Nurturing Care to Improve Early Childhood Development: Bangladesh Country Profile

Introducing Nurturing Care

Research indicates that poverty, poor health, nutrition, and other adversities threaten 43 percent of children under five years of age in low- and middle-income countries, preventing them from reaching their developmental potential (Black et al. 2016). In Bangladesh, 61 percent of children under five years of age are at risk of poor development based on a composite indicator of stunting, extreme poverty, or both (Lu et al. 2016).

The U.S. Agency for International Development (USAID) recognizes early childhood as a critical stage of human development. Children’s early experiences directly affect their physical, cognitive, emotional, and social development, with a lasting impact on later success in school and life (Georgieff et al. 2018). The first 1,000 days—from pregnancy to age two years are the foundation for lifelong learning and development. The brain develops more rapidly during the first 1,000 days than at any other period in life (Georgieff et al. 2018). Children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning (see Figure 1; Britto et al. 2017).

There is growing momentum for integrated early childhood programming that engages multiple sectors, based on compelling new global evidence on the importance of reaching pregnant women and young children with holistic services. The 2016 The Lancet series on early childhood development (ECD) and 2020 World Health Organization (WHO) Guidelines for Improving Early Childhood Development emphasize the importance of holistic nurturing care through integrated services (WHO 2020). Evidence from low- and middle-income countries indicate that combined caregiving and nutrition interventions are effective in improving children’s cognitive, language, and motor development compared with the current standard of care or nutrition interventions alone (Jeong et al. 2018). To date, there has been limited integration of responsive care and early learning in health and nutrition services. The Nurturing Care Framework (see figure) provides guidance to help children and families thrive through care for the individual child within a broader enabling environment of capable caregivers, empowered communities, supportive services, and enabling policies (WHO 2018).

This profile compiles national data alongside information on national policies and programs to highlight both the needs and opportunities for promoting optimal child development in Bangladesh.
Key Nurturing Care and Early Childhood Development Indicators

This profile presents data on nurturing care and early childhood development. The WHO’s (2020) Guidelines for Improving ECD provide useful definitions of these two terms:

“Early childhood development: Refers to the cognitive, physical, language, motor, social and emotional development between 0–8 years of age.

Nurturing care: Characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities.”

In brief, nurturing care supports children to survive and reach their full potential and ECD represents the outcomes measured. Nurturing care is important for everyone, and is especially important in the earliest years of a child’s life from ages 0 to 3 as this is a period of rapid brain development that sets the foundation for later health and wellbeing. Data are presented for only four—nutrition, safety and security, health, and early learning—of the five domains of nurturing care because there are currently no global indicators and data on responsive caregiving. Detailed indicator definitions and sources are located at the end of the document. To access an indicator definition, click on the title of the indicator. The data presented here provide a country-level overview, and there is likely in-country variability due to population demographics or geography.
Nutrition

- **Stunting**
  - 2014: 36%
  - 2014-2018: 31%

- **Wasting**
  - 2014: 14%
  - 2014-2018: 8%

- **Minimum acceptable diet**
  - 2014: 23%
  - 2017-2018: 35%

- **Underweight**
  - 2014: 33%
  - 2014-2018: 22%

- **Exclusive breastfeeding for 6 months**
  - 2014: 55%
  - 2017-2018: 65%

- **Low birth weight**
  - 2000: 36%
  - 2015: 28%

- **Early initiation of breastfeeding**
  - 2014: 51%
  - 2017-2018: 60%
Early Learning

- **Support for learning**
  - 78% (2012-2013)
  - 63% (2019)

- **Attendance in early childhood education**
  - 13% (2012-2013)
  - 19% (2019)

- **Availability of playthings**
  - 60% (2012-2013)
  - 67% (2019)

- **Availability of children’s books**
  - 9% (2012-2013)
  - 6% (2019)

Health

- **Preterm births**
  - 22% (2008)
  - 19% (2018)

Safety and Security

- **Positive discipline**
  - 6% (2019)

- **Inadequate supervision**
  - 11% (2019)

- **Children living in poverty**
  - 18% (2016)

- **Children covered by social protection systems**
  - 29% (2015)
Policy Environment for Supporting Improved ECD

- Paid maternity leave
- Paid paternity leave
- Required birth registration
- Paid paternity leave
- Regular coordination meetings at the sub-national level
- Health workers required to receive training in promoting ECD
- Ministry/agency tasked with national multi-sectoral ECD coordination
- Laws protect the rights of children with disabilities and promote their participation and access to ECD services
- Multi-sectoral ECD strategy
- Required birth registration
- Free antenatal and delivery care
- Free health care for children under-5
- Free pre-primary education

Key:✅ policy in place  ❌ no policy  ❑ information not available
Overview of Policies Related to Improving ECD in Bangladesh

The Ministry of Women and Children Affairs (MoWCA) is responsible for multi-sectoral coordination to improve ECD in Bangladesh.

