



## Bangladesh ECD Network

### Policy Brief

# Strengthening Early Childhood Care and Development in Bangladesh: Addressing Fragmentation and Establishing a System Approach

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## Overview

Early Childhood Care and Development (ECCD) from pregnancy to the early primary years forms the foundation for children's health, learning, and long-term development. In Bangladesh, multiple ministries and partners implement programs across health, nutrition, early learning, and child protection under the Comprehensive Early Childhood Care and Development Policy 2013. However, services across the ECCD continuum remain uneven and fragmented. This policy brief draws on a scoping study conducted by the Bangladesh ECD Network under the EFEP-ECCD project that investigated existing policies, stakeholder engagements, and service delivery gaps. It presents key findings and action points to strengthen an integrated ECCD ecosystem in Bangladesh.

## Objectives and Methodology

The objective of this study was to examine the current status of services from prenatal care to early primary education, identify key system gaps, and propose strategic directions to strengthen integrated, equitable, and quality ECCD delivery nationwide. It used a parallel mixed-method (QUAL+QUANT) design, including surveys, interviews, focus group discussions, observations, and a desk review of relevant policies and literature. The findings were integrated to generate evidence-based insights and recommendations for strengthening a coordinated, inclusive, and holistic ECCD ecosystem in Bangladesh.

## Key Findings and Action Points

Key findings and action points to strengthen an integrated early childhood care and development (ECCD) ecosystem in Bangladesh are presented below:

### Key Findings on Status

- **Fragmented ECCD Service Continuum Across Early Childhood Stages**

ECCD services remain fragmented across early childhood stages, largely due to limited coordination and referral mechanisms among service providers across sectors. As a result, services do not function as a continuous developmental pathway for children and families.

For children aged **0-3 years**, services remain largely health-focused, with limited integration of early learning, psychosocial support, and parenting education.

Children aged **3-6 years** experience fragmented early learning and developmental services, with limited implementation of standardized play-based school readiness approaches.

In **early primary education (6-8 years)**, weak coordination among education, health, and social protection systems limits holistic support for child development.

### Key Action Points

- **Strengthen Continuity and Linkages Across Early Childhood Stages**

Establish coordinated referral and service linkages across ECCD stages.

During the **prenatal and postnatal period**, strengthen counseling and referral systems linking maternal care with early stimulation and parenting guidance.

For children aged **0-3 years**, integrate developmental screening, parenting education, and early learning guidance within health platforms.

For children aged **3-6 years**, implement standardized play-based school readiness frameworks using children's earlier health and development records.

For children aged **6-8 years**, strengthen coordination among education, health, and social protection systems to ensure continuity of developmental support.

Strengthen community-level coordination among service providers, using the whole of community approach, to support smooth transitions across ECCD stages.

### • **Weak Multisectoral Coordination and Fragmented Stakeholder Landscape in ECCD Service Delivery**

ECCD service delivery involves multiple ministries and institutions, including the Ministry of Women and Children Affairs, the Ministry of Health and Family Welfare, and the Ministry of Primary and Mass Education, as well as development partners and NGOs.

Despite the coordination mechanisms outlined in the CECCD Policy (2013), multisectoral collaboration remains weak, leading to parallel programs and limited cross-sectoral service integration.

As a result, ECCD services across sectors often operate in silos rather than as part of a coherent system, and coordination structures remain weak or inactive, limiting joint planning, monitoring, and resource alignment across sectors.

### • **Adopt an Ecosystem Approach for Multisectoral Integration in ECCD**

Adopt a whole-of-government and whole-of-society ECCD ecosystem approach that aligns national ministries, local governments, NGOs, development partners, academia, and responsible private sector actors in delivering coordinated services for young children.

Reactivate multisectoral ECCD coordination committees proposed in the CECCD Policy (2013) at national, district, and upazila levels.

Clarify institutional roles across MoWCA, MoHFW, MoPME, and local government bodies to improve accountability and coordination.

Consider establishing a Directorate of Child Affairs and strengthening partnerships with NGOs, research institutions, and responsible private sector actors to support integrated ECCD service delivery.

