MoPME in its current pre-primary curriculum for 5 years old children; and will be the same when pre-primary for 4 year old children is introduced.

2.3 MANAGEMENT AND GOVERNANCE OF CHILDCARE CENTERS IN BANGLADESH

15. There are three major childcare service providers in Bangladesh: government, non-governmental organization (NGOs) and private sector. Each provider targets different beneficiary groups as shown in Figure 2. ECD initiatives including childcare services gained momentum from the late nineties mainly led by NGOs. The NGO sector is considered as the pioneer of providing childcare service in Bangladesh. While NGOs have been working in the sector for a long time, the last decade has seen a surge in government and private center-based childcare. This is in line with the survey findings: while 57 percent of the surveyed NGO centers were established before 2013, around 92 percent of non-NGO centers were established between 2013 and 2019. The increased involvement of government and private sector can be attributed to increasing female labor force participation in past decade coupled with more frequent awareness-raising campaigns, governments increasing focus on

Figure 2: Center based Childcare Service Providers in Bangladesh

Childcare Service Providers	Location/ Area	Target Beneficiary Groups
Government	Rural areas; pockets of urban areas e.g., near textile factories (RMG)	Supports parents from lower and lower-middle income cluster all over the country; factory worker parents in urban areas
Non-governmental organization (NGOs)	Mostly rural areas; some coverage in urban slums; outsourcing support to factories	Supports lower income and lower-middle income cluster parents; working parents from slum areas; provides outsourcing support to factories who wants to provide childcare support to their workers
Private Sector	Urban cities	Mostly targets middle/upper-middle income parents in urban cities; provides outsourcing support to private offices who would want to provide childcare services to their employees

Source: Authors' elaboration based on secondary literature and KIIIs

safety net programs through inclusion of childcare, and advocacy on overall ECD activities.

16. MoWCA with its respective departments and related agencies has been leading the childcare service provision as the government entity. Under MoWCA, the Department of Women Affairs (DWA), Bangladesh Shishu Academy (BSA) and Jatiyo Mahila Shangsthya (JMS) have been working to provide childcare services through several government programs, safety net initiatives and donor supported projects (e.g. 20 daycare establishment project, Early Learning for Child Development/ELCD projects, etc.). These services are mostly designed to ensure the safety and security of the children in absence of their parents, mostly mothers. The urban based daycare initiatives of the government are mostly situated near the formal/non-formal economic zones where women work mostly. These centers generally support the working mothers who cannot afford the daycare facilities by the private service providers, while government supported childcare facilities are free of cost. However, currently the government run centers have limited resources to expand services to children from middle income families.

17. NGOs offer the widest range of services in childcare sector of Bangladesh. There are NGOs that are running low-cost childcare centers and support working women living in low-income communities and most of such

centers are run through project funding. Initiatives by Phulki, Sajida Foundation, Dhaka Ahsania Mission and Sobujer Ovijan Foundation working in the low-income communities and supporting working women are good examples of these initiatives. Many NGOs are also supporting different factories (mostly Ready Made Garments/RMG factories) in ensuring childcare support for their employees. These centers are operated by NGOs in a business-to-business approach. There are NGOs that generally provide overall support to vulnerable children including caregiving and ECD support. For example, the SOS children's villages provide accommodation and food to the vulnerable children alongside early childhood development support through play and games. BRAC¹¹ provides one of the most unique and wide range of ECD services including childcare centers, play based ECD centers and pre-school services.

18. Private service providers in the childcare sector of Bangladesh are comparatively expensive and based in urban areas. These providers function as a business entity and follow the modality of a business or entrepreneurship approach. These operate in urban areas and usually serve upper middle-income families. Currently private providers follow their own standards or international programs (e.g. We Learn Model) and are not mandated to follow any government standards. However, the Bangladesh Child Daycare Centre Act 2021 will require

¹¹ BRAC is an international development organization based in Bangladesh

every provider to operate following the same overarching regulations and standards. There is another type of childcare service provision that basically falls under the private provision. Corporate organizations, multinationals, commercial banks, among others opt for employer-supported childcare provision for their employees within their premises. These services are usually managed by well-known private childcare service providers (such as Wee Learn, Le Petit, etc.).

2.4 WHO ARE THE KEY STAKEHOLDERS IN CHILD CAREGIVER SKILLS TRAINING IN BANGLADESH?

19. There is undoubtedly a need for coordinated efforts for the provision of nationally certified child caregiver training in Bangladesh. While there is some government-led training, NGOs are currently the major training providers for child caregiving in Bangladesh. The current practice for childcare centers is to either train caregivers in-house led by senior and experienced staff or outsource training to existing training providers (mostly NGOs such as Phulki, BRAC etc.). These training providers

are mostly NGOs and semi-government institutes who have been working in the ECD and childcare sector for a long time in the country. Non-governmental organization, specialized education institutes (e.g. BRAC Institute of Education Development) and private training providers have their own caregiver training curriculum. These training programs are used to train their own staff in self-managed centers, outsource training services to Government and other organizations (Banks, corporates etc.), as well as train any individual who wishes to receive a child caregiver training in exchange of a fee. These training providers issue their own certification upon completion of the training, but the programs are not accredited or affiliated with any public regulatory authority. On the other hand, the Bangladesh Technical Education Board (BTEB) under Technical and Madrasa Education Division (TMED) of Ministry of Education (MoE) has developed a child caregiver competency standard framework up to Level 4 (out of 6 competency levels) and there are seven training institutions providing this training registered under the Bangladesh Technical Education Board (BTEB). However, the childcare practitioners in Bangladesh continue to mostly use the NGO-led training programs as these services are more established and available, even with notable participation by the Government-managed childcare centers.

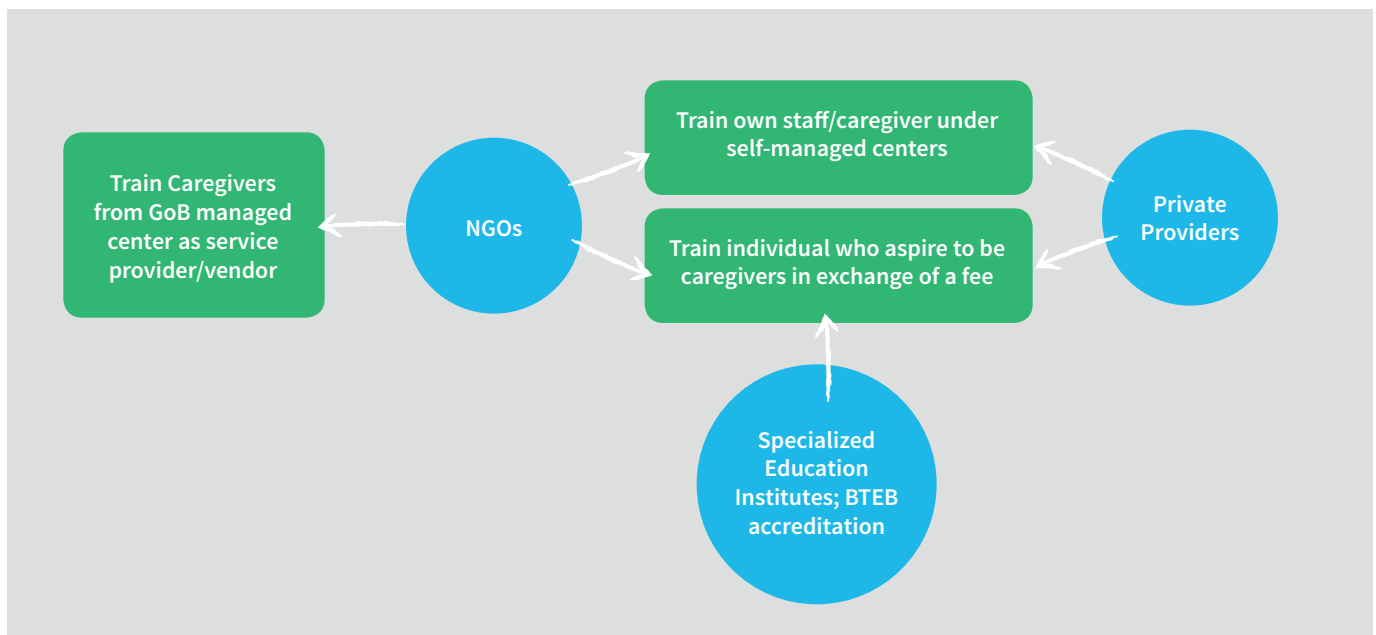


Figure 3: Types of Major Child Caregiver Training Providers in Bangladesh

Source: Authors' elaboration

20. A nationally accredited child caregiver training as an initiative under the Child Daycare Act 2021, can yield positive outcomes for existing stakeholders.

This implies that all child caregiver training programs would follow common training curriculum; standards; assessment framework and quality assurance system endorsed by the Government. This would set the minimum standards to help improve the quality of child caregiving training and thus reduce disparities in the quality of services across varied training providers. The

draft “National Operational Manual for Daycare Centers” based on the Bangladesh Child Daycare Centre Act 2021 is expected to articulate the national level child caregiver skills training initiative. This approach can yield huge benefits by leveraging existing stakeholders’ expertise through collaboration and coordination. Further details of a mapping of stakeholders in the management of childcare services is provided in Annex 3: Stakeholder Mapping of Child Caregiver Training Provision in Bangladesh.

SECTION 3

WHAT IS THE STATUS OF CHILDCARE WORKFORCE IN BANGLADESH?

21. The following sections summarize the findings of the data collection to provide insight into the quality of the center-based childcare services. Data were collected in February-March 2021, using five questionnaires which comprised of several modules assessing center facilities and environment, caregiver and center manager qualification, skills and perceptions, parents' perception of childcare service. This survey is not representative of an average childcare center in Bangladesh as it was implemented in a convenience (non-random) sample of government, private and NGO centers across six divisions (Chittagong, Dhaka, Khulna, Mymensingh, Rajshahi and Sylhet). Nonetheless, the survey findings provide first time insight into status of the sector for Bangladesh. The sample included 67 childcare centers, 172 child caregiver interviews, 48 childcare institution managers interviews and 108 parent interviews.

Figure 4: Sample by Respondents and Type of Childcare Center

Respondents	Government*	Private	NGO	Total
Childcare Centers	19	20	28	67
Child Caregivers	19	77	76	172
Childcare Center Managers	0	20	28	48
Parents of enrolled children	19	20	20	59
Parents of not enrolled children	N/A	N/A	N/A	59
Total	57	183	106	405

*This includes only Shishu Bikash Kendra (SBK) centers which operate only for two or two and a half hours daily.

Source: Authors' elaboration

3.1 SOCIO-ECONOMIC PROFILE OF CHILD CAREGIVERS IN BANGLADESH

22. Child caregivers in Bangladesh are individuals who work at childcare institutions and are responsible to educate and generally take care of children between ages 3 to 5 year olds. Even though they may not have studied to become a teacher, they are commonly referred to as “teachers”. On average, three caregivers in each NGO and private centers were interviewed while only one child caregiver in each of the government centers

were interviewed as part of this survey¹². Thus, among the surveyed caregivers, 45 percent worked at private institutions, 11 percent at the government institutions, and 44 percent at NGO institutions.

23. Child caregivers were found to be young females with a relatively high level of education and modest family backgrounds. All interviewed caregivers are female as in the case of most countries. Global evidence also indicates that childcare occupations remain almost exclusively female. Even in OECD countries over 95 percent child caregivers are female (Christopherson, 1997). In Bangladesh, long-term ECD practitioners also confirm that the security concerns of parents raise exponentially when the caregiver is a male. With an average age of 31 years, 60 percent of the caregivers are mothers. Child caregivers in Bangladesh represent a younger age cohort, as 58 percent of surveyed caregivers represent the 25 to 35 years age group. They are much more educated than their own parents; 42 percent of the caregivers hold a bachelors or a master's degree, while only 6 percent of their mothers and 24 percent of their fathers have these degrees (Figure 5). Moreover, surveyed child caregivers represent a much higher level of education attainment than the national average of the employed population. While 68 percent respondents have Higher Secondary Certificate/Grade 12 or higher level of

education compared to national average of 12 percent service employed population who have Higher Secondary Certificate (HSC) or above education (Bangladesh Bureau of Statistics, 2016-2017).

24. Caregiver education requirements are higher in developed countries compared to pre-primary teachers in lower- and middle-income countries like Bangladesh.

Most developed countries have child caregivers working in centers with bachelor's degree or higher, such as in the case of Norway, Germany and Chile (OECD, 2020). However, lower- and middle-income countries with data available through the System Approach for Better Education Results (SABER) require their preprimary teacher to have completed high school with vocational training in ECD.¹³ On the high end, some upper-middle income countries like Albania, Bulgaria and Romania and low-income countries like Burkina Faso and Kyrgyz, require tertiary education with specialization in ECD (SABER-ECD). In Bangladesh, the minimum level of education required varies between centers, since there is no national policy that regulate that, so it varies from SSC to HSC. While education qualifications are an important determinant of quality of child caregiving skills; the higher level of education qualifications does not necessarily translate into better quality service delivery when adequate and continuous skills training are not provided to child caregivers supported by an enabling environment.