Ministry of Primary and Mass Education (MoPME)

Operational Framework for Pre-Primary Education

The Operational Framework for Pre-Primary Education provides a framework for planning, designing, coordinating, and managing the nationwide pre-primary activities in Bangladesh. The framework considers early childhood care and education (ECCE) as an essential component for meeting children’s multiple needs by considering health, nutrition, and psychosocial stimulation through education; while, at the same time, creating a friendly environment in which children live and learn. The overall objective is to enhance the development potential of children from birth to before transitioning into primary school. The framework includes examples of age-appropriate interactive care activities to be carried out by parents and caregivers for the promotion of children’s development from ages 1 month up to 5 years. The framework sets the foundation for the MoPME to facilitate coordination among stakeholders and service providers, setting standards, mobilizing resources, and ensuring that children’s rights are protected.

Photo Credit: Save the Children
Ministry of Women and Children Affairs (MoWCA)

**2011**

**National Children Policy**

The fundamental principles of this policy are to ensure the rights of children, alleviate poverty among children, eliminate all forms of child abuse and discrimination, and include the opinion and participation of children in planning. This policy has been a fundamental guide as the government created other national development policies, planning, program implementation, and budgeting. It has set the foundation for policies, such as the National Action Plan to Prevent Violence Against Women and Children and the Comprehensive Policy for Early Child Care and Development. The policy lists specific considerations for planning and programming: actions for ensuring the safe birth and overall growth of children, promoting children’s health, nutrition, education, social security, and including specific programming for children with disabilities.

**2013**

**Comprehensive Policy for Early Child Care and Development (CPECCD)**

The CPECCD provides an operational framework for developing a comprehensive Early Child Care and Development (ECCD) program for children from conception to age 8 years. The policy lays out milestones for major development domains, a curricular framework including learning objectives and content for teacher training, and service delivery standards. It emphasizes the need for a more multidisciplinary and coordinated approach to ECD. To avoid duplication and waste of resources, it recognizes the need to establish coordinating mechanisms among service providers in health, education, social protection, and child protection for young children. It recognizes the importance of integrating and converging these services and bringing together all relevant ministries, organizations, and international development actors under one platform. The MoWCA coordinates the policy to create a common understanding and expectations among the actors involved in ECCD activities. The CPECCD principles include a holistic approach to child development; continuity of care and services; parenting; engagement and ownership of the community; age and cultural appropriateness; inclusion; equality, equity, and mainstreaming in gender; and a life-cycle approach. The policy also emphasizes access to inclusive services for disadvantaged children.
National Action Plan to Prevent Violence Against Women and Children

This action plan focuses on legal protections and community involvement to prevent violence against women and all children. The objective is to ensure effective implementation and regular updates to laws and policies for preventing violence against women and children. The plan also seeks to increase awareness to prevent violence against women and children by strengthening the socioeconomic status of women, promoting women’s leadership, providing rehabilitation and re-integration services, and fostering the development of women and children as human capital. The plan also aims to ensure the participation of men by changing stereotypes and mindsets toward women’s empowerment and rights.
Ministry of Health and Family Welfare (MOHFW)

**Second National Plan of Action for Nutrition (NPAN2)**

The NPAN2 adopts the five overarching objectives of the first national nutrition policy to improve the nutritional status of all citizens, including children, adolescent girls, pregnant women, and lactating mothers. NPAN2 seeks to promote healthy feeding practices and ensures the availability of adequate, diversified, and quality safe foods with the intention of strengthening nutrition-specific interventions, nutrition-sensitive interventions, multi-sectoral programing, and coordination among sectors for improved nutrition. One of the plan’s strategies aims to improve ECD by creating a supportive environment within families and communities for the physical growth and cognitive development of young children aged 0–3 years. The plan addresses this by integrating child development components into nutrition-specific and nutrition-sensitive services, as well as scaling up the protective and responsive caregiving and feeding practices.

**Health Care Financing Strategy**

The Health Care Financing Strategy provides a framework for developing and advancing health financing in Bangladesh. The strategy recognizes the importance of bringing more funds to the health sector and more effective pooling of existing resources. The goal of the national health financing strategy is to strengthen financial protection and extend health services and population coverage, especially to the poor and vulnerable segments of the population, with the long-term aim to achieve universal health coverage. One strategic intervention and supporting action listed in the strategy is to provide innovative health care financing initiatives. One example is promoting access to maternal health services delivered by qualified medical providers using the Maternal Health Voucher Scheme, which targets poor pregnant women.
Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases (NCDs)

This national action plan provides a priority blueprint for key stakeholders and builds on the successful implementation of past NCD control and prevention programs in Bangladesh. The first action area within the multi-sectoral action plan, employs a “health in all policies” approach, engaging actors outside the health sector to work on and influence public policies on shared risk factors, such as tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and exposure to poor quality air. The second action area calls for health promotion and developing population-wide interventions to reduce exposure to key risk factors. This includes establishing institutional supervision of young children under-five through community day care centers and promoting playpens for children under-2 to reduce exposure to water bodies and, therefore, the risk of drowning. The third action area focuses on integrating healthy lifestyle education in maternal, child health, and family planning services. The plan acknowledges exposure to air pollution contributes substantially to under-5 mortality from acute lower respiratory infections. Also included in the action plan are actions based on the WHO recommendations on marketing of foods and non-alcoholic beverages to children, including foods high in saturated fats, trans fatty acids, and free sugars.

