

Exploring challenges and prospects of alternative childcare services in Bangladesh: a qualitative case study

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ABSTRACT

The study intended to explore the challenges and opportunities associated with alternative childcare services for child welfare in Bangladesh. This study primarily used a qualitative research design, employing the case study approach to obtain an in-depth understanding of the research issue. Several qualitative data collection techniques were employed, of which are detailed case interviews, semi-structured and open-ended interview schedules, focus group discussions (FGDs), interviews with key informants (KIIs), and observations. It is observed in the study that there is an increasing necessity for alternative care services in Bangladesh, which are often rendered by the government-run child care centers, day care facilities, institutional care, kinship care, foster care, community-based childcare, and adoption. The findings of the study highlight an inadequacy of emotional and psychosocial support in alternative care arrangements in which there is no structured counseling or available family tracing services. While the Government Shishu Paribar offers a basic safety net, it does not adopt a child-centered approach and fails to provide satisfactory long-term developmental support. The quality of education in 'Sarkari Shishu Paribar' is substandard, and there is a momentous shortage of trained social workers and caregivers, particularly in rural areas. Furthermore, the lack of a centralized database by the Department of Social Services (DSS) hinders monitoring and family reunification efforts, while social stigma and legal concerns deter families from accepting non-biological children. A coordinated approach focusing on capacity building and financial investment is essential to improve the alternative care programs for the well-being of children.

1. Introduction

Alternative care services have emerged as a critical issue globally, including in Bangladesh. Millions of children are encountering vulnerabilities due to factors such as poverty, neglect, abandonment, or losing one or both parents in Bangladesh. Although family is the preferred setting for a child's growth and development, alternative care services are crucial for those lacking sufficient parental support (Bangladesh Bureau of Statistics, 2022). As indicated in a 2019 report, over 49,000 children in Bangladesh were residing in institutional care

facilities, including government homes, orphanages, and shelter centers (Finance Division, GoB, 2022). UNICEF (2019) estimated that more than 80 percent of these children have at least one living parent, suggesting that many children could stay in family-based care if adequate resources were provided. The Department of Social Services (2023) reported that Bangladesh has 85 Government Children's Homes along with over 1,200 private orphanages and NGO-run care centers. Most of these facilities are located in urban areas, leaving rural communities underserved. It is universally recognized that all children possess the right to live in a safe and a

nurturing environment for their development and overall well-being. It is their inherent human right to thrive in a compassionate setting and to have their basic needs met appropriately. A supportive, caring, and safe environment promotes the full potential of children's development. The positive effects of formal institutional care on children's welfare, development, and overall well-being are widely acknowledged. In light of this, various countries are undertaking different initiatives to enhance children's welfare in accordance with their obligations under the UNCRC, 1989 (United Nations, 1989). However, in Bangladesh, many families struggle to meet their children's basic needs adequately. As a result, it becomes necessary to incorporate children into alternative care facilities for their overall well-being. Generally, alternative care refers to formal or informal arrangements made for children without parental care. When families are unable to care for their children, alternative, formal, or informal care provisions become vital (Wanke, Daja, 2015). On a global scale, alternative care encompasses any informal or formal, temporary, or permanent services aimed at the welfare of children who are orphaned or separated from their parents. This includes care provided by formal or non-formal institutions, whether governmental or non-governmental, for the benefit of children. Examples of alternative care include day care centers, kinship care, foster care, and various types of residential care or supervised independent living arrangements (United Nations, 2010). In Bangladesh, various alternative care services are practiced, both governmental and non-governmental, such as sarkari shishu paribar, chotomoni nibas, daycare centers, distressed children training and rehabilitation centers, kinship care, and many privately-run orphanages.

Moreover, the churches in Dhaka city are actively engaged in various social initiatives to help children and the community through social welfare services. These include pastoral care, managing 25 seminaries and novitiates, orphanages, six church-led social organizations, 18 hostels for boys and girls, free accommodation for unwed mothers, a home for the dying destitute, financial assistance for the poor and needy, and efforts to support marginalized individuals, all functioning to assist those in need (Azam & Mazid, 2024). These care

services are vital for the welfare and well-being of children, who are some of the most vulnerable in society. The government has a responsibility to protect children's rights and ensure proper alternative care planning for their welfare. Currently, the exact number of children living in alternative care institutions and agencies in our country is not definitely known. Accountability, supervision, and a monitoring system to maintain service quality in these organizations are not yet adequately established. An effective follow-up mechanism is also lacking in these service-providing organizations. According to the Children Act, 2013 of Bangladesh, a Child Welfare Board (CWB) is led by district deputy directors and Upazila Chief Executive Officers (UCEO) at the district and Upazila levels. However, these boards are not operational in all districts and Upazilas.

