

Performance Assessment of the Pilot Program of *Shishu Bikash Kendra*

Submitted to

Bangladesh Shishu Academy

Ministry of Women and Children Affairs

Government of the People's Republic of Bangladesh



Submitted by

**Bangladesh Institute of Development Studies (BIDS)
E-17, Agargaon, Sher-e-Bangla Nagar, Dhaka-1207**

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A Report Prepared for:

Bangladesh Shishu Academy

Ministry of Women and Children Affairs

Government of the People's Republic of Bangladesh

June 2018

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Final Report

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Contents

Abbreviation	iv
Chapter 1: Introduction	1-10
1.1 Background and Overview	1
1.1.1. Rights of Children: the UNCRC	2
1.1.2. Child Rights ‘Clusters’	4
1.2. Shishu Bikash Kendra	4
1.3. Rationale	6
1.4. Objectives of the Study	6
1.4.1. Goals and Objectives	6
1.4.2. Scope of the Study	7
1.5. Methodology	8
1.5.1. Sample Selection	8
1.5.2. Data Collection Instruments	9
Chapter 2: Socio-Economic Profile of the Children Staying in the Shishu Bikash Kendra	11-17
2.1 Socio-Economic Characteristics	11
2.2 Duration of Stay in the Center	14
2.3 Reasons for coming to the Center	15
2.4 Parents’ Occupation	15
Chapter 3: Facilities of Shishu Bikash Kendra	18-25
3.1 Prevalence of Sickness and Health Seeking Behavior	18
3.2 Education and Training Facilities	20
3.3 Meals	21
3.4 Recreation Facilities	21
3.5 Perceptions and Expectations	22

Chapter 4: Findings from KIIs and FGDs	26-34
4.1 Introduction	26
4.2 Reasons for Coming to the SBK	26
4.3 Frequency of Meals per Day	28
4.4. Access to Bath and Toilet Facilities	29
4.5 Recreation Facilities	29
4.6 Type of Assistance/Support Needed by Children	29
4.7 Voices of Children	29
4.8 Case Studies	31
Chapter 5: Discussion and Recommendations	35-39
5.1 Discussion of Major Issues	35
5.2 Rights of Children and the Role of SBK	36
5.3 Recommendations	37
References	40
Appendices	41-72

ABBREVIATION

ASBK	Azimpur Shishu Bikash Kendra
BSA	Bangladesh Shishu Academy
CSBK	Chittagong Shishu Bikash Kendra
CRC	Convention on the Rights of the Child
GSBK	Gazipur Shishu Bikash Kendra
KSBK	Keraniganj Shishu Bikash Kendra
KHSBK	Khulna Shishu Bikash Kendra
MoWCA	Ministry of Women and Children Affairs
RSBK	Rajshahi Shishu Bikash Kendra
SBK	Shishu Bikash Kendra
UNCRC	United Nations Convention on the Rights of the Child

Chapter 1

Introduction, Objectives and Methodology

1.1 Background and Overview

Childhood is a time when children should be allowed to grow and develop to their full potential: healthy children in school and at play, growing strong and confident with the love and encouragement of their family and an extended community of caring adults, gradually taking on the responsibilities of adulthood, free from fear, safe from violence, protected from abuse and exploitation.

It shall be the policy of the state to provide adequate services to children, both before and after birth and through the period of growth to ensure their full physical, mental and social development. Unfortunately, a vast majority of children in Bangladesh, as in many other third world countries, are deprived of the basic human rights, including the right to a happy childhood and opportunities to realize their full human potential. When they should be enjoying their childhood – many children in Bangladesh toil long hours and receive paltry wages. Their childhood slips away as they risk both physical and mental well-being.

However, among all the children the condition of street children is the worst – without home and shelter, without basic necessities, without hope – they work long hours in exploitative circumstances. Such circumstances impede physical, mental and intellectual development of the child. They work long hours in unhygienic conditions, the hazards that these children face are many and varied, where neither the family nor law accord protection. Their labour is cheapest, their working hours can be longest and their bargaining power is non-existent.

Kofi Annan, the ex-Secretary General of the United Nations, said, “.....the years of childhood hold a special place as an ideal we all hope to realize – a place in which all children are healthy, protected from harm and surrounded by loving and nurturing adults who help them grow and develop to their full potential” (The State of the World’s Children, 2005).

But for children belonging to vulnerable groups, childhood is starkly and brutally different from the ideal we all aspire to. Poverty denies them their dignity, endangers their lives and limits their potential. Conflict and violence rob them of a secure family life; betray their trust and their hope. Many children are deprived of love, care and protection in a family environment with hardly any scope to survive, grow, develop and participate. For them, childhood is an empty word and a broken promise. Every one of us has a role to play in ensuring that every child (including children belonging to the most disadvantaged group), enjoys his/her childhood.

Children are the most valuable assets of any nation. Their nurture and solicitude are our prime responsibility. While the ultimate resource of a country is its human resource, mere head does not become a resource. Proper nourishment of children, their education, their health care, their clothing and housing should be the first priority in national planning. It is through children that humanity transmits the values, knowledge and skills, which ensures its survival. When we speak of children’s survival therefore, we are really safeguarding our own future and that of our planet.

There is nothing more certain, than that children shall inherit this earth, and that they should reap the benefits of the harvest we sow. Since that is true, there is an indisputable rationale, in fact, a compelling pre-destiny in planning adequately for children. Because ultimately, it is the human beings that count; and if the human being counts, he counts much more as a child than as a grownup.

1.1.1 Rights of Children: the UNCRC

The rights of children have become a matter of great importance in today's world. In this regard, on 20th November 1989, the UN General Assembly unanimously adopted the Convention on the Rights of the Child (CRC). Ratified by all but two countries, the Convention came into force on September 2, 1990.

For ensuring the rights of the child, the “Convention of the Rights of the Child- 1989” (CRC) is the most important step to date. The UN ‘Convention on the Rights of the Child’, 1989, is an important break-through in enhancing children's rights. It has evolved out of earlier efforts such as the Declaration of the Rights of Child, adopted by the League of Nations in 1924, and the UN Declaration of Rights of the Child of 1959. Indeed, these initial efforts were important, but compared to the CRC—which is wide in its consideration of rights of child and binding- they were limited in scope and non-binding. Moreover, we should also note that the 1924 declaration and UN declaration of 1959 expressed the quest for child rights in terms of need for ‘special safeguards’ (in the aftermath of the first world war), and from the point of view that ‘mankind owes to children the best it has to offer’, respectively. The CRC's focus, on the other hand, is expressed in terms of the ‘best interest of the Child’ and meant that child's rights involved **provision, protection, prevention, and also, participation** in influencing one's own situation and decision-making [D Fottrell 1999: 179]. Thus, post-1960s witnessed an ideological shift in perception of child rights— from ‘protection to autonomy, from nurturance to self-determination, from welfare to justice’ [Michael Freeman 1992:3].

The CRC exhibits an innovative and integrationist approach to a Child's rights, as it combines economic, social, cultural, and civil and political rights in a single human rights instrument. Articles 1 to 40 make provision for substantive rights, whereas Articles 41 to 53 deal with the implementation procedure. Substantive rights include both provision for ‘survival and ’ (Articles 6(2),9,19,23,24,26,28,29,31 and 37¹ of the convention) and also uphold the child's participatory rights (Articles 12-18). Further, convention expects that decisions of governments and adults will reflect actions in ‘best interests of the child’ (Article 3). The focus of CRC revolves around, ‘child as the bearer of individual human rights’.

The government of Bangladesh (GOB), since its ratification of the United Nations Convention on the Rights of the Child (UNCRC), has undertaken positive steps to promote and protect the rights of the children. At the UN Millennium Summit held in New York in 2001, GOB has reaffirmed its commitment to Child Rights by signing two optional protocols on UNCRC. This is, no doubt, an important milestone towards promoting and providing support to the children in

¹ Article 6 (which stresses on survival and development) if used in conjunction with Article 37 (which provides that no child is subjected to capital punishment or life imprisonment) makes the right to life meaningful, hence, serves the best interest of the child.

distress. The Convention was adopted in the fulfillment of children's rights to survival, health and education through the provision of essential goods and services, and a growing recognition of the need to create a protective environment to shield children from exploitation, abuse and violence. The CRC put major emphasis on four main areas of child rights: **survival, development, protection and participation.**

Human rights are "rights" which attach to all human beings **equally** whether men, women or children – whatever their nationality. According to UN charter, every child can claim all the rights guaranteed by the universal declaration of Human Rights. His rights are further guaranteed by the declaration of the rights of the child adopted by the General Assembly on 20 November 1959; which proclaimed that "The child by reason of his physical and mental immaturity, needs special safeguards and care including appropriate legal protection before as well as after birth". The member states of the World body have also unanimously adopted the declaration of the rights of the child ensuring his right to adequate nutrition, medical care, education, housing and rights to learning to be useful members of the society. According to UN declaration, the child shall enjoy special protection and shall be given opportunities and facilities, by law and other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity.

But all the rhetoric and solemn proclamations about the rights of men and women will come to naught, after all, if the basic rights of the child – rights to survival, protection, development, and participation (including the rights of education, health, job opportunity, food and housing) cannot be secured. It is plain that just as a weak foundation will not support a strong superstructure, so an illiterate, under-nourished, sick and psychologically insecure child cannot mature into an adult who enjoys the state of well-being to which the world body aspires.

Each child has a right to adequate nutrition, medical care, education and the right to be useful members of the society. Children certainly deserve the status of best assets since they are the ones who will play the major social role in the future. But unfortunately, majority of the Bangladesh children are unhealthy, badly nourished and without education; and they suffer violence in the home, in schools, at workplace, and on the street. The available evidence suggests that nutritionally, educationally and in terms of their mortality, morbidity health care and other socio-economic and welfare indicators, children in Bangladesh present a very dismal picture. But children are not a homogeneous group; some children are more disadvantaged than others (i.e., disabled and destitute children, street children, child domestic worker). Children who are disadvantaged physically, socially and economically deserve our special attention, because they are attempting to survive under difficult circumstances and need special protection commensurate with the particular condition that causes the stress. Among all the vulnerable children, the condition of girl child is even more serious; because compared to boys, girls are more likely to be abused, exploited and suffer deprivation of different kinds, including sexual exploitation.

According to the convention on the Rights of the Child, children are entitled to have three basic rights. These are: (i) The right to health care, education and care within a family setting; (ii) The protection of the rights of the child to be defended from anything harmful, or any work which is exploitative as well as protection from physical or mental abuse; (iii) The right to participate in the decisions affecting their lives and their future opportunities.

1.1.2 Child Rights ‘Clusters’

The Convention (CRC) aims to set universal standards for the defense of children against neglect, exploitation and abuse and apply to four main areas of children’s rights: survival, development, protection, and participation. The rights contained in the Convention are generally categorized into four clusters.

- **Survival Rights:** These include right to the basic things, which sustain life such as health care, nutritious food, clean water and a hygienic environment.
- **Protection Rights:** These include the rights of the child to be defended from anything harmful, or any work which is exploitative as well as protection from physical or mental abuse;
- **Development Rights:** These include the rights of children in high-risk situations such as refugee children, children without families and children vulnerable to exploitation abuse and neglect.
- **Participation Rights:** These include the rights of children to have their views taken into account, to associate freely with others and to seek, receive and express information and ideas.

Four Key Principles include (i) Non-Discrimination, (ii) The best interest of the child, (iii) Parents’ responsibilities in upholding children’s rights, and (iv) Respect for the views of the child.

1.2 Shishu Bikash Kendra

Children are the most valuable assets of any nation. Their nurture and solicitude are our prime responsibility. While the ultimate resource of a country is its human resource, mere head does not become a resource. Proper nourishment of children, their education, their health care, their clothing and housing should be the first priority in national planning.

Each child has a right to adequate nutrition, medical care, education and the right to be useful members of the society. Children who are disadvantaged socially and economically, and live under difficult circumstances deserve our special attention. This against the background of general deprivation that *Shishu Bikash Kendra* Program has been undertaken for improving the condition of Street Children for implementation by *Shishu* Academy under the Ministry of Women and Children Affairs (MoWCA), Government of Bangladesh. The major objective of the program is to provide accommodation and support the development of distressed children by strengthening their survival skills and providing opportunities for a productive future through community-based interventions.

To bring meaningful and long lasting changes in the lives of vulnerable/destitute children, a holistic programme approach is needed. *Shishu Bikash Kendra* (SBK) was initiated by the government for improving vulnerable/destitute children’s environment and to improve the quality of life and future prospects of these children. *Shishu* Academy, under the MoWCA has designed a holistic model that will directly reach 1500 children (250 under each SBK) and promote their education, livelihood opportunities, health care and protection. The SBK currently

being implemented by *Shishu* Academy aims to improve the quality of life of these deprived children through providing accommodation and food with major focus on education and training.

Child welfare programmes, like the *Shishu Bikash Kendra* which essentially imply coordinated focus on children, should be viewed as socially and economically productive investments for the well-being of coming generations. Children who are economically and socially handicapped, or who are otherwise in distress, are provided facilities of education, training and rehabilitation under the program strategies implemented by *Shishu Bikash Kendra*. Life skill training is also provided at the SBK to empower the children to make choices about their future, raising their self-esteem and their ability to manage their own lives. There are also opportunities to explore other activities such as sports and music.

Girls and boys who are socially and economically vulnerable do not have access to formal education and have limited scope of acquiring vocational skills. Therefore, they become trapped in a cycle of low-skilled, low-income employment that further pushes them into the vicious cycle of inter-generational poverty². These children are mostly excluded group from all areas of rights. Every moment is a struggle for them. Their life is characterised by poor health and sanitation practices, deviant behaviour and social isolation. Girls are especially vulnerable, because they are likely to be sexually exploited and suffer other forms of exploitation (some may be forced to prostitution); while many male children are found to be engaged in anti-social activities including drug abuse. In spite of various attempts taken by the Government, national and international NGOs there are no significant accomplishments observed in Bangladesh regarding the situation of distressed children.

It shall be the policy of the state to provide adequate services to children, by strengthening their survival skills and providing opportunities for a productive future in order to ensure their full physical, mental and social development. Bangladesh is committed to meet all children's needs, including distressed children.

Each child has a right to adequate nutrition, medical care, education and the right to be useful members of the society. Children certainly deserve the status of best assets since they are the ones who will play the major social role in the future. But unfortunately, majority of the vulnerable children are unhealthy, badly nourished and without education. The available evidence suggests that nutritionally, educationally and in terms of their access to services, these children present a very dismal picture. The children who are disadvantaged socially and economically, and live under difficult circumstances deserve our special attention.

This against the background of general deprivation that *Shishu Bikash Kendra* Program has been undertaken for improving the condition of Street Children for implementation by *Shishu Academy* under the Ministry of Women and Children Affairs (MoWCA), Government of Bangladesh. The major objective of the program is to provide accommodation and support the development of distressed children by strengthening their survival skills and providing opportunities for participation in productive activities.

² World Bank (2006), Dhaka: Improving Living Conditions for the urban Poor, Dhaka.

