

RESEARCH REPORT

Performance Assessment of the Pilot Program of Shishu Bikash Kendra

S. M. Zahedul Islam Chowdhury
M. A. Mannan



Bangladesh Institute of Development Studies (BIDS)

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S. M. Zahedul Islam Chowdhury

Research Fellow

Bangladesh Institute of Development Studies (BIDS)

Dhaka, Bangladesh

M. A. Mannan

Former Senior Research Fellow

Bangladesh Institute of Development Studies (BIDS)

Dhaka, Bangladesh

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Abbreviations

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
UNICEF	United Nations International Children's Emergency Fund
UNCRC	United Nations Convention on the Rights of the Child

Abstract

The distressed/street children are deprived of the basic necessities of life, such as food, shelter, clothing, healthcare, and other supports – psychological and others, needed for a child. The government initiated six *Shishu Bikash Kendra* (SBKs) to improve the environment for street children, their quality of life, and future prospects. Bangladesh Shishu Academy (BSA), under the Ministry of Women and Children Affairs (MoWCA), has designed a holistic model that will directly reach 1,500 children (250 under each SBK) and promote their education, livelihood opportunities, healthcare, and protection. SBK, being implemented by BSA, aims to improve the quality of life of these deprived children by providing accommodation and food with a major focus on education and training. This study examines the process of targeting and selecting children and assesses the situation of children living in the SBK. The major problem faced by the SBK children is accommodation, including access to bath and toilet facilities. In addition to limited floor space, most of the SBKs do not have adequate bathrooms and latrines. It is very important for the SBKs to have their own buildings with adequate bath and toilet facilities. The selection process may be changed as there is provision to accommodate more children. The number of children staying should be increased by changing the selection process (for example, collecting children from slums/remote areas). 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 potential so that they can participate as full and equal members of society. BSA should make efforts to provide children with the necessary skill/vocational training and other assistance to ensure job prospects for them by networking with different government departments/agencies so that they can participate in income-earning activities and be capable of supporting themselves and become useful members of the society.

CHAPTER 1

INTRODUCTION

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 basic human rights, including the right to a happy childhood and opportunities to realise 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 the child's physical, mental, and intellectual development. They work long hours in unhygienic conditions, and 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 realise – 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” (UNICEF, 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 and 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, a mere head does not become a resource. Proper nourishment of children, their education, healthcare, clothing, and housing should be the first priority in national planning. It is through children that humanity transmits the values, knowledge, and skills that ensure 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, here is a compelling pre-destiny in planning adequately for children. Ultimately, it is the human beings that count, and if the human being counts, he counts much more as a child than as a grown-up.

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 on 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 breakthrough 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 the rights of children 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 the 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 means that a child's rights involve provision, protection, prevention, and participation in influencing one's own situation and decision-making. Thus, the post-1960s witnessed an ideological shift in the perception of child rights—from protection to autonomy, nurturance to self-determination, and welfare to justice (UNICEF, 1989).

The CRC exhibits an innovative and integrationist approach to a child's rights, as it combines economic, social, cultural, 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 provisions 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 the decisions of governments and adults will reflect actions in the ‘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 children. At the UN Millennium Summit held in New York in 2001, GOB reaffirmed its commitment to Child Rights by signing two optional protocols on UNCRC. This is, undoubtedly, an important milestone in promoting and providing support to children in distress. The Convention was adopted for the fulfilment 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 (UNICEF, 1989).

Human rights are “rights” that attach to all human beings equally, whether men, women, or children – whatever their nationality. According to the 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 learning to be useful members of society. According to the 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 nought, 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.

¹ Article 6 (which stresses 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.

Each child has a right to adequate nutrition, medical care, education, and the right to be useful members of society. Children certainly deserve the status of best assets since they are the ones who will play major social roles in the future. But, unfortunately, the majority of Bangladesh children are unhealthy, badly nourished, and without education, and they suffer violence at home, in schools, at the workplace, and on the street. The available evidence suggests that nutritionally, educationally, and in terms of their mortality, morbidity healthcare, 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, and child domestic workers). 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 girls 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 healthcare, 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 that 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 defence 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 categorised into four clusters.