In Bangladesh, a large number of children experience a huge lack of available parental care and support due to such factors as child poverty, family displacement, abandonment, biopsychosocial and mental disability, and socio-political undesirable conditions across the country. Although alternative care services-including institutional care, kinship care, foster care, and community programs play a vital role in ensuring the safety and welfare of these at-risk children, the current systems largely depend on institutional care, which lacks available quality services, and focuses on children's basic care needs. Family-centered alternatives like foster care and adoption are still in their infancy because of uncertainties in laws, cultural resistance, and ineffective policy execution. Moreover, the availability of care services is inconsistent, with rural and marginalized areas facing significant gaps in access, and a paucity of trained personnel impedes the effective delivery of services. Despite legal frameworks and initiatives undertaken by NGOs, the absence of integrated planning, monitoring, and public awareness contributes to creating hurdles to the smooth progress and development. Thus, a comprehensive examination of the present challenges and opportunities related to alternative care services in Bangladesh is essential to guide policy improvements and encourage child-centered, sustainable solutions for the welfare of children in the country.

The objective of the study is to explore the challenges and opportunities of alternative childcare services for child welfare in Bangladesh and to suggest some recommendations in line with the current alternative childcare services in Bangladesh.

2. Review of Literature

2.1. Conceptual analysis

This literature review compiles scholarly articles, research findings, and policy reports regarding the current state of alternative care services in Bangladesh, focusing on both the challenges faced and the potential for future improvements. Alternative care pertains to the support provided to children who are deprived or neglected of parental care, or whose families cannot or choose not to care for them (Wanke, Daja, 2015). In Bangladesh, such care has become increasingly essential because of some influential causes such as poverty, neglect, health issues, migration, and natural disasters, and so on. As stated in the 2009 United Nations Guidelines for the Alternative Care of Children, family-based care such as foster care, kinship care, or adoption should be prioritized, and institutional care ought to be considered only as a last resort. Nonetheless, institutional care remains the predominant form in Bangladesh (Islam & Sharmin, 2021). Despite the Children Act of 2013 outlining the state's responsibilities for alternative care and creating legal pathways for child protection, implementation has been inadequate (Ministry of Law, GoB, 2013). Research indicates that Bangladesh relies heavily on residential institutions and orphanages, which are often operated by the government or NGOs. A report by UNICEF (2019) found that many of these institutions do not provide essential developmental, emotional, and psychological support for children in Bangladesh. Ferdous (2020) pointed out that institutional settings often lack personalized care and make children subject to neglect or abuse due to properly trained staff and insufficient infrastructure. Family-based care options, including foster care and adoption, are also significantly underdeveloped in Bangladesh. Establishing a foster care system is severely obstructed by societal stigma, legal ambiguities, and religious issues, as noted by Rahman &

Hossain (2022). While domestic adoption is permissible under certain conditions, it is frequently complicated by informal practices and a lack of a centralized regulatory system (Ahmed, 2018). Despite the prevalence of institutional care, numerous NGOs have initiated community-based childcare services with favorable results. For example, BRAC's community childcare facilities in urban slums offer affordable, adaptable care and have been shown to improve early childhood development and support maternal employment (Nahar et al., 2020). These initiatives illustrate the practicality of locally tailored, low-resource models that meet the needs of working-class families. Although frameworks such as the National Child Policy (2011) and the Children Act (2013) exist, their implementation remains inconsistent. Public care facilities experience bureaucratic delays and chronic underfunding issues. Monitoring systems are inadequate, and collaboration among ministries, NGOs, and community organizations is limited (UNICEF, 2019). In addition, resources for children with disabilities or trauma-related needs are particularly lacking (Chowdhury, 2021). Islam (2020) outlined key challenges and deficiencies in the alternative care of children under the current circumstances, and subsequently shared some insights on potential policy interventions, focusing on both general and social work perspectives. In the concluding remarks, the paper argued why SOS Children's Village may be regarded as an exemplary organization for alternative care in Bangladesh. In the paper, he exclusively advocated for SOS Children's Village as the best option for alternative care in Bangladesh, despite the existence of diverse types of alternative organizations providing services for children's welfare. Rahman (2023) suggests that implementing digital tracking systems and establishing child welfare committees at the district level could foster accountability. A variety of Support from UN agencies and donor organizations is increasingly aiding child protection staff in enhancing their capabilities. Promoting foster care, providing better training, and placing a stronger emphasis on psychosocial support are all deemed crucial for the future (Save the Children, 2022). Although Bangladesh has established the foundational institutional and legal framework for alternative care, the research finds

that significant structural and cultural challenges still exist in Bangladesh. Legal reforms, increased funding, capacity development, and public awareness campaigns are extremely needed to facilitate the shift from institutional to family and community-based care. The present research underscores promising opportunities for sustainable and scalable approaches founded on local principles and values.

