Bangladesh Educational Assessment
Early Childhood Education
Context and Resources in Bangladesh

BEPS

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EARLY CHILDHOOD EDUCATION

Context and Resources in Bangladesh

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LIST OF ACRONYMS

AUEO	Assistant Upazila Education Officer
BAFED	Bangladesh Forum for Educational Development
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
BBS	Bangladesh Bureau of Statistics
BINP	Bangladesh Integrated Nutrition Project
BRAC	Bangladesh Rural Advancement Committee
CAMPE	Campaign for Popular Education
CHT	Chittagong Hill Tracts
DAM	Dhaka Ahsania Mission
DHS	Demographic and Health Survey
DPE	Directorate of Primary Education
ECCE	Early Childhood Care and Education
ECCED	Early Childhood Care, Education, and Development
ECD	Early Childhood Development
ECE	Early Childhood Education
EFA	Education for All
ESTEEM	Effective Schools through Enhanced Education Management
FIVDB	Friends in Village Development
GNI	Gross National Income
GOB	Government of Bangladesh
GPS	Government Primary Schools
GSS	Gonoshahajjo Sangstha
HH	Household
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICMH	Institute of Child and Mother Health
IER	Institute for Education Research
INGO	International Non-governmental Organization
KAP	Knowledge, Attitude, and Practice
MOMPE	Ministry of Primary and Mass Education
MOWCA	Ministry of Women and Children Affairs
MOHFW	Ministry of Health and Family Welfare
MSW	Ministry of Social Welfare
NAPE	National Academy for Primary Education
NCTB	National Curriculum and Textbook Board
NGO	Non-governmental Organization
NPA	National Plan of Action (for Education for All)
ORS	Oral Rehydration Solution
PEDP	Primary Education Development Project
PMED	Primary and Mass Education Division
PTI	Primary Teachers Training Institute
URC	Upazila Resource Centers
USAID	United States Agency for International Development
USD	United States Dollars
UZ	Upazila
WHO	World Health Organization

EXECUTIVE SUMMARY

Purpose of the Study

This assessment of early childhood education reviews current early childhood development (ECD) needs, activities, and resources in Bangladesh, and identifies potential entry points for USAID ECD assistance to disadvantaged populations. The study responds to USAID/Bangladesh's Education Strategic Objective 10: Improved Performance at Early Childhood and Primary Education Levels through Innovative Learning Models.

Major Approaches

The assessment includes:

- A desk review of available reference materials on ECD indicators, projects, and policies in Bangladesh;
- Interviews with ministry officials, local education officials, program managers of INGOs (International Non-governmental Organizations) and NGOs (Non-governmental Organizations), and other expert informants;
- Site visits (32) and interviews with all available pre-primary programs operating in two rural and two urban areas outside Dhaka;
- Household interviews (37) and twenty-four-hour recall studies of childcare activities with families in the identified rural and urban areas;
- Child profiles based upon the above interviews and recall studies;
- Focus group discussions with parents in rural and urban areas;
- A joint meeting and brainstorming session with project directors of smaller NGOs working or beginning to work in ECD;
- Preparation of three databases: a) ECD programs, b) ECD professional resources, and c) ECD materials; and
- Analysis of findings and suggestions for future directions.

Major Findings

The major findings of the study are described in seven sections:

- *Status of Young Children*. While health and nutrition indicators are improving, the approximately twenty million children under-five-years-old[1] in Bangladesh still have urgent needs in both areas, including a roughly 50 percent moderate and severe

[1] Approximation based on the World Health Organization 2002 estimate of 19.4 million children under-five-years-old in Bangladesh for the Immunization Profile (http://www.who.int/country/bgd/en) and The World Bank Group estimate of a 1.7 percent annual population growth rate in Bangladesh Data Profile, World Development Indicators Database. August 2003.

malnutrition rate[2] and a 25 percent severe iodine deficiency rate[3]—both predictors of reduced cognitive capacity and school achievement. These children also face a severe shortage of learning resources. Household-level research conducted for this study confirmed high rates of malnutrition, inadequate use of iodized salt, and absence of literate parents, books, and other literacy supports for children.

- *Social and Political Context for ECD*. The social and political context for ECD in Bangladesh is mixed. Parents are by and large unfamiliar with the concept of mental development or the significance of learning before the school years. Bangladesh has a sound legal and policy framework for the protection of young children but implementation and enforcement are issues. National Plans of Action (NPA) for Education for All (EFA) and Primary Education Development Plans (PEDP) for the last decade have all called for intensive ECD in both the formal and nonformal sectors, and officials at every level of government appear to be convinced of the value of preschool education. The Government of Bangladesh (GOB), however, is unable to recognize or fund formal sector activity in pre-primary education at this time but is encouraging the nonformal sector to provide Government Primary School (GPS)-linked pre-primaries. Mothers visited for this study expressed a general desire to educate their children, but worried about education's cumulative expense and real power to change future employment possibilities, as well as the dangers of delaying marriage for education's sake.

- *Parenting and Parent Education Programs.* Children in Bangladesh continue to be raised in extended family settings, with mothers and secondary caregivers sharing nearly equal hours of childcare time. Children, especially those in the three- to five-years-old age group, are more likely to spend time alone or in the care of older, but still young, siblings than would be true of their industrialized nation counterparts.[4] Families observed and interviewed during field work appeared to share this same pattern, to be warmly invested in their children, but are also frequently overwhelmed by work and worries. Large-scale, elaborated parenting education programs are offered by Plan International and Save the Children/USA, and will be offered through the national ECD project jointly sponsored by the GOB and UNICEF in the near future.

- *Nonformal and Private Sector Programs.* Most NGOs and INGOs are currently concentrating on the immediate pre-primary years (ages five to six), as this age is perceived to be in urgent need by most parents and education policymakers. Plan International and Save the Children/USA have programs targeting to the three- to five-years-old age group. Site visits to these pre-primary programs found an understandable

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[2] UNICEF. *State of the World's Children.* Based on data from UNICEF, Demographic and Health surveys, World Health Organization data, and Multiple Indicator Cluster Surveys. UNICEF, 2003.

[3] S. Quazi, M. Mohiduzzaman, MR Khan et. al. "Urinary Iodine Levels in Three Ecological Zones of Bangladesh," *Indian Journal of Clinical Biochemistry*. July 1997, 12(2): 128-33.

[4] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

academic emphasis combined with, in most cases, child-oriented activities and many interested, newly-skilled and proud-of-it, eager children. Private kindergarten classes are expensive and are purely academic in orientation. Furthermore, they are conducted in the least child-friendly environments observed.

- *Formal Sector Programs.* Less than half of the GPS premises visited had Baby Classes, and with one exception, were found to be under-populated and dispirited. Preschool and pre-primary classes, under the auspices of the Ministry of Women and Child Affairs (MOWCA) and the Shishu Academy, are planned and expected to become realities by early 2004. Mosque-based schools with pre-primaries funded and teachers trained by the Islamic Foundation were well attended and enthusiastically participated by children of both genders.

- *Multi-sector ECD Programs.* Some NGOs with pre-primary and women's credit programs are including ECD messages in group meetings. For example, Bangladesh Integrated Nutrition Project (BINP) will be delivering ECD messages in its service areas. The largest multi-sector program will come through the national ECD program using family welfare assistants, health assistants, and the Bangladesh Rural Advancement Committee (BRAC) outreach health workers for delivery and the local-level health centers as delivery sites.

- *Emerging Trends, Issues, and Capacity-building Needs*. Emerging trends include interest in ECD itself, especially integrated ECD, improved parental awareness about preventative health measures for children under-two years of age,[5] and, possibly, retreat of government interest in investing in Baby Classes in favor of NGO activity. The health, nutrition, and well-being of the three- to five-years-old age group in particular were identified as visible issues; ECD programming issues may emerge as awareness and activity grows. Capacity building for both Government Organizations (GOs) and NGOs is needed at every level, although programmatic expertise is developing rapidly in the nonformal sector.

Early childhood development, especially early learning, is a relatively new concept for most people in Bangladesh, and a new activity for the development sector. Desk and field research demonstrate that parents are trying to do what is best for their children but are unaware of the importance of learning in the early years and ways parents can contribute to school-readiness. National and international NGOs are beginning to establish in-house expertise and program experience in parent education, home-based and center-based preschools, and pre-primary programs, but most have had to start from scratch, relying on assistance from technical resources outside the country. ECD expertise is not available through national universities, colleges, or training institutes. Neither early childhood education (ECE) nor ECD can be said to be an activity of the Government at this time, although MOWCA is becoming involved in advocacy and will initiate some programming in 2004. The belief that pre-primary education is essential for helping children adapt to and achieve in school seems well established among officials down to the upazila level, but, Baby Classes appear to be more headache than help for some local head teachers. Therefore, there is wide scope for new energy and funding for ECD in Bangladesh.

[5] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

ECD activities are meant to break intergenerational cycles of poverty. Where school systems are strong, this cycle can be as follows: low incomes lead to poor physical and mental care, which leads to poor school-readiness and low achievement in school, and then circles back to poverty. Where school systems are weak, ECD activities must also work to build on parents' expectations of teachers and the education system and to foster strong positive experiences for children with learning, books, and teachers that can engender their capacity and confidence to take advantage of learning opportunities wherever they can be found. The GOB, and donors through PEDP II, are newly engaged in strengthening the school system so when children are ready for school, schools will be ready for children. USAID can make an important contribution by preparing children to be ready as soon as possible.

I. INTRODUCTION

As part of meeting Strategic Objective 10: "Improved Performance at Early Childhood and Primary Education Levels through Innovative Learning Models," the United States Agency for International Development (USAID) in Bangladesh commissioned three assessment studies. This study, the Early Childhood Education Assessment, is the first of the three to be completed.

The study aims to strengthen an overall understanding of current early childhood development (ECD)[6] needs, activities, and resources in Bangladesh, and to assist in identifying potential entry points for USAID to provide assistance to disadvantaged populations.

The study team conducted desk reviews of available reference materials and interviewed the Director General of the Directorate of Primary Education, the Director General of the Department of Social Services, the Director of Bangladesh Shishu Academy, the co-team leader of the National Plan of Action (NPA) II working group, 10 upazila education and social welfare officers, and program managers of 15 NGOs currently involved in ECD, as well as Shamse Ara Hasan, the former head of education for Gonoshahajjo Sangstha (GSS). With research support from Dhaka Ahsania Mission (DAM) and logistics support from DAM and BRAC, the consultant team spent two weeks conducting field studies in the Jhenaidah and Manikgonj districts. The team observed 32 programs and interviewed and photographed members of 37 households. Three focus group discussions were held with rural and urban parents in the two districts, and a group of smaller non-governmental organizations (NGOs) based in Dhaka participated in a final focus group/brainstorming session. In addition, three databases were prepared, one each for ECD programs, ECD professional resources, and ECD materials.

The findings of the study are presented in seven sections: 1) Status of Young Children, which provides information on the size of the under-five-years-old population in Bangladesh, current birth trends, and national and international information on indicators with direct impact on learning potential, along with relevant results from field study findings; 2) Social and Political Context for ECD, which offers a brief history of laws protecting young children, identifies the formal institutions currently overseeing ECD issues, and examines some of the policies, problems, and national forums for ECD discussion, with findings from the field study providing some "on the ground" social context; 3) Parenting and Parent Education, which looks at results from UNICEF's 2001 baseline study of caregivers' knowledge, attitude, and practice (KAP) on early childhood development, the recent (2002) Effective Schools Through Enhanced Education Management (ESTEEM) study, and the interview results from this assessment that includes descriptions of current programs in parent education; 4) Nonformal and Private Sector Programs, which describes programs and observations for this sector, as well as training needs and available impact information; 5) Formal Sector Programs, which

[6] For purposes of this report the term ECD (Early Childhood Development) will be used to describe activities relevant to early learning that might elsewhere fall in categories referred to as ECE (Early Childhood Education), ECCE (Early Childhood Care and Education), ECCED (Early Childhood Care, Education, and Development), or other variants of these terms unless specific program titles are involved. Many arguments have been held in many venues about the choice of acronym and the philosophy the choice represents. The choice of "ECD" here is made because it is the most inclusive and most widely used term of reference.

gives a brief history of informal Baby Classes, and describes observations, apparent future plans, and obstacles; 6) Multi-sector ECD Programs, which describes programs, trends, and issues regarding integrated approaches to improving child development, and 7) Emerging Trends, Issues, and ECD Capacity-building Needs.

Early childhood development, especially early learning, is a relatively new concept for most people in Bangladesh, and a new activity for the development sector. Desk and field research demonstrated that parents are trying to do what is best for young children in a variety of ways but are unaware of the importance of learning in the early years and ways parents can contribute to school-readiness.[7] National and international NGOs are beginning to establish in-house expertise and program experience in parent education, home-based and center-based preschools, and pre-primary programs, but most have had to start from scratch, relying on assistance from technical resources outside the country. ECD expertise is not available through national universities, colleges, or training institutes. ECD cannot be said to be an activity of the Government at this time, although the Ministry of Women and Children Affairs (MOWCA) is becoming involved with advocacy and will initiate some programming in 2004. The belief that pre-primary education is essential for helping children adapt to and achieve in school seems well established among officials down to the upazila level, but Baby Classes[8] appear to be more headache than help for some local head teachers.

There is, then, vast scope for new energy and funding for ECD in Bangladesh. Evidence is beginning to emerge within Bangladesh[9] [10] [11] supporting the effectiveness of ECD programs, but most evidence of effectiveness comes from international research, which is described below.

International evidence indicates that quality, integrated ECD programs can increase school enrollment, persistence, and achievement.[12] [13] [14] Children that participate in quality ECD programs tend to enroll earlier in school and repeat fewer grades. Their drop-out rate is lower,

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[7] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

[8] Baby Classes or "choto 1s" are generally referred to with quotation marks, partly because they are not recognized as true classes nor are they classes in practice in most instances. For convenience, quotation marks will not be further used in the report.

[9] J.D.Hamadani, F. Khatun, G.J.Fuchs, S.N. Huda, and S.M.Grantham-McGregor. "Effect of Psychosocial Stimulation on Development of Malnourished Children in the Community Nutrition Centre of the Bangladesh Integrated Nutrition Project." Abstract of paper presented at the 10th ASCON conference. 2002.

[10] Data International. *Impact of BRAC Preschool on Student Achievement.* 2003.

[11] Save the Children/USA. "Evaluation of Save/USA Parenting Education Program," *Early Childhood Care, Education, and Development (ECCED) in Bangladesh.* Bangladesh: Directorate of Primary Education and Save the Children/USA, 2002.

[12] E. Garces., D. Thomas, and J. Currie. "Longer Term Effects of Head Start." Washington, DC: RAND Corporation, 2000.

[13] L.A. Karoly, P.W. Greenwood, S.S. Everingham, J. Houbé, M.R. Kilburn, C.P. Rydell, M. Sanders, and J. Chiesa. "Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions." Washington, DC: RAND Corporation, 1998.

[14] M.E. Young. *Early Child Development: Investing in the Future, Directions in Development*. Washington, DC: World Bank, 1996.

their grade level attainment is higher, and their school performance is better. In turn, these children will be more productive as adults, whether in the labor market or in the home, and attain higher incomes. Long-term benefits of ECD for society as a whole stem from a more productive workforce and better-educated population leading to higher economic development, as well as reduced public expenditures on health, social welfare, and remedial education. Some successful ECD programs are described below.

- The Integrated Child Development Project in Bolivia (Proyecto Integral de Desarrollo Infantil, or PIDI) provided nonformal, home-based day care and nutrition and education services to young children six months to six years of age in poor, predominantly urban areas. The program has improved cognitive test score outcomes for the older age group by roughly five percent and even higher for children who participated more than a year in the program. Virtually all (95-100 percent) of the children participating in the program subsequently entered primary school, compared to only 20 percent for non-participating children.[15] [16]

- The recent evaluation of the Chicago preschool program in the United States supports these findings. Preschool participation was significantly associated with higher rates of school completion (49.7 percent vs. 38.5 percent in the control group), lower school dropout rates (46.7 percent vs. 55.0 percent), less grade retention (21.9 percent vs. 32.3 percent), and less need for special education in primary and secondary education (13.5 percent vs. 20.7 percent).[17]

- Implementing interventions in health, nutrition, and mental stimulation together can have a greater effect than any intervention applied alone. A study in Jamaica, for example, showed how either cognitive stimulation or supplementary feeding can increase cognitive abilities of a malnourished child, with the combination of both elements together having the greatest overall impact.[18]

- Involving parents or other caregivers where possible also has cumulative effect. In an ECD program in Turkey, both preschool activities and motherhood training separately improved overall development of the young children in the program, but the greatest short-term effects came from a combination of both. In the longer-term, children whose mothers had participated in the training performed significantly better in school, had

[15] J.R. Behrman, Y. Cheng, and P. Todd. *The Impact of the Bolivian Integrated 'PIDI' Preschool Program*. Philadelphia, PA: University of Pennsylvania, 2000.

[16] J. Van der Gaag and J. Tan. *The Benefits of Early Child Development Programs: An Economic Analysis*. Washington, DC: World Bank, 1998.

[17] A.J. Reynolds, J.A. Temple, D.L. Robertson, and E.A. Mann. "Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest: A 15-Year Follow-up of Low-Income Children in Public Schools," *Journal of the American Medical Association*. 2001, 285(18): 2339-2346.

[18] S.M. Grantham-McGregor, C.A. Powell, S.P. Walker, and J.H. Himes. "Nutritional Supplementation, Psychosocial Stimulation, and Mental Development of Stunted Children: The Jamaica Study," *Lancet.* 1991, 338: 1-5.

higher self-esteem, were more ambitious, and showed improved social behavior.[19] The mothers, as well, reported higher self-esteem and greater equality between them and their husbands.

- ECD programs show the greatest impact on more vulnerable children. A study of an ECD program in India (Integrated Child Development Scheme, also known as the Haryana Project) demonstrated that ECD involvement hardly affected the drop-out rates of the richer children but reduced drop-out rates of the poorest children by 46 percent.[20]

- Research on child nutrition in the Philippines showed increases in school attendance of 1.1 to 2.1 academic years for the most malnourished children, but only slightly higher effects for better-nourished children.[21]

Well-targeted ECD interventions are a powerful tool to address social inequality and to give the poorest children a better start in life. Providing them with good nutrition, health services, and appropriate early stimulation can be a first step in lifting the most vulnerable children out of poverty.

ECD benefit-to-cost ratios of 2.38 to 3.18 have been calculated for programs in Bolivia.[22] Ratios of 3.00 were calculated for a Philippines early childhood program,[23] and a ratio of 7.16 was calculated for the Perry Preschool Program in the United States.[24] A recent cost-benefit analysis conducted for the Government of Egypt estimated an average benefit-to-cost ratio between 1.2 and 2.49 for the nation as a whole, with benefits above 5.8 in the most disadvantaged areas.[25]

ECD activities are meant to break intergenerational cycles of poverty. Where school systems are strong, this cycle can be thought of as: low incomes leading to poor physical and mental care, leading to poor school-readiness and low achievement in school, and then leading back to poverty. Where school systems are weak, ECD activities must additionally work to build parents' expectations of teachers and the education system and to foster strong positive experiences for children with learning, books, and teachers that can engender their capacity and confidence to take advantage of learning opportunities wherever they can be found.

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[19] C. Kagitcibase. *Family and Human Development Across Cultures: A View from the Other Side*. Mahwah, JS: Lawrence Erlbaum Associates, 1996.

[20] E. Chaturvedi, B.C. Srivastava, J.V. Singh, and M. Prasad. "Impact of Six Years' Exposure to the ICDS Scheme on Psychosocial Development," *Indian Pediatrics*. 1987, 24: 153-64.

[21] P. Glewwe, H.G. Jacoby, and E.M. King. *Early Childhood Nutrition and Academic Achievement: A Longitudinal Analysis*. Washington, DC: World Bank, 2000.

[22] J. Van der Gaag and J. Tan. *The Benefits of Early Child Development Programs: An Economic Analysis.* Washington, DC: World Bank, 1998.

[23] P. Glewwe and H.G. Jacoby. "Delayed Primary School Enrolment and Childhood Malnutrition in Ghana: An Economic Analysis," *Living Standards Measurement Study (LSMS) Working Paper No. 98*. Washington, DC: World Bank, 1993.

[24] L.J. Schweinhart, H.V. Barnes, D.P. Weikart, W.S. Barnett, and A.S. Epstein. "Significant Benefits: The High/Scope Perry Preschool Study Through Age 27." Ypsilanti, MI: High/Scope Press, 1993.

[25] World Bank. *Strategies for Maximizing the Benefits of Kindergarten Expansion.* Education Sector Working Paper for the United Arab Republic of Egypt. Washington, DC: World Bank Group, 2003.

II. STATUS OF YOUNG CHILDREN

This section of the report describes the size of the birth- to five-years-old population in Bangladesh, current birth trends, special vulnerabilities of children, and the poverty of learning resources they currently face.

A. Size of the Under-five-years-old Population

Estimates of the size of the under-five-years-old population were available directly from the World Health Organization (WHO), the United Nations Population Division (statistics represented in UNICEF's State of the World's Children 2003), and the U.S. Census Bureau for three different years. Further estimates were constructed using the percentage of under-five-years-old children typically found in households in Demographic and Health Surveys (DHS). These statistics are presented in Table 1.