1.3 Rationale

All the rhetoric and solemn proclamations about the rights of men and women will come to naught, after all, if the basic rights of the child -- including the rights of education, health, job opportunity, food and housing cannot be secured. It is plain that just as a weak foundation will not support a strong superstructure, so an illiterate, under-nourished, sick and psychologically insecure child cannot mature into an adult who enjoys the state of well-being to which the world body aspires.

It should be mentioned that early childhood constitutes the base of human resource and the state of well-being of a nation's child population is a key indicator of the nation's present and future health. Child welfare programmes, like the *Shishu Bikash Kendra* which essentially imply coordinated focus on children, should be viewed as socially and economically productive investments for the well-being of coming generations. Children who are economically and socially handicapped, or who are otherwise in distress, are provided facilities of education, training and rehabilitation under the program strategies implemented by *Shishu Bikash Kendra* (SBK). Life skill training is also provided at the SBK to empower the children to make choices about their futures, raising their self-esteem and their ability to manage their own lives. There are also opportunities to explore other activities such as sports and music.

The main purpose of SBK is to address issues of the socially/economically handicapped children through giving emphasis on basic education and numeracy, education for livelihoods with due focus on protection and skill development issues. The BSA under MWCA wants to carry out a study in order to assess the performance of the SBK in improving the quality of life of the children and the present study is an endeavour in this regard. The performance assessment has been undertaken to see how far the SBK program has been successful in creating opportunities for the children-to rehabilitate them and providing them with safe accommodation including facilities of education and training so that they can become useful citizens.

1.4 Objectives of the Study

1.4.1 Goals and Objectives

The general objective of the study is to examine the process of targeting and selection of children and assess the situation of children living in the SBK. The specific objectives are to:

- Review the targeting, selection and implementation process of SBK.
- Provide a comprehensive analysis on different aspects of the program design and implementation process including targeting efficiency and beneficiary selection,
- To give an overview of the socio-economic background of the children living in the six SBK with respect to:
 - age and sex composition
 - educational background
 - reasons for leaving homes

- facilities available at the SBK
 - problems faced by the children at the SBK
 - views and attitude of children towards service providers
- Assess the impact of the program on the well-being of children (in terms of education, skill development)
 - Identify the nature of problems and other weaknesses in the program with a view to drawing necessary policy implications.
 - Draw appropriate lessons for necessary adjustments for improving the efficiency and effectiveness of the program.

1.4.2 Scope of the Study

The study focus has been directed toward assessing the appropriateness, effectiveness and efficiency of the activities implemented under the SBK with regard to:

- Planning;
- Organization;
- Implementation; and
- Financing.

More specifically, the study will:

- examine the impact on the lives of the beneficiary children:
 - with regard to education and numeracy;
 - skill development and training;
- Assess the quality issues (of SBK) with regard to:
 - -shelter
 - -food
 - -health care and education
 - -skill development training
 - -psychological counseling
 - -security and protection and
 - -re-integration with families
- Discuss with implementing actors at district and upazila levels to solicit their views on successes, challenges and scope for further improvements.

- To make concrete recommendations regarding policy framework and institutional development of SBK, for improving the situation of children including human resources mobilization geared to the promotion of the interest of street children.

1.5 Methodology

The study has been employed a two-track methodology:

1. The first track consists of analysis of secondary sources of data. An indicative list of the sources of secondary data is given below:
 - Government documents/reports;
 - Documents/reports of NGOs (if any);
 - Reports of bilateral/multilateral agencies (if available);
2. The second track consists of:

Situation analysis of the children staying in the SBK: living conditions and well-being, education and skill development, access to and quality of services. Information is obtained through:

- Questionnaire survey
- Key Informant interview (KII)
- discussion with relevant officials of implementing agencies
- case studies of street children
- participant observation

1.5.1 Sample Selection

The evaluation study has been covered the three batches of child beneficiaries: Foundation Phase (Class I-III), Development Phase (Class IV-VI) and Employment Phase (Class VII-VIII).

- The sample has been covered about 50% of the total number of children in the SBK (i.e. 60 children from each Kendra/centre);
- The sample consists of 60 children from each SBK;
- The sample has been equally distributed over the 3 categories of children (Foundation Phase, Development Phase, and Employment Phase);

Table 1: Number of Sample for each SBK

Name of SBK	Total children	Foundation Phase	Development Phase	Employment Phase
Azimpur Shishu Bikash Kendra ,Dhaka	60	20	20	20
Keraniganj Shishu Bikash Kendra, Dhaka	60	20	20	20
Gazipur Shishu Bikash Kendra	60	20	20	20
Chittagong Shishu Bikash Kendra	60	20	20	20
Khulna Shishu Bikash Kendra	60	20	20	20
Rajshahi Shishu Bikash Kendra	60	20	20	20
All	360	120	120	120

1.5.2 Data Collection Instruments

The study has utilized both qualitative and quantitative information with major emphasis on the following:

Content of the changes:

We need to articulate what changes we are seeking to observe. These ‘changes expected’ should be on two levels:

- Impact on children’s well-being
- Development of structures/ mechanisms and capacity that make these impacts more likely to occur with significant scale and sustainability through changes in policy, practice, structures, etc.

Ultimate impact on children’s wellbeing in terms of:

- Their survival, development and protection
- Their participation in decision making and activities that affect them
- Their experience of learning and skill development training

Key Informant Interview (KII)

In addition to indepth survey of beneficiaries, information has been obtained through Key Informant Interviews. Several KII is conducted with of decisionmakers/ service providers including: District Coordinator/Child affairs Officer, Program Officers, and members of National

Steering Committee (NSC), District Steering Committee (DSC), and Project Implementation Committee (PIC). Emphasis has been given for identification of existing gaps and lapses, and suggestions for improving the performance.

Case Study

A one-shot survey is usually deficient in many respects for an understanding of the complex issues involved with regard to the conditions of street children living in the SBK. Thus, a single interview however in-depth and intensive may not be able to capture the type of problems suffered by street children living in the SBK. For a deeper understanding of the realities of children's lives in the SBK several individual case studies and life histories have been prepared. The case studies provide valuable background on the quality of life of these children with particular emphasis on their access to food, education, and health care. In the case studies particular attention is given to female children because they are more vulnerable than their male counterparts. From each SBK, at least four Case Studies have been prepared – while for the girls in Azimpur SBK, eight Case Studies have been prepared. In preparing the case studies, particular attention is given to the following aspects:

- reasons for coming to the SBK
- living conditions in the SBK
- whether experienced any harassment and mal-treatment
- difficulties in getting access to basic services
- perceptions about the quality of services received

A wide range of issues and concerns are covered, including:

- Socio-economic background;
- Deprivations and difficulties experienced before coming to SBK;
- Mal-treatments and abuse by others (mastans, law-enforcing agencies);
- Substance abuse and sexual exploitation, etc.

The evaluation study provides an opportunity to assess the programme's achievement with regard to the short and long term impact of the services provided by SBK to the specific beneficiaries and children at large.

Chapter 2

Socio-Economic Profile of the Children Staying in the Shishu Bikash Kendra

2.1 Socio-Economic Characteristics

This chapter presents the socio-economic profile of the children staying in six *Shishu Bikash Kendra* (child development centers) of Bangladesh. The data for this study largely come from the field survey conducted in 6 (six) *Shishu Bikash Kendra* (stated earlier) of Bangladesh. As already mentioned, a total of 360 children were interviewed, of them 300 (83.3%) were boys and the rest 60 (16.7%) were girls. The proportion of girls in the sample is lower than that of boys. This happened mainly because there is only one *Shishu Bikash Kendra* (out of six) for girls.

Table 2.1: Distribution of Children by Center and by sex

Center	Boy		Girl		Total	
	N	%	N	%	n	%
Azimpur SBK	0	0	60	100	60	100
Keraniganj SBK	60	100	0	0	60	100
Gazipur SBK	60	100	0	0	60	100
Chittagong SBK	60	100	0	0	60	100
Rajshahi SBK	60	100	0	0	60	100
Khulna SBK	60	100	0	0	60	100
Total	300	83.3	60	16.7	360	100

Age and Religion

The underprivileged children are referred to by a variety of terms; street children, abandoned children, homeless children, separated children, orphans, waifs, foundlings, urchins and unaccompanied children and they find themselves marginalized, abused, exploited and victimized. The mean age of sample children by center is given in Table 2.2. It can be seen the overall mean age is found to be 11.4 years.

Table 2.2: Mean Age by Shishu Bikash Kendra

Name of Shishu Bikash Kendra	Age(Mean)	N
Azimpur SBK	12.15	60
Keraniganj SBK	11.68	60
Gazipur SBK	10.45	60
Chittagong SBK	10.17	60
Rajshahi SBK	12.55	60
Khulna SBK	11.38	60
Total	11.40	360
F=13.99 ; P-value=0.000		

The distribution of children by religion is presented in Table 2.3. It is clear from the table that among the surveyed children, 92.8 per cent are Muslim, 1.7 per cent are Hindu, 5 per cent are Christian and 0.6 per cent are Buddhist.

Table 2.3: Percentage Distribution of Children by Religion

Center	Muslim		Hindu		Christian		Buddhist		Total	
	N	%	N	%	N	%	N	%	N	%
Azimpur SBK	60	100.0	0	0.0	0	0.0	0	0.0	60	100.0
Keraniganj SBK	53	88.3	0	0.0	7	11.7	0	0.0	60	100.0
Gazipur SBK	60	100.0	0	0.0	0	0.0	0	0.0	60	100.0
Chittagong SBK	45	75.0	2	3.3	11	18.3	2	3.3	60	100.0
Rajshahi SBK	59	98.3	1	1.7	0	0.0	0	0.0	60	100.0
Khulna SBK	57	95.0	3	5.0	0	0.0	0	0.0	60	100.0
Total	334	92.8	6	1.7	18	5.0	2	0.6	360	100.0
Chi square=59.74 ; p=0.000										

Educational Status

Table 2.4 presents the distribution of children by educational status. The survey reveals that about three-fifth (65%) of the children have education ranging from Class 3 to Class 6 where children of Class 3 is highest (18.6%).

Table 2.4: Distribution of Children by Level of Education

Class		Center						Total
		Azimpur SBK	Keraniganj SBK	Gazipur SBK	Chittagong SBK	Rajshahi SBK	Khulna SBK	
Class 1	N	0	0	12	8	0	0	20
	%	0.0	0.0	20.0	13.3	0.0	0.0	5.6
Class 2	N	0	0	12	10	2	0	24
	%	0.0	0.0	20.0	16.7	3.3	0.0	6.7
Class 3	N	10	10	7	16	15	9	67
	%	16.7	16.7	11.7	26.7	25.0	15.0	18.6
Class 4	N	9	10	12	12	6	10	59
	%	15.0	16.7	20.0	20.0	10.0	16.7	16.4
Class 5	N	9	10	2	12	11	10	54
	%	15.0	16.7	3.3	20.0	18.3	16.7	15.0
Class 6	N	18	10	6	0	10	10	54
	%	30.0	16.7	10.0	0.0	16.7	16.7	15.0
Class 7	N	6	10	2	0	8	10	36
	%	10.0	16.7	3.3	0.0	13.3	16.7	10.0
Class 8	N	8	10	1	2	8	11	40
	%	13.3	16.7	1.7	3.3	13.3	18.3	11.1
Class 9	N	0	0	2	0	0	0	2
	%	0.0	0.0	3.3	0.0	0.0	0.0	.6
Class 10	N	0	0	4	0	0	0	4
	%	0.0	0.0	6.7	0.0	0.0	0.0	1.1
Total	N	60	60	60	60	60	60	360
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Chi2=172.76 ; p=0.000

Persons with whom Children came to the Center

The children are mainly compelled to come to the center in search of better livelihood. Table 2.5 reveals that about 41.7% of the children came to the center with their parents, 20 per cent of the children came with relatives, 1.7 per cent came with brother/sister, 18.3 per cent came with neighbors, while 1.7 per cent came with the help of government officer / officer of *Shishu Bikash Kendra* .

Table 2.5: Persons with whom Children came to the Center (In Percent)

Center	Father / mother	Friends	Relatives	Brother /sister	Neighbors	Strangers	With the help of government officer /officer of Shishu Bikash Kendra	Through the support of workers / relatives	Other
Azimpur SBK	41.7	0.0	20.0	1.7	18.3	1.7	1.7	13.3	1.7
Keraniganj SBK	11.7	0.0	63.3	3.3	10.0	0.0	0.0	6.7	5.0
Gazipur SBK	43.5	0.0	30.6	4.8	14.5	0.0	3.2	0.0	3.2
Chittagong SBK	73.0	0.0	19.0	3.2	3.2	0.0	0.0	0.0	1.6
Rajshahi SBK	59.0	1.6	23.0	4.9	4.9	0.0	0.0	0.0	6.6
Khulna SBK	38.3	0.0	18.3	0.0	26.7	1.7	6.7	8.3	0.0
Total (%)	44.8	.3	29.0	3.0	12.8	.5	1.9	4.6	3.0
Total Responses/cases	164	1	106	11	47	2	7	17	11
Chi2=156.79 ; p=0.000									

2.2 Duration of Stay in the Center

In terms of duration of stay in the center, all children have been staying in the center for more

Table 2.6: Duration of Stay in the Center

Center	Month(Mean)	N
Azimpur SBK	61.67	60
Keraniganj SBK	46.30	60
Gazipur SBK	25.20	60
Chittagong SBK	30.42	60
Rajshahi SBK	46.47	60
Khulna SBK	41.33	60
Total	41.90	360
F=15.14; p=0.000		

than two years, while on average, children of Azimpur center have been staying more than 5 years which is highest and children of Gazipur center have been staying one year and one month which is lowest in position.

2.3 Reasons for coming to the Center

A variety of reasons were cited by the children, for coming to the center. Poverty, lack of food/shelter, injustice of step mother/step father, broken families, father/ mother / guardian/relatives' wanting etc. are some of the reasons frequently cited by the responding children as the major reasons for coming to the center. The data in Table 2.7 reveals a gloomy picture. Most children came because they were living either in abject poverty or in abject misery. They were forced to leave home mainly due to poverty/landlessness (cited by 41.73%), lack of food (cited by 31.16 %), Father / mother wanted (reported by 9.82%), and relatives wanted (reported by 2.07%). A proportion (1.42%) of children left home when living with stepmother/stepfather became intolerable. The findings suggest that the influx of children in the urban areas could be reduced significantly through social safety nets initiated by the government or through poverty alleviation programs targeted to the children of hard core poor family.

