

# Lives and Livelihoods on the Streets of Dhaka City: Findings from a Population-based Exploratory Survey

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## Abstract

BRAC has long been working to empower people and communities in situations of poverty, illiteracy, disease and social injustice. In recent years, BRAC has extended its activities to include the urban poor population living in the slums. As a continuation of this, and to be more inclusive, BRAC is going to implement innovative programmes for the street dwellers (*who sleep on streets, railway terminals and platforms, bus stations, parks and open spaces, religious centres, construction sites and around graveyards and in other public places with no roof*) in scale. BRAC Research and Evaluation Division carried out an exploratory cross-sectional survey on a sample of these populations from 10 purposively selected areas of Dhaka city to gather information on their lives and livelihoods, using both quantitative and qualitative methods. Findings reveal that the street dwellers (driven by poverty and natural disasters) had to adopt a very precarious and humiliating life on the streets devoid of all basic amenities of life, under constant threat of eviction and harassment by the law-enforcing agencies and hoodlums. They were hard-working when considered in terms of working hours, but without proportionate return due to their involvement in low paying informal sector which is also irregular. They failed to improve their lot even after five or more years of street-living. According to them housing, food, and lack of jobs were the three most common problems for which they sought assistance. The implication of these findings for programme development is discussed.

# Executive summary

Street dwellers 'are the people who sleep on streets, railway terminals and platforms, bus stations, parks and open spaces, religious centres, construction sites and around graveyards, and in other public places with no roof' (BBS 2001). They are the 'mobile and vagrant category of rootless people who have no permanent dwelling units'(BBS 1999). Dhaka city, being the capital and land of "opportunities", has to take the major brunt of this influx of migrant population. According to one estimate, approximately 320,000 migrants enter Dhaka annually (Islam 1997). BRAC has long been working to empower people and communities 'in situations of poverty, illiteracy, disease and social injustice'. In recent years, BRAC has extended its activities to include urban poor population living in slums. BRAC is planning to implement innovative programmes for the above defined street dwellers. To plan a need-based intervention, information is needed on their lives and livelihood characteristics including their felt needs. A pilot survey was done on a broad and varied sample of the target population to fill in this knowledge gap.

## **Objectives**

This pilot study was done to gather the following information on the street dwellers:

- Sociodemographic and economic characteristics,
- Living characteristics (place and means of dwellings, etc.)
- Livelihood characteristics (income-earning activities, etc.)
- Morbidity and relevant health-seeking behaviour,
- Risk of living on the streets and safety concerns, and
- Felt needs

## **Materials and methods**

### ***Study locations***

Shahbagh, High Court premises, Kamalapur railway stations, Syedabad, Karwan Bazaar, Mirpur/Gabtolli, Khilgaon/Bashabo, Mohakhali/Gulshan, Gulistan/Stadium, and Sadarghat launch terminal – two randomly selected spots with high concentration of street dwellers from each location.

### ***Respondents***

The respondents comprised of i) street children ( $\leq 18$  years), ii) street-based commercial sex workers, iii) wage labourers (construction/transport/restaurant workers, street vendors/peddlers, rickshaw/rickshaw-van pullers. etc.), and iv) beggars.

## **Sampling**

From each spot, around 100 respondents were drawn through repeated visits within one week. The persons who were sleeping in the same spot for the last one month were eligible to be included in the survey. Snow ball technique was used to identify the respondents. In the sample, attempts were made to include all the four categories of street dwellers. Thus, a total of 2,264 street dwellers from 20 spots were included in the study.

## **Survey**

Skilled interviewers (anthropologists with field experience) were recruited for data collection. A five-day intensive training was given to them which consisted of lectures, mock interviews, role play, and field practice at the community level. An instruction manual explaining the key terms in the questionnaire was developed, and provided to the enumerators as a guide. Five teams of five members each were formed. On the day of interview, the team identified the first respondent according to the definition of street dwelling population and criteria for selection. Secondly, they applied snow ball technique to identify further respondents present in the spots for interview. The study included only those who were interested. Verbal consent was taken before the interview. The field activities were supervised by the researchers.

## **Ethical issues**

The study was approved by the Internal Review and Publication Committee (IRPC) of the Research and Evaluation Division (RED) of BRAC. All respondents were informed about the purpose of study and their verbal consent was obtained before the interview. All information was kept anonymous and confidential.

## **Findings**

The key findings can be summarised as follows:

Domain	Key findings	Comments
Sociodemographic characteristics	<p>The street dwellers mostly belonged to the economically active age group (19-40 years); there were more women than men in this age group including the elderly (&gt;60years); a large proportion of the women were either widow (30%) or divorced/abandoned (19%).</p> <p>They were mostly illiterate (16% could read and write) and 19% completed five years of schooling (men 24%, women 10%); day labourer (28%), begging (24%) and scavenging (14%) were the three most common income-earning activities of the street dwellers.</p>	Table 1

Duration of street-life	<p>On average, the respondents have been living in the streets for seven years (men six years and women nine years). There were more women who have been living in the streets for &gt;10 years (30%) than men (18%).</p> <p>Poverty was reportedly the main underlying reason for adopting this marginalized living, especially for women.</p>	Table 1
Living characteristics	<p>Footpath (36%), rail station (14%), stadium (13%) were the three most common places where they used to sleep, with shift to places having some kind of cover above head during the rainy season.</p> <p>Majority of them either slept alone (22%) or with other street dwellers (40%). Proportionately, more women slept with spouse (28%) and children (27%) than men (13 and 0.6% respectively).</p>	Table 2
Livelihood characteristics	<p>On an average, the street dwellers worked for more than seven hours a day, six days a week; their mean weekly earning was Tk. 849 (men Tk. 778, women Tk. 547). Seventy-two percent of the men and 55% of the women reported that they usually have three meals in a day.</p> <p>Around 60% of the respondents reported to have savings (men 64%, women 55%), and 26% men and 15% women remit a portion of their earnings to their relatives in the rural areas</p>	Table 3
Water, sanitation, hygiene	<p>More than 2/3<sup>rd</sup> of the respondents reported to use water from government supply (WASA) for drinking; majority of the respondents use public toilets (62%), while one-third use it for bathing (36%). Use of soap for hand-washing after defaecation and during bath was relatively common (69% and 77% respectively). Tooth-brushing was also quite common (&gt;90%). However, they mostly used ash or charcoal for brushing teeth (67%).</p>	Table 4