DHS surveys for Bangladesh in 1993/94, 1996/97, and 1999/2000 reported respectively that children under-five years of age were 13.5 percent, 12.9 percent, and 12.9 percent of household members. For the year 2001, World Bank development indicators assigned Bangladesh a total population of 133.3 million;[26] applying the DHS under-five years of age percentage of 12.9 generates an estimate of 17,196,000 or about 17.2 million children under-five-years-old. The Bangladesh Bureau of Educational Information and Statistics (BANBEIS) gives 129.2 as the estimated total Bangladesh population for 2001;[27] applying the DHS percentage generates an under-five population estimate of 16,667,000, or about 16.7 million.

Table 1: Population of Children Under-five Years of Age in Millions

Source	*Year*		
	2002	*2001*	*2000*
World Health Organization[28]	19.4		
UN Population Division [29]		18.9	
U.S. Census Bureau[30]			15.9
DHS *		17.2	
BANBEIS*		16.7	

*Constructed estimates.

[26] World Bank Group. *World Development Indicators, Bangladesh Data Profile*. 2003. Source: http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=BGD&CCODE=BGD&CNAME=Bangladesh&PTYPE=CP

[27] From Population Census 2002 Preliminary Report. Source: http://www.banbeis.org/bd_pro.htm.

[28] World Health Organization. *Immunization Profile-Bangladesh*. 2002. Source: http://www.who.int/country/bdg/en/.

[29] UNICEF. *State of the World's Children*. (Statistical Tables, p. 100). Data from the United Nations Population Division. 2003. Source: http://www.unicef.org/publications/pub_sowc03_en.pdf.

[30] U.S. Bureau of the Census. *International Data Base*. July 2003.

As the general population growth for Bangladesh is estimated at figures between 1.48 percent[31] and 1.7,[32] it is safe to assume that the population of under-five-years-old approached 20 million as 2004 arrived.

B. Current Birth Trends

Over the last two decades, Bangladesh has become an inspiration to population control efforts around the world, achieving impressive reductions in fertility rates. The decline in total fertility rate from seven births per woman in the mid 1970s to 3.3 in 1999-2000[33] (shown in Table 2) is part of an important protection for the survival of children under-five-years-old. The decline in child mortality from about 250/100,000 in the mid 1970s to 94/100,000[34] is both result and contributor to the fertility decline. As families are able to see more young children surviving, they are able to take the risk of greater birth spacing, helping to create a cycle of lower mortality.[35]

Table 2: Estimates of Total Fertility Rate

Agency	*Latest Year of Data Available*			
	2002	*2001*	*2000*	*1999*
World Bank Group [36]	3.0			
USAID [37]				3.3
UN Population Division [38]		3.6.		
DHS (Measure) [39]				3.2
U.S. Census Bureau [40]			3.2	

DHS findings on total fertility surveyed from 1993/94 through 1999/2000 show a total, but not, as Table 3 shows, a completely steady decline in total fertility rates. For the two most recent surveys, an increase in fertility rates among both well-educated and entirely uneducated

[31] BANBEIS. *Population Census 2002 Preliminary Report*. Source: http://www.banbeis.org/bd_pro.htm.

[32] World Bank Group. *World Development Indicators, Bangladesh Data Profile*. 2003. Source: http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=BGD&CCODE=BGD&CNAME=Bangladesh&PTYPE=CP

[33] USAID. Source: http://www.usaid.gov/bd/pop.html. December 2002.

[34] USAID. Source: http://www.usaid.gov/bd/pop.html. December 2002.

[35] S. Rutstein. "Birth Spacing: Three to Five Saves Lives," *Population Reports*. 2002, XXX (3).

[36] World Bank Group. *World Development Indicators Database*. July 2003.

[37] USAID. Source: http://www.usaid.gov/bd/pop.html. December 2002.

[38] UNICEF. *State of the World's Children*. (Statistical Tables, p. 100). Data from the United Nations Population Division. 2003. Source: http://www.unicef.org/publications/pub_sowc03_en.pdf.

[39] Measure DHS. *Demographic and Health Surveys.* USAID, ORC Macro, and Measure DHS. 1999. Source: http://www.measuredhs.com.

[40] U.S. Census Bureau. *IDB Summary Demographic Data for Bangladesh*. 2000.

women was found. Families visited in the field for this study were mostly small. Of 37 households, 14 had one child, 13 had two, nine had three children, and one had four children.

Table 3: Fertility Rates by Educational History

Survey Year	*Fertility Rates by Levels of Women's Education*			
	None	*Primary*	*Secondary or Higher*	*Total*
1993-4	3.8	3.4	2.6	3.4
1996-7	3.9	3.2	2.1	3.3
1999-2000	4.1	3.3	2.4	3.3

Source: http://www.measuredhs.com. MEASURE DHS+ STAT COMPLIER, ORC Macro, 2003.

Continued decline in fertility will contribute to the survival and health of the under-five population. Addressing other threats, such as maternal mortality, intra-uterine malnutrition, neonatal and infant mortality, and early feeding practices, will require other approaches. Programs that are community-based and directed towards adolescent girls may prove especially effective.[41]

C. Special Vulnerabilities

Information on the status of vulnerable and disadvantaged preschoolers is described here for children with disabilities, children in difficult economic circumstances, and children at risk for poor learning outcomes due to health and nutritional factors.

C.1. Children with Disabilities

Disabled children are shunned, neglected and even abandoned by their families, and isolated from their communities. It is reported that many disabilities found could have been avoided with improved health care and immunization programs.[42]

At a June 2003 Expert Group Meeting on an International Convention to Protect and Promote the Rights and Dignity of Persons with Disabilities held in Bangkok, four country papers were presented from Bangladesh. None could offer statistics on the number of people with disabilities with confidence and none tried to offer statistics on the number of children under-five-years-old with disabilities. One paper offered a basis for estimating:

[41] K. Talukder. "Child Health and Nutrition: National Perspective," *Institute of Child and Mother Health: Inauguration Souvenir.* March 1999.

[42] K. Green. *Human Resources Development for the Rehabilitation of Disabled Person, Bangladesh 2003.* Ottawa, ON: USC Canada, 2003. Source: http://www.usc-canada.org/bangl_en.asp#human.

> *Though disability is a major social and economic phenomenon in Bangladesh, there is hardly any reliable data in this regard to reveal the actual number. As a result, it is assumed 'that the prevalence of disability in Bangladesh is not less than the WHO estimation (10 percent) for the developing countries.'*[43]

This estimate suggests 13-14 million disabled people in Bangladesh. If the same calculation were applied to the approximately 20 million children under-five-years-old in Bangladesh, the estimate for children with disabilities would be 2,000,000. Based on 1998 data from the Bangladesh Bureau of Statistics (BBS), estimates of the proportions of different disabilities for the total Bangladesh population were offered as follows: a) visual, 31 percent; b) physical (including leprosy and goiter), 35.8 percent; c) hearing and speech, 28 percent; and d) mental retardation, 4.9 percent.[44]

Farida Yasmin, Executive Director of the Disabled Rehabilitation & Research Association (DRRA) in Dhaka said the following about educational access for disabled children, "Access of education for children with disabilities is less than four percent. In some areas it is numbered less then two percent where the number of school-going children with disabilities is 1.6 million."[45] Lack of resource persons and logistical support, as well as the placement of responsibility for the education of children with disabilities under the Social Welfare Ministry rather than the Education Ministry, are partially responsible for this problem.

Some information is available about vitamin A deficiency (VAD)-related blindness. Although the vitamin A coverage rate for children under-five-years-old in 2000 is relatively strong—85 percent in Bangladesh compared to 42 percent in South Asia as a whole, the Micronutrient Initiative gives five percent as the national rate of vitamin A deficiency, which is approximately ten times the rate identified by WHO. Nearly one million young children have exophthalmia, 30,000 are blinded each year despite a national vitamin A program.[46] For this assessment, 97 percent of children for whom it was age appropriate had received doses of vitamin A.

The good news is that polio is close to complete eradication in Bangladesh. WHO reports "zero"per 100,000 cases in both 2001 and 2002, down from 393 in 1999.[47]

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[43] A. S. Dulal. *Country Paper: Bangladesh (4)*. From the Expert Group Meeting and Seminar on an International Convention to Protect and Promote the Rights and Dignity of Persons with Disabilities. Bangkok, Thailand: June 2003. Source: http://www.worldenable.net/bangkok2003/paperbangladesh4.htm.

[44] A. S. Dulal. *Country Paper: Bangladesh (4)*. From the Expert Group Meeting and Seminar on an International Convention to Protect and Promote the Rights and Dignity of Persons with Disabilities. Bangkok, Thailand, June 2003. Source: http://www.worldenable.net/bangkok2003/paperbangladesh4.htm.

[45] F. Yesmin. *Bangladesh (2): Towards Right-Base Approaches for the Persons with Disabilities, (PWD's).* From the Expert Group Meeting and Seminar on an International Convention to Protect and Promote the Rights and Dignity of Persons with Disabilities. Bangkok, Thailand, June 2003. Source: http://www.worldenable.net/bangkok2003/paperbangladesh2.htm

[46] Micronutrient Initiative. *OMNI Micronutrient Fact Sheets: Bangladesh*. 2003. Source: http://www.mostproject.org/Bang.htm.

[47] World Health Organization. *Bangladesh Country Profile, Selected Indicators*. 2002. Source: http://www.who.int/country/bdg/en/.

C.2. Children in Difficult Economic Circumstances

The World Bank Group gives a gross national income (GNI) per capita of $360 (USD)[48] for 2002; the UN Population Division/UNICEF designates a 2001 GNI per capita as $370 and the GNI for South Asia as a whole as $449. According to the World Factbook (2002),[49] 36 percent of Bangladesh's population lives below the poverty line. It has been estimated that 24 percent of the population is "hard core poor."[50] This translates directly to nutritional and health vulnerabilities for children birth- to five-years-old. Household visits during this study's field work found families in great need of daily food, and families, who while somewhat better off, still placed their children at great health risks due to fear of medicine and medical treatment costs. Poverty also translates directly to lack of interest in a serious pursuit of education.

C.3. Children at Risk for Poor Learning Outcomes from Health and Nutritional Factors

C.3.a. *Malnutrition.* Malnutrition can slow down brain development and impair a child's ability to learn, think, socialize, and explore the environment. Poor nutrition during the prenatal period and the first three years of life is related to reduced intellectual ability and limited concentration.[51] Low birth weight affects learning through long-term effects on health as well, as malnourished children are more susceptible to disease. Ill health during early childhood has independent serious negative impacts on cognitive development.[52]

Children that are malnourished during early childhood are more likely to delay enrolment in primary school and are likely to perform poorly and learn less than well-nourished children.[53] Malnutrition during later years of childhood, such as the preschool and primary school period, have immediate effects on learning achievement during that period through loss of concentration, apathy, and reduced activity.[54]

Proof of the importance of malnutrition to learning also comes from positive results of feeding interventions. In the United States, school breakfast programs are associated with significant improvements in academic functioning among low-income elementary school

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[48] World Bank Group. *World Development Indicators Database*. July 2003.

[49] The World Fact Book lists these percentages for religious affiliation in Bangladesh: 83 percent Muslim, 16 percent Hindu, and one percent other. 1998. Source: http://www.cia.gov/coa/publications/factbook/geos/bg.html.

[50] N. I. Khan, (co-team leader for NPA II and Nonformal Education National Framework Specialist), personal communication, November 2003.

[51] R. Martorell. "Under-Nutrition During Pregnancy and Early Childhood: Consequences for Cognitive and Behavioral Development," in M.E. Young (ed.), *Early Childhood Development: Investing in Our Children's Future.* International Congress Series No. 1137, Amsterdam: Elsevier Science B.V., 1997.

[52] R.J. Sternberg, E.L. Grigorenko, and C. Nokes. "Effects of Children's Ill Health on Cognitive Development," in: M.E. Young (ed.), *Early Childhood Development: Investing in Our Children's Future*. International Congress Series No. 1137, Amsterdam: Elsevier Science B.V., 1997.

[53] P. Glewwe, H.G. Jacoby, and E.M. King. *Early Childhood Nutrition and Academic Achievement: A Longitudinal Analysis.* Washington, DC: World Bank, 2000.

[54] S.M. Grantham-McGregor. "A Review of Studies of the Effect of Severe Malnutrition on Mental Development," *Journal of Nutrition*. 1995, 125 (8S): 2233S-2238S.

children.[55] School feeding programs in Jamaica improved arithmetic scores in comparison with the control classes (and class attendance); severely malnourished, stunted, or wasted children in the control group (i.e. receiving no breakfast) showed a decline in cognitive test performance. This study also showed the greatest gains in performance among the most undernourished children. A school breakfast program in Peru resulted in improved dietary intake, decline in anemia, and improved verbal skills.[56]

Malnutrition is therefore a matter for serious concern even for those primarily interested in education. During the period 1995-2000, 30 percent of infants born in Bangladesh were born with low birth weight (weight < 2.5 kg) and rates of moderate and severely underweight (below –2 standard deviations from median weight for age) were 48 percent for all children under-five-years-old.[57] According to a 1995-96 Bangladesh Child Nutrition Survey.[58] Two-thirds of all children under-six-years-old were severely or moderately malnourished. The latest available data from the World Bank Group estimated malnutrition (as weight for age) of children under-five-years-old in Bangladesh at 61.9 percent.[59]

In the field study for this assessment, (sample n=37) 46 percent of children were malnourished (by mother or researcher report); 54 percent were reported not to be malnourished. Ten of the 24 (42 percent) children one to five years of age had not consumed any protein other than breast milk during the day recalled for researchers. Of the 31 children over the age of six months, 14 (45 percent) had consumed no fruit, and 18 (58 percent) had consumed no red, yellow, or green leafy vegetables. Researchers also found that only 46 percent of mothers knew how to prepare an oral rehydration solution (ORS) to treat diarrhea; as diarrhea contributes significantly to malnutrition, this was a distressing finding.

C.3.b. Iodine Deficiency. Iodine deficiency during pregnancy results in the birth of babies with severe retardation of physical growth and psychological development (cretinism). These severe effects of intra-uterine iodine deficiency are irreversible.[60] There is also considerable evidence that even milder forms of the deficiency, in utero, are associated with lower scores on psychological tests. In a meta-analysis of 18 studies, Bleichrodt and colleagues found that the mean cognitive scores for iodine-deficient groups of children and/or adults was about 13 IQ points lower than those of non-deficient groups.[61] Inadequate use of iodized salt in

[55] A.F. Meyers, A.E. Sampson, M. Weitzman, B.L. Roger, and H. Layne. "School Breakfast Program and School Performance." *American Journal of Disabled Children.* 1989, 143 (10): 1234-1239.

[56] E.R. Jacoby, S. Cueto, and E. Pollitt. "When Science and Politics Listen to Each Other: Good Prospects from a New School Breakfast Program in Peru." *American Journal of Clinical Nutrition.* 1998, 67(4): 795S-797S.

[57] UNICEF. *State of the World's Children.* Based on data from UNICEF, Demographic and Health surveys, World Health Organization data, and Multiple Indicator Cluster Surveys. UNICEF, 2003.

[58] UNICEF/Bangladesh. *Children of Bangladesh and Their Rights*. UNICEF/Bangladesh, 1997.

[59] World Bank Group. *Country Profile for Bangladesh, Data Profiles, 1998*. Source: http://www.worldbank.org.

[60] H. Levin, E. Pollitt, R. Galloway, and J. McGurie. "Micronutrient Deficiency Disorders," in D. Jamison, W. Mosley, A. Measham, and J. Bobadilla (eds.), *Disease Control Priorities in Developing Countries.* Oxford: World Bank/Oxford University Press, 1993.

[61] N. Bleichrodt and M.Ph. Born. "A Meta-Analysis of Research on Iodine and its Relationship to Cognitive Development," in J.B. Stanbury (ed.), *The Damaged Brain of Iodine Deficiency*. New York: Cognizant Communication Corporation, 1994, 195-200. N. Bleichrodt, R.M. Shrestha, C.E. West, J.G. Hautvast, F. van de Vijver, and M.Ph. Born. "The Benefits of Adequate Iodine Intake," *Nutrition Reviews*. 1994, 54: S72-S78.

developing countries has become a concern for all those interested in early learning and in protecting intellectual potential.

The percentage of households using iodized salt has increased dramatically over the last decade, from 19 percent in 1993 to 70 percent in 2000.[62] A 1997 study of biochemical iodine deficiency, however, gives cause for concern, and casts doubt on the degree of confidence reports of household use should generate. The study found that 71.7 percent of children five- to 11-years-old in the flood-prone zone were iodine deficient—25 percent severely deficient, and 59.8 percent of children in the plains zone were deficient—23.4 percent severely deficient.[63] Household visits for this assessment revealed that many families used iodized salt for table salt, but not for cooking, as iodized salt is more expensive. This may explain why statistics on simple usage will not always be reliable predictors of iodine deficiency disorder prevalence.

In the field study of 37 households conducted for this assessment, 24 percent of mothers said they did not use iodized salt at all; 22 percent said they used iodized salt only as table salt, not for cooking; and 54 percent said they used iodized salt.

C.3.c. Iron-deficiency Anemia. Iron deficiency in infants and young children is associated with significantly lower scores on psychological tests. Deficits of 0.5-1.5 standard deviation units in scores on infant development scales or IQ tests of children have been found quite consistently across studies and age groups.[64] Iron deficiency is associated with longer-term effects as well, namely lower developmental test scores at five years of age.[65] Addressing iron deficiency can influence school achievement in older children as well. In 1990, UNESCO estimated that 74 percent of children five to 14 years of age were iron deficient.[66] A 1995 study in Jamaica demonstrated a link between worm-infestation-related iron deficiency and school achievement—school children not infected with intestinal parasites had higher reading and arithmetic scores than children with infections.[67] Treatment of parasites has been shown to affect cognitive function (as well as nutritional state) in several studies.[68] [69]

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[62] *IDD Prevalence and Control Program Data, Bangladesh*. 2003. Source: http://www.people.virginia.edu/~jtd/iccidd/mi/idd_014.htm.

[63] S. Quazi, M. Mohiduzzaman, M.R. Kha et. al. "Urinary Iodine Levels in Three Ecological Zones of Bangladesh," *Indian Journal of Clinical Biochemistry*. 1997, 12(2): 128-33, (abstract).

[64] E. Pollitt. "Iron Deficiency and Cognitive Function," *Annual Reviews of Nutrition*. 1993, 13: 521-537.

[65] B. Lozoff. "Explanatory Mechanisms for Poorer Development in Iron-Deficient Anaemic Infants," *Nutrition, Health, and Child Development: Research Advances and Policy Recommendations*. Pan American Health Organization, Tropical Metabolism Research Unit of the University of the West Indies, and the World Bank, 1998. Scientific Publication 566: 162-178. B. Lozoff, E. Jimenez, and A. Wolf. "Long-Term Developmental Outcomes of Infants With Iron Deficiency," *New England Journal of Medicine*. 1991, 325: 687-694.

[66] E. Pollitt, *Malnutrition and Infection in the Classroom*. Paris: UNESCO 1990.

[67] D. Simeon, J. Callendar, M. Wong, S. Grantham-McGregor, and D. Ramdath. "School Performance, Nutritional Status, and Trichuriasis in Jamaican Schoolchildren," *Acta Paediatrics.* 1994, 83: 1188-93.

[68] J. Kvalsvig, R. Coopan et. al. "The Affects of Parasite Infections on Cognitive Processes in Children," *Annals of Tropical Medicine and Parasitology.* 1991, 85: 551-658.

[69] D. Simeon and S. Grantham-McGregor. "Trichuris Trichiura Infection and Cognition in Children: Results of a Randomized Clinical Trial*," Parasitology.* 1995, 110: 457-464.

Iron-deficiency anemia is widespread among women and children in Bangladesh, with 50-70 percent in both groups having low hemoglobin levels.[70] The Child Development Unit at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is conducting a large-scale study on the effects of high-dose, low-dose, and multi-vitamin supplementation on developmental milestone achievement that will aid in formulating a strategy for Bangladesh.[71]

C.4. Poverty of Learning Resources

The relative poverty of literacy-supportive resources is an important part of the general status of young children in Bangladesh. Preschool program coverage, literate or informed parents, parent involvement with information media, and children's books and educational toys all impact school readiness and school achievement and are all in relatively short supply.

C.4.a. Preschool Program Coverage. A World Bank education sector review,[72] adapted for the National Plan of Action (NPA) II, has provided the widely used data appearing in Table 4 concerning the types, providers, scope, and focus of ECD programs in Bangladesh in 2000.

Table 4: Distribution of ECD Service Provision, 2000

Type of Service	*Main Providers*	*No. of Institutions*	*Size of Service recipients*	*Areas of Main Focus*
Baby Class	Primary schools, govt. and private	42,000	1,050,000 ages 4-5	3 Rs*
Play group and nursery classes	Kindergarten schools (private)	8,960	483,600 ages 3-4	3 Rs, rhymes, play, drawing
Preparatory class/Early childhood care center	NGOs	21	33,800 ages 4-5	3 Rs, play, rhymes
Orphanage/Children's homes: SOS Shishu Palli etc.	Social Welfare Department	76	2,250 ages 0-9	Health, nutrition, 3 Rs
Day care center	MOWCA	57	2,245 ages 2-5	Health, nutrition, 3 Rs
Preschools of Shishu Academy	MOWCA	73	3,000 ages 4+-5+	3 Rs, rhymes, drawing, painting
Maktabs, Mosque, Forkania Madrassa Baby Classes	Private	10,000-12,000	242,000 ages 4-6	3 Rs, reading Arabic
CHT **Para centers	MOE, private initiative	1,875 CHT para centers	46,875 ages 4-5	Mother tongue, 3 Rs, stories, rhymes, play, drawing

Source: World Bank Group, *Bangladesh Education Sector Review*[73]
**3 Rs = Reading, Writing, and Numeracy (or arithmetic)*
***CHT= Chittagong Hill Tracts*

[70] Micronutrient Initiative. *OMNI Micronutrient Fact Sheets: Bangladesh*. 2003. Source: http://www.mostproject.org/Bang.htm.