Table 2.7: Reasons for Coming to the City (In Percent)

Center	Due to lack of poverty	Injustice of stepmother	Injustice of stepfather	Father / mother wanted	Relatives wanted	Lack of food	Other
Azimpur SBK	17.6	0.0	0.0	18.4	18.8	14.1	3.7
Keraniganj SBK	18.6	12.5	33.3	6.6	6.3	24.1	18.7
Gazipur SBK	14.6	12.5	0.0	23.7	18.8	7.9	25.2
Chittagong SBK	13.9	0.0	0.0	43.4	56.3	16.6	23.4
Rajshahi SBK	18.6	12.5	33.3	1.3	0.0	24.5	26.2
Khulna SBK	16.7	62.5	33.3	6.6	0.0	12.9	2.8
Total (%)	41.73	1.03	0.39	9.82	2.07	31.14	13.82
Total Responses/cases	323	8	3	76	16	241	107
Chi ² =368.3 ; p=0.000							

2.4 Parents' Occupation

The parents of children are found to be engaged in a wide range of activities. In case of child's father, occupation include agricultural laborer, bricklayer/painter, wood mechanic, construction workers, brick field workers, employees in the shop or in the business, hawker, rickshaw / van puller, transport driver, transport helper, coolie, mechanic, shoemaker, tailor, handicraft worker,

household worker, garment workers, other industrial workers, small businessman, work in garage/workshop, work in cigarette / tea shop, farmers etc. Most frequently mentioned activities of father are agricultural laborer (35%), rickshaw / van puller (18%), small businessman(6.7%), transport driver(4.3%), farmers (4.5%) etc.(Table 2.8).

By contrast, child's mother are more likely to be engaged in agricultural laborer, bricklayer/painter, wood mechanic, construction workers, brick field workers, house maid, tailor, handicraft worker, household worker, garment workers, other industrial workers, small businessman, work in garage / workshop, work in cigarette / tea shop etc. Most frequently mentioned activities of mother are house maid (26.2%), household worker (45.5%) (Table 2.9).

Table 2.8 Fathers' Occupation

Occupation	Total	
	N	%
Jobless	5	1.8
Agricultural laborer	99	35.0
Bricklayer/painter	13	4.6
Wood mechanic	4	1.4
Construction workers	3	1.1
Brick field workers	1	.4
Employees in the shop or in the business	5	1.8
Hawker	2	.7
Rickshaw / van puller	51	18.0
Transport driver	12	4.3
Transport Helper	4	1.4
Coolie	1	.4
Mechanic	1	.4
Shoemaker	1	.4
Tailor	2	.7
Handicraft worker	1	.4
Household worker	1	.4
Garment workers	4	1.4
Other industrial workers	3	1.1
Small businessman	19	6.7
Work in Garage / Workshop	1	.4
Work in Cigarette / tea shop	2	.7
Farmers	13	4.5
Other	34	12.0
Total	282	100.0

Table 2.9: Mothers' Occupation

Occupation	Total	
	N	%
Agricultural laborer	2	.6
Bricklayer/painter	2	.6
Construction workers	1	.3
Brick field workers	2	.6
House maid	85	26.2
Tailor	5	1.5
Handicraft worker	5	1.5
Household worker	147	45.5
Garment workers	22	6.8
Other industrial workers	6	1.9
Work in Cigarette / tea shop	1	.3
Washing in Hotel / Restaurant	2	.6
Paper//garbage collector	1	.3
Other	43	13.3
Total	324	100.0

Chapter 3

Facilities of Shishu Bikash Kendra

3.1 Prevalence of Sickness and Health Seeking Behavior

Disease Prevalence

This section deals with disease prevalence and treatment received by children. The children were asked whether they suffered from any disease during the last month and the type of treatment they received during their sickness. It may be mentioned here that this study depended on self-reported illness and 25.3 percent reported that they had illness (last month recall span in the present study). The nature of their sickness is presented in Table 3.1 and the type of treatment received by them is presented in Table 3.2. The most common types of sickness are fever followed by gastric and eye disease. More than two-fifths of children suffered from fever (all types) during the last one month preceding the survey.

Table 3.1: Type of Disease Suffered by Children during Last one Month

Do you have any disease during last one month?	Yes		No		Total	
	N	%	N	%	N	%
	91	25.3	269	74.7	360	100.0

Type of Disease	Azimpur SBK		Keraniganj SBK		Gazipur SBK		Chittagong SBK		Rajshahi SBK		Khulna SBK		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Diarrhea / Disease	0	0.0	3	16.7	0	0.0	1	25.0	1	3.0	1	5.9	6	6.3
Dysfunction / Influenza fever / general fever / headache	9	64.3	7	38.9	7	70.0	3	75.0	10	30.3	6	35.3	42	43.8
jaundice / hepatitis	0	0.0	0	0.0	0	0.0	0	0.0	1	3.0	0	0.0	1	1.0
Gastric / ulcer / Chest bleeding	1	7.1	2	11.	0	0.	0	0.0	0	0.0	2	11.8	5	5.2
Eyes disease	0	0.0	0	0.0	1	10.0	0	0.0	3	9.1	0	0.0	4	4.2
Ear disease	0	0.0	0	0.	1	10.	0	0.0	2	6.1	0	0.0	3	3.1
Dental Disease	0	0.0	0	0.0	0	0.0	0	0.0	1	3.0	0	0.0	1	1.0
cough / hooping cough	0	0.	2	11.	0	0.0	0	0.0	1	3.0	0	0.0	3	3.1
Typhoid	0	0.0	0	0.0	0	0.0	0	0.0	1	3.0	0	0.0	1	1.0
Asthma	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	11.8	2	2.1

Dermatitis	0	0.0	4	22.2	0	0.0	0	0.0	7	21.2	1	5.9	12	12.5
breathing trouble / pneumonia	0	0.0	0	0.0	0	0.0	0	0.0	2	6.1	0	0.0	2	2.1
Gynecology	1	7.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.0
Other	3	21.4	0	0.0	1	10.0	0	0.0	4	12.1	5	29.4	13	13.5
Total	14	100.0	18	100.0	10	100.0	4	100.0	33	100.0	17	100.0	96	100.0

Chi2=71.33;p=0.276

Treatment Received during Sickness

Those who were sick during last month were asked whether they received any treatment. Table 3.2 presents the findings on types of treatment received by children during their sickness. The data in Table 3.2 indicates that about 86.5% of the children received some kind of treatment during their sickness. Regarding the type of treatment received, about half (51.8%) consulted government hospital/center. By contrast, 30.1 per cent visited a pharmacy (i.e. purchased medicine), while 6 per cent got treated by nearest MBBS doctors.

Table 3.2: Type of Treatment Received during Sickness (for those who received treatment)

Treatment Received	Yes		No	
	N	%	N	%
Total	83	86.5	13	13.5

Center	Azimpur SBK		Keraniganj SBK		Gazipur SBK		Chittagong SBK		Rajshahi SBK		Khulna SBK		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Government Medical Center / Hospital	7	58.3	5	27.8	9	100.0	2	50.0	12	42.9	8	66.7	43	51.8
MBBS doctors	0	0.0	4	22.2	0	0.0	0	0.0	1	3.6	0	0.0	5	6.0
Homeopathy	0	0.0	1	5.6	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2
Kaviraj / Hakim	0	0.0	0	0.0	0	0.0	0	0.0	1	3.6	0	0.0	1	1.2
Pharmacy Salesman	2	16.7	8	44.4	0	0.0	2	50.0	12	42.9	1	8.3	25	30.1
Childcare center	3	25.0	0	0.0	0	0.0	0	0.0	2	7.1	3	25.0	8	9.6
Other	0	0.0	1	5.6	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2
Total	12	100.0	18	100.0	9	100.0	4	100.0	28	100.0	12	100.0	83	100.0

Chi2=43.76;p=0.05

Health Expenditure

Our findings show that all cost are financed by Shishu Bikash Kendra. It needs to be mentioned here that though health services at the government facilities are supposed to be free of cost, there

are other costs associated with visits to a health facility. Children generally go for treatment with officials (Teacher/guard/Aya etc) of the center.

Access to Bath and Toilet Facilities

It needs to be mentioned here that access to bath and toilet facilities is not convenient as there is one or two bathroom for all children staying in centers. Children were asked whether they wash hands after using toilet. All children mentioned that they wash their hand with soap and water and also mentioned that they take regular bath every day. About 94.7 percent children use soap during their baths (Table 3.3). However, our findings show that 98.6 percent children brush their teeth daily while all children mention that they cut nails regularly.

Table 3.3: Whether Children Wash Hands after Toilet, Brush Teeth Daily and Cut Nails Regularly

Indicators	Total (n=360)	
	N	%
Wash hands with water and soap after toilet	360	100
Use soap during bath	341	94.7
Brush teeth daily	355	98.6
Cut nails regularly	360	100

3.2 Education and Training Facilities

As earlier stated, children are enrolled in different classes. In general, schools are near to the center and they come to school on foot with guard. School Books, dress etc. are provided by SBKs. Respondent children are asked whether they have any training facilities or not. The respondents who have training facilities were asked about their type of training received. About half of responses (50%) are found that they have cultural training followed by technical education (44.4%), sewing (2.6%) and handicraft training program (3%).

Table 3.4: Types of Training (in percent)

Center	Sewing		Handicrafts		Cultural		Technical Education		Total Responses
	N	%	N	%	N	%	N	%	
Azimpur SBK	5	71.4	1	14.3	1	14.3	0	0.0	7
Keraniganj SBK	0	0.0	0	0.0	55	56.1	43	43.9	60
Gazipur SBK	0	0.0	0	0.0	3	10.0	27	90.0	27
Chittagong SBK	0	0.0	0	0.0	30	52.6	27	47.4	46
Rajshahi SBK	2	3.8	0	0.0	41	78.8	9	17.3	50
Khulna SBK	0	0.0	7	26.9	5	19.2	14	53.8	23
Total Responses and Percentage	7	2.6	8	3.0	135	50.0	120	44.4	213

Respondents were asked whether they have participated in different cultural events. Among those who have participated in different cultural events, 45% were found participated in song followed by recitation (25.4%), other (21.3%) and drama (8.2%) program.

Table 3.5: Types of Cultural Events (in percent)

Center	Recitation		Song		Drama		Other		Total Responses
	N	%	N	%	N	%	N	%	
Azimpur SBK	24	34.8	31	44.9	3	4.3	11	15.9	44
Keraniganj SBK	7	12.3	31	54.4	2	3.5	17	29.8	45
Gazipur SBK	2	4.8	33	78.6	0	0.0	7	16.7	39
Chittagong SBK	35	31.8	37	33.6	18	16.4	20	18.2	57
Rajshahi SBK	1	2.2	17	37.0	9	19.6	19	41.3	45
Khulna SBK	30	46.2	26	40.0	0	0.0	9	13.8	54
Total Responses and Percentage	99	25.4	175	45.0	32	8.2	83	21.3	284
Chi2=209.2 ; p=0.000									

3.3 Meals

In order to have an idea about daily food consumption by the children, the respondents were asked about the frequency of meals per day. The data show that children have three meals per day (including breakfast) and one evening refreshment (Nasta) for all SBKs. The amount and quality of food is also equally important for meeting nutritional requirements. Most of the children (86.1 %) mentioned that they can consume sufficient food. There is a routine for daily food items which includes egg, meat, fish, vegetables etc.

3.4 Recreation Facilities

As there is no playground in SBKs, most of the children are deprived of recreational facilities – which adversely affect their physical and psychological well-being. There is no scope for participation in some sort of sports. In most cases, they participated in indoor games. Some children play sports at school playground and also participated in school sports competition. They have opportunity to participate in different cultural activities (i.e. recitation, song, drama etc.). Children have access to watch TV for an hour in the evening.

3.5 Perceptions and Expectations

Respondents were asked whether they have heard about child rights or not. About 75 percent child argued that they have heard. They informed various rights including right to live (40.5%), protection rights (22.2%), right to develop (24%) and right to participate (13.3%) etc. They were asked whether they are getting these rights at the SBK or not. Majority children (66.45) stated that they get these rights all time.

Table 3.6: Perceptions

Questions/Answers	N	%
Have you heard about child rights?		
Yes	267	74.2
No	93	25.8
Total	360	100.0
If yes, what kind of right do you know?		
Right to live	250	40.5
Protection rights	137	22.2
Right to develop	148	24.0
Right to participate	82	13.3
Do you think children are getting these rights at the SBK?		
All time / getting all rights	239	66.4
Getting some cases	67	18.6
Not getting	3	.8
Do not know /understand	51	14.2

Respondents were asked regarding their expectation in life. It is evident from the table that about one-third of children have preferred to do income/get employment (30.1%), another 30 percent argued for “education” followed by “get shelter (17%), ‘social security’ and ‘social dignity’ (each 5.4%) and ‘better health facilities/benefit’ (1.7%). Respondents were asked what they want to be in the future (i.e. their aim in life). From the table it is evident that about one-third of children have stated that they want to be ‘doctor’ (34.17) followed by ‘govt. job holder’ (24.17%), ‘engineer’ (19.72%), player (3.3%), ‘singer’ (1.1%), and ‘actor’ (0.3%) etc. Respondents were asked regarding their feelings in the center. A vast majority (79.7%) stated that they feel very good in the SBK.

Table 3.7: Expectations

Questions/Answers	N	%
What is your expectation of life?		
Get shelter	147	17.0
Do Income / get employment	261	30.1
Education	260	30.0
Better health facilities/benefit	15	1.7
Social security	47	5.4
Social dignity	47	5.4

What do you want to be in the future?		
Government job holder	87	24.17
businessmen	3	.83
Doctor	123	34.17
Nurse	0	0.0
Engineer	71	19.72
Mechanic	0	0.0
player (football / cricketer)	12	3.3
singer	4	1.1
Actor	1	.3
Other	59	16.39
Total	360	100.0
How do you feel at the center (here)?		
Very Good	287	79.7
Good	71	19.7
Not so good	2	.6
Do you have any problem in (center) here?		
Yes	142	39.4
No	218	60.6
Total	360	100.0

Respondents were also asked whether they have any problem or not. About two-third (60%) of children argued that they have no problem. But regarding major problems, responses are found like ‘Many children in one room’ (20.5%) followed by no furniture (bed)(15.3%),no playground(13.2%),poor food quality (8.3%), no own building (7.5%), load shedding(5.2%),No enough toilets and bathrooms (4.9%), distrust among children (4.2%) etc.

Table 3.8: Problems

Problem	Total Responses	
	N	%
Many children in one room	79	20.5
No separate room	0	0.0
There is no playground	51	13.2
No furniture (bed)	59	15.3
No provision of higher education	7	1.8
Distrust among children	16	4.2
No enough toilets and bathrooms	19	4.9
There are no phones	3	.8
Food quality is not good	32	8.3

Problem during load shedding	20	5.2
No own building	29	7.5
No enough treatment service	4	1.0
No enough teacher	2	.5
No enough staff	6	1.6
No enough cloth	9	2.3
No doctor	2	.5
No library	5	1.3
More Governance	11	2.9
Transport problem	4	1.0
Not enough clean	13	3.4
No enough drinking water	13	3.4
Broken Windows	1	.3

Respondents were also asked what they like most at the child development center. Responses are found like ‘study opportunity’ (25.1%), ‘participation in the cultural event’ (21.0%), ‘good food’ (12.5%), ‘friendly environment’ (8.0%), ‘good behavior’ (6.8%) etc.

