

SWOT Analysis of Government Daycare Centre in Dhaka City

**In partial fulfillment of the requirements for the degree of
Master of Science in Early Childhood Development**

**by
Zannatun Nahar
ID # 09255018**

**A thesis presented to the
Institute of Educational Development-BRAC University**

July, 2011

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Submitted by


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The Research Checklist indicates:

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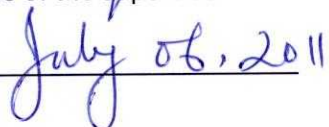
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ABSTRACT

This is a qualitative study conducted to analyze the Strength, Weakness, Opportunity and Threat (SWOT) of government Day Care Centers (DCC) in Dhaka city. The objectives of the study are to explore the strengths and examine the weaknesses of sampled DCCs as well as identify the opportunities and determine threats to DCCs. For conducting the study two governments DCCs were selected out of thirteen as case examples. One DCC was in Mogbazar and other was in the Department of Women Affairs (DWA) office premises in Dhaka city. The data were collected from two Focus Group Discussions (FGDs) where nineteen parents of DCCs participated. Additionally, two observations were conducted in two DCCs and five interviews were conducted with five DCC staff (one caregiver, one teacher, one DCC officer, one administrative officer and former Deputy Director) to learn in depth about the SWOT. Participants were selected purposively from two locations. To conduct the FGD a guideline manual and two checklists were developed for reliability and validity of the observations. Five different questionnaires were developed to conduct the interviews.

The GOB run DCC is a 100 percent subsidized program which is its great strength. This program is affordable for poor and middle income working parents who do not have access to other DCCs. Parents of children attending Mogbazar are pleased with the availability of these subsidized DCCs. They are able to work without concern because they feel their children are in a safe and secure environment. Most of the parents from both DCCs have voiced their satisfaction regarding the DCC services such as accommodation, provision of more nutritious food, supply of toys, learning kits and furniture. Parents are also satisfied regarding the care of their child in a safe environment and the positive role of DCC officers. Parents of DWA day care have voiced the need for a more flexible time schedule where children can attend the program related to their needs. Furthermore, parents expressed the interest in a quality school readiness program in DCCs and the need to increase the numbers of caregivers. DCC staff has also identified some weaknesses such as lack of AC, refrigerator, TV, and adequate staff, especially for the Mogbazar DCC. The researcher has identified that facilities are not the same between the two DCCs. These need to be maximized for all children. Furthermore, staff capacity is not being developed and there is a lack of a DCC operational guide as well as a defined curriculum. Children

currently lag behind with regards to stimulation due to the lack of age specific developmentally appropriate activities in the curriculum. Another serious concern is that children aged 6 months to 3 are not developed properly due to lack of initiatives. Some opportunities were identified through interviews and observations. DCCs need a separate budget to develop partnerships with different sectors.

Moreover, the findings of this study also indicate that the few numbers of DCCs run by the government is inadequate according to the need of working parents. A significant number of children with working parents are at risk of not being able to properly develop. Consequently, few numbers of DCC facilities exist in private and public sectors through what is known as the Factory Act. All sectors need to attend to DCCs, as they contribute to the GDP. A further study with a representative sample is suggested to generalize the findings.

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ACRONYMES

BRAC - Bangladesh Rural Advancement Committee
CRC - Convention of the Rights of Children
DWA - Department of Women Affairs
DCC - Day Care Centre
DSD - Department of Social Development
DD - Deputy Director
ECD - Early Childhood Development
ECCD - Early Childhood Care and Development
ELDS - Early Learning Development Standard
ECDRC - Early Childhood Development Resource Centre
ELCDP - Early Learning Childhood Development Project
FGD - Focus Group Discussion
GoB - Government of Bangladesh
ICMH - Institute of Child and Mother Health
IED-BU - Institute of Educational Development, BRAC University
MoWCA - Ministry of Women and Children Affairs
NGO - Non Government Organization
SWOT – Strength Weakness Opportunity and Threat
UNICEF - United Nation Children Emergency Fund
UNDP - United Nation Development Program

CHAPTER I

INTRODUCTION

1.1 Introduction

Dhaka is the most densely populated city in the world and it is challenging for people to sustain their livelihoods (Wikipedia, 2010). The population of Dhaka city is about 15 million (Statistical Pocket Book, 2008). Dhaka began with a manageable population of 2.2 million in 1975 which reached 12.3 million in 2000 (UN, 1998). The capital city of Bangladesh receives more than a million rural migrants a year (Morshed, 2002). People migrate from rural areas to Dhaka in search of employment to meet their minimal requirements for sustainability. Most are forced to live in the many slums and low cost areas that have developed with unsanitary conditions (Morshed, 2002). Often all the members of a migrant's family have to work for sheer survival. Mothers who traditionally stayed at home to care for their children must now work either in garment factories, as brick chippers on building sites, or in domestic services (Haque, 1991). Consequently, mothers of middle income families now work in private and public sectors and millions of children with working parents in urban areas who stay at home are at risk. The children of the poor and middle class particularly suffer. To address the situation, DCCs have become a burning need for working parents and future generations as well. Day Care Centers (DCC) are still the last resort for the 43 percent of working women in Dhaka (Mitra, 2007). Considering these circumstances a study was conducted to analyze the strengths, weaknesses, opportunities and threats of government run DCCs in an urban setting.

1.2 Background and Literature Review

In the traditional urban family structure that still exists today, women are responsible for taking care of the children, the home, and, in many cases, income-generating activities. At the same time, mothers spend their time cooking, shopping, taking care of the children and working outside to earn money. Rapid population growth, poverty, disasters, and other factors have led to mass migrations to urban areas. This has resulted in changes in the family structure, particularly among low and middle income urban families, as elder family members tend to remain in the rural areas. Therefore, the traditional joint family structure is declining and the tendency to form a nuclear

family is increasing day by day (Cheng, 2003). Consequently, child care is becoming the responsibility of maid servants more than parents. In most nuclear families, both the husband and wife must work outside the home to meet the minimum requirements to survive.

Urban women are employed in formal and informal sectors. There is no system in place for taking care of children during work periods although there is a provision in The Factories Rules (Custers, 1997). Invariably, children are left locked inside slum or middle income family dwellings without food. Worst of all, the very young are deprived of their mother's milk. For resident domestic work, many women are denied employment if they have a child with them as the respective household feels that this would be troublesome (Sustainability, 2008). Middle income working parents typically arrange alternative caregiver caring for their child at home although there is a substantial amount of child abuse and incidents that occur which are not well reported. In higher income groups, families place pressure on the mother to resign from the workplace to take care of the child. Most of the women are bound to leave their job in order to look after their children as they cannot get access to daycare services. This is problematic as the nation is not benefitting from having skilled and well educated women in the workforce. This, therefore, leads to drawbacks in social and economic development.

Alternative caregivers are responsible for general duties within a household as well as child care activities. However, ensuring both types of quality services is not possible with the minimum wage salaries that are paid to these unskilled caregivers as household work has a higher priority than child care. As a result, children's health, care and stimulation are threatened. There are many examples citing child abuse at home with alternative caregivers due to the lack of proper knowledge and skills on child care. Additionally, alternative caregivers are low paid and less educated (Monira, 2011) which obstructs a child's development. Private daycare centers in the city require a fee of 3,500 taka per month for each child, which only the well off can afford. This is a great barrier for the development of children belonging to poor and middle income groups. In this case, DCCs are an alternative that can help improve the lives of children with working parents.

Infants and children are left in the care of their older siblings or alternative caregivers at the expense of their own welfare and schooling. Thus, they lose their childhood. In some situations young children are completely neglected and left to live off the streets. In all such cases, the children of the poor and middle classes suffer. Some working mothers have to raise their children as single parents, yet they have to work to survive (Haque, 1999). Urban working parents, mostly from low and middle income groups, face great difficulty in terms of accessing child day care services. Most of them are bound to leave their children unattended in their slum dwellings exposing the children to great risk and inadequate nutrition. Mothers also tend to be less productive in the work place as at times they are unable to attend their sick child at home.

The objective of GoB DCCs is to facilitate women's participation in income generating activities by providing daycare services and secured shelter for the children (6 months to 6 years). The specific objectives were to provide daycare services to the young children of poor working women and to decrease malnutrition and anemia among children less than 6 years of age by providing balanced food. Moreover, the GoB DCC provides EPI preventives and primary health care services and referral services in the case of serious illness and increases school enrollment rates in primary school. Another specific objective was to motivate poor working parents to accept having a small family and to provide informal education on primary health care and nutrition (DWA, 2005). Quite a few achievements have taken place in terms of poor children having access to security at DCCs, but children's cognitive skills lag behind set objectives. It was mentioned in the project proposal that children 5-6 years of age will be able to obtain preschool education that will help to them gain admission to primary school. Some children began primary school last year. However there are no related formal documents that have been recorded by a DCC authority. Poor working mothers lack knowledge in primary health care and nutrition. There is no document found in the either DCC that indicates that the economic status of poor parents has been increased. Nevertheless, many children get balanced food and stay at DCCs within a safe and secure environment. Therefore, in some ways, DCCs have met their objectives and have achieved success.