[71] J. D. Hamadani and F. Tofail, (Child Development Unit, Clinical Sciences Division, ICDDR,B), personal communication, October 2003.

[72] World Bank. *Bangladesh Education Sector Review, Volume II*. Dhaka: University Press Limited, 2000.

[73] World Bank. *Bangladesh Education Sector Review, Volume II*. Dhaka: University Press Limited, 2000.

C.4.b. Literate or Informed Parents. Parental literacy is strongly associated with school enrollment, persistence, and achievement. Adult literacy has been estimated at 31.4 percent for females and 41.1 percent for males for 2002[74] by the World Bank Group; the *State of the World's Children 2003* gives an estimate for 2000 of 29 percent for females and 52 percent for males. With relatively few parents able to offer a model for reading, to read to children, or to be able to assist them with reading lessons, young children can be handicapped in their own efforts towards literacy. Data from the National Center for Education Statistics (NCES) in the United States shows that, for the year 2000, children who are "read to" frequently are nearly twice as likely as other children to recognize all the letters of the alphabet, to count to 20 or higher, to read or pretend to read, and to be able to write their own names.[75] Home literacy activities make a difference. Children's reading test scores are positively linked with the amount of reading fathers engage in for their personal use.[76] Parental attitudes toward education and aspirations for the child, in addition to conversations and reading materials in the home, contribute more directly to early reading achievement than socioeconomic status.[77]

Low-literacy parents can support children's literacy, through acquiring picture books and discussing them with children, through vocabulary-building storytelling and singing, and by sharing their own interest in print and pictures, but many need special encouragement and information in order to undertake these activities—especially if reading has been an area of personal embarrassment. [78] Such campaigns have yet to be undertaken here.

Of mothers visited for the field study and asked about literacy, some could sign their names, but none could read.

C.4.c. Parents' Access to Information Media. DHS data show growth in household television and radio ownership, approaching 50 percent in urban areas, but remaining low—10.1 percent and 28.5 percent respectively—in rural areas. These data must be interpreted in light of two special circumstances: 1) there is an annual tax on television ownership in Bangladesh that results in underreporting and 2) individual ownership is not a prerequisite for exposure, as the data in Table 5 indicate.

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[74] World Bank Group. *World Development Indicators Database*. July 2003.

[75] U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2000. *Special Analysis 2000: Entering Kindergarten: A Portrait of American Children When they Begin School.* Washington, DC, 2000.

[76] R.S. Nickse. *Family and Intergenerational Literacy Programs: An Update of the "The Noises of Literacy"*(Series No. 342). Columbus, OH: ERIC Clearinghouse on Adult, Career, and Vocational Education. 1990. (ERIC Document Reproduction Service No. ED327736).

[77] R. Gallimore et al. *Ecocultural Sources of Early Literacy Experiences: Job-Required Literacy, Home Literacy Environments, and School Reading*. Paper presented at the annual meeting of the American Educational Research Association. Chicago, IL, 1991.

[78] D. Karther. "Fathers with Low Literacy and their Young Children," *The Reading Teacher*. 2002, 56(2): 184-193.

Table 5: Rural Women's Exposure to Mass Media

Year	*No mass media*	*Reads newspaper*	*Watches television*	*Listens to radio weekly*
1993-4	58.9	4.6	12.1	36.7
1996-7	55.2	5.9	20.6	37.8
1999-2000	58.9	5.2	26.4	32.3

Source: http://www.measuredhs.com. MEASURE DHS+ STAT COMPLIER, ORC Macro, 2003.

A National Media survey by the Bangladesh Center for Communication Program (BCCP) in 2002 shows that overall, 75.3 percent of women do not listen to the radio and 49.6 percent do not watch television. Reversed, that statistic shows that about 50 percent of women watch television regularly; the specific statistics for rural areas show that about 48 percent watch television for a minimal amount of time. Television watching is associated with education, growing from 38 percent among people with no education to 85 percent among people with at least a secondary school certificate.[79]

One rural mothers group visited had a community television, and received some child development information from that. In the UNICEF KAP study, caregivers reported that television was a trusted source of information about children's physical development. [80]

C.4.d. Children's Books and Educational Toys. Household visits to 37 families in four areas outside Dhaka revealed that children were typically inventive with household objects—cups, spoons, bowls, cloths, and even large vegetables and often had a few plastic toys, with toy cars and cell phones being especially popular. However, children's books and educational toys were extremely rare. Only three households (eight percent) had children's books; 11 children (30 percent) had no toys or books of any kind. Visits to 32 programs for young children also illustrated low availability of these learning resources; programs that had even one set of storybooks (three to five books usually) were pleased to have the set for the 30 participating children. The lack of literacy support at home signifies the importance of access to preschool for the three- to five-years-old age group.

C.5. Availability and Reliability of Data

International sources of data on the status of young children in Bangladesh are readily available on the internet; national sources are not currently available in electronic form. Expert informants told the consulting team that BANBEIS used to be a reliable source of young learner education statistics. However, BANBEIS now reports only on secondary school statistics. Statistics from the Bangladesh Bureau of Statistics (BBS) are not readily available, and have been in suspect in the past, as field-level reporters lack incentives for accurate submissions. Perhaps intensified monitoring planned for PEDP II will improve the reliability

[79] Bangladesh Center for Communication Program. *National Media Survey 2002*. Source: http://www.bangladesh-ccp.org.

[80] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

and reputation of BBS statistics, but some capacity-building efforts may be needed to improve the speedy availability of relevant education and young child population statistics. The ESTEEM project has assisted the Directorate of Primary Education (DPE) to set up a database and monitoring unit to make available data readily accessible. If field data from schools improves in accuracy, DPE can become a reliable source for education statistics.

The status of young children in Bangladesh is and has been improving in many respects, but serious risks to life and learning capacity require attention. Basic mental capacity to learn is threatened by protein and micronutrient deficiencies, and a recent study has revealed a startling lack of impact in Bangladesh's largest nutrition program, the Bangladesh Integrated Nutrition Project (BINP). [81] Young children lack the resources in families, programs, and materials they need to support learning capacity.

Household visits conducted for this assessment showed that many children live in loving families, and well-nourished children displayed the inventiveness and curiosity that is natural to healthy preschool children all over the world. Many mothers interviewed had absorbed and put to use the information from previous campaigns about immunization, oral rehydration therapy, and the use of iodized salt. Poverty, heavy maternal workloads, and ignorance of simple facts about mental development are the most limiting factors at the family level. Action is needed to protect the learning potential of young children in Bangladesh, and to bring resources to the task of maintaining it through the early years. To the extent they are enabled to provide it, families can be expected to welcome and support these efforts.

[81] Save the Children/US. *Thin on the Ground: Questioning the Evidence Behind World Bank-Funded Community Nutrition Projects in Bangladesh, Ethiopia, and Uganda*. Save the Children/US, 2003.

III. SOCIAL AND POLITICAL CONTEXT FOR ECD

This section addresses the social and political context for ECD with some general background, provides some "on the ground" perspective of the social context for ECD based on field studies, provides a brief history of the laws and agreements protecting young children, identifies the formal institutions that oversee the early childhood years, and describes the closest approximation to ECD policy available, current GOB levels of funding, and operating ECD forums. There is at present no official policy directly addressing ECD per se. The National Plan of Action II (NPA) for Education for All (EFA), to have been finalized in December of 2003, most closely represents the current national consensus on ideal policy Its recommendations and their likely future will be discussed here as part of describing the current ECD context. Results from UNICEF 2001 caregivers' KAP[82] are described in the section on parenting and parent education programs; social context aspects addressed in this section concern the household social context for ECD based on field study observations and discussions.

A. Brief History of Basic ECD Ideas and Influences

Throughout meetings with ECD professionals and field visits to programs, people stressed how new the concept of ECD and "mental development" is in Bangladesh. Programmers for children under-five-years-old have been focusing on priority needs in child survival, as have parents. Parents have also, along with many education policy makers, seen "learning" as something that happens when children join the formal education system or begin to participate in the household economy, not something that you worry about before five years of age.

Bangladeshi educators and policy makers began to focus on ECD, and targeted early childhood interventions in the early 1990s. Key findings in brain research about the early childhood window of opportunity for human resource development, along with special interests in Howard Gardner's theory of multiple intelligences and Daniel Goleman's theory of emotional intelligence, began to shape the thinking of education policy makers. Given Bangladesh's limited resources, however, and pressing needs arising from the implementation of universal compulsory primary education, the Government was unable to make ECD a priority.

Active discussions on ECD have continued over the past decade. In the late 1990s, perhaps influenced by the EFA 2000 Assessment, educators and policy makers again considered the importance of focusing on early childhood education (ECE), especially for the year immediately preceding primary school. NPA I called for the formalization of Baby Classes (the informal gathering of younger siblings and other neighborhood children on school grounds) and the provision of teaching staff, specialized training, and materials, and for a greater engagement in pre-primary education from the nonformal sector. By the end of the 1990s, the Government encouraged widespread piloting of pre-primary classes. International NGOs and local NGOs began networking to address the learning needs of younger children, with emphasis on integrated approaches to health, nutrition, and learning activities.

[82] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

The Ministry of Women and Children Affairs (MOWCA), working through the Shishu Academy with financial assistance from UNICEF, now plans to take a role in both information campaigns and district-level preschool programming. An ECD network of INGOs and NGOs is working to map programs and resources throughout the country, to support training and materials development needs, and to develop a "conception-to-primary school" coordinated program that will use the current strengths of each and maximize quality attention to young children's physical, cognitive, and social needs.

Primary school enrollments are now reported at nearly 100 percent levels, attendance is said to be approaching 70-80 percent in many cases, and dropout decreased to 33 percent.[83] Even if some of the statistics reported from the field do not match realities in all cases, they reflect recent and serious efforts to improve primary education, and much has been achieved in recent years. The chief concern has become the quality of education being delivered in grades one to five. According to a 2000 study by the Campaign for Popular Education (CAMPE) Education Watch 2000, only 1.6 percent of the tested primary-age children acquired all of 27 basic competencies, and estimates of the percentage of children graduating from grade five who can read and write effectively have been as low as 20 percent.[84] The PEDP II does not address ECD, but provisions for an increased teaching force, increased classroom space, and an increased monitoring force for primary education, along with improved curricula recently developed and planned, hold hope for improvements in quality as well. Access and quality in secondary education is also a growing concern.

With so many critical educational issues to address, ECD has not been at the forefront of the political agenda in the formal sector. MOWCA and INGO/NGO activities in ECD will perhaps help to create a political and social context in which ECD will more easily find its place in national priorities.

B. The Social Context for ECD—On the Ground

General issues in the social context for ECD are discussed in the following section on parenting and parent education programs. This section of the report discusses some key elements of the ECD social context at the ground level, including parents' expectations of teachers' success in instruction, teachers' expectations of children's preparation, the daily activity context for children three- to five-years-old, parental workloads, long-term family funding issues, and marriage considerations.

High parent and teacher expectations of grade one students present difficulties for those young children, but simultaneously create a positive context for pre-primary education in general. Parents appear to believe that school teachers are responsible for teaching children to read and count, and can be frustrated at the slow pace of learning achieved. Teachers expect children to come to school with some basic skills and knowledge that will facilitate speedy learning, and are, apparently, routinely disappointed. More than one expert informant told the consulting team that pre-primary education was necessary because some preparation for grade one is necessary, and children's largely illiterate parents are not able to supply this preparation

[83] Director General of DPE, personal communication, November, 2003.

[84] CAMPE . *A Questions of Quality—Achievement of Competencies, Volume II*. University Press Ltd, 2001.

at home. Parents in BRAC, DAM, and Plan International programs have seen results from pre-primary classes and now lobby for more such classes, and local provision of education into higher grades by these NGOs.

Plan International staff has found that children and adolescents interviewed during their situation assessments

> *Usually highlight that those young children not in the age of going to school have nothing to do at home. Sometimes they go to the school with their elder brother or sister, but teachers in the school do not allow them in the classroom since they are not at the appropriate age to follow a class. Because of this, many young children lose their interest to go to school when they reach the appropriate age.*[85]

This finding suggests that pre-primary class involvement may solve two social context problems. They can give young children something to do and protect them from discouraging, turned-away experiences that may affect later school persistence.

Parental workloads are one of the factors for young children's inactivity. Especially in rural areas where water and fuel must be fetched for every meal, fires must be tended, and meals made from very basic materials, which may have to be processed first, maternal workloads are heavy. Asked about their views on the importance of play during field work, mothers almost universally answered that play was very important, because only then the mothers were free to do all their own work. Even the relatively short programs offered by NGOs, usually two hours a day, benefit children and free burdened parents: a very positive social context for ECD.

Long-term considerations about eventual educational expenses and marriage deter parents from the pursuit of ECD for their children. For some very poor parents, even much basic education seems pointless, so why start earlier? One mother interviewed in the field study explained: "We are poor. What can he be? A van driver? A mason?.I worry about wasting money on education."

Understandably, when visions of job prospects do not include occupations that require literacy, any additions to the educational train may not be well-received. Other parents who spoke of long-term educational limitations spoke of marriage, both for sons and daughters. The son should begin to earn money and bring home a daughter-in-law to help with domestic labor as soon as possible; the daughter should not seek an education beyond grade eight so that she will not delay marriage too long or inhibit possibilities for an advantageous match.

This mix of positive and negative factors in the social context for ECD suggests caution in "marketing" ECD to parents on a strictly school-readiness basis.

[85] O. Aftab and M. Akhter. *Children in the Driving Seat: How Children Participate in the ECD Program in Bangladesh*. Plan International, 2003.

C. Legal and Policy Framework for the Protection of Young Children

Bangladesh has a sound legal and policy framework for the protection of young children; enforcement and completion of the goals reflected present more obstacles than policy itself. Although the constitution does not give specific guarantees for children, Article 28(4) of the constitution provides directions for affirmative action by the state, which includes special provisions for children.[86] Article 15 stipulates the Government's responsibility to provide health and shelter in order to meet the rights of the child. Article 17 specifies right to education and provision of education services which would be uniform, universal, free and compulsory. Article 27 guarantees equal rights of citizenship to those born in Bangladesh. Other aspects of the legal and policy framework providing for children include:

- 1973. The Government of Bangladesh (GOB) assumed responsibility of primary education by nationalizing more than 36,000 primary schools.
- 1974. The GOB nationalized all primary schools.
- 1976. Bangladesh Shishu Academy established.
- 1990. Bangladesh ratified the UN Convention on the Rights of the Child, and signed the Declaration on the Survival, Protection, and Development of Children and related Plan of Action.
- 1990. Compulsory Primary Education act passed for children aged six to ten years.
- 1993. Compulsory Primary Education Act implemented.
- 1994. National Policy on Children adopted to ensure the security, welfare, and development of children.
- 1996. The GOB signed the Rawalpindi Resolution on Children of South Asia to eliminate all child labor by 2010.
- 2000. The Women and Children Suppression Prevention Act, providing severe penalties to individuals involved in exploiting children under 18, was passed.
- 2000. The GOB signed the Optional Protocol to the Rights of the Child on the sale of Children, Child Prostitution, and Pornography.
- 2001. Bangladesh ratified ILO Convention No. 182 on the Elimination of Worst Forms of Child Labor.
- 2001. The Prime Minister of Bangladesh declared 2001-2010 as the Decade of the Rights of the Child.
- Education (including the textbooks) is free for all children in rural primary schools and the Government provides stipends to all rural girls from grades six to12.

Efforts to implement these commitments continue. The Ministry of Primary and Mass Education (MOMPE) and the Ministry of Women and Children Affairs (MOWCA) takes major responsibility.

[86] Ain o Shalish Kendro, *Human Rights in Bangladesh*. 2000.

D. Formal Institutions Overseeing the Early Childhood Years

The Ministry of Women and Children Affairs is currently taking the lead in overseeing the early childhood years, with support and technical assistance from UNICEF, BRAC, Grameen Shikkha, and the Institute for Child and Mother Health (ICMH). In addition to working on IEC campaigns and parent education through health field staff, MOWCA's Shishu Academy programs will have pre-primary classes for 60 three- to five-years-old, disadvantaged children in each of the 64 districts.

The Ministry of Social Welfare oversees "Baby Houses"—orphanages for children under-seven years of age. The Ministry of Health and Family Welfare (MOHFW), through different institutions, provides support to the implementation of ECD projects as requested from the MOWCA. National Institute of Population Research and Training (NIPORT), the Institute of Child and Maternal Health (ICMH), and the National Nutrition Project (NNP) also contribute to the health and well-being of young children in Bangladesh.

The Ministry of Primary and Mass Education (MOMPE), previously known as the Primary and Mass Education Division (PMED), is in charge of providing general policy direction for education. The Directorate of Primary Education (DPE) is responsible for the implementation of primary education, now conceived as responsibility for six- to ten-years-old children. Any change in policy regarding the provision of ECE in Baby Classes would come from PMED through the DPE to schools.

E. ECD Policy

Bangladesh does not have a formally accepted national education policy for preschool-aged children. A National Policy on Education has been formulated and was awaiting approval by the Cabinet at the end of 2000.[87] As of late 2003, there was still no national education policy.[88]

Bangladesh has made several formal commitments to primary education. The GOB participated in the Jomtien, Thailand, Education for All Conference in 1990. Through its signing of the World Declaration on EFA, Bangladesh made a commitment to ensure enrollment of at least 90 percent of the primary school-aged children by the year 2000 and acknowledged the need for planned early childhood education programs. Bangladesh joined the World Education Forum in Dakar in 2000, which again identified early childhood care and education as one of the six priority areas.

The Primary Education Development Program (PEDP I, 1997-2003) and the NPA I for EFA, both emphasized the importance of early childhood education and proposed allocations for books and materials for the Baby Classes.[89] The 2000 draft of the National Education Policy

[87] Government of Bangladesh/Ministry of Women and Children Affairs. *Second Periodic Report of the Government of Bangladesh under the Convention on the Rights of the Child*. 2000.

[88] Ministry of Primary and Mass Education. *Second Primary Education Development Program, PEDP II Background Paper.* 2003, 1: 31.

[89] National Plan of Action II. Draft, 2003.

also proposed that pre-primary education be made available for five- to six-years-old children and preschools for younger children. The schools will be opened in phases.

The most recent draft of NPA II (version seven) calls for the GOB to make the following key provisions for pre-primary care in Government Primary School (GPS) Baby Classes:

- Recognize Baby Classes as part of the Government education system in phases: 30 percent by 2005, 50 percent by 2010 and 80 percent by 2015.
- Exclude children less than five years of age from Baby Classes.
- Maintain a Baby Class size of 40 children.
- Enroll one million children by 2005, another one million by 2010, and 1.3 million by 2015.
- Establish an early childhood care and education (ECCE) unit in DPE to develop and manage the program.
- Develop an appropriate curriculum.
- Provide books, develop/select appropriate play materials, and ensure a full supply.
- Develop and include a module on ECCE for the primary teacher training institutes (PTIs) and train one PTI instructor in ECCE.
- Develop and use a module on ECCE for the sub-cluster trainings and/or Upazila Resource Centers (URCs) for ECCE teachers.
- Assign one teacher in each project school to manage the Baby Class.

The draft NPA II calls for the nonformal sector to provide family and community-based programs for children three- to five-years-old from impoverished families. Interventions recommended for this target group include activity components on health and nutrition but emphasize activities to promote school-readiness, enrollment, and retention among children three- to five-years-old.

The strategies proposed in the draft NPA II for the nonformal sector include providing health, nutrition, and other services through child care centers, providing education to parents and caregivers to strengthen their knowledge and child care practices, and organizing community development activities aimed at establishing an enabling environment to foster child development. Nonformal sector efforts are envisioned as a cooperative effort among the Ministries of Women and Children Affairs, Social Welfare, Local Government, NGOs, and private sector institutions.

Early drafts of PEDP II (2003-2009) discussed the importance of early childhood education and again proposed allocations for books and teaching materials for Baby Classes. In the final version now being sent to donors for signatures, however, there are no allocations of any kind for pre-primary activities.[90]

[90] Director General of DPE, personal communication, November, 2003.

Since 1997, BRAC, Bangladesh's largest NGO, has been piloting pre-primary classes. It now has over 7,500 centers, with some of them on GPS grounds, and plans to expand to 16,000 within a year. Save the Children/USA has also received permission to operate pre-primary classes for GOB schools. It is believed that the Government will welcome other NGO efforts in this area, allow this system to be developed and evaluated for several years and then, pending budget constraints, adopt the system formally.[91]

F. Levels of Funding

The estimated project cost for the five-year (2001-2005), national ECD Program is 5.08 million (USD), of which UNICEF will contribute 4.8 million and the GOB will contribute 0.28 million.[92] Actual allocations and expenditures have been low during the first three years of the project primarily due to government delay in staffing. The GOB gives 40,000,000 taka per year to the Bangladesh Shishu Academy as a total operational budget. Some of this money, along with the financial support from UNICEF, will help to support the Shishu Academy's role in conducting ECD programs for 60 disadvantaged children of three to five years of age through each of its 64 district offices. This program will be supervised by MOWCA and UNICEF, and Plan International is working on the curriculum for the project.