- **Survival Rights:** These include the right to the basic things that sustain life, such as healthcare, 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 that 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, the mere head does not become a resource. Proper nourishment of children, their education, healthcare, 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 society. Children who are disadvantaged socially and economically and live under difficult circumstances deserve our special attention. Against this background of general deprivation, the *Shishu Bikash Kendra* Program has been undertaken to improve the condition of Street Children for implementation by Shishu Academy under the Ministry of Women and Children Affairs (MoWCA), Government of Bangladesh. The program's major objective is to provide accommodation and support for 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 program approach is needed. *Shishu Bikash Kendra* (SBK) was initiated by the government to improve vulnerable/destitute children's environment and their quality of life and as well as their future prospects. Shishu Academy, under the MoWCA, has designed a holistic model that will directly reach 1,500 children (250 under each SBK) and promote their education, livelihood opportunities, healthcare, 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 a major focus on education and training.

Child welfare programs, e.g., the *Shishu Bikash Kendra*, which essentially implies a 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 a limited scope for 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 poverty (World Bank, 2006). 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 into 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 and national and international NGOs, there are no significant accomplishments observed in Bangladesh regarding the situation of distressed children.

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

Each child has a right to adequate nutrition, medical care, education, and the right to be useful members of society. Children certainly deserve the status of best assets since they are the ones who will play a major social role in the future. But unfortunately, the majority of the vulnerable children are unhealthy, badly nourished, and without education. The available evidence suggests that these children present a very dismal picture nutritionally, educationally, and in terms of their access to services. 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 the *Shishu Bikash Kendra* Program has been undertaken to improve 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 for the development of distressed children by strengthening their survival skills and providing opportunities for participation in productive activities.

Jay and Steinberg (1978) experienced that a childcare centre of excellent quality does not have a discernible positive or negative impact on a child's intellectual development. It does not disturb the emotional connection between the child and their mother while enhancing the level of interaction, both positively and negatively, with peers.

Burchinal, Roberts, Nabors, and Bryant (1996) suggested that researchers and policymakers should prioritise exploring ways to enhance infant development by improving the quality of childcare centres, rather than causing any detrimental effects.

Burchinal, Lee, and Ramey (1989) proposed that both community childcare centres of high quality and intervention child day-care have the potential to positively impact the preschool intellectual development of socioeconomically disadvantaged children by influencing both the level and pattern of their development.

1.3 Rationale

All the rhetoric and solemn proclamations about the rights of men and women will come to nought if the child's basic rights, 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 resources, 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, e.g., the *Shishu Bikash Kendra*, which essentially implies a 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 socially/economically handicapped children by giving emphasis on basic education and numeracy and education for livelihoods with a focus on protection and skill development issues. The (BSA) under MWCA wants to conduct a study to assess the performance of the SBK in improving the quality of life of the children; 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 as well as provide them with safe accommodation, including facilities for education and training – so that they can become useful citizens.

1.4 Objectives of the Study

1.4.1 Goals and Objectives

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

- Review SBK's targeting, selection, and implementation process.
- Provide a comprehensive analysis of different aspects of the program design and implementation process, including targeting efficiency and beneficiary selection,
- 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 attitudes of children towards service providers
- Assess the impact of the program on the well-being of children (in terms of education and 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 to improve the program's efficiency and effectiveness.

1.4.2 Scope of the Study

The focus of the study has been directed toward assessing the appropriateness, effectiveness, and efficiency of the activities implemented under the SBK with regard to planning, organisation, implementation, and financing.

More specifically, the study examines 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, healthcare 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.
- Make concrete recommendations regarding policy framework and institutional development of SBK, for improving the situation of children, including human resources mobilisation geared to the promotion of the interest of street children.

1.5 Methodology

The study employed a two-track methodology:

1. The first track consists of the 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
 - Reports of relevant agencies
1. In the second track, the study used both qualitative and quantitative information with a major emphasis on the following:

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.

The ultimate impact on children’s well-being 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

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

Quantitative information was collected through a questionnaire survey; qualitative information was obtained using Key Informant Interviews (KIIs), case studies, group discussions, and participant observations.

1.5.1 Sample Selection

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

- The sample has covered about 50 per cent 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 three categories of children (Foundation Phase, Development Phase, and Employment Phase);

Table 1.1: 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

Questionnaire Survey

Quantitative information was collected through a questionnaire survey, and a structured questionnaire was used for the child survey/quantitative survey.