2.2. Theoretical framework

To understand and evaluate alternative care services in Bangladesh, it is essential to utilize key theoretical frameworks from child development, social work, and human rights contexts. Theoretical frameworks inform policy strategies for child safety and help clarify the necessity for care options beyond institutional environments. As one of the relevant theoretical perspectives, Attachment Theory (Bowlby, 1969) explains that a child's social, emotional, and psychological growth is significantly shaped by stable and responsive caregiving relationships. In Bangladesh, institutional care systems are not suitable in terms of ensuring quality care services for the welfare of children. Research indicates that the absence of personalized attention in orphanages leads to developmental delays, anxiety, and behavioral problems associated with regular bonding in children. This perspective supports the shift toward foster care or family-based arrangements, which can provide reliable relationships and continuity of care both of which are often found to be lacking in large institutions. Conversely, Ecological Systems Theory (Bronfenbrenner, 1979) provides an understanding of child development as influenced by multiple layers, including family, school, community, and broader societal systems. In the Bangladesh context, legal frameworks, cultural norms, and socioeconomic factors influence alternative care, including some specific organizational activities and care models. For example, migration, poverty, and natural disasters can disrupt family structures and bring children into foster care. This framework advocates for a comprehensive approach aimed at reducing unnecessary child separations, involving collaboration among institutions, community support, and family strengthening. In addition, a rights-based

framework, particularly guided by the UN Convention on the Rights of the Child (CRC), positions children as active rights-holders entitled to family life, protection, and a voice in their care. Articles 20 and 21 of the CRC specifically highlight the importance of adoption and alternative care with the child's best interests as the central principle (United Nations, 1989). While Bangladesh's Children Act of 2013 aligns with the CRC, its implementation is lagging to a great extent. A rights-based perspective stresses the need for enhanced monitoring, accountability, and the inclusion of children in decisions that affect their care. In addition to the above theories, Social Capital Theory (Putnam, 2000) emphasizes trust, networks, and community organization in promoting social well-being. In the context of Bangladesh, casual support networks like community involvement and kinship care can be effective alternatives to institutionalization in child-care services. Strengthening these networks through community-based services and policy support could be very useful to yield inexpensive, culturally fit solutions to the problems in the case of child-care services. But an overall child-centered, holistic, and rights-based approach is of paramount importance in addressing the individual, group, and family needs of children.

3. Methodology

The research conducted on the alternative care service in Bangladesh was qualitative in nature. It employed a qualitative research strategy to gain a comprehensive understanding of the current situation, challenges, and future opportunities for alternative care services for children in Bangladesh. While the qualitative research approach delves into participants' viewpoints and perceptions, the quantitative research approach suggests some supporting data regarding service availability and practices. In the study, the researcher used the case study method as a primary research method. Additionally, observation and context analysis were used as supplementary methods to enhance understanding of the perceptions surrounding the challenges and prospects of alternative care services in Bangladesh. These methods are highly effective for collecting, assessing, and interpreting firsthand information from the practical environments

(Azarin & Cameron, 2010). The study also applied both primary and secondary data sources. Primary data were collected through direct fieldwork with the participants. Many data collection methods/techniques, such as In-depth Interviews (IDIs), Focus Group Discussions, and Key informant Interviews (KIIs), were employed to gather primary data from the participants in the study. Data was collected through the use of some data collection tools such as a Semi-structured Interview Schedule, an Interview Guide, a Focus Group Study Guide, and Observation Checklists. In contrast, secondary data were obtained through literature reviews and other secondary sources, such as previous research reports, journal articles, book chapters, official statistics, government reports, and so forth. Alongside, the study conducted a detailed review of policy documents, laws (Children Act 2013), NGO reports, academic literature, and statistical data from both the Government and Save the Children databases to gather data/information, and knowledge regarding the research issue.

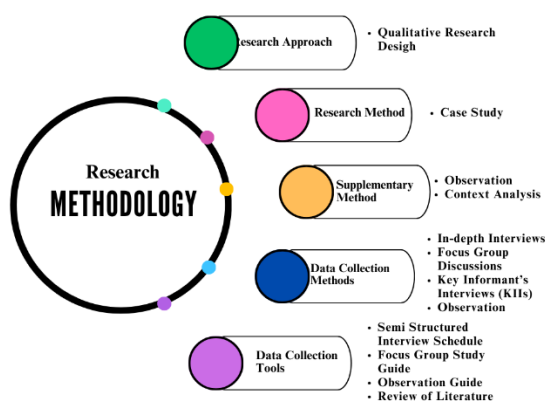


Figure 1: Methodology of the study

3.1. Area of study

The areas of the study were limited to the Dhaka South City Corporation (DSCC) and Dhaka North City Corporation (DNCC) of Bangladesh, which cover a variety of alternative care service practices. Key service focus areas include institutional care, kinship care, foster care, community-based childcare, and child adoption with the government or non-governmental

organizations (NGOs), running alternative care services.