In 1992, six day-care centers were established at the DWA under the Ministry of Women and Children Affairs funded by DANIDA. Since then, the government has implemented one more in Dhaka City and another five centers in five divisional headquarters. These presently operate under the government development budget. At present GOB operates thirty two DCCs through the Department of Women Affairs for lower and middle income group working parents in six divisions (DWA, 2005). A total of thirteen DCCs exist in Dhaka out of thirty two, which is very few compared to the needs of the huge number of working parents. Thus the DCCs initiative has not been well introduced to parents as well as to the other sectors.

In 1995, the GoB decided to make it mandatory to provide onsite childcare facilities where at least twenty women work who have children below of 5 years age (Custers, 1997). The provision of DCCs is supported in Child Rights Convention and CEDAW. The prime minister also declared it mandatory for DCCs to be present in all workplaces for employees (Biplobi, 2008). The convention tells us which basic rights children need to order to survive, be protected, develop and participate (CRC, 1989). The Gender Empowerment Measure (GEM) of the United Nations Development Program (UNDP) ranks countries on the basis of indicators such as women's employment, management, and leadership position. In the 1997 UNDP Human Development Report, the GEM ranked Bangladesh as 144 out of 175 countries. Such a poor ranking indicates the level of difficulties faced by women in Bangladesh in their struggle for empowerment and equality. The government as well as national and international development agencies has emphasized the importance of women's economic empowerment for improving their status both at the national and family levels. However, these claims have not been supported with adequate provision of DCCs at the workplace. Around 2.8 million women are working now in the country's garment sector where the number of male workers is no more than 0.7 million. Formal and informal sectors provide women with employment, and more than 60 percent of this employment contributes to the growth of the GDP. However, millions of children with working parents are routinely denied basic human rights although private and public employers are legally bound to provide DCC facilities in the workplace. Most of the women need daycare support for their children, but only a few are lucky enough to get such support at their work places. The children of working parents may

feel lonely at home. In this case, daycare centers are very important for the safety of children and their socialization.

In 1997, the United Nations Development Program stated that the most important purpose of a place of care is to provide care to children in the temporary absence of their parents. A place of care has a responsibility to enhance the development of the child physically, mentally, psychologically, emotionally, morally, culturally and socially. The nature of the care and education received during the first seven years of life is of crucial importance for later development. For this reason it is imperative that the child should receive good quality care that meets his or her needs (DSD, 2001).

The United Nations Development program (UNDP) supported fifty one daycare centers in Dhaka under a project which ended five years ago. This organization is now assisting sixteen centers in different slums in the capital city under a pilot project named UPPR. Besides these public daycare centers, a non-government organization Aparajeyo Bangla is running twelve daycare centers in the capital city. There are also more daycare centers under private management. Major NGOs like the BRAC provide daycare service for their female staff members. Most of daycare centers are clustered in Dhaka as the demand for their services is understandably higher in the capital than parts of the country. This, however, is not outstanding in terms of need.

Disadvantaged children and children with special needs are often marginalized and their development ignored. These children should be targeted. Programs should be in place to accommodate children and address their specific needs (DSD, 2001). Therefore, a SWOT analysis of GoB DCCs is a topical area of research for these specific groups as well.

There is no separate budget allocation for the implementation of DCCs. In addition DCCs do not receive higher priority than other programs. There is evidence and research that suggest that a child becomes well developed through DCC intervention. Subsidized DCCs can be especially useful for employers whose workforce is geographically diverse or where salary levels or working conditions make affordability a top issue for parents (Moore, 2001). After camp or summer camp (DCC) programs exist that allow parents to bring their children to work, which

reduces commuting times, and allows children to connect with their parents in their workplace environment (Moore, 2001).

On going research by the National Institute of Child Health and Human Development suggests that children in quality DCCs may even have an intellectual edge over those in other kinds of care (ICHHD research, 2111). When researchers compared kids in quality DCCs to those in other, equally high-quality childcare situations, children in centers performed a little better on tests. However, comprehensive standard service is absent in our DCCs which leads to an unstimulating environment. The DCCs are not located near the working place of parents and no vehicle arrangement exists to bring children to DCCs. Due to the lack of smooth service, parents are not interested in sending their child to DCCs. To ensure the optimal development of children, institutional care for babies is important, but institutional care is inadequate and at the same time the quality of the services is meager.

There is a general lack of professional expertise at DCCs, as well as deficient quality service. It was found that less qualified and non- trained caregivers provide food and lodging for the child, but this is not the only need for children belonging to this age group. As a result, the few numbers of DCCs are not an attractive option for families. Research shows that children's brains develop quickly. These children require age appropriate activities which stimulate development, care, nutrition and protection otherwise growth will be delayed. Children who attend DCCs have different behavioral characteristics than children who are cared for at home by their parents (Alexander & Kingston, 1983). Problems with hearing, vision, development or behavior, and child abuse may be identified in a well organized DCC. Early recognition of developmental problems may help ensure the child does not lack self-worth later on.

Education starts from a child's early years. The state should ensure a child shall not be separated from his or her parents(CRC, 1989).Children have the right to free time in which to play and take part in cultural life such as reading, story telling, music, painting and carving. Children also have a right to rest. ECD programs should provide for these rights (CRC, 1989). Children learn mostly by observing and interacting with objects in their environment mainly through exploring, manipulating, constructing

and playing with different materials. It is a great concern that child stimulating facilities that are not present in fixed facilities such as the indoors and outdoors of hospitals, day care centers and also homes in our country (ICMH, 2009).

A DCC is more affordable than a nanny (Baby cost Calculator, 2011). In addition, parents have the opportunity to meet other parents who may be able to lend support and babysitting time. However, parents believe DCCs are insufficient (Monira, 2011). They believe that children are not well treated by DCC operators. Some parents send their child to DCCs due to lack of alternative caregivers at home instead of willingness. Most parents benefit from maid service as that they get a double benefit with low cost at home. In our country context, parents lack awareness regarding the needs of children in their early stages of development and the advantages of stimulation and security for young children (Showkat, 2011). Even educated parents are not convinced of the benefits of sending their child to DCCs. Furthermore, in some families the father and elder family members do not agree with their children attending DCCs. Working parents whose children have consistent, high quality child care are more productive and more committed workers (Moore, 2001). Children who were previously apprehensive or shy with their grandmothers quickly became comfortable socializing. Head Start programming was delivered only through outreach, because we had no child care facility (Growing together, 2007).

Through implementing DCCs, individual attention for child care is possible and is especially important for one year old children. In DCCs children can stay in a familiar environment under the care of a professional caregiver with relevant qualifications. A daycare centre provides the opportunity for both parents to pursue careers without having to sacrifice or compromise their professional goals. A daycare centre has the advantage of having a regular schedule, which creates stability for a child and his/her parents. Good daycare creates a nurturing environment for kids (Madison, 2010). In a quality daycare, kids grow comfortable with other children and adults. They learn important skills such as sharing and making friends. Daycare centers can help save money too because centers take care of a number of children and they can charge less for each child than an alternative caregiver would (Madison, 2010). Consequently, daycare centers have now become a necessity in urban life as many working mothers require professional care-giving services for their kids. However, the

number of such facilities is still countable on fingers mainly due to a slack response to the new legal obligation.

1.2 Rationale of the study

There are many studies found in developed countries on DCCs that are related to their country context. In Canada, the top ten studies on Early Childhood Development reflect the broad range of DCCs. The studies in this year's bulletin (Cote et al, 2007) clearly showed that nonmaternal care of infants prior to the age of 9 months can help a child who is at risk. Another study focused on children with PKU (phenylketonuria). These children lack of ability to break down amino acids. Therefore, these children must avoid eating. This affects their nervous system and potentially leads to severe mental retardation (Levy et al, 2007). This type of study is not applicable to the Bangladeshi context.

In Australia, parents from different cultural backgrounds defined quality child care as a care of children's safety, physical environment, staff skills, communication, caregiver support, high risk care and a social environment in which child care will be matched with parent's circumstances and need (Silva & Wise, 2006). Jahn & Aslams (1995) mentioned the importance of determining the father's perception about child health. As they described in their study, fathers make a significant contribution to their child's health and they also mentioned that the father's perception of child health should be addressed in child health programs. These studies are relevant to the culture and perspective in developed countries, but lack relevancy within developing countries. This study will reflect problems in the Bangladeshi context and guide future efforts in policymaking.

The demand of institutional care for babies is increasing at an alarming rate because the socialization of children is deteriorating. Under the circumstances, babies are socializing through peer group interaction in daycare centers. It has been observed that the performance of babies is good in pre-primary schools (UNICEF, 2001). Sanagavarapu & Perry (2005) explored the views, issues and expectations of Bangladeshi families and children in relation to transition. This study focused on parents perceptions of childcare within an educational perspective. Rahman (2009)

highlighted in his study that drowning and road traffic injury death peaked in the 1-4 year age group children. DCCs were introduced to minimize these accidents. However, DCC services were not analyzed, nor did this study reflect DCC strengths and weaknesses.