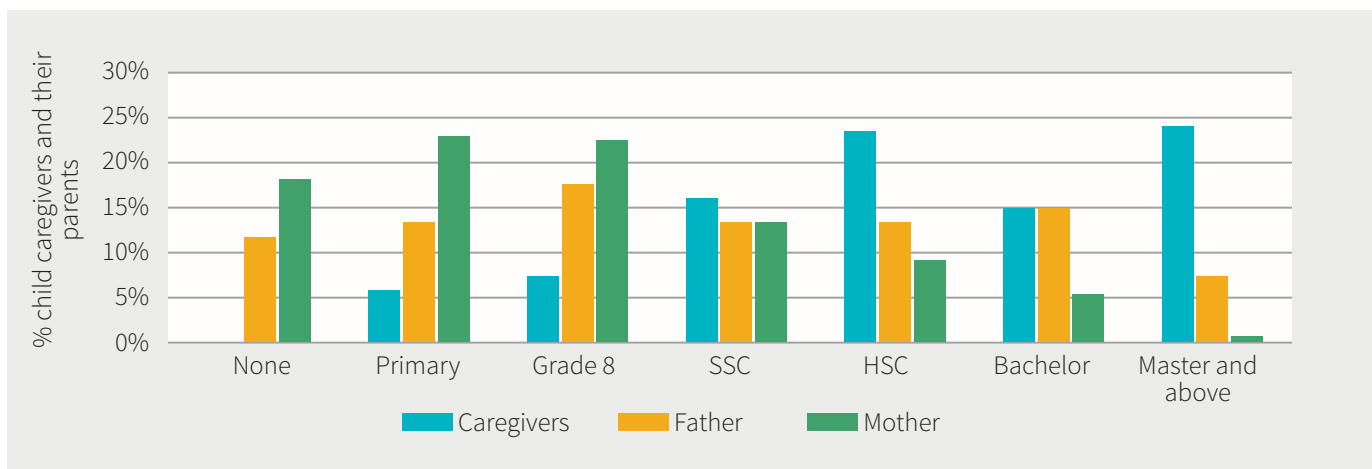


Figure 5: Level of Education of Caregivers and their Parents

Source: Authors' estimates based on Childcare Survey 2021

¹² The government managed centers surveyed under this study were only run by a single caregiver. However, there are various government centers which have more employees; however were not accessible to the team.

¹³ The educational requirement for early childhood educators of 24–59-month-old children is not available in SABER-ECD; however it has detailed information about the educational requirement of preprimary teacher. Preprimary teachers are in charge for 60–83-month-old children.

25. The majority of surveyed caregivers joined this profession looking for better work opportunities and are willing to build their career in this field. Two-thirds of the caregivers had some previous work experience: among them only around 40 percent worked before in childcare services, while 27 percent held other service jobs and the remaining 23 percent worked on other professional jobs (Figure 6). The most common reason for leaving previous job was low pay or moving to a new location. For almost 90 percent of the caregivers, a relevant or very relevant reason for joining this profession was thinking that this job would lead them to better opportunities. Their expectation is mostly in line with their reality since only 16 percent mentioned that lack of career prospect was a challenge that they are currently facing (Figure 9). Eight out of ten caregiver mentioned to be motivated by their family and friends to work in this area. Less than 20 percent joined the caregiver profession because they couldn't find jobs in other fields (Figure 7). Nine out of ten caregivers are willing to build their career in this field.

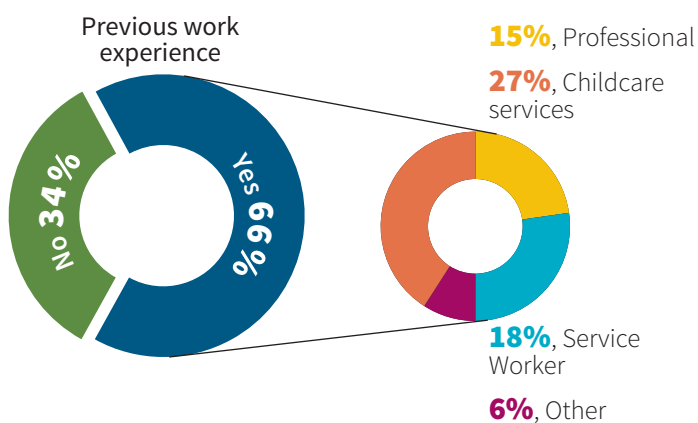


Figure 6: Previous Work Experience of Child Caregivers

Source: Author's estimates based on Childcare Survey 2021

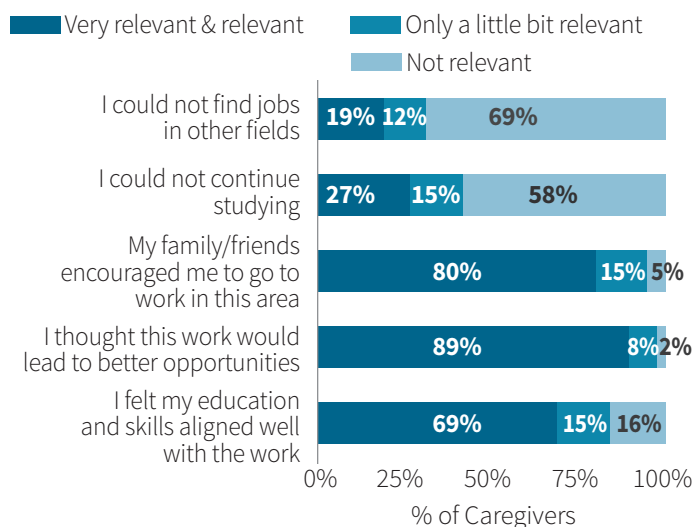


Figure 7: Motivation for Joining Child Caregiving Profession

Source: Author's estimates based on Childcare Survey 2021

26. A surveyed full time child caregiver, on average, was found to earn less than education and service sector workers in the country. Surveyed full time child caregivers earn on average around BDT 10,900 (US\$ 128 equiv.) per month, which is 16 percent less than the national average earnings of other service sector workers and about 54 percent less than education sector workers of a similar demographic profile (i.e., women in urban areas).¹⁴ Moreover, there is substantial variation in the salaries with around 65 percent of full-time caregivers earning less than the average with a range between BDT 3,000 and 10,700 (US\$ 35- US\$ 126) per month. There is also substantial variation in salaries between types of providers; however, it is challenging to make comparisons as there are differences in the number and duration of shifts (Figure 8). For instance, government institutions

Figure 8: Average Monthly Earnings of Child Caregivers across Type of Provider and Working Hours (in BDT)

	Government			Private			NGO		
	Average	Min	Max	Average	Min	Max	Average	Min	Max
Current salary of full-time caregivers	5,000	5,000	5,000	13,281	3,000	25,000	8,871	5,000	20,000
Hours of operation per day	2	2	2	10.7	5	14	8	3	14
Shifts	1.4	1	3	1.8	1	3	1	1	1

Source: Author's estimates based on Childcare Survey 2021

¹⁴ Urban female service sector workers earn on average BDT 13,027 (US\$ 160), and urban female education workers earn on average BDT 23,568 (US\$ 290) according to the Labor Force Survey 2016-17.

operate only two hours per day with around 80 percent of those in the sample working only one shift. All the centers managed by NGOs in the sample work one shift with around eight hours of operation per day, whereas around 70 percent of private ones have on average 11 hours of operation per day with two shifts. With this in mind, the highest average salary is for full time workers in private centers, earning around BDT 13,281 (US\$ 156), followed by those working in NGOs with average BDT 8,871 (US\$ 104). In contrast, all full-time workers in the surveyed government institutions earn BDT 5,000 (US\$ 59).

27. Private and NGO centers offer better economic incentives and social security to their caregivers than government ones. Caregivers working in private and NGO centers are more likely to receive festival bonus (around 80 percent for both) and performance bonus (60 percent in private and 32 percent in NGO centers). With respect to social security, NGO centers are leading with almost 70 percent providing health care and 82 percent providing maternity leave, while the figure stands at 65 percent and 40 percent respectively for private centers. On the other hand, caregivers of the government centers are the lowest paid with little additional benefits in terms of bonus or social security: only 16 percent provided bonus, 20 percent maternity leave and only 5 percent provided health care.

3.2 PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR CHILD CAREGIVERS IN BANGLADESH

28. There is no formal recruitment system for child caregivers with the minimum level of qualifications varying across institution type. According to the survey, most of the recruitment is done informally with three-fourths of the surveyed centers recruiting child caregivers through personal networks. Consequently, 70 percent of the interviewed caregivers found out about the job informally, e.g. through their personal networks. Around 42 percent of the centers posted jobs on media advertisements, such as newspaper ads, while only 22 percent of caregivers found out about the job using the same medium. Centers did not recruit via education institutions, and very few use public and private employment services or job fairs. There is no universal requirement of minimum level of education to become

a child caregiver; however, there seems to be a trend across the surveyed institution by their management type. Government institutions are the ones that require the highest level of education (79 percent require HSC/ Grade 12 completion) while NGOs require the lowest level of education (82 percent require SSC/Grade 10 or less). The level of education required in private institution is more evenly distributed than the government and NGOs centers. However, the interviewed caregivers working in private centers were by far the most educated ones (73 percent had a Bachelor or Master’s degree) linked likely to the relatively higher pay. For government centers, 74 percent of the interviewed caregivers have HSC and only 25 percent have this level of education in NGO (Figure 9).

29. Despite having higher educational attainment than required, the majority of the surveyed caregivers started their job having no previous work experience in childcare services or any training in this field.

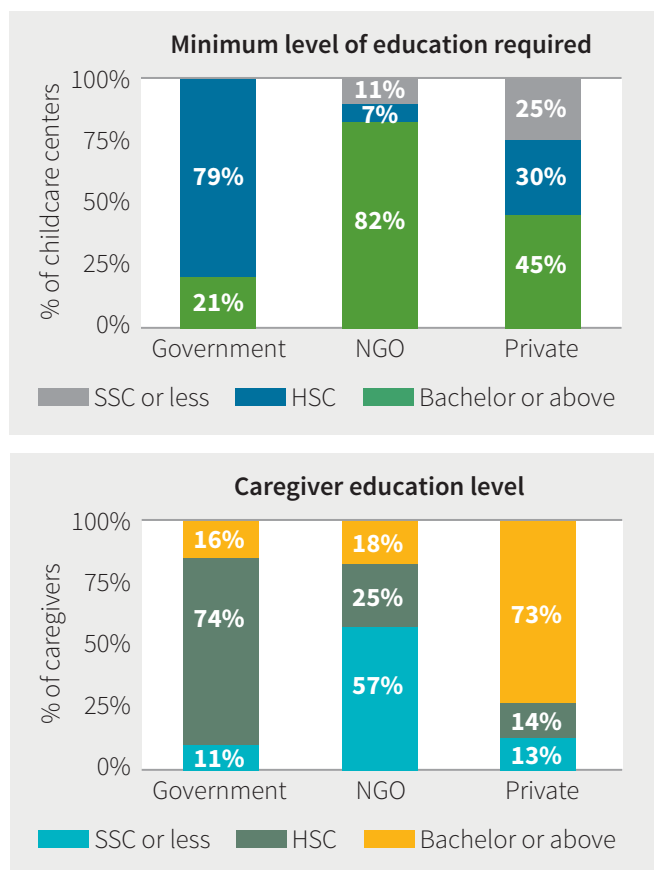


Figure 9: Education Level of Caregivers: Requirement and Actual

Source: Author’s estimates based on Childcare Survey 2021

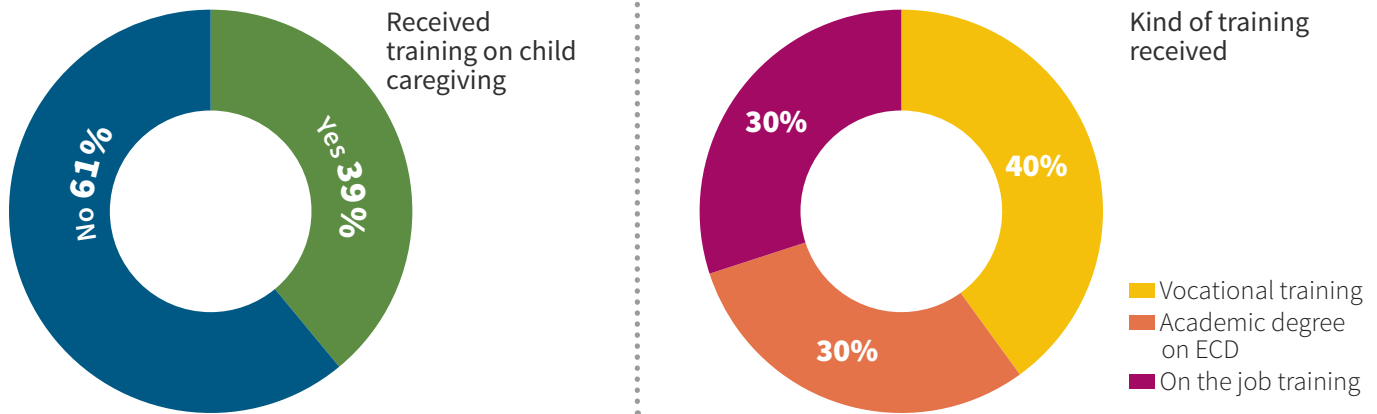


Figure 10: Training Before Joining Their Current Role as Child Caregivers

Source: Author's estimates based on Childcare Survey 2021

While most of the surveyed government and NGO centers reported to require virtually no prior professional experience or training for a child caregiver position, some private centers however do have these requirements in place. Of the surveyed private childcare centers, around 34 percent required prior childcare work experience along with prior training/certification in child caregiving when filling in a child caregiver position. For one-third of all caregivers, their current job was their first job while only 24 percent had some previous work experience in childcare services. Regarding training, 61 percent did not receive any training on child caregiving services before joining their current role (Figure 10). Of the respondents who had received some training, only 40 percent received through short course/vocational training; 30 percent received through on-the-job training while 30 percent had higher education certification on early childhood development. These training were mostly sponsored by their employer (91 percent). The length of most of these trainings generally went from one to eight weeks. Around 80 percent of respondents were very satisfied with the training.

30. Formal preparation of caregiver candidates for their job (pre-service training) or a professional career in child caregiving in education institution does not exist in Bangladesh, leaving caregivers unprepared for their responsibilities. Pre-service education,¹⁵ is the first step to provide future caregivers

with the content, pedagogical and managerial skills needed to become an effective educator. These programs aim to ensure that caregivers are educators who know and can deliver content effectively for improving child development outcomes. Improving pre-service training is one of the five principles of the World Bank's Global Platform for Successful Teachers¹⁶ to help countries to improve teaching and learning. Well-performing education systems, like Finland and Singapore, have strong pre-service programs. Effective pre-service training that includes a strong practical teaching component, ensure that educators are well-equipped to transition and perform effectively in the classroom. Pre-service education programs usually between one to four years. Alternative ones (such as Teach for America) can last only a few months (Beteille & Evans, 2019).