Key Informant Interviews (KIIs)

In addition to an in-depth survey of beneficiaries, information has been obtained through Key Informant Interviews (KIIs). Several KIIs were conducted with decisionmakers/service providers, including the District Coordinator/Child Affairs Officer, Program Officers, and members of the National Steering Committee (NSC), District Steering Committee (DSC), and Project Implementation Committee (PIC). Emphasis is given to the identification of existing gaps and lapses and suggestions for improving the existing law and legal framework regarding child protection issues. Suitable checklists were prepared for data collection.

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 healthcare. 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 eight case studies have been prepared for the girls in Azimpur SBK. 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, and 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), and substance abuse and sexual exploitation, etc.

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

Group Discussion

Some group discussions with children have been conducted. Various important issues regarding SBKs are discussed there.

Participant Observation

Participant observation has been conducted extensively to observe the real situation of children staying in SBK regarding protection and their livelihood patterns.

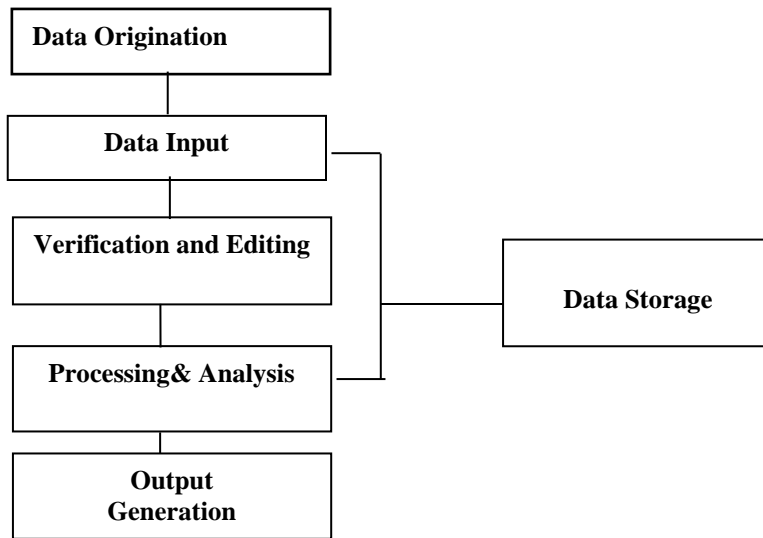
Data Management

The Quantitative Analytical Process

The computer programmer has been responsible for data management, which consists of the following: editing, data entry and verification, preparation of a set of dummy tables, and tabulation.

Soon after receiving the field data, arrangements were made to prepare the data for analysis. Coding instructions are prepared, and necessary editing and coding are done accordingly. Once this has been done, the data is entered into a computer. The consistency of data is checked by preparing frequency distributions and cross-tabulations. Inconsistencies, if any, are removed by identifying the sample schedule.

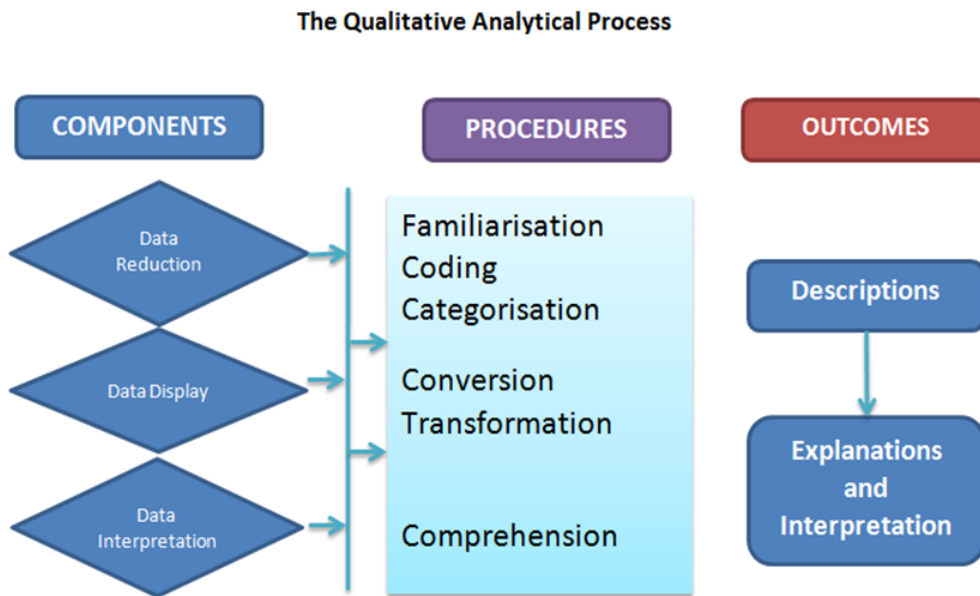
Figure 1.1: Data Processing Flow Diagram