Only a few studies on day care centre exist in Bangladesh. Parents need to be able to contribute their services well without feeling anxiety for their child's care. If this can be achieved, their work would ultimately contribute to the GDP (Haque, 1999). This study is vital in that it would help identify the basic needs of children with working parents. Awareness could be raised among the Department of Women Affairs and coordinating ministries. This study could help provide a better understanding of how DCCs operate and lead to more optimal development of children.

The study findings will generate new ideas relating to government DCC initiatives for students, researchers, teachers and supervisors. It also will briefly describe the limitations, importance, roles of care givers, teachers and private sectors who are considering a DCC entrepreneurship. It is expected that this study would provide a general direction for policy makers, ECD service providers and professionals to further construct action plans and strategies for quality input in implementing DCCs.

Lastly, the findings of the study will contribute to the knowledge of planners and policy makers for the implementation and improvement of daycare centers and the overall wellbeing for the children. In reviewing the research, it was found that these studies are only somewhat related to the existing study. These studies mentioned parents' perceptions, DCCs for injury prevention, quality child care, nonmaterial care of infants, father's involvement in child health, relationships between the caregiver and parents, and the Head Start program. These studies do not directly link with the Bangladesh context. Therefore, it is necessary to conduct a study on DCC SWOT analysis in the Bangladeshi context.

1.4 Definition of concepts

Research concepts depend upon the nature of the research topic. The definitions of day care and SWOT are defined by other scholars in different contexts based on their

economic and social systems, but the real connotation is the same. The researcher has defined five concepts of Strength, Weakness, Threat, Opportunity and Day Care Centre.

A SWOT (Strength, Weakness, Opportunity and Threat) analysis is used to create a program change. It is a listing of strengths and opportunities as well as the weaknesses and threats of the current and future status of programs. It is used during the improvement phase to consider if the strengths and weaknesses of the proposed future state create a compelling need for change when compared to the strengths and weakness of the current state. A SWOT analysis is used before developing a project proposal or when evaluating and analyzing the overall situation of a program or project. At the same time, the institutional care of babies is not a new idea across the globe. The concept of a day care center was rooted in Western countries after the industrial revolution due to the increasing number of nuclear families and the involvement of women in the job market.

Strength: According to the dictionary, strength means power, force and potency. In some documents, strength is defined as resource and capabilities that forward all activities of a program (Cooper, 2010). Strengths can relate to the group, to the environment, to perceptions, and to people. 'People' elements include the skills, capabilities and knowledge of participants. Other people include friendly, cooperative and supportive participants and also appropriate levels of involvement through delegation and trust to define strengths. In this study, strength is considered a distinct factor that is likely to have a positive effect on achieving day care centre objectives.

Weakness: In the dictionary weakness means the failure or limitation of a program. It relates to 'People' problems, poor communication, and inadequate leadership, lack of motivation, too little delegation and no trust toward an agenda or plan (Cooper, 2010). In this study these factors are those that are likely to have a negative effect on or obstruct the achievement of DCC objectives.

Threat: As the dictionary indicates, threat means danger, hazard or risk. The opposite of opportunities, these are things which may, with a shift of emphasis or perception, have an adverse impact. Weighing threats against opportunities is not a reason to

indulge in pessimism. It is rather a question of considering how possible negative experience may be limited or eliminated. The same factors may emerge as both a threat and an opportunity. Information technology is an example of this (Steen, 2010). Most external factors are in fact challenges, and whether the group perceives them as opportunities or threats is often a valuable indicator of morale. In this study threat is treated as external factors and conditions that are likely to have a negative effect on achieving day care center objectives, or factors that make the objective redundant or un-achievable.

Opportunity: Opportunity means chance, occasion, opening or the prospect of something. This step is designed to assess the socio-economic, environmental and demographic factors, among others, and evaluate the benefits they may bring to the DCSF TIPD visit such as the availability of new technology. Bear in mind just how long opportunities might last and how the group may take best advantage of them. It is an external factor that is likely to have a positive effect on achieving or exceeding the day care center objectives, or goals not previously considered.

Day Care Centre: The definition of DCC is provided in different documents and presented in a variety of ways. Daycare or child care is care of a child during the day by a person other than the child's legal guardians and typically performed by someone outside the child's immediate family. Day care is typically an ongoing service during specific periods, such as the parents' time at work. The service is known as *child care* in the United Kingdom and Australia and *day care* in North America (although childcare also has a broader meaning).

Day Care Centers are a platform of early care, stimulation and learning. The services of day care centers combine childcare with pedagogical work in an activity that takes daylong responsibility for the whole child. Children from age three until they start pre-school usually attend a day care center. Day care centers support families in how they function to perform parental responsibilities of upbringing, development and child growth. There is great a scope for play through the use of games and the expression of creativity. DCCs also provide an environment for child exploration. Day care centers are designed to be a fun, secure, learning experience for all the

children who attend. Therefore, it has to follow a general guideline that outlines standard norms and practices (ECCD Policy, 2009).

Day care is provided in nurseries or crèches or by a nanny caring for children in their own homes. It can also take on a more formal structure, with education, child development, discipline and even preschool education falling into the fold of services. Some child minders care for children from several families at the same time, either in their own home or in a specialized child care facility. Some employers provide nursery provision for their employees at or near the place of employment.

The concept of day care centre is confined in this study as the institutional care of babies who are six months to five years of age who stay from dawn to dusk in an institution where they receive overall care in terms of lodging, food, nursing, play, social stimulation and education.

1.5 Objectives of the Study

The main objective of the study is to examine the achievement of government run DCC program through conducting a SWOT analysis.

The specific objectives are given below-

- a. To explore the strengths of sampled DCCs
- b. To examine the weaknesses of DCCs
- c. To identify the opportunities of DCCs
- d. To find out the threats of DCCs

1.6 Limitations of the study

The study was conducted with the sample size of two DCCs which was inadequate considering the population of Dhaka city. The DCCs were only selected only from the government sector. Other organizations that assist in operating DCCs have a different implementation mode. Due to the lack of man power, time and financial constraints, the researcher was not able to take a large or varied sample of DCCs. Moreover, it was not possible to analyze huge numbers of DCC documents due to the lack of research in Bangladesh.

CHAPTER II

METHODOLOGIES

2.1 Introduction

There are many methods and techniques used for conducting research. The methods are survey, observation, FGD, use of key informants and case study. Besides these methods, research also employs sampling. Based on the objective, specific methods and techniques are used to conduct research. In this study specific methods and techniques such as FGD, observation and survey are used to achieve research objectives. These are provided in detail below.

2.1.1 Study design

To analyze the SWOT on day care centers in Dhaka, qualitative research was adopted in the study. The two DCCs were selected as case studies to provide an in depth analysis of strengths, weaknesses, opportunities and threat of DCCs. The qualitative study was designed to provide the basis for conducting a SWOT analysis of DCC.

2.1.2 Study setting

Dhaka city has been selected as the study area. The two Day Care Centre was selected in Dhaka city. One is located at Eskaton garden road inside the DWA office premises and the other is one of thirteen government DCCs located in Mogbazar. Purposive sampling was used to obtain representative data in order to generalize the findings of this study. The Mogbazar DCC has children attending from a lower income group and DWA centre has children from a middle income group. Both are run by the Department of Women Affairs under the Ministry of Women Affairs (MoWCA). The two day care centers are different in terms of budget allocation, teacher student ratio and mode of services.

2.1.3 Study population

The population of the study was parents from low and middle income groups and DCC staff who provide services at the centers. The population of this study is working parents who live in urban slum and middle income communities in Dhaka. This population was selected from a cross section of parents while acknowledging the main objectives of the study.

2.1.4 Sample size

The research included a sample of parents and children who receive services from day care centers. At the same time DCC staff was also selected as a sample. The researcher conducted 2 FGDs with two different DCC parents. Two observations were done, one in Mogbazar DCC and other in the DCC at DWA. The five interviews were conducted with one teacher, one caregiver, one DCC officer, one administrative person and one former director of DCC. In every FGD, the group consisted of ten parents. In the DWA FGD group 9 fathers and mothers were present. Only ten mothers participated in the second FGD in Mogbazar DCC. In this study the total number of parents was nineteen. The nineteen parents were selected using the purposive sampling method. This population was selected through purposive sampling methods. The criterion of selection for these DCCs was where these centers provide services for poor working people. Sample characteristics of the study are given below:

Table 1: Sample characteristics of the study

Method	# of event	Sampled population	# of sample
FGD	2	Fathers and mothers of DCC children	19
Interview	5	DCC caregiver, teacher, PO, admin come Account Officer, Deputy Director	5
Observation	2	All children in DCC	70

2.1.5 Study duration

The duration of the study was from September 15th, 2010 to February 28th, 2011. The researcher developed a proposal before starting the study from September 15th to 7th November 7th. The data collection tools have developed by November 20th. The researcher collected data within two weeks in January 2011. A draft thesis was submitted on February 20th, 2011.

2.1.6 Research instruments

A guideline of FGDs based on objectives, interview schedule and observation checklist was used as a data collection instrument for the qualitative data. The researcher developed a guideline for FGDs and then tested it in the field. An observation checklist and interview schedule was developed and tested in the field as well. After testing the tools some components were included while others were excluded. After including the relevant items, the researcher implemented these guidelines to analyze the SWOT of DCCs.