31. Once working as caregivers, eight out of ten received in-service training organized by their employers and almost all caregivers felt the need for additional training. Almost all the centers reported providing in-service training to their child caregivers. Those trainings are usually short courses (65 percent last less than 1 week), provided by senior staff at the centers (53 percent), external trainers or training centers (28 percent) or NGOs (19 percent). More than half of the centers develop the training content themselves. According to the surveyed centers, around half of the in-service trainings are accredited by the

¹⁵ According to the definition of UNESCO, pre-service training is delivered before the teacher start their work as a teacher. These educational programs are designed to train future teacher to formally enter the profession at a specific level of education and are recognized and organized by private and public entities. Those graduating pre-service training receive a government recognized teaching qualification (UNESCO Institute for Statistics).

¹⁶ <https://live.worldbank.org/successful-teachers-successful-students>

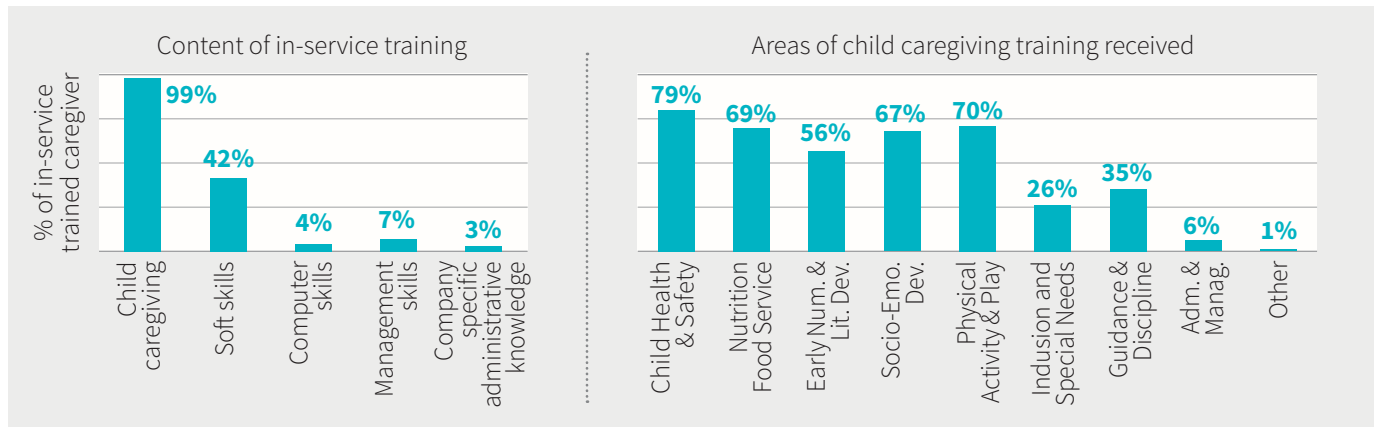


Figure 11: In-service Training Received by Caregivers

Source: Author's estimates based on Childcare Survey 2021

SBK government centers (49 percent) or NGO (37 percent). Practically all trained caregivers received training on child caregiving and around 40 percent also received training on soft skills like communication, teamwork and problem solving (Figure 11). Seven out of ten caregivers receiving in-service training were very satisfied with the training, the rest were somewhat satisfied. Around 90 percent of the caregivers responded that they need more training. Areas where more training is felt required by caregivers included: Child Socio-Emotional Ability Development, Child Physical Activity and Play, Inclusion and Special Needs and Guidance and Discipline (Figure 15; discussed in detail in Section 4).

challenge that center caregivers and managers faced in their job.

Two-thirds of caregivers and managers mentioned that more financial benefits are needed to attract and retain people in this profession. More than 40 percent of child caregivers and 58 percent of center managers responded that government certification would attract and retain more professionals in the caregiving sector. Along with certification, more than half of the respondents felt access to better training is needed to attract people to work in the sector (Figure 12). Social perception was also a challenge faced by 35 percent of managers of childcare institutions. For them awareness building was the most mentioned initiative to attract and retain more people to managerial jobs at childcare centers.

32. Financial challenges were the most mentioned

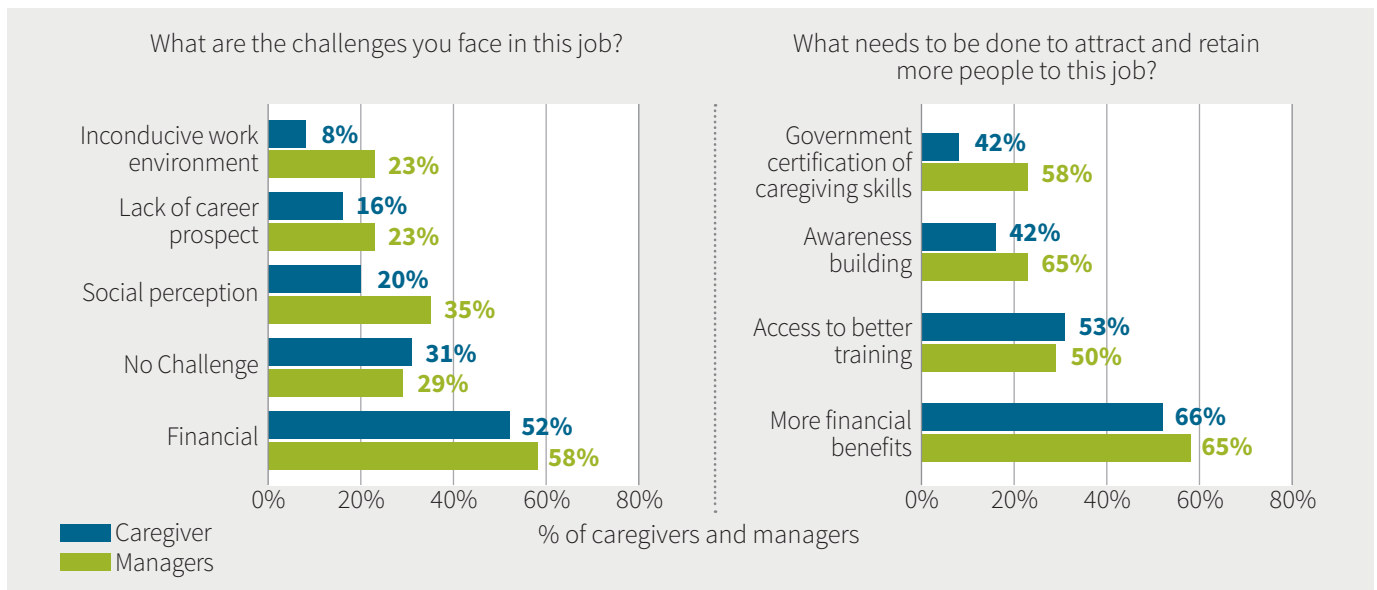


Figure 12: Challenges Faced in the Job and How to Attract and Retain more

Source: Author's estimates based on Childcare Survey 2021

SECTION 4

IS EARLY CHILDHOOD CARE AND EDUCATION ADEQUATELY INCORPORATED INTO CHILD CAREGIVER TRAINING PROGRAMS IN BANGLADESH?

4.1 REVIEW AND ANALYSIS OF SELECTED CHILD CAREGIVER TRAINING CURRICULUM IN LIGHT OF ECCE

33. In Bangladesh, the in-service training for child caregiving is largely led by national and international NGOs and specialized education institutes¹⁷ working in ECD and childcare sector. These training providers generally conduct child caregiver training programs for both internal and external staff. These programs are in high demand for agencies who outsource their staff training (including Government supported daycare staff) and for individuals who aspire to be a child caregiver in a recognized childcare center. The training programs generally comprise of field based practical training (trainee attached as an observer in a childcare center) in addition to theoretical classes/training on child development. Most private childcare service providers have their own in-service training program designed for their staff. The duration of the trainings program varies from two to fourteen days depending upon the type of institution. In countries like Pakistan (The Early Learning Partnership, 2019), Lesotho (World Bank, 2018) and Tanzania (UNICEF, 2017), in-service training lasts around 1 week.

34. Research suggests some key competency standards for best practices in ECCE based child caregiver training program. Currently there is no comprehensive global standard on child caregiver qualification or caregiver training competency requirements. Bangladesh is yet to fully develop its national competency requirement for child caregivers. Based on national level relevant policies and frameworks on ECCE,¹⁸ globally

¹⁷ E.g. BRAC IED

¹⁸ (i) Comprehensive ECCD Policy 2013 (Ministry of Women and Children Affairs, 2013); (ii) Early Learning and Development Standards (ELDS) (Ministry of Women and Children Affairs, 2016)

recognized frameworks and/or competency standards,¹⁹ and internationally acclaimed successful good practices²⁰ in child caregiver training, the following seven content areas have been identified for the purpose of this study as mandatory contents of a best practice child caregiver training program: (i) knowledge and understanding of comprehensive ECD; (ii) early years learning including early literacy and numeracy; (iii) child health, nutrition and hygiene; (iv) child physical activity and play based learning²¹; (v) child socio-emotional ability development and interaction techniques; (vi) child safety and security; and (vii) inclusion and special needs.

35. In addition, the training programs must focus on quality of teaching practices to effectively promote child development and learning. This includes training caregivers on the ability to create a supportive learning environment and setting clear, positive behavioral expectations and effectively redirecting misbehavior of children under their supervision. Caregivers need to be trained on how to facilitate learning, use effective strategies for understanding, provide feedback that help clarify children’s misunderstandings or identify their successes and to provide critical thinking activities for children. Finally, to ensure quality teaching practices, caregivers would need to learn how to foster children’s socioemotional skills that encourage children to succeed, through promoting autonomy, perseverance and social and collaborative skills (World Bank, 2021).

36. A systematic review of existing child caregiver in-service training programs of major training providers in Bangladesh shows ECCE practices are well recognized in the training programs; but still have areas for further improvement. The exercise included a review of the most commonly used child caregiver training curriculums in Bangladesh, which were

assessed against the seven key indicators mentioned above for developing critical competencies in child caregiving. There are several child caregiver in-service training courses in Bangladesh which incorporate ECCE aspects and are widely recognized by ECCE practitioners, stakeholders and policy makers of the country. Curriculums from the most common programs were collected across each type of major training provider, including: (i) NGO (two types of NGO curriculums – one that trains its own staff and most popular for outsourcing training of Government staff and another that operated all over the country but mostly trains its own staff); (ii) specialized Education Development (or ECD) Institutes (e.g. BRAC IED); (iii) community based approach; (iv) hospital-based childcare certificate course; and (v) curriculum designed by Bangladesh Technical Education Board (BTEB) which follows competency based approach²². A comparative analysis was conducted across these training programs against several indicators under each of the seven key competency areas identified as best practice for child caregiver training curriculum. Overall, this review concluded that even though there is room for improvement, Bangladesh currently has a good combination of classroom based and practical training approach (please refer to Annex 2: Comparative training curriculums matrix for detailed findings).

37. In Bangladesh, no single caregiver curriculum completely covers all the sought competency standards. As evident from Figure 13, while there are several strengths in terms of breadth of content across an indicator, no single training provider fully covers all the seven key competency requirements. This implies that even after receiving training from a well-recognized training center, a child caregiver will still lack skill competencies in one or more critical areas required

¹⁹ (i) Nurturing Care for Early Childhood Development (UNESCO; World Bank; Center for Universal Education at the Brookings Institution; UNICEF, 2018); (ii) World Health Organization Recommendations (Jeong, et al., 2020) and (iii) Measuring Early Learning Quality and Outcomes (MELQO) (UNESCO; World Bank; Center for Universal Education at the Brookings Institution; UNICEF, 2018)

²⁰ (i) National Quality Standards, Australian Children’s Education and Care Quality Authority (Australian Children’s Education & Care Quality Authority, 2018); (ii) Quality Standards for Early Childhood Care and Education- India (Ministry of Women and Child Development, 2014); (iii) Indicators of quality for early childhood education: what matters most- New Zealand (Education Review Office, 2019); (iv) Standards for the Operation, Management and Administration of Early Childhood Institutions, Early Childhood Commission - Jamaica (Early Childhood Commission, 2007)

²¹ Even though physical activity and play-based learning are grouped together by the Government, it is important to highlight that play-based learning are much more than play as physical activities; in fact, play-based approaches are developmentally appropriate ways in which children learn key skills such as literacy and numeracy through play.

²² The BTEB under MOE has initiated the development of competency based training for child caregiving on a small scale; however, this curriculum is yet to be recognized and consulted with MOWCA or non-government providers.

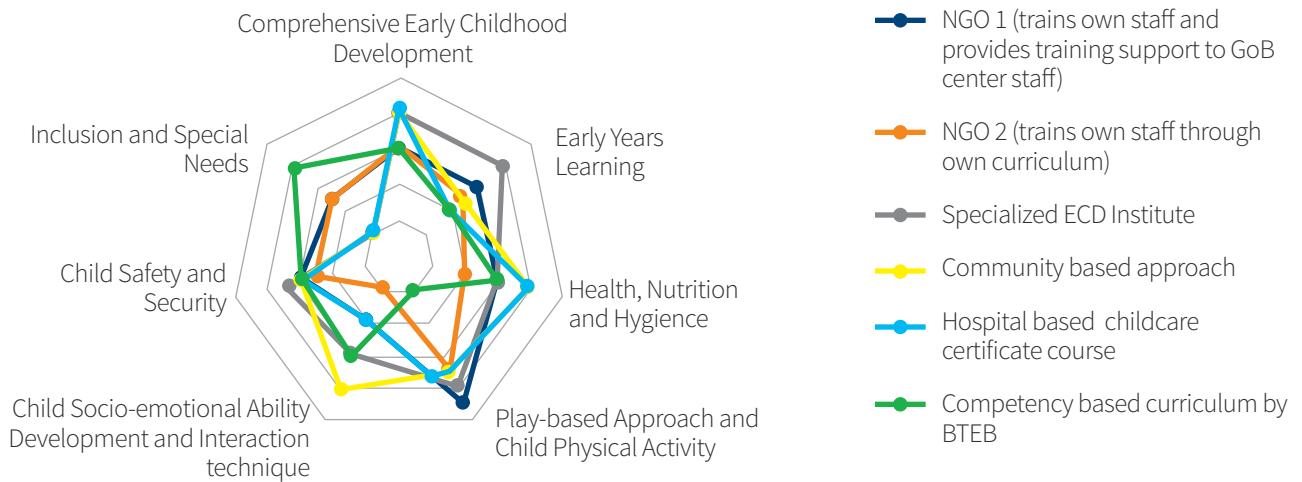


Figure 13: Comparative Analysis of Existing Child Caregiver Training Curriculum in BD²³

Source: Authors' elaboration based on review of different training curriculums

for quality child caregiving which fully integrates ECCE aspects. The absence of a national assessment and accreditation mechanism for child caregiver skills creates disparities in quality of child caregivers' skills and subsequently their services towards children. Moreover, the opportunity to recover the gaps from any one of these training programs becomes challenging with the absence of refresher training practice or availability of more advanced courses.