Table 3.9: Other Perceptions

Issues	Total Responses	
	N	%
Participation in the cultural event	239	21.0
Good behavior	77	6.8
Good food	142	12.5
Friendly environment	91	8.0
Free dress	9	.8
Study opportunity	285	25.1
Good environment	65	5.7
Technical Education	45	4.0
Opportunity to Play	171	15.0
Adhere to religious principles	12	1.1
Good treatment	1	.1

Respondents were also asked regarding their thinking about proper development of the child development center. About 14.8% responses were found about ‘access to play ground’ followed by ‘provision of higher education’(10.6%), ‘shift to new building’(10.4%), manage more furniture(9.8%), ‘need more teachers’(8.6%),”need more staff(5.7%),’ ‘increase service quality ‘(5.6%),’ increase food quality ‘(4.6%),’separate room for class room (4.3%), provision of

technical education (3.7%), 'more dress'(2.8%), 'need doctor'(2.4%), 'increase access to water' (2.4%), 'toilet facility'(1.8%) etc.

Table 3.10: Other Perceptions (contd.)

Issues	Total	
	N	%
Separate room for class room	56	4.3
Provision of higher education	139	10.6
Provision of technical education	48	3.7
Manage more furniture	128	9.8
Shift to new building	136	10.4
Telephone facility	10	.8
Toilet facility	24	1.8
Access to play ground	193	14.8
Need more staff	75	5.7
Need library	28	2.1
Transport facility	44	3.4
Education tour	4	.3
Need more teachers	112	8.6
More dress	36	2.8
Need Imam	20	1.5
Need doctor	31	2.4
Need guide book	17	1.3
Cultural event	3	.2
Good behavior of teachers	15	1.1
Increase food quality	60	4.6
Increase Service quality (IPS/others)	73	5.6
Increase access to water	31	2.4
Government Intervention	7	.5
Increase Rule-discipline	7	.5
Play/game equipment	10	.8

Chapter 4

Findings from FGDs and KIIs

4.1 Introduction

To explore the problems children face in their daily life and to reveal the underlying causes/reasons for children coming to the SBKs, we have prepared some information based on our in-depth interview and intensive fieldwork. We conducted 31 case studies, 6 FGDs and 30 in-depth interviews (KII). Information provided by the children was crosschecked by discussing with SBK officer/relevant officer to ensure validity and reliability of the information provided.

In addition to structured interviews/questionnaire survey with children, several FGDs were conducted with the SBK children in the six study locations. Open questions and answers formed the main areas of discussions. The discussion was initiated by briefly explaining the context: why they came to the SBK, what type of facilities they are provided with regarding their shelter, food, education and health care; whether they are facing any problems at the SBK.

We have conducted 6 FGDs with the children staying at the SBKs (one FGD in each SBK) and 30 key informant interviews (KII) with service providers/BSA officials at different levels. The main purpose during FGDs was to give an overview of the situation of SBK children with regard to their living conditions, their survival, development and protection. Children were asked to discuss the reasons for their coming to the SBK, the type of services they receive with regard to their accommodation, food, health care and education, skill development training, and security and protection. Information provided by the children was crosschecked by discussing with SBK officer/relevant officer to ensure validity and reliability of the information provided.

The major findings as emerged from the FGDs with boys and girls are summarized below.

4.2 Reasons for Coming to the SBK

The reasons are varied, and often multi-faceted. Reasons cited by the children during FGDs include: extreme poverty in the rural area, the sadness and despair that is the consequence of broken families; the strains of living as a child of a single parent; family breakdown as a consequence of polygamy; neglect or cruelty by a step-mother or father; violence and/or exploitation in the home. Children may have experienced a number of these factors and have come to the SBK in the hope of 'better times', or to simply exist in their struggle for survival.

The vulnerable children were compelled to come to the SBK due to lack of food and other basic needs. Some of the children came to the SBK with their parents, while some came with relatives/ other care givers/ neighbours.

A variety of reasons were cited by the children for coming to the city. Poverty, lack of shelter, broken families, separation/death of parents, and migration of parents are some of the reasons frequently cited by the children as the major reasons for coming to the SBK. Most of the children came to the SBK because they were living either in abject poverty or in abject misery. They were forced to leave home either due to economic reasons or when living with stepmother/stepfather became intolerable.

Hard socio-economic reality (poverty, loss of parents/abandonment, landlessness, river erosion, floods, droughts etc.) has pushed/compelled the children to come to the SBK. But once these vulnerable children arrive at the SBK, they are provided with accommodation, food, clothing, schooling, treatment during sickness, and other basic amenities of life.

The major life events, which had occurred in the lives of the street children, included:

- Hunger/lack of food
- Death of parents
- Abandonment
- Family disruption including conflicts arising with step-parents
- Major accidents
- Problems with accommodation/ unhealthy living
- Difficulty in obtaining adequate clothes
- Violence
- Illiteracy and general lack of education/skill training
- Inadequate access to services

The common characteristics of SBK children are that they come from extremely poor families with or without parents, and many of them are abandoned at a very early age. When they are supposed to get parental care and affection, education at school and prepare themselves for a healthy adult life, they were deprived of the basic needs. At an early age they became accustomed to live with neglect, with little or no scope to participate and develop their full potential. After coming to the SBK, the children are becoming more hopeful about fulfillment of their rights to survival, health and education as a result of essential services and support provided at the SBK.

These children were deprived of the basic necessities of life like shelter, food, health care, education and training necessary for a decent living and better future. They did not have any access even to the basic services required for their healthy growth and development.

4.3 Frequency of Meals per Day

Regarding frequency of meals per day, all the children have access to three meals per day (breakfast, lunch, dinner) with regular provision of afternoon snacks every day. But it should be borne in mind that having three meals a day does not necessarily mean that these children are able to meet their nutritional requirements. Because it is not only the frequency of meals, the amount and quality of food is also equally important for meeting nutritional requirements. From our FGDs and field observation it has been found that all the children living in the SBK do have access to the minimum amount of food required for their growth and survival. According to FGD participants:

“There is enough rice and vegetables, but not adequate fish or meat in the meal. The piece of fish or meat served is smaller than the optimal size.”

It emerged during KII with Director and Assistant Director of BSA including the SBK officials that because of budget constraint they cannot afford to provide the children with optimum amount of fish or meat.

The consensus emerged during FGDs was that before coming to the SBK, most of the time these children consumed much less (amount of food) than what is ideally required. Insufficient income/ poverty or parental neglect was the main cause of food insecurity.

“To be free from hunger and malnourishment is the most basic human need. Unfortunately, before coming to the SBK most of the children used to consume insufficient food to such an extent that the very maintenance of physical health was impaired. At this level of food consumption physical manifestation of hunger and starvation became evident. However, after coming to the SBK they are provided with three full meals (breakfast, lunch, dinner) along with afternoon snacks.”

(Mr. Nazmul Haq, Program Officer, BSA, with the additional responsibility of *Shishu Bikash Karmakarta* of Keranigonj SBK)

4.4. Access to Bath and Toilet Facilities

Children were asked about their frequency of bath in a week. The FGD findings show that an overwhelming majority of children do not have easy access to bath and toilet facilities. They have to wait for lengthy time for defecation purposes or for taking bath, which is likely to have adverse consequences on their health.

4.5 Recreation Facilities

Most of the SBK children are deprived of recreational facilities without any scope for participation in outdoor games and sports like: football, cricket, hockey, swimming, cycling, etc which is likely to have adverse effects on their physical and psychological well-being.

4.6 Type of Assistance/Support Needed by Children

The SBK children used to live and grow up on the margins of society in a state of neglect and deprivation without education, affection, care and guidance from adult members. After coming to the SBK they have shelter, food, education and other basic amenities of life. They are dreaming of a better future in the coming days. But they are also afraid what will happen to them if they have to leave the SBK after completion of eighth grade, without the necessary education and skill to earn an income.

The children were asked about the type of further assistance/support they need. The two most important services/supports mentioned by children are: provision to stay at the SBK up to completion of SSC, and vocational education/skill training after SSC so that they can have a regular income source of their own. It emerged during FGDs that if they are provided with skill training, it will help them have a regular source of income, and they will be able to meet their basic needs for food, shelter and healthcare. These basic needs are the rights of the child as emphasized in the UNCRC. And to add to these we can also include the need for vocational education and skill training for improvement of a child's capacity for participation in gainful employment.

4.7 Voices of Children

Reasons cited by the children during FGDs for coming to SBK include: extreme poverty in the rural area, the sadness and despair that is the consequence of broken families; the strains of living as a child of a single parent; family breakdown as a consequence of polygamy; neglect or cruelty by a step-mother or father; violence and/or exploitation in the home.

These children were deprived of the basic necessities of life like shelter, food, health care, education and training necessary for a decent living and better future. They did not have any access even to the basic services required for their healthy growth and development.

Factors associated with the physical conditions:

- Poor hygiene and sanitation
- Poor diet
- Lack of shelter
- Violence by step mother/ step father
- Possible lack of positive attachments, with resultant emotional and social deprivation

It emerged during FGDs with children at the SBK, that:

“Before coming to the SBK, these children rarely identify that health is a major concern for them. This is more so when day-to-day survival was the paramount concern for many of them. In addition, they were not at all aware of health and hygienic rules. Their main concern was to carry on with day to day living, and do not concern themselves with the longer-term consequences of their behavior, about the health risks associated with their unhygienic living condition, poor diet and nutrition”.

All the children in the FGD agreed:

“After joining the SBK, things have changed for the better. Now there are services available accommodation/shelter, food, scope for education and health care.”

According to Director of Shishu Academy:

“Each child has a right to adequate nutrition, medical care, education and the right to be useful members of the society. Children certainly deserve the status of best assets since they are the ones who will play the major social role in the future. Children who are disadvantaged physically, socially and economically and who are unhealthy, badly nourished and without education deserve our special attention. SBK is playing an important role in addressing the needs of these distressed children.”

Similar observations also come from the Assistant Director of Shishu Academy:

“Children are the most valuable assets of any nation. Their nurture and solicitude are our prime responsibility. While the ultimate resource of a country is its human resource, mere head does

not become a resource. Proper nourishment of children, their education, their health care, their clothing and housing should be the first priority in national planning .Shishu Bikash Kendra under the Shishu Academy is trying to help distressed children in ensuring their rights to survival and development. “

4.8 Case Studies

We have also prepared several case histories based on the experiences of vulnerable children who are staying at the SBK. The case studies are not stories but realities of life, not for these children only but for the majority of the distressed/vulnerable children in Bangladesh to a lesser or even greater extent. The case histories give insights into the life-worlds and the dynamics of the hardship and deprivations faced by the distressed children in Bangladesh. Without any support from the society and govt. they have to struggle constantly for their survival, working tirelessly to eke out an existence. Whether male or female, these children are one of the most vulnerable sections in our society and they have to struggle continuously for their survival,

Farzana Akhtar Mim (aged 13 years)

Farzana lost her mother at the little age. Her father got married again after her mother's death and they came to town. Her step-mother used to torture her. Often she was denied food and regular beating was a normal routine. Her step mother also instigated her father against her by telling fabricated stories about her. Her father also used to beat her mercilessly. She wanted to go to school but could not do so as their financial condition was not good. One of the neighbors informed her mother about *Azimpur Shishu Bikash Kendra* and said that his daughter stays at the Azimpur SBK where she is going to school with other children of the SBK.

After that, Farzana came to *Azimpur Shishu Bikash Kendra* in 2013 at the age of 8. She got admitted in school after coming to the center. She got GPA five in PSC (Primary School Certificate) examination. With a smiling face, she informed that she has been getting all the facilities from the SBK. She also participates in cultural program organized by Shishu Academy. Her parents never visited the SBK after her coming to the center. She is dreaming of good days ahead and has high aspirations in life. She wants to be a pilot or an artist in the future. She wants to continue her education so that she can fulfill her dream. But she is worried about her future because according to existing rules she will have to leave the center after two years (on completion of her eighth grade).

Md. Maruf Hossain (aged 15 years)

Maruf stays in the *Rajshahi Shishu Bikash Kendra*. His father died when he was about one year old. After his father's death, he and his mother went to his grandmother's house. His grandmother worked as a domestic help in a rich person's house. His mother also started

working as day laborer. They had no cultivable land and frequently they had to starve or remain half-fed. Due to hardship, his mother could not provide him with minimum food and clothing. One day his mother got a work in a hospital through his uncle. His mother met with a woman from whom she came to know about the SBK (*Shishu BikashKendra*) at Rajshahi. His mother came to Rajshahi SBK, Maruf got shelter and also got admission in class one.

Maruf mentioned:

“I have started a new life after coming to the SBK. I am provided with food, accommodation, education, and other facilities including health care when I am sick. I have participated and also got prizes in inter-school cricket and football competitions. I want to be an engineer in the future and serve my country.”

Nurul Islam (aged 14 years)

Nurul Islam lost his mother when he was only 8 months. His father married for the second time after his mother’s death. He has one elder brother and one sister. At the age of 6 years he got admitted in a Madrasa located in their village and he continued there for one year. His step-mother used to torture and beat him frequently and also instigated his father against him by telling fabricated stories and complaining against him.

When living with step-mother became intolerable, he started staying with his elder sister. But after seven months, Nurul Islam started to live with his parental family again. He got admission in a school in Gazipur. But abuse and ill-treatment by his step-mother continued-she used to beat him every now and then and sometimes she even did not provide him with food. In 2013, his father came to know about Gazipur *Shishu Bikash Kendra* and brought him to the SBK at the age of 8 years. He got admission in class three there. He also participates in different cultural activities and has also got a prize in *Azan* competition organized by Bangladesh Shishu academy.

Nurul opined that:

“I am living at the SBK in a much better environment compared to the situation I faced in my parental home. Now I can have three meals a day, I am going to school, participating in cultural activities, and have access to health care during sickness. I am enjoying my stay here, want to continue my studies up to college level, and want to be a lawyer in the future.”

Omeka Bom (aged 10 years)

Omeka has been staying at the *Chittagong Shishu Bikash Kendra* since 2014 and he is in class five now. His parents were very poor and could not provide him with the minimum food and clothing. His mother brought him here when he was only six years of age. When he came here, initially he felt very unhappy. But, gradually he started to settle down in the new environment and within 3 months of his arrival at the SBK he developed a liking for the place. The teachers and others were very cordial and behaved nicely with him. They behaved like family members.

He participates in music, recitation, art competition and has also got prizes. Recently he got the third prize in the art competition organized by Bangladesh Shishu Academy. He also got first prize in song competition organized by Bangladesh Shishu Academy.

Omeka said:

“I am grateful to the teachers and other officers of SBK for their help and support and providing me with all the basic necessities of life-accommodation, food, education and health care. I want to be an army officer in the future.”

Abdul Hamim Gazi (aged 14 years)

Hamim lost his father when he was only 2 years old. After his father’s death, his mother got married for the second time. His life was like a hell at his step-father’s house and all the misfortunes started. In 2011, he came to *Khulna Shishu Bikash Kendra* and got admission in class one. Other than studies, he also participates in cultural activities organized by SBK. He said:

“Before coming to the SBK, I used to suffer abuse, neglect and harassment at my village home, without access to minimum food and clothing. Most often, I went to bed empty stomach or half-fed. The SBK has given me new hopes and aspirations in life. I am dreaming of better days ahead.”

Shakil Ahmed (age 11 years)

Shakil has two brothers and one sister. His father died when he was about five years. After his father’s death, his mother was employed in a garment factory. But with her small earnings she could not bear the family expenses. One of his relatives informed his mother about *Gazipur Shishu Bikash Kendra*. After that, Shakil came to the center with his mother and got admission in class two.