Health, Nutrition and Population Strategic Investment Plan (HNPSIP)

The fourth five-year HNPSIP calls for a substantive change in the organization and management of the health sector and recognizes the need to expand existing services to reach underserved populations in the country. The overall goal of the plan is for all citizens of Bangladesh to enjoy health and well-being. The HNPSIP outlines the on-going challenges and provides new and emerging issues that need to be addressed in an effort to meet the health targets outlined in the 2030 Sustainable Development Goals. The plan’s three main components are (1) governance and stewardship, (2) health systems strengthening, and (3) providing quality basic services to reach disadvantaged populations. Among the many targets listed in the HNPSIP by 2021 are targets specific to children under-5, such as reducing stunting of children under-5 from 36% to 25%, increasing the percentage of infants less than six months that receive exclusive breastfeeding, and increasing the percentage of infants 6–23 months that are fed with a minimum acceptable diet.
The 4th HPNSP Operational Plan for Bangladesh increases accessibility and use of user-centered, effective, efficient, equitable, and affordable health, nutrition, and family planning services. The mission is to create conditions to ensure the people of Bangladesh can reach and maintain the highest attainable level of health. The goal is to ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable health care in a healthy environment. Among the strategic objectives listed in the 4th HPNSP are: strengthening of governance and stewardship of the public and private health sectors, establishing a high quality health workforce available to all through public and private health service providers, improving equitable access to and utilization of quality health, nutrition and family planning services, and promoting healthy lifestyle choices and a healthy environment. The 4th HPNSP includes several operational plans: the National Newborn Health Program (NNHP) and the Maternal Neonatal Child and Adolescent Health (MNC&AH) operational plan. The NNHP included within the 4th HPNSP aims to achieve equitable and effective coverage of newborn health services and practices across the country. The program includes an implementation toolkit for the NNHP that guides divisional, district, and upazila (sub-district) level managers to promote and implement evidence-based newborn health interventions. The MNC&AH operational plan aims to strengthen efforts to make home deliveries safe, reaching a minimum of 95% full vaccination coverage among children under 1 year, and increasing access and utilization of newborn and child health services.

The NSPCMD provides detailed, integrated, and multi-sectoral approaches to overcome constraints and fill the gaps in the implementation of recommended micronutrient interventions for Bangladesh. The goal is to improve the overall health, nutritional status, survival, growth, development, and productivity of the population by preventing and alleviating micronutrient deficiencies. The purpose is to provide guidance on interventions and actions for a coordinated and comprehensive approach to prevent and control micronutrient deficiencies among the Bangladeshi population, with an emphasis on vulnerable population groups: children under-5, school-age children, adolescent girls, and pregnant and lactating women. The strategy document guides priority strategies for 10 years. It is used by policymakers; stakeholders, including the government; civil society and private sector/corporate implementers; researchers; and the United Nations and development partners involved in designing, implementing, monitoring, and evaluating micronutrient-related programs at the national, regional, and community levels. The strategy focuses on infant and young child feeding (IYCF) by promoting breastfeeding and diversified complementary foods that are rich in micronutrients. It also focuses on young children for vitamin A supplementation, anemia control programs for children aged 6–59 months, micronutrient powder supplementation, and zinc treatment within diarrhea management for young children.
Breastmilk Substitutes (BMS), Infant Foods, Commercially Manufactured Complementary Foods, and the Accessories Thereof (Regulation of Marketing) Act

This act was developed to ensure that mothers and families receive accurate and unbiased information about the healthiest way to feed their infants and young children—free of commercial influence. The act aims to protect children from 0–5 years of age by restricting the advertisement of BMS, baby foods, and children’s food supplements and its equipment.
Current and Recent Programs for Improving ECD

Each number represents a different program. Click on the number to jump to the next pages to learn more.
# Current and Recent Programs for Improving ECD