38. Bangladeshi child caregivers receive strong foundational training on ensuring child safety and conducting play-based activities. These two aspects are satisfactorily covered by all the assessed training providers and their individual scores are also high. While play-based activities have been proven to be very effective in ensuring early learning and development of a child, safety and security issues are the most important aspect to Bangladeshi families which is substantiated by the survey findings under this study (Figure 14). Based on the training curriculum assessment, an average Bangladeshi child caregiver can ensure physical space and safety of the classroom, is aware of basic child rights and is well aware of safety and emergency protocols. The play-based contents of the selected curriculums were assessed to determine if after completing the module the caregiver

will be able to: (i) create opportunities for all children to explore and engage in free play and group play; and (ii)

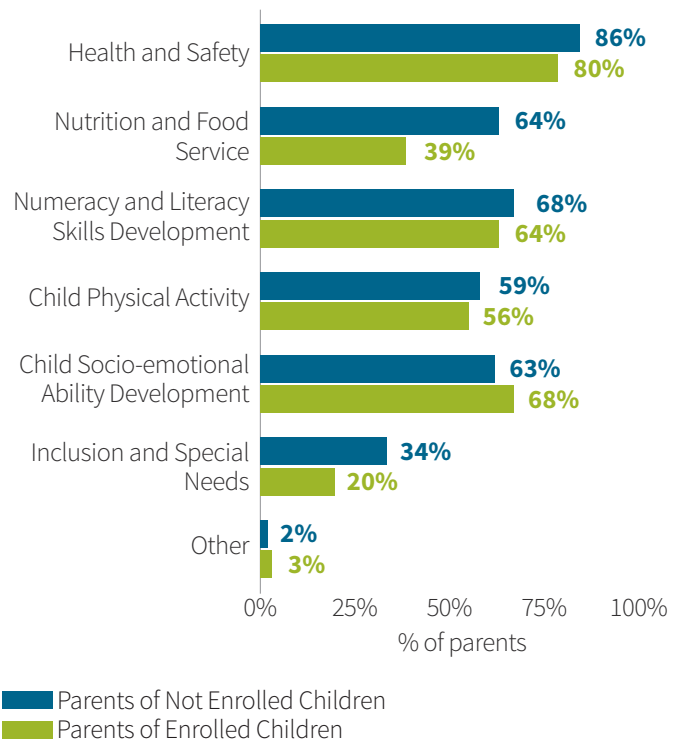


Figure 14: Parents Expected Services from Childcare Center

Source: Author's estimates based on Childcare Survey 2021

²³ This is scaled from 1 to 10, where 1 = least covered, 9 = almost fully covered, and 10 = completely covers. The scales are attributed proportionate to the sub-indicators' coverage by each provider through their curriculum. Details in Annex 2.

utilize sufficient, varied and challenging materials, such as blocks, books and colored pencils by children as per age-wise milestone. All five assessed training curriculums satisfactorily cover these competencies.

39. There is scope for improvement in areas of child health and nutrition and ensuring early year learning under popular child caregiver training programs in Bangladesh.

Child health, nutrition and hygiene is one of the most important aspects of ECCE. As illustrated in Figure 13, this aspect is not covered evenly when training child caregivers by available training programs. Community based approaches and hospital-based childcare certificate courses cover this aspect somewhat satisfactorily, but these providers are not operating at the scale of NGOs or other intensive practitioners in this sector. Early literacy and numeracy development is one of the most significant factors of school readiness and cognitive development. Studies show children in Bangladesh are faring behind in meeting basic numeracy and literacy proficiency levels (Bhatta, et al., 2020) in later years of basic schooling (World Bank, 2012). Inclusion of creative and joyful methods to develop emergent literacy and numeracy skills during caregiving years can prepare children better for school based ECE and later primary education.

40. Existing child caregiver training curriculums in Bangladesh show alarming weakness in areas of child socio-emotional ability development, inclusion and support for children with special needs.

Figure 13 shows most of the existing training providers are far behind in covering appropriate content in their caregiver training curriculum for developing child socio-emotional ability development. Child socioemotional ability development is one of the most important criteria as global evidence suggests that child development outcomes improve based on quality of interactions between teachers and children, and between children and their peers (Helmerhorst, et al., 2017). The dearth of coverage of this aspect in common training providers of Bangladesh is also substantiated by the survey findings under this study, as the surveyed caregivers also attest

that in their perception, they require further training in child socioemotional ability development and surveyed parents also expects services from the childcare centers in this area as a top priority as shown in Figure 15 and Figure 14, respectively. Nearly all current training providers in Bangladesh do not include the required training module on child inclusion and special needs in their caregiver training program. This is alarming as well skilled caregivers are able to detect early on child developmental issues and support families in getting the right care for their child.

41. Coordination and collaboration are required among the current active training providers in the child caregiver training field to ensure quality childcare workforce.

There are some good practices currently existing in the child caregiver skills training ecosystem of Bangladesh. However, the overall sub-sector has lack of coordination and communication in childcare training that results in uneven quality in childcare services. As evident from the comparative analysis of the existing training curriculums, there are strengths and weaknesses in each popular caregiver training courses. The training programs require to be well coordinated and operated under a national accreditation body.

42. A competency-based approach²⁴ may pave a clearer career path for skilled and qualified childcare workforce in Bangladesh.

Global good practices²⁵ in most LMICs and other countries show that competency-based approaches having multiple levels have proven effective in retaining and engaging a skilled workforce in the childcare sector.²⁶ By building on the strengths of existing popular childcare training courses in Bangladesh and global best practices, significant gaps can be reduced in the training approach. Bangladesh currently has a good combination of classroom based and practical (attached with an actual childcare center) training approach. However, there is a significant gap in refresher training that is instrumental for enhancing caregiver skills and confidence (Early Childhood Workforce Initiative, 2019). In addition, the provision of mentoring and monitoring has been proven effective globally to ensure that provided

²⁴ Competency Based Approach is a structured training and assessment system that allows individuals to acquire skills and knowledge in order to perform work activities to a specified standard (ILO)

²⁵ Annex 4 provides examples of Good practices of competency based caregiver training

²⁶ Early Childhood Workforce Initiative

training is translated into sustainable skills among caregivers, which is occurring on a very small scale in Bangladesh (Early Childhood Workforce Initiative, 2019).

4.2 TRAINING AND SKILLS GAPS PERCEIVED BY CHILD CAREGIVERS AND CENTER MANAGERS

43. Most surveyed caregivers were trained on child development, health and nutrition while less were trained on inclusion and special needs or guidance and discipline. The survey asked both, the centers and caregivers which areas of training they provide and received, respectively and responses are relatively aligned. The biggest discrepancy was found with training on Guidance and Discipline, whereby more than half of the centers provided the training but only 35 percent of surveyed caregivers were trained. Guidance and discipline was also one of the most mentioned area where child caregivers felt that they needed additional training. Caregivers received training (either before starting their job or through an in-service training) on Child Health and Safety (79 percent), Child Physical Activity and Play (70 percent), Nutrition and Food Service (69 percent), Child Socio-Emotional Ability Development (67 percent) and Early Numeracy and Literacy Development (56 percent). However, around 13 percent of surveyed caregivers

responded that did not ever receive any training.

44. Almost all caregivers felt the need for more professional development on soft skills. Around 90 percent of the caregivers responded that they need more training. Areas where more than 30 percent of caregivers felt that more training is required include: Child Socio-Emotional Ability Development (34 percent), Inclusion and Special Needs (33 percent), Guidance and Discipline (30 percent) and Child Physical Activity and Play (33 percent). The areas mentioned are more based on soft skills and practical training, in which theoretical knowledge is important, but it is not enough to implement it in the classroom. These areas need more practical exposure compared to the ones that fewer caregiver mentioned the need for more training, e.g. Health, Nutrition, Numeracy and Literacy Development. For instance, health content knowledge is usually enough for caregiver to learn from example on what to do if a child is sick. However, to effectively promote social emotional development, they need to learn to use socio-emotional language, provide warmth and support, promote cooperative learning, support children to make responsible choices, promote autonomy and perseverance, among others (Jones, et al., 2013; Whitmore Schanzenbach, et al., 2016; World Bank, 2021). This is similar for Inclusion and Special Needs, Child Play and Guidance and Discipline. These areas need a more hands-on oriented training to meet the everyday needs for quality service delivery, that includes practice and coaching, which is difficult to implement in a short

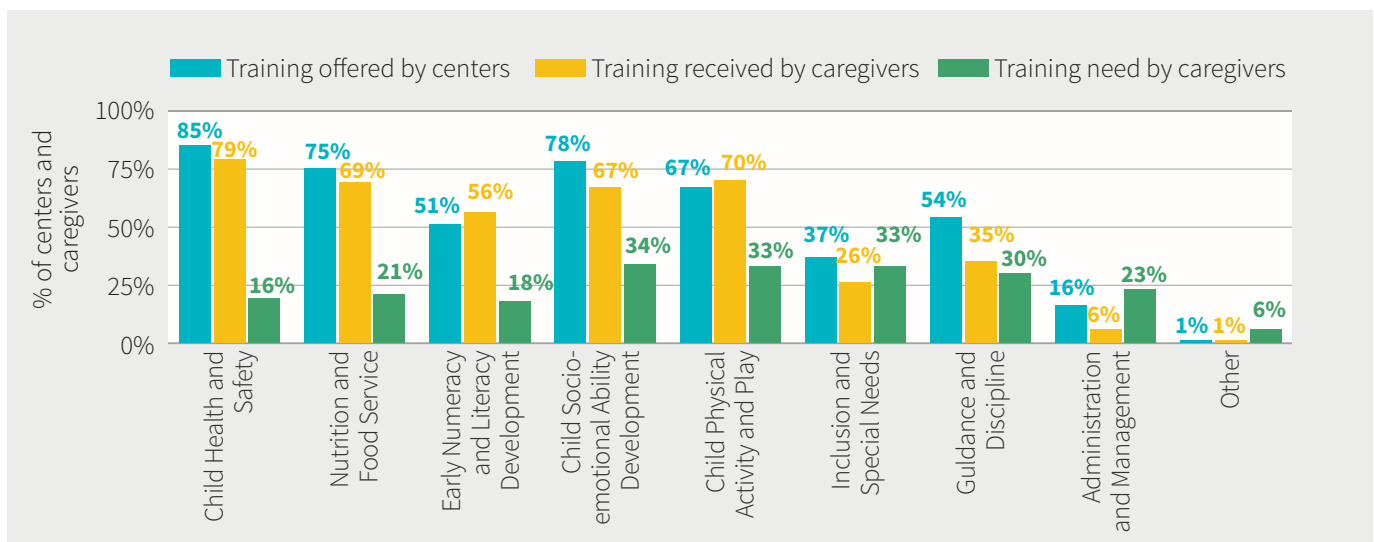


Figure 15: Areas Covered in Trainings and Training Needs

Source: Authors' estimates based on Childcare Survey 2021

training that covers several training areas and that might be very theoretical. This also explains why caregivers feel the need of additional training on Child Play even though around 70 percent reported to have been trained in that topic.

45. Less than half of surveyed childcare center managers had previous work experience or training on childcare services. Even though 94 percent of managers worked before joining their current job, only one quarter worked in childcare giving services and close to 30 percent worked as a professional in other sectors. In effective schools, managers are more than administrators, they play an important role in pedagogical leadership (Beteille & Evans, 2019). Childcare sector specific knowledge, training and experience is critical as managers need to be aware of the resources, methods and strategies for delivering quality childcare services. Knowledgeable and skilled managers can develop caregiver leadership, a positive workplace climate, and an organizational culture of learning and development that have shown to improve teaching practice and hence child development (Douglass, 2019). Managers were more likely to have received some training on childcare services before starting to work, than caregivers (48 percent versus

39 percent). The most common areas covered in training (either before or after starting their job) of the managers and caregiver are aligned (Figure 16). Most managers received training on Child Health and Safety (71 percent), Child Socio-Emotional Ability Development (63 percent), Child Physical Activity and Play (56 percent), Nutrition and Food Service (54 percent), and Early Numeracy and Literacy Development (50 percent). It is important that the training received by managers is aligned with the training received by caregivers, so that they are on the same page in terms of what quality caregiving looks like, and also so that they can provide ongoing support to the caregivers.