The Qualitative Analytical Process

Triangulation is a powerful technique that facilitates the validation of data through cross-verification from two or more sources. We have triangulated quantitative and qualitative data- the purpose of triangulation is to increase the credibility and validity of the results.

Figure 1.2: The Qualitative Analytical Process



Ethical Considerations

The methodology was founded on ethical approaches to research with children, including provisions and mechanisms to ensure that safeguarding is an absolute priority from start to finish. Informed consent and assent for participation were required, and confidentiality was assured unless authorities gave explicit permission to be identified.

Confidentiality Statement

Adequate measures have been taken to maintain the confidentiality of information provided by respondents. The study participants were anonymous, and the names of respondents were not linked to the information they provided. The collected data are secure from the public and only appropriate.

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 centres) in Bangladesh. The data for this study largely come from a field survey conducted in six Shishu Bikash Kendras (as stated earlier) of Bangladesh. As already mentioned, a total of 360 children were interviewed; of them, 300 (83.3 per cent) were boys, and the rest 60 (16.7 per cent) were girls. The proportion of girls in the sample is lower than that of boys. This mainly happened because there is only one *Shishu Bikash Kendra* (out of six) for girls.

Table 2.1: Distribution of Children by Centre and by Sex

Centre	Boy		Girl		Total	
	N	%	N	%	n	%
Azimpur SBK	0	0.0	60	100.0	60	100.0
Keraniganj SBK	60	100.0	0	0.0	60	100.0
Gazipur SBK	60	100.0	0	0.0	60	100.0
Chittagong SBK	60	100.0	0	0.0	60	100.0
Rajshahi SBK	60	100.0	0	0.0	60	100.0
Khulna SBK	60	100.0	0	0.0	60	100.0
Total	300	83.3	60	16.7	360	100.0

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 marginalised, abused, exploited, and victimised. The mean age of the sample children by centre is given in Table 2.2. It can be seen that the overall mean age is 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

Centre	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-fifths (65 per cent) of the children have an education ranging from Class 3 to Class 6, whereas children of Class 3 have the highest (18.6 per cent).

Table 2.4: Distribution of Children by Level of Education

Class	Centre						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 Centre

The children are mainly compelled to come to the centre in search of a better livelihood. Table 2.5 reveals that about 41.7 per cent of the children came to the centre 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 neighbours, and 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 Centre (in per cent)

Centre	Father/ mother	Friend	Relatives	Brother/sister	Neighbours	Strangers	With the help of government officer /officer of <i>Shishu Bikash Kendra</i>	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 Centre

In terms of duration of stay in the centre, all children have been staying in the centre for more than two years, while on average, children of Azimpur centre have been staying more than five years, which is highest, and children of Gazipur centre have been staying one year and one month which is lowest in position.

Table 2.6: Duration of Stay in the Centre

Centre	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

2.3 Reasons for Coming to the Centre

A variety of reasons were cited by the children for coming to the centre. Poverty, lack of food/shelter, injustice of step-mother/stepfather, 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 centre. 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 41.7

per cent), lack of food (cited by 31.2 per cent), Father/mother wanted (reported by 9.8 per cent), and relatives wanted (reported by 2.07 per cent). A proportion (1.4 per cent) of children left home when living with a step-mother/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 hardcore poor families.

Table 2.7: Reasons for Coming to the City (in per cent)

Centre	Due to lack of poverty	Injustice of step-mother	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

Chi²=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 the case of the child's father, occupations include agricultural labourer, bricklayer/painter, wood mechanic, construction worker, brick field worker, employee in the shop or 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. The most frequently mentioned activities of fathers are agricultural labourer (35 per cent), rickshaw/van puller (18 per cent), small businessman (6.7 per cent), transport driver (4.3 per cent), and farmers (4.5 per cent) (Table 2.8).