2.1.7 Data collection methods

FGD: Focus group discussions, interviews and observations were utilized to conduct this study. Two Focus Group Discussions were conducted at two DCCs. The parents of two focus group discussions were from lower income groups who live in slum areas and the other was from a middle income group from DWA who live in non-slum areas in the Mogbazar and Malibag. Both groups of parents are receiving DCC service from the government. Both groups consisted of nine parents (mothers and fathers) and ten mothers. Group members were composed of both fathers and mothers. However, at the Mogbazar DCC all FGD participants were mothers. Equal participation of fathers and mothers was recorded. The gender combination during the session did not create any problems during the discussion. Participants talked maintaining a given sequence allowed everyone a chance to participate. The discussion topic was not repeated during the FGDs. Care was taken to ensure that sensitive issues did not arise during the sessions.

Each FGD was conducted in a separate place and in separate discussion sessions. The FGD sessions were moderated by the researcher while note taking was done by an experienced research assistant. The FGDs were arranged by DCC officers, guards, and caregivers.

An assistant researcher took notes of FGD sessions in a separate note book. Before taking notes, the researcher appointed an experienced assistant. The researcher tried to overcome biasness while taking notes. The above rules were followed as instructed by a mentor. The group members were informed two weeks before the FGD and reminded on the day before the meeting. Before starting the FGD session, the researcher informed the group of the study objective. The participants completed a consent form after listening to the appropriate code of conduct. Participants were informed that all data would be confidential and information would only be used for research purposes. Additionally, their names would not be used in the report. The time and venue of FGD was selected to suit the parents' schedule. They were asked to give informed verbal consent and were reassured that they could withdraw from the discussion at any time.

The researcher began by welcoming all parents to join the FGD and introduced the participants to each other. The researcher moderated the FGD and started the discussion with very general, open question such as "How are you all?" "How do you feel?" and "What type of family do you have?" while using very gentle words showing appreciation to parents. The researcher showed respect to participant's opinions and avoided any biasness. After that, moderator introduced the thematic questions with prompts to address the desired information. Each session was recorded by voice recorder with the permission of the respondents. Photographs were also taken with consent. The researcher moderated all the sessions and the research assistant took notes. The duration of the discussion was 45 minutes. The details regarding the FGDs are given below:

Table 2: Socioeconomic status of FGD

Participant & place	Participant	Occupation	Age range	Income range
Fathers and mothers Of DWA day care	9	Public and private service, business, NGO worker	25- 40years	5,000- 8,000
Mothers of Mogbazar day care	10	Working in garments, maid servant, driver	20-35 years	8000- 25000

Observation: In this study two observations were done in two DCCs. Two DCCs were observed for a whole day following an observation check list. Among them one day care centre is in slum area and the other is on the DWA premises. Sixteen children at the DWA DCC and fifty four children at the Mogbazar DCC were observed intensively. At the beginning of observation, research goals were explained to the caregiver, teacher and DCC officers in order to orient them with the study objectives. All DCC staff were informed of the observation. This alleviated any confusion or problems. All DCC staff helped organize the observation and was ensured that information would be used only for research purposes. The observation checklist was showed to DCC staff. The researcher observed the DCCs for two days and took notes. The observation checklist included information related to physical facilities, services of DCCs, interaction of caregivers and teachers and supplies.

Table 3: Particulars of observation

Particular	Location	# of children
DWA Day care centre	Eskaton garden , Dhaka	23
Mogbazar day care centre	Mogbazar, Dhaka	54

Interview: To get information from different perspectives five interviews were conducted in the DCCs. These were composed of one care giver, one teacher, one DCC officer, one administrative Officer and one former DD (Deputy Director). A schedule was developed and followed. The researcher conducted face to face interviews and filled out the questionnaire by herself. Before conducting the

interview, the researcher explained the objective of the study and ensured confidentiality. The interview questionnaires were separately designed for each staff. The researcher started the interview softly and exchanged greetings with the respondent. The researcher also informed the respondent that their opinions were important and their contribution was appreciated. The researcher maintained awareness that the interview questions were designed by her and attempted to avoid biasness during the sessions.

Table 4: The interview detail

Designation of interviewee	Age	Educational qualification	Working experience
Caregiver	26	Class five	9 years
Teacher	24	M.A	3 months
DCC officer	33	M.A	8 years
Administrative officer	44	M.A	12 years
Former DD	61	M.Sc	25 years

Document analysis: The researcher reviewed at least thirty DCC related documents eg books, journals, project proposals of DCCs and publications to explore issues related to DCCs in both developed and developing countries. To identify DCC strengths and weaknesses the researcher explored internet websites as well. Information relevant to the research objective has been referred to and described in research documents. Information sources have been acknowledged using the APA method.

2.1.8 Ethics:

To conduct research ethics are important to ensure human and legal rights. Research ethics provide the human and legal dimension to research. Researchers in every field adhere to human principles in their work. Consequently, in this study the researcher maintained ethics. Initially the researcher obtained ethical clearance from the ethical committee of BRAC University. After getting permission the researcher followed the main guidelines relating to ethics in research which are:

- Voluntary participation

Participants have agreed to participate in this study voluntarily. I didn't coerce participants to participate in this research.

- Informed consent

The participants of this study were informed about the procedures and risks involved in participating in the study and based on that information participants made an independent voluntary decision to give their consent to participate.

- Confidentiality, anonymity

During this study the researcher gave assurance to the participants that no identifying information obtained about them will be released to anyone outside the study. The researcher also gave assurance to the participants that no one, not even the researcher will be able to link data to a specific individual.

2.1.9 Data processing

All data have been processed manually and analyzed as descriptive way. It has been analyzed using qualitative analysis techniques. After conducting FGDs, interviews and observations, the researcher organized and categorized all information. All data have been analyzed in a descriptive manner. Some of the data have been presented in table form by converting the information from qualitative form to quantitative form.

2.1.10 Data analysis and processing

All data will be discussed and presented in a descriptive way according to qualitative study methodology. After conducting FGDs, interviews, observations and document review the researcher organized and categorized all information. All data will be analyzed in a descriptive manner. The nature of this study is qualitative and the researcher has emphasized on using qualitative data analysis.

The researcher recorded FGDs and took photographs during the discussions. Interviews and observations were transcribed very carefully by the research assistant and the researcher herself. The transcription was done in Bangla and subsequently translated into English. After transcription, the translation was compared to the original to measure accuracy. The focus group moderator resolved any content discrepancies. The transcriptions were then coded independently by the one research

assistant and the researcher. After coding the transcripts, the data was categorized and major themes were identified by the researcher and the independent research assistant simultaneously. Finally, findings were prepared by the main researcher under the guidance of supervisors.

2.1.11 Validity of the study

The researcher conducted the research with minimum facilities. Before conducting the FGDs, interviews and observations, the researcher validated the FGD guideline, interview questionnaire and observation checklist. All feedback was incorporated as needed. The researcher applied appropriate methods and techniques of data collection so that the data was accurate, authentic and valid.

Both the interview schedule and questionnaire were piloted. After interviewing the participants of Kallanpur DCC, the researcher found the teachers and caregivers could not answer the questions properly and it took a lot of time. The researcher simplified the questionnaire after this situation and reduced the number of questions.

The focus group discussion guideline was also reviewed in consultation with a mentor. On the FGD guideline participants merged the question between strength and opportunity. The researcher simplified the FGD guideline to make it easier for the participants. After modifying the guideline participants could differentiate the meaning of strength and opportunity and answered properly. Finally, the modified interview questionnaire and guideline were implemented in the field.

CHAPTER III

FINDINGS

3.1 Introduction

In the findings chapter, the strengths, weaknesses, threats and opportunities of DCCs has been described based on the FGDs, observations and interviews. The findings from the discussions with parents' and observations of the researcher were described in qualitative form. This chapter includes a discussion on the historical perspective as well as current facilities in DCCs. The qualitative findings provide a more in depth understanding regarding the strengths, weaknesses, threats and opportunities of DCCs. On the basis of the study objectives and research questions, all data were prepared, processed, analyzed and finally the findings were explored. This discussion will present research findings and draw conclusions based on the data.

3.2 The study findings

3.2.1 The socioeconomic background of the parents

To conduct the study, parents from two DCCs participated in FGDs. The middle income parents and low income mothers who have child at DCCs gave their opinion during FGDs. The age ranges of these participants were 25-40 years. The participants live in slum and non slum areas in urban settings of Dhaka. The researcher conducted five interviews with people from the middle income group. Their education level ranges from level eight to a Masters Degree. The income range of the participants was 8,000 – 25,000 taka per month. Most of the participants live in a rented house. The former DD of DCC, who was a pioneer of government DCCs, was also interviewed.

3.2.2 General information

A total of thirty two governments initiated DCCs are running around the country. Thirteen DCCs out of thirty are located in Dhaka to meet the needs of urban working

parents. The GoB has planned to open ten more DCCs. There are eight staff members at the DWA day care and six staff at Mogbazar.