G. Public Forums, National Workshops, and Media Campaigns on ECD

UNICEF has been conducting national and district-level awareness workshops on the research rationale and importance of action for ECD over the past year and a half. The two other ECD national workshops known to consultants also originated from UNICEF and were directed at preparing print and video journalists to conduct ECD campaigns. Capacity-building efforts with local media involved two workshops in 2002; one provided information on how to use media for young children, the other was a general information-sharing workshop. In 2003, a production workshop was offered on how to produce quality messages/materials for and about children. This workshop resulted in the production of several TV and radio spots and newspaper inserts. A media campaign on ECD is anticipated; ICMH has developed posters, danglers, and brochures for this campaign, and electronic media components are nearing the production phase. The communication strategy for the campaign was designed late 2003, with the campaign targeted to begin in 2004.

An ECD Network operating out of UNICEF includes BRAC, Grameen Bank, Shishu Academy, ICMH, Save the Children/USA, Plan International, DAM, and four other partners, and serves as the main public forum for ECD at this time. The ECD Network has developed and piloted a questionnaire to map ECD resources for Bangladesh at the district level for a publicly available ECD database; a budget is available for this work and print and web versions of the questionnaire will be ready by mid-2004. The ECD database will provide information on where organizations are working, what they are doing, how long they have been operating in areas, how long they plan to be there, and what materials have they developed. Hundreds of NGOs involved in early learning on a small scale will be canvassed,

[91] Director General of DPE, personal communication, November, 2003.

[92] UNICEF/Bangladesh. *Mid Term Review Report ECD Project*. UNICEF/Bangladesh, October 2003.

mapped, and will be able to become visible resources. The ECD Network aims to become a platform for sharing experiences and inviting mutual travel study visits, as well as seeking to become an independent entity housed in MOWCA or in the offices of one of the NGO partners.

Bangladesh Shishu Hospital (Children's Hospital) has started an ECD forum mainly focused on early identification of disabilities.

The social and political context for ECD in Bangladesh is mixed. Parents are by and large unfamiliar with the concept of mental development or the significance of learning before the school years; on the other hand, parents have been open to health and nutrition education campaigns and may be equally receptive to ECD campaigns. Of the impoverished and mostly illiterate parents interviewed for this study, some had great hope and some had no hope that education could bring a better life to their children. National Plans of Action for Education for All commitments and Primary Education Development Plans (PEDP) for the last decade have called for intensive ECD in both the formal and nonformal sectors, and officials at every level of government appear to be convinced of the value of preschool education, but the GOB is unable to recognize or to fund formal sector activity in pre-primary education at this time. MOWCA engagement is promising, but the national ECD program has been delayed in many respects for two years due to its failure to hire needed staff. In short, there is some interest in ECD, some commitment, and some GOB willingness as a general context, but, in national terms, the real work is just beginning.

IV. PARENTING AND PARENT EDUCATION

The Baseline Survey of Caregivers' Knowledge, Attitude, and Practice (KAP) on Early Childhood Development in Bangladesh completed by Research Evaluation Associates for Development (READ) for UNICEF in 2001 supplies extensive information on the care of young children and parenting beliefs and practices influencing child development and learning. Some key findings are presented here, along with findings of other national studies and the field observations. The section also provides information on gender bias in child care and parent education pilots currently operating and their evaluations.

A. Who Cares for Young Children?

Mothers remain the primary caregivers of young children in Bangladesh, supplemented by a variety of secondary caregivers.[93] The UNICEF KAP data given in Table 6 show that the five to six people who are secondary caregivers for children provide fragmented assistance. Yet, in a combined total, they exceed mothers' 4.25 regular hours per day by less than an hour.

Table 6: Number of Child Care Hours Per Day by Different Caregivers

Type of caregiver	*Mean time spent per child per day (in hours)*
Mother	4.25
All secondary caregivers combined	5.05
Grandmother/aunt	1.4
Sister	1.35
Father	0.85
Brother	0.75
Grandfather/uncle	0.70

Household interviews, observations, and twenty-four-hour recall data reflected this same pattern. Mothers as individuals spent the most time with young children and in most families several other people participated in childcare and supervision. For the 37 children under-five years of age in the sample, mothers were sole caregivers 54 percent of recalled hours, mothers in concert with other relatives were caregivers for another 16 percent of hours. The next single largest category recorded was unsupervised time, amounting to 11 percent of total time, about half of this time being "awake and unsupervised" hours. Female relatives, sisters, aunts, grandmothers, and cousins, taken together supervised children 12.5 percent of hours; male relatives, fathers, brothers, uncles, and grandfathers, taken together supervised children six

[93] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

percent of recalled hours. Hours in which sisters or brothers had sole responsibility for children were about eight percent. The diversity in caregivers was reported to be somewhat confusing at times for young infants, but a significant resource for preschoolers as it provided some stimulating variety to their days.

Children in Bangladeshi households have traditionally grown up in extended families consisting of parents, siblings, grandparents, aunts, uncles, and cousins. Although it is feared that these family structures are rapidly transforming, driven by pressures of poverty and urbanization, the UNICEF KAP[94] found a few simple differences among households. Logistic regression analysis showed that geographical division, region of residence, poverty, and age of mother all affect the amount of time mothers spend with young children. Mothers from Chittagong and Rajshahi divisions are likely to spend more time on child care than their counterparts in other divisions; mothers from Dhaka division are likely to spend less childcare time than mothers elsewhere. Rural mothers spend less time on child care than urban mothers, as do poor mothers compared to non-poor, younger mothers compared to older, and less educated than educated mothers. Simple mean time spent by mothers per child per day was nearly identical across urban and rural categories and female vs. male child categories (4.1 hours for girls in both urban and rural samples; 4.1 hours for boys in rural households and 4.0 hours in urban households).[95]

Women employed in the garment industry work long hours. Many of them average twelve hours per day, seven days a week. Between five and 25 percent of women employees in several factories had children under-five-years-old. Legally, factories in Bangladesh employing more than 50 women are required to provide facilities for the care of children less than six years of age; most factories do not comply with the law and no effort is made to enforce it. A 1997 Save the Children/USA study examining the child care situation of more than 400 garment worker children found that about one-fifth of children under age five were forced to live away from their parents due to the absence of childcare support in the city.[96] The majority were sent to live in their mother's home village to be cared for by maternal grandmothers as most of these working mothers are either divorcees or have been left by their husbands. Maternal grandmothers were also the most common caregivers for children living in the city; 42 percent of children were cared for by grandmothers, two thirds of these by their maternal grandmothers. About one child in six was being cared for by a sibling under-14-years-old. The remaining children were cared for either by other relatives (23 percent), by neighbors or servants (15 percent), or "others" (5 percent). Rates of diarrhea differed between children of working and non-working mothers, and sharp differences were found between the kind of food mothers thought caregivers were feeding their children, most especially protein-rich foods, and the kind of foods children actually received.[97]

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[94] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

[95] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

[96] K. Namratha, J. Leng, and M. Bennish. *Who Cares? The Impact of Women's Work in the Bangladesh Garment Industries on Caretaking Arrangements and Child Health and Development.* Save the Children/USA, 1997.

[97] K. Namratha, J. Leng, and M. Bennish. *Who Cares? The Impact of Women's Work in the Bangladesh Garment Industries on Caretaking Arrangements and Child Health and Development.* Save the Children/USA, 1997.

As the UNICEF KAP variables affecting time spent in care giving are naturally confounded: rural mothers are more likely to be poor, younger, and less-educated. It is difficult to anticipate how changes in any of these factors, all of which probably lie ahead for Bangladesh, will affect future child caring patterns. It is to be hoped that the experience of urban garment workers does not form the long-term pattern.

B. What are Parenting Beliefs and Practices that Influence Child Development and Learning?

UNICEF's 2001 KAP for Bangladesh collected data from 10,738 caregivers. Interviews that revealed an information gap about fostering mental development were somewhat startling. While "don't know" answers to questions about obstacles to physical development ranged from 10-17 percent in rural and urban Bangladesh, the percentage of "don't know" answers about obstacles to mental development was 56-79 percent in rural and urban areas.[98] Of the answers offered about obstacles to mental development, only "sickness" and "lack of proper care," both more physical than parent-behavioral answers, broke into double-digit percentages.[99]

Asked about measures required to ensure a child's mental health development, parents were more confident: 45-100 percent of caregivers listed "affectionate and warm behavior," 19-35 percent mentioned "spending time with child," 17-67 percent mentioned "playing with child/arranging play activities."[100]

Table 7 shows the results from interviews with 515 parents in the 2002 ESTEEM study commissioned to provide an overview of early childhood education in Bangladesh.[101] These results also highlight an emphasis on physical care for children:

[98] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

[99] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

[100] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

[101] "Early Childhood Care, Education and Development (ECCED) in Bangladesh." *ESTEEM Research Series*. Government of Bangladesh, DPE/PMED, 2002.

Table 7: Perception of Parents About the Basic Needs and Care for Children

Basic Needs	*%*	*Care*	*%*
Nutritious food/Khichuri	56.50	Nutritious food	59
Colostrums	38.44	Colostrums	27
Breast milk	32.23	Clothing	26
Clothing	36.31	Keeping clean	35
Vaccine	31.06	Vaccine	54
Love, affection, and care	46.01	Feeding	26
Education	51.65	Khichuri	64
Treatment of diseases	49.12	Providing love, affection and care	39
Others:		Teaching reading and writing	32
1. Sports	9.32	Providing treatment of diseases	0.38
2. Play materials	6.60	Others	0.19
3. Playmates	1.74		

Asked about what they could do to foster intelligence in children, parents in this study believed that parents should ask questions (54 percent), feed nutritious foods like eggs, fish, and meat (43 percent), let children play (37 percent), and engage children in household chores (33 percent). When asked what they actually did to enhance intelligence in their children, parents reported that they fed eggs and milk (57 percent), asked questions (44 percent), told stories (40 percent), and helped children with household chores (36 percent).

The results of these studies indicate that the provision of some education on the mental development opportunities provided by children's questions may be useful for parents. In the UNICEF KAP study, "Being sensitive and responding to child's questions" was mentioned only by one to seven percent of parents. In the ESTEEM study cited above, only parents' questions rather than children's are mentioned as ways to foster intelligence. Expert informants also noted that questions by children were not seen as positive acts in most families but as rude interruptions or challenges. Children's questions are not viewed as signs of healthy, lively curiosity, or the footpaths to mental development many ECD professionals might see them to be. If questions are frowned upon rather than encouraged at home, and parents' memories of their school years hold teachers mainly asking "one-right-answer" questions, parents may be missing many opportunities to stimulate mental development and critical thinking skills in their young children on a daily basis. NGOs working to inspire more early learning activities at home will need to explore activities that encourage parents to participate in fostering children's mental development. The activities not only need to make sense to them, but they need to fit realistically into current understandings of children's minds and proper behavior.

C. Gender Bias in Child Care

Monir (1994)[102] reported that at the naming ceremony of children two goats are sacrificed for a male child but only one for a girl child. This is a religious practice in all Muslim societies, and most of the Bangladeshi population is Muslim.[103]

Most caregivers in the UNICEF KAP study reported that they were unaware of behavior discriminating between boys and girls, but only one to six percent stated that they do not discriminate against girls at all. In rural areas, 36 percent of caregivers said that girls are given less love and affection; in urban areas, the figure was 43 percent. In addition, 14 percent of rural and 18 percent of urban caregivers said that girls are given less food and fewer clothes. Fifteen and 22 percent of rural and urban caregivers respectively reported that girls are restricted from obtaining an education. Reasons given for discriminating against girl children include girls require marriage dowries, boys live with their parents while girls leave the parental home, and boys are earning members of the family.

Discriminatory feeding practices were documented by UNICEF in 1997 as well, "Girls under five consume 16 percent fewer calories than boys, and girls aged five to fourteen consume 11 percent fewer calories. Among children aged one to four years, 50 percent more girls are severely malnourished."[104] The mortality rate among girl children between the ages of one to five years in Bangladesh was 27 percent higher than that for male children in 1996-97.[105] At the ages of 16 and older, females have less than three-quarters of the energy intake of males (Bangladesh National Nutrition Survey, 1995-96).[106]

The UNICEF KAP study[107] showed no significant difference in the time mothers spend with young boys and girls.

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[102] S. Monir. *A Study on Child Care Giving Practices of Rural Bangladesh*. Save the Children Fund, 1994.

[103] The World Fact Book lists these percentages for religious affiliation in Bangladesh: 83 percent Muslim, 16 percent Hindu, and one percent other. 1998. Source: http://www.cia.gov/coa/publications/factbook/geos/bg.html.

[104] UNICEF/Bangladesh. *Children of Bangladesh and Their Rights*. UNICEF/Bangladesh, 1997.

[105] World Health Organization. *Women's Health in South East Asia*. 2000. Source: http://w3.whosea.org/women/ch1_2.htm.

[106] UNICEF. *Assessment and Analysis of the Situation Regarding Early Childhood Development in Bangladesh, 2000.* UNICEF, 2000.

[107] UNICEF. *Baseline Survey of Caregivers' KAP on Early Childhood Development in Bangladesh*. UNICEF, 2001.

D. Parent Education Pilots and Results

An evaluation of a 1994-96 Save/USA project, which developed and tested home-based parent education materials with four women's groups, found that mothers who were aware of child development influenced child behaviors at school. Project children continued education longer and achieved more than children of non-project mothers in terms of retention and performance in Baby Classes and grade one.[108]

Save the Children/USA conducts parent education activities in 138 centers called Home Based Early Learning Opportunity centers. The current flip-chart package includes messages on the relationship of maternal nutrition to brain development, gender issues, and the role of fathers in children's development, as well as messages on positive caring practices and the role of the community in child development.

An ICDDR,B parent education evaluation was a randomized controlled trial in which 20 community nutrition centers were randomly assigned to psychosocial intervention or control. Mothers in the intervention group participated in a year-long intervention program of group meetings and home visits by para-professionals where child development activities were demonstrated twice a week and food supplementation packets, identical to those in the control group, were given. Children in the intervention group scored significantly higher on the mental development index ($p=.02$) and the psychomotor development index ($p< .05$).[109]

Plan International runs 302 parenting education groups altogether in Chirirbandar, Jaldhaka, Hatibandha, Gazipur, and Khanshama Upazilas. Plan's parenting groups (which have been mothers groups; but separate fathers groups just started) introduce parents to issues in child development, child rights, child health, and nutrition through 42 sessions based on experiential and participatory learning provided by trained volunteers. Communities identify mothers to serve as "community tutors" leading these sessions and Plan trains them; health workers and supervisors may also facilitate sessions. Technical officers and community supervisors monitor the sessions regularly. Sessions are conducted at participants' convenience and are given from once or twice a week to once or twice a month. Each session lasts about 1.5 hours.

Each parenting group has about 35 households and the focus is children birth to three years of age. In addition, Plan is working on a series of 89 flash cards depicting child-caring activities appropriate for various ages and aspects of development, which may become part of this particular parenting education activity or become part of local health workers activity. Strategy definition is ongoing and piloting is planned. Plan International commissioned an evaluation of their program in January 2004.

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[108] Save the Children/USA. "Evaluation of Save/USA Parenting Education Program," *Early Childhood Care, Education, and Development (ECCED) in Bangladesh.* Bangladesh: Directorate of Primary Education and Save the Children/USA, 2002.

[109] J.D.Hamadani, F. Khatun, G.J.Fuchs, S.N. Huda, and S.M.Grantham-McGregor. "Effect of Psychosocial Stimulation on Development of Malnourished Children in the Community Nutrition Centre of the Bangladesh Integrated Nutrition Project." Abstract of paper presented at the 10th ASCON conference. 2002.

Proshika, one of the largest education NGOs in Bangladesh with a staff of 10,000 currently working in 300 upazilas, has an education program that addresses nonformal education for children officially between ages eight and eleven, although about 25 percent of children are younger. Proshika's parents' motivation program disseminates child development messages for the early years, but there has been no evaluation of this program component.

ICMH has prepared parent education communication campaign materials for the national ECD Project with UNICEF support. The recent UNICEF KAP can serve as baseline data for the project; it will be important to evaluate its impact through a follow-up KAP, perhaps more limited in scope and aimed at an IEC campaign evaluation.

One researcher at ICDDR,B suggested that an important contribution to early childhood development in Bangladesh might be to campaign for mothers to "chat with your children." Field studies confirmed this insight. Mothers are occupied with chores that are exhausting and extensive due to lack of basic modern conveniences. Parents see children's learning as the teachers' responsibility. Parents lack an understanding of mental development for younger ages and resources for independent learning, such as good books and educational toys, and access to informational media are missing in most households. "Chatting," along with some sensitization about the power of encouraging curiosity and questions, might be a good, manageable start for parents.

V. NONFORMAL AND PRIVATE SECTOR PROGRAMS

In this section a brief history of INGO and NGO activity in ECD is provided, along with an assessment of training needs, brief descriptions of the larger and smaller programs now operating, and notes on private kindergartens.

A. Brief History

As the outline below shows, the history of nonformal preschool programs is very brief, with most activity occurring in the last six years.

- 1987. UNICEF introduced satellite schools and included a pre-primary program; these failed because communities did not support salaries of pre-primary teachers as planned.
- 1991. Phulki opened 35 childcare centers in Dhaka for working mothers; two- to five-years-old children.
- Early 1990s. GSS (Gonoshahajjo Sangstha) introduced child-friendly classrooms and teaching methods in play-oriented centers for children four years of age through grade five.
- 1992. Dhaka Ahsania Mission began pre-primary classes in its community learning centers and had enrollments grow from 1,350 to 12,898 children by the end of 1994; funding constraints have returned enrollments to their original size.
- 1994. Save the Children/USA developed and piloted home-based early learning materials to accompany UNICEF's Facts for Life in Save the Children's impact areas, 35 women's credit groups, and a smaller NGO service area.
- 1997-2001. ECD Unit established, with Plan International, Save the Children/USA, GSS, and Grameen Shikkha support; discontinued in early 2001.
- 1997. Plan International began implementing preschool programs.
- 1999. Save the Children/USA began home-based early learning programs for children four- to five-years-old.
- 1999. Plan International began implementing a comprehensive child development model, with parenting education for caregivers of children birth- to three-years-old, home-based preschool groups for four- to five-years-old children, and pre-primary classes for five- to six-years-old children.
- 2001. Save the Children/USA began home-based preschool program for children five- to six-years-old.
- 2002. BRAC introduced a pre-primary program in 514 newly established centers across 30 upazilas covering 16 districts.
- 2003. Save the Children/USA began to implement 30 pre-primary programs at some GOB primary schools.

B. What are the Training Needs and How Are They Met?

As ECD is a new activity in Bangladesh, there are relatively few training resources. There are no child development courses at universities, colleges, or PTI training institutes; few NGOs have in-house academic ECD expertise. All program managers interviewed spoke of the need for country-based ECD training resources.

Plan International has developed a parent education training manual of 42 two-hour sessions for field staff working with caregivers and preschool center training protocols for the three- to five–years-old age groups. Save the Children/USA gives a four-day basic training and a four-day training in the thematic approach to curriculum planning. Save the Children/USA also has its own curriculum and a manual on how to prepare educational toys and games. BRAC has developed and tested a teachers' guide and both pre-service and in-service training guides for teachers of the five- to six-years-old age group. DAM is developing a training program with technical assistance from Plan International. CARE has developed a pre-primary curriculum and a training protocol with assistance from international consultants from India and community. Momtaz Jahan of the Bangladesh Forum for Educational Development (BAFED) has developed parent, teacher, and physician training packages of 20-40 hours each. Innerforce offers training of trainers and materials development technical assistance. Most program managers interviewed looked to Plan International in particular as a training resource. Private kindergartens visited as part of this research were found to provide "in-house" training for teachers.

C. Nonformal Pre-primary Programs (In Alphabetical Order)

C.1. BRAC

The Bangladesh Rural Advancement Committee (BRAC) introduced a preschool program in 2002 through 514 newly established centers across 30 upazilas covering 16 districts. Further expansion of the program is planned for 2004. In the districts visited by the consultant team a 100 percent expansion, or doubling capacity, was planned. Table 8 shows the distribution of programs by Divisions.

Table 8: Distribution of BRAC Pre-primaries by Division

Division	*No. of BRAC pre-primaries*
Chittagong	79
Dhaka	145
Khulna	30
Rajshahi	60
Total	***514***

Each pre-primary class enrolls about 30 children, for a total of about 15,420 children.

BRAC pre-primary schools are held in a single room, which typically has a tin roof and a dirt floor; average classroom space per child is 11.4 sq ft.[110] Rooms are decorated with colorful paper, clay fruit and animal figurines, cloth cuttings, and occasionally fresh flowers. Classrooms have a blackboard in the front of the room, and every child has an individual slate, along with primers, exercise books, rulers, pencils, and erasers.

The daily routine begins by singing the national anthem in chorus, followed by some physical exercise. Teachers then review the lessons of the preceding day and begin the day's activities. Three textbooks are used: a) Borner Mela, b) Sankher Mela, and c) Chhobi Dekhe Shikhi; six storybooks supplement the curriculum. Teachers impart lessons orally; students repeat aloud. With teacher guidance as needed, students practice writing the alphabet on their slates or on the front blackboard. Most of the permanent teaching materials are furnished by the Materials Development Unit at BRAC's head office. Some materials are teacher-made: number cards, Borno Malar Chakka (domino cards), and shape cards (round, triangular, rectangular). Parents supply children's book bags, and, in one center visited, had designed pencil holders from recycled aerosol cans.

Two female teachers with at least eight years of schooling serve each of BRAC's pre-primaries. On recruitment, teachers receive six days pre-service training at BRAC's PRIME office, followed by monthly in-service refresher trainings. The average age of teachers is 15; average age of supervisors is 18. Program managers at BRAC believe that the energy and enthusiasm of this age group has enhanced the program for children and built confidence among adolescent girls.