By contrast, the child's mother is more likely to be engaged as in agricultural labourer, bricklayer/painter, wood mechanic, construction worker, brick field worker, house maid, tailor, handicraft worker, household worker, garment worker, other industrial workers, small businessman, work in garage/workshop, work in cigarette/tea shop. The most frequently mentioned activities of the mother are household workers (45.5 per cent) and housemaids (26.2 per cent) (Table 2.9).

Table 2.8: Fathers' Occupation

Occupation	Total	
	N	%
Jobless	5	1.8
Agricultural labourer	99	35.0
Bricklayer/painter	13	4.6
Wood mechanic	4	1.4
Construction workers	3	1.1
Brick field workers	1	0.4
Employees in the shop or the business	5	1.8
Hawker	2	0.7
Rickshaw/van puller	51	18.0
Transport driver	12	4.3
Transport Helper	4	1.4
Coolie	1	0.4
Mechanic	1	0.4
Shoemaker	1	0.4
Tailor	2	0.7
Handicraft worker	1	0.4
Household worker	1	0.4
Garment workers	4	1.4
Other industrial workers	3	1.1
Small businessman	19	6.7
Work in Garage/Workshop	1	0.4
Work in Cigarette/tea shop	2	0.7
Farmers	13	4.5
Other	34	12.0
Total	282	100.0

Table 2.9: Mothers' Occupation

Occupation	Total	
	N	%
Agricultural labourer	2	0.6
Bricklayer/painter	2	0.6
Construction workers	1	0.3
Brick field workers	2	0.6
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	0.3
Washing in Hotel/Restaurant	2	0.6
Paper/garbage collector	1	0.3
Other	43	13.3
Total	324	100.0

CHAPTER 3

FACILITIES OF SHISHU BIKASH KENDRA

3.1 Prevalence of Sickness and Health Seeking Behaviour

Disease Prevalence

This chapter deals with disease prevalence and treatment received by children. The children were asked whether they had 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 per cent reported that they had an illness (last month's recall span in the present study). The nature of their sickness is presented in Table 3.1, and the type of treatment they receive is presented in Table 3.2. The most common type of sickness is 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	%
Diarrhoea/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=0276

Treatment Received during Sickness

Those who were sick during the 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 per cent of the children received some kind of treatment during their sickness. Regarding the type of treatment received, about 51.8 per cent consulted government hospitals/centres. By contrast, 30.1 per cent visited a pharmacy (i.e., purchased medicine), while 6 per cent got treated by the 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

Centre	Azimpur SBK		Keraniganj SBK		Gazipur SBK		Chittagong SBK		Rajshahi SBK		Khulna SBK		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Government Medical Centre/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 centre	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 costs are financed by Shishu Bikash Kendra. It needs to be mentioned here that though health services at 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 the centre's officials (Teacher/Guard/Aya, etc.).

Access to Bath and Toilet Facilities

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

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

Indicators	Total (n=360)	
	N	%
Wash hands with water and soap after toilet	360	100.0
Use soap during bath	341	94.7
Brush teeth daily	355	98.6
Cut nails regularly	360	100.0

3.2 Education and Training Facilities

As earlier stated, children are enrolled in different classes. In general, schools are near the centre, and they come to school on foot with a guard. School books, dresses, 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 the type of training they received. About half of the respondents (50 per cent) found that they have cultural training, followed by technical education (44.4 per cent), sewing (2.6 per cent), and handicraft training programs (3 per cent).

Table 3.4: Types of Training (in per cent)

Centre	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 had participated in different cultural events. Among those who have participated in different cultural events, 45 per cent were found to participate in song, followed by recitation (25.4 per cent), other (21.3 per cent), and drama (8.2 per cent) programs.