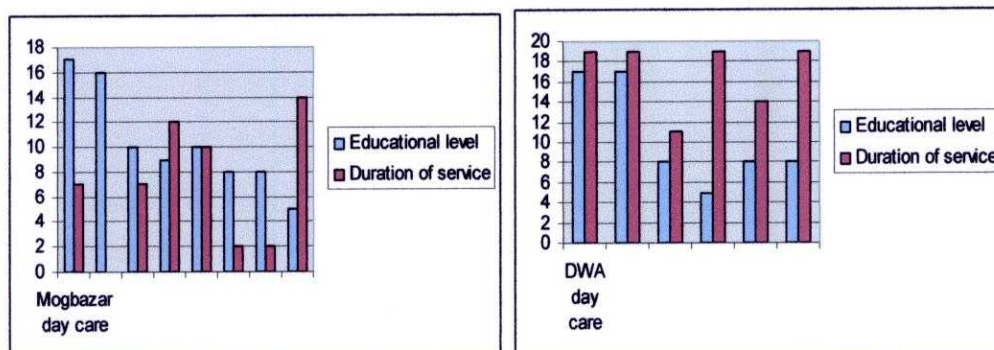


Figure 1: Educational level and duration of services of two DCC

One DCC officer, one teacher, two caregivers, one cook, one guard and one cleaner are responsible for each DCC. The qualification and working experience are similar in both DCCs. The work experience of the two DCC staff ranges from 2 to 19 years. Highly educated staff are able to perform child caring and other activities well. The child capacity of Mogbazar DCC is eighty and for DWA the maximum number of children is fifty. Parents are required to pay a fee of thirty taka per month to the Mogbazar DCC and six hundred taka to the DWA centre. Parents are personally responsible for transporting their children from their residence to DCCs. DCCs are a 100 percent subsidized program whose budget is provided from MoWCA revenue. The average care giver to child ratio for DCCs is 1: 9.

Table 5: The overall information about two DCC

Name of DCC	#of rooms	#of toilet	Accommodation	#child	#staff	Parents contribution tk/month
Mogbazar	3	1	80	54	6	30
DWA	3	3	50	21	8	600

3.3 Strength

All parents mentioned that DCCs are essential, especially for the urban working parents. DCCs are emerging as need particularly for nuclear families. Parents believed the DCC management system to be very good. The children have the opportunity to make friends which helps children in their social development. All parents and DCC staff shared that their children have improved their conversation skills. Children do

not fight among themselves at DCCs. They are able to communicate with peers at DCCs, which is not possible for them to do at home. There are lots of play materials in DCCs. Children who attend DCCs are disciplined and more organized. Most of the parents reported that children have learned to wash hands regularly before eating food and after using the toilet.

All parents who participated in FGDs expressed their approval of the provisioning of hygienically prepared balanced meals. The DCC management follows a routine in providing nutrient rich food which is fresh. The overall service of DCCs is satisfactory. Caregivers bathe children regularly and use soap during baths. Children enjoy watching TV. Children get a proper amount of rest. Morning and evening snacks are also provided by the authority. It was observed that all caregivers are affectionate toward children and don't hit them. Children who are one year of age also receive attention by caregivers. Caregivers place these children on their laps and feed them carefully. There is the provision of toilets. Children can recite rhymes, songs and the alphabet.

Mothers of Mogbazar FGD mentioned that children are now self aware and don't go outside their homes. Children are aware of dangers and are able to avoid accidents. DCC children are more intelligent than before and they are well behaved. None of the children that attend DCCs use slang language. Most of the children of Mogbazar live in slums. Parents reported that their child's health is good and their height and weight has increased. Young children now use their fingers for eating food. This was not the case earlier. Children are more skilled than before. Five year old children get school readiness activities. A few parents and DCC staff mentioned that the decoration of DCCs is attractive and colorful. GoB provides buildings, payment for rented DCCs, staff salary, and logistics such as refrigerator, TV, DVD, cupboard, toiletries and utensils. Teachers provide moral education for the children. Mothers at Mogbazar DCC reported that children who live in slums are unable to think well. Only two DCC staff stated that special needs children benefit when interacting with peers at DCCs. One staff member stated that the government has invested in DCCs to fulfill long term objectives that have increased women's involvement in work as well as reduce poverty.

3.3.1 Physical facilities

The researcher has identified other strengths from the observation checklist. The Mogbazar DCC is rented and the DWA DCC has its own house. The space and number of rooms is adequate for DWA day care. Most of the rooms are neat and clean both inside and outside and are well decorated. Sleeping materials such as soft mattresses, individual pillows and colorful blankets are available at DWA day care. It was found that a good number of furniture items such as mini chairs, mats, and utensils are present in both DCCs. Refrigerators and TV's are found only at DWA day care. Safe drinking water, toilet and bathroom facilities exist in both DCCs. The source of drinking water is filtered and boiled.

3.3.2 Availability of age appropriate toys and play materials

Most of the parents stated that a lot of play materials are found in both DCCs. All toys are safe, attractive and colorful. The toys are bought from a market or provided by the ELDS project and IED. In addition, some educational kits are available for both types of DCCs. The educational kits are alphabet books, puzzles, dominos, notebooks, pencils, color pencils, scales, different chart and story books. Cradles, slippers and sea-saws were found only in DWA day care. The researcher observed similar situations in both DCCs.

3.3.3 Food facilities

All parents of FGDs reported that DCC provides balanced food for all children of DCC. This assertion is further supported by the researcher's observations. The DCC authority provides food three times a day and follows a routine as instructed by head office. Lunch is prepared by a cook. Milk, meat, fish, fruits, rice, and vegetables are present on the food menu. A monitoring checklist is regularly followed by staff to select food.

3.3.4 Maintenance of personal health and hygiene

Staff and parents reported that immunization programs run regularly. A first aid box is available to care for minor injuries and provides primary medicine. The height and weight of child is taken by DCC officers regularly.

3.3.5 Caregivers professional capacity and support

The researcher observed that staff capacity of DCC caregivers is good regarding child care and development. The DCC officers, Assistant Director and administration visit DCCs. Officers provide mostly oral feedback. A visit notebook is maintained to document the findings in written form. DCC officers also share the progress with the higher authority. The researcher identified through interviews that DCC officers, caregivers and teachers have received training on DCC management on the teaching learning process in preschools from IED, ICMH and ELCD project. Most of the training is relevant to the provision of services by caregivers and teachers.

3.3.6 Availability of curriculum, caregiver's manual and registers

The researcher has observed the daily activities are administered based on the PP. The activities promote child's development. Some pre academic activities are taught including the alphabet, counting and personal hygiene. Creative activities are also taught including songs, rhymes, language and art. The attendance register of caregivers, teachers, staff, food and materials is maintained regularly. The roles and responsibilities of DCC officers, teachers and caregivers are defined in the PP. The staff salary is the same for both types of DCC according to the government salary structure.

3.3.7 Provision for consultation with parents and inclusiveness

DCC staff discussed how their child's problems are individually shared with parents. Most of the mothers at Mogbazar DCC stated that an authority calls meetings for sharing DCC matters. Recently a committee has formed which consists of only DCC

staff. Parents of FGDs did not provide an opinion regarding special needs children. DCC staff mentioned that they receive children who have mild disabilities. Mildly disabled children increase their intelligence after interacting with children at DCCs.

3.4 Weakness

Most of the parents of DWA day care discussed how the operation times of the DCC is fixed from 9 am to 5 pm. Parents cannot maintain this schedule due to the fact that their office times are the same. Parents are often late collecting their child due to traffic. Care caregivers leave the office after five o'clock and leave the child with a guard which creates fear among children. Parents at Mogbazar and DWA day care also noted the low number of caregivers in DCCs. The caregiver to child ratio is not good enough. They mentioned DCCs need more rooms to accommodate more children. A lot of problems are created in the summer season due to load shading. As a result the children suffer from diseases due to hot weather. There is no generator to supply electricity during load shading. According to parents' opinions, there are many working parents in Dhaka city, and these parents' needs are not met through the few numbers of DCCs. They stated that DCCs have no publicity. Most of the parents are not well informed about government subsidized DCCs. However, if GoB initiates publicity for DCCs they can not accommodate huge numbers of children in their present set up. The former DD of day care was interviewed and gave an explanation of the present situation of DCCs in urban settings. He mentioned the lack of initiative from private and public sectors to implement DCCs and that DCC implementation is not a high priority. The private and public sectors are less committed and profit oriented. DCCs are a new concept in Bangladesh. There is a lack of funding. He also mentioned importance of the care giver's attitude. This is another important component to consider when assessing quality in DCCs. Caregivers are not well behaved towards children. Due to lack of new knowledge on child rearing, they are not able to give quality time to children. They need continuous training on child behavior management and new theories of child development. The DCCs need to organize interaction meetings, which are not currently present, between parents and DCC staff.

Staff of DCCs reported that it takes more time to understand DCC needs when higher officials change frequently. As a result, it is difficult to recruit teachers and receive materials within a specific time. The researcher observed that the supply for DCC materials for this fiscal year is late. The DCC staff stated that there is no general director position allocated for DCCs. This is an administration cadre position. DCC officers can not take action against staff who insubordinate, for example, those who are late coming to work and/or neglect to perform their duty regularly.