46. Three quarters of managers felt that more was needed. Almost one quarter did not receive any in-service training, while 71 percent were trained on early childhood care and education and 52 percent on soft skills like communication, teamwork and problem solving. Fewer were trained on business or financial management. Around 60 percent were very satisfied with the training received and the rest reported to be somewhat satisfied with it. As caregivers, most trained managers did a short course/ vocational training or on-the-job training provided by NGOs (57 percent) or employers (22 percent). The length of their training varied between up

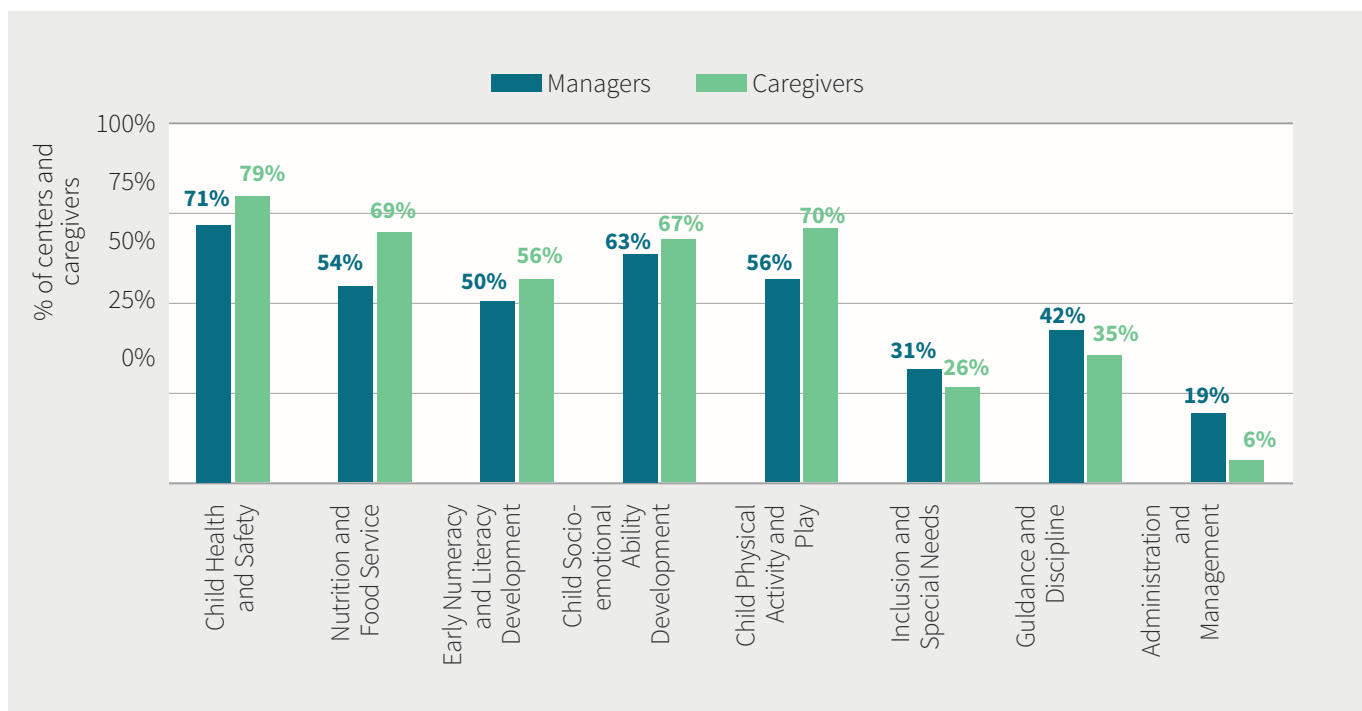


Figure 16: Areas Covered in Trainings of Managers and Caregivers

Source: Authors' estimates based on Childcare Survey 2021

to one week (35 percent) and one to four months (57 percent). Managers are interested in short professional development courses (39 percent), advanced academic degree on ECD (36 percent) and on-the-job training (25 percent). Even though most received training on early childhood care and education, this is the most mentioned

area (54 percent) for further training followed by business management skills (13 percent). This indicates that the one-time short training is perceived inadequate and opportunities for continuous professional development for childcare center managers would be important.

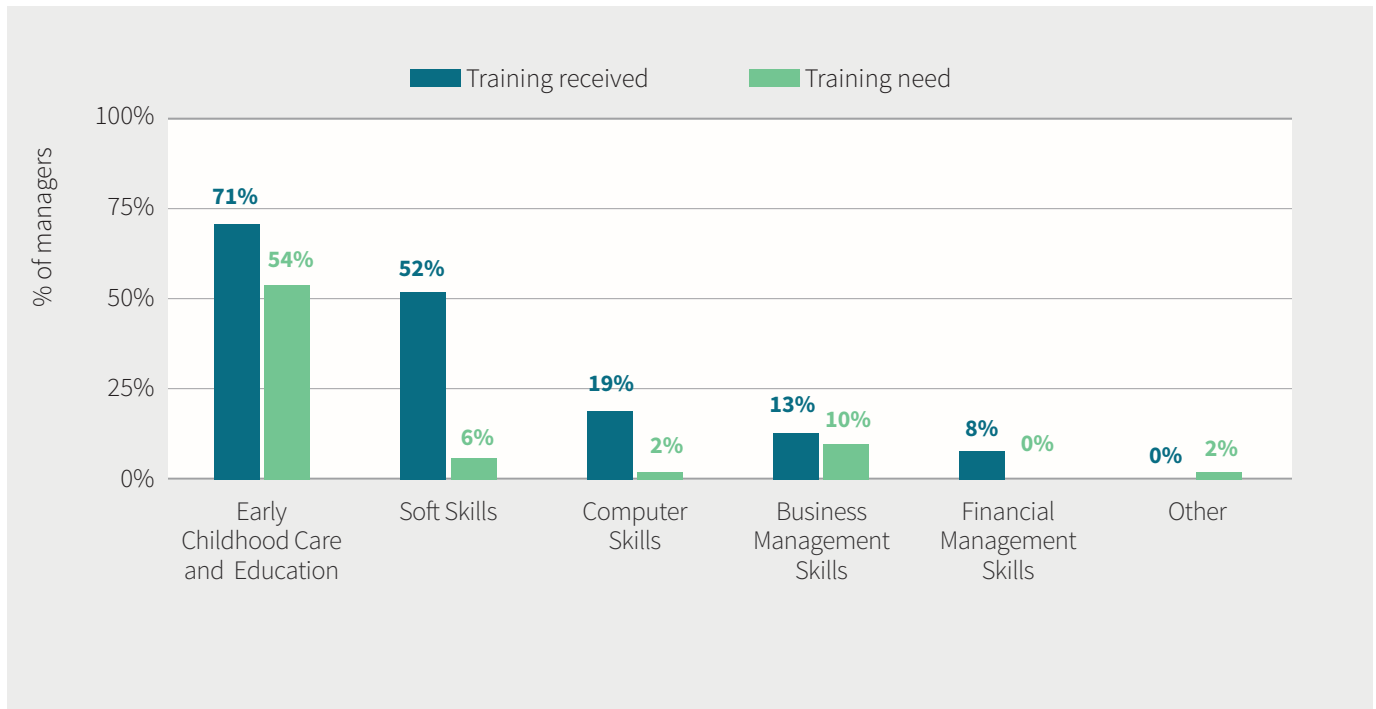


Figure 17: Managers’ In-service Training Content and Training Needs

Source: Author’s estimates based on Childcare Survey 2021

SECTION 5

TO WHAT EXTENT ARE THE CHILDCARE CENTERS PROVIDING ENABLING ENVIRONMENT FOR QUALITY CARE?

5.1: OVERVIEW OF SURVEYED CHILDCARE CENTER FACILITIES

47. Even though teaching practices are the drivers of effectively promoting child development, the physical environment plays an important role to ensure delivery of quality services. Young children learn mostly through play; thus a positive physical environment needs to be a comfortable space that allow children to develop socially, emotionally, physically and to experience different colors and textures. Childcare settings are different than primary school setting. In primary school classrooms, the students usually sit in one place while the teacher teaches in front of the class. By contrast in childcare centers, children are constantly moving and need space to experiment, explore and discover their surroundings. Enough space is needed to create learning areas or corners, in which children can be doing individual or group activities without interrupting other children. The learning environment in childcare centers should be a welcoming space in which children feel safe and explore and grow, with adequate resources and materials according to children's needs and identity. Regarding the size of the classrooms, the survey finds that government centers are smaller with 37 percent not having enough space to display children's work, while more than half have limited classroom space (less than the recommended 250 square feet). Physical space is not an issue for private and NGO centers. All reported to have enough space to display children's work, and 95 percent of private and 75 percent of NGO centers have big classroom with 250 square feet or more.

48. Government centers affiliated to other entities are the most recent providers and found to be relatively smaller and less adapted for children with special needs compared to private and NGO centers. All surveyed government institutions are affiliated to other entities, while majority of private and NGO centers function

as autonomous entities. NGO institutions have been around for longer, with an average of 14 years in service delivery in the sector. By contrast, government centers are newer in the system – most surveyed government childcare centers were established only 3 or 4 years ago. Private institutions were established on average 5 years ago. There is no information regarding number of students or class size, thus, physical space and number of employees are used as a proxy of the size of the centers. In the case of government centers, they only have one caregiver per center and no other additional employee. Private institutions on the other hand have higher staffing with an average of 11 employees: all have at least one person in-charge and on average 5 caregivers and 1 teacher. In addition, some have additional staff such as cleaner, nanny, security officer and chef. NGOs are in the middle with an average of 6 employees, all have at least one person in-charge and on average 4 caregivers and 21 percent have a teacher. While all the employees of government centers are female, 40 percent of private and 54 percent of NGO institution have at least one male employee. Private and NGO centers have better infrastructure for children with special needs. All have wide doors, and more than 90 percent have a flat entrance, the figure for government centers is 74 percent and 84 percent respectively. Ramps are less frequently found in childcare centers, 45 percent private, 36 percent NGO and 26 percent government centers (Figure 18)

49. The three types of centers have similar learning environment - the main difference is in the quantity of learning and playing materials for which government institutions are falling behind. When asked if the center had enough learning and playing materials, 9 out of 10 private and NGO centers said it was adequate or more than adequate, while half of the government centers reported it was somewhat adequate or not adequate at all. Without adequate play resources in hand, it is more difficult for child caregivers to engage children in play-based activities to promote children’s socio-emotional, cognitive and physical development. Play remains an important part of early years as it allows children to develop creativity and imagination as well as resilience as they learn to overcome challenges, negotiate and cooperate with others. Thus, provision of play materials is fundamental to support play. Children don’t need expensive toys or materials to play with, their creativity is enhanced with the most basic manufactured and homemade toys (Milteer, et al., 2012). A variety of materials (writing utensils, art supplies, blocks and educational toys, storybooks, fantasy play and science objects) should be available in all classrooms. But most importantly, children should have access to them and use them during learning activities. According to the survey, almost all centers have learning materials accessible to children, around 8 out of 10 have their classroom decorated with colorful images representing cultural

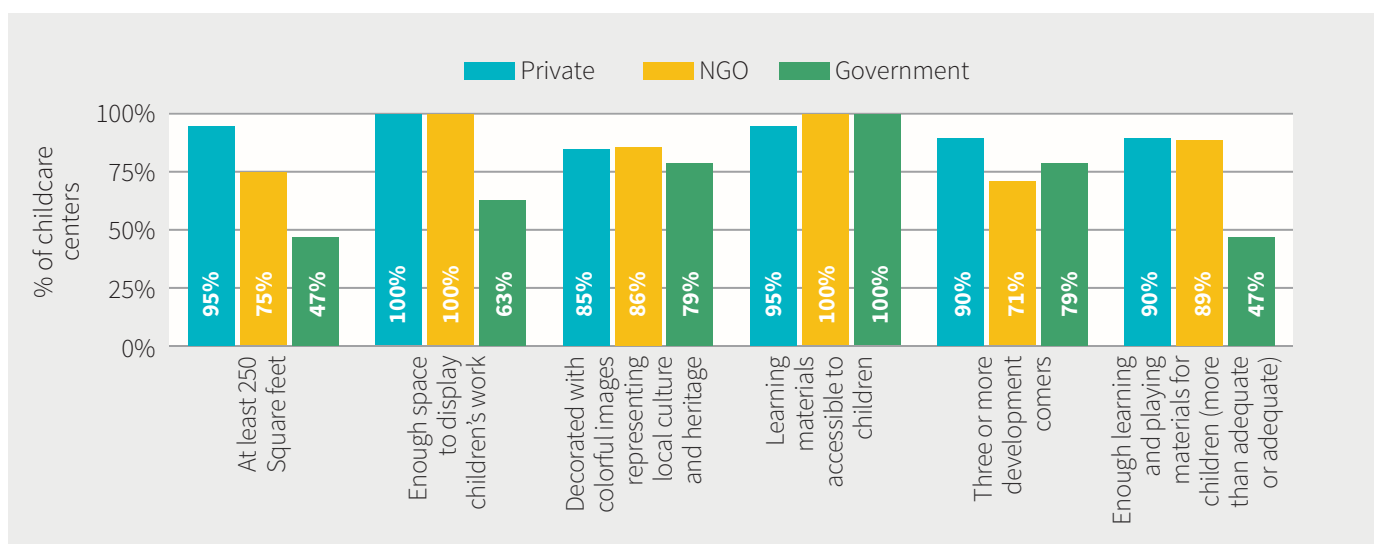


Figure 18: Childcare Center Learning Environment

Source: Author's estimates based on Childcare Survey 2021

heritage. Private institutions are more likely to have three or more development center corners (play, book, block, creative and/or water sand corner) than government and NGO institutions (Figure 18).

50. Overall private centers were found to have better sanitary, health and nutrition conditions for children, followed by NGO centers.

All centers have good sanitary conditions with a cleaning facility equipped with brush, broom, and detergent and almost all have a dedicated place for washing hand with water and soap (100 percent of private and NGO and 87 percent of government ones). More private institutions (90 percent vs 71 percent NGO and 32 percent government) have a first aid kits and their caregivers are better prepared in this matter since all received a first aid training and also the great majority have written instructions for children regarding allergies or special needs. External doctors usually do health checkups to children attending those centers. In addition to providing care to children, 65 percent of private and 79 percent of NGO also serve food to children during their stay at the institution. In private centers the food is mostly provide by the family while half of the NGO prepare the food themselves. Even though, government centers are known to provide meals, health check-ups and monitor vaccination, that might be the case for those operating up to 8 hours, since the surveyed SBK government facilities are less prepared on health issues and none of them provide food. Only 16 percent have a first aid kit and less than a third of their caregivers were trained to use it; the same percentage have written instructions regarding allergies or special needs. Only 16 percent of the surveyed government centers provide health checkups and those are exclusively done by their unprepared caregivers.

51. Government centers use their short operation hours most effectively to tackle early childhood development than NGOs and private centers, however the restricted time operation limits children learning.