He is also involved in extracurricular activities. For example, he got second prize in recitation competition in 2018. He informed that he is now happy being here. He wants to be an engineer. But he is worried about the fact that he is supposed to leave the SBK after his 8th grade and he may not be allowed to continue his studies till SSC. He said that it would be convenient if he could appear for SSC examination from the SBK. He wants the SBK/ government to take steps in this regard so that the children are allowed to stay at the SBK until they complete SSC.

Chapter 5

Discussion and Recommendations

5.1 Discussion of Major Issues

Kofi Annan, the Secretary General of the United Nations, maintains: ... “the years of childhood hold a special place as an ideal we all hope to realize – a place in which all children are healthy, protected from harm and surrounded by loving and nurturing adults who help them grow and develop to their full potential.” (The State of the World’s Children, 2005).

The rights of children have become a matter of great importance in today’s world. In this regard, on 20th November 1989, the UN General Assembly unanimously adopted the Convention on the Right of the Child (CRC). Ratified by all but two countries the Convention enters into force the following year.

The Convention was adopted in the fulfillment of children’s rights to survival, health and education through the provision of essential goods and services, and a growing recognition of the need to create a protective environment to shield children from exploitation, abuse and violence. The CRC put major emphasis on four main areas of child rights: **survival, development, protection and participation.**

It shall be the policy of the state to provide adequate services to children, both before and after birth and through the period of growth to ensure their full physical, mental and social development. Unfortunately, many children in Bangladesh are deprived of the basic human rights, including the right to a happy childhood and opportunities to realize their full human potential.

Childhood is a time when children should be allowed to grow and develop to their full potential: healthy children in school and at play, growing strong and confident with the love and encouragement of their family and an extended community of caring adults, gradually taking on the responsibilities of adulthood, free from fear, safe from violence, protected from abuse and exploitation.

Child welfare programmes, like the *Shishu Bikash Kendra* which essentially imply coordinated focus on children, should be viewed as socially and economically productive investments for the well-being of coming generations. Children who are economically and socially handicapped, or who are otherwise in distress, are provided facilities of education, training and rehabilitation under the program strategies implemented by *Shishu Bikash Kendra* (SBK). Life skills training is

also provided at the SBK to empower the children to make choices about their futures, raising their self-esteem and their ability to manage their own lives. There are also opportunities to explore other activities such as sports and music.

5.2 Rights of Children and the Role of SBK

The rights of children have become a matter of great importance in today's world. The CRC put major emphasis on four main areas of child rights: **survival, development, protection and participation.**

Each child has a right to adequate nutrition, medical care, education and the right to be useful members of the society. Children certainly deserve the status of best assets since they are the ones who will play the major social role in the future. But children are not a homogeneous group; some children are more disadvantaged than others (i.e., vulnerable and destitute children). Children who are disadvantaged physically, socially and economically deserve our special attention. The main purpose of SBK is to identify the distressed/vulnerable children who are attempting to survive under difficult circumstances, and provide them with shelter including other basic necessities. The SBK has been reasonably successful in providing the children with accommodation, food, education and other necessities of life so that they can become useful citizens.

The Convention recognizes a wide range of child rights. The most basic rights are: the right to Life, Survival and Development; the Right to Education; and the Right to Good Health and Medical Care.

It should be mentioned that early childhood constitutes the base of human resource and the state of well-being of a nation's child population is a key indicator of the nation's present and future health. Child welfare programs of SBK which essentially imply coordinated focus on distressed children, should be viewed as socially and economically productive investments for the well-being of coming generations.

Children are in special need of three things: (a) protection from danger, (b) access to services, and (c) opportunities for personal growth and development. Efforts have been made to provide the children with basic education, sanitation, health and nutrition and legal and social support.

The target groups of SBK are the children who are socially handicapped, who have no access to education, or are otherwise in distress. Once at the SBK, they are provided with facilities of shelter, food, education, and training with a view to:

- Ensuring children with security;
- Ensuring them of opportunity;
- Ensuring physical and mental health by providing support to those in need.

Vulnerable children living in object poverty without safe shelter, adequate food, access to education and health care, safe water and sanitation facilities are denied their childhood. Children forced by hunger, neglect, abuse or orphaning are staying at the SBK. They are the mute testimony of increasing poverty, the breakup of traditional patterns of social and community life, family disruption and or torture by step mother/father. Because these children are from poor households and are the most vulnerable, the SBK is trying to address their basic needs.

Among the aspects of a child's development that is being ensured by staying at the SBK are:

- Secured shelter -including food, clothing, health care
- Cognitive development-including literacy, school enrollment and the acquisition of knowledge necessary for normal life.
- Emotional development-including adequate self-esteem, feelings of love, dreaming about life/aspiration for better future.
- Social and normal development – including a sense of participation and belongingness, the ability to interact with others and participation.

5.3 Recommendations

1. The greatest problem faced by the SBK children is the problem of accommodation including access to bath and toilet facilities. In addition to limited floor space, most of the SBKs do not have adequate bath rooms and latrines. Children suffer from lack of bath and latrines as most of them have to wait for lengthy time to access the latrine. Accommodation facilities (including toilet facilities) are a major problem for the children. Establishment of proper shelter homes/spaces may be considered for the purpose.

It is very important for the SBKs to have their own buildings with adequate bath and toilet facilities. The SBKs in their own capacities should lobby with the Government so that they can cater to the needs of the children with regard to shelter, bath and latrine facilities. **Lack of accommodation facilities including adequate bath rooms /latrines is a major problem for the SBK children. Immediate steps should be taken to provide them with safe and secured shelter including adequate latrine facilities.**

Accommodation in own buildings, preferably using the non-utilized government spaces, may be considered for the purpose.

2. A good way to promote the cause of SBK children would be to change the existing system where children are supposed to leave the SBK after completion of eighth grade. The govt. and the BSA should be made aware that forcing the children to leave the SBK after 8th grade is not only unjust but also has adverse implications for the overall development of the children. The SBK, BSA and the govt. at large should be aware that it is our duty and obligation to the children who are staying at the SBK to provide them with the necessary education (at least up to SSC), skill training, and other assistance so that they are capable of supporting themselves when they leave the SBK and can become useful members of the society. **Presently children are allowed to stay at the SBK up to completion of Class viii. In order to enable children to achieve their potential there is an immediate need to provide education facilities at least up to SSC level so that they can participate as full and equal members of society when they leave the SBK.**
3. As most of the SBKs have manpower constraints, limitation on capacity building, proper program intervention and strategic planning, they are unable to address the multifarious problems of vulnerable children. **Manpower position of SBKs should be increased as follows: one new position of store keeper/administrative assistant should be created, including one additional position of cook and Aya for smooth running of SBK activities.**
4. At present, *Shishu Bikash Karmokarta* is working as additional duty or on ad-hoc basis in all the SBKs. **There is an immediate need to fill up the vacant positions of SBKs-with the appointment of full time *Shishu Bikash Karmokarta* for all the SBKs.**
5. **A full time Program Director should be appointed with the overall responsibility of administering, managing, supervising, and monitoring the activities related to SBK.**
6. Different categories of staff of the SBKs were appointed in 2009 on an ad-hoc basis. But their services are not yet regularized and they are drawing consolidated salary which is not consistent with the pay Scale of 2009 or 2015. **Immediate steps should be taken to regularize their Positions and their salary should be determined according to national pay scale of 2015.**
7. There is a pressing need to increase the budgetary allocations for the SBK for overall development and well-being of children. Existing budget allocation per month per

child is Tk. 2600. **This should be increased to at least Tk. 3500 per month in view of rising prices for smooth functioning of SBK.**

8. The selection process may be changed as there is provision to accommodate more children. Number of children currently staying should be increased by changing selection process (for example: collecting children from slum/remote areas)
9. A protective environment is pivotal to governments' commitment to ensuring that no child is deprived of the material, spiritual and emotional resources needed to achieve their potentials so that they can participate as full and equal members of society. **Efforts should be made by BSA to provide children with the necessary skill/vocational training and other assistance in order to ensure job prospect for SBK children through networking with different departments/agencies of the government, so that they can participate in income earning activities and are capable of supporting themselves and can become useful members of the society.**

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Appendix A Few Photographs

Photograph- Keraniganj Shishu Bikash Kendra



Photograph- Keraniganj Shishu Bikash Kendra



Photograph- Keraniganj Shishu Bikash Kendra



Photograph- Keraniganj Shishu Bikash Kendra



Photograph- Gazipur Shishu Bikash Kendra



Photograph- Rajshahi Shishu Bikash Kendra



Photograph- Rajshahi Shishu Bikash Kendra

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
শিশু ও শিশু বিকাশ কেন্দ্র, রাজশাহী।

শিশু বিকাশ কেন্দ্রের দৈনন্দিন কাজের রকনি

কাজের বিবরণ	সময়
❖ মুম থেকে উঠা ও ফজরের সালাত আদায় করা	সকাল- ৫.৩০-৬.০০
❖ বিছানা গোছানো ও ঘর পরিষ্কার করা	সকাল- ৬.০০-৭.০০
❖ নিষ্টি	সকাল- ৭.০০-৭.১৫
❖ পড়া তৈরী করা	সকাল- ৭.১৫-৮.০০
❖ সকালের নাস্তা করা	সকাল- ৮.০০-৮.৩০
❖ স্নান করা ও স্কুলের প্রস্তুতি	সকাল- ৮.৩০-৯.০০
❖ স্কুল	সকাল- ৯.০০-২.০০
❖ বোহরের সালাত	দুপুর- ১.১৫-১.৪৫
❖ দুপুরের খাবার	দুপুর- ২.০০-৩.০০
❖ আর্গবি পড়া /পান প্রশিক্ষণ /জিমনেস্টিক প্রশিক্ষণ/ কেন্দ্রে পাইদান / বিহাম	দুপুর- ৩.০০-৪.৩০
❖ আশরের নামাজ, খোয়াযা করা	বিকাল- ৪.৩০-৬.০০
❖ বিকালের নাস্তা ও মাসজিদের সালাত আদায় করা পাইদান/স্কুলের পড়া তৈরী।	সন্ধ্যা- ৬.০০-৬.৩০
❖ এশার সালাত আদায় করা ও রাতের খাবার	সন্ধ্যা- ৬.৩০-৮.০০
❖ চিঠি লেখা	রাতি- ৮.৩০-১০.০০
❖ দাঁত ব্রাশ ও ঘুমতে যাওয়া	রাতি- ১০.০০

ফর্মপত্র

বিঃদ্রঃ
মাসিক শিশু সন্ধানের ও কুকের
জিমনেস্টিক প্রশিক্ষণ পরিচর ও কুকের
সাবিত্রী রশ্মিকার কাজের ও পরিচর

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
শিশু ও শিশু বিকাশ কেন্দ্র, রাজশাহী।

শিশু বিকাশ কেন্দ্র, রাজশাহীর শিশুদের দৈনন্দিন খাদ্য তালিকা

বায়ের নাম	সকালের খাদ্য	দুপুরের খাবার	ঔষধের মাত্রা	রাতের খাবার
শনিবার	সাদা ভাত, সবজী	সাদা ভাত, সবজী, মাছ	বিহার ১ টি	সাদা ভাত, সবজী, মাছ
রবিবার	সাদা ভাত, সবজী	সাদা ভাত, সবজী, দুগ্ধ	পুঁজি, দুগ্ধ	সাদা ভাত, সবজী, ডাল
সোমবার	সাদা ভাত, সবজী	সাদা ভাত, সবজী, দুগ্ধ	পুঁজি ১ টি	সাদা ভাত, সবজী, মাছ
মঙ্গলবার	সাদা ভাত, সবজী	সাদা ভাত, সবজী, ডিম	কলা ১ টি	সাদা ভাত, সবজী, ডাল
বুধবার	সাদা ভাত, সবজী	সাদা ভাত, সবজী, দুগ্ধ	বিহার ১ টি	সাদা ভাত, সবজী, মাছ
বৃহস্পতিবার	সাদা ভাত, সবজী	সাদা ভাত, সবজী, মাছ	কলা ১ টি	সাদা ভাত, সবজী, ডাল
শুক্রবার	সবজী বিচুরী ও ছাপু ভর্তা	সাদা ভাত, সবজী, গরুর মাংস	পুঁজি, দুগ্ধ	সাদা ভাত, সবজী, ডাল

যে কোন সময় যেনা তথ্যের পরিবর্তনশীল।

১৫/০৬/১৯
মোঃ মাহমুদুল কাদের
ভাষ্কার কর্মকর্তা
শিশু বিকাশ কেন্দ্র, রাজশাহী।



Photograph- Rajshahi Shishu Bikash Kendra



Photograph- Rajshahi Shishu Bikash Kendra



Photograph- Khulna Shishu Bikash Kendra



Photograph- Chittagong Shishu Bikash Kendra

শিশু বিকাশ কেন্দ্র
 চিত্রাবর্তে সার্বজনিক খাদ্য তালিকা

মাস	সকাল	বুসু	বিকেল	রাত
জানুয়ারি	শিউরি ও সবজি	মুগ/শেখরি/ডাল	মসকট/কলা	মিষ্ণু, সবজি, ডাল
ফেব্রুয়ারি	ভাত ও সবজি	মাছ/শেখরি/ডাল	ডোলা/হুড়ি	মিষ্ণু, সবজি, ডাল
মার্চ	শিউরি ও সবজি	মুগ/শেখরি/ডাল	মিষ্ণু/মুগ/শেখরি	সবজি/ডাল
এপ্রিল	ভাত ও সবজি	মাছ/শেখরি/ডাল	মুগ/হুড়ি/শিউরি	সবজি/ডাল
মে	শিউরি ও সবজি	মুগ/শেখরি/ডাল	মসকট/কলা	সবজি/ডাল
জুন	ভাত ও সবজি	মাছ/শেখরি/ডাল	মিষ্ণু/মুগ/শেখরি	সবজি/ডাল/ডোটে মাছ
জুলাই	শিউরি ও সবজি	মুগ/শেখরি/ডাল	ডোলা/হুড়ি	সবজি/ডাল/ডোটে মাছ
আগস্ট	ভাত ও সবজি	মাছ/শেখরি/ডাল	মুগ/শেখরি/ডাল	সবজি/ডাল/ডোটে মাছ
সেপ্টেম্বর	শিউরি ও সবজি	মুগ/শেখরি/ডাল	মিষ্ণু/মুগ/শেখরি	সবজি/ডাল/ডোটে মাছ
অক্টোবর	ভাত ও সবজি	মাছ/শেখরি/ডাল	ডোলা/হুড়ি	সবজি/ডাল/ডোটে মাছ
নভেম্বর	শিউরি ও সবজি	মুগ/শেখরি/ডাল	মিষ্ণু/মুগ/শেখরি	সবজি/ডাল/ডোটে মাছ
ডিসেম্বর	ভাত ও সবজি	মাছ/শেখরি/ডাল	ডোলা/হুড়ি	সবজি/ডাল/ডোটে মাছ