Figure 2: Map of the Study Area [The source of the map is "Banglapedia: National Encyclopedia of Bangladesh." At present, a different version of the map can be found on Banglapedia's website. The source is also referenced in Swapan et al. (2017) and Ahmed et al. (2014).]

3.2. Population of the study

The population of the study includes caregivers/participants of several alternative care institutions located in both South and North Dhaka City, where children receive varied alternative care services. In addition, the study reached out to some stakeholders such as government officials from the Ministry of Social Welfare, representatives from NGOs engaged in childcare services, caregivers and administrators of institutions (including orphanages and daycare centers), families involved in foster or kinship care, as well as adolescents or young adults who are currently in care services.

3.3. Sampling method and sample size

A purposive sampling procedure was employed to choose participants who were knowledgeable about and relevant to the study. A total of six (06)

cases (four institutions and two children) were selected from alternative care institutions for in-depth case studies, three (03) for Focus Group Discussions (FGDs) that involves caregivers and stakeholders such as guardians, service providers, and professional organizations, and three (03) Key Informant Interviews (KIIs) who were selected using purposive sampling procedures. The size of the sample used in the study was 39.

3.4. Data Processing, Analysis, and Interpretation

In this research, thematic analysis was employed to examine qualitative data, uncovering recurring themes, challenges, and opportunities. The qualitative information gathered from face-to-face interviews based on specific observations was recorded using audio devices and later transcribed into a written format. Subsequently, the data were organized and triangulated considering the nature, type, characteristics, and objectives of the study. In fact, a descriptive approach was utilized to analyze data/information and present the findings from different perspectives.

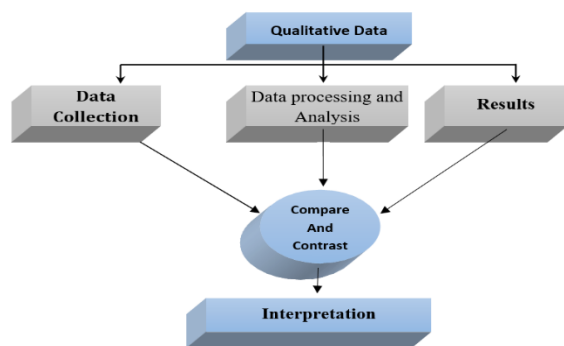


Figure 3: Flow chart of data processing, analysis, and interpretation

3.5. Ethical considerations

Before collecting data, informed consents were received from all participants engaged in the study. Secrecy and confidentiality of data related to their private matters and sensitive issues were ensured to be maintained properly. In the study, necessary precautions and well-behavioral

treatment was consciously and cautiously practiced while interacting with children to collect data by complying with the child protection guidelines.

4. Results

In the study, 6 cases were interviewed, 3 Focus Group Discussions (FGDs) were conducted, and 3 Key Informant Interviews (KIIs) were also administered purposively following the objectives of the study. From these, 2 case studies, 2 FGDs, and 2 KIIs are described.

Table 1: Demographic Profile of the Participants

Demographic information	Variables	Number of Participants, N=39	Percent (%)	Cumulative Percent age
Age (in years)	10-20	2	5.13	5.13
	20-30	3	7.69	12.82
	30-40	29	74.36	87.18
	40-50	5	12.82	100
Gender	Male	25	64.10	64.10
	Female	14	35.90	100
Nature of participants	Social Workers	3	7.69	7.69
	Care Givers	15	38.46	46.15
	Mothers	6	15.38	61.53
	Local leaders	3	7.69	69.22
	Service Providers	10	25.64	94.86
	Beneficiaries	2	5.13	100

4.1. Case Study 01

Government Shishu Paribar, located in Dhaka, Mirpur. At present, there are 85 (42 for boys, 42 for girls, and 1 mixed) Government Shishu Paribar that are rendering alternative institutional care services in Bangladesh under the Department of Social Services (DSS), located in the district headquarters and some Upazilas. Orphans, such as

fatherless or poor children aged between 6-9 years old, are receiving services from the institutions. It is a residential care facility under DSS aimed at providing shelter, food, education, and basic healthcare to children without parental care. In Case Study-1, the study finds that the government shishu paribar, which provides alternative care services under DSS, is overly populous. Each facility accommodates 250-300 children, frequently surpassing the recommended capacity. It is observed that there is a limited caregiver-to-child ratio in these institutions. Particularly, 1 caregiver is for 15–20 children. The study importantly identifies that there is an insufficient emotional or psychosocial support, which means there are no structured counseling or family tracing services in these alternative care arrangements. It has also been observed that the Government Shishu Paribar provides a basic safety net, but it lacks a child-centered approach and long-term developmental support. This underscores the urgent need to diversify care options and improve institutional standards. Though alternative care agencies provide education facilities for the children, it has been found that the quality of education in ‘Sarkari Shishu Paribar’ is not as good as the students need in comparison with the modern era. A quote from a beneficiary of this institution mentioned, “I am studying in class seven. In our institution, there is a girls' home and a boys' home. Within the girls' home, there is a school where only girls can study from classes one to five. After class five, if someone can continue further study, then she needs to be moved to another school located beside the boy's home. Our study expenses, including fees, books, bags, and school supplies, are provided by the institution.” The alternative caregiving agencies are not capable enough to provide modern education to their children. This is one of the reasons many students are not interested in continuing to study. A respondent said, “I am now reading in class ten. I have some classmates who do not want to study attentively. Though the cost of studying is provided by the institution, some students do not have an interest in studying there. They are found to be hopeless concerning education. They often say that, as we do not get enough support and facilities in education, why study like that?”.