Activities observed (both in the evaluation conducted by Data International Limited and by consultants) included letter and number activities, dance, songs, play rhymes, story telling, drawing, and games. One consultant observed a playful, "multi-sector ECD" activity: children formed a long train, chugged happily in a circle, and stopped at imaginary "teeth," "fingernail," and "hair" villages for teacher inspection, education, and encouragement.

Results of an assessment conducted by Data International Limited in 52 schools with 1,036 grade one students (537 children who had attended BRAC pre-primary classes and 499 children who had not) showed that children who had attended BRAC pre-primary classes had higher achievement scores than their non-BRAC counterparts in language, math, drawing, and life skills tests ($p<01$ in all tests). An equal number of girls and boys were tested. Regression analysis indicated that grade one students from BRAC pre-primary classes were four times as likely to achieve as non-BRAC students.

[110] Data International Limited. *The Impact of the BRAC Preschool Program on Student's Performance*. September 2003.

BRAC staff remain involved in their students' school participation when they become first graders. A local supervisor visits primary schools to check on students' attendance and progress. Supervisors offer to teach "co-curricular" activities like rhymes and dances in first grade. Head teachers from the schools are now routinely invited to chair the pre-primary school management committees, to ease both children's and parents' transitions to the formal education system.

C.2. CARE

CARE's larger ECD activities are still in a planning phase; they will build on CARE's ECD work with Chittagong Hill Tracts (CHT) schools and food security.

CARE's education and food security sections are cooperatively piloting community resource centers. Through carefully cultivated local participation, these centers provide schools for children where GOB schools are too distant. This effort has just started to address children three- to seven-years-old. Three groups are envisioned: Baby Class group, grade one, and grade two. For Baby Classes, materials are provided: colored blocks, chalk, and drawing materials. A purely play-oriented curriculum is planned for the first six months, after which a bit of Bangla alphabet learning will be introduced. (Mother tongues will be spoken, but CHT languages do not have their own scripts.)

In seven districts, CARE works on livelihood options and protection for families that live in flat plain areas prone to floods and other natural disasters. It helps to build or rebuild households, improve health and nutrition, and foster income-generating gardens. Current parent education focuses on nutrition; the next phase of work will include growth monitoring, health education for mothers, and work with mothers groups. Whether to facilitate home-based or center-based childcare in this area is under discussion. CARE is working with Plan International and Save the Children/USA to develop a common technical assistance package for this program and others.

C.3. Plan International

Plan International began preschool programs in 1997 and now has 568 home-based and center-based programs, as well as 302 parent education groups. Table 9 shows the distribution of these programs by district.

Table 9: Distribution of Plan Programs by District and Type

Upazila	*Type of Program*			
	Parenting Ed	***SBK***	***Preschool***	***SBJK***
Chirirbandar	60	59	19	
Jaldhaka	71	72	25	
Hatibandha	23	35	05	
Gazipur	79	141	21	
Dhaka Urban	0	25	18	11
Khanshama	69	108	29	
Totals	302 Groups	440 Centers	117 Preschools	11 Centers
Total Children covered in centers and preschools:				**19,805**

Shishu Bikash Kendro (SBKs), or home-based child development centers are options for communities, depending on the results of Plan International-assisted situational analyses conducted with adolescents, children, and parents. Three- to five-years-old children are the target age group for these programs. Children gather for two hours a day in a community member's home where a pool of trained volunteer mothers (two of four at a time in rotation) conduct developmental activities. Children are taught rhyming and singing, methods of play, and story telling. Group size varies from eight to fifteen per center, and the center operates five days a week in a caregiver's house. Plan International supplies basic training and monthly refresher courses. In addition to community monitoring, one Plan International supervisor monitors 10-12 SBKs regularly.

Plan International has been implementing center-based pre-primary programs since 1997 and is trying to establish a model for the country. Objectives are to prepare children for grade one in a way that respects and encourages individual learning styles and positive attitudes towards education. The target age is children five and above; each center enrolls 25-30 children. One teacher and four volunteer mothers (in rotation) guide the classes; a resource teacher is available to enhance quality among six to ten groups of preschool classes. Preschools are supervised by a community resource person from Plan International. The community offers a low-cost schoolhouse or classrooms made available by a local primary school. Activities include brain gym, learning about nature, playing, rhyming, singing, storytelling, arts and crafts, as well as writing, reading and math. Sessions last two-and-a-half hours per day, and run six days a week.

Shishu Bikash O Jotno Kendro (SBJKs) are daycare centers that provide safe environments for children of working mothers in Dhaka city slums. Children from six months to five years of age are eligible; three community members care for them. Community mothers receive a six-day training and regular refreshers throughout the year. Children attend from 7:30 am to 5:30 pm. Activities include playing with a variety of materials, listening to and learning to tell stories, poems, and songs. They are fed three times a day and six days a week throughout the year. The cost of food is shared between the mothers and the center.

Plan International centers are managed by the local community; Plan provides initial assistance, mobilization, community planning, training, and materials.

Plan International, via UNICEF and links to the Ministry of Women and Children Affairs, will assist with training, curriculum, and materials development for the new Shishu Academy preschool programs and pre-primary groups targeting impoverished three- to five-years-old and five- to six-years-old children respectively. MOWCA has a memorandum with Plan International for technical assistance on the project. Plan International started providing teacher training in December 2003.

Plan International plans to hand over its Gazipur program to Grameen Shikkha and will work to build ECD capacity with Dhaka Ahsania Mission and Unnayan Shahojogi Team by providing experienced supervisors to assist in their preschool program development.

C.4. Save the Children/USA

Save the Children/USA is currently running four types of ECD programs in two districts and three upazilas: parenting education, home-based early learning opportunities, home-based preschools, and reading for children (RFC). Table 10 shows the distribution of these programs by district.

Table 10: Distribution of Save the Children/USA Programs by Area

District	***Component***	***Centers***	***Number of children***
Brahmanbaria and Nasirnagar Upazila	Home-based Early Learning Opportunities	100	2,000
	Home-based Preschool	65	1,950
Sylhet district and Sylhet Sadar and Jakiganj Upazila	Home-based Preschool	72	2,160
	Shishu class	30	900
Total Children:	***7,010***		

The home-based early learning programs have been operating for four years, and cover children four to five years of age. Children gather in a selected household, play games, sing songs, and learn rhymes aimed at enhancing psychomotor and language development. About 20 to 25 children are managed by locally-recruited and trained mothers/caregivers.

Home-based preschool programming for five- to six-years-old children began in 2001. Children play games, sing songs, and learn rhymes in the local language and Bangla, as in younger group programs, and literacy and numeracy activities are added.

Teachers in both groups are given four days of basic training and another four days on the thematic approach to curriculum planning. The training additionally has a component on material and toys development. Caregivers (parents, older siblings, and grandparents) are also given four days of training with monthly one-day refreshers which includes a component on preparation of materials and toys.

Save the Children's Reading for Children program, intended to bridge adult literacy and ECD work, is implemented in 72 centers. Neo-literate mothers from Save the Children's adult literacy program strengthen their literacy skills and help their children develop literacy skills through reading storybooks together, or an older sibling may be recruited as a reader, strengthening the older child's confidence and language skills.

In early 2003, Save the Children began, with a formal letter of agreement with the Government, to implement pre-primary school classes in 30 GOB primary schools.

Save the Children can be a resource for curriculum, training, and materials. Save the Children has its own domain-specific curriculum, a manual on how to prepare educational toys and games, and an ECD assessment tool; a guide for using the assessment tool is underway. Save the Children has also developed 20 books on ECD awareness through workshops where traditional story tellers shared stories, which formed the basis of the books. Building on this effort, Save the Children plans to organize workshops involving grandparents as storytellers, and workshops involving young writers and illustrators.

C.5. Other NGOs

C.5.a. Bangladesh Protibondhi Foundation (BPF). Bangladesh Protibondhi Foundation (BPF) has been implementing a community-based rehabilitation program for disabled children in urban and rural areas. This early childhood development program uses a model for rehabilitation of disabled children with increased access to educational services. From 1986 to 1996, the urban center in Dhaka had 1608 children enrolled in its program. The ages of children ranged from a few months to ten years. Two hundred children were enrolled in their rural Dhamrai center between 1986 and 1996.

The BPF program is based on the principle that early detection is important for effective rehabilitation and that local family and community workers are the best people to help the child. Protibondhi's early childhood development model has three program components: Mother to Child Stimulation, Distance Training Package program, and adult literacy. The Foundation's community workers make home visits and screen children to determine the level of disability and refer them for a specific intervention.

The Mother to Child Stimulation program is center-based; children participate in structured and individualized activities designed to stimulate them. Children come to these centers every day for two hours. Community workers train mothers to use toys such as balls and blocks to stimulate children's senses and promote cognitive development. Mothers also form informal mothers' support groups. The Distance Training Package program provides services through a family-based training program. It has been designed to provide distance education to people who are not able to travel long distances to the center-based stimulation program.

BPF has developed training packages with very little text and clear illustrations for the parents to follow in order to stimulate and promote their children's mental, social, and cognitive development. Parents usually receive a two- to five-day training in the urban center in Dhaka.

The time commitment depends on goals set by parents and staff. During training, parents are shown how to follow the pictorial and written instructions. Parents also receive locally made toys and other teaching aids.

C.5.b. Dhaka Ahsania Mission (DAM). In 1992 Dhaka, Ahsania Mission (DAM) had enrollments of 1,350 and grew to 12,898 children between 1993 and 1994. The program was oriented to disadvantaged five-years-old children and lasted six months. The curriculum emphasized moral education, personal hygiene, environmental awareness, drawing, rhymes, story telling, singing, dancing, and painting. As Table 11 shows, funding constraints have returned enrollments to their original size, but expansion through their community learning centers is planned.

Table 11: Distribution of DAM Programs by District

District	*Program*	*Centers*	*Children*
Narshingdi	ECD	4	80
Keshobpur and Jessore	ECD	4	80
Moheshpur and Jhenaidah	ECD	4	80
With partnership with CARE	ECD	25	500
Jessore and Sadar	Pre-primary	25	500
Total		***62***	***1,240***

DAM is building on its adult literacy work (for which it won the 2003 International Reading Association Literacy Award) and micro-credit activities by holding pre-primary classes in its community learning centers. Expansion is occurring rapidly; Plan International will be providing an experienced supervisor and other technical assistance to guide the project.

DAM preschools observed were a blend of academically-oriented and play activities, with energetic and engaged teachers and children.

C.5.c. Friends in Village Development, Bangladesh (FIVDB). Originally focusing on adult education, FIVDB later expanded activities to children's education, credit programs, income generation, and rural development. The Active Learning pilot project is a child-centered interactive approach. Its successful pilot in five schools in 1994 led FIVDB to implement its method in all of its 64 schools; expansion to 100 schools was planned for 2001. All schools include a pre-primary class and continue up to grade five. Recently FIVDB has signed an MOU with Save the Children/USA to provide pre-primary education for disadvantaged children in the Sylhet and Brahmanbaria districts.

C.5.d. Gonoshahajjo Sangstha (GSS). Gonoshahajjo Sangstha (GSS) was the first organization to deliver child-friendly classrooms and teaching in Bangladesh. Activities included free play, singing, outdoor activity, circle activity, story telling, four corners—block and manipulative, sand and water, book and art, and make-believe. GSS once managed about 600 schools. Currently, about 50 are in operation throughout the country.

C.5.e. Phulki. Phulki, which means "sparkling," is a relatively small (35 staff, 120 caregivers) NGO providing childcare centers for working mothers of Dhaka urban and industrial areas. The first 35 centers were opened in 1991, for children two- to five-years-old. Another 40 centers, close to factories, have been added since. For these centers, the target age group is also children two- to five-years-old, but centers accept children as young as six weeks and as old as seven. Approximately 20 children are enrolled at each center, so approximately 1,500 children are being served.

Phulki caregivers are generally women and girls with five to eight years of schooling who receive a two-month, pre-service training.

C.5.f. Village Education Resource Centre (VERC). Village Education Resource Centre (VERC) is one of the oldest NGOs in Bangladesh, and currently runs 45 learning centers in Chittagong and Savar serving four- to six-years-old children. VERC has its own curriculum.

C.6. Private Schools

Private kindergartens and English medium schools typically divide the youngest-aged children into a "playgroup," "nursery," and one or two "kindergarten" classes to address ECD. As tuition-paying parents, they expect a sharp academic focus from these schools, which they also expect from preschool programs. These schools enroll children from three years of age. Private schools use the Government curriculum for grade one and up. For playgroup and nursery classes, and also for some of the subjects for the senior classes, most schools develop their own or use some common curriculum. In Dhamrai, an association of 26 kindergartens adopted a uniform curriculum.

The three private kindergartens visited were barren of decoration and of any sign of active learning. Some of the buildings were grim. Infrastructural defects are apparently common among private kindergartens outside Dhaka and Chittagong metropolitan areas. Teachers are well-educated (e.g. B.A./B.S. in some cases they have M.A./M.Sc. and B.Ed. degrees), but not trained in ECE. Given the relative novelty of preschool education in the country, it seems doubtful that in-house expertise in ECE is strong.

Although extensive in number, especially in Dhaka and other metropolitan cities, private and English medium schools are well beyond the reach of economically disadvantaged parents, with enrollment fees, monthly tuitions, books, clothes, and special occasion expenses adding to more than 3,000 taka per month per student. However, the number of these schools is not negligible, and to an extent these schools address ECD through their play group, nursery, and kindergarten classes for children three- to six-years-old. The teachers of these schools are mostly educated and qualified.

With one exception (a Njeri Foundation class held on the teacher's personal porch), the NGO programs visited in the field were inspirational for the team leader. Many NGO programs observed in other countries could benefit from a study of Bangladesh NGOs.

VI. FORMAL SECTOR PROGRAMS

This section of the report gives a past, present, and future look at Baby Classes, a description of the current plans of MOWCA Shishu Academy preschools, and a brief discussion of mosque-based pre-primary classes.

A. Brief History of Baby Classes

In Bangladesh, as in many other developing countries, four- and five-years-old children often accompany their older siblings to school, and stay on school property during class time. At various times in the past, and various places in the present, teachers have organized these younger children into groups and tried to initiate them to primary education in unstructured ways. Sometimes a teacher of the school or a local high school student would be hired to provide lessons on learning rhymes and introduction to the alphabet and numbers. More often younger children stayed on the school veranda or grounds and were more like a "gang" or "group" versus an actual "class." In this informal sense, Baby Classes, under government auspices, can be said to have existed since 1973 when the GOB assumed responsibility for primary education by nationalizing more than 36,000 primary schools. (It is in this sense, too, that some expert informants report that 100 percent of GOB primary schools have Baby Classes.)[111]

The government first got involved in the pre-primary sector in 1981 when the government started to provide support to the Baby Class through the National Curriculum and Text Book Board (NCTB). NCTB developed a need based preschool curriculum for children attending the Baby Class. It was especially designed to address the needs of disadvantaged children and to prepare them for smooth transition to primary school. A primer was developed to impart pre-reading and pre-numeracy skills. This program was abandoned after being implemented for a few years. The rationale used for this abandonment was that the primary education level, rather than pre-primary, was a priority area and deserved more attention at that time.

During 1981-82, the NCTB, with assistance from UNICEF, undertook an experimental satellite school project in Bhaluka of Tangail district. Grades one and two were attached to nearby mother primary schools and hosted Baby Classes. A primer was developed for the Baby Class in the Bhaluka Satellite School project. It was oriented to study Bangla alphabets and words, conduct simple computation exercises with numbers, and include games, rhymes, and stories. The initial success of the project generated interest but was later abandoned for lack of policy support.

[111] Estimates of the number of Baby Classes or "Choto 1s" in existence to date vary. One informant told us that 100 percent of GPSs have Baby Classes, as it is a fact of life that young children follow their older siblings to school and hang around on the veranda. One study conducted by Save the Children/USA in Sylhet found only four Baby Classes in the entire district. A 70 percent figure from a 2000 World Bank Education Sector Review for Bangladesh is often quoted. Officials at upazila levels told the consulting team that 50-60 percent probably reflected local conditions in the field work areas. Drop-by visits to GPSs found 40-50 percent with a group that might be considered a Baby Class. Without a uniform definition of what constitutes a Baby Class, all of these estimates are difficult to evaluate.

After the World Declaration on Education for All (EFA) in 1990, formalizing the Baby Classes came under more prolonged discussion. The following are some of the key events in the development of Baby Classes in Bangladesh.

- 1991-1996. The General Education Project (GEP) established satellite schools with experimental Baby Classes offering many school preparedness skills, games, and activities, but project success depended on community participation (and physical space for young children in local GPSs) and failed after three years for both reasons.
- 1991-97. The Directorate of Nonformal Education Program launched a pre-primary education initiative implemented by NGOs and supported by UNICEF. The curriculum and teacher's guide, including pre-reading, pre-writing, and pre-numeracy skills, were jointly developed by GOB and NGO specialists, but the initiative ended after the project cycle in 1997.
- 1993. NPA I proposed formalizing Baby Classes by phases. They would be offered in 30 percent of primary schools by 1995 and reach a total target of 50 percent by 2000 for a total of 4.2 million. NPA I also called on the Government to provide substantial support for classroom construction, teachers, and supplies.
- 1997. PEDP I proposed to establish Baby Classes in 60,000 schools (GPS and RNGPS) and allocated funds for one million books, displays, and play equipment per year, to cover 2.4 million children, or 40 percent per school catchment area. Baby Classes were not formalized and no structured curriculum was prepared or introduced. Teachers were not appointed or trained and attendance records were not maintained.
- 1997. BRAC began piloting pre-primary classes through the PRIME project.
- 1999. A PMED circular encouraged GPS Head Teachers to organize and continue Baby Classes if they could, but made no provision for the appointment of teachers, supplies, or curriculum.
- 2001. NCTB revised the original Baby Class primer. A hundred thousand copies of primer and 10,000 teachers guide were printed, but never distributed. These are presently "under lock and key."
- Early 2003. A pre-final version of the Primary Education Development Program II (PEDP II) 2003-2007 (Objective 12.22.3) supported the provision and extension of Baby Classes in rural primary schools to overcome the opportunity costs associated with keeping elder siblings at home to care for young children. Incremental funding of 100 USD per school was proposed for the budget allocation for the early childhood sector at 52 billion taka (870 million USD) for the period 2002-2015.
- November 2003. (According to DG DPE) The final version of PEDP II has no provisions for Baby Classes: no teachers assigned, no materials provided, and no policy changes.

The 2003 NPA II draft document reflects a strong commitment to the early childhood sector by seeking to expand and improve pre-primary education in both formal and nonformal settings and to include vulnerable and disadvantaged children more extensively. Lack of PEDP II funding will make it difficult to implement the plan, but the consensus-building that has occurred during the formulation of the plan has created a positive climate for ECD activities.

B. Future Plans and Funding

There are no immediate GOB plans or budget allocations for Baby Classes. The consultant team was told that the Directorate of Primary Education (DPE) concerns itself with education for six- to ten-years-old children and that the Ministry does not take any responsibility for Baby Classes, a somewhat stronger statement than expected. The recently revised NCTB Baby Class primer is under lock and key, apparently in order to preserve this distance.

This is quite understandable. The demands of PEDP II for scaling up infrastructure, the teaching force, and the monitoring force for GPSs, along with new curriculum development and expanded PTI training, will take tremendous effort. Access and quality in secondary education is a growing concern and will probably come next on the national agenda. The Government has sanctioned the development of pre-primary programming by BRAC on a large scale, and Save the Chidren/USA on a smaller scale, and will probably welcome other NGO activity in this area. DPE is satisfied with BRAC's performance to date, which includes close cooperation with local GPS teachers and administration.

Practically speaking, PEDP II's provision for 35,000 new teachers may make it easier for GOB schools to offer instruction in Baby Classes if they are willing. If more teaching posts are filled and new teacher attendance monitoring is effective, more schools will have four teachers as planned. If teaching shifts continue to be half-day, with grades one and two attending in the morning and grades three, four, and five attending in the afternoon, it is much more likely that there will be staff available to teach Baby Classes in the morning. Much may depend on indirect messages received by local schools. Since there has never been a specific directive from PMED for schools to hold Baby Classes—nor any budget, materials, curriculum, or PTI training for them—it is something of a miracle that schools have tried to conduct them at all. A shift away from taking responsibility for Baby Classes and an emphasis on NGO activity, added to new demands and benchmarks from PEDP II, however, may result in fewer rather than more head teachers making the Baby Class efforts.

An understanding of the importance of pre-primary education is evident, even if the budget and timing is not. As one high-ranking education official put it, "To develop the Baby Class is essential…I feel it…to be a good student at grade one, (a child) should be at Baby Class."

The probable future? In the long term, consultants were told, the GOB will probably let NGOs operate pre-primary classes for a while and then take over the program. In the immediate future, external funding for the Government might make a difference, but initiating, implementing, and meeting benchmarks for PEDP II will absorb available energies for several years.

C. How are Teachers Trained?

As pre-primary education has not been a government priority to date, teacher training for pre-primary is not available through the national system. PTIs, the central teacher training institutes in Bangladesh, offer an educational psychology course that touches on the needs and capacities of young children, but it is too brief and introductory to create expertise. If the Government decides to include pre-primary classes in its regular education system, ECE capacity will need to be developed and included in PTI coursework.

BRAC has developed its own training protocol and manual for its increasing extensive pre-primary program. Teachers receive a six-day pre-service training and monthly in-service training. Save the Children/USA has also developed a teacher training manual and a materials development manual.