3.4.1 Physical facilities

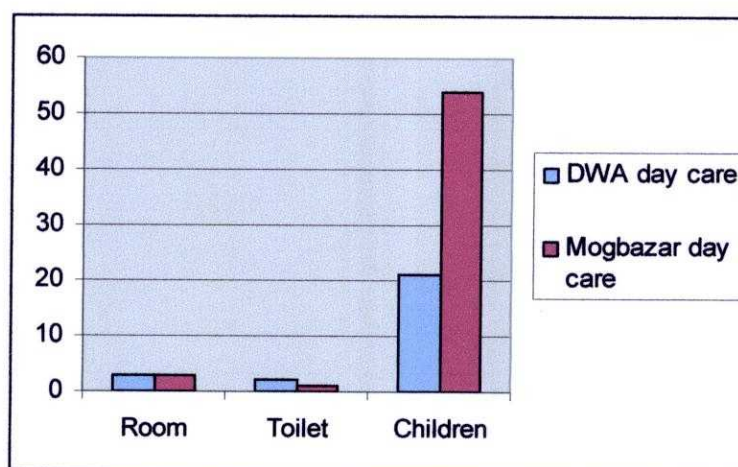


Figure 2: Provision of toilet, room and children in two DCCs

Parents and staff of Mogbar DCC informed that in the rented building space the number of rooms are inadequate and unhealthy as well. The rooms are dark and not well ventilated. Only one toilet is used by fifty four children at Mogbazar DCC. The provision of a breast feeding corner is not found in either type of DCC. Cots for 1-2 year old children are not available in either DCC. A few sleeping materials such as soft mattresses and individual pillows are present at Mogbazar DCC. The researcher observed the presence of a refrigerator and TV at DWA day care, but these are not found at the Mogbazar DCC. Parents of FGD shared that there are no shelves for the children to use. One DCC officer raised the point that there is no computer for the staff or for the children. She also mentioned that the washing machine is not used for the DCCs to wash clothes for the children. Caregivers spend a lot of time washing clothes. For this reason, they cannot accommodate the needs of children properly. There is no provision for AC in the summer season.

3.4.2 Provision of drinking water, toilet and bathroom facilities and play space

The researcher has observed some inconsistencies in the Mogbazar DCC. The bathroom and toilet fittings are not child friendly. All parents from both DCCs raised the issue that there is no outdoor space for children to play or run. Physical exercise happens infrequently. All participants asked requested a garden where children could run and play freely.

3.4.3 Availability of age appropriate toys and food facilities

The researcher found cradles, slippers and a see-saw at DWA day care which was not present at Mogbazar DCC. The budget allocation for food of Mogbazar DCC was found to be a little less than at DWA day care.

3.4.4 Maintenance of personal health and hygiene

There is no health card maintained by DCC authorities. A referral system does not exist when children become seriously sick at DCCs. Even doctor visits do not happen monthly. If children get a fever or diarrhea suddenly, caregivers call parents and treat the incident as an emergency. This is difficult for the parents, as they must leave work and drive in heavy traffic.

3.4.5 Caregivers professional capacity and support

The researcher observed that DCC caregivers have received training from IED and ELCDP but they don't listen to the children. The majority of caregivers does not appreciate child creativity and are not able to address an individual child's needs. At the same time caregivers do not give extra attention to special needs children. They ensure participation with peers, but this is the extent of the care that is provided. There is no continuous training system for staff capacity building. All training is short term over five days. Caregivers care for children up to twelve years of age without any training at Mogbazar DCC. Officers do not use a separate checklist to monitor a child's progress. Only a visitation notebook is maintained to document observations.

3.4.6 Availability of curriculum, caregiver's manual and registers

Parents had no opinion regarding the curriculum of DCCs. The researcher observed that the caregivers conduct class as mentioned in the PP and under the instructions of a DCC officer. However, no well documented curriculum is found in either DCC. The pre academic and creative activities are designed by teachers without following an interactive teaching learning method. It was observed that there is a vacant teacher position at DWA day care. In absence of a regular teacher, another staff member conducts class for preschool age children. A new teacher conducts class in Mogbazar DCC without training. The lesson plan is not well defined to carry out the activities. There is no separate operational guidebook available in either DCC.

There are no age specific activities that are defined for infants and toddlers in either DCC. Infants and toddlers are provided food, baths and sleep, but no stimulating activities. Children have little opportunity to play inside and outside. This was discussed by all parents and staff. Most of the materials are untouched by the children because teachers believe all toys will be broken by children. In the Mogbazar DCC, children stole toys and took them home. To avoid this situation, DCC officers no longer provide educational materials and toys which were supplied by IED and the ELDS project.

Table 6: List of resource materials

Sl	Name of resource materials	Status
1	DCC curriculum	Not found
2	DCC operational manual	Not found
3	Training manual	Not found
4	Attendance register	Found
5	Food register	Found
6	Stock register	Found

3.4.7 Provision for consultation and interaction with parents and inclusiveness

Parents and staff explained that there is opportunity for interaction between parents and DCC staff where parents can be advised on how to ensure a friendly environment at home. The researcher did not find an inclusive program in either DCC. DCCs have no specialized staffs that are able to care for children with special needs.

3.5 Opportunity

When the researcher asked about the opportunities of DCCs, parents and staff cited many examples. The opportunities could take place both internally and externally. The internal opportunities could come from within the ministry others could originate from outside of ministries. The **internal** opportunities are:

- They mentioned that the DWA authority can use transport facilities by forming a liaison with BRTC. This opportunity would reduce the problem of transporting children and staff from their residence to DCCs, which causes the huge traffic problems in Dhaka city.
- MoWCA could make a decision (based on the declaration of Prime Minister to open DCCs in each office) to open more DCCs in each government office premises to create more facilities for poor children as well as their parents. DWA may function as an expert DCC to assist with the implementation process.
- The management of DWA could initiate probationary shift duty for caregivers and staff. This opportunity would assist parents in sending their child to DCCs according to their convenience.
- DWA could make partnerships with information sectors such as Bangladesh Television, Bangladesh Betar and radio Furti to publicize DCCs. DWA could build partnerships to disseminate messages on the importance of a child's early care and that all parents should send their child to DCCs to ensure proper child care happens at home as well.
- DWA could develop partnerships with GoB training cells such as NIPORT, PATC and Bangladesh Shisu Academy. This would enable DCC staff to have regular long term training on DCC management.

External:

- DWA could seek funds from other donor agencies. They could submit proposals to build partnerships with private and public sectors.
- DWA could liaise with staff from IED-BU or other agency to build the capacity of DWA. They could build the capacity of management staff by

providing an overseas training course or degree on DCC management and/or early childhood development.

- An operational guideline and monitoring tools could be developed by hiring external agencies who have expertise.

3.6 Threat

Most of the parents shared that in the rainy season children who come from far away can not attend DCCs. Additionally, transport services are needed to bring children to centres. Parents also have a negative opinion of DCCs. Some parents still think that caregiver do not treat children appropriately.

CHAPTER IV

DISCUSSION AND RECOMMENDATIONS

4.1 Introduction

Analysis and discussion of a study is important. In this section analysis and discussion were presented based on the findings. Some inconsistencies, similarities and document based evidence have been discussed. As a qualitative study, all discussions and analysis were presented in a descriptive way except tables and graphs. The references from different books, guidelines, research and documents have been linked to support the discussion. All discussion points focused on the objectives. The strengths, weaknesses, opportunities and threats have been analyzed. In this study, two cases, Mogbazar DCC and DWA day care were presented and analysed in depth. At the end of this section some recommendations were made for further consideration. In this chapter, two types of recommendations will be discussed: study recommendations and service recommendations. The study recommendations will provide the direction for further research, evaluation, impact, and assessment of DCCs and the service recommendations will provide the direction of program implementation.

4.1 Discussion

- Child protection and survival is ensured but child participation in government DCCs is still a great concern. The GoB has instituted DCCs as a program to protect children with working parents. However children ages 1-2 years have no opportunity in stimulating activities. These children are only getting food and shelter. It was emphasized that ensuring these programmes encourages meaningful interactions between adults and children and guide healthy expression and control of emotions (Plan Asia, 2007). According to the child development theory, early childhood is very important for development. During this time a child's brain develops rapidly. As mentioned in Paget's

Cognitive development theory, mental growth is the most important element in children's development (Trawick, 2005). The full potential of children depends on physical health, mental alertness, emotional security, social competence and intellectual abilities to communicate and learn. In this situation children of 6 months to 3 years of age are not meeting their potential due to the lack of stimulation in both DCCs. This forms a barrier for intellectual development. During this period, infants rely solely on actions and the sense to know things. Intelligence is an ability to get what one needs through movement and perception (Trawick, 2005). Development and learning occur as a result of the child interacting with people and objects in his or her environment (Evan & Myres, 2000). Interaction and stimulating environment promote a child's cognitive, social and emotional development.