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| **1. Saving Bangladeshi Babies Brains (SB3)** | Implementer: Government of Bangladesh, assisted by the International Center for Diarrhoeal Disease Research, Bangladesh (icddr,b)  
Timeline: 2019–2023  
Districts: Habiganj, Lakshmipur, Brahmanbaria, Narsingdi  
Key Government Partners: MOHFW; Community Clinic Health Support Trust  
Funders: Grand Challenges Canada, World Bank, and Porticus | The SB3 program aims to improve and scale up ECD services in Bangladesh. The program provides psychosocial stimulation based on the Reach-Up curriculum and it targets undernourished children 6–24 months of age. Health officers at districts and upazilas (sub-districts) are trained as trainers and provide training to Community Health Care Providers, Health Assistants, and Family Welfare Assistants who work at community clinics. The program trains about 1,500 health staff in more than 500 clinics, targeting over 10,000 children and their mothers. There will be an evaluation of a sub-sample of the population (n=480) using a cluster randomized controlled trial. |
| **2. Mothers@Work** | Implementer: United Nations Children’s Fund (UNICEF) Bangladesh  
Timeline: 2020–2021  
Districts: Dhaka and Gazipur  
Key Government Partners: Department of Inspections for Factories and Establishments (DIFE) in the Ministry of Labor and Employment (MoLE); National Nutrition Services in the MoHFW  
Funders: Bill and Melinda Gates Foundation, Swedish International Development Cooperation Agency, and UNICEF | In 2017, UNICEF, the MOHFW, and the MoLE launched Mothers@Work in the ready-made garment (RMG) factories, the biggest formal private sector in Bangladesh with the highest number of women in the workforce—mostly young mothers with young children. This national initiative aims to strengthen maternity rights and support breastfeeding in the workplace.  
The program is founded on the seven minimum standards that provide for breastfeeding spaces, breastfeeding breaks, childcare facilities, paid maternity leave, cash and medical benefits, employment protection, non-discrimination, and safe work to protect the health of expectant mothers and their infants. RMG factories with 40 or more female workers must have day care centers to care for infants and young children (under 6 years) of working mothers.  
In partnership with the civil society organizations (BRAC and Phulki), UNICEF developed implementation guidelines on ECCD interventions for 0–3 years and standard operating procedures (SOPs) for ECCD services through the RMG based day care centers. RMG staff involved in the day care facilities (human resources staff, social welfare officers, care providers) are trained on the guidelines and SOPs. The program will document the lessons learned on the integration of responsive caregiving and parenting in Mothers@Work. |
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| 3. Income Support Program for the Poorest (ISPP) – JAWTNO | Implementer: BRAC  
Timeline: 2017–2022  
Districts: Mymensingh and Rangpur  
Key Government Partners: Local Government Division; Ministry of Local Government and Rural Development and Co-operatives (MoLGRDC)  
Funder: World Bank | As part of the government-led ISPP-JAWTNO program to provide income support to the poorest mothers and caregivers, BRAC is responsible for managing and monitoring the Child Nutrition and Cognitive Development (CNCD) services in the project areas. In particular, BRAC supports (1) capacity development of staff and community participants (e.g., Mother Leaders); (2) social mobilization for use of antenatal care, growth monitoring and promotion, and CNCD services with age-appropriate cognitive stimulation; and (3) sensitization of different gatekeepers to ensure an enabling environment and community engagement in the working areas. The project aims to improve the dietary diversity and nutritional status of 600,000 pregnant women and mothers from extremely poor households, while simultaneously improving the nutritional status and cognitive development of their children under 5 years. BRAC works closely with community clinics and other government health care providers (Union Health and Family Welfare Centers) and has conducted a comprehensive training course that includes nutrition and early learning among the target beneficiaries. One key achievement since the inception of this project is that 2,450,301 mother-child dyads have participated in BRAC’s CNCD sessions. |
| 4. Scaling up Mothers@Work program | Implementer: BRAC  
Timeline: 2018–2021  
Districts: Dhaka, Ashulia, Gazipur, Valuka, Narayongonj, Chittagong  
Key Government Partners: None  
Funders: UNICEF and the Bill and Melinda Gates Foundation | The Mothers@Work program aims to strengthen maternity rights and protect breastfeeding among young working mothers in RMG factories; it is implemented in partnership with public, private, and civil society stakeholders. UNICEF Bangladesh initiated the program and it is now being implemented in collaboration with the International Labor Organization Better Work Program, BRAC, and Phulki. The program aims to (1) improve facility-based breastfeeding support for the lactating mothers in the RMG factories; (2) improve the quality of breastfeeding counseling and practices in the workplaces during pregnancy and postpartum period; (3) establish factory-based breastfeeding corners according to the pre-set standards; and (4) focus on maternal, newborn, and child health, nutrition, and ECD. BRAC also supports the development of referral linkages between interventions inside the factory and in the community to ensure continued access to maternal, newborn, and child health and nutrition services. The program has successfully increased awareness of 1,640 factory management staff on maternity rights and built the capacity of 4,700 RMG staff. |
| 5. Gindegi Goron | Implementer: International Rescue Committee (IRC)  
Timeline: 2020–2022  
District: Cox’s Bazar  
Key Government Partners: No information available  
Funders: WHO and Lego Foundation | The IRC is working with partners to deliver ECD programming to pregnant and lactating women living in the Cox’s Bazar refugee camps and surrounding communities. Through Gindegi Goron—a Rohingya phrase meaning “developing future”—the IRC employs a behavior change approach to promote healthy development for pregnant mothers and their infants via phone calls and text messages. The program reached over 400 households during September to December 2020. An analysis of pilot data indicates success in promoting behavior change in areas that are critical to child survival and development. Feedback from caregivers show the intervention’s ability to both close knowledge gaps related to ECD and demonstrates behavior change in the areas of caregiver-child play, growth monitoring and promotion, and reading to the child. After receiving the IRC’s interactive voice response calls, caregivers reported that they adjusted their infants’ diets, consulted with doctors after experiencing pregnancy complications, and played with their children. |
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| **6. Play to Learn Program** | Implementer: Sesame Workshop in partnership with BRAC, IRC, and New York University  