D. What Obstacles Exist?

Meetings with local education officials in four upazilas identified infrastructure, staffing, and materials (and funds for all of these) as the most serious obstacles to the creation of effective Baby Classes. Other obstacles include the following:

- *Infrastructure*. Recent initiatives to increase enrollment have maximized the schools' capacity. We were told of one instance in which 74 grade one children were crammed into a space meant for 30-40. (The official enrollment for the class was actually 166.) There was no room to stand, let alone sit, move, write, or learn in any active way. Most GPS schools visited appeared to be seriously crowded and often were in dire condition.

- *Staffing*. Staffing has improved in GOB schools. One expert informant described the change in this way, "Once there was one teacher where four were called for, now there are three." Head teachers have been taking responsibility for Baby Classes in most instances, but head teachers also substitute for all absent teachers, keep accounts, and travel on administrative business. Vacant posts, which have in the past taken as long as two years to fill, increase the strain on the teaching staff assigned for grades one to five. All ten Assistant Upazila Education Officers (AUEOs) interviewed emphasized the need to assign new teachers to schools before any official introduction of Baby Classes.

- *Teaching Materials*. Local education officials and head teachers identified specialized teaching materials as an important need. Current classroom materials in GPS are completely oriented to reading and writing and not suitable for younger learners without substantial supplementation.

Another obstacle to holding Baby Classes, mentioned by several head teachers, was quite unexpected and locally compelling. The World Food Program supplies biscuits to primary school children. As Baby Classes are unofficial, these children do not qualify for biscuits and milk, so this creates complaints and unwanted questions. Consultants were told more than once that a school did not have, did not want, or had stopped having a Baby Class because of the snack problem.

Belief in the effectiveness of pre-primary education seems to be a very widespread. In interviews with the DPE Director General's office, AUEOs, and teachers, all respondents strongly believed that pre-primary experience promotes school achievement. As Data International's recent report on the significant difference in achievement between BRAC and non-BRAC first graders[112] trickles into general awareness, this conviction can only solidify.

Whether this climate will produce more extensive efforts by head teachers to conduct Baby Classes is unclear. In areas where BRAC pre-primaries are operating, such efforts have naturally ceased. The Government may, intentionally or inadvertently, send a message that pre-primary education will be the province of NGOs for the next several years and this, combined with new pressures from PEDP II implementation, may reduce motivation for conducting Baby Classes. In areas without NGOs willing to take on pre-primary education activities this favorable climate will perhaps foster more and better Baby Classes—especially if the biscuit problem can be solved.

E. Preschool Programs Under the Ministry of Women and Children Affairs

MOWCA, as part of the national ECD Project, and with financial support from UNICEF and technical assistance from Plan International, plans to start pre-primary programs targeting 60 disadvantaged children in each of its 64 district offices. Shishu Academies have almost finished recruiting qualified teachers, and identifying children from impoverished backgrounds. The ECD Project will supply teacher training, uniforms, shoes, and learning materials.

Asked how disadvantaged children would be identified for the program, two Shishu Academy officials answered that no difficulties were anticipated. They planned to recruit in slum districts. Teachers and local leaders were likely to know children, families, and types of clothing that serve as a distinctive identifier. They will target those kids who have a "home" to return after school. At this stage of program development, more elaborate, and therefore more costly identification of beneficiaries is probably not required. As the program develops, however, some means of cross-checking the appropriateness of enrollments may be warranted.

The Shishu Academy now publishes and distributes 5,000 copies of a school-aged children's magazine per month. With funding and technical assistance to create magazines targeting younger children, Shishu Academies in each district could become distribution points for ECD learning materials.

[112] Data International Limited. *The Impact of the BRAC Preschool Program on Student's Performance*. September 2003.

F. Mosque-based Programs

Islam attaches great value to education and care for the less fortunate. Bangladesh's extensive network of mosques means that, with interest and needed technical support, mosque-based pre-primary schools can be important entry points for ECD throughout the country. Not all mosque-based schools, however, have an interest in broad-based pre-primary preparation programming in which the study of Arabic would form only part of the curriculum.

Selected members of the consultant team visited several mosque-based schools in which pre-primary teachers had been trained by The Islamic Foundation. The Islamic Foundation develops its own curricula and materials. The training courses are 15 days long and introduce a curriculum in Bangla, Arabic, English, and Mathematics. Boys and girls sat intermixed in classes and were called upon equally. In two cases, children, both boys and girls, were called upon to lead the class as well. While recitation-and-chorus response was the dominant teaching mode, as in all other programs visited, (Yet, the addition of both Arabic and English alphabets to Bangla alphabet study seemed very ambitious for children five- and six-years-old) the children appeared relaxed and generally engaged, and the teachers invested and attentive. However, books and materials were in short supply. All teachers interviewed identified materials as a high priority wish.

Working with the Government education structure, ideal under most circumstances because of its vast reach, may not be an option at the current time. ECD activity in the formal sector can, and will be taking place through MOWCA, and could take place in partnership with The Islamic Foundation. Since MOWCA has only district level infrastructure, reach will be limited but the potential exists for the development of model programs that could serve as pilots for a scaled-up program.

VII. MULTI-SECTOR ECD PROGRAMS

This section describes current multi-sector programs, the involvement of other sectors, and trends in integrated ECD programming.

A. Current Multi-sector Programs

The Early Childhood Development Project, and joint GOB (MOWCA)/UNICEF project, (with collaboration from BRAC, ICMH, Plan International, and Grameen Shikkha) is not yet, but will be, a nationwide multi-sector ECD program using health and nutrition entry points to deliver ECD messages. The mid-term report for the project (October 2003) describes project preparatory activities, including: establishing the project office, developing materials for advocacy and training, and designing pilot interventions. The pace of project development has been slowed by GOB counterpart. For example, the hiring of GOB project officers and support staff has taken two years.

The objective of the program is "to empower caregivers to create a safe, secure, stimulating, and enabling environment which promotes the cognitive, emotional, and social development of the children from conception to five years." The project has four sub-projects: 1) Advocacy, Social Mobilization, and Communication; 2) Family Empowerment for Early Childhood Development; 3) Research and Innovation; and 4) Networking and Capacity-building of Partners.

ECD messages will be delivered through family welfare assistants and health assistants. There are two-person teams of a family welfare assistant and a health assistant for every 4,000 people in Bangladesh. BRAC's extensive network of health outreach workers will also be engaged to deliver ECD messages, as will fixed-point health and nutrition centers using paramedics and assistants at Union Parishad health centers and community nutrition centers in the BINP project which now has 46 integrated ECD messages. ECD messages address mothers, fathers, older siblings, and mothers-to-be. Grameen Shikkha will also provide contact points for ECD message delivery at women's credit group meetings.

NGO ECD programs and micro-credit programs visited in the two areas of field study both had health and nutrition components, which were delivered in monthly meetings with mothers. One such message-delivery component was observed:

> *Why do we use sanitary latrines? To prevent sickness, especially diarrhea. Diarrhea can be very dangerous for young children. Let's all use sanitary latrines, and encourage others to do so. Don't forget to keep the water seal intact; that's the only way it can work to prevent sickness.*

This is very effective; short and punchy seems the right approach in this context. Messages about using only iodized salt, feeding all children three- to five-years-old, and chatting with children could also be added.

B. Involvement of Other Sectors

The Department of Social Services (Ministry of Social Welfare) currently has no real involvement in ECD. The ministry manages three "Baby Homes" (soon to be six, one for each Division), which care for children less than seven years of age when they are transferred to one of 73 orphanages. Caregivers in Baby Homes are civil servants and do not receive any special training. Consultants were told that caregivers are mothers who know how to feed and care for children. They may work with children a little bit to help them learn the Bangla alphabet, but they are not seen as, and do not need to be, teachers as such. When the newly constructed Baby Homes are operational, the total capacity will be 550 children from birth to seven years of age, with a total staff of 93.

C. Trends and Issues in Integrated Approaches

There is a trend towards integrated ECD programming in Bangladesh. Small or in-the-preparatory-phase steps are visible, where five years ago health/nutrition and early education were separate spheres. BINP's inclusion of 46 integrated ECD messages is encouraging. UNICEF's ongoing advocacy campaign, and future planning, in the national ECD project is very much directed toward an integrated approach to improving child development in Bangladesh and may succeed in establishing an even stronger trend towards this approach. That NGOs involved in ECD and micro-credit programs are also including health, nutrition, and early education messages in their mothers groups' activities, which raises hopes that young children's development will be recognized as requiring efforts from all fronts.

The main issue for donors is whether to invest in the missing components to health/nutrition programs or in academically-focused programs, or to focus energy on programs that are already well-integrated and to strengthen them as models.

VIII. EMERGING TRENDS, ISSUES, AND ECD CAPACITY DEVELOPMENT NEEDS

This section describes apparent trends, issues already apparent and some potential issues, and current ECD capacity development needs.

A. Trends

A.1. Knowledge of Health and Nutrition Needs for Children Under-two-years-old

The UNICEF KAP found that caregiver knowledge relating to child survival issues, such as acceptance and use of ORS, EPI vaccines, and tetanus toxoid vaccines for pregnant women, had increased. Although mostly illiterate, many parents visited during the field work knew to have children immunized (89 percent) and dosed with vitamin A (97 percent).

Child survival work is not "done" here by any means, but the signs that health and nutrition delivery systems are in place and having impacts are encouraging both in themselves and as signals that the field staff involved may be ready and able to extend their activities to include messages about early learning.

A.2. Interest in ECD

Many expert informants began their meetings with the consultant team by saying "ECD is new for Bangladesh," usually in those exact words. Interest in ECD itself is a trend—only very recently has programming begun in this area for most currently active NGOs. The lack of capacity at universities, colleges, PTIs, and in most NGOs—and at all levels of the education department system—reflects this novelty.

Interest in integrated ECD programming—that encompasses the health, nutrition, and stimulation needs of young children—is an even more recent trend for most organizations.

A.3. Attitudes Toward Pre-primary Education

In our meetings with education officials from the DG of DPE, AUEOs in four different areas, and head teachers in rural schools, we found widespread agreement that pre-primary involvement, even the informal experience of current Baby Classes, is of considerable help in preparing children for school.

The Government of Bangladesh appears, nonetheless, to be stepping back from involvement in pre-primary education in favor of NGO program development. Early drafts of PEDP II included plans to formalize and supply Baby Classes, but the final version contains no new policy or budget for Baby Classes. The strong statement from a high-ranking official that DPE concerns itself with children aged six to ten and takes no responsibility for Baby Classes, coupled with the keeping of NCTB's newly-revised Baby Class primer under lock and key and the recent exclusion of Baby Classes from PEDP II, suggest at least a temporary trend away from government interest in Baby Classes.

B. Issues

B.1. Health and Nutrition: Bringing a Good Brain to School

Although awareness about the physical needs of infants has improved, it is not as clear that parents understand physical needs of three- to five-years-old children, who are more likely than younger children to be malnourished as breastfeeding stops. Most parents visited did provide frequent feeding for two- to five-years-olds, unlike many developing countries, and several three- and four-years-old children were in fact still being breastfed. The inadequate quantity and quality of nutrients, and parents' knowledge of what is needed by this age group, are major concerns. Addressing the high rates of iodine deficiency and anemia among young children will increase cognitive functioning and allow children to get the maximum benefit from other programmatic interventions.

The frequency with which the team encountered "fever, cold, cough, and pneumonia" as illnesses children had in the past three months, and the treatments parents said they applied, showed that public information campaigns about the danger signs for ARI are needed. Because of the various expenses of transport, clinic visits, and medicine, many parents visited turn to traditional or spiritual remedies first (amulets, necklaces of leaves, or herbal applications), taking other measures only as a last resort if at all.

B.2. Academic versus Play and Discovery Teaching Approaches

In many countries, there is tension between preschool organizations that emphasize academic preparation and those that emphasize play and discovery. This same tension is often played out between preschool and primary school teachers, and between preschool teachers and parents concerned about school success. Such tensions do not seem to be obstructing cooperation between NGOs in Bangladesh at this point, but a complete absence of differences and resulting obstacles would be unusual.

It is hoped that whatever tensions do exist in this area here remain at a relatively low level. Children less than five years are rarely ready to absorb much knowledge that depends on symbolic representation, such as letters and numbers, and for children in full-time childcare, that makes play-oriented curricula very important. Most young children in Bangladesh, however, have very little to occupy them and are in preschool about two hours a day, not long enough to go without playing. Between their fifth and sixth birthdays, many children do become able to and interested in acquiring basic literacy skills; most NGO programs observed managed to present these challenges in a friendly atmosphere. As long as academic preparation does not inspire an active distaste for letters, numbers, books, and school situations in general, and takes place in a supportive atmosphere, many different blends of the academic and playful techniques can help young children, which are better than the no-program-at-all situation for the vast majority of young children in Bangladesh.

Education systems that encourage questions, independent discovery, and critical thinking rather than relying on rote memorization generally produce students better suited to succeed in the modern market place. Organizing a systemic change in education can begin with good pre-primary efforts but will not depend on it.

B.3. Transition to School

Moving from a good preschool experience to public school is often difficult for children and parents. The change from warm-and-friendly to more formal teachers can be upsetting for children. If the change also means a shift from "interesting and fun" to "pretty boring," children may resist attending school at all. Parents may feel the same. BRAC is taking the following steps to ease and to monitor the transition to school: 1) having local GPS head teachers chair the pre-primary school management committee; 2) institutionalizing supervisors' follow-through visits to schools for their students; and 3) encouraging supervisors to offer some of the fun of pre-primary—songs, rhymes, and dances—as co-curricular activities for grade one students. This excellent and thorough approach to the transition to school issue can be a model for many in Bangladesh and other countries.

C. ECD Capacity Development Needs

There is a significant need for ECD capacity building at various levels. Bangladesh's universities do not have ECD subjects in their curriculum, though the Department of Psychology and the Home Economics College offers a course paper on Child Psychology. No instructors at the National Academy for Primary Education (NAPE), the Institute for Education Research (IER), and PTIs have ECD expertise, and therefore, could not train teachers, teacher-trainers, program managers, or field-level workers. Currently PTI instructors can provide teachers-in-training with only a very general children's psychology course. With a few exceptions, none of the increasing number of NGOs currently involved in early childhood education and pre-primary education have ECD experts on staff. Project managers seeking technical assistance in ECD have been turning to INGOs—typically Plan International, Save the Children/USA, or to consultants from other countries in the region and in Canada. At this time, Bangladesh has no ECD capacity of its own. Capacity-building needs exist at every level of the Government system and every level of NGO organizations.

Education policymakers and managers have been drawn mainly from the civil service, the national colleges, or from various departments of ministries. UNICEF has been organizing national- and district-level workshops to share the international research about brain development and the importance of early learning to national and district-level officials to create a climate favorable to ECD activities. There were signs in field study meetings that these efforts are succeeding. However, INGO funding for sensitization and basic training at higher levels of government will not last forever. National capacity is needed.

Parents, teachers, and program managers need training. There are already several training protocols for every level except program managers. The ECD Network currently housed in UNICEF has a vision of a unitary set of training manuals and materials for Bangladesh that could prevent funding wastage in the development of yet more training manuals. This vision is sound in theory, and if organizations with developed training programs are willing to invest the time to achieve consensus and to divest themselves of "copyrights" for training materials, this plan could promote the rapid expansion of ECD in the country.

The National Association for Educators of Young Children (NAEYC) in the U.S. provides essential guidance for program managers about high-quality ECD policy, advocacy, and programming and does so without restricting healthy diversity in approaches. An association of this type might be useful, eventually, in Bangladesh. An Institute of Education is under development at BRAC University. This institute could in turn house an Early Childhood Development Institute dedicated to providing high-quality training programs, as well as providing space for a national materials development unit and an ECD program monitoring and evaluation unit.

IX. SUMMARY AND CONCLUSIONS

The high rates of malnutrition, iodine deficiency, and anemia among young children in Bangladesh threaten their intellectual potential as severely as the lack of program learning resources and home literacy supports. Field study observations confirmed the statistics. Some children, especially young ones more than two years of age still being breastfed frequently, seemed to be okay, but the hungry, exhausted, physically and emotionally fragile children seen are not and cannot be candidates for school success. Addressing these issues should form some part, however small, of every program designed to enhance children's development in Bangladesh.

The social and political context for ECD in Bangladesh is mixed. Parents are by and large unfamiliar with the concept of mental development or the significance of learning before the school years. Parents interviewed in field studies gave education mixed reviews: they want it, but in the long term it might be financially unattainable and might interfere with work and marriage priorities. Bangladesh has a sound legal and policy framework for the protection of young children but implementation and enforcement are issues. National Plans of Action for Education for All, and Primary Education Development Plans for the last decade have all called for intensive ECD programming in both the formal and nonformal sectors, and officials at every level of government appear to be convinced of the value and importance of preschool education. However, the GOB is unable to recognize or to fund formal sector activity in pre-primary education at this time.

Bangladeshi parents need information about mental development and about ways that they can nurture cognitive growth even if illiterate themselves. Their uptake history for birth spacing, immunization, and vitamin A interventions holds hope for the success of ECD information campaigns.

Most NGOs and INGOs are currently concentrating on the pre-primary years, children five- to six-years-old, as this age group is perceived to be in urgent need by most parents and education policymakers. Plan International and Save the Children/USA have programs targeted to the three- to five-years-old age group. Site visits to these pre-primary programs found an understandable academic emphasis combined with, in most cases, child-oriented activities and many interested, newly-skilled and proud-of-it, eager children. Private kindergarten classes were expensive, purely academic in orientation.

Less than half the GPS premises visited had evident Baby Classes, and with one complete exception, were under-populated and dispirited. Preschool and pre-primary classes, under the auspices of MOWCA and the Shishu Academy, are planned and expected to become realities by 2004. Mosque-based schools with pre-primaries funded and teachers trained by the Islamic Foundation were well attended and enthusiastically participated by children of both genders.

Some NGOs with pre-primary and women's credit programs are including ECD messages in group meetings. For example, BINP will be delivering ECD messages in its service areas. The largest multi-sector program will come through the national ECD program using family welfare assistants, health assistants, and the BRAC outreach health workers for delivery and the local-level health centers as delivery sites.

Emerging trends include interest in ECD itself, especially integrated ECD, improved parental awareness about preventative health measures for children under-two years of age**,** and, possibly, retreat of government interest in investing in Baby Classes in favor of NGO activity. The health, nutrition, and well-being of the three- to five-years-old age group in particular were identified as visible issues; ECD programming issues may emerge as awareness and activity grows. Capacity building for both Government Organizations (GOs) and NGOs is needed at every level, although programmatic expertise is developing rapidly in the nonformal sector.

Early childhood development, especially early learning, is a relatively new concept for most people in Bangladesh, and a new activity for the development sector. Desk and field research demonstrate that parents are trying to do what is best for their children but are unaware of the importance of learning in the early years and ways parents can contribute to school-readiness. National and international NGOs are beginning to establish in-house expertise and program experience in parent education, home-based and center-based preschools, and pre-primary programs, but most have had to start from scratch, relying on assistance from technical resources outside the country. ECD expertise is not available through national universities, colleges, or training institutes. Neither ECE nor ECD can be said to be an activity of the Government at this time. INGOs and NGOs deserve congratulations for the unusual degree of cooperation they have been extending to each other, for their practical engagement of youth and community energies, and for their openness to multi-sector approaches. There is wide scope for new energy and funding for ECD in Bangladesh, and, although ECD is new here, a ready audience in parents and an excellent set of potential partners is present.

ANNEX 1: CHILD PROFILES

The profiles of 19 Bangladeshi children were prepared by the assessment team, and appear on the following pages of this Annex. The profiles of girls and boys are arranged by age, beginning with the youngest.

0-1 years Boys: Samrat, Tuhin, Jahangir……59
Girls: Mila, Snigdha, Tania…….62

1-3 years Boys: Jahid, Emon, Sujan,……...65
Girls: Resma, Pipasha, Nazma…….68

3-5 years Boys: Shipon, Kurban, Towhid, Shomon……71
Girls: Shakila, Nila, Baishakhi…….75

SAMRAT

Three-month old Samrat lives with his mother Kabita, his father Mofiz, and his four-and-a-half- years-old sister in Deota village in Manikgonj district.

On the day Kabita recalled for interviewers, Samrat woke before six o'clock, and was then breastfed and washed. When he stayed fussy, Kabita put him back to sleep. He slept for almost two hours and woke to feed and play happily first with his mother, and then with his older sister for about two hours. Samrat slept again but just for a short time. When he woke up, his grandmother played with him for a bit and then his mother gave him a bath. A real nap (two hours) followed. Samrat's mother and sister cared for him together when he woke up, feeding and playing with him a little bit, then giving him another wash. He sat quietly with them until supper time for them and sleep time for him.

Samrat's family has no agricultural land or household land; they are staying with Kabita's father for now in a small, clean bamboo house but will move soon to an urban area to be near the river. Samrat's father Mofiz is a fish trader.

Samrat's only official "toy" is a pacifier, but red paper flowers are hanging above cradle as a mobile. The cradle is nested inside a saree hanging from bamboo house poles and padded thickly with another saree.

Samrat's family sees him as a jolly, laughing baby, easy to enjoy. Sister, aunt, father, and mother all take time to spend with him, hold him, talk to him, and carry him around. His parents are "very happy because this child is not a daughter". Samrat's's sister is said not to be jealous; she likes the baby and is "willing to assist." Kabita and Mofiz hope that Samrat will be an engineer when he grows up. They themselves have never been to school, and wonder what Samrat himself will want to be and whether he will want to study or not.

TUHIN

Seven-month old Tuhin lives with his parents, his five-years-old sister, his grandmother, and an aunt in the village of Shankar Huda, near Moheshpur in Jhenaidah district.