- Daily lessons are administered irregularly, which does not produce learning outcomes that meet the early learning standard (ELDS, 2009). Preschool age children are only occasionally engaging in pre academic activities, which are not enough for school readiness and do not address a child's need according to their required competencies. The researcher has found that there is no defined curriculum and no operational guideline in DCCs. Due to lack of technical knowledge of defined curriculum and operational guidelines, teachers and caregivers have failed to perform age appropriate activities for different age groups of children. However, age appropriate and developmentally based curricula are used in DCCs around the world. Quality standard guidelines suggest that functional literacy for preschool age children is essential to enhance the school readiness of children (Plan Asia, 2007). Although preschool children can use symbols and internal thought to solve problems, their thinking is still tied to concrete objects and to the here and now. They are fooled by the appearance of things. (Trawick, 2005).
- Sufficient play materials and learning kits were found in both DCCs, but these materials are not used by children properly. Some toys are bought from markets, which are very expensive, non durable and not stimulating. As a result children lag behind in their ability to manipulating toys/ objects. Due to

the lack of knowledge on the importance of toys/ objects on child development DCC staff locked the materials in cupboard. Knowledge on child development needs to be disseminated among all levels of DWA staff. Children at Mogbazar are deprived of their physical development and recreation although parents did not notice this issue. Inadequate outdoor space was found in the DCCs. Every DCC should have play space which is essential for the physical development of children. The preschoolers acquire gross motor abilities, like running, climbing, jumping and hopping. Children all over the world learn these skills and apply them to games that are unique to their own culture (Trawick, 2005). Providing outdoor space and equipment for physical play is essential for DCC children. It is required especially for urban children because they have no opportunity to play outside when they are at home as well when they are at DCCs.

- Staff capacity is another important element that impact the quality of DCCs. Child's performance, behavior, and attitude depends on caregivers. However the capacity of DCC caregivers is not acceptable in terms of quality care of children. Caregivers' behavior towards children needs to adjust. Such type of repetitive behavior is not supportive for stimulating a child. Children become shy, less talkative and are brought up with fear. Continuous training and motivation is needed to overcome this situation. It requires capability building activities. Service providers (parents, health workers, teachers, caregivers) must respond to their identified competency gaps through training that is continuous, progressively built-up, and comprehensive with built in field coaching.(Plan Asia, 2007).
- The interaction between parents and DCC staff is irregular. Parents do not treat their child well at home due to the lack of parenting education. Children may become frustrated when they do not get same care at home that they get from DCCs. It may become a barrier to a child's development. Most parents from both DCCs raised the issue about the need for parents and staff to interact in meetings. It would minimize the misunderstanding gap between parents and DCC staff. This initiative could promote a child friendly

environment in DCCs as well as at home. It was mentioned that it is necessary to provide parents, caregivers, service providers, relatives and members of the community with access to a wide array of technology, information and reference materials (Plan Asia, 2007).

- All parents discussed that the lack of medical facilities in DCCs. There is no provision of doctor visits for children or even a referral system in DCCs. These should be included within DCCs as an integrated program. According to the ECCD program principles it was mentioned that early childhood programs should be developed within a broad conceptual framework that is part of a comprehensive, multifaceted strategy; they should not be developed in isolation of other social services (Evan & Myres, 2000).
- The DCC officers do not use a checklist to track a child's progress. The initiative has not been taken to observe the child's progress due to lack of knowledge on child development. Parents did not cite this as a weakness of DCCs. There is no base line that will compare the progress of their child after and before attending DCCs.
- GoB provides balanced food, accommodation and protection for all children. It encourages initiative by the government more than private sectors. The access of poor people to DCCs has been increased through this initiative. This type of subsidized program promotes child and women rights and accelerates the achievement of project goals as well as supports the MGD goals.
- DWA support thirteen DCCs out of thirty two to meet the needs of urban working parents. This is very little compared to the 43 percent of working parents of Dhaka city. Although DCCs were introduced in 1992, the growth of DCCs compared to the demand of working parents is not very steady. Such few numbers of DCCs do not meet the needs of the huge number of working parents. The number of such facilities (DCC) is still countable on fingers mainly because of a slack response to the new legal obligation (Madison, 2010).

- The allocation of budget and the provision of logistics and food is not equal between the two DCCs. According to child rights (CRC, 1989) all support in DCCs should be equal for all children. Evidence from the Economic Benefits of Investment in ECD indicated that investment in the early years leads to economic benefits for the society. The caregiver to child ratio for Mogbazar DCC is 1:18 whereas in DWA DCC it is 1: 7. As a result children at DWA have access to more care than at Mogbazar. The staff allocation for the 1 to 2 year old children is not sufficient. The ECCD policy recommended that daycare centers should have well trained care givers, supervisors, and support staff. The caregiver to child ratio should be 1:6 (for 6 to 30 months) and 1:12 (above 30 months) (ECCD Policy, 2009).
- The WDA building is a spacious, adequate room with enough light and ventilation, whereas in Mogbazar DCC it is congested and dark. DCCs need equal facilities including furniture, sleeping materials, TVs for entertainment, freezers for storing food, ACs and generators. However, mothers at Mogbazar did not raise this issue due to the lack of knowledge about standard child care facilities. They are always concerned about protection and food for their child. Environment is not as high of a concern. The outside environment of Mogbazar is dirty which is not feasible for a child's health. The researcher discovered another problem of fifty four children using one toilet. The number and management of toilets is an important element of DCCs which affect child health directly and indirectly. The toilet facilities should be considered by DWA management to ensure better health in DCCs.

4.2 Recommendations

The study recommendations are given below:

- The sample size of the research was not significantly representative due to budget and time constraints. The study on DCC should be conducted with a high sample size. This would enable results to be more authentic and justified and would help formulate policy on DCCs.

- DCCs have yet to be surveyed as to whether the community would want to invest in a DCC initiative. The demand for DCCs by working parents has not been assessed by any organization. There is a need to conduct research relating to the interest and community encouragement of DCCs. Such types of studies could reduce the dependency on government DCCs and private sectors might come forward to implement DCCs.
- DCC services are a great concern to parents' satisfaction as well as to service providers. Quality service is an important factor for child's development. A study could be conducted to identify quality service at existing DCCs. This study would help to implement standard DCCs for private and public sectors. The study would promote positive competition between public and private service providers.
- The perception of parents about DCC still is in lag behind. A study on parents' perceptions should be conducted. The study would be able to assess the thinking, values and practices of child care within the home. This type of study would help students to take the next course of action.
- There are many ministries that could provide service for DCCs. Assessments should be made relating to the ability of different ministries to provide services for DCCs.

The service recommendations are:

- The GoB DCC needs more attention for 6 months – 3 years children including the allocation of more trained caregivers, the addition of stimulating activities, and the supplement of age appropriate and developmentally appropriate toys that provide opportunities for children to play. It would help the poor child to explore their full potential. Hence, early childhood is a very critical period that lays the foundation for a child's physical, social, cognitive and emotional development.

- The expansion of DCCs is essential to address the demand of the huge number of working parents in Dhaka city. The MoWCA could take the initiative to ensure a labor law where DCCs are mandatory in the work place by private and corporate sectors. They could formulate a law to make DCCs compulsory in the work place like compulsory primary education.
- The GoB needs to mobilize separate funds for DCCs. They could mobilize the financial and human resources from donors or revenue sectors to implement DCCs. To build the staff capacity, GoBs could seek support from different institutes who offer training, courses and degrees on early childhood such as Home Economics College, IED–BU, NIPORT and the ELCD project.
- Health service is not adequate in DCCs. GoB could provide doctor visits and referral services in DCCs. To ensure medical services it could form a liaison with the nearest hospital or clinic to ensure regular health checkups and referral cases. Each and every DCC would have a play space and outdoor play materials for DCC children which are very essential for the physical development of children. It may be possible to gain the support of a country who could donate outdoor play equipment.
- In this study, the opportunities and threats sections are not elaborated on due to the lack of participants' response in these areas. To identify the threats and opportunities, a more expert study is needed. It is recommended that more research is undertaken to identify additional threats and opportunities. This could be an important step in advancing entrepreneurship in the implementation of more DCCs.

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Appendix A

Day Care Centre observation guideline/ check list

1. General Information

- a. Name of the Center:.....
- b. Address of the Center:
- c. Opening date:.....
- d. Located in: Own building Rented building others (specify)
- e. Yearly estimated budget:.....
- f. Distribution of expenditure:
Accommodation.....Food.....staff salary.....other material
- g. Staff details:

Name of staff	Post	Age	Educational Background	Duration of service years
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

f	Care giver and child ratio 1: 6 (for 6 to 30 months)	Yes	No
g	Care giver and child ratio 1: 12 (above 30 months)	yes	No

2. Physical facilities

- a. Type of building: multi storied others (specify)

b. Description of floors

Sl.	Spaces	Units
1	# of rooms	
2	# of verandas	
3	# of open spaces	
4	# of stores	
5	# of kitchens	
6	# of toilet/bathrooms	
	Number of fan in the DCC	

c. Condition of Room (give tick)

- Well ventilated
enough light
- Neat and clean (both inside and out side)?
- Well decorated
enough space (1.5 m² per child)

A. Provision of breast feeding, comfortable sitting and sleeping

Available cots for 0 to two years old children?	Yes	No
Space for feeding	Yes	No

a. Available of sleeping materials (give tick)

- Soft mattress
- Soft and colorful blanket for each child?
- Soft and individual pillow

b. Available furnisher/materials for feeding (give tick)