Table 3.5: Types of Cultural Events (in per cent)

Centre	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 get an idea of 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 are also equally important in meeting nutritional requirements. Most of the children (86.1 per cent) mentioned that they can consume sufficient food. There is a routine for daily food items, which includes eggs, 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 affects 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 the school playground and also participate in school sports competitions. They have the 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 had heard about child rights or not. About 75 per cent child argued that they had heard. They informed various rights, including the right to live (40.5 per cent), protection rights (22.2 per cent), right to develop (24 per cent), and right to participate (13.3 per cent). They were asked whether they were getting these rights at the SBK or not. The majority of children (66.4 per cent) stated that they get these rights all the 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	0.8
Do not know /understand	51	14.2

Respondents were asked regarding their expectations in life. It is evident from the table that about one-third of children have preferred to do income/get employment (30.1 per cent), another 30 per cent argued for “education” followed by “get shelter (17 per cent), ‘social security’ and ‘social dignity’ (each 5.4 per cent) and ‘better health facilities/benefit’ (1.7 per cent). Respondents were asked what they wanted 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’ (34.2 per cent), followed by ‘government job holder’ (24.2 per cent), ‘engineer’ (19.7 per cent), ‘player’ (3.3 per cent), ‘singer’ (1.1 per cent), and ‘actor’ (0.3 per cent). Respondents were asked about their feelings about the centre. A vast majority (79.7 per cent) said they feel very good about the SBK.

Table 3.7: Expectations

Questions/Answers	N	%
What are your expectations 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	24.2
Businessmen	3	0.8

(Contd. Table 3.7)

Questions/Answers	N	%
Doctor	123	34.2
Nurse	0	0.0
Engineer	71	19.7
Mechanic	0	0.0
Player (footballer/cricketer)	12	3.3
Singer	4	1.1
Actor	1	0.3
Other	59	16.4
Total	360	100.0
How do you feel at the centre (here)?		
Very Good	287	79.7
Good	71	19.7
Not so good	2	0.6
Do you have any problem in (centre) here?		
Yes	142	39.4
No	218	60.6
Total	360	100.0

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

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	0.8
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	0.5
No enough staff	6	1.6
No enough cloth	9	2.3
No doctor	2	0.5
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	0.3

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

Table 3.9: Other Perceptions regarding SBKs

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	0.8
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	0.1

Respondents were also asked about their thoughts on the proper development of the child development centre. About 14.8 per cent of responses were found thought about ‘access to playground’, followed by ‘provision of higher education’ (10.6 per cent), ‘shift to new building’ (10.4 per cent), ‘manage more furniture’ (9.8 per cent), ‘need more teachers’ (8.6 per cent), ‘need more staff’ (5.7 per cent), ‘increase service quality’ (5.6 per cent), ‘increase food quality (4.6 per cent), ‘separate room for class room (4.3 per cent), ‘provision of technical education’ (3.7 per cent), ‘more dress’ (2.8 per cent), ‘need doctor’ (2.4 per cent), ‘increase access to water’ (2.4 per cent), ‘toilet facility’ (1.8 per cent).

Table 3.10: Other Perceptions regarding SBKs (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	0.8
Toilet facility	24	1.8
Access to playground	193	14.8

(Contd. Table 3.10)

Issues	Total	
	N	%
Need more staff	75	5.7
Need library	28	2.1
Transport facility	44	3.4
Education tour	4	0.3
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	0.2
Good behaviour 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	0.5
Increase rule-discipline	7	0.5
Play/game equipment	10	0.8

CHAPTER 4

FINDINGS FROM KIIs, GROUP DISCUSSIONS AND CASE STUDIES

4.1 Introduction

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

In addition to structured interviews/questionnaire surveys with children, several discussions 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 healthcare, and whether they are facing any problems at the SBK.

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

The major findings that emerged from the discussions with boys and girls are summarised below.

4.2 Reasons for Coming to the SBK

The reasons are varied and often multi-faceted. Reasons cited by the children during discussions 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 come to the SBK in the hope of 'better times', or simply to exist in their struggle for survival.

The vulnerable children were compelled to come to the SBK due to a lack of food and other basic needs. Some of the children came to the SBK with their parents, while some came with relatives/other caregivers/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 step-mother/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 that 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, receive education at school, and prepare themselves for healthy adult life, they are deprived of their basic needs. At an early age, they became accustomed to living 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 fulfilling their rights to survival, health, and education due to the essential services and support provided at the SBK.