### • **Persistent Inequities in ECCD Services Across Marginalized Regions, Socio-Economic Groups, and Disaster-prone Areas**

Significant disparities in ECCD access persist across regions and socioeconomic groups. The disparity is more acute in the disaster-prone areas. Women in haor, char, hill tract, coastal areas, tea gardens, and urban slums face limited access to quality ANC and PNC due to workforce shortages, geographic barriers, and low trust in public facilities.

For children aged 0–3 years, access to early stimulation, responsive caregiving, and parenting support during the first 1,000 days remains limited, particularly in hard-to-reach and marginalized communities.

### • **Strengthen Equity in ECCD Services for Underserved, Disadvantaged, and Disaster-Prone Areas**

Prioritize equitable ECCD access for children in underserved regions and disadvantaged communities.

Expand prenatal and postnatal care through community health workers and home-visit models in haor, char, hill tract, and disaster-prone areas.

For children aged 0-3 years, expand inclusive daycare services, mobile outreach programs, and NGO-supported centers.

For children aged 3-6 years, establish community-based early learning centers and provide targeted financial support to reduce household barriers.

Children aged **3-6 years** experience uneven access to ECCE services, with rural and disadvantaged areas largely underserved.

For children aged **6-8 years**, poverty, child labor, seasonal migration, and long distances to schools contribute to irregular attendance, early dropout, and widening learning gaps.

### • **Workforce and Resource Gaps Affecting the Quality of ECCD Services**

Shortages of trained personnel and resources affect the quality of ECCD services across all stages. During the **prenatal and postnatal** period, limited numbers of trained health workers constrain service coverage.

For children aged **0-3 years**, daycare centers and health facilities often lack trained caregivers, child-friendly spaces, and appropriate learning materials.

Children aged **3-6 years** face shortages of trained pre-primary teachers, high teacher–child ratios, and limited implementation of play-based pedagogy.

In early **primary education (6–8 years)**, inadequate teacher capacity, insufficient classrooms, and limited learning materials weaken child-friendly and inclusive learning environments.

### • **Exclusion of Children with Disabilities**

Inclusion of children with disabilities remains limited across the ECCD continuum. During the **prenatal and postnatal** period, mechanisms for identifying developmental risks and supporting mothers with disabilities remain weak.

For children aged **0-3 years**, services lack trained caregivers, inclusive practices, and early detection systems for developmental delays.

Children aged **3-6 years** have limited access to developmental screening, inclusive learning environments, and trained teachers.

For children aged **6-8 years**, strengthen early primary education through satellite schools, flexible learning arrangements, and government–NGO partnerships.

### • **Strengthen ECCD Service Quality Through Workforce Capacity and Resource Improvements**

Strengthen workforce capacity, infrastructure, and service quality across the ECCD continuum.

Ensure adequate deployment of trained health workers and essential supplies for **prenatal and postnatal care**.

For children aged **0-3 years**, establish quality standards and training frameworks for daycare and home-based ECCD services.

For children aged **3-6 years**, professionalize pre-primary teaching, improve teacher–child ratios, and strengthen continuous professional development.

For children aged **6-8 years**, ensure sufficient qualified teachers, adequate learning materials, and safe, child-friendly learning environments.

### • **Institutionalize Inclusive ECCD Services for Children with Disabilities or Special Needs**

Ensure full inclusion of children with disabilities across all ECCD stages.

Adopt disability-inclusive guidelines and strengthen early identification of developmental risks during **prenatal and postnatal care**.

For children aged **0-3 years**, implement inclusive caregiving practices and early detection systems in daycare and community services.

In early primary education (6–8 years), insufficient teacher capacity and limited specialized support restrict meaningful participation.

For children aged 3–6 years, introduce standardized screening tools and strengthen teacher training on inclusive education.

For children aged 6–8 years, ensure accessible classrooms, specialized learning support, and trained teachers.