Safety, security	Around 20% of the respondents reported to have been apprehended by police at least once during their lifetime on the streets, without any reason; and around 22% were apprehended for drug-related charges (men 24%, women 15%). Again, 36% of the respondents reported to be physically abused.	Table 6
Health-seeking behaviour	<p>Around 37% of the respondents suffered from illnesses during the past two weeks (men 35%, women 40%); fever (64%) and common cold (22%) were the two most commonly reported illnesses. Besides, about 10% suffered from diarrhoea and dysentery. Around 70% sought treatment; of these, sales-people at drug shops were the major providers (around 80%), followed by government hospitals (around 10%).</p> <p>The most common chronic illnesses (<math>\geq 6</math> months duration) reported were gastric pain (19%), difficulty in breathing (17%), and body aches (13%). Twenty-four percent of the men and 5% of the women were addicted to drugs. Cannabis indica was the most common substance abused (89%) followed by polythene (11%).</p>	Table 5.
Contraceptive prevalence and methods used	Women of reproductive age 42%, CSW 91%; the former use pills (54%) while the latter use condom (92%) mostly.	Tables 8 and 9
Aspirations of the children (7-18 years)	Around 40% of the children said that they want to do some honourable job when they grew up, especially the girls (60% compared to 37% of the boys). Sixteen percent of the boys wanted to be transport worker while 18% of the girls wanted to be a professional like doctor, engineer or teacher (compared to 7% of the boys).	Table 7
Most important problem in street life	According to the respondents, housing (86%), food (46%), and lack of jobs (40%) were the three most common problems faced by the street dwellers for which they sought assistance. Compared to these, problems related to water and sanitation, treatment for illnesses, and harassments from law-enforcing and other agencies received less priority from them.	Table 10



Association with age, literacy and duration of street life	The elderly street dwellers (>60 years) were marginalized in terms of sleeping on the footpath, having three meals a day, and defaecating anywhere. But, they used to save more than their younger counterparts. Also, these elderly group of people sought treatment from the hospital facilities more frequently than the others. The children (7-18 years) were apprehended by police, and physically abused more frequently than others.	Tables 11, 12, 13
	Literate (can read and write) street dwellers appeared to have three meals a day in greater proportion, better hygiene practices and a covered place for sleeping in the rainy days compared to the illiterates. However, it did not reduce their apprehension by police or undergoing physical abuse without any reason.	
	No change was observed in terms of securing three meals a day over time (constant at around 66%) while sleeping on footpath in rainy days increased with time (14% and 32% respectively for those living in streets for < 1 yr and >5years). Also, apprehension by police increased over time (13% and 25% respectively for those living in streets for < 1 year and >5years) while physical abuse remained constant at around 33%.	

## Recommendations

Based on the above findings, some recommendations are made for the development of a need-based, integrated intervention.

### **General**

1. A comprehensive census of the street population in Dhaka City Corporation area will help in quantifying the magnitude of the problem and as such, the size and coverage of appropriate and need-based interventions needed.
2. Quite a number of non-governmental organizations (NGO)/other organizations are working with the street children and the floating commercial sex workers. To start with, BRAC should rather focus on the other groups (adult men and women, elderly and the disabled beggars) of street dwellers.

### **Short-term interventions**

3. In contrast to conventional wisdom (that what this population need most is provision of water and sanitation), shelter (especially during rain and storms) and security were found to be the two main concerns of the street dwellers. BRAC may start to address this by arranging night shelters (with appropriate provision for water, sanitation and hygiene) run and managed by self-help groups with minimal user charges. Substantial proportion of the street dwellers, especially women, is not using public toilets due to inability to pay user charges and a sense of personal insecurity especially after evening. BRAC may think of setting mobile chemical toilets/static sanitary toilets for them at strategic locations of the city either free of cost or at nominal user charges. These should be secured and women-friendly.
4. The street dwellers mainly consume dirty food from road-side temporary food shops which is a major source of food-borne illnesses such as diarrhoea, dysentery, jaundice, typhoid, etc. BRAC may think of organizing mobile 'healthy kitchen' on self-help basis to provide clean, hygienic and nutritious food at low cost.
5. Given the high prevalence of morbidity among the street dwellers and lack of access to low-cost, quality health services, BRAC may organize mobile health clinics at a time and place convenient to them. Emphasis should also be given for sexual and reproductive health services including family planning services especially to the adolescents. Sustained anti-addiction campaign and treatment of addicts are warranted. Besides, advocacy work at public health facilities is needed to alley social exclusion of the street dwellers.

### **Mid-term interventions**

6. To solve the problem of shelter for the street dwellers, BRAC may think of constructing low-cost night shelter facilities near different entry points of Dhaka city. Many such model exists e.g., in India which may be consulted for this purpose.
7. Quite a good proportion of the street dwellers have savings; they also take loans for consumption and other purposes. BRAC may think of mobilizing this savings (with interest), and help in building capital (by advancing equal amount as loan) for income-generating activities to those pursuing self-employment. BRAC may also think of designing innovative micro-credit products for them.
8. BRAC may organize need-based skill-development training (e.g., motor workshop, construction industries, handicrafts, ready-made garments etc.) for the adolescents and others so that they can participate in the formal labour market and improve their condition.

In conclusion, it may be said that the problem is structural and as such, to reverse the process of people becoming destitute through man-made and natural calamities, political commitment to radical restructuring of the society is needed. This is not within the purview of BRAC.

# Introduction

Bangladesh is undergoing rapid urbanization in recent decades. The urban population is growing at the rate of 7% compared to 1.5% nationally and projected to reach 5 million by 2030 from 39.4 million in 2005 (UN-POp 2007). They are mostly 'economic refugees' driven by both 'push' (poverty, landlessness, violence, natural disasters, etc.) and pull (job opportunities in formal and informal sectors, better wage rate, etc.) factors (Lee 1966). In case of children, role of violence and abuse by the family and the community is also emphasized underlying their rural-to-urban migration (Conticini and Hulme 2006). Major proportion of this migrant population land in the slums, but a substantial proportion squatter in the streets, becoming street dwellers. By definition, street dwellers "*are the people who sleep on streets, railway terminals and platforms, bus stations, parks and open spaces, religious centres, construction sites and around graveyards, and in other public places with no roof*" (BBS 2001). They are the "*mobile and vagrant category of rootless people who have no permanent dwelling units*" (BBS 1999). In the western context, these street dwellers or the floating population are called homeless population. The concept of homelessness is culture-sensitive and has political connotation, especially in developing countries (Tipple and Speak 2005).