The survey asked how long the operation hours were and how much time a week was spend on early literacy activities, physical activity, indoor game, watching videos and napping. Figure 19, shows the average daily time allocate to each activity from the total hours of operation (assuming that centers operate 5 days a week). Even though the surveyed government centers have short 2 hours shifts, 69 percent of this time is spent on child development activities, while NGO and private centers allocate 44 percent of their operation time to these

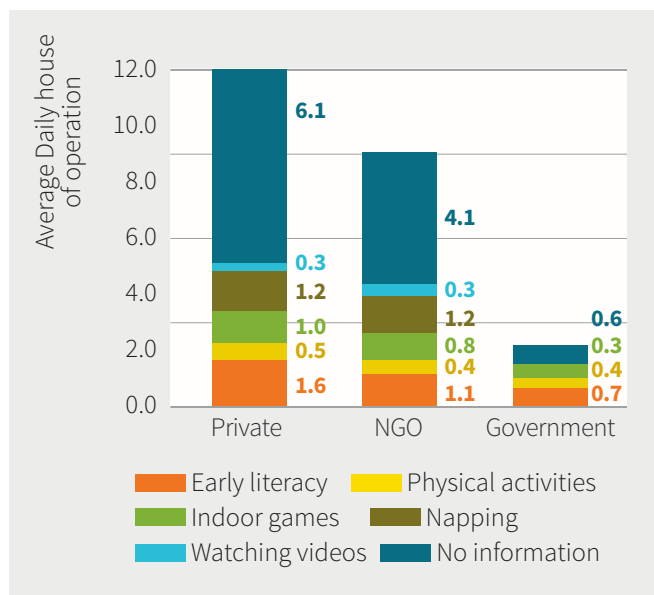


Figure 19: Childcare Center Time Allocation of 3–6-year-old Child Development Activities from Total Operation Hour

Source: Authors' estimates based on Childcare Survey 2021

activities. Time allocation of different activities are similar among private and NGO centers, with similar time spend on early literacy activities (reading stories, singing, literacy activities) and napping and less time spend on physical activities (like outdoor games and dancing). From the 2 hours that children spend in government managed SBK centers, they are around almost 1.5 hours engaged in learning activities. With longer operation hours, private centers spend on average around 4 hours on development activities and NGOs allocate on average 3.5 hours on those activities (watching videos is not considered as a development activity). There is no information about what centers do with the remaining time. Certainly, some of the time might be spent on lunch and snacks, free play and/or art activities, but there still remain a significant amount of time with unknown activities.

52. Monitoring caregivers' performance can provide valuable information to inform training needs and promote their professional development and at the same time foster children development.

Through monitoring and feedback, the childcare center manager can check if caregivers are fulfilling the centers regulations and guidelines (i.e. being on time and complying with Covid-19 guidelines) as well as raise concerns to parents for immediate attention. They can also observe caregivers

teaching practices and interactions with children to learn if they are implementing the curriculum properly, provide feedback and identify areas of improvement and additional training needs. Monitoring tools need to fit for purpose to measure areas that are most relevant to improve the quality of service provision. Monitoring can be done mostly through observation by managers and parents feedback. Some centers also monitor through feedback from peers and children. According to the survey findings, most of the centers do some type of monitoring, however no information is provided about the pertinence

of the used tools nor how monitoring data is used. Among the surveyed centers, private ones monitor the most: 95 percent through managers and 80 percent through parents. In NGO centers, also a large proportion of centers monitor through management observation (86 percent) and half include parents in the process of providing feedback based on monitoring. Government centers monitor the least, managers and parents monitor in around half of the centers and 16 percent of these centers do not have any monitoring and feedback system in place.

Box 5:

Childcare centers during COVID-19

The COVID-19 pandemic has disrupted the provision of childcare services throughout the world and Bangladesh is no exception. According to the provider survey conducted in early 2021, 88 percent are partially operating with limited capacity and 12 percent are temporarily closed. It is worth noting that while the share of centers temporarily closed is similar between private and NGOs (15 and 18 percent respectively), none of the public ones are closed. Childcare centers that are partially operating are implementing a series of COVID-19 safety protocols including mask-wearing (97 percent), having hand sanitizing facilities (95 percent), social distancing (86 percent), disinfecting at the entrance (61 percent) and performing body temperature checks (47 percent), which aligned with parents expected from the centers.

The limits in operating capacity and additional costs related to safety protocols have imposed a financial burden in childcare centers. For instance, most centers that are temporarily closed declare that they will require government financial support to reopen (75 percent), while around 13 percent declare government support for safety equipment (masks, sanitizers, etc.). Of those centers that are partially operating, around 20 percent had to layout staff due to the pandemic. Private childcare centers have been the most severely affected since close to 60 percent had to lay off workers. This is not surprising as these centers have relied mostly on tuition and self-financing to cover expenses during the pandemic. In contrast, none of the government centers had to lay off staff and only 13 percent of NGO centers had to, but these types of centers have not depended on tuition to cover expenses during the pandemic. The data presented here, provides a glimpse of how childcare centers have been affected and it is likely an underestimate since there were many challenges to contact childcare that were not operating. Many did not answer the phone, and they might be temporarily or permanently closed due to pandemic. The lack of available data on childcare centers does not allow us to estimate the percentage of childcare centers affected. As the pandemic has dragged on, it remains to be seen whether childcare centers will be able to recover, in particular private ones, which have been most severely affected. In any case, there still seem to be high demand for the services, as all the parents whose childcare center closed are planning to send their children once they reopen.

5.2: PARENTS' PERCEPTIONS ON CHILDCARE SERVICES IN BANGLADESH

53. The availability of family members at home or nearby childcare centers to take care of children are the key drivers to decide on enrolling a child in center-based childcare. While 61 percent of parents with children currently enrolled in childcare centers reported that they send their children to childcare because nobody at home could take care of them, around 92 percent parents whose children are not enrolled said they did not send them as they had family available to take care of the children. With 27 percent, the second most mentioned reason to not enroll their children at a childcare center was that there was no center close by (the enrolled children live on average 1.6 km from the center). The quality of the centers was less mentioned by parents who did not enroll their children. Only 22 percent mentioned safety and security concerns, and few did not support the idea or had negative reviews of childcare centers. More than half of interviewed parents who enrolled their children did so to prepare them better for school (56 percent) and so that they could develop social skills (54

percent). Nutrition and food services seems to be more important for parents who did not enroll their children in childcare centers (64 percent versus 39 percent). While child health and safety is expected from their childcare center for both group of parents, only around 65 percent of parents expected numeracy and literacy skill development, or socioemotional development from their childcare centers (Figure 14). This means that there are still around 35 percent of parents who don't expect improvement on child development. Thus, the expectations of quality childcare between families and childcare providers are different. While provider are gradually focusing training more and more on child development, families are yet to fully realize that childcare centers can be much more than a safe place to care for their children, but a place where their children can thrive.

54. Parents who have not enrolled their children would prefer to enroll them in private or NGO centers and are willing to pay on average BDT 3,767 (US\$ 44) per month. Around 20 percent of parents mentioned that they did not enroll their children because of the high tuition costs. However, it is worth noting that there are free of charge available childcare centers for parents. Among the surveyed centers, while most private centers

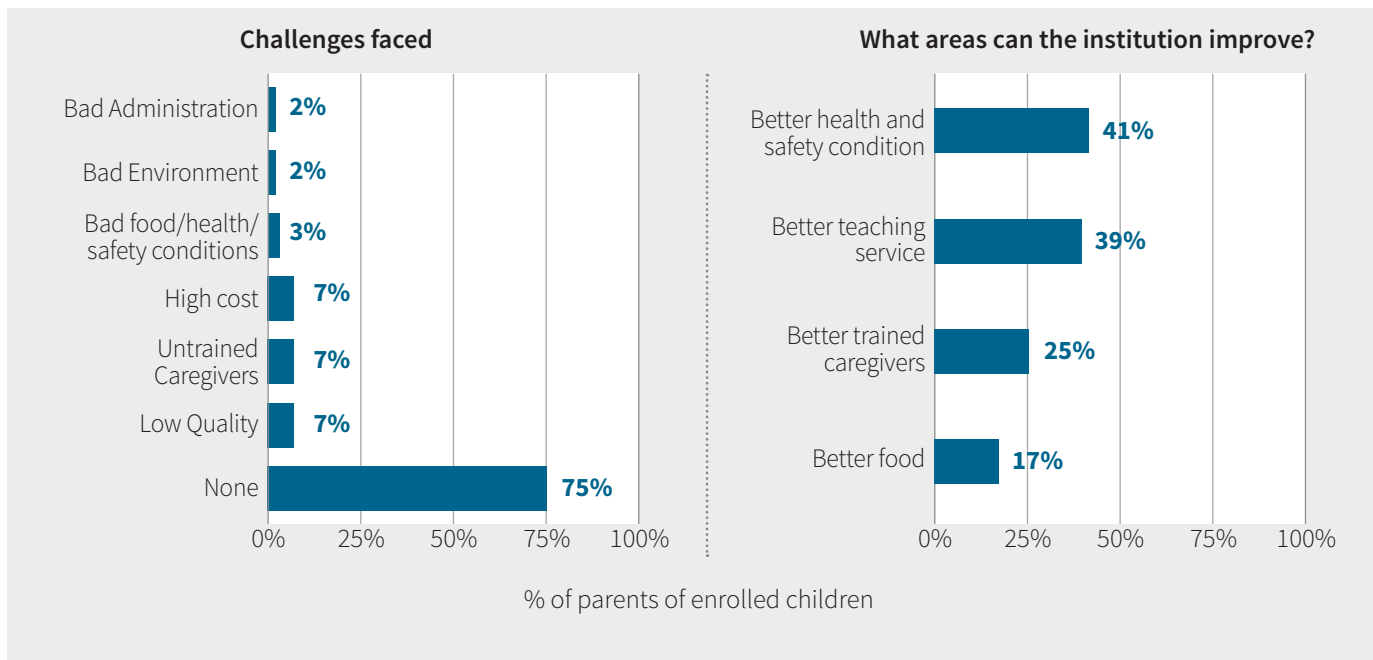


Figure 20: Challenges and Areas that Institutions Can Improve

Source: Author's estimates based on Childcare Survey 2021

charge for service, only one third of NGOs charge and all government centers are free. In fact, 51 percent of the surveyed parents who send their children to childcare, do not pay tuition because they are either enrolled in government or free NGO centers. Those attending paid NGO or private centers, spend monthly on average BDT 5,883 (US\$ 69): they pay on average BDT 1,344 (US\$ 16) for paid NGO centers and BDT 7,925 (US\$ 93) for private centers.

55. Three out of four parents did not face any challenges with their current childcare center and were satisfied or highly satisfied with both the center and the caregivers. Only 7 percent complained about the low quality and the lack of training of caregivers (Figure 20). Parents would like that the center improve their health and safety condition (41 percent), offer better teaching service (39 percent) and have better trained caregivers (25 percent).

Box 6:

How were centers established and how do they finance themselves

Childcare centers were established with distinct funding sources and support according to their type. For private centers, self-financing was the main funding source for the establishment of the center (85 percent), NGOs had as a main source aid from another institution (71 percent) and public ones had as a main source self-financing (47 percent) followed by aid from other institution (37 percent). Most private centers did not receive any kind of government or NGO support for their establishment. As expected, NGO centers received most of the support for their establishment from NGOs, in the form of financial resources (79 percent), curriculum development expertise (57 percent), in-kind support such as books, toys and learning materials (50 percent), as well as infrastructure (32 percent). Public centers in contrast received mostly government support, but about a quarter declared to have also received some NGO support. The main type of support received by the government in public institutions include financial resources (84 percent), in-kind support (68 percent), infrastructure (47 percent) and expertise in curriculum development (42 percent).

The financing sources and cost structure of childcare centers vary substantially between the different type of providers. Most private centers (90 percent) charge tuition, while only a third of NGO centers and none of the public ones do so. On average monthly tuition per child in private centers is of BDT 8,297 (US\$ 97), which is about 6 times more of the tuition in NGO centers (BDT 1,344 - US\$ 16). The difference in financial resources available is quite stark between the different providers. While private centers have monthly expenses of on average BDT 135,029 (US\$ 1,583), NGO centers spend about half that (BDT 62,358- US\$ 731) and government centers declare monthly expenses of BDT 6,534 (US\$ 77). The main expense of all centers are staff salaries, representing between 50 and 75 percent of monthly expenditure depending on the provider type, followed by rent which represents between 13 and 36 percent of expenses. It is worth noting that only around 20 percent of NGO centers pay rent, since it is likely that they own the facilities where they operate. This distorts the cost structure of this centers as for NGOs staff salaries represent 75 percent of their expenses and rent only 13 percent of their expenditures.

SECTION 6

SUMMARY OF FINDINGS AND RECOMMENDATIONS: HOW CAN BANGLADESH IMPROVE CENTER-BASED CHILDCARE, ESPECIALLY IN LIGHT OF THE CHILDCARE WORKFORCE DEVELOPMENT?

56. Bangladesh will have to invest effectively in education to materialize its Vision 2041 of becoming a high-income Country.

Currently, Bangladeshi children have lower productive potential than their peers in LMICs. A child born in Bangladesh today will be 46 percent as productive when she grows up as she could be if she enjoyed complete education and full health, falling behind South Asian countries (0.48), LMICs (0.48) and UMICs (0.56) (HCI, 2020). The Government has recognized ECCE as one of the crucial sub-sectors that require attention and investment to build a productive human capital for the country. At the same time, investing in quality ECCE has the potential to improve child development outcomes and lift families out of poverty, build human capital and increase equity.

57. The Bangladesh Government has acknowledged the importance of ensuring quality and affordable childcare to improve female labor force participation and employment.

Expanding access to quality and affordable childcare services does not only benefit children, but also benefits women's employment. On one hand, the availability of quality and affordable childcare services is likely to remove barriers to employment for mothers who often have to take care of children. On the other hand, ECCE sector in Bangladesh can offer substantial employment for women as child caregivers, teachers, or childcare center owners. Reducing women burden and increasing job opportunities would likely help improve the low female labor force participation (36 percent) among Bangladeshi and therefore family welfare, productivity and economic growth. It is estimated that a one percent increase in female employment in Bangladesh is linked to 0.65% increase in Global Domestic Product rate (Rushidan & Rizwanul, 2013).²⁷

²⁷ Estimation base on ILO model for 2010.

58. The ECCE system in Bangladesh is in a nascent stage and it lacks studies assessing childcare services and caregivers. This is the first childcare service study in Bangladesh that assesses all the actors involved (centers, managers, caregivers and parents). It uses quantitative and qualitative research techniques to first, understand the status of the child caregivers and childcare services in Bangladesh and second, to assess and identify the current training programs available and opportunities for professional development for child caregivers. The findings of this study will provide evidence to inform the design of a government-endorsed training program for caregivers to ensure quality childcare services.