4.2. Case Study 02

Many non-governmental organizations are providing alternative care services in Bangladesh. An organization is the Sir Salimullah Orphanage, known as the Salimullah Muslim Orphanage. This type of community-based foster care model is established at Azimpur, Dhaka. It is a historic orphanage in Bangladesh, established by and named in honor of Sir Khwaja Salimullah. As a registered entity/ institution under the Department of Social Services, the orphanage operates with financial aid from the government as well as private donations and contributions. In 2014, approximately 250 children were enrolled in the orphanage. The facility is overseen by an executive committee consisting of 15 members. The research finds that this institution primarily offers four programs, which are as follows:

Educating Orphans: Sir Salimullah Orphanage emphasizes the education of Muslim orphans. The institution has its own schools and teachers dedicated to the residents. Additionally, each hostel has a house tutor who oversees the residents' studies and contributes to moral development. Furthermore, part-time instructors are employed for residents when needed. Education from class 6 to 10 (SSC) is provided at the Farid Uddin Siddiqui High School situated on the premises of the orphanage. Current residents there can take skill development training, such as in computer literacy, electrical work, sewing, and beauty care. In addition, various vocational trainings are offered to the residents through the Department of Social Services' pre-enhancement training centers.

Food Provision for Orphans: The organization ensures that food, clothing, shelter, education, and medical care are provided for the children during their stay in the orphanage. Its core mission is to guide the disadvantaged orphans of society towards fulfilling their needs and becoming self-sufficient. It intends to educate every member of the institution with religious studies while taking effective steps to nurture orphans into exemplary citizens.

Healthcare for Orphans and Medical Services: A healthcare agreement was established between

Smart Corporate Clinic and Sir Salimullah Muslim Orphanage to guarantee medical support for the orphans. Residents receive health cards from Smart Corporate Clinic, which stores their health information, and they undergo health check-ups twice a month by a part-time MBBS doctor (three times a week). Moreover, the orphanage has its own designated doctor and a medical assistant who provide constant care for the residents. Hospitalization services are also available for necessary treatments, ensuring the health protection of the residents.

Orphanage Accommodations: The residents are provided with well-furnished hostel rooms for their stay. There is an adequate number of sanitary toilets and showers available. A balanced diet menu is offered in the dining arrangement for resident students. The residents are provided with three meals a day in the dining area according to the menu, and breakfast is served daily in the morning as per the schedule. Separate dining facilities are provided for boys and girls. Good-quality food is offered on special national holidays, and cultural programs are organized with the participation of the children. The researcher noted that this situation highlights a substantial shortage of social workers, child psychologists, and caregivers trained in child development and trauma-informed practices. Services tend to be concentrated in urban settings, leaving rural children without access to quality alternative care options. In the absence of such services, it is believed that with proper training, oversight, and incentives, community-based care could serve as a viable alternative to institutional care in Bangladesh, particularly when integrated with broader family-support strategies.

4.3. Focus Group Discussion (FGD) 01

Focus group discussions are conducted with caregivers and staff of government and NGO-run childcare institutions located at Mirpur, Dhaka. The number of participants in this FGD was 10, including caregivers, house mothers, and social workers from Shishu Paribar. The duration of FGD was 90 minutes. The facilitator's focus was to identify the challenges in caregiving, the availability of resources, and institutional

constraints. Key findings reveal that caregivers reported that the ratio often exceeds 1:15, making individualized attention almost impossible, which means that the institutional care is very overcrowded and staff are in short supply. The study findings also reveal that most caregivers had no formal training in professional social work, child psychology, or trauma-informed care. Although the law mandates family reunification, most institutions lack dedicated staff or a budget for these efforts. Counseling services were found to be nonexistent. Children experiencing trauma or behavioral problems were often thought of as stigmatized or punished. Staff expressed openness to foster care but reported the need for strong legal and financial backing to transition from institutional care. This FGD underscores systemic resource and capacity constraints in institutional care. Staff recognized the benefits of alternative models, but they lack the tools, support, and infrastructure to implement them effectively.