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

4.3 Frequency of Meals per Day

Regarding the frequency of meals per day, all the children have access to three meals daily (breakfast, lunch, dinner) with regular provisions for afternoon snacks every day. However, 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 are also equally important for meeting nutritional requirements. From our discussions and field observations, it has been found that all the children living in the SBK have access to the minimum amount of food required for their growth and survival. According to discussion 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 the Director and Assistant Director of BSA, including the SBK officials, that they cannot afford to provide the children with an optimum amount of fish or meat because of budget constraints.

The consensus that emerged during discussions 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, the physical manifestation of hunger and starvation became evident. However, after coming to the SBK, they are provided with three full meals (breakfast, lunch, and dinner) and 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 the frequency of baths they took in a week. The discussion findings show that an overwhelming majority of children do not have easy access to bath and toilet facilities. They have to wait for a lengthy time for defecation purposes or for taking a bath, which is likely to have adverse consequences on their health.

4.5 Recreation Facilities at SBKs

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. However, they are also afraid of 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 the provision of staying 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 discussions 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 emphasised in the UNCRC. To add to these, we can also include the need for vocational education and skill training to improve a child's capacity for participation in gainful employment.

4.7 Voices of Children

Reasons cited by the children during discussions 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; and violence and/or exploitation in the home.

These children were deprived of the basic necessities of life like shelter, food, healthcare, education and training, which are necessary for decent living and a better future. They did not even have access 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 discussions with children at the SBK that:

“Before coming to the SBK, these children rarely identified that health was 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 not concern themselves with the longer-term consequences of their behaviour, about the health risks associated with their unhygienic living condition, poor diet, and nutrition.”

All the children in the discussions agreed:

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

According to the 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 a 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, a mere head does not become a resource. Proper nourishment of children, their education, healthcare, clothing, and housing units 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 society and government, 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 a young 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 neighbours 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 centre. She got a GPA of 5 on the PSC (Primary School Certificate) examination. With a smiling face, she informed me that she has been getting all the facilities from the SBK. She also participates in the cultural program organised by Shishu Academy. Her parents never visited the SBK after her coming to the centre. 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 fulfil her dream. But she is worried about her future because, according to existing rules, she will have to leave the centre 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 a day labourer. They had no cultivable land and frequently had to starve or remain half-fed. Due to hardship, his mother could not provide him with the minimum amount of food and clothing. One day, his mother got work in a hospital through his uncle. His mother met with a woman from whom she came to know about the SBK (*Shishu Bikash*

Kendra) at Rajshahi. His mother came to Rajshahi SBK, and Maruf got shelter and was admitted to 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 healthcare when I am sick. I have participated in and also won 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 eight months old. His father married for the second time after his mother’s death. He has one elder brother and one sister. At the age of six, he was admitted to a madrasa located in their village, and he continued there for one year. His stepmother 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 his stepmother 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 to 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 did not even 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 to class three there. He also participated in different cultural activities and got a prize in the *Azan* competition organised by Bangladesh Shishu Academy.

Nurul opined that:

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

Omeka Bom (aged 10 years)

Omeka has been staying at the *Chittagong Shishu Bikash Kendra* since 2014; 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 three 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, and art competitions and has also got prizes. Recently, he won third prize in an art competition organised by Bangladesh Shishu Academy. He also got first prize in a song competition organised by Bangladesh Shishu Academy.

Omeka said,

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

Abdul Hamim Gazi (aged 14 years)

Hamim lost his father when he was only two years old. After his father’s death, his mother got married for the second time. His life was like hell at his stepfather’s house, and all the misfortunes started. In 2011, he came to *Khulna Shishu Bikash Kendra* and was admitted to class one. In addition to his studies, he participates in cultural activities organised 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 on an 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 old. 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 centre with his mother and was admitted to class two.

He is also involved in extracurricular activities. For example, he got second prize in a recitation competition in 2018. He informed me that he is now happy being here. He wants to be an engineer. However, he is worried about the fact that he is supposed to leave the SBK after his 8th grade and may not be allowed to continue his studies till SSC. He said that it would be convenient if he could appear for the 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 realise– 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.” (UNICEF, 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 Rights of the Child (CRC). Ratified by all but two countries, the Convention entered into force the following year.

The Convention was adopted for the fulfilment 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 puts 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 basic human rights, including the right to a happy childhood and opportunities to realise 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 programs, e.g., the *Shishu Bikash Kendra*, which essentially imply a 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 with the 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, namely sports and music.