## Street dwellers in Dhaka city

Dhaka city being the capital of Bangladesh and land of 'opportunities', has to take the major influx of migrant population. According to one estimate, approximately 320,000 migrants enter Dhaka annually (Islam 1997). This situation causes enormous strain on the already insufficient urban facilities. Thus, these street dwellers are deprived of the basic amenities of life. They are among the most physically visible of all people living and working in the streets and public places of the large cities like Dhaka, but they are also among the most invisible and therefore, hardest to reach with essential services including health and sanitation (Uddin *et al.* 2009). Once on the street, children become vulnerable to all forms of exploitation and abuse, causing different physical and mental problems. Women population face physical assaults by local *mastans*, police or even by the adult members of their family. Even the men face physical assaults while collecting food, fighting over space, or stealing. Their lives are marred by violence, sexual harassment, and drug abuse (Koehlmoos *et al.* 2009).

In Bangladesh, there is a lack of comprehensive data on street dwellers such as their number, living conditions and livelihood activities. Different small scale surveys give some idea about their numbers. According to a government estimate of 2004, there were 250,000 street children in Dhaka city (The Daily Star, 12 December, 2007). There were 100,000 beggars in the city among which approximately 4,000-6,000 were disabled (The New Nation 1 February 2010). Rainbow Foundation, a non-government organization, estimated that there were 500 street-based commercial

sex workers (CSWs) in Dhaka city in 2007 (Rainbow Foundation 2007). These people are involved in different income-earning activities in the informal sector characterised by 'low wages, long working hours and insecurity' (Paul-Majumder and Chowdhury-Zahir 1994). Examples include porters in the markets, street vendors, scavengers, shoeshine boys, restaurant helpers, beggars, maids, shop helpers, street-based CSWs, bus/truck/tempo helpers, newspaper boys, pushing cart workers/pullers, beggars, etc. (FREPD 2003, Uddin *et al.* 2009).

The street dwellers are deprived of permanent shelters, use of sanitary latrines, water for taking bath or even access to safe drinking water, and government healthcare services. They suffer from various diseases including skin diseases, respiratory tract infection, fever, cough, cold, worm infestation and diarrhoea (Uddin *et al.* 2009). Their unhygienic living condition creates a serious public health hazard. The role of education for empowerment, and improvement of quality of life, of street children cannot be overemphasized (Khan 2008).

## **Rationale**

Different government, NGOs (non-governmental organizations) and donor organizations have been working for street dwellers in different areas of Dhaka city. For example, INCIDIN has night shelters for street boys, while 'Drop-in centres' for children are being operated by Plan International, and for CSWs by CARE. Marie Stopes Clinic Society run two mobile clinics at Karwan Bazar and Kamalapur areas. Marie Stopes and ICDDR,B together run satellite clinics for street dwellers. SEEP has some development programme for street girls, NAZ Foundation works with MSM groups and Rainbow Foundation has programmes for street-based CSWs. For an inventory of these organizations (Annex 3). Few of these organizations provide life-skills and literacy training for their service recipients. Most of these organizations cover only a small proportion of the street dwellers in some selected areas of Dhaka city.

BRAC has long been working to empower people and communities 'in situations of poverty, illiteracy, disease and social injustice'. In recent years, BRAC has extended its activities to include the urban poor population living in slum. As a continuation of this, and to be more inclusive, BRAC is thinking of developing innovative programmes for street dwellers. To design effective need-based plan, information is needed on their lives and livelihoods including their felt needs. Thus, an exploratory survey was done from a broad and varied sample of the target population to fill in this knowledge gap.

# Materials and methods

## Study areas

This cross-sectional survey collected information from street dwellers in 10 purposively selected areas of Dhaka city having high concentration of the target population. The study areas included four major entry points into the city (Kamalapur rail station, Saidabad and Mohakhali bus stations, and Sadarghat launch terminal), and six locations with major concentrations of floating population (High Court premises, Karwan Bazar, Mirpur/Gabtolli, Gulistan/Stadium, Shahbagh and Khilgaon/Basabo). Both quantitative and qualitative methods were used.

## Target population

As per definition of street dwellers, the respondents were drawn from the following four categories i) street children ( $\leq 18$  years), ii) CSWs, iii) wage labourers (construction/transport/restaurant workers, street vendors, rickshaw/rickshaw-van pullers etc), and iv) beggars.

## Sampling and sample size

Before the main survey, a quick field visit to the selected study areas gave an idea about the concentration of street-dwelling population and their characteristics. This also helped determine the way for approaching the ultimate study samples. Five enumerators, who had been briefed about the study, visited the specified areas from mid-day to mid-night to do a head count and prepare a map with spots<sup>1</sup> indicating different concentrations of street-dwelling populations (low, medium and high) (Annex 1). From each area, two spots with high concentration of the target population was selected, and from each spot around 100 respondents were enrolled through repeated visits within one week. Only persons who were sleeping in the same spot for the last one month were eligible to be included in the survey. Snow ball technique was used to identify the respondents. In the sample, attempts were made to include all the four categories of street dwellers. Finally, 2,264 street dwellers from 20 spots (in 10 selected areas) were included in the study.

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<sup>1</sup> A 'spot' is defined as a cluster of at least 10 street-dwelling people

## List of sample areas and spots (clustering of at least 10 people) in Dhaka city

Areas	Spots
Shahbag	Shahbag; Nalirpar mor
High Court	Mazar gate; Ramna park
Kamalapur	Rail station; Narayangonj terminal
Syedabad	Jatrabari Kancha bazar; Syedabad bus terminal
Karwan Bazar	Tejgaon Rail station; Karwan Bazar
Mirpur/Gabtolli	Mirpur mazar; stadium
Khilgaon/Bashabo	Khidmah hospital (opposite); Khidmah hospital (adjacent)
Mohakhali/Gulshan	Banani Road no. 27; Mohakhali bus terminal
Gulistan/Stadium	Paltan maidan; Stadium
Sadarghat	Launch terminal (two distinct spots)

### Development of tools

A semi-structured questionnaire was developed to collect data through face-to-face interview with the respondents. The quantitative information was supplemented by 25 in-depth case studies for which guidelines/checklists were developed. Both qualitative and quantitative tools were developed on the basis of literature review and in-house expertise. The questionnaires were pre-tested in areas outside our sample and revised on the basis of feedback received from field-testing.