Timeline: 2019–2023  
District: Cox's Bazar  
Key Government Partners: Office of the Refugee Relief and Repatriation Commissioner under the Ministry of Food and Disaster Management (MoFDM); District Primary Education Office under the MoPME  
Funder: Lego Foundation | Play to Learn is an innovative humanitarian program delivering play-based ECD support to children and caregivers affected by the Rohingya crisis. The program combines educational media with direct services to meet the holistic needs of children ages 0–6, including health, nutrition, protection, playful learning, and responsive caregiving. Play to Learn has three core pillars: (1) direct services, (2) educational content, and (3) research and advocacy. Under direct services, the program designs and tests a range of program approaches reaching children and families in their homes, play spaces, health centers, and more. Under educational content, it creates video segments, storybooks, posters, and other resources to support the learning and well-being of children and their caregivers. Play to Learn also invests in research to generate evidence on the impact of play-based ECD services and actionable program approaches that can be adapted and scaled across multiple contexts. By sharing this evidence and engaging with key humanitarian actors, donors, and host governments, the program promotes prioritization of and investment in play-based ECD in crisis settings globally. Ultimately, it establishes play-based ECD as an essential component of humanitarian response for all children and caregivers affected by crisis. |
| **7. Early Childhood Care and Stimulation Program (ECCSP)** | Implementer: Save the Children  
Timeline: 2010–ongoing  
Districts: Dhaka, Barisal, Rajbari, Gazipur  
Key Government Partner: MoHFW  
Funders: Save the Children Sponsorship funds, Phillip Van Heusen, and Save the Children New Zealand | The ECCSP reaches pregnant women and infants under-3 years who are at risk of poor child development outcomes. The program strengthens caregiver-child interactions, responsive care, and bonding through simple and impactful play activities delivered during family counseling at health clinics and home visits. In 2013–2015, ECCSP was scaled up and evaluated with the support of the World Bank and American Institutes for Research. The study showed a positive impact on children’s language, physical growth, and cognitive outcomes, with larger impacts for lower-income households and less-educated mothers.  
The program enhances male engagement through a father-focused initiative, hosting bi-monthly reflection meetings, disseminating voice messages, and airing video clips via cable networks. In addition, it also sets up play corners in public health facilities and delivered a “Play Learning Toolkit” with play materials for the most marginalized families living in urban slums. ECCSP engages in advocacy campaigns, continues to network with government health counterparts for sustainability, and has partnered with the private sector to integrate into RGM factories. Also, the Providing Opportunities for Children of Doulatdia through Inclusive Education Project delivers an ECCSP program for children 0 to 3 years whose mothers work in brothels. |
| **8. USAID’s Strengthening Multisectoral Nutrition Programming through Implementation Science Activity (MSNP)** | Implementer: FHI 360  
Timeline: 2017–2022  
Districts: Dhaka, Khulna, and Barisal  
Key Government Partners: Bangladesh National Nutrition Council; Sir Salimullah Medical College Hospital; MoLGRDC; Khulna City Corporation  
Funder: USAID | The MSNP project supports the development and implementation of evidence-based nutrition policies for improving nutrition outcomes of pregnant and lactating women and children under-2 years. The project supports government leadership in reviewing, developing, and implementing evidence-based nutrition programming to reduce stunting in Bangladesh. The main interventions of the project include: (1) growth monitoring and promotion of children up to 2 years, (2) mobilization for community-based management of acute malnutrition, (3) establishment of a human milk bank network for neonates through four hospitals that provide intensive care for premature and underweight newborns, (4) informing policy makers and programmers how to address maternal depression during pregnancy and postpartum, and (5) technical assistance for monitoring nutrition coordination committees and informing policy making. |
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| 9. Accessing Learning Opportunities for the Young, Adolescent and Livelihood Options for Women (ALOY ALOW) | Implementer: Educo-Bangladesh and Prochesta  
Timeline: 2019–2024  
District: Moulvibazar  
Key Government Partners: MoPME; MoWCA; Ministry of Social Welfare (MoSW); Ministry of Agriculture (MoA)  
Funders: ChildFund Korea and Educo Spain | ALOY ALOW, following an integrated development program approach in the hard-to-reach areas of Moulvibazar district in Bangladesh, aims to help ensure the right to education and dignity of life of children. The program does this by enhancing access to quality ECD, pre-primary and primary education, improving awareness of parents on child health and nutrition, and preventing child rights violations in the intervention areas. The program teaches children and families about nutritious foods, installs hygiene facilities, and protects children and women from abuse through community intervention. Additionally, the project also works to mobilize resources from government and tea garden authorities through strengthening collaboration and networks at the local and national levels. ALOY ALOW sets up health and hygiene facilities within ECD centers, primary schools, and day care centers; conducts demonstration sessions for women on nutritious food preparation; and runs day care centers for children aged 0–3 in the tea garden labor community. The program also ensures child protection by establishing and building capacity of community-based child protection committees, and organizes awareness campaigns on child protection and violence against women. |
| 10. Promoting Accelerated Learning-opportunities for Young Children (PLAY) | Implementer: Educo  
Timeline: 2021–2022  
Districts: Mymensingh, Thakurgaon, Rajshahi  
Key Government Partners: MoPME, local government institution and administration  
Funder: Educo Spain | PLAY aims to promote inclusive learning opportunities for young children in disadvantaged communities of Bangladesh and ensures their smooth transition to primary education. The main objective is to create joyful, gender responsive, and quality early learning opportunities for children by establishing child-friendly learning environments in schools, homes, and communities. PLAY enhances the knowledge, skills, and capabilities of parents and caregivers on early childhood care, learning, and protection to establish child-friendly learning environments for children. |
| 11. Gender Transformative ECD project | Implementer: Plan International Bangladesh  
Timeline: 2019–2022  
Districts: Dhaka Urban and Barguna  