### • Lack of Knowledge and Awareness among Parents and Family Members

Parental awareness of child development remains limited across ECCD stages. Many families lack adequate knowledge about maternal nutrition, breastfeeding, mental health, and newborn care during the prenatal and postnatal period.

For children aged 0–3 years, limited understanding of responsive caregiving and early stimulation leads to low utilization of available services.

Among parents of children aged 3–6 years, awareness of early learning and school readiness remains low, particularly among families with limited literacy.

At the early primary stage (6–8 years), weak parental awareness contributes to delayed enrollment, irregular attendance, and early school dropout.

Limited knowledge on early stimulation often leads to increased reliance on technology to occupy young children, which is linked to developmental delays among children aged 0–6 years.

### • Inadequate and Unsustainable ECCD Financing

ECCD financing remains fragmented and heavily donor-dependent. Limited and unpredictable public funding constrains the quality and continuity of services across ECCD stages.

Budget allocations are largely input-driven and insufficiently responsive to regional disparities and vulnerable populations, while household financial barriers continue to limit access for disadvantaged families.

### • Promote Awareness and Engagement Across ECCD Stakeholders

Implement a coordinated national strategy to strengthen parental and community awareness across ECCD stages.

Integrate information on maternal health, nutrition, breastfeeding, and newborn care into school curricula, premarital counseling, and community health programs.

For families with children aged 0–3 years, expand community-based parenting programs promoting responsive caregiving and early stimulation.

For children aged 3–6 years and 6–8 years, promote parental engagement in early learning and consistent school participation through schools and community platforms.

Use mass media, digital platforms, and mobile messaging to disseminate accessible ECCD information.

Promote parent-focused programs on responsive caregiving and age-appropriate early stimulation to reduce excessive technology use and support healthy child development.

### • Institutionalize Sustainable and Equitable Financing for ECCD

Establish a dedicated and predictable public financing framework to ensure sustainable ECCD investment.

Consolidate ECCD-related budget allocations across ministries under a coordinated financing mechanism and increase government investment. Disaggregate ECCD budgets and link allocations to needs-based planning to address regional disparities.

Provide targeted financial support for disadvantaged families to improve equitable access.

### • **Weak Monitoring, Evaluation, and Accountability in ECCD Services**

Monitoring and evaluation of ECCD services remain fragmented across sectors. There is no unified framework to track service quality, child development outcomes, or equity.

Limited human resources, weak supervisory systems, and minimal community participation further restrict effective oversight and accountability.

### • **Establish a Unified and Integrated ECCD Monitoring System**

Develop a unified digital monitoring system integrating ECCD data across health, education, and social protection sectors.

Standardize child indicators and record-keeping across local governments, schools, daycare centers, and community services.

Strengthen staff capacity and integrate NGO reporting in underserved areas.

Promote participatory monitoring involving local institutions and parents to improve accountability.

### • **Inadequate ECCD Data, Research, and Record-Keeping Systems**

ECCD data systems remain fragmented across institutions. Data collection focuses mainly on administrative records such as birth registration and vaccination, with limited tracking of child development and learning outcomes.

Digital data systems, coordinated research efforts, and centralized data platforms remain limited, constraining evidence-based planning and investment.

### • **Establish a Comprehensive ECCD Data, Research, and Record-Keeping System**

Create a nationally standardized ECCD data system capturing key child indicators, including birth registration, vaccination, nutrition, growth, and developmental milestones.

Develop a national ECCD data hub at the Union Parishad level to integrate child records across sectors.

Strengthen local data management through standardized tools, staff training, and regular audits.

Establish a national ECCD research hub to support evidence generation and policy-relevant research.

## **Conclusion**

The comprehensive ECCD policy of 2013 and the subsequent plans and strategies to implement the policy anticipated the problems identified and actions indicated in this brief. Stakeholders in ECD -- government and non-government actors, including BEN -- have contributed to policy and program development and carrying out various activities. Clearly, these efforts have not been enough in their scope and impact. In addressing the major deficiencies and taking remedial measures, as outlined in this policy brief, the comprehensive ECCD policy should be the guide, and government and non-government actors should be actively involved with MoWCA's lead.