The quantitative questionnaires mainly covered the following information of study respondents:

1. Socioeconomic and demographic characteristics;
2. Current living conditions and livelihood activities;
3. Morbidity and health-seeking behaviour;
4. Harassment by police/hoodlums (*mastans*); and
5. Felt needs of the study population for survival.

### The survey

Skilled interviewers (anthropologists with field experience) were recruited for data collection. A five-day intensive training was organized for them which consisted of lectures, mock interviews, role play, and field practice at community level. Two-day field trial was held to identify subjects as per definition. An instruction manual explaining the key terms in the questionnaire was developed, and given to the enumerators. Five teams five members each were formed for data collection. Before the survey, each team was sent to the selected spots to build up rapport with prospective respondents from target population, and to inform nearby police station in writing about the purpose of the study and the activities to be pursued. On the day of interview, the team identified the first respondent according to the definition of

street dwelling population and criteria for selection. Secondly, they applied snow ball technique to identify further respondents present in the spots. The study included only those who showed interests. Verbal consent was taken before starting the interview. The field activities were supervised by the researchers.

### **Quality control**

A number of measures were undertaken for quality control:

- i) **Pre-testing:** Before launching the actual study, all the techniques and tools were tested and modified.
- ii) **Training:** Interviewers were given extensive training, both in the classroom and in the field setting until the researchers were convinced about their abilities in collecting and managing data effectively and consistently.
- iii) **Preparation of field guideline:** A field guideline detailing the definitions used, identification of prospective respondents, the steps to be followed during data collection, and trouble-shooting measures was prepared for the data collectors.
- iv) **Supervision:** Effective and supportive supervision was ensured on a continuous basis. The investigators supervised the data collection and verified the validity, accuracy and completeness of data through on-the-spot checking. Regular feedbacks were given to the interviewers for maintaining an acceptable level of data quality.

### **Ethical issues**

The study was reviewed and approved by the Internal Review and Publication Committee (IRPC) of the Research and Evaluation Division (RED) of BRAC. All respondents were informed about the purpose of the study and their verbal consent was obtained before taking interviews. All information was kept anonymous and confidential.

### **Data management and analysis**

The questionnaires were checked in the field by the supervisors for any inconsistency and incompleteness, and additional interview done if needed. Data entry and cleaning was done under the supervision of the researchers. Data analysis was done by SPSS version 16.0. Content analysis was done for summarizing the main themes from the case stories collected.

# Results

The sociodemographic characteristics of the street dwellers are shown in Table 1. Majority of the respondents belonged to the economically productive age group (19-40 years), followed by the middle age group (41-60 years). Except children and adolescents, the proportion of women were more than men in all age groups. The proportion of elderly ( $\geq 60$  years) respondents (7%) was similar to the national estimate.

They were mostly illiterate, 16% could read and write (men 21%, women 9%), and 19% completed five years of schooling (men 24%, women 10%) (Table 1). Around 50% of the men ( $>12$  years) were unmarried as opposed to 10% of the women. A sizable proportion of the women was either widow (30%) or divorced/abandoned (19%). Men were mostly engaged in day labour (40%), begging and scavenging (16% each), and as transport worker (11%) while women were mainly engaged in begging (36%), domestic work (23%) and scavenging and street vending (9% each). Around 8% of the women reportedly lived by selling sex on the street.

Around 20% of the respondents have been living on the street either for  $<1$  yr or  $>10$  years (Table 1). The proportion of women living on the streets for  $\geq 10$  years was more (30%) than the men (18%). This was observed to be the opposite when the duration of street life was less than one year. The average duration of street-living was nine years for women and six years for men. Poverty was the main underlying reason for choosing life on streets (53%), especially for the women (71%). Other reasons were escape from family due to different reasons (12%), search of livelihood (25%).

## Insights from qualitative data

### Case 1

A young girl of 20 years said, "I came to Dhaka because of my step mother; she used to treat me badly and used to say, "You don't have your father then why should I keep you? You don't even earn money, so just get lost." I was 10 at that time when I came to Tejgaon, Dhaka. I started working in the wholesale market, worked with friends at different community centres, and by the grace of Almighty, this is how I am living my life". On the other hand, a man of 35 years said, "I had no alternatives than coming to Dhaka. These days it is quite impossible to find a suitable work at village. We could cultivate lands; earlier, shared others' lands but now a days, factories and industries have taken up the lands which made it impossible for us to do farming, poultry-rearing or even feeding animals."



**Table 1. Socio-demographic characteristics of the street dwellers**

Characteristics	Men		Women		All	
	N	%	N	%	N	%
<b>Age</b>						
7-12	208	14.6	48	5.7	256	11.3
13-18	284	19.9	39	4.7	323	14.3
19-40	618	43.3	415	49.6	1033	45.6
41-60	226	15.8	262	31.3	488	21.6
>60	91	6.4	73	8.7	164	7.2
Literacy (Can write letter)	299	21.0	75	9.0	374	16.5
<b>Completed years of schooling</b>						
None	983	68.9	733	87.6	1716	75.8
1-5	342	24.0	88	10.5	430	19.0
≥6	102	7.1	16	1.9	118	5.2
<b>Religion</b>						
Muslim	1401	98.2	827	98.8	2228	98.4
Others	26	1.8	10	1.2	36	1.6
<b>Marital status (for 12+ years)</b>						
Married	631	44.2	345	41.2	976	43.1
Unmarried	713	50.0	82	9.8	795	35.1
Widow/widower	48	3.4	253	30.2	301	13.3
Divorced/abandoned	35	2.5	157	18.8	192	8.5
<b>Main occupation</b>						
Day labour	578	40.5	56	6.7	634	28.0
Begging	237	16.6	299	35.7	536	23.7
Scavenging	233	16.3	78	9.3	311	13.7
Domestic helper	12	0.8	197	23.5	209	9.2
Transport worker	154	10.8	2	0.2	156	6.9
Street vending	79	5.5	76	9.1	155	6.8
Small business	64	4.5	23	2.7	87	3.8
Commercial sex worker	2	0.1	67	8.0	69	3.0
Vegetable scavenging	32	2.2	23	2.7	55	2.4
Other	36	2.5	16	1.9	52	2.3
<b>Duration of stay in the particular area/spot (years)</b>						
<1	376	26.3	96	11.5	472	20.8
1-5 years	559	39.2	294	35.1	853	37.7
5-10	237	16.6	195	23.3	432	19.1
10+	255	17.9	252	30.1	507	22.4
Average duration of stay (years)	6.0		9.1		7.2	
<b>Main reason for adopting floating life</b>						
Poverty	608	42.6	591	70.6	1199	53.0
In search of livelihood earning	434	30.4	140	16.7	574	25.4
Escape from family	240	16.8	28	3.3	268	11.8
Other	145	10.2	78	9.3	223	9.8
Total	1427	100.0	837	100.0	2264	100.0