Key Government Partners: No information available  
Funder: Australian Government | Plan International's Gender Transformative ECD project works to ensure that all children under 8 years—especially girls—develop to their full potential, free from discriminatory and limiting attitudes, practices, and expectations based on gender, ability, and other identity markers. The project works closely with families, particularly focused on male engagement, in nurturing care. The project’s goal is to enable parents to provide nurturing care, and to ensure that community leaders, parents, and local authorities are able to create equitable environments that promote changes in gender norms, which influence parenting and childcare behaviors and practices. The project also works at the policy level by supporting decision makers’ improved understanding of gender-transformative ECD policies, programs, and services. The Nurturing Care Framework and Gender Transformation Approach are two key documents used to design the project’s interventions, which include home visits, group sessions, social events, and social media platforms as a way to reach caregivers. |
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| **12. Bandarban Agriculture and Nutrition Initiative (BANI)** | Implementer: Helen Keller International  
Timeline: 2020–2021  
District: Bandarban  
Key Government Partner: Ministry of Chittagong Hill Tracts Affairs  
Funder: USAID | BANI’s goal is to reduce the negative impact of the COVID-19 pandemic mitigation measures—such as restrictions on movement in Bandarban district of the Chittagong Hill Tracts—by increasing agricultural production and improving nutrition of poor and extremely poor populations to strengthen gender equitable food security. BANI supports the Ministry of Chittagong Hill Tracts Affairs to achieve the Sustainable Development Goals by implementing activities that increase sales and profitability from produced goods and services; increase production of diverse, nutritious foods for consumption and surplus sales; increase adequate and appropriate distribution and consumption of safe and nutritious foods; and improve health practices of pregnant and lactating women, adolescent girls, and children under-5 years. Interventions also provide continued support to increase the sustainability of USAID’s Sustainable Agriculture and Production Linked to Improved Nutrition (SAPLING) Development Food Security Activity outcomes in select areas. Programmatic methodologies applied in both SAPLING and BANI have been contextualized to address the underlying causes of food insecurity and malnutrition, including marginalization due to geographic isolation, pervasive poverty, environmental degradation, vulnerability to natural disasters, and gender and socio-economic inequalities. |
Timeline: 2019–2021  
District: Cox’s Bazar  
Key Government Partners: Information not available  
Funder: USAID | RE-ARRANGE stimulates rapid economic recovery through cash transfers to improve food and nutrition security of vulnerable households in refugee host communities. The project has three components: cash transfers, livelihood restoration, and maternal child health and nutrition. The objectives are to (1) stabilize household well-being through cash transfers, (2) restore livelihoods to rebuild productive assists, and (3) improve nutrition and health practices among children under-2 years, pregnant and lactating women, and adolescents. Under the third objective the project provides household counseling and inclusion of the male relatives of participants and encourages the sharing of workloads and increased joint decision making around women’s nutrition and IYCF. |
| **14. Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING)** | Implementer: Helen Keller International  
Timeline: 2015–2021  
District: Bandarban  
Key Government Partners: No information available  
Funder: USAID | SAPLING has engaged over 107,000 participants to improve gender equitable food security, nutrition, and resilience through three initiatives: (1) increased income and equitable access to nutritious foods; (2) improved nutrition and health status of children under-5 years, pregnant and lactating women, and adolescent girls; and (3) improved ability of households, communities, and systems to mitigate, adapt to, and recover from human induced and natural shocks and stressors. |
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<td><strong>15. Suchana- Ending the cycle of undernutrition in Bangladesh</strong>&lt;br&gt;Implementer: Led by Save the Children International with partners (Helen Keller International, World Fish Centre, and International Development Enterprises)&lt;br&gt;Implementation Partners: Friends In Village Development Bangladesh, RDRS Bangladesh, and Center for Natural Resource Studies&lt;br&gt;Timeline: 2015–2022&lt;br&gt;Districts: Sylhet and Moulvibazar&lt;br&gt;Key Government Partners: MoHFW, MoA, Ministry of Fisheries and Livestock, MoWCA, MoSW, MoFDM, and MoLGRDC.&lt;br&gt;Funders: UKaid/Foreign, Commonwealth &amp; Development Office, and the European Union</td>
<td>Suchana means “the beginning of something positive.” The project aims to reduce stunting. It targets 235,500 poor households with women of reproductive age or adolescent girls with nutrition-specific and nutrition-sensitive interventions to improve household-level food and nutrition security and childcare practices to break the intergenerational cycle of undernutrition. Suchana’s key program strategies include (1) empowering the households and communities to practice optimal IYCF and maternal, newborn, and child health care; (2) diversifying and increasing household income; (3) improving household-level food security through home food production; (4) empowering adolescent girls and women to protect and improve their nutritional status; (5) improving the quality and availability of nutrition services at health facilities; and (6) increasing government interest and support for multisectoral approaches and replicating the Suchana intervention model in other parts of the country. The icddr,b is evaluating the program’s impact on stunting.</td>
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<td><strong>16. Nutrition Sensitive Value Chain for Smallholder Farmers in Bangladesh</strong>&lt;br&gt;Implementers: World Vision and Promundo&lt;br&gt;Timeline: 2017–2022&lt;br&gt;District: Jamalpur&lt;br&gt;Key Government Partners: No information available&lt;br&gt;Funder: Australian Department of Foreign Affairs and Trade</td>
<td>This project aims to improve nutrition among smallholder farmers and their families by adopting a nutrition-sensitive agriculture approach. The nutrition-sensitive value chain development encourages farmers to achieve high yields of agricultural products that are in market demand. This gives farmers the purchasing power to purchase nutritious foods. The growth in production also encourages more affordability of foods through increased income and market access. The project includes nutrition-specific interventions aimed at creating demand for nutritious food and improving IYCF practices. The project also holds education sessions that increase gender equitable relations by engaging couples to share decision-making at the household level and reducing discrimination against women when accessing nutritious foods.</td>