Burchinal, Lee, and Ramey (1989) argued that childcare centres positively influence both the intellectual level and cognitive growth patterns of socioeconomically disadvantaged children. Furthermore, high-quality childcare centres may play a role in preventing the intellectual underachievement patterns frequently observed in children living in poverty.

Burchinal, Roberts, Nabors, and Bryant (1996) suggested that subsequent studies are essential to ascertain whether the connections between infant development and quality childcare persist into the preschool years. Longitudinal assessments within this cohort, the evaluation of both the quality of their childcare settings and their home environments, and monitoring of their cognitive and language development are important for policies.

Jay and Steinberg (1978) experienced that the current understanding of childcare centres is significantly limited due to our predominantly narrow focus on the direct effects of the experience on the child in care. This inadequacy hinders the comprehensive assessment of how various childcare arrangements impact not only the child but also their parents and the broader society they are part of.

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 puts 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 society. Children certainly deserve the status of best assets since they are the ones who will play a major social role in the future. However, 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 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 recognises 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 resources, 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 a 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 who 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 abject poverty without safe shelter, adequate food, access to education and healthcare, 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 stepmother/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 are being ensured by staying at the SBK are:

- Secured shelter, including food, clothing, and healthcare.
- Cognitive development, including literacy, school enrolment, and acquisition of knowledge necessary for normal life.
- Emotional development, including adequate self-esteem, feeling of love, and dreaming about life/aspiration for a 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 primary problem faced by the SBK children is accommodation, including access to bath and toilet facilities. In addition to limited floor space, most of the SBKs do not have adequate bathrooms and latrines. Children suffer from a lack of baths and latrines, as most of them have to wait for a long time to access the latrine. Lack of 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 essential 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. Immediate steps should be taken to provide them with safe and secure shelter, including adequate latrine facilities. Accommodation in own buildings, preferably using non-utilised 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 government 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 effect on for the overall development of the children. The SBK, BSA, and the government 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.
3. As most of the SBKs have manpower constraints, limitations on capacity building, proper program intervention and strategic planning, they are unable to address the multifarious problems of vulnerable children. The manpower position of SBKs should be increased as follows: one new position of storekeeper/administrative assistant should be created, including one additional position of cook and *Aya* for the smooth running of SBK activities.
4. At present, *Shishu Bikash Karmokarta* (SBK) is working as an additional duty or on an 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 to administer, manage, supervise, and monitor the activities related to SBK.

6. Different categories of staff of the SBKs were appointed in 2009 on an ad-hoc basis. However, their services are not yet regularised, and they are drawing consolidated salaries, which are not consistent with the pay scale of 2009 or 2015. Immediate steps should be taken to regularise their positions, and their salaries should be determined according to the national pay scale of 2015.
7. There is a pressing need to increase the budgetary allocations for the SBK for the children's overall development and well-being . The existing budget allocation per month per child is Tk. 2,600. This should be increased to at least Tk. 3,500 per month in view of rising prices for the smooth functioning of SBK.
8. The selection process may be changed as there is a provision to accommodate more children. The number of children currently staying should be increased by changing the selection process (for example, collecting children from slums/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 potential 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 prospects 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.

REFERENCES

- Bangladesh Shishu Academy (2023). Projects. Retrieved from: <https://www.shishuacademy.gov.bd/>
- Belsky, J., & Steinberg, L. D. (1978). The effects of day-care: A critical review. *Child Development*, 49, 929-949.
- Burchinal, M., Lee, M., & Ramey, C. (1989). Type of day-care and preschool intellectual development in disadvantaged children. *Child Development*, 60, 128-137.
- Burchinal, M. R., Roberts, J. E., Nabors, L. A., & Bryant, D. M. (1996). Quality of center child care and infant cognitive and language development. *Child Development*, 67(2), 606-620.
- Development in Disadvantaged Children. *Child Development*, 60, 128-137.
- MOWCA. (2023). *National action plan to prevent violence against women and children 2013-2025*, Retrieved from: <https://mowca.gov.bd/>
- UNICEF. (1989). *Convention on the Rights of the Child*.
- UNICEF. (1997). *The State of the World's Children*.
- UNICEF. (2005). *The State of the World's Children*.
- World Bank. (2006). *Dhaka: Improving Living Conditions for the Urban Poor*. Washington DC.