4.4. Focus Group Discussion (FGD) 02

This focus group discussion was conducted with community members and parents from disadvantaged households at the Sir Salimullah Muslim Orphanage in Dhaka. A total of 12 participants, mainly mothers, guardians, and community leaders, took part in the study. The researcher examined attitudes towards foster care, kinship care, and government support. Key findings indicate that parents often rely on extended family, particularly grandparents or aunts, to care for children when parents migrate or pass away, and participants expressed a lack of trust in orphanages, perceiving them as places where children "lose their identity" or face mistreatment. It was that most of the participants were not familiar with foster care as a legal option, but rather it was mistakenly understood in association with social stigma. Even persons willing to take in children as adopted often faced economic hardships that prevented relatives from doing so. However, participants expressed support for local childcare cooperatives or daycare initiatives if these were backed by NGOs or government assistance. A quote from a grandmother guardian states, "I'm raising my grandson, but if I had some support like stipends or even school supplies it would mitigate our

burden.” This focus group discussion emphasized that informal care is already prevalent, yet lacks support. There is a large potential for incorporating community-based assistance, although efforts are being made to tackle financial insecurity and enhance awareness of alternative care rights and available options.

4.5. Key Informant’s Interview (KII) 01

The Senior Child Protection Officer, a representative of the Department of Social Services (DSS) based in Dhaka (Head Office), was interviewed regarding the government’s initiatives, the execution of policies, and the challenges within institutions. Key insights reveal that although the Children Act 2013 establishes a legal foundation for alternative care, its implementation is not very effective due to a lack of resources and trained staff. He reported that the government largely depends on Shishu Paribar homes as the primary solution, acknowledging that foster care guidelines are essentially theoretical. He also mentioned that there is little collaboration between the government, NGOs, and local authorities. The researcher observed that the DSS does not possess a centralized, up-to-date database to monitor the status of children in care or to oversee efforts for family reunification. On a positive note, the interviewee expressed a desire to expand family and community-oriented care models through pilot programs with NGOs and international partners. He remarked, “We need to shift away from institutionalizing children. While the law supports this change, stronger execution and a large number of trained social workers are necessary.” The researcher observes that although the government recognizes the drawbacks of institutional care and endorses reform, tangible advancements are stalled by bureaucratic and financial limitations. Therefore, a more coordinated approach focused on building capacity is essential.

4.6. Key Informant’s Interview (KII) 02

The respondent is a program manager at the Child Protection Unit in the Dhaka Office of Save the Children Bangladesh. The interview concentrated on the interventions by NGOs, pilot initiatives, and

challenges faced at the field level. Key observations revealed that Save the Children has initiated pilot programs for foster care and strengthening kinship arrangements in selected regions. Findings indicate decreased trauma and improved educational outcomes in comparison to institutional care. He mentioned that cultural perspectives present a significant challenge. Numerous families are reluctant to accept non-biological children due to concerns about social stigma or legal issues. He also noted that maintaining alternative care programs necessitates long-term financial investments, which donors frequently appear reluctant to provide. He emphasized the importance of enhanced advocacy and media outreach to foster public confidence in non-institutional care options. NGOs have been advocating for revisions to the national alternative care guidelines to incorporate official foster care pathways and post-placement evaluations. He remarked, “People think that orphanages are places of safety, but they cannot substitute for the love of a family. Our mission is to ensure the system reflects that.” We noted that NGOs are at the forefront of innovation in child protection; however, they encounter issues related to scalability and acceptance. Their knowledge and data could aid government-led reforms if incorporated into policy development and public awareness initiatives.

5. Discussion

Through primary interviews, focus group discussions, key informant interviews, and the analysis of existing literature and policy documents, the research uncovered several significant findings concerning the challenges and future outlook of alternative care services aimed at the welfare of children in Bangladesh.

5.1. Challenges in the current system

- Over-reliance on institutional care: A significant number of children reside in orphanages, which lack the necessary resources to offer personalized attention, emotional support, or educational opportunities.
- Shortage of trained professionals and social workers: There is a large deficit of qualified

social workers, child psychologists, and caregivers equipped with a sufficient level of knowledge in child development and trauma-informed practices.

- **Inadequate oversight and regulation:** Numerous childcare institutions operate without appropriate supervision, resulting in inconsistent care standards and, in some instances, cases of abuse and neglect.
- **Cultural barriers to foster care and adoption:** Social stigma and religious beliefs pose challenges to the growth of alternative family-based care systems, including domestic adoption and foster care.
- **Inadequate funding and infrastructure:** Government-operated facilities face financial constraints, overcrowding, and insufficient resources to address the varying needs of children, particularly those with disabilities or trauma histories.
- **Urban-rural inequities:** Services are primarily available in urban centers, leaving children in rural areas without access to quality alternative care services.
- **Funding and staffing deficiencies:** On average, government-run homes function with fewer than one caregiver for every ten children, significantly below recommended levels. Many facilities operate under restricted yearly budgets, leading to inadequate food, health, and educational services for children.
- **Issues with foster care and adoption:** Formal foster care schemes are virtually non-existent in Bangladesh. Initiatives by Save the Children have sought to introduce community-based care, but the reach remains limited. Adoption poses cultural sensitivities and is legally constrained under Islamic law for Muslims, complicating efforts to formalize care for abandoned children.