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<td><strong>17. Childcare and Education Program</strong>&lt;br&gt;Implementer: Shobujer Ovijan Foundation&lt;br&gt;Timeline: 2020-2022&lt;br&gt;District: Dhaka&lt;br&gt;Key Government Partners: None&lt;br&gt;Funders: Global Fund for Children (GFC)</td>
<td>GFC assists disadvantaged mothers who have limited time and resources to support their children’s development. Mothers who primarily work at garment factories or are domestic workers can send their children to the day care centers, which focus on physical, mental, social, and intellectual development of children from ages 0 to 3 years old. The day care centers have materials for play and learning. These centers also provide an opportunity for children’s social growth when they learn basic social conventions, behaviors, and how to communicate and interact with peers. The day care centers ensure a child-friendly and joyful environment. The children receive nutritious and balanced meals and are supervised by caregivers who receive ECD training. The center’s caregivers also ensure that the children follow a routine that further helps them in building healthy habits. The children have monthly health checkups and meetings with the parents covering topics of sanitation, nutrition, and safety.</td>
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<tr>
<td>Program</td>
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Timeline: 2021-2025  
District: Rangpur  
Key Government Partners: Smallholder Agriculture Competitiveness Project and Arsenic Risk Reduction Program  
Funder: SRDS | In local communities, SRDS provides health, water, sanitation, and hygiene, nutrition, and child development services. The wide range of services include immunizations, family planning, pregnancy care, rehabilitation and assistive devices, programs for children with autism, health promotion, and referrals. |
| 19. Feed the Future Bangladesh Nutrition Activity                         | Implementer: Friends In Village Development Bangladesh  
Timeline: 2018–2023  
District: Faridpur  
Key Government Partners: MoA; Upazila Nutrition, Health and Family Planning Department; MoWCA  
Funder: USAID | This activity aims to improve the nutrition and health of children under-5 years, pregnant and lactating women, and adolescents. The market development interventions include supporting vendor capacity to improve marketing strategies and customer linkages; building capacity and skills of women entrepreneurs, mobile sales agents, and adolescent organizations; fostering networking and linkages between market actors; and supply chain strengthening. These initiatives enable diversified agricultural production; improve access to nutritious, diverse, and safe foods and water, sanitation, and hygiene (WASH) products in local markets; open opportunities for women's market participation and income generation; and stimulate private sector involvement in WASH products and service delivery. Together with social behavior change, market development interventions will stimulate positive changes in preferences and behaviors while restructuring the local environment to sustain these healthy preferences and behaviors. |
| 20. Regional programme for promoting a multisectoral approach for Nutrition Smart Villages in Bangladesh, Nepal and India | Implementer: Friends In Village Development Bangladesh  
Timeline: 2018–2023  
District: Netrokona  
Key Government Partners: MoA; Upazila Nutrition, Health and Family Planning Department; Department of Agriculture Extension; MoHFW  
Funded by: Welthungerhilfe | The objective of the project is to contribute to food and nutrition security among women of reproductive age and young children from vulnerable and food insecure families in Bangladesh, as well as Nepal and India. The project expects to develop 40 Nutrition Smart Villages in the Haor area of Bangladesh to support the government's scale up of cost-effective, evidence-based, sustainable nutrition-specific and nutrition-sensitive interventions, in addition to building human and institutional capacities at regional, national, and sub-national levels. In the Haor area of Bangladesh, the project has selected 40 community service providers (health and nutrition) to receive training on topics like growth monitoring, nutrition, and community service provider screenings. |
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<th>Program</th>
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<td>21. Joint Action for Nutrition Outcome (JANO)</td>
<td>Implementer: Eco Social Development Organization</td>
<td>JANO contributes to ending malnutrition in children under-5 years and addresses the nutritional needs of pregnant and lactating women and adolescent girls by implementing multi-sectoral approaches and strengthening nutritional governance in Nilphamari and Rangpur districts of northwest Bangladesh. Programs include developing community support groups to empower women and adolescents, increasing coordination of sub-national and local government structures to better respond to needs of marginalized communities, and ensuring affordable access to nutritious foods for all households.</td>
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<td>Timeline: 2018–2023</td>
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<td>Districts: Rangpur and Nilphamari</td>
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<td>Key Government Partners: None</td>
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<td>Funder: European Union, Austrian Development Cooperation</td>
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<tr>
<td>22. Gender Transformative Early Childhood Development Project and Integrated Sponsorship Program</td>
<td>Implementer: SUROVI</td>
<td>This project and program provide support to parents with newborns and young children. They lead sessions with pregnant women and caregivers on various topics including pre- and post-natal checkups, child development, and health and nutrition for the family. The staff monitor the mother’s regular checkups and growth and development of the newborns. They also support community day care centers that provide child care support for working women and promote educational development of young children with stories, song, and play. Monthly, the health workers check the children participating in the program to catch weight or nutrition problems early and to provide a pathway to referral and expert help. These programs actively engage males by holding specific sessions once a month to engage fathers and male caregivers on how to better support their spouse and new child.</td>
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<td>Timeline: 2019–2022</td>
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<td>Key Government Partner: MoWCA</td>
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<td>Funder: Plan International Bangladesh</td>
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References and Background Sources