- Chair
- Table
- mat
- none
- Utensils
- Refrigerator

B. provision of safe drinking water, toilet and bathroom facilities

Number of toilet and bathroom facilities	1	2	3
neat and clean bathroom \ toilet	Yes	No	
available toiletries	Yes	No	
bathroom and toilet fittings are user friendly	Yes	No	
Children use the soap and towel?	Yes	No	
Is there any provision for safe drinking water?	Yes	No	
Children and care giver use safe water in washing, bathing?	Yes	No	

a. Source of drinking water: (give tick)

- Tap
- Tube well
- Bottle
- Flask
- from parents
- others

C. Play space

Provision for games in daily routine	Yes	No
Provision of games and space for	Yes	No
Provision of out door play space	Yes	No
Provision of in door play space	Yes	No

	Physical exercise	Yes	No
--	-------------------	-----	----

3. Availability of age appropriate toys and play materials

a	display board is available	Yes	No
	Child's work displayed on the board	Yes	No
	Centre is decorated with colorful posters	Yes	No
	Available space for art and creative work	Yes	No
	Available color pencils and drawing sheets in art and creative corner	Yes	No
	Sufficient toys for children	Yes	No

b. State of toys

- age appropriate
- stimulating
- safe
- Attractive.
- colorful

j. List down toys name

c. Indoor-----

d. Out door-----

4. Food facilities

	Provision for balanced food? (5times a day for 3-5 years old)	Yes	No
	Provision for exclusive breast feeding of 0-2 year's age children	Yes	No
	Food provided by Daycare Center for all ages children	Yes	No
	Follow menu chart	Yes	No
	Food types	home made	Readymade
	Exists monitoring mechanism of food?	Yes	No

5. Maintenance of personal health and hygiene (Arrangement of first aid, referral and monthly health check up)

	System of immunization	Yes	No
	Availability of first aid in case of minor injuries	yes	No
	Health card for individual child?	Yes	No
	System of referral case	Yes	No
	Regular health visit by health professional	Yes	No
	height and weight taken regularly	Yes	No

6. Caregivers professional capacity and support

A. Staff capacity

	Care givers are well trained on child care and development	Yes	No
	Care givers behaved well with children	Yes	No

	Caregivers appreciate children	Yes	No
	Care givers listen to children's speech	Yes	No
	Care givers talk with children	Yes	No
	Caregiver address child's individual need	Yes	No
	All teachers well trained on child care and development	Yes	No
	Caregiver promote child's creativity	Yes	No
	Teachers able to follow all activities as per lesson plan	Yes	No
	Care giver/ teachers guide children with special need	Yes	No

B. Supervision and monitoring

	Officers visit centre	Yes	No
	DCC officers provide oral and written feedback	Yes	No
	Supervisor uses monitoring check list	Yes	No
	DCC officers share the on going progress with management	Yes	No
	Is there any supervisors check list	Yes	No
	Is there any monitoring format/ observation check list to measure child's out comes	Yes	No
	Is child's progress report well documented	Yes	No

C. Access to training

	Receive professional training from any institution	Yes	No	
	If yes, what types of training have been received?	Child dev	DCC management	None
	Training is relevant with service	Yes	No	

d. What is the name of the institution / department?

e. Training duration----long term, short term

1. ----- 2. ----- 3. -----

7. Availability of Curriculum, givers manual, register

a. If yes------(give tick)

- Age appropriate
- Promote child development
- Creative
- Flexibility
- Address level of child
- Well lesson plan to carry out the activities

b. Availability of care givers manual, register, monitoring check list and operational guided line (give tick)

- Register
- Attendance of child and caregivers
- Food
- Materials

8. Learning activities and child performance

	Rhyme	Yes	No
	Song	Yes	No
	Art and craft	Yes	No
	Stimulating indoor play	Yes	No
	Out door play	Yes	No
	Story telling session	Yes	No
	Pre reading	Yes	No
	Pre writing	Yes	No
	Pre math	Yes	No
	Measure child performance	Yes	No
	Child performance is well documented	Yes	No

11. Provision for consultation and interaction with parents

	Provision for sharing meeting with parents	Yes	No
	Has management committee	Yes	No
	Committee is active	Yes	No
	If yes, have activities	Yes	No

12. Inclusiveness**13. Other Observations**

.....

.....

.....

Signature:

Designation

Date:

Appendix B

Interview questionnaire/schedule for Parent

General information

Name:

Educational qualification:

Occupation:

Both parent mother only father only

Monthly income:

Mother father

Other income source:

Service Status: Govt Private None

Residential status: Rented Own

Family members:

1. What is your opinion about DCC
2. What are the things your child has learnt from DCC?
3. What are the benefits you getting from DCC (Officially, personally)?
4. What are the strengths of DCC?
5. What are the weaknesses of DCC?
6. Is any Environmental (heavy rain water logging and hot) effect to DCC?
7. If yes what happen -----
8. What are the opportunities of that you can use for the betterment of DCC (From parents, your office and Govt. Perspective?)
9. Is there any effect of urbanization or nuclear family trends?
10. What are your recommendations to improve DCC?

Appendix C

Interview questionnaire/schedule for Caregiver

General information

Name:

Educational qualification:

Working Experience:

Monthly income:

Family members:

1. How do you feel to teach in DCC?
2. What are the things children has learnt from DCC?
3. What are the benefits you getting from DCC (personal, family, official)?
4. What are the strengths of DCC?
5. What are the weaknesses of DCC?
6. Is any Environmental (heavy rain water logging and hot) effect to implement DCC?
.....
....
7. What are the opportunities that you can use for the betterment of DCC (From parents and Govt. perspective perspective?
8. What are the challenges to guide children at DCC?
.....
9. Does child affect in contaminated disease?
10. If yes what are the preventive measure taken by her?
11. If any injury happens, what are the measures taken by care givers?
12. Can care giver manage challenging behavior of child and how?

Appendix D
Interview questionnaire/schedule for Teacher
General information

Name:

Educational qualification:

Working Experience:

Family members:

1. What is the opinion about DCC?
2. What are the things children has learnt from DCC?
3. What are the benefits you getting from DCC?
4. What are the strengths of DCC?
5. What are the weaknesses of DCC?
6. Is any Environmental (heavy rain water logging and hot) effect to implement DCC?
.....
.....
8. What are the opportunities that you can use for the betterment of DCC (From parents and Govt. perspective perspective?
9. What are the challenges to guide children at DCC?
10. Does child affect in contaminated disease?
11. If yes what are the preventive measure taken by her and how?
12. Is there any guide line to take preventive measure of contaminated diseases?
13. If any injury happens, what are the measures taken by care givers?
14. Is the DCC environment safe from fire, accidents and to her hazards and how?
15. Is there any effect of urbanization or nuclear family trends on DCC?

Appendix E

Interview questionnaire/schedule for DCC officer

General information

Name:

Educational qualification:

Working Experience:

Involvement at work

Both parent mother only father only

Monthly income: Mother father

Other income source:

Service Status: Govt Private None

Residential status: Rented Own

Family members:

Care givers status of child at home: Alternative caregiver none

1. What is your experience about DCC?
2. What are the things children has learnt from DCC?
4. What are the strengths of DCC?
5. What are the weaknesses of DCC?
6. Is any Environmental (heavy rain water logging and hot) effect to implement DCC?
7. If yes what happen -----
8. How does effect on DCC when management level become change?
9. What are the opportunities that you can use for the betterment of DCC?
(From parents, community and Govt. perspective)
10. Do you feel challenge to meet parents demand?
11. Are there any legislative effects in implementing DCC?
12. If yes what are they.....
13. Is there any effect on DCC of urbanization or nuclear family trends?
14. Are they used the facility of technology development and innovation in DCC

Appendix F

Interview questionnaire/schedule for Director

Name:

Working Experience:

1. What is your feeling about DCC?
2. What are the strengths of DCC?
3. What are the weaknesses of DCC?
4. Is any Environmental (heavy rain water logging and hot) effect to implement DCC?
5. If yes what happen -----
6. Is all internal staff well sustaining and have internal capabilities?
7. How does effect DCC in management level change
8. What are the opportunities that you can use for the betterment of DCC (From parents, development sectors and Govt. perspective?
9. Do they conduct survey to assess the need of DCC in urban settings?
10. Is there any legislative effect in implementing DCC and how?
11. If yes what are they.....
12. Is there any effect on DCC of urbanization or nuclear family trends?
13. Do they use the facility of technology to improve DCC and how?
14. Do you evaluate/ research on DCC to disseminate information?
15. Do they develop partnerships with other agencies to hire technicalities and how?
16. Do they mobilize fund from other development sectors except revenue budget and how?
17. Do they initiate advocacy to raise fund for DCC?
18. Do they initiate advocacy to scale up DCC to meet parents demand.
19. Is all internal staff well sustaining and have internal capabilities?

Appendix G

Focus Group Discussion guideline

1. What is your opinion about DCC?
2. What are the things you do like (4 positive practice) in DCC and why?
3. What are the things you do not like (4 negative practice) in DCC and why?
4. How do you see the future of DCC?

Good for future.....

Bad for future
5. What are the problems in DCC?
6. What are the remedies to improve DCC?
7. Do you have opportunity to provide recommendation in developing DCC (about child, quality, -----)?
8. What are the changes seen in child's attitude, behavior before and after getting admission in DCC?