**Case 2**

A 30 years old adult female said, "It has been long since I am living in Dhaka city. I used to sell chocolates to the passengers of the long-distance buses on the road. During my school days, some delegates promised to get me into the job of maidservants and brought me from my village. But they made me unconscious with

tablets and sold me to the brothel at Doulatdia. This happened long back. There I stayed with a Hindu lady for a year and then I left... the situation that I am facing today; I blame the men for this. It's because of men that the women are ruined...some men promise to marry while others promise about arrangement to live with respected families. Later they bring these girls here and dump them in the garbage can."

### **Case 3**

A 16 years old boy said, "My father used to take drugs. One day while under the influence of drugs, he shouted at my mother and left home for Khulna. He took away everything from home and married again. After marriage, he didn't come to my mother any more. My uncles married off my mother again. My own father came to take me but my mother didn't let me go. My step father used to love me a lot at that time but now he doesn't anymore. I stayed with my mother for some days and then left. My step father does not want me to stay at his house. If I stay at his house he scolds my mother and beats her. Even if I stay at his house and work at a shop, still he beats my mother. For this reason I myself left home and came on the street. Now I collect trashed cans from the road."

Usually, the street dwellers sleep in the same place every night (Table 2). Footpath (36%), railway station (14%), and stadium (13%) were the most common places where they used to sleep (Fig. 1a and 1b), with seasonal shift to a nearby covered place during the rainy season. Women use railway station, stadium or launch terminal less frequently than men. Majority of them either sleep alone (22%) or with other street dwellers (40%). More women sleep with spouse (28%) and children (27%) (Fig. 2) than men (13 and 0.6% respectively). The street dwellers use polythene/jute sheet/bag and pillow and quilt for sleeping (more frequently by the women) while 14% reported that they did not use anything while sleeping. They used to store their meagre belongings commonly on the street (Fig. 3) (25%), at work place (21%), or with another person (21%).

On an average, the street dwellers used to work for more than seven hours a day, six days a week (Table 3). Around 84% of them have stabilized their income-earning sources and environment, and did not change their work place frequently. Seventy-two percent of the men and 55% of the women reported that they usually had three meals in a day (Fig. 4 and 5). The majority of them used to buy ready-made, cooked food from the roadside, unhygienic temporary food shops, especially the men (80% as opposed to 45% in the case of women) (Fig. 6 and 7). Men used to earn more and spend more than women in a week (Tk. 971 and 778 for men and Tk. 641 and 547 for women respectively).

**Table 2. Living characteristics of the street dwellers**

	Men		Women		All	
	N	%	N	%	N	%
Sleeps in the same place every night	1389	97.3	825	98.6	2214	97.8
Current place of sleeping						
Footpath	445	31.2	378	45.2	823	36.4
Railway station	241	16.9	75	9.0	316	14.0
Stadium	213	14.9	87	10.4	300	13.3
Slum	86	6.0	165	19.7	251	11.1
Launch terminal	161	11.3	42	5.0	203	9.0
Bazaar	146	10.2	35	4.2	181	8.0
Bus stand	52	3.6	31	3.7	83	3.7
Other(s)	83	5.8	24	2.9	107	4.7
Place of sleeping in the rainy days						
Footpath	245	17.2	313	37.4	558	24.6
Stadium	254	17.8	101	12.1	355	15.7
Bazaar	276	19.3	58	6.9	334	14.8
Railway station	223	15.6	74	8.8	297	13.1
Slum	86	6.0	163	19.5	249	11.0
Launch terminal	161	11.3	44	5.3	205	9.1
Bus stand	59	4.1	33	3.9	92	4.1
Other(s)	123	8.6	51	6.0	174	7.7
Sleeps in company with						
Other floating people	719	50.4	179	21.4	898	39.7
None (alone)	379	26.6	123	14.7	502	22.2
Spouse	193	13.5	237	28.3	430	19.0
Children	9	0.6	224	26.8	233	10.3
Other	127	8.9	74	8.8	201	8.9
Materials used for sleeping						
Polythene/jute sheet/bag	496	34.8	389	46.5	885	39.1
Pillow and quilt	323	22.6	256	30.6	579	25.6
Nothing	275	19.3	36	4.3	311	13.7
Paper/news paper	162	11.4	71	8.5	233	10.3
Other	171	12.0	85	10.2	256	11.3
Storage of belongings in/with						
Street	218	15.3	338	40.4	556	24.6
Another person	310	21.7	170	20.3	480	21.2
Work place	375	26.3	97	11.6	472	20.8
Slum	80	5.6	148	17.7	228	10.1
Drop in centre	38	2.7	20	2.4	58	2.6
Other	39	2.7	24	2.9	63	2.8
Nothing to store	367	25.7	40	4.8	407	18.0
<b>Total</b>	<b>1427</b>	<b>100.0</b>	<b>837</b>	<b>100.0</b>	<b>2264</b>	<b>100.0</b>



**Figure 1a. Sleeping in the doorstep of high court *Mazar***



**Figure 1b. Sleeping on a road divider**



**Figure 2. A family with daughter and grandchildren on the footpath in front of old high court premises.**



**Figure 3. An old man with his belongings**





**Figure 4. Street dwellers having dinner together beside a dustbin**



**Figure 5. Father and son eating puffed rice in the evening**



**Figure 6. Food catering on the roadside**



**Figure 7. A family having dinner on footpath**

**Table 3. Livelihood characteristics of the street dwellers**

	Men		Women		All	
	N	%	N	%	N	%
Daily working hours (mean, std)	7.8, 2.5		7.1, 2.4		7.5, 2.5	
Weekly working days (mean, std)	6.4, 1.1		6.6, 1.0		6.5, 1.0	
Do not change work place	1195	83.8	704	84.3	1899	84.0
Have three meals a day	1033	72.4	460	55.0	1493	65.9
Source of food						
Road-side food shop	1134	79.6	382	45.5	1516	67.0
Joint/self-cooking	215	15.1	386	46.0	601	26.5
Scavenging/begging	52	3.7	70	8.3	122	5.4
Other(s)	23	1.6	2	0.2	25	1.1
Mean weekly income (Tk.)	971		641		849	
Mean weekly expenditure (Tk.)	778		547		692	

Table 3a shows mean weekly income earned according to occupation and sex. Commercial sex work, day labour, small business and transport work appeared to be the most rewarding job (>Tk. 1,000 weekly earning except day labour in the case of women) followed by small trade, street vending and scavenging (between Tk. 700 to 900 weekly). More than half of the money earned was spent for buying food, more so in case of women (67% as opposed to 61% for men). This was followed by expenses for tea/betel leaf/smoking, etc. for both men and women. They spent 1-2% of their income for using toilet and bathroom including expenditure on soap.