5.2. Prospects and opportunities

In spite of innumerable challenges in alternative care services, many development actions undertaken with welfare pursuits have been recognized as highly promising. Community-based care initiatives launched by NGOs, including daycare centers for working mothers and community foster care networks, demonstrate potential for expansion of care services. Moreover,

digital tracking systems for children and collaborations between public and private sectors have been highlighted by stakeholders as prospective ways to enhance accountability and service provision. The research also reveals an increasing awareness among both policymakers and the public regarding the significance of psychosocial support, child involvement, and personalized care plans for children's welfare. These trends suggest a transition towards more comprehensive and child-focused strategies for child welfare. The research examined some prospects and opportunities for alternative care services in Bangladesh.

Chotmoni Nibas: Children aged 0-7 years who are parentless or have been abandoned/trafficked are cared for at Chotamoni Nibas. The Department of Social Services offers maternal care, maintenance, sports, and general education to children in six Chotamoni Nibas located across six divisions. Parentless or abandoned/trafficked children aged 0-7 in Bangladesh receive services from these institutions (DSS, 2023).

Day Care Center: Day Care Centers offer maternal care, pre-primary education, medical attention, sports, and recreation for children aged 5-9 in the absence of their mothers, aiding low-income working women during the day. There is only one daycare center in Bangladesh, situated in Azimpur, Dhaka, that provides alternative care services for children in the country. Working poor women and 5-9-year-old children of these mothers benefit from this institution.

Distressed Children Training and Rehabilitation Centre: To effectively rehabilitate disadvantaged children through training programs in addition to general education, two institutions for boys in Konabari of Gazipur district and Rangunia of Chittagong district, alongside one institution for girls in Tungipara of Gopalganj district, are delivering alternative care services for children's welfare in Bangladesh (DSS, 2023).

Sarkari Shishu Paribar (Government Child Home): The Government Child Home, overseen by the Department of Social Services (DSS) and the Ministry of Social Welfare, focus on the maintenance, education, training, and

rehabilitation of orphans (DSS, 2023). Currently, there are 85 Sarkari Shishu Paribar facilities (42 for boys, 42 for girls, and 01 mixed) providing alternative institutional care services throughout Bangladesh under the Department of Social Services, located in district headquarters and several upazilas (DSS, 2023).

Child Training and Rehabilitation Centre: Thirteen (13) Child Training and Rehabilitation Centers offer alternative care services in Bangladesh. These centers can accommodate up to 100 boys and 100 girls in separate buildings. From August 2012 to June 2023, a total of 14,530 children (7599 boys and 6931 girls) had been served through the 13 Child Training and Rehabilitation Centers (DSS, 2023).

Community-based Childcare: Trial programs have demonstrated success in engaging communities in child welfare, such as CRP's assistance for children with disabilities and community daycare initiatives supported by NGOs.

Digital Registration and Tracking Systems: The application of technology for tracking children in care can enhance monitoring, mitigate exploitation, and optimize service delivery.

Policy Reform and Advocacy: As awareness increases, there are growing demands for reforms that highlight deinstitutionalization and encourage the adoption of foster care and kinship care.

Capacity Building and Training: Investing in human resources and training caregivers in areas such as child protection, psychosocial support, and developmental requirements can greatly improve the quality of care.

Child Rights and Awareness Initiatives: Nationwide efforts can shift the public's views on foster care and adoption, fostering a more caring atmosphere for children lacking parental support.

Community-focused Programs: Experimental community care initiatives have demonstrated positive results. For example, BRAC's childcare and family support programs in urban slums reported a 40 percent decrease in child abandonment within targeted regions over three years.

Public-private Partnerships (PPP): Partnerships among government entities, NGOs, and corporate social responsibility initiatives can enhance resources and drive innovation in service delivery.

Conclusions

In conclusion, it can be stated that the alternative care services in Bangladesh bring out both longstanding challenges and emerging opportunities. Transforming the existing institution-focused system into a varied family and community-oriented care model requires changes in legislation, investment in human resources, public education, and continuous collaboration among service agencies. However, the findings of the study advocate for a unified national strategy that prioritizes the best interests of the children, ensuring that every child in Bangladesh can receive better nurturing in safe and supportive settings, promoting child well-being. Clearly speaking, alternative care services in Bangladesh are still in the initial stages. And the challenges, ranging from cultural obstacles to infrastructure, are as affecting as the opportunities ahead. It is essential to adopt a pragmatic approach that centers on the children and their basic human rights, incorporating legal reforms, community involvement, and accountability from the government and relevant community-based organizations. If the above-mentioned issues are addressed and necessary reforms are undertaken effectively, Bangladesh will be better able to advance towards fruitful care systems where every child, regardless of their diverse life situations, can live in a secure, loving, and supportive environment with alternative care services.