59. Ensuring provision of quality and affordable childcare services to all children and families depends on policies, quality caregivers, pedagogical approach, and facilities. The recommendations from the study are discussed below along these four key areas.

6.1 POLICIES: ENSURE SECTOR COORDINATION AND QUALITY ASSURANCE FOR INTRODUCING A NATIONALLY ACCREDITED TRAINING CERTIFICATION PROGRAM

60. While most of the policies or frameworks on Early Childhood Development in Bangladesh focus on Early Childhood Education (ECE), the Childcare Service Sector only recently started to be on the spotlight through the Child Daycare Centre Act 2021. The protection of child rights and ensuring child safety have been always reflected in policies and frameworks, however, the childcare sector remained unstructured and uncoordinated, with no concrete policy, framework or regulatory practices. This began to change recently with the approval of the Child Daycare Centre Act 2021, which will play the role of the much-needed regulatory framework and support the existing stakeholders to provide a coordinated and structured effort in childcare service delivery.

61. The childcare service sector is led by the MoWCA and includes several ministries and stakeholders. The MoWCA is the lead ministry for coordinating overall ECD especially childcare services and is mandated to work together with 11 ministries to establish coordination mechanisms among service providers in health, education, social protection, and child protection for young children to avoid duplication and wastage of resources. However, in practice there is absence of coordination among these ministries, including ECE approaches of MoWCA and MoPME which often leads to duplicating efforts and programs.

62. The highly unstructured childcare provision across several ministries and non-governmental providers lacks basic statistics to monitor the system. There is an important system level gap regarding unavailability of system level data: among others, there is no information about number of childcare centers, enrollments, number of caregivers nor government financing. Systematic statistics would strengthen this system and provide decisionmakers tools for effective data driven policy dialogue. For instance, the unavailability of data on the actual childcare service coverage makes it difficult to estimate demand and supply of services to make investment decisions. There is further data unavailability to accurately estimate the number of childcare centers needed, or if marginalized communities are covered, or the cost of providing these services. Some basic monitoring information like caregiver to pupil ratio is also missing. This would provide basic quality indicators of childcare center; such as whether large class sizes compromise caregivers' ability to provide quality instruction in the classroom.²⁸ *It is recommended that the GoB work with stakeholders to start systematically collecting basic data on childcare centers to fill this gap as an urgent action.*

63. There are three major childcare service providers in Bangladesh: government, non-governmental organization (NGOs) and private sector. ECD initiatives including childcare services gained momentum from the late nineties mainly led by NGOs. Private and government sector joined during the past decade with their center-based childcare. The MoWCA with its

²⁸ The average teacher-student ration in early childhood education of 3-5 year old in OECD countries is 7 children per teaching staff (OECD, 2020).

respective departments and wings has been leading the childcare service provision as the government entity. These centers are free of charge and provide safety and secure care of children for lower income working mothers. Currently the government run centers have limited scope to accommodate children from middle income families. NGOs, on the other hand, offer the widest range of services in childcare sector of Bangladesh. They run low-cost childcare centers and support working women living in low-income communities and different factories in ensuring childcare support for their employees. According to our survey, NGO centers charge from BDT 0 to BDT 3,000 (US\$ 35). In contrast, private centers are comparatively expensive (BDT 0 to BDT 12,000 - US\$ 0- US\$ 140) and based on urban areas and usually serve upper middle-income families. These providers function as a business entities and follow the modality of a business or entrepreneurship approach and were not mandated to follow any government standard. There is no national quality assurance system in place, leading to centers monitoring themselves. Currently, the majority of private and NGO are operating with external quality assurance to ensure safe and effective childcare services. Under the Child Daycare Centre Act 2021, the government, NGO and private providers will have to operate following the same overarching regulations and standards and this will provide a great opportunity to establishing a national quality assurance system ***It is recommended that the GoB work with stakeholders to develop a National Quality Assurance System²⁹ for the childcare sector in the short term.***

64. The unstructured childcare sector in Bangladesh, the child caregiver training approaches are not formalized or coordinated. Developing and rolling out a nationally accredited training program following competency-based standards, training and assessment for the childcare workforce in Bangladesh can be the most crucial first step in professionalization of this occupation. Around 42 percent of the surveyed caregivers perceive that introducing a Government certification program for child caregiving skills can attract and retain more caregivers in this sector, which is already ridden with retention challenges. This perception also resonates

with global findings on government’s commitment to training caregiving workforce attracting qualified people to this service with better chance of retention.³⁰ The recently passed Child Daycare Centre Act 2021 mandates for employing properly trained caregivers, following which the discussion to engage a central body/authority for verification of qualification and certification of caregivers has been initiated. This has been an important milestone at policy level which can be taken forward through collaboration between TMED, MoE and MoWCA to gradually professionalize the childcare workforce. While MoWCA is expanding its work in ensuring childcare provision through establishing more childcare centers throughout the country, the Technical and Madrasah Education Division (TMED) under MoE can provide parallel support in ensuring supply of skilled caregivers through developing and executing a nationally recognized training certification program using their existing training infrastructure.³¹ ***It is recommended that development of a nationally accredited child caregiver training program may be initiated between MoWCA and TMED/MoE in coordination with the NGO and private sector to draw on best practices and build acceptability.***

6.2 QUALITY CAREGIVERS: PROFESSIONALIZE CHILD CAREGIVING THROUGH BETTER TRAINING, HR PROSPECTS AND IMPROVED SOCIAL PERCEPTION OF CAREGIVERS

65. Eight out of ten caregivers received in-service training organized by their employers and almost all caregivers felt the need for additional training mostly on soft skills. Almost all the centers reported providing in-service training to their child caregivers. Those trainings are usually one-week courses, provided by senior staff at the centers, external trainers or NGOs and 70 percent of caregivers were very satisfied with the training, however 90 percent reported the need for more training. More than half of the centers develop the training content

²⁹ This would include the minimum quality standards, regulations and practices to open and maintain childcare centers.

³⁰ Early Childhood Workforce Initiative (ECWI)

³¹ TMED, MoE has already successfully provided skills training support in partnership with other Ministries in this modality under Skills and Training Enhancement Project (STEP, 2010-2019) and scaled-up this approach under the recently approved Accelerating and Strengthening Skills for Economic Transformation (ASSET, 2021-2026) project. Both projects are supported by the World Bank

themselves. Areas where more training is felt required by caregivers include Child Socio-Emotional Ability Development, Child Physical Activity and Play, Inclusion and Special Needs and Guidance and Discipline. These areas need a more hands-on oriented training to meet the everyday needs for quality service delivery, that includes practice and coaching, which is difficult to implement in a short training that covers several areas within a limited time. Providing additional and hands-on in-service training to the existing cohort of caregiver will improve the qualifications of the caregivers in the short run. ***In the short run, it is recommended to prioritize in-service training for managers and caregivers with more emphasis on these areas with a combination of practical learning and refresher/advanced training.***

66. The childcare workforce in Bangladesh is found to be young females with relatively high level of education but with lack of experience in ECD or proper child caregiving training. Only 27 percent of surveyed caregivers had previous work experience in childcare services and 61 percent did not receive any training on child caregiving services before joining their current role. Caregivers need to be trained before they enter the classroom. Adequate skills and training need to be provided to ensure that caregivers are prepared to promote children’s development effectively. ***To increase the qualification of new caregivers, the childcare workforce in Bangladesh needs to be professionalized. In the medium term, it is recommended that an effective pre-service training that includes a strong practical teaching component could ensure that child caregivers/managers are well-equipped to transition and perform effectively.***³²

67. Financial challenges were the most mentioned challenge that center caregivers and managers faced in their job. Private and NGO centers offer better economic incentives and social security to their caregivers than government ones, in terms of bonus, health care and maternity leave. Caregivers of government centers are the lowest paid and 63 percent don’t receive any additional benefits in terms of bonus or social security. More financial benefits are needed to attract and retain the

best people in this profession and sector. High caregiver turnover causes classroom disruption and staff instability that ultimately negatively affect child development. Improved working conditions will attract more candidates to this profession and transparent and formal recruitment systems need to be put into place to select effective caregivers (Beteille & Evans, 2019). According to our findings, most of the recruitment is done informally through personal networks. There is no universal requirement of minimum level of education to become a child caregiver. Moreover, social perception was also a challenge faced by childcare workforce in Bangladesh. Survey findings indicate that child caregivers (20%) and managers (35%) felt that their occupation is linked to low social value perception and may be a potential barrier to attract and retain people in the sector. ***Differences in salaries and benefits needs to be addressed in order to attract and retain caregivers in this job. By increasing salaries, qualification requirements, work conditions and providing learning opportunities and career advances, will improve the social perception of this career and at the same time attract better candidates to it. Communication and outreach to increase social awareness on the importance of the child caregiver roles are also important.***

6.3 PEDAGOGICAL APPROACH: COLLABORATION AND COORDINATION FOR INTRODUCING PRE-SERVICE AND STRENGTHENING IN-SERVICE TRAINING CONTENT AND DELIVERY

68. While in developed (OECD, 2020) and developing (SABER-ECD) countries, future caregivers require a formal preparation for their job, in Bangladesh, formal pre-service training or a professional career on ECD at education institution does currently not exist. Thus, new caregivers arrive with no previous experience and unprepared for their classroom responsibility. In order to

³² Pre-service education programs usually between one to four years (Beteille & Evans, 2019).

foster ECCE, more people with more ECCE specific skills need to be in charge of taking care of children. Formal pre-service trainings have been proven to build strong foundational skills and garner better results in the long run with potential caregivers.

69. In addition, the current child caregiver skills training ecosystem of Bangladesh lacks a systematic training.

To enhance existing practice of in-service training, good practices can be brought under the proposed national accredited training program in partnership with NGOs and private sector. The BTEB under Ministry of Education is already developing diploma and short course training programs using competency-based framework, which can be further modified to support a standardized national accredited training program that is adopted by public, private and non-government training providers. Another potential pathway to expand the training of child caregivers is through training centers under the Bureau of Manpower and Training (BMET).³³ The BSA/MoWCA can support the BTEB/BMET on determining demand for each level of training, and placement as per received level of training, as the lead agency/Ministry of the childcare provision sector. The draft “National Operational Manual for Daycare Centers” based on the Child Daycare Act 2021, will be able to articulate the national level child caregiver skills training initiative. Introducing provision of strong pre-service training and enhancing the current practice of in-service training through Government-NGO-private sector collaboration would pave a stable career pathway for childcare workforce in Bangladesh. ***It is recommended that consultations and collaboration between MoWCA with TVET, NGOs, private sector and universities who are already engaged in this sector³⁴ through training or research, can be beneficial to quickly develop and roll-out pre-service and in-service training programs for the sector.***

70. Current training programs require to strengthen teaching on child health and nutrition; literacy and numeracy development; and even more in child socio-emotional ability development and inclusion and special needs. Review of training curriculums show

that child health, nutrition and hygiene are not covered evenly when training child caregivers. Health will become even more important now under the Covid-19 context. Early literacy and numeracy development are also poorly covered. Inclusion of creative and joyful methods, especially through play, are important to develop emergent literacy and numeracy skills during caregiving years and prepare children better for school based ECE and later primary education. Most of the existing training providers are far behind in covering appropriate contents for child socioemotional ability development competency in their caregiver training curriculum. Nearly all current training providers in Bangladesh do not include required training module on child inclusion and special needs in their caregiver training program. The dearth of coverage of this aspect in common training providers of Bangladesh is also substantiated by the survey findings under this study, as the surveyed caregivers also attest that in their perception, they require further training in child socioemotional ability development and surveyed parents also expects services from the childcare centers in this area as a top priority. These areas are also well aligned with the caregivers’ perception on areas for further training need. It is recommended that caregiver training programs strengthen content on these areas with a combination of practical learning and refresher/advanced training to support continuous professional development.

71. Observation and feedback on caregivers’ performance can provide valuable information to inform training needs and promote their professional development and at the same time foster children’s development. Most of the centers report conducting some type of monitoring. Through monitoring, observation and feedback, the childcare center manager can check caregivers teaching practices and interactions with children and identify areas of improvement and additional training needs. ***It is recommended that classroom observation, feedback and mentoring are included for training programs for managers and caregivers to feed into professional development activities.***

³³ The BMET under the Ministry of Expatriates’ Welfare and Overseas Employment focuses on skills training need for expatriate workers; female caregivers are in high demand globally and may be an area of interest to explore in terms of manpower export.

³⁴ Government College of Applied Human Sciences, University of Dhaka; Institute of Education and Research, University of Dhaka; BRAC IED already have well-recognized training programs.