Around 60% of the respondents reported to have savings, men more so than the women (64% and 55% respectively) (Table 3b). Majority of them used to save on their own, especially women (47% compared to 25% for men). On the other hand, remitting a substantial proportion of income earned to home in rural areas was more common for the men (26% compared to 15% for the women). Again, around 10% of the respondents reported to have taken loan in the last month. The loans were mainly taken for daily consumption (38%) and treatment of illnesses (33%). Friends/relatives/known persons were the major source of advancing these loans (77%).

Table 4 presents information on sanitation, personal and domestic hygiene of the study population. Majority of the respondents stated that they used public toilets for defaecation (62%), and a lesser proportion for bathing (36%). Service charge at the public toilets was described as the major barrier to its use (56%) followed by absence of such facility within reasonable distance (23%). It is interesting to note that public toilets are less frequently used by women compared to men, for both defaecation and bathing. Use of soap for hand-washing after defaecation and during bath was relatively common (69% and 77% respectively). Tooth-brushing was also quite common (>90%), however, they mostly used ash or coal for brushing teeth (67%). More than two-thirds of the respondents reported to use water from WASA (Government supply) supply line for drinking.



**Table 3a. Income by occupation and expenditure by head of expense by sex**

Occupation	Male		Female		Total	
	N	Mean income (Tk.)	N	Mean income (Tk.)	N	Mean income (Tk.)
Begging	237	736	299	568	536	642
Street vending	79	823	76	720	155	773
Scavenging	233	793	78	578	311	739
Commercial sex work	2	1000	67	1381	69	1370
Day labour	578	1063	56	608	634	1023
Domestic helper	12	953	197	476	209	504
Vegetable scavenging	32	710	23	554	55	645
Small business	64	1067	23	750	87	983
Transport worker	154	1258	2	1150	156	1256
Other	36	1370	16	881	52	1219
<b>Total</b>	<b>1427</b>	<b>971</b>	<b>837</b>	<b>641</b>	<b>2264</b>	<b>849</b>

Occupation	Male		Female		Total	
	Mean exp. (Tk.)	% of total expenditure	Mean exp. (Tk.)	% of total expenditure	Mean exp. (Tk.)	% of total expenditure
Food	403	51.8	332	60.7	377	54.4
Cloth	14	1.8	16	2.8	15	2.1
Treatment	10	1.2	15	2.7	12	1.7
Drugs/gambling	55	7.1	12	2.3	39	5.7
Entertainment	10	1.3	4	0.7	8	1.1
Breakfast	68	8.8	34	6.3	56	8.0
Tea/betel leaf/smoking	91	11.7	40	7.4	72	10.4
Given to family/relatives	24	3.1	14	2.6	21	3.0
Bath and toilet expense	15	2.0	8	1.4	13	1.8
Others	87	11.2	71	13.0	81	11.7
<b>Total</b>	<b>778</b>	<b>100.0</b>	<b>547</b>	<b>100.0</b>	<b>692</b>	<b>100.0</b>

**Table 3b. Savings and loan transaction of the street dwellers**

	Men		Women		All	
	N	%	N	%	N	%
Saves money	913	64.0	461	55.1	1374	60.7
Mean amount of money saved (Tk.)	203		100		165	
Saves money with/by						
Self	226	24.8	215	46.6	441	32.1
Remittance to home	237	26.0	71	15.4	308	22.4
Money-lender	210	23.0	48	10.4	258	18.8
Other	240	26.3	127	27.5	367	26.7
Total	913	100.0	461	100.0	1374	100.0
Taken loan in last one month	137	9.6	87	10.4	224	9.9
Reasons for taking loan						
Daily consumption	58	42.3	28	32.2	86	38.4
Treatment	37	27.0	36	41.4	73	32.6
Family maintenance	25	18.2	17	19.5	42	18.8
Other	17	12.4	6	6.9	23	10.3
Source of taking loan						
Friends/relatives/known	96	70.1	76	87.4	172	76.8
Mahajan/employer	37	27.0	10	11.5	47	21.0
Society/NGO	4	2.9	1	1.1	5	2.2

Around 37% of the respondents suffered from illnesses during the past two weeks (men 35%, women 40%) (Table 5). Fever (64%) and common cold (22%) were the two most commonly reported illnesses. Besides, about 10% suffered from diarrhoea and dysentery. Around 70% sought treatment, more women (76%) than men (68%). Sales people at drug retail outlets (drug shops) were the major providers from whom they sought treatment (around 80%), followed by government hospitals (around 10%). They mostly used their own savings to cover the cost of treatment (76%) while 7% reported to have enjoyed treatment free of cost. A 12 years old boy said,

“I didn’t have money to treat my hand and now it is being infected. I burnt my hand at workplace and used egg only. I went to the doctor but he said that the hand needs to be cut off. Since then I never went back.”

The most common chronic illnesses ( $\geq 6$  months duration) reported were gastric pain (19%), difficulty in breathing (17%), and body aches (13%). Twenty-four percent of the men and 5% of the women were addicted to drugs. Cannabis indica (*ganja*, 89%) was the most common substance abused followed by polythene (11%) (Table 5).