Recommendations

Based on an extensive review of the literature and detailed case studies, the research finds a great paucity of information and studies concerning the rootless, parentless, vulnerable, marginalized, and impoverished orphan children in Bangladesh. This study identifies the existing arrangements for alternative care services for the development of Bangladeshi children, along with several associated challenges. It recognized the Salimullah Muslim Orphanage as the main provider of

alternative care services in Bangladesh, along with Sarkari Shishu Paribar, Chotomoni Nibash, and other childcare facilities. These governmental and non-governmental organizations providing alternative care services are crucial for the welfare of children in Dhaka City. They play important roles in alleviating poverty, addressing inequality, and enhancing education, health, and child protection, while also providing care arrangements for rootless or parentless children. However, the study suggests several recommendations to address the challenges the children are facing in Bangladesh, which include the following:

There is an urgent requirement for current laws, policies, and the Children Act to reflect alternative care services. It is vital for national policies, laws, and regulations to incorporate the obligations of the CRC 1989 concerning alternative child care. The 2011 national children policy and 2013 children legislation in Bangladesh do not encompass specific clauses related to alternative institutional care services for children. It is essential to integrate alternative care service provisions into Bangladeshi municipal policies, acts, and laws to ensure the best care services for children.

Infrastructural enhancement is necessary: To better accommodate children, there is a need for improved structural development. The survey revealed that Dhaka City lacks enough safe and suitable housing options to support alternative care services.

Enhancement of education quality and teacher qualifications is required: The present study finds that the education provided by alternative care service providers for children in Dhaka City significantly falls short of expectations, and the teachers' qualifications are not up to the required standard. The children have access to only a limited range of elementary education programs and facilities. Therefore, the focus should be on elevating the standard of education and the quality of teachers.

Food quality needs to be enhanced: While alternative care service providers in Dhaka City provide meals for children three times daily, nutrient-rich foods are found insufficient, such as

fruits, milk, and protein-based items that are essential for the children's needs.

Vocational training and educational programs must be initiated: The research indicates that alternative caregivers in Dhaka City have ample deficiencies in modern technology-based education and training. Institutions should introduce computer labs and ICT-based education and training to prepare children to pursue mainstream education.

Budget increase is necessary: It is imperative to prioritize an increase in funding specifically allocated for alternative care. Currently, no budget is set aside exclusively for alternative childcare in Bangladesh.

A unified alternative care framework should be established: Creating a standardized alternative care framework for institutional care services is essential. The government should develop this framework while taking into account regional conditions and cultural factors to benefit rootless or parentless children in Bangladesh.

Improvement of the healthcare system is needed: The current study reveals that the healthcare facilities of alternative care service providers in Dhaka are not sufficiently available. The study did not find any full-time doctors in the institutions providing care services. Therefore, each institution has to appoint a full-time physician to ensure better medical care for the children.

The alternative care management system in Bangladesh requires improvement: The existing alternative care framework is not operating at an adequate level. To ensure the development of such a system, governmental leadership and initiative are essential.

Increase in research activities: The investigation reveals a substantial shortage of comprehensive research concerning children's alternative care services in Bangladesh. Moreover, there is insufficient baseline data on the demographic and socioeconomic characteristics of these alternative care arrangements. The government should take necessary measures to promote and support further research in this area.

Long-term consideration of alternative care: It is vital to keep alternative care in perspective for the long term. This topic should be integrated into the curriculum for social sciences, particularly in social work and welfare studies.

Integration of alternative care into the five-year plan: The eighth five-year plan of Bangladesh should incorporate a strategy for the alternative care system that recognizes the role of SOS. Since the Third Five-Year Plan (1985–1990), which acknowledged SOS's contribution, long-term goals have been absent.

SDGs and their connection to alternative care: Alternative care is intrinsically linked to SDGs 1, 4, 8, 10, and 16. It is imperative to recognize that the fulfillment of these goals is contingent upon adequate attention being paid to the welfare of marginalized, vulnerable, and impoverished children.

NGO involvement: The current study indicates that although NGOs can play a wide range of roles in development sectors, their contribution to alternative care services has been found to be minimal. Therefore, NGOs in Bangladesh should step forward to initiate and enhance institutional alternative care services in the country.

Provision of family-like guidance: The research finds that although children reside in family-like institutions, they can not receive the proper guidance and education for learning discipline that is often found in a family environment. So, such family-like support and better care services need to be provided in these institutions.

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