On the day his mother Morjina recalled for the interview Tuhin woke up at five o'clock, was breastfed and babbled happily to his mother. Between six and seven o'clock, he played alone, chatting to himself, with his grandmother supervising. Morjina feeds him again between seven and eight o'clock, and he plays alone while she and an aunt watch over him. Around nine o'clock, Morjina fed Tuhin suji sugan (porridge) and Tuhin played with his aunt, ate some more porridge and had a bath. He took a short nap, got up to play, and then fell asleep while playing alone. Tuhin spent a somewhat fussy afternoon, during which playing alone, "chatting" with his mother, and waking every five to ten minutes, and good moods, quiet moods and crying alternating rapidly. People change too: Morjina cares for him on and off for four hours, his grandmother helps for two hours, his aunt takes over for an hour. Around six, his mother feeds him cow's milk, the first of two such feedings before bedtime. Morjina tries to give him 250 milliliters of cow's milk everyday.

Tuhin has been sick with pneumonia and diarrhea often. The only treatment he received for the pneumonia was an amulet purchased from a local spiritual healer, but he got well eventually. His family is very "hand-to-mouth," although his father is an agricultural laborer on both his own land and others' land.

Tuhin has some toys: plastic model cars, a toy pitcher, a toy lantern made of straw. He is a curious child and usually happy, especially when being held. Morjina enjoys him and is happy because he is a son and, in her eyes, quite handsome. Morjina hopes that Tuhin will be an educated man, perhaps a doctor, and a man of moral character.

JAHANGIR

Nine-month old Jahangir lives with his parents, an older brother and an older sister in the urban area of Kandhapara, near Dhammrai.

On the day his mother Johura recalled for the interview, Jahangir woke and nursed, was washed, and played with his brother for a few minutes before he had to leave for school. Jahangir took a short nap, and played by himself for half an hour or so, then around ten Johura fed him the first of his two daily cups of cow's milk. Johura does not believe her own milk alone is adequate in quantity or quality. Jahangir played alone happily for a while, in his mother's lap or nearby until around one o'clock, when he took another short nap. When he woke, his sister was home from school and played with him for a while. Johura fed him the second cup of cow's milk around three o'clock; Jahangir napped again briefly and woke to play with his sister and father for a bit. Johura bathed him; Jahangir cried. He cried during the morning washing too; he just doesn't like the process. Mother and brother entertained him until about seven o'clock, when he fell asleep for the night.

Jahangir's family owns no agricultural land. They do own their household land, and their jute stick house. They do not have a pit latrine or any toilet facility. The family is raising a cow owned by another family so Johura can take the milk and have the next calf.

Jahangir is immunized appropriately for his age, and is not malnourished, but is frequently sick. He has had three fevers, one bout of pneumonia, and cough and cold four times in the last three months.

There are no toys in the house, for any of the children, but Jahangir is a jolly baby, and rarely cries. Although Jahangir is a third child in a busy and poor household, he is well-loved by parents, siblings, aunts, and cousins, whose affection he seems to return. Of Jahangir's mother, one interviewer said that, despite her workload and her other children, "her motherness is still alive."

Neither of Jahangir's parents has ever been to school, but this generation is attending. Jahangir's older sister goes to second grade in a BRAC school; his elder brother attends a "Baby Class" at a local madrassah. They want to educate Jahangir, too: "We'll not say no to education for the child." How far he progresses will depend on him, Johura says; they will try to support him through whatever level he wants and is capable of. They worry about being able to afford clothes for school, but will try.

MILA

Mila is a ten-month old girl, a first child, living with just her parents in the urban Gulshan para of Jhehaidah. They are very poor, and her mother China has supplemented breastfeeding with rice soup since her first month of life, as she suspects that her own breast milk will be inadequate. And she may be right; sometimes they go two or three days without food.

On the day China recalled for the interview, China woke between six and seven o'clock in the morning, was breastfed, and played happily with her mother and uncle, smiling and cooing. She was fed mashed banana an hour later, and breastfed twice again in the next hour. For most of the morning Mila sat on her mother's lap and breastfed whenever she cried; later China bathed her and she napped. After her nap, Mila played with her uncle happily for a few hours; her uncle feds her rice with some tumeric and salt—Mila hates plain white rice. Mila was quiet most of the afternoon. Her mother reappeared to breastfeed her and put her down for another nap. When Mila woke, her uncle played her a while, her mother breastfed her again and a bit later fed her a biscuit before her sleep for the night.

Mila's family has no agricultural land of their own. They live in a bamboo and jute rag house with a tin roof and no latrine. Mila's father works as a carpenter, but it is not enough. Extended family problems contribute: China's father never delivered the bicycle promised as her dowry and her husband's family won't allow them to live in his house—the usual arrangement for new families. So they live on China's father's property; both her husband and her father blame China for this uncomfortable situation.

Mila is frequently sick with fever, diarrhea, skin problems and eye problems; when she seemed to have pneumonia, the neighbors chipped in to pay for medical treatment. She has the big belly associated with severe malnutrition and is very small for her age. China worries about future malnutrition because her husband does not contribute to their food, as part of his anger of the lack of dowry.

Mila is gloomy, cries frequently, and lacks energy. She cries whenever she sees her mother and reaches for her. China is annoyed by all the crying and gives Mila to her uncle whenever possible, but she is invested and still trying. China wants to educate this daughter "so she'll never be like her unlucky mother" and will achieve independence through education.

SNIGDHA

Snigdha is almost seven-months old, and lives with her two parents, two older sisters (three- and seven-years-old), two grandparents, two aunts and two uncles in the village of Banduitia in Mankgonj district. They live in a bamboo house with a tin roof; the yard in front of the house is big and clean, with trees and lots of light.

On the day her mother Sufia recalled for the interview, Snigdha had not been bathed as usual in the morning because she had a cold. She was breastfed when she woke up then played happily with her sisters, babbling and cooing. After a while she tired, cried a bit, and took a nap. Breastfed again on waking an hour later, Snigdha stayed quietly with her mother until her grandfather took over; she played happily with him a while, tired again and cried herself to sleep. When she woke, Snigdha played with a cousin happily for a while, then stayed quietly with her grandmother for a bit and got a bath, followed by a massage with oil. Sufia breastfed Snigdha, and she napped again. After her nap, Mila played with her mother, her grandmother, her grandfather, and her sister until suppertime, when she was given cow's milk with sugar, and went to sleep for the night.

This joint family works eighty-four decimals of their own land, but the land had to be mortgaged five years ago to pay for the wedding of Snigdha's aunt. With a loan from BRAC, Sufia bought a rickshaw for her husband, which now contributes income to the family. The family's third debt is to neighbors who helped during Snigdha's bout with pneumonia three months ago, which used all Sufia's savings.

Snigdha is immunized, and healthy now; her only illness in the last three months has been a runny nose. Snigdha strikes interviewers as a happy child, with a loving and attentive mother. During part of the interview, Snigdha was sleeping inside the house on the bed, and Sufia checked on her twice in fifteen minutes. Snigdha has simple toys, including a plastic doll, and a very colorful pillow on her cot that Snigdha loves to study.

Sufia wants to educate Snigdha all the way to an SSC degree when the time comes. Sufia says "Without education, life is worthless." She does not know whether she will be able to do it however: "I have three daughters. If I had one it would have been possible to educate further." Sufia is worried that they cannot afford nutritious food now, and worries about money for clothes and medicine in general; education seems an expense they may not be able to manage.

TANIA

Tania, a six-month old girl, lives with her sixteen-years-old mother Rojina and her father in Shakar Huda, a village near Moheshpur in Jhenaidah district. She is her mother's first child.

On the day Rojina recalled for the interview, Tania woke after seven o'clock, was washed and fed, then played quietly with her mother and father for a while. Then her grandmother watched her for an hour. Tania is exclusively breastfed and stayed close to her mother all day, except for this one hour. When her mother returned, Tania was bathed, and played with mother and grandmother for a while, then cried a bit and went to sleep. Refreshed from her nap, she played happily alone for a while, babbling and "talking" to herself for about two hours, then napped again. When she woke, her aunt and cousin were visiting, and she played with them for about two hours then went to sleep for the night around seven o'clock.

Tania is well-nourished and healthy, perhaps because she is exclusively breastfed so far and is just of the age to begin needing complementary feedings. She has been sick only once in the last three months, with a minor fever and cold. Tania has been immunized, the family uses iodized salt, and her mother knows how to prepare ORS if needed. Their room, and the outside environment, is clean and well-cared for.

Tania's family does not own any land and her father is a van driver, so little money is available. Tania wears no clothes but she does have a doll and a rattle. Tania's grandmother lives nearby and enjoys playing with her. Her family describes her as a happy baby who "doesn't cry too much."

Neither parent has much education. Rojina, now sixteen, completed grade three; her husband, twenty-five years of age, has completed grade four. They plan to educate Tania up to grade six or Seven and then arrange a marriage. How to pay for this eventual dowry already worries them.

JAHID

Two-years old Jahid lives with his mother Jahanara, his father, and his five-years-old sister in the village of Saurail near the town of Dhammria.

On the day Jahanara recalled for the interview, Jahid woke between seven and eight o'clock, was washed and given some lentil bread, and played with sister for a while, but he was not happy and cried frequently. His mother breastfed him; he cheered up and was able to play happily by himself. Later he ate some rice on his own, and napped for about an hour. When Jahid woke, he nursed again and played quietly on his own. Jahanara bathed him and breastfed him again, then he play with his sister. When he began crying, he was given rice to eat. He played with his sister some more, and they had fruit juice together. Jahid was happy; he talked and babbled to himself and with his sister, who had sole charge of him for the last three hours of his waking time.

Jahid's family has thirty decimals of agricultural land, but the land is unused; his father is a spiritual healer. They do own their household land and their house has tin walls as well as a tin roof; they have no electricity and use a hanging pit latrine. Jahid has no toys except one car made of wrought iron that is too heavy for him to lift.

Interviewers notice that Jahid is somewhat weak and has a cough; his mother has given him basil juice for this and applied mustard oil to his neck. Jahanara says that he suffers from malnutrition and is frequently sick; he has had diarrhea, scabies and fever in the last three months. She does not know how to prepare the oral rehydration solution that could help. The home environment is not clean, and Jahid himself is not kept clean. Besides breast milk and one cup of fruit juice, Jahid ate only dried leftover rice from yesterday.

Although both parents are illiterate, they hope to educate him through secondary school, perhaps even for an advanced degree. But for now, there are immediate worries. "My husband is crazy," Jahanara says, "he earns nothing. I worry about food for my family. My child has skin problems. I worry for his health."

EMON

Emon is a one-year-old boy who lives with his parents, his six-years-old sister, his grandparents and an aunt in Shankar Huda, a rural village near Moheshpur in the Jhenaidah district. His mother cares for the family and the house; his father operates a load-bearing tricycle. Emon is a beloved child, but undernourished, and sometimes lost in the daily shuffle.

On the day his mother Shefali recalled for the interview, Emon woke, cried, was washed and fed a biscuit, and then played with his older sister for two hours. During the last hour of this play, the six-years-old sister was his sole caregiver. His mother returned in the next hour and fed him some rice. Emon played with his sister and on his own on for two hours until his aunt joined the family around noon and helped supervise while Emon ate peanuts and ice cream, had a bath, and took a nap. When he woke, his mother gave him rice and he played with a visiting cousin, but he was fussy or crying for two of these three hours, and was finally left to play by himself for an hour. Emon's aunt reappeared when he started crying again and entertained him a while. His grandmother and mother joined forces around six to wash him; his grandfather and uncle joined the family scene and played with him, too. Emon had a biscuit and went to sleep.

During this day, in addition to breast milk, Emon received solid food five times, but for four of these times the food was either rice or a biscuit. Emon was supervised directly most of the day, and interacted with seven different people who care about him, but he was left without direct supervision for two hours and left in the care of his six-years-old sister for one hour. Lack of direct adult supervision may not always be a problem if adults are nearby and the immediate environment is safety-oriented. Emon had two-week old burns on his knees and ankles and a fresh cut from a fall off the kitchen wall, however, that reflect a need for closer supervision.

Some other things raise concerns for Emon's future. He is only half-immunized for his age, and the family uses iodized salt for only half their needs—just at the table, not for cooking. The house is unclean, the floor slippery. Emon's mother is illiterate and may have difficulty fostering school-readiness. Education beyond the free-of-charge grade five will be a challenge for the family: they are poor—their only assets are the father's tricycle van and their own house of bamboo walls and tin roof.

Emon has many things going for him as well. Emon himself is very smart, very playful, and shares food gladly. His family is a happy one, and responsive to his clear signals about wanting to get off a lap and crawl around, or to be held by his mother instead of his grandmother, or to come and play. They have given him a folded quilt as pillow as well as covering quilt. They will probably continue to do whatever they know to do for him within their means.

SUJAN

Sujan, two-years and eight-months old, lives with his parents, a 12-years-old brother, and a seven-years-old sister in West Bandutia, near Mankgonj.

On the day his mother Sakina recalled for the interview, Sujan woke between seven and eight o'clock, was washed and fed rice and potato by his mother. He played happily with neighborhood children on his own for two hours, then returned for more rice and potato with his mother. Sujan played alone and somewhat unhappily for an hour, then returned to neighborhood play. Between two and three o'clock, Sujan ate more rice and potato and Sakina gave him a bath and then he played quietly alone for a while. After four o'clock his sister and brother returned from school. Sujan played happily with his brother for two hours, and washed up for a quiet meal of rice and eggplant with his mother before falling asleep around eight o'clock for the night.

Sujan's family owns neither agricultural land, nor their household land. His father works at a local restaurant, and his mother sometimes does embroidery for pay; both parents are illiterate. They have built a house with tin walls and a tin roof on government property, near a tubewell and a hanging latrine. The house and yard are clean, but the courtyard is very small; there is no place to play, since the pond and river nearby have very steep banks. Sujan has no toys.

Sujan has had only one of the six immunizations usually given by his age; his mother thought that since he was so thin, the injection would hurt.

His parents are worried about Sujan because he is naughty, always getting into fights with other children. His seven-years-old sister gets into trouble as well, for not managing him better. Sakina wishes there was a school for three- and four-years-old children nearby.

Sakina hopes to educate Sujan until he has an secondary school certificate, and then to send him to her brother who might be able to find him a job. Sujan's father wants him to finish grade five and then "do some jobs," since education is expensive—uniforms, shoes, books, and food all cost money, even if the enrollment itself is free.

RESMA

One-year and one-month old Resma is the third of three girls born to Rupkumani and her husband. They live with their parents and a grandmother in Satbaria, one of Jhenaidah's urban slum areas.

On the day Rupkumani recalled for the interview, Resma woke up between seven and eight o'clock, was washed and was fed some rice and salt. She played alone for about an hour, but fussed and cried; her mother played with her for about an hour and she quieted. Rupkumani gave Resma some cake, and then a bath. Tears again; her mother fed her rice and smashed bananas. Resma's older sister came home from school and played with her quietly for about two hours, then Resma played alone for an hour, but unhappily, while her mother cooked. Rupkumani fed her some more rice and green bananas and played with her a bit. Resma fell asleep between seven and eight o'clock.

Resma's family has no agricultural land or land for a house; they sleep on a sister's veranda. Resma has no toys of any kind. Both parents are illiterate. Her father is a rickshaw puller. Rupkumani says he is a "lazy guy—if he works one day, he rests for three days." When the father is not working, Resma's mother begs for food. "We don't have food," she says, "so we worry all the time."

Resma is not very alert for a one-year old, interviewers reported, and her mother does not seem to be attentive or very interested in her. Resma is malnourished, frequently sick, just recently with dysentery. Her mother does not know how to prepare the oral rehydration solution that should have helped.

Rupkumani worries that besides lacking the security of regular food, they have no money for medical treatment if it is needed, and no money for education. Asked about her future hopes for Resma, Rupkumani said "If I can I will educate her. We don't even have food, how can I educate her?"

PIPASHA

One-year old Pipasha is the second daughter of Nasima and Swapan, who live in an urban area called Bandutia, near Manikgonj.

On the day Nasima recalled for the interview, Pipasha woke early and played alone for two hours, sometimes fussing and sometimes talking happily to herself. Between seven and eight o'clock Nasima gave her a banana and Pipasha went back to sleep for about an hour. Nasima washed her when she woke and breastfed her when she cried, then played with her a bit until Pipasha took another short nap. When she woke, Pipasha played alone happily for a while, and then her older sister, returned from second grade, helped her mother bathe Pipasha and played with her for about two hours. Between five and six o'clock, her sister gave Pipasha some cow's milk, as her mother believes that breast milk is not sufficient, and played with her for another hour until Pipasha went to sleep for the night.

Pipasha's family does not own any land but her father is a businessman and they own their bamboo-and-tin-roof homestead. They have electricity, and a table fan they bought with a micro-credit loan from an NGO. Reshma has a plastic gun, a toy car, and a toy bird. Pipasha is immunized and well-nourished, and only occasionally sick.

When her father first heard that his wife had given birth to a second girl, he was so upset that he left the house and didn't return for three days. Pipasha's paternal grandmother was also annoyed about having two granddaughters, but she later convinced her son to accept the baby, and says that now they all love Pipasha.

Pipasha's parents plan to educate her so that she becomes service holder (having a salaried position) one day. Nasima notes that this will also depend on how far the baby herself will be willing to go, and whether they can afford both education and a dowry.

NAZMA

Two-years old Nazma is Johura's first child; they live together with her father and grandmother in the village of Shankar Huda, near Moheshpur.

On the day Johura recalled for the interview, Nazma woke just after six o'clock in the morning and had some rice with vegetables. Johura washed her, and she played happily by herself for the next three hours, with her mother and grandmother nearby. When she got fussy around noon, Johura gave her a biscuit, and she returned to playing happily on her own. After a bath around two o'clock, Nazma ate some dal, and played with her grandmother quietly for a bit, then got chattier as the afternoon progressed. She ate some rice and vegetables around four o'clock, and continued playing with her grandmother as her mother left to prepare the evening meal for the family. Johura believes that she was content with her grandmother for the next three hours; her grandmother gave her rice and vegetables one more time just before bedtime at eight o'clock.

Nazma's family does not own land; her only clothing at this point is a garland of paper. Nazma has no play materials except for household items and some plastic toys.

Nazma is immunized, and healthy; she has not been sick in the last three months except for a runny nose. She is breastfed in addition to her other food and snacks, and looks well-nourished. Nazma, and the house around her, is kept very clean and tidy. She seems to be a happy baby who smiles a lot—except for this photographer.

Johura would like for her daughter to get some education, but she thinks that she will not be able to send her to school for too long as they are poor and education is expensive. If she can find a suitable boy she will arrange a marriage for Nazma as soon as possible.

SHIPON

Shipon, three-and-a-half, is 19-years old Samela's first child. They live with her husband in Beotha village, near Manikgonj.

On the day Samela recalled for the interview, Shipon woke around eight o'clock, was washed and fed rice and salt. He played happily with his neighboring cousins while she and his aunt "kept an eye." Around ten o'clock, Shipon came to her for some roti (bread), then returned to play with his cousins, this time without a watcher. Shipon returned crying and was comforted with a piece of candy. The candy necessitated another wash. When he continued to be unhappy, Samela encouraged Shipon to take a nap; he slept for two hours. Shipon had a meal of rice and vegetables around five o'clock, then chatted with his mother and took off to visit and play with his cousins again until a little after eight o'clock, when he went to sleep for the night.

Shipon's family has no agricultural or household land of their own. They used to live in his father's house, but Samela was badly burned in an accident there and the treatment cost that grandfather, also a poor man, a great deal of money. Samela's father decided to offer them a place in his house until they can build their own place.

Shipon is immunized, but malnourished and frequently sick with coughs and ear infections. His mother believes that since her burn accident kept her from breastfeeding him, "his health is broken."

Neither of his parents has ever been to school. Shipon's father, Akbar, is a day laborer and a rickshaw puller. Samela complains that the man is lazy, but says that the baby, Shipon, is good. Samela gives as an example of how good he is that "He does not complain about food"; if she says there is no food, he does not protest. Samela says that she does not want any more children. They are poor, her husband is lazy, and she cannot raise Shipon properly already.

Samela hopes that Shipon will become a good man in every sense, and wants to educate him up to secondary school certificate; somehow they will support him, she says, if he wants to study further.

KURBAN

Kurban, just four last month, lives with his mother Bharati, his grandmother, two older brothers, and an older sister in Gulshan Para, an urban slum area near the town of Jhenaidah. His father, a van driver, has abandoned his family, remarried, and moved elsewhere. He does not provide money to this family.

On the day Bharati recalled for the interview, Kurban woke before six o'clock and played quietly with his brothers and sister. His mother helped him wash, and then left for her work as a domestic servant. His sister, who used to attend grade five, cares for him the rest of the day until Bharati returns around six o'clock. His sister fed Kurban some rice, chili, and salt around eight o'clock, and they played happily together, Bharati says, until around noon, when the brothers came home and has biscuits with Kurban. Around three o'clock, the brothers took off again, and Kurban played alone for a while, with his sister around to watch. About five o'clock, Kurban had a bath and his sister fed him rice and dal. By the time his mother returned at six o'clock, Kurban was asleep for the night.

Kurban's family has no land of their own; they have built a house on someone else's land and hope not to be evicted. Kurban is clean; his clothes and the house are clean as well. He has a few toys of his own: a bicycle tire and a pull-cart made of bamboo. He has received all immunizations and his dose of vitamin A, but is moderately malnourished and frequently sick with diarrhea and fever. He enjoys his brothers and sister, and having the run of the neighborhood. Interviewers noted that he was well-behaved, attentive and obedient, as well as affectionate, with his mother.