**Table 4. Sanitation, personal and food hygiene of the street dwellers**

	Men		Women		All	
	N	%	N	%	N	%
<b>Place of defecation</b>						
Public toilet	966	67.7	450	53.8	1416	62.5
Slum and others residence	91	6.4	194	23.2	285	12.6
Anywhere	114	8.0	97	11.6	211	9.3
Mosque and other organization	119	8.3	40	4.8	159	7.0
Launch/launch ghat	122	8.5	28	3.3	150	6.6
Garbage dumping area	15	1.1	28	3.3	43	1.9
<b>Total</b>	<b>1427</b>	<b>100.0</b>	<b>837</b>	<b>100.0</b>	<b>2264</b>	<b>100.0</b>
<b>Reasons for not using public toilet</b>						
Cost	243	57.9	199	54.4	442	56.2
No public toilet nearby	70	16.7	115	31.4	185	23.5
Don't feel like using toilet	83	19.8	43	11.7	126	16.0
Other	24	5.7	9	2.5	33	4.2
<b>Total</b>	<b>420</b>	<b>100.0</b>	<b>366</b>	<b>100.0</b>	<b>786</b>	<b>100.0</b>
<b>Hand washing after toilet with soap/ash/sand</b>						
	943	66.1	621	74.2	1564	69.1
<b>Place of bathing</b>						
River/lake/pond	602	42.2	283	33.8	885	39.1
Public toilet	568	39.8	243	29.0	811	35.8
WASA/tubewell	140	9.8	186	22.2	326	14.4
Work place	26	1.8	54	6.5	80	3.5
Slum/other residence	18	1.3	41	4.9	59	2.6
Mosque/mazar/other organization	35	2.5	17	2.0	52	2.3
Shelter/NGO	38	2.7	13	1.6	51	2.3
<b>Total</b>	<b>1427</b>	<b>100.0</b>	<b>837</b>	<b>100.0</b>	<b>2264</b>	<b>100.0</b>
<b>Frequency of bathing</b>						
Everyday	1073	75.2	621	74.2	1694	74.8
Every alternate day	261	18.3	161	19.2	422	18.6
Once/twice a week	91	6.4	54	6.5	145	6.4
<b>Total</b>	<b>1427</b>	<b>100.0</b>	<b>837</b>	<b>100.0</b>	<b>2264</b>	<b>100.0</b>
<b>Uses soap during bath</b>						
	1066	74.7	679	81.1	1745	77.1
<b>Brushes teeth everyday</b>						
	1259	88.2	789	94.3	2048	90.5
<b>Brushes teeth with</b>						
Ash/charcoal	756	60.0	616	78.1	1372	67.0
Tooth paste/powder	315	25.0	136	17.2	451	22.0
Only finger	144	11.4	33	4.2	177	8.6
Meswaak	44	3.5	4	0.5	48	2.3
<b>Total</b>	<b>1259</b>	<b>100.0</b>	<b>789</b>	<b>100.0</b>	<b>2048</b>	<b>100.0</b>
<b>Source of drinking water</b>						
WASA	1099	77.0	625	74.7	1724	76.1
Tubewell	103	7.2	146	17.4	249	11.0
Hotel/shop/buy	201	14.1	43	5.1	244	10.8
Others	24	1.7	23	2.8	47	2.1
<b>Total</b>	<b>1427</b>	<b>100.0</b>	<b>837</b>	<b>100.0</b>	<b>2264</b>	<b>100.0</b>

**Table 5. Health-seeking behaviour of the street dwellers**

	Men		Women		All	
	N	%	N	%	N	%
Suffered from illness in last two weeks	501	35.1	333	39.8	834	36.8
Types of illness (multiple answer)						
Fever	302	60.3	229	68.8	531	63.7
Common cold	104	20.8	84	25.2	188	22.5
Diarrhea/dysentery	45	9.0	32	9.6	77	9.2
Pain abdomen	21	4.2	29	8.7	50	6.0
Body pain	29	5.8	10	3.0	39	4.7
Pruritus	24	4.8	10	3.0	34	4.1
Cut injuries	24	4.8	2	0.6	26	3.1
Conjunctivitis	16	3.2	3	0.9	19	2.3
Other	32	6.4	25	7.5	57	6.8
Total (case)	501		333		834	
Sought treatment for illness	341	68.1	252	75.7	593	71.1
Source of treatment						
Drug shop	274	80.4	196	77.8	470	79.3
Govt. hospital	22	6.5	36	14.3	58	9.8
NGO clinic	24	7.0	11	4.4	35	5.9
MBBS doctor	12	3.5	5	2.0	17	2.9
Other	9	2.6	4	1.6	13	2.2
Total	341	100.0	252	100.0	593	100.0
Source of fund for health expenditure						
Savings	266	78.0	186	73.8	452	76.2
Loan	16	4.7	9	3.6	25	4.2
Family members/relatives	18	5.3	17	6.7	35	5.9
Free treatment	23	6.7	22	8.7	45	7.6
Other	18	5.3	18	7.1	36	6.1
Total	341	100.0	252	100.0	593	100.0
Suffering from chronic illness	363	25.4	275	32.9	638	28.2
Types of chronic illness						
Gastric pain	66	18.2	56	20.4	122	19.1
Breathing problem	62	17.1	44	16.0	106	16.6
Body pain	46	12.7	38	13.8	84	13.2
Heart disease	26	7.2	29	10.5	55	8.6
Sexual disease	27	7.4	18	6.5	45	7.1
Hypertension	6	1.7	32	11.6	38	6.0
Trauma/injury	28	7.7	8	2.9	36	5.6
Other	102	28.1	50	18.2	152	23.8
Total	363	100.0	275	100.0	638	100.0
Is addicted to substances	337	23.6	40	4.8	377	16.7
Types of substances						
Cannabis indica	307	91.1	29	72.5	336	89.1
Polythene	30	8.9	10	25.0	40	10.6
Alcohol	23	6.8	5	12.5	28	7.4
Other	31	9.2	6	15.0	37	9.8
Total (case)	337		40		377	

## Insights from qualitative data

### Case 1

A girl of 20 years said, "I used to take yaba and still continuing but with interval. Yaba is a tablet like heroine, which costs around Tk. 500 and causes addiction."

### Case 2

A boy of 12 years said about addiction, "We live in a group and all six of us smoke. Other than smoking, we take *Dandi* and Ganja. We don't know what *Dandi* is made of...we bring a pot of glue from the store; we pour it into a packet and inhale through our mouth. We remain insensitive to anything for 2/3 hours...we don't feel anything even if anyone beats us at that time. We do this every day. We buy one every night and inhale it. We collect 50 taka for buying *Dandi*. The money is collected through begging or by carrying people's luggage. Someone earns this money to buy *Dandi* whereas some earns to buy something else. The difficulty we face in buying this is that the police come to beat us." Few of them were found to be aware of health messages on drug abuse and its consequences in recent days: a 17 years old boy said, "I also took drugs at certain times but after listening to what you all say I don't take it anymore. I heard it destroys the kidneys and also makes one suffer from cancer. I used to take *Dandi* and *Chakki* at that time. *Chakki* is a tablet just like Nicotine, Cidacincin, Elpen, Talpen, etc."