শিশু বিকাশ কর্মসূচির অধীনস্থ শিশু বিকাশ কেন্দ্র, চট্টগ্রাম



Photograph- Chittagong Shishu Bikash Kendra



Photograph: FGD (Azimpur & Keraniganj Shishu Bikash Kendra)



Appendix B

Data Collection Instruments



উত্তরদাতার ID নম্বর

বাংলাদেশ উন্নয়ন গবেষণা প্রতিষ্ঠান (BIDS)

ই-১৭, আগারগাঁও, ঢাকা-১২০৭

Performance Assessment of the Pilot Program of Shishu Bikash Kendra (SBK)

(শিশু বিকাশ কেন্দ্রের শিশুদের জন্য প্রশ্নমালা)

(এই জরিপের মাধ্যমে সংগৃহীত সকল তথ্য গোপন রাখা হবে এবং কোন ব্যক্তির নাম/ঠিকানা রিপোর্টে প্রকাশ করা হবে না। সংগৃহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে। উক্ত জরিপ কার্যক্রমে সার্বিক সাহায্য ও সহযোগিতা একান্ত কাম্য।)

শিশু বিকাশ কেন্দ্রের পরিচিতি										
শিশু বিকাশ কেন্দ্রের নামঃ										
জেলা :										
বিভাগ :										
শিশু বিকাশ কেন্দ্রের										
মোবাইল /ফোন নম্বর :										
সাক্ষাতকার গ্রহণ ও চেক সম্পর্কিত তথ্যাবলী					কোড			তারিখ		
সাক্ষাতকার গ্রহণকারী										
সুপারভাইজার										
পুনরায় চেক কারী										
ফলাফলের কোড : ১=সম্পূর্ণ সঠিক, ২= অধিকাংশই সঠিক ৩= আংশিক সঠিক										

A. শিশুর পরিচিতি :

১. শিশুর নাম : -----
২. বাবার নাম : -----
৩. মায়ের নাম : -----
৪. লিঙ্গ : ১ = ছেলে, ২ = মেয়ে
৫. ধর্ম : ১ = মুসলিম, ২ = হিন্দু, ৩ = খৃষ্টান, ৪ = বৌদ্ধ
৬. বয়স (পূর্ণ বছরে):----- বছর
৭. ভাই বোনের সংখ্যা: ভাই-----জন, বোন----- জন
৮. বাবা জীবিত কিনা : ১=হ্যাঁ, ২=না, ৩=জানিনা
৯. মা জীবিত কিনা : ১=হ্যাঁ, ২=না, ৩=জানিনা
১০. স্থায়ী(গ্রামের) ঠিকানা : গ্রাম-----থানা-----জেলা-----
১১. বাবার পেশা(জীবিত থাকলে)(কোড) :
১২. মায়ের পেশা (জীবিত থাকলে)(কোড):

পেশা কোড:

০ = কোন কাজ করছেন, ১= কৃষি মজুর, ২= রাজমিস্ত্রী/ রং মিস্ত্রী, ৩= কাঠ মিস্ত্রী, ৪= নির্মান শ্রমিক, ৫= মাছ বিক্রী, ৬= খেয়া পারাপারকারী, ৭=ইটভাটার শ্রমিক, ৮= বিড়ি শ্রমিক, ৯=দোকানে বা ব্যবসায়ে কর্মচারী, ১০= ফেরিওয়ালা, ১১= রিক্সা/ভ্যান চালক, ১২= যন্ত্রচালিত পরিবহন চালক, ১৩=যন্ত্রচালিত পরিবহন হেলপার, ১৪= ঝাকা মুটে / ভার বহনকারী, ১৫= গৃহ পরিচারিকা, ১৬= মেকানিক, ১৭= মেকানিক হেলপার, ১৮= পাহারাদার, ১৯= মুচি, ২০= নাপিত, ২১=দর্জি, ২২=কাথাসেলাই/কুটির শিল্প, ২৩= গৃহস্থালী কাজ, ২৪ = ছাত্র, ২৫=বেকার, ২৬=ভিক্ষুক/ভিক্ষুকের হেলপার, ২৭= গার্মেন্টস শ্রমিক, ২৮= অন্যান্য শিল্প শ্রমিক, ২৯= ছোট ব্যবসায়ী, ৩০= টিফিন বক্স বহনকারী, ৩১=ফুল বিক্রি, ৩২= গ্যারেজ/ ওয়ার্কশপে কাজ, ৩৩= পানি বিক্রি, ৩৪= বাদাম বিক্রি, ৩৫= সিগারেট/চা বিক্রি, ৩৬= গাড়ীপরিষ্কার, ৩৭= হোটেল/রেস্টুরেন্টে ধোয়া মোছার কাজ, ৩৮ =পেপার বিক্রিতা, ৩৯= লিফলেট বিলিকারী, ৪০= কাগজ কুড়ানো/ময়লা আবর্জনা থেকে প্রয়োজনীয় জিনিস কুড়ানো, ৪১=কৃষক, ৯৯=অন্যান্য (নির্দিষ্ট করুন)-----

B. শিশু বিকাশ কেন্দ্রে আসার প্রক্রিয়াঃ

১৩. কতদিন ধরে তুমি এই কেন্দ্রে আছ? বছর: _____ মাস: _____

১৪. কত বছর বয়সে তুমি প্রথম শিশু বিকাশ কেন্দ্রে এসেছ? _____

১৫. কার মাধ্যমে/ কিভাবে তুমি শিশু বিকাশ কেন্দ্রে এসেছ?

কোড: ১=একা/নিজে নিজে, ২=বাবা/মা, ৩= বন্ধু/বান্ধব, ৪=আত্মীয় স্বজন, ৫=ভাই-বোন, ৬= প্রতিবেশী, ৭=অপরিচিত ব্যক্তি, ৮= সরকারি কর্মকর্তা/ শিশু বিকাশ কেন্দ্রের কর্মকর্তার সহায়তায়, ৯= NGO কর্মী/আত্মীয় স্বজনের সহায়তায় মাধ্যমে, ১০=কমিউনিটি লিডার/মেম্বর/চেয়ারম্যান এর মাধ্যমে, ১১=অন্যান্য (নির্দিষ্ট করুন)-----

১৬. কেন তুমি শিশু বিকাশ কেন্দ্রে এসেছ? (উত্তর একাধিক হতে পারে)

কোড: ১= অভাব/দারিদ্রতার কারণে; ২= সৎ মায়ের অত্যাচারে; ৩= সৎ বাবার অত্যাচারে; ৪=বাবা/মা/ অভিভাবক চেয়েছিলেন; ৫=আত্মীয় স্বজনের ইচ্ছায়; ৬= থাকা খাওয়ার সুযোগ পাওয়ার জন্য; ৯= অন্যান্য

১৭. তুমি কি শিশু অধিকার সম্পর্কে শুনেছ? ১= হ্যাঁ; ২= না (প্রশ্নের উত্তর না হলে ১৯ নং প্রশ্নে যান)

১৮. হ্যাঁ হলে, কি কি অধিকার জান?

কোড: ১= বেঁচে থাকার অধিকার; ২= সুরক্ষার অধিকার; ৩= বিকাশের অধিকার; ৪= অংশগ্রহণের অধিকার, ৫= কোন অধিকার সম্পর্কে বলতে পারেনা

১৯. তুমি কি মনে কর শিশু বিকাশ কেন্দ্রে শিশুরা এইসব অধিকার পাচ্ছে?(একক কোড)

কোড: ১= সব সময়/ সব ধরনের অধিকার পাচ্ছে; ২= কিছু কিছু ক্ষেত্রে পাচ্ছে; ৩= পাচ্ছে না; ৪= জানিনা/বুঝতে পারিনা

C. শিশু বিকাশ কেন্দ্র সংক্রান্ত তথ্যাবলি :

C1. আবাসন ব্যবস্থা সম্পর্কিত তথ্যাবলি :

২০. কেন্দ্র হতে বাইরে যেতে হলে কার অনুমতি নিতে হয়? (উত্তর একাধিক হতে পারে)

কোড: ১=শিক্ষক/কর্মকর্তা, ২=গার্ড, ৩=আয়া, ৪= অনুমতির প্রয়োজন হয় না/ কেন্দ্র থেকে বাইরে যাওয়া হয়না, ৯=অন্যান্য (উল্লেখ করুন)

২১. তোমার পিতা/মাতা/ অভিভাবক কি তোমাকে দেখতে আসে? ১=হ্যাঁ, ২= না

২২. হ্যাঁ হলে, গত তিন মাসে কয়বার এসেছে? ----- বার

২৩. তোমরা এক বিছানায়/খাটে কতজন ঘুমাও? -----জন

C2. খাদ্য গ্রহণ সম্পর্কিত তথ্যাবলি :

২৪. তুমি প্রতিদিন কয় বেলা খাবার পাও? ১=তিনবেলা, ২=দুই বেলা, ৩= একবেলা

২৫. বৈকালিক নাস্তা দেওয়া হয় কি? ১=হ্যাঁ, ২= না

২৬. গত কাল তুমি কি কি খেয়েছ (একাধিক হতে পারে) ?

সকালে:

কোড: ১=মাংস , ২=মাছ, ৩= ডিম . ৪=ডাল, ৫= শাক/সবজি, ৯= অন্যান্য (নির্দিষ্ট করুন)

দুপুরে :

কোড: ১=মাংস , ২=মাছ, ৩= ডিম . ৪=ডাল, ৫= শাক/সবজি, ৯= অন্যান্য (নির্দিষ্ট করুন)

রাত্রে:

কোড: ১=মাংস , ২=মাছ, ৩= ডিম . ৪=ডাল, ৫= শাক/সবজি, ৯= অন্যান্য (নির্দিষ্ট করুন)

২৭. তোমার মতে খাবারের পরিমাণ কি যথেষ্ট? ১= হ্যাঁ; ২= না

C3. স্বাস্থ্য ও চিকিৎসা সম্পর্কিত তথ্যাবলী :

২৮. তোমার কোন ক্রনিক/দীর্ঘদিন ধরে চলছে এমন কোন অসুখ আছে কি? ১=হ্যাঁ, ২= না

হ্যাঁ হলে, অসুখের নাম/ ধরন ----- (অসুস্থতার কোড দেখুন)

২৯. অসুস্থ হলে কে চিকিৎসার ব্যবস্থা করে? (উত্তর একাধিক হতে পারে)

কোড: ১=শিক্ষক/কর্মকর্তা, ২=গার্ড, ৩=আয়া, ৪=অন্যান্য (উল্লেখ করুন), ৫= কোন চিকিৎসার ব্যবস্থা নেয়া হয় না

৩০. গত এক মাসে কোন রোগে ভুগেছ কি? ১=হ্যাঁ, ২= না

৩১. (গত এক মাসে শিশু কোন রোগে ভুগে থাকলে) তুমি যে সমস্ত রোগে ভোগেছ এর উপর তথ্য দাওঃ

অসুখের নাম (কোড)	কোন চিকিৎসা সেবা নিয়েছে/পেয়েছে কিনা ? ১= হ্যাঁ ২=না	উত্তর হ্যাঁ হলে, কোথা হতে চিকিৎসা সেবা নিয়েছে /পেয়েছে(কোড) ?	অসুস্থতার কারণে স্বাভাবিক কাজ কর্ম/ পড়াশুনা হতে বিরত থাকতে হয়েছে কি? ১=হ্যাঁ ২=না	উত্তর হ্যাঁ হলে, কত দিন?

অসুস্থতার কোড : ১= ডায়রিয়া/আমাশয় ২= সর্দিজ্বর/ইনফ্লোয়েন্জা জ্বর/ সাধারণ জ্বর/ মাথা ব্যথা ৩=জন্ডিস/হেপাটাইটিস ৪=

গ্যাস্ট্রিক /আলসার /বুক জ্বালা ৫= হাম ৬ =চোখের অসুখ ৭=কানের অসুখ ৮=দাঁতের অসুখ ৯=আঘাত/দৃঘটনায় আহত

১০=পুষ্টিহীনতা /রক্তশূন্যতা ১১= কাশী/ছপিং কফ ১২=জল বসল্ড ১৩=ডিপথেরিয়া ১৪=যক্ষ্মা ১৫=টাইফয়েড ১৬= ম্যালেরিয়া

১৭= নিম্ন রক্তচাপ ১৮=হাঁপানী ১৯=চর্মরোগ ২০=যৌনরোগ/STD ২১=শ্বাস কষ্ট/নিমোনিয়া ২২=স্ত্রীরোগ ৯৯= অন্যান্য (নির্দিষ্ট

করুন)-----

চিকিৎসা সেবা কোড সমূহঃ ১=সরকারী চিকিৎসা কেন্দ্র/হাসপাতাল ২= এমবিবিএস ডাক্তার ৩=হাতুঁড়ে ডাক্তার ৪= হোমিওপ্যাথ
৫=কবিরাজ/হেকিম ৬= পীর ফকির/ঝাড়ফুক/তাবিজ কবজ/পানিপড়া ৭=পরামর্শ ছাড়া ঔষধ কেনা ৮=ফার্মেসী সেলসম্যান ৯=
ফুটপাথের ক্যানভাসার ১০= শিশু বিকাশ কেন্দ্রের চিকিৎসা সেবা ৯৯= অন্যান্য (নির্দিষ্ট করুন)-----

৩২. পায়খানা করার পর সাধারণতঃ কি দিয়ে হাত পরিষ্কার কর?

কোড: ১= শুধু পানি ২= পানি ও ছাই/মাটি ৩= পানি ও সাবান ৯৯=অন্যান্য (নির্দিষ্ট করুন)-----

৩৩. তুমি সপ্তাহে কত দিন গোসল করঃ -----দিন

৩৪. তুমি কি গোসলে সাবান ব্যবহার কর : ১= হ্যাঁ , ২= না

৩৫. তুমি কি নিয়মিত হাত পায়ের নখ কাট : ১= হ্যাঁ , ২= না

৩৬. তুমি কি প্রতিদিন দাঁত মাজ : ১= হ্যাঁ , ২= না

৩৭. তোমার কি পর্যাপ্ত শীতবস্ত্র আছে? ১= হ্যাঁ; ২= না

C4. শিক্ষা/ প্রশিক্ষন ও কারিগরি বিষয়ক তথ্যাবলী :

৩৮. তুমি কি স্কুলে যাও? ১=হ্যাঁ, ২= না

৩৯. উত্তর হ্যাঁ হলে, কোন স্কুলে পড়? (নাম)-----

৪০. বর্তমানে কোন ক্লাসে পড়ছ? (যে ক্লাসে পড়ে) -----

৪১. কেন্দ্র থেকে স্কুল কত দূরে?(কি. মিটার) -----

৪২. স্কুলের বই পত্র/পোষাক কেন্দ্র হতে দেয়া হয় কি ? ১= হ্যাঁ, ২=না

৪৩. স্কুলে কিভাবে যাওয়া আসা কর? -----:

কোড: ১= পায়ে হেটে; ২= স্কুল ব্যানে; ৩= বাস; ৪= অন্যান্য

৪৪. কোন কাজ /বিষয়ে তুমি প্রশিক্ষণ নিচ্ছ/নিয়েছ কি ? ১= হ্যাঁ, ২=না

৪৫. উত্তর হ্যাঁ হলে, কি বিষয়ে তুমি প্রশিক্ষণ নিচ্ছ/নিয়েছ ? (নির্দিষ্ট করুন)-----

৪৬. কোথা হতে এ প্রশিক্ষণ নিচ্ছ /নিয়েছ ?