Kurban's mother Bharati is illiterate. One of his brothers still attends school in grade three, but his other brother, eight-years old, does not attend school at all. Bharati wants to send Kurban to school, but worries because they have no money for the "extras" like books, shoes, clothes, and tiffin money. Kurban's older sister has had to discontinue school for lack of money, Bharati says, and the need for someone to care for Kurban during the day must have made the decision even more inevitable. Their grandmother lives with them, but she earns some money by begging during the day, and is not regularly available.

TOWHID

Four-years old Towhid lives with his parents, his older brother, and his grandmother in the urban area of Kandapar, near Dhammrai.

On the day his mother Shefali recalled for the interview, Towhid woke around seven o'clock, washed, and ate rice, fish, and papaya while he talked happily with his mother. He played by himself contentedly for the next four hours, with Shefali and his grandmother nearby. Around noon he had some puffed rice, and played with his brother, just returned from second grade, for the next four hours. Their play was punctuated at two o'clock by another meal of rice, fish, and papaya, this time topped off with ice cream, and followed by a bath. His mother told them both stories for about half an hour, and helped his brother read while Towhid listened in. Shefali herself has a fifth-grade education and is able to help with studies. A final meal of fish and rice finished the day.

Towhid's father is a rickshaw puller. The family owns no agricultural land, and does not own their household land; they are living with Shefali's niece. They do have electricity, taken from their neighbor's line. In addition to small plastic toys, they have provided books for the children.

Towhid is healthy except for frequent colds. He has been fully immunized, and dosed with vitamin A. Towhid especially enjoys his brother. They make fun from thin air, playing with their hands in slippers, showing each other their elbows, climbing on each other's backs, falling down for fun and laughing, collecting, stacking, and digging with jute sticks in the small yard. He is happy to play all day, and just comes to his mother when hungry. Towhid doesn't quarrel with others, Shefali says.

Shefali is content with her sons, and not worried about either of them. She is worried about getting a house of their own; at present, they can't even claim a room of their own.

She wants to educate Towhid up to a secondary school certificate level, but wonders "How to finance this education?" On a rickshaw puller's income, with two sons to educate, it will be a challenge.

SHOMON

Four-and-a-half-years old Shomon lives with his parents and grandparents in an urban slum area of Jhenaidah called Satbaria. He is their fifth child, but their only living child, as four others died within one month of birth. His parents made a vow not to cut his hair until he was five-years old, and on that birthday to travel to a temple in India and distribute sweets equal to his weight.

On the day his mother Cherita recalled for the interview, Shomon woke between seven and eight o'clock, washed and had tea and a biscuit quietly with his father. For the next hour he played alone quietly with Cherita supervising; later she gave him rice with salt and they talk. He played independently for the next four hours, two without supervision of any kind and two with his mother available. His grandfather came and stayed with him for an hour, then his mother fed him some rice and eggplant. On his own for the next two hours, Shomon played quietly. His mother joined him for the next two hours and washed him, then his grandfather took over for an hour again. Cherita gave Shomon fish, rice, and green bananas for dinner after eight o'clock. .

Shomon is malnourished and frequently sick. In last three months he has had fever, diarrhea, and a persistent mouth rash. His mother does not know how to prepare ORS. There is a health clinic in the area, but they don't use it because you have to pay. They rely on amulets.

He has toys but cannot play with them. They stay on a high shelf, for display. If Shomon played with them, they might get broken. This is not an uncommon practice here, but still sad.

Shomon's mother seems not to be very interested in him, or in much of anything; she is pregnant again. The home environment is very dirty, as is Shomon himself most of the time. When he cried for sweets, his mother beat him.

Education will not be a priority for Shomon. Both parents are illiterate. Cherita would like him to study until grade five and then become a mason so he can earn some money. "What can we hope for?" she says; "We are poor, what can he be? A van driver? A shoemaker?" And she worries that because the trip to India would cost 5,000 taka they simply do not have, Shomon will die because they cannot fulfill the vow to go.

SHAKILA

Four-years old Shakila lives with her parents, and two sisters—one eight-years old and one one-and-a-half—in Satbaria, an urban slum near the town of Jhenaidah. Her father is a religious hermit, and begs for a living. It is unclear whether Shakila is disabled or just badly malnourished.

On the day her mother Allo recalled for the interview, Shakila woke between eight and nine o'clock and had some bread between nine and ten o'clock. She played quietly with her sisters for two hours, and quietly alone for another hour before having a bath, and, around two o'clock, some rice and potato. After this, her mother left her in the care of her older sister for two hours. They had no food that night; there was no rice at home. Shakila asked for fish, but they didn't have any; Shakila cried. Her sister helps her wash around seven o'clock, and Shaklila went to sleep.

This family has no agricultural land; their house is completely made of tin. The house is unhealthy and dirty, and the children are unwashed as well. The family wants, and needs, a better latrine. The girls have dolls and household objects like utensils to play with.

Shakila is frequently sick; in the past three months she has had colds, fevers, and pneumonia. There is a private health clinic in the neighborhood but the mother doesn't know much about it. A Family Welfare Visitor comes and can give injections, vaccines, and family-planning materials for free, but other medicines require money.

Both parents are illiterate. They would like Shakila to be educated beyond primary school if possible, but there is no secondary school nearby, and they worry that Shakila may be disabled—she is "a little weak." If there was a school for disabled children nearby, Allo would send Shakila, but only then; she doesn't want her to be far away. Allo worries about her future: "Being both a girl and disabled—who will take care of her?"

Shakila cannot articulate clearly, but can say simple words like "Momma", use two words together and use short sentences to express herself. Shakila didn't start walking until after her second birthday; a survey team recommended leg massages to help; her walk is still uneven. She is quiet and not very active, but friendly. Her mother does not seem to be deeply engaged with Shakila, but Shakila has good, strong relationships with her sisters.

NILA

Nila, four-years old, lives with her mother and an older sister in Shankarpur, a rural village near Moheshpur in the Jhenaidah district. Her father has abandoned them and taken another wife in a different village far away. Nila eats little but rice three times a day and spends most of the day unsupervised while her mother works at making and selling pressed rice to buy their own food.

On the day her mother Rajia recalled for the interview, Nila slept until after eight o'clock**,** washed and ate some salted rice with her mother. She played alone until eleven o'clock, and with a neighbor until one o'clock; all four hours are unsupervised. Around one o'clock her sister returned from school and joined her for rice, but only served as caregiver for that time. Nila was unsupervised for the rest of the afternoon but was playing happily with neighbors. Her mother Rajia fed them rice and eggplant curry between six and seven o'clock after which Nila went right to sleep.

Nila and her mother live in a small house with earth walls and a tin roof; it is also dirty inside and out. Nila has a doll and uses household utensils for pretend play.

Nila, although more than four-years old, is still breastfed when her mother is around. Whenever her mother is around, Nila tried to engage her in conversation or play or feeding, which bothers Rajia. But Nila is generally a quiet child and "loves her mother very much."

Rajia herself is illiterate and worries about "wasting money on school", but she hopes to educate Nila up to grade eight. Eighth grade, says Rajia, is as long as it will be safe to delay a marriage and still make an advantageous match. Even a grade eight education may be too difficult to manage. Rajia says: "We cannot eat three times a day, so how can I think about educating her?" It's a big concern. Rajia has managed to keep the older sister in school to grade eight, however, so there is hope she will do this for Nila as well.

BAISHAKHI

Baishakhi, four-years old next month, lives with her parents and her seven-years-old sister in the village of Seorall, near Dhammrai.

On the day her mother Hazera recalled for the interview, Baishakhi woke around six o'clock in a happy mood, fed herself rice, banana and milk, and washed up with a little help from Hazera. Baishakhi played a bit with her older sister before she left for school. Between nine and ten o'clock, Hazera gave Baishakhi some rice and fish, and she played alone contentedly for the next two hours. A noon snack of puffed rice was followed by a bath, and more play alone; around two o'clock her sister returned from first grade and they shared a meal of rice and fish, then Baishakhi took a two-hour nap. Between five and six o'clock, Hazera served Baishakhi a final evening meal of rice and meat. When her father came home around seven o'clock, Baishakhi chatted happily with both her parents until bedtime about nine o'clock.

Baishakhi's family owns eighteen decimals of agricultural land and their household land. Her father, Taramia, works their land, and on others' land as well, and sometimes works as an art-cutter. Her mother sometimes works as a "fisherman" as well as keeping the household going. They have electricity, which operates a ceiling fan in their main room, but no latrine or toilet. Baishakhi has no toys.

Baishakhi is fully immunized, well-nourished, and healthy; in addition to regular meals, she is still breastfed. Her parents see her as jolly and intelligent, a good child who does not disturb them. Hazera says that she and Taramia adore Baishakhi "too much", and so does her older sister; she is the family favorite.

Neither Hazera nor Taramia has ever been to school. Their older daughter now attends grade one in a nonformal BRAC school, where school supplies are provided. They plan to educate Baishakhi too, but describe their plan as doing "whatever is possible."

ANNEX II: ECD PROFESSIONAL RESOURCES DATABASE

Type	*Organization*	*Contact*	*Comments*
Trainers	BAFED	Momtaz Jahan Latif, ECCED specialist; Tel: 9668593; bafed@bangla.net	Trainer
		Ismat Sultana, Principal, Oroni School; former ECD Unit Chief-GSS c/o Momtaz Jahan Latif Tel: 9668593 bafed@bangla.net	Contract through above
	BRAC	Erum Mariam, Program Head, BRAC Education Program Tel: 9881265 x 2405 erum.m@brac.net	
	ICDDR,B	Dr. Jena Hamadani, Head, Child Development Unit Tel: 8811751-60 ext. 2331 jena@icddrb.org	Referral sources
		Dr. Fahmida Tofail, M/O Clinical Science Division Tel: 8811751-60 ftofail@icddrb.org	Referral sources
	ICMH	Dr. M. Quamrul Hassan, Child Health Specialist Tel: 8822738 quamrul@bdonline.com	Referral sources
		Dr. A.S.M. Ziaul Hoque, Program Manager, ECD Program Tel: 8811751-60 ext. 2331 asmzhogue@hotmail.com	Referral sources
	Innerforce	Farida Akter, Chief Executive Tel: 9117764 sami@bdlink.com	Referral sources
	Plan	Mahmuda Ahkter, ECCD Specialist Tel: 9120289, 9122630, 8123229, 8123230 mahmuda.akhter@planbd.org	Trainer and Contact point for all trainers
		Md. Shah Alam, ECCD Coordinator	Referral sources
		Golam Kibria, Technical Officer	Referral sources
		Delwar Hossain, Technical Officer, Jaldhaka, Nilphamari	Referral sources

Type	*Organization*	*Contact*	*Comments*
		Golam Robbani, ECCD Supervisor, Jaldhaka, Nilphamari	Referral sources
		Jahangir Alam Rubel, ECCD Supervisor, Jaldhaka, Nilphamari	Referral sources
		Mamun Rashed, Technical Support Coordinator, Zonal Resource Center-Syedpur	Referral sources
		Beauty Begum, ECCD Supervisor, Khanshama, Dinajpur	Referral sources
		Mokhlesur Rahman, ECCD Supervisor, Chirirbandar, Dinajpur	Referral sources
		Nasima Begum, ECCD Supervisor, Chirirbandar, Dinajpur	Referral sources
	Save/USA	Habibur Rahman, Director, Education Sector Tel: 9115291 hrahman@savechildren.org	Referral sources
		Kamal Hossain, Program Officer Contract through above	Referral sources
	Save/Sweden	Els Heijnen, Senior Education Advisor Tel: 9861690-1 els@scsdhaka.org	Inclusive education training
	UNICEF	Dr. M.G.Mostafa, Team Leader, ECD Project Tel: 9336701-10, ext. 215 gmostafa@unicef.org	Referral source
Other Experts	Bangladesh Protibondhi Foundation	Dr. Shirin Z Munir, Principal	Referral sources
	CARE	Munmum Salma Chowdhury, Project Coordinator Tel: 9112315 ext 346 munmun@caregangladesh.org	CHT programming
		Alka Pathak, Program Coordinator Integrated Food Security Program Tel: 9112315 alka@carebangladesh.org	Referral sources
	IER, Dhaka University	Dr. Sharmin Huq	

Type	*Organization*	*Contact*	*Comments*
	Phulki	Selina Begum Program coordinator Tel: 8827302 phulki@citechco.net	
		Ms. Surayya c/o above	
		Dr. MQK Talukder, former ICMH Director	
		Ms. Shamse Ara Hassan, Former GSS Education Head	
ECD Network	UNICEF	Tomas Jensen, Ass't Programme Officer, ECD Project Tel: 9336701-10 ext 466 tjensen@unicef.org	Coordinator
Photographers		Mr. Shahidul Alam DRIK	
		Mr. Shehzad Noorani c/o UNICEF	
Anthropologists	Dhaka University	Prof. S Aminul Islam, Tel: 861503	Educational Sociologist.
	University Press Ltd.	Therese Blanchet	Anthropologist
	BRAC	Sabina Faiz Rashid	
Psychologists	Dhaka University	Prof. Dilruba Afroz Tel: 8118264	Developmental Psychologist
		Prof. Hamida Akther Tel: 8618332	Social Psychologist
		Prof. Mehtab Khanom, Tel: 8817687	Educational Psychologist
		Dr. Shahin Islam, Tel: 9332164	Developmental Psychologist
		Dr. Mahmudur Rahman Tel:018243979	Clinical Psychologist
		Prof. Nazmul Haq nazmul@citechco.net	Educational Psychologist
Writers	Alok Publishers	Khaleda Sinha,c/o alok Publishers, Plot # 1, Section # 2 Road # 3, Block C, Mirpur	
	BRAC	Zishan Rahman	
	Dhaka University	Naima Hoque, Head Graphic Arts, Institute of Fine Arts Tel: 9136282	

Type	*Organization*	*Contact*	*Comments*
	University Press Ltd	Lutfor Rahman Riton	
	World of Children's Books	Zahid Rahman	
		Rekha Kibria House 76, Road 11A, Dhanmondi, Dhaka	
	Free Lance	Halima Khatun, 78/C Indira Road, Dhaka	
		Humayun Ahmed	
		Runa Khan Marre	
Artists/Illustrators	BRAC	Prohlad Karmaker	
		Monzoor Kader Amin	
	Bangladesh Academy	Shamarookh Mohiuddin	
	ICDDRB	Apu Rahman	
	Plan Bangladesh	Mr. Rezaul Haque, Visual Art for Development Tel: 8128535; 0171-423243 vad@dhaka.net	
		Erfanul Haque Tel: 8123707	
		Kya Sing High (Sky) Tel: 0171-069495	
		Nathan Lonchew c/o Kya Sing High (Sky) Tel: 0171-069495	
	University Press Ltd.	Md. Lutfur Rahman	
	c/o World of Children's Book	Masudul Hasan	
Folk story teller/song composer	Save/USA	Baul Ilias Khan	Contact through Habibur Rahman, Director, Education Tel: 9115291 hrahman@savechildren.org
		Sri Charan Das	
		Baul Zaru Mian	
		Rohi Thakur	

ANNEX III: LIST OF TRAINING MATERIALS

Type	*Organization*	*Description*	*Comments*
Training Materials	BRAC	Training manual for ECD program. (6 days) Teachers Guide FOR Shishu	
	CARE	Teachers Guide for a workshop on ECD	
	DAM	Guide on How to Teach Rhyme	
	MOHFW	Early Childhood Development: A flip chart	
	MOWCA/ UNICEF/ICMH	ECD Advocacy Manual : Advocacy and planning workshop ECD Training Manual: Front line workers ECD Training Manual: For adolescents (care giving sibling) ECD Users Guide (Front line works) ECD Advocacy Package (poster, brochure, dangler)	
	Save/USA	Domain specific curriculum Training Manual Care Givers	
	Plan	Integrated Parenting/Care giving Curriculum: Child development Centre Intervention Teacher-Training Manual: Preschool Intervention Preschool Teachers' Guide Care Giver Training Guide	

ANNEX IV: ECD PROGRAMS DATABASE

Name of organization	*Area of work*	*Types of program*	*Contact*
BAFED	Dhaka	Training ECE	Momtaj Jahan Latif Tel: 9668593 bafed@bangla.net
BRAC	Whole of Bangladesh	Pre-primary ECD in development	Erum Marium Tel: 9881265 x 2405 erum.m@brac.net
Bangladesh Protibondhi Foundation	Dhaka and Dhamrai	School for the disabled children (age range: 3-12)	Dr. Shirin Z Munir Kallani, Mogbazar
CARE	ECD activities in 7 districts	Pre-primary Parent education Home based child care	Munmun S. Chowdhury Project Coordinator Tel: 9112315 ext 346 munmun@caregangladesh.org
DAM	Jhenaidah, Jessore, Narshingdi	Pre-primary Gana Kendra	Rafiqul Alam, Executive Director Tel: 8119521-2 dambgd@bdonline.com
FIVDB	Sylhet	Pre-primary	Zahin Ahmed Executive Director Khadim Nagar, Sylhet
ICDDRB Child Development Unit	Matlab Upazila in Comilla district	Conducts research on impact of psychosocial stimulation on malnourished children	Dr. Jena Hamadani, Head Child Development Unit Tel: 8811751-60 ext. 2331 jena@icddrb.org Dr. Fahouida Tofail, M/O Clinical Science Division ftofail@icddrb.org
ICMH	Dhaka and Narshingdi	Advocacy Training Material dev. Awareness building in health, nutrition and early learning	Dr. M. Quamrul Hassan, Child Health Specialist Tel: 8822738 quamrul@bdonline.com Dr. A.S.M. Ziaul Hoque, Programme Manager, ECD Program Tel: 8811751-60 ext. 2331 asmzhogue@hotmail.com
Inner Force	Dhaka	Training and materials development	Farida Akter Chief Executive Tel: 9117764 sami@bdlink.com
MOSW	Whole of Bangladesh	Baby Homes Orphanages	Akhter Hossain Khan DG Social Welfare Tel: 9131966

Name of organization	*Area of work*	*Types of program*	*Contact*
MOWCA/ Shishu Academy In partner-ship with UNICEF, ICMH	District level National	Preschool Pre-primary Advocacy and IEC	Ms. Ferdous Ara Begum JS MOWCA Md. Firoz Sahehuddin (Director ECD) Shishu Academy Dhaka Tel: 9564128
Phulki	Dhaka: in industrial area	Child day care: Community based Factory based	Selina Begum Program coordinator Tel: 8827302 phulki@citechco.net
Plan Bangladesh	Dinajpur, Rangpur, Gazipur, Dhaka Nilphamari Lalmonirhat	Parent education Shishu Bikash Kendro Preschool Shishu Bikash O Jotno Kendro	Mahmuda Akhter Tel: 8822738 mahmuda.akhter@planbd.org
Prantik Unnayan society	Jhenaidah, Dhaka	ECE Pre-primary	228 Ground floor, Fakirapool Tel: 934542 prantic@global-bd.net
Save the Children USA	Sylhet and Brahmanbaria.	Parenting education Home-based preschool Home-based pre-primary Reading For Children	Habibur Rahman, Director, Education Sector Tel: 9115291 hrahman@savechildren.org
SOS Children's Village	5 divisional headquarters	Orphan care	1 Shamoli, Mirpur Road. Tel: 8118793, 8118189
UNICEF, with MOWCA, ICMH	National	Advocacy and IEC	Dr. Golam Mostafa Tel: 9336701/215 gmostafa@unicef.org

ANNEX V: ECD MATERIALS DATABASE

Type	*Organization*	*Description*	*Comments*
Learning Materials	BRAC	Letter blocks (colorful) Plastic geometric shapes (colored) Plastic number plates Plastic number plates Dice	
	Plan	Health and environment chart Alphabets chart Workbook (hand writing practice) Flash cards on appropriate child rearing practices (in process of development)	
	SC/USA	Manual: How to Make Toys Flip Chart: Child Development	For training of teachers and parents
	ICMH	Posters Danglers Calendar Audio cassette – folk songs	
	ICDDRB	Play materials (toys: low cost locally made) Pictorial Booklets on known objects and health concepts (visual tool for cognitive development for under 3)	
	DAM	Matching card, Poster, Sticker, Ludu, Cards, Video cassette, Puzzle	

ANNEX VI: LIST OF PRIMERS AND BOOKS

Type	*Organization*	*Description*	*Comments*
Primers	BRAC	Borner Mela (Alphabets) Chobi Dekhe Shikhi (Social Studies) Shankher Mela (Number Book)	
	Plan	Pre-primer (Bangla) Pre-primer (Math)	
	DAM	Shonamoni Esho Pari (Basic Bangla) Chora, Chobi o Pora (Pictorial Rhyme Book)	
Story books	BRAC	Dadima o Ami (Grandma and I) Dui Pakhi (Two Birds) Prithibir Shab Cheye Boro Pitha (Biggest Cake in the World) Kothai Amar Ma (Where is My Mom) Chotho Chele Belal (Little Boy Belal) Lal Murgi (Red Hen)	
	GSS	Many pictorial story books for children for developing language skills available at World of Children's Books, House 76, Road 11A, Dhanmondi	
	SC/USA	Mitthe Bolar Shaja (Consequences for Lying) Mukti Joddha o Dui Bondhu (History of Liberation) Haraner Golpo (Story of Haran) Sath Manush (Honest Person) Shealer Nach (Dancing Jackal) Ghorar Dim (Horse's Egg) 16 Child-friendly books and primers	These books were developed through a series of workshop with folk story tellers
Videos	FIVDB	Interactive learning process	
	PLAN	Video in development	
	ICDDRB	Assessment training video	
	UNICEF	Mina	