6.4 ENVIRONMENT: CREATE WELL-RESOURCED ENABLING ENVIRONMENT FOR QUALITY DELIVERY OF CHILDCARE SERVICES

72. Childcare sector specific knowledge, training and experience is critical as managers need to be aware of the resources, methods and strategies for delivering quality childcare services. However, less than half of surveyed childcare center managers had previous work experience or training on childcare services. Knowledgeable and skilled managers can develop caregiver leadership, a positive workplace climate, and an organizational culture of learning and development that have shown to improve teaching practice and hence child development (Douglass, 2019). *It is recommended to initiate the process to set agreed minimum educational qualification and mandatory work experience in childcare service prior to managerial position. Managers should complete a pre-service training in childcare and ECD and have experience on implementing their learnings.*

73. Even though teacher/caregiver practices are the drivers of effectively promoting child development, the physical environment and resources have an important role to ensure delivery of quality services. The inadequacy in facilities provision were found to be higher in government managed SBK centers. While private and NGOs centers seem to have enough space, SBK centers are small with 37 percent not having enough space to display children's work and more than half having limited classrooms space (less than 250 square feet). In addition, in the current Covid-19 context, enough physical space to keep social distancing and proper ventilation will be critical avoid the spreading of the virus in the classrooms. A variety of materials (writing utensils, art supplies, blocks and educational toys, storybooks, fantasy play and science objects) should be available in all classrooms. But most importantly, children should have access to them and use them during learning activities. Half of the government managed SBK centers reported that the learning and play materials of the centers were "somewhat adequate" or "not adequate at all". In contrast, 9 out of 10 private and NGO centers said these

were "adequate" or "more than adequate". On the bright side, almost all childcare centers have learning materials accessible to children, with around 8 out of 10 have their classroom decorated with colorful images representing cultural heritage. *It is recommended that the Government ensures adequate financing to government childcare centers for obtaining required resources which are critical for creating an enabling environment for child caregivers to provide quality services.*

74. While private and NGO centers have several employees including a person in-charge and a teacher, the government managed SBK centers were found to have only have one caregiver per center and no other additional employee. Caregivers of the surveyed government centers might be overburdened since, in addition to working with children, they have to act as the person in-charge, keep the classroom clean and tight and perform health checkups, among others. Private and NGO centers on the other hand have higher staffing: all have at least one person in-charge, one teacher and several. In addition, some have additional staff such as cleaner, nanny, security officer and chef. Even if the childcare centers are small and part of a school, it would be recommended to have, in addition to the caregiver, someone acting as manager in charge of all the administrative work and to guide and monitor the caregiver on their work. *For safety reasons, young children should never be left alone in the classroom, therefore it is recommended to have a least two persons in charge of children so they can take turns if needed.*

75. Overall private centers have better sanitary, health and nutrition conditions for children, followed by NGO institutions. While all caregivers of private centers received a first aid training and the great majority have a first aid kit in the centers, only 16 percent of the government ones have first aid kits and less than a third of their caregivers were trained to use it. In private centers, external doctors usually do health checkups and in government ones this is done by the caregiver. Due to Covid-19 all centers will have to strengthen their safety measures and train caregivers to create a safe and supportive learning environments in this new context. *Some measures like health checks at drop-off, handwashing, wearing masks among, will need to be immediately implemented properly.*

ANNEX

ANNEX 1

DATA SOURCES

Type of instrument	Respondents	Instrument (number of respondents)	Total
Rapid Primary Survey	Childcare owners	Module A. Childcare Center Survey (67)	405
	Childcare managers	Module C. Childcare Manager Survey (48)	
	Child caregivers	Module B. Childcare Giver Survey (172)	
	Parents	Module D. Parent Service Recipient Survey (59)	
		Module E. Parent Service Non-Recipient Survey (59)	
Key Informant Interviews	Training providing agencies	Interview guide (2)	18
	Policymakers	Interview guide (3)	
	Practitioners	Interview guide (8)	
	Other stakeholders	Interview guide (5)	

ANNEX 2

COMPARATIVE TRAINING CURRICULUMS MATRIX

CURRICULUM CONTENT	Type of Provider					
	NGO 1 ³⁵	Specialized ECD institute	Community-based approach	NGO 2 ³⁶	Hospital based	BTEB
Total Duration of training	08 days	05 days		10 days	02 days	
Comprehensive Early Childhood Development						
Concept and importance of Early Childhood Development	Yes	Yes	Yes	Yes	Yes	Yes
What are the indicators of age-wise child development and their progress milestone	Yes	Yes	Yes	Yes	Yes	
Early years of ECD including brain and physical development		Yes	Yes	Yes	Yes	Yes
Key services required for comprehensive ECD						
Child development Supervision techniques	Yes	Yes	Yes		Yes	Yes
Early Years Learning						
How young children learn		Yes				
Age-appropriate learning activities	Yes			Yes		Yes
Early stimulation and learning		Yes	Yes		Yes	Yes
Early Numeracy and Literacy Development		Yes	Yes		Yes	Yes
School readiness (conditional upon age)	Yes					
Assessment of age-wise child level developmental and learning outcome	Yes			Yes		
Health, Nutrition and Hygiene						
Age-wise milestone (e.g., height, weight, number of meals, movement etc.)	Yes	Yes		Yes	Yes	Yes
Idea on nutrition and mal-nutrition including age-appropriate indicators	Yes	Yes	Yes	Yes	Yes	
Basic knowledge on common diseases and management protocol for children	Yes			Yes	Yes	Yes

³⁵ Most popular for providing outsourced training support to GoB supported centers in addition to training own staff

³⁶ Mostly trains own staff following own curriculum

CURRICULUM CONTENT	Type of Provider					
	NGO 1 ³⁵	Specialized ECD institute	Community-based approach	NGO 2 ³⁶	Hospital based	BTEB
Total Duration of training	08 days	05 days		10 days	02 days	
Feeding of children including safe storage of food/ preparation of food, cleanliness before, during and after feeding			Yes			
Health and personal hygiene / cleanliness of young children	Yes	Yes	Yes		Yes	
Making available safe and clean water and sanitation; and age-appropriate training for children regarding these			Yes		Yes	
Basic knowledge on vaccination, Growth monitoring, immunization, Vit-A supplementation, consumption of deworming tablet, health check-up (Vision, Hearing, ENT etc.) and referral during emergency health conditions	Yes	Yes	Yes	Yes	Yes	Yes
Basic knowledge on Child mental health						
Child Physical Activity and Play						
Age-appropriate routine activities	Yes					Yes
Importance of Play based learning	Yes	Yes		Yes	Yes	
Learning techniques through play, rhymes, singing, story-telling etc.	Yes	Yes	Yes	Yes	Yes	Yes
Child socio-emotional development through play			Yes			
Preparation of toys/ play materials	Yes	Yes	Yes	Yes		
Decoration of room/ space to create learning friendly environment	Yes	Yes	Yes	Yes	Yes	
Child Socio-emotional ability and Interaction Techniques						
Interaction and communication with young children		Yes	Yes			Yes
Child socio-emotional ability development						
Exercise to build empathy and bond among children						
Tracking and managing children's behavior						Yes
Psycho-social skills (mental health) of caregivers/teacher			Yes			
Child to child interaction		Yes	Yes			
Guidance and Discipline			Yes			Yes
Moral and ethical values						

CURRICULUM CONTENT	Type of Provider					
	NGO 1 ³⁵	Specialized ECD institute	Community-based approach	NGO 2 ³⁶	Hospital based	BTEB
Total Duration of training	08 days	05 days		10 days	02 days	
Child Safety and Security						
Awareness on Child Rights		Yes	Yes	Yes		
Key roles and responsibilities of the caregiver and the childcare center on child safety and security	Yes	Yes				Yes
Key supervision techniques for different ages to ensure safe and secure environment					Yes	Yes
Physical space and safety of the classroom	Yes	Yes	Yes		Yes	
First aid and other emergency protocols (e.g., earthquake, fire hazards or other emergency preparedness including contact information)	Yes		Yes	Yes		Yes
Inclusion and Special Needs						
Importance of inclusion (e.g., gender, language, religion, ethnicity, and special needs)				Yes		Yes
How to care for children with special needs	Yes					Yes
Administration and Management						
Role of childcare center and its required services						Yes
Roles and responsibilities of caregiver, teacher and other staffs of the childcare center			Yes		Yes	Yes
Rules and regulations relevant to childcare center and caregiving						
Daily and weekly routine maintenance	Yes	Yes	Yes			Yes
Record keeping including profile of children		Yes	Yes			
Engagement/ participation of parents/ community/Center Management Committee		Yes	Yes			Yes

ANNEX 3

STAKEHOLDER MAPPING OF CHILD CAREGIVER TRAINING PROVISION IN BANGLADESH

Ministry of Women and Children Affair (MoWCA)

In charge of policy level decisions on child rights, child protection and public childcare provision. They are mandated to enforce the Child Daycare Centre Act 2021. They provide overall policy guidance in terms of ensuring affordable quality childcare in the country.

Affiliated Directorates/ Agencies of MoWCA

Department of Women Affairs (DWA): supports working mothers of low-income households through childcare services through several projects.

Jatiyo Mahila Shangstha (JMS): Provides childcare services to mothers who work in garments factories through several projects.

Bangladesh Shishu Academy (BSA): Spearheading the daycare act formulation activities as implementing agency under policy guidance of MoWCA. They are implementing several GoB and donor funded projects to ensure quality ECD services and childcare at national and sub-national level. BSA is also the focal GoB agency working with NGOs and Development Partners to finalize the National Operational Manual for Daycare centers. BSA can play a crucial role in bringing together multiple ministries and development partners going forward in this sector.

Ministry of Education (MoE)

TMED under MoE is mandated to provide policy guidance on technical and vocational skills training, and Bangladesh Technical Education Board (BTEB) under MoE is the regulatory board who sets the curriculum, develops learning materials, grants affiliation to technical and vocational institutions, governs admissions, conducts examination, and awards diploma certifications.

BTEB has already developed child caregiver training courses for up to level 3 and 7 training providers are already affiliated with BTEB to roll out this. However, this is not yet well recognized among major ECD practitioners. As the established national TVET certification board, BTEB has high potential to be partnered with BSA/MoWCA on upcoming the national level child caregiver skills training initiative.

Bangladesh ECD Network (BEN)

Bangladesh ECD Network (BEN) is a forum of stakeholders including government, non-government and international organizations working in ECD. Currently more than 200 agencies are connected through BEN who are engaged in advocacy, research, knowledge sharing in the field of ECD in Bangladesh.

Development Partners

Supporting the government and NGOs with technical assistance and funds to ensure affordable quality childcare. E.g., Synargos is working with MoWCA to establish 8,000 new childcare centers. UNICEF is working with BSA to implement ELCD3 project

NGOs

NGOs are currently leading the child caregiver training initiatives in Bangladesh. E.g., Phulki is one of the most recognized NGOs in the childcare sector specially for successfully incorporating ECD aspects in childcare centers. Most of its work takes place in factories and slums in and around the city. Most GoB operated daycares outsource caregiver training to Phulki. They have developed a widely used ECD based caregiver training course, where trainees receive their theory classes at the Phulki Training center and have their practical training at different day-care centers and crèches. They also offer childcare center Supervisor training incorporating ECD aspects. Other reputed names in this area are Shobujer Obhijan, SOS, Dhaka Ahsania Mission.

Specialized Education Institutes

BRAC Institute of Educational Development (BRAC IED), as a pioneering educational institute for ECD, is an advocate for the importance of play during early years' development and learning. BRAC IED focuses on the diverse areas of courses, model development and research, and implementation around play pedagogy while operating outside Bangladesh also. In addition to providing ECD based Caregiver training in play-based methodology over 6 days; they also provide refresher training every month.

Community Based Approach

Centre for Injury Prevention and Research Bangladesh (CIPRB) is the only organization that runs substantial number of childcare centers in rural Bangladesh. Their centers are called “Anchal” (community crèche) that are established within a local community, using available facilities and parents (usually mothers) from the communities who are appointed as caregivers named “Anchal Ma”.

Hospital based Approach

Institute of Child and Mother Health (ICMH) had introduced hospital-based day care center and provided certificate course for child caregivers. They operate on a limited scale, but their course has rich content on child growth tracking and child health and nutrition.

Private Providers

Some of the private providers have good acceptance among ECD practitioners for their standard ECD based caregiver training program. One of these is Wee Learn Model based on Canadian Curriculum. Wee Learn is a private provider who follows a Canadian curriculum focused on age-appropriate early childhood education (ECE) and learning through play. They operate in urban area and their clients include Bangladesh Army, Air Force and corporate groups (Private Banks). Their caregivers are trained in Canadian ECE practices, including infant CPR. Recently they have partnered with Bangladesh Institute of Lifelong Learning (under Dhaka Ahsania Mission) to offer an online course to interested individuals who aspire to be well-trained caregivers. These virtual classes also bring in international experts as guest trainers/speakers who are experienced in global good practices for ECD based caregiver training.

Institutes offering Higher Education

BRAC IED and Home Economics College offers higher education in ECD and child development. These two institutes can be crucial in developing long-term child caregiver career path and fulfilling higher education and professional development aspirations of overall ECD workforce of the country. BRAC IED offers specialized Masters/post-graduation courses, while Home Economics College offers a four year bachelor program followed by a Master's degree in Child Development.

ANNEX 4

EXAMPLES OF GOOD PRACTICES – COMPETENCY BASED CHILDCARE WORKFORCE TRAINING

SINGAPORE³⁷

In Singapore, there is rising demand for ECCE services and a shortage of qualified professionals. In response to this growing demand, Singapore has introduced a range of initiatives to attract, support, and retain workers to the profession. In particular, the Government has invested in new competency-based training and professional development frameworks and created pathways and incentives to support career advancement. In addition, it has launched efforts to diversify the ways individuals can enter the profession. Singapore's recent focus on ECCE workforce development offers lessons for other countries seeking to address recruitment and retention challenges and ensure that those who work with young children have ongoing opportunities for professional development and career advancement.

ECUADOR³⁸

The Ministry of Economic and Social Inclusion (MIES) has taken steps to strengthen the skills of those that work in childcare centers and home visiting programs through standardizing competence requirements and providing pre-service training to ensure that early childhood workers have a common set of skills. In recent years, MIES has taken steps to ensure that all incoming personnel receive the same training by issuing technical certificates and university degrees to those who complete in-service trainings on ECD-related topics. Flexibly introducing common standards and training reduces the likelihood that staff enter the profession without the requisite knowledge and skills while ensuring that existing members of the workforce have opportunities to gain them as well.

GHANA³⁹

In Ghana, government officials and development partners have worked to address quality challenges in ECE/ECD programs by improving teaching practice and its alignment with the national curriculum through a number of programs, including the Fast Track Transformational Teaching (FTTT) Program which began in partnership with 2 of the 7 Colleges of Education which offer a track in early childhood education in the Central and Western regions of the country. This approach offers several career paths for the ECD workforce and evaluates and monitors the trained staff based on acquired competencies. The FTTT program increased student teachers' knowledge of early childhood education and development and improved their implementation of the curriculum. FTTT teachers also reported higher levels of motivation and feelings of personal accomplishment.

³⁷ Early Childhood Workforce Initiative. 2019. Developing Career Pathways for Early Childhood Care and Education Workers

³⁸ Early Childhood Workforce Initiative. 2019. Professionalizing the Workforce Supporting Infants and Toddlers from Birth to 3

³⁹ Early Childhood Workforce Initiative. 2019. Bridging Access with Quality: Empowering Kindergarten Teachers with Practical Training to Support Child-Centered Learning

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