In addition to references listed here, information was gathered on programs through reviewing publicly available information from organizational websites or publications as well as via direct communication with program implementers.
# Indicator Definitions and Sources

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<th>DESCRIPTOR</th>
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<td><strong>Child Development</strong></td>
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<td><strong>Early Learning</strong></td>
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### Early Learning (continued)

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### Health

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<td>Nutrition</td>
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<td>Low birth weight</td>
<td>Proportion of births than are low birth weight (less than 2,500 grams)</td>
<td>Blencowe, H., J. Krasevec, and M. de Onis, et al. “National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: a systematic analysis.” <em>The Lancet Global Health</em> 2019; published online May 15. <a href="http://dx.doi.org/10.1016/S2214-109X(18)30565-5">http://dx.doi.org/10.1016/S2214-109X(18)30565-5</a>.</td>
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<td>Safety and Security</td>
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### DESCRIPTOR | INDICATOR DEFINITION | DATA SOURCE
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**Safety and Security (continued)**

- **Children living in poverty**  
  Poverty headcount ratio at $1.90 a day, age 0–14 is the percentage of population age 0–14 living on less than $1.90 a day at 2011 international prices.  

- **Children covered by social protection systems**  
  Effective coverage of child and family benefits as part of main social security programs and social protection  

### Policies

- **Paid maternity leave**  
  The country has a paid maternity leave policy or law  

- **Paid paternity leave**  
  The country has a paid paternity leave policy or law  

- **Free antenatal and delivery care**  
  Antenatal visits and delivery services are provided free of charge at public facilities  

- **Free health care for children under-5**  
  Child health services are free to all, or free for children under-5 under national health insurance schemes  

- **Free pre-primary education**  
  Government provides free pre-primary schooling before primary school entry  

- **Required birth registration**  
  Law or policy requires registration of births  

- **Multi-sectoral ECD strategy**  
  Country has an explicit multi-sectoral ECD strategy  
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<td><strong>Policies (continued)</strong></td>
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<td>Laws protect the rights of children with disabilities and promote their participation and access to ECD services</td>
<td>Laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including health care and ECCE</td>
<td>Ministry of Women and Children Affairs. 2011. <em>National Children Policy</em>. Dhaka, Bangladesh: Government of the People’s Republic of Bangladesh.</td>
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<tr>
<td>Regular coordination meetings at the sub-national level</td>
<td>Regular coordination meetings between the different implementing actors at the sub-national level</td>
<td>Ministry of Women and Children Affairs. 2013. <em>Comprehensive Policy for Early Child Care and Development (CPECCD)</em>. Dhaka, Bangladesh: Government of the People’s Republic of Bangladesh.</td>
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