কোড: ১= শিশু বিকাশ কেন্দ্র , ২=বেসরকারী প্রশিক্ষণ কেন্দ্র , ৩=সরকারী প্রশিক্ষণ কেন্দ্র ,৩=কাজ করতে করতে শেখা ,

৯৯=অন্যান্য (নির্দিষ্ট করুন) -----

৪৭. কেন্দ্রে সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহনের সুযোগ আছে কি? ১= হ্যাঁ; ২= না

৪৮. তুমি কি কোন সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহন করার সুযোগ পেয়েছ? ১= হ্যাঁ, ২=না

৪৯. হ্যাঁ হলে কি ধরনের সাংস্কৃতিক অনুষ্ঠানঃ ১= আবৃত্তি; ২= গান; ৩=নাটক; ৪= অন্যান্য(নির্দিষ্ট করুন)

৫০. উত্তর না হলে কেন পাওনি ? -----

৫১. কারা এই ধরনের সাংস্কৃতিক অনুষ্ঠান আয়োজন করে?

কোড:১= শিশু একাডেমি, ২= শিশু বিকাশ কেন্দ্র, ৩= অন্যান্য(নির্দিষ্ট করুন)

৫২. শিশু একাডেমির সাংস্কৃতিক কোন কর্মসূচীতে কখনও অংশগ্রহণ করেছ কি? ১= হ্যাঁ, ২=না

৫৩. কোন ধরনের শিক্ষা সফরে অংশগ্রহণ করেছ কি? ১= হ্যাঁ, ২=না

৫৪. কেন্দ্রে সাংস্কৃতিক কর্মকাণ্ডের প্রশিক্ষণ দেওয়া হয় কি? ১= হ্যাঁ, ২=না

C5. চিত্ত বিনোদন বিষয়ক তথ্যাবলীঃ

৫৫. এখানে (কেন্দ্রে) শারীরিক প্রশিক্ষণ/খেলাধুলা করার ব্যবস্থা আছে কি? ১= হ্যাঁ, ২=না (উত্তর না হলে ৫৯ নং প্রশ্নে যান)

৫৬. (উত্তর হ্যাঁ হলে) তুমি কি খেলা-ধুলা করার সুযোগ পাও ? ১=হ্যাঁ ২=না

৫৭. (উত্তর হ্যাঁ হলে) তুমি সাধারণত কি ধরনের খেলাধুলায় অংশ গ্রহন কর ?-----

৫৮. তুমি কখন খেলাধুলা কর ?

কোড: ১=সকালে, ২=দুপুরে, ৩=বিকালে , ৪= রাতে, ৫= অন্যান্য(নির্দিষ্ট করুন)-----

৫৯. অন্য কোথাও খেলাধুলা করার ব্যবস্থা আছে কি? ১= হ্যাঁ, ২=না

৬০. কেন্দ্রে কি ঞ্ঠ দেখার মত সুযোগ আছে? ১= হ্যাঁ, ২=না

D. অন্যান্য তথ্যাবলী :

৬১. তোমার জীবনের প্রত্যাশা কি?(প্রধান তিনটি নির্দিষ্ট করুন):

কোড: ১= আশ্রয় পাওয়া, ২=আয় উপার্জন বৃদ্ধি/কর্মসংস্থান, ৩=শিক্ষা ,৪=উন্নত স্বাস্থ্য সুবিধা , ৫=সামাজিক নিরাপত্তা ,

৬=সামাজিক মর্যাদা , ৯৯=অন্যান্য (নির্দিষ্ট করুন)-----

৬২. বড় হয়ে তুমি কি হতে চাও?

কোড: ১= সরকারি চাকুরিজীবী; =২ ব্যবসায়ী; ৩= ডাক্তার, ৪=নার্স; ৫= ইঞ্জিনিয়ার, ৬=মেকানিক; ৭= খেলোয়ার

(ফুটবল/ক্রিকেটার)

৮= গায়ক/গায়িকা; ৯= অভিনেতা/অভিনেত্রী; ৯৯=অন্যান্য(নির্দিষ্ট করুন)

৬৩. অন্য স্বচ্ছল ছেলে মেয়েদের দেখলে তোমার কি অনুভূতি হয় ? (একাধিক হতে পারে):

কোড: ১=কোন অনুভূতি হয়না, ২=হিংসে/আফসোস হয় ,৩=তাদের মত হতে ইচ্ছে কওে, ৪=বাবা মার উপর রাগ হয়, ৫= সমাজের প্রতি ক্ষেভ/ঘৃণা হয়, ৬=মন খারাপ হয়/ কান্না পায়, ৯৯= অন্যান্য (নির্দিষ্ট করুন)-----

৬৪. কারো অনাদর অবহেলা ও নির্যাতনের শিকার হলে তোমার কি করতে ইচ্ছে করে?

কোড: ১=কোন অনুভূতি হয় না ,২=মন খারাপ হয় / কাঁদতে ইচ্ছা করে, ৩= মারতে ইচ্ছা করে, ৪=নিজেকে ছোট মনে হয়, ৫=সবকিছু ধ্বংস করে দিতে ইচ্ছা করে, ৬= কখনো অবহেলা/নির্যাতনের শিকার হইনি , ৯৯=অন্যান্য (নির্দিষ্ট করুন)-----

৬৫. এখানে (কেন্দ্রে) থাকতে তোমাদের কেমন লাগে?

কোড: ১=বেশ ভাল লাগে, ২=মোটামোট ভাল লাগে, ৩=তেমন একটা ভাল লাগে না ,৪=একেবারেই ভাল লাগে না

৬৬. তুমি কি মনে কর শিশু বিকাশ কেন্দ্রে এসে তুমি পড়াশুনা এবং দক্ষতা বৃদ্ধির যথেষ্ট সুযোগ পাচ্ছ? ১= হ্যাঁ; ২= না

৬৭. এখানে (কেন্দ্রে) থাকতে তোমার কোন অসুবিধা হচ্ছে কি? ১=হ্যাঁ , ২=না

৬৮. হ্যাঁ হলে, কি ধরনের অসুবিধা?

৬৯. শিশু বিকাশ কেন্দ্রের কোন বিষয়গুলো তোমার সবচেয়ে ভাল লাগে? এরূপ কয়েকটি বিষয় উল্লেখ কর?

৭০. শিশু বিকাশ কেন্দ্রের কোন কোন দিক তোমার কাছে খারাপ লাগে? এমন কয়েকটি দিক উল্লেখ কর?

৭১. শিশু বিকাশ কেন্দ্রের সঠিক উন্নয়নে এবং শিশুদের কল্যাণে কি কি পদক্ষেপ নেয়া দরকার বলে মনে কর?

“তোমার মূল্যবান মতামত ও সময়ের জন্য অসংখ্য ধন্যবাদ”

বাংলাদেশ উন্নয়ন গবেষণা প্রতিষ্ঠান

ই-১৭, আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭

Key Informant Interview (KII) Performance Assessment of the Pilot Program of Shishu Bikash Kendra (SBK)

(এই জরিপের মাধ্যমে সংগৃহীত সকল তথ্য গোপন রাখা হবে এবং কোন ব্যক্তির নাম বা ঠিকানা রিপোর্টে প্রকাশ করা হবে না। সংগৃহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে। উক্ত জরিপ কার্যক্রমে আপনার সার্বিক সাহায্য ও সহযোগিতা একান্তভাবে কাম্য।)

পরিচালক/সহকারী পরিচালক(শিশু একাডেমি)
(কর্মসূচি বাস্তবায়ন কমিটির সদস্য সচিব)

নাম : _____ পদবী : _____

মোবাইল /ফোন নম্বর : _____

১. কতদিন ধরে আপনি উক্ত পদে কাজ করছেন?----- বছর
২. শিশু বিকাশ কেন্দ্রের জন্য শিশুদের কিভাবে নির্বাচিত করা হয়? সুবিধা বঞ্চিত শিশুদের অগ্রাধিকার দেয়া হয় কি? না হলে, কারণ ব্যাখ্যা করুন।
৩. শিশুদের বিকাশ ও দক্ষতা উন্নয়নে শিশু বিকাশ কেন্দ্রের মাধ্যমে কি ধরনের কার্যক্রম পরিচালনা করা হয়? দয়া করে বিস্তারিত বলুন।
৪. এ ধরনের কর্মসূচীর মাধ্যমে কিভাবে শিশুরা উপকৃত হয়? আপনার মতে নিম্নোক্ত ক্ষেত্রে - শিশু অধিকার অর্জনে, এ সকল কর্মসূচী কতটুকু কার্যকরী? বেঁচে থাকা উন্নয়ন/বিকাশ, সুরক্ষা, অংশগ্রহণ
৫. শিশু বিকাশ কেন্দ্র কিভাবে সুবিধা বঞ্চিত/প্রান্তিক পরিবারের শিশুদেও অধিকার সুরক্ষায় কাজ করছে? (শিশুরা উপকৃত হয়েছে/এমন কিছু উদাহরণ দিন)
৬. এসব কার্যক্রম শিশু শ্রম, শিশু নির্যাতন, বাল্যবিবাহ-হ্রাস কতটুকু কার্যকরী ভূমিকা পালন করছে বলে মনে করেন?
৭. শিশুদের শিক্ষা ও দক্ষতা উন্নয়নে কি ধরনের ব্যবস্থা /কর্মসূচী নেয়া হয়ে থাকে ?

৮. এ ধরনের কর্মসূচীর সুষ্ঠু বাস্তবায়নে কি ধরনের প্রতিবন্ধকতা বিদ্যমান?

বাজটে সংক্রান্ত

জনবল

মনিটরিং/তদারকি

৯. শিশু বিকাশ কেন্দ্রের জন্য প্রয়োজনীয় উপকরণ ও মালামাল সরবরাহ নিশ্চিত করার জন্য কি ধরনের পদক্ষেপ গ্রহণ করেন?

১০. প্রতি তিন মাসে একবার সভার আয়োজন করা হয় কি? সভায় কি ধরনের বিষয় আলোচনা করা হয়?

১১. শিশু বিকাশ কেন্দ্রসমূহ সঠিকভাবে পরিচালিত হচ্ছে কিনা তা কিভাবে মনিটর করেন?

১২. শিশু বিকাশ কেন্দ্রের কার্যক্রমকে আপনি কিভাবে মূল্যায়ন করেন? (খুব ভাল, মোটামুটি, অকার্যকর)

১৩. শিশু বিকাশ কেন্দ্রের কার্যক্রমে কোন দুর্বলতা আছে কি? সংক্ষিপ্ত বর্ণনা দিন?

১৪. শিশু বিকাশ কেন্দ্রের কার্যক্রমকে আরও ফলপ্রসূ করার নিমিত্তে কি ধরনের পদক্ষেপ নেয়া প্রয়োজন? এ ব্যাপারে দয়াকরে আপনার সুচিন্তিত মতামত দিন?

আপনার মূল্যবান মতামতের জন্য অনেক ধন্যবাদ।

বাংলাদেশ উন্নয়ন গবেষণা প্রতিষ্ঠান

ই-১৭, আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭

Key Informant Interview (KII) Performance Assessment of the Pilot Program of Shishu Bikash Kendra (SBK)

(এই জরিপের মাধ্যমে সংগৃহীত সকল তথ্য গোপন রাখা হবে এবং কোন ব্যক্তির নাম বা ঠিকানা রিপোর্টে প্রকাশ করা হবে না। সংগৃহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে। উক্ত জরিপ কার্যক্রমে আপনার সার্বিক সাহায্য ও সহযোগিতা একান্তভাবে কাম্য।)

জেলা শিশু বিষয়ক কর্মকর্তা

(জেলা স্ট্রয়ারিং কমিটির সদস্য সচিব)

জেলার নাম : _____

নাম : _____ শিশু বিকাশ কেন্দ্রের নামঃ _____

পদবী : _____ মোবাইল /ফোন নম্বর : _____

১. কতদিন ধরে আপনি উক্ত পদে কাজ করছেন?----- বছর
২. শিশু একাডেমি কতক বাস্তবায়িত শিশু বিকাশ কেন্দ্রের বিদ্যমান কর্মসূচী সম্পর্কে আপনি কি জানেন? এ প্রকল্পের আওতায় কি ধরনের কর্মকাণ্ড পরিচালিত হচ্ছে?
৩. এ ধরনের কর্মসূচীর মাধ্যমে কিভাবে সুবিধাবঞ্চিত শিশুরা উপকৃত হচ্ছে? উদাহরণ সহ উল্লেখ্য করুন?
৪. আপনার এলাকার শিশু বিকাশ কেন্দ্রে শিশুদের আবাসন, খাবার, পড়াশুনা ইত্যাদি ঠিকমত মনিটর করা হয় কি? কিভাবে করেন?
৫. সুবিধাজনক সময়ে শিশুদের জন্য ঐতিহাসিক, পুরাকীর্তি ও দর্শনীয় স্থানে শিক্ষা সফরের আয়োজন করা হয় কি? কিভাবে করেন?
৬. গত এক বছরে জাদুঘর পরিদর্শন/লাইব্রেরী পরিদর্শন এবং এবং লাইব্রেরী ভিত্তিক কার্যক্রমে শিশুদের অংশগ্রহণের ব্যবস্থা করা হয়েছে কি? দয়াকরে উদাহরণ সহ বর্ণনা দিন।

৭. শিশুদের উন্নত খাবার, খেলাধুলা ও সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহণের ব্যাপারে কমিটি তিন মসে একবার সভার আয়োজন করে কি? গত দুইটি সভার আলোচনার উল্লেখযোগ্য অংশ কি ছিল?
৮. শিশু বিকাশ কেন্দ্র কিভাবে সুবিধা বঞ্চিত/প্রান্তিক পরিবারের শিশুদেও উন্নয়নে/ সুরক্ষায় কাজ করছে?
৯. কমিটি নিয়মিতভাবে কর্মসূচি বাস্তবায়নের অগ্রগতির প্রতিবেদন কর্মসূচি বাস্তবায়ন কমিটিকে প্রেরণ করে কি?
১০. কমিটি শিশু বিকাশ কেন্দ্রের কার্যক্রম নিশ্চিতভাবে পর্যবেক্ষণ/তত্ত্বাবধানের দায়িত্ব পালন করে বলে মনে করেন কি? কিভাবে করে?
১১. শিশু বিকাশ কেন্দ্রের জন্য প্রয়োজনীয় জনবল নিয়োগের প্রস্তাব “কর্মসূচী বাস্তবায়ন কমিটি” কে প্রেরণ করেন কি? কিভাবে করেন?
১২. শিশু বিকাশ কেন্দ্রে উদ্ভূত সমস্যাবলী সমাধানে কি ধরনের পদক্ষেপ গ্রহণ করা হয়?
১৩. কমিটি কর্তৃক স্থানীয় প্রতিনিধি, ব্যবসায়ী, গনমাধ্যম কর্মী, সাংবাদিক, স্বেচ্ছাসেবী প্রতিষ্ঠানের প্রতিনিধি, ধর্মীয় নেতা, সাংস্কৃতিক ব্যক্তিত্ব, শিক্ষক, শিশুদের অভিভাবক ও গণ্যমান্য ব্যক্তিবর্গের সমন্বয়ে বছরে দুইবার এডভোকেসি সভার আয়োজন করা হয় কি? কিভাবে আয়োজন করা হয়?
১৪. অসহায়/দুঃস্থ/সুবিধাবঞ্চিত শিশুদের প্রাথমিক তালিকাটি কিভাবে প্রনয়ণ করা হয়? এ ব্যাপারে দয়াকরে বিস্তারিত বলুন?
১৫. অসহায়/সুবিধাবঞ্চিত/নিঃস্ব পরিবারের শিশুদের সুরক্ষা এবং উন্নয়নে শিশু বিকাশ কেন্দ্রের কার্যক্রমে আপনি কিভাবে মূল্যায়ন করবেন? (যথেষ্ট ভাল, মোটামুটি, অকার্যকর)
১৬. আপনার মতে উক্ত কার্যক্রমের কি ধরনের দুর্বলতা বিদ্যমান?
১৭. এ ধরনের দুর্বলতা নিরসনে কি ধরনের পদক্ষেপ নেয়া প্রয়োজন? দয়া করে বিস্তারিত বলুন।