Around 20% of the respondents reported that they had been apprehended by police at least once during their lifetime on the street (Table 6). Most of the time, there was no particular reason for this apprehension (53%) while around 22% were apprehended for drug-related charges (men 24%, women 15%). Again, 36% of the respondents reported that they had been physically abused (58% by police/Ansar/RAB/other security forces) at least once during their lifetime on the street. This was followed by hoodlums (*mastans*) (17%), general public/customer of floating CSWs (10%), and relatives (8%). In about one third 1/3<sup>rd</sup> of the instances, there was no particular reason while 26% were abused for extorting money, and another 14% for spoiling the footpaths.

## Insights from qualitative data

### Case 1

A 20 years old girl said, "lots of pain is afflicted on us... sometimes gang rape, sometimes forced intercourse and at the end, no payment! These groups of people scare us in many ways and torture us."

### Case 2

A 17 years old boy said, "Those who live beside the street are taken away by the police without any fault. If their parents can trace them, they release them against a big amount of money and a lawyer. If I had my parents, they would have hired a

lawyer for me. Since I don't have one, I had to suffer a lot from the dirty skin diseases at the jail. I stayed there for three months. They torture a lot at the jail. They make the entire children bath in the same dirty water, the food they serve has no taste or salt in it and they also make us carry heavy things. I was sexually tortured ones at the jail. They forcefully made me to do it."

**Table 6. Safety concerns of the street dwellers**

	Men		Women		All	
	N	%	N	%	N	%
Ever apprehended by police	365	25.6	103	12.3	468	20.7
Reasons for apprehension						
No particular reason/suspect	194	53.2	52	50.5	246	52.6
Drug	88	24.1	16	15.5	104	22.2
Theft	36	9.9	1	1.0	37	7.9
Sexual activity	0	0.0	21	20.4	21	4.5
Other	47	12.9	13	12.6	60	12.8
Interval since last apprehension (average in year)						
one month	74	20.3	16	15.5	90	19.2
1- 6 months	86	23.6	22	21.4	108	23.1
6 month to 1 year	66	18.1	16	15.5	82	17.5
1-5 years	103	28.2	31	30.1	134	28.6
5+ years	36	9.9	18	17.5	54	11.5
Ever being abused physically	555	38.9	254	30.3	809	35.7
Person responsible for physical abuse						
Police/Ansar/Rab/Security	330	59.5	139	54.7	469	58.0
Hoodlum ( <i>mastan</i> )	92	16.6	42	16.5	134	16.6
General public/customer	58	10.5	22	8.7	80	9.9
Relatives	28	5.0	38	15.0	66	8.2
Employer	35	6.3	7	2.8	42	5.2
Other	12	2.2	6	2.4	18	2.2
Reasons for physical abuse						
No particular reason	174	31.4	81	31.9	255	31.5
Extortion of money	165	29.7	48	18.9	213	26.3
Stay in footpath	67	12.1	44	17.3	111	13.7
Sexual activity	17	3.1	63	24.8	80	9.9
Drug	41	7.4	5	2.0	46	5.7
Other	91	16.4	13	5.1	104	12.9

Table 7 presents information regarding whereabouts of the parents of the street children and their future aspirations. In most of the instances, the parents either live in the rural household or live separately from the children (fathers 36%, mothers 47%). Death of father (26%) was more common than death of mother (14%) for these children. Twenty percent of the street children said that they had no relation with fathers, while this was only 13% in the case of mothers. Figure 8 shows mother and daughter living together in a pushcart.



**Figure 8. Mother and daughter living together in a pushcart**



**Figure 9. House made with polythene**

**Table 7. Parent's whereabouts and aspirations of the street children (7-18 years)**

	Men		Women		All	
	N	%	N	%	N	%
<b>Whereabouts of the father</b>						
Lives separated/at rural home	192	39.1	17	20.0	209	36.3
Died	131	26.7	19	22.4	150	26.0
No relationship	95	19.3	20	23.5	115	20.0
Lives together	43	8.8	28	32.9	71	12.3
Other	30	6.1	1	1.2	31	5.4
Total	491	100.0	85	100.0	576	100.0
<b>Whereabouts of the mother</b>						
Lives separated/at rural home	249	50.7	21	24.7	270	46.9
Lives together	65	13.2	45	52.9	110	19.1
Died	75	15.3	8	9.4	83	14.4
No relationship	66	13.4	9	10.6	75	13.0
Other	36	7.3	2	2.4	38	6.6
Total	491	100.0	85	100.0	576	100.0
Wants to study	369	75.2	73	85.9	442	76.7
<b>Aspirations for future</b>						
Honourable service	184	37.5	51	60.0	235	40.8
Business	149	30.3	4	4.7	153	26.6
Transport worker (driver/motor mechanic)	80	16.3	0	0.0	80	13.9
Professional (doctor/engineer/teacher etc.)	35	7.1	15	17.6	50	8.7
Other	43	8.8	15	17.6	58	10.1
Total	491	100.0	85	100.0	576	100.0

**Insights from qualitative data**

**Case 1**

A 50 years old lady said, "After my mother died, my father married again. At that time I lived in other's house, and the owner of the house got me married. My husband used to work for the Army, and was a freedom fighter. He had a disease called Asthma. He died of that disease later. I have a son who lives in the trash collecting vehicles. I have a sister and father. My sister lives at Kamrangirchar in her own house while my father lives at Faridpur with his second wife. I go there once in three or four years if I wish or else I don't. After my husband died, I started to work to earn my living. I worked at houses as maid servant. I don't feel like living with my son as he is not that good."



### **Case 2**

An 18 years old boy said, “My family doesn’t know that I am here. I am not going home because of the money I stole at the time when I left home, and also for the current way I am living my life. People will speak ill of me if I go home in this condition...I don’t have food, don’t have money to cut my hair or take shower, etc.”

### **Case 3**

A 17 years old child said, “I don’t know where my mother is. I haven’t seen her. I have seen only my step mother. My father said my mother was no more. But as far as I know, my mother didn’t die. Even my