আপনার মূল্যবান মতামতের জন্য অনেক ধন্যবাদ।

বাংলাদেশ উন্নয়ন গবেষণা প্রতিষ্ঠান

ই-১৭, আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭

Key Informant Interview (KII) Performance Assessment of the Pilot Program of Shishu Bikash Kendra (SBK)

(এই জরিপের মাধ্যমে সংগৃহীত সকল তথ্য গোপন রাখা হবে এবং কোন ব্যক্তির নাম বা ঠিকানা রিপোর্টে প্রকাশ করা হবে না। সংগৃহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে। উক্ত জরিপ কার্যক্রমে আপনার সার্বিক সাহায্য ও সহযোগিতা একান্তভাবে কাম্য।)

শিশু বিকাশ কেন্দ্রের কর্মকর্তা/ কর্মচারী

জেলার নাম : _____

নাম : _____ শিশু বিকাশ কেন্দ্রের নামঃ _____

পদবী : _____ মোবাইল /ফোন নম্বর : _____

১. কতদিন ধরে আপনি উক্ত পদে কাজ করছেন?----- বছর
২. আপনার চাকুরী কি স্থায়ী? হ্যাঁ=১; না=২
৩. উত্তর হ্যাঁ হলে কেন স্থায়ী নয়?
৪. আপনি কি স্কেল/সাকুল্যে/কোন বেতন পান? ১= সঠিক; ২=আংশিক সঠিক; ৩=সঠিক নয়
৫. উত্তর ২ ও ৩ হলে এ থেকে উত্তরনে আপনার পরামর্শ কি?
৬. আপনি কি সরকারী নিয়ম অনুযায়ী ছুটি ভোগ করেন? হ্যাঁ=১; না=২
৭. উত্তর না হলে কেন ছুটি ভোগ করতে পারেন না?
৮. আপনি কি শিফট অনুযায়ী দায়িত্ব পালন করেন? হ্যাঁ=১; না=২
৯. উত্তর না হলে কেন?
১০. কেন্দ্রে অবস্থিত শিশুদের জন্য পর্যাপ্ত আবাসন ব্যবস্থা আছে কি? হ্যাঁ=১; না=২

১১. যদি না হয়, তাহলে আবাসন ব্যবস্থা উন্নয়নের জন্য কি ধরনের ব্যবস্থা নেয়া প্রয়োজন বলে মনে করেন?
১২. শিশুদের সুষ্ঠুভাবে শিক্ষাদানের ক্ষেত্রে প্রতিবন্ধকত আছে কি? ১= হ্যাঁ; ২= না
১৩. হ্যাঁ হলে, কি ধরনের প্রতিবন্ধকতা উল্লেখ করুন?
১= পর্যাপ্ত শ্রেণী কক্ষের অভাব; ২= অভিজ্ঞ শিক্ষকের অভাব; ৩= প্রয়োজনীয় সরঞ্জামের অভাব; ৪= অপ্রতুল বরাদ্দ;
৯= অন্যান্য
১৪. শিশুদের মান সম্মত খাবার সরবরাহের ক্ষেত্রে কি ধরনের সমস্যা আছে? কিভাবে এই সমস্যার সমাধান করা যেতে পারে?
১৫. শিশুদের শিক্ষা এবং প্রশিক্ষনমূলক কার্যক্রমের উন্নয়নে কি ধরনের ব্যবস্থা নেওয়া প্রয়োজন বলে মনে করেন?
১৬. শিশুদের প্রয়োজনীয় স্বাস্থ্য সেবার ক্ষেত্রে প্রধান অন্তরায়গুলো কি কি?
১৭. অসুস্থ শিশুদের চিকিৎসা সেবা প্রদানে কোন সমস্যা আছে কি? ১= হ্যাঁ; ২= না
১৮. হ্যাঁ হলে, কি ধরনের সমস্যা বিদ্যমান?
১৯. এ ধরনের সমস্যা সমাধানে কি কি পদক্ষেপ নেয়া প্রয়োজন?
২০. শিশুদের খেলাধুলা এবং সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহণের পর্যাপ্ত সুযোগ আছে কি? ১= হ্যাঁ; ২= না
২১. যদি না হয়, তাহলে একেত্রে প্রধান অন্তরায়গুলো কি কি ?
২২. এ সমস্ত সমস্যা সমাধানে কি ধরনের পদক্ষেপ নেয়া প্রয়োজন বলে মনে করেন?

আপনার মূল্যবান মতামতের জন্য অনেক ধন্যবাদ।

বাংলাদেশ উন্নয়ন গবেষণা প্রতিষ্ঠান

ই-১৭, আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭

Key Informant Interview (KII) Performance Assessment of the Pilot Program of Shishu Bikash Kendra (SBK)

(এই জরিপের মাধ্যমে সংগ্রহীত সকল তথ্য গোপন রাখা হবে এবং কোন ব্যক্তির নাম বা ঠিকানা রিপোর্টে প্রকাশ করা হবে না। সংগ্রহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে। উক্ত জরিপ কার্যক্রমে আপনার সার্বিক সাহায্য ও সহযোগিতা একান্তভাবে কাম্য।)

শিশু বিকাশ কর্মকর্তা (দায়িত্বপ্রাপ্ত কর্মকর্তা)

জেলার নাম : _____

নাম : _____ শিশু বিকাশ কেন্দ্রের নাম : _____

পদবী : _____ মোবাইল /ফোন নম্বর : _____

- কতদিন ধরে আপনি উক্ত পদে কাজ করছেন?----- বছর
- আপনার কেন্দ্রে কতজন শিশুর জন্য আবাসন ব্যবস্থা আছে?
- বর্তমানে কেন্দ্রে কতজন শিশু অবস্থান করছে?
১০ বছরের নীচে-----জন
১০-১২ বছরের মধ্যে-----জন
১২ বছরের উপরে -----জন
- বর্তমানে কেন্দ্রে কতজন কর্মকর্তা/ কর্মচারী আছে?
- কেন্দ্রে অবস্থিত শিশুদের জন্য পর্যাপ্ত আবাসন ব্যবস্থা আছে কি? ১= হ্যাঁ; ২= না
- যদি না হয়, তাহলে আবাসন ব্যবস্থা উন্নয়নের জন্য কি ধরনের ব্যবস্থা নেয়া প্রয়োজন বলে মনে করেন?
- বর্তমানে কেন্দ্রে অবস্থানকারী শিশুদের কতজন কোন শ্রেণীতে অধ্যয়ন করছে?
১ম শ্রেণী, -----জন
২য় শ্রেণী, -----জন
৩য় শ্রেণী, -----জন

৪র্থ শ্রেণী, -----জন

৫ম শ্রেণী -----জন

৬ষ্ঠ শ্রেণী -----জন

৭ম শ্রেণী -----জন

৮ম শ্রেণী -----জন

৮. শিশুদের সৃষ্টিভাবে শিক্ষাদানের ক্ষেত্রে প্রতিবন্ধকতা আছে কি? ১= হ্যাঁ; ২= না

৯. হ্যাঁ হলে, কি ধরনের প্রতিবন্ধকতা উল্লেখ করুন?

১= পর্যাপ্ত শ্রেণী কক্ষের অভাব; ২= অভিজ্ঞ শিক্ষকের অভাব; ৩= প্রয়োজনীয় সরঞ্জামের অভাব; ৪= অপ্রতুল বরাদ্দ; ৯= অন্যান্য

১০. শিশুদের শিক্ষা এবং প্রশিক্ষনমূলক কার্যক্রমের উন্নয়নে কি ধরনের ব্যবস্থা নেওয়া প্রয়োজন বলে মনে করেন?

১১. অসুস্থ শিশুদের চিকিৎসা সেবা প্রদানে কোন সমস্যা আছে কি? ১= হ্যাঁ; ২= না

হ্যাঁ হলে, কি ধরনের সমস্যা বিদ্যমান?

১২. এ ধরনের সমস্যা সমাধানে কি কি পদক্ষেপ নেয়া প্রয়োজন?

১৩. শিশুদের খেলাধুলা এবং সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহণের পর্যাপ্ত সুযোগ আছে কি? ১= হ্যাঁ; ২= না

১৪. যদি না হয়, তাহলে একেত্রে প্রধান অন্তরায়গুলো কি কি?

১৫. এ সমস্ত সমস্যা সমাধানে কি ধরনের পদক্ষেপ নেয়া প্রয়োজন বলে মনে করেন?

১৬. শিশু বিকাশ কেন্দ্রের সার্বিক উন্নয়নে সরকারের পক্ষ থেকে কি ধরনের পদক্ষেপ নেয়া প্রয়োজন এবং শিশুদের সার্বিক কল্যাণের নিমিত্তে। এ ব্যাপারে আপনার সুচিন্তিত মতামত/পরামর্শ প্রদান করুন?

১৭. আপনার কেন্দ্রে শিশুদের উন্নয়নকল্পে কি ধরনের ব্যবস্থা নেয়া প্রয়োজন বলে মনে করেন?

১৮. শিশুদের মান সম্মত খাবার সরবরাহের ক্ষেত্রে কি ধরনের সমস্যা আছে? কিভাবে এই সমস্যার সমাধান করা যেতে পারে?

১৯. শিশুদের প্রয়োজনীয় স্বাস্থ্য সেবার ক্ষেত্রে প্রধান অন্তরায়গুলো কি কি?

২০. শিশুদের শিক্ষাদানের ক্ষেত্রে কি ধরনের প্রতিবন্ধকতা আছে? এর উন্নয়নে কি ধরনের পদক্ষেপ নেওয়া উচিত?

২১. শিশুদের শারীরিক ও মানসিক বিকাশের লক্ষ্য অর্জনে আরো কি কি পদক্ষেপ নেয়া প্রয়োজন বলে মনে করেন?

২২. শিশু বিকাশ কেন্দ্রের কর্মসূচী /বাস্তবায়নের নিমিত্তে প্রয়োজনীয় জনবল এবং বাজেট বরাদ্দ আছে কি?

প্রয়োজনীয় জনবল: ১= হ্যাঁ; ২= না

উত্তর না হলে, কোন কোন খাতে জনবল বাড়ানো উচিত বিস্তারিত বলুন?

প্রয়োজনীয় বাজেট বরাদ্দ: ১= হ্যাঁ; ২= না

উত্তর না হলে, মোট বাজেটের কতটুকু বাড়ানো প্রয়োজন (% বৃদ্ধি) এবং কোন কোন ক্ষেত্রে বাড়ানো প্রয়োজন ?

আপনার মূল্যবান মতামতের জন্য অনেক ধন্যবাদ।

বাংলাদেশ উন্নয়ন গবেষণা প্রতিষ্ঠান

ই-১৭, আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭

FGD Checklist/Guideline Performance Assessment of the Pilot Program of Shishu Bikash Kendra (SBK)

শিশু বিকাশ কেন্দ্রের নাম ও ঠিকানা:
তারিখ:

(শিশু বিকাশ কেন্দ্রের বিভিন্ন দিক নিয়ে তোমাদের সাথে আলোচনা করতে চাই)

১. শিশু বিকাশ কেন্দ্রে তোমাদের দিনে কয় বেলা খাবার দেওয়া হয় এবং সকালের নাস্তা, দুপুরের খাবার, বিকালের নাস্তা এবং রাতের খাবারে কি কি আইটেম পরিবেশন করা হয়?
সকালের নাস্তা-

দুপুরের খাবার-

বিকালের নাস্তা-

রাতের খাবার-

২. খাবারের পরিমাণ কী যথেষ্ট বলে মনে কর? এ ব্যাপারে তোমাদের মন্তব্য জানতে চাই।

৩. শিশু বিকাশ কেন্দ্রে পড়াশোনার ব্যাপারে কী ধরনের সুবিধা দেওয়া হচ্ছে? যেমন-
ক. স্কুল ড্রেস(বছরে কয় সেট)-

খ. বই, খাতা, পেন্সিল-

গ. কোচিং/ প্রাইভেট টিওটরের ব্যবস্থা-

ঘ. অন্যান্য-

৪. অসুখবিসুখ হলে কেন্দ্র থেকে শিশুদের চিকিৎসার ব্যাপারে কী ধরনের ব্যবস্থা নেওয়া হয়?

৫. শিশুদের চিত্ত বিনোদন সম্পর্কিত সুবিধা/ব্যবস্থা, যেমন-
ক. খেলাধুলায় অংশগ্রহণ-

খ. সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহণ-

গ. পিকনিক/শিক্ষা সফর, ইত্যাদি-

ঘ. অন্যান্য-

৬. শিশু বিকাশ কেন্দ্রে অবস্থানকারী শিশুদের বিভিন্ন সমস্যা সম্পর্কে মতামত।
ক. আবাসন সমস্যা (কক্ষের অভাব, অপরিষ্কার বাথরুম/গোসলখানা, অপরিচ্ছন্ন পরিবেশ, ইত্যাদি)-

খ. খাওয়াদাওয়া সম্পর্কিত-

গ. পড়াশোনা সম্পর্কিত-

ঘ. চিকিৎসাসেবা সম্পর্কিত-

ঘ. চিত্ত বিনোদনের সুযোগ সম্পর্কিত-

ঘ. অন্যান্য-

৭. শিশু বিকাশ কেন্দ্রের কোন দিকগুলো তোমাদের ভালো লাগে? এমন কয়েকটি বিষয় উল্লেখ কর।

৮. শিশু বিকাশ কেন্দ্রের কোন জিনিসগুলো তোমাদের খারাপ লাগে? এমন কয়েকটি বিষয় উল্লেখ কর।

৯. শিশু বিকাশ কেন্দ্রের সার্বিক উন্নয়ন কল্পে কি কি পদক্ষেপ নেওয়া উচিত, সে ব্যাপারে তোমাদের পরামর্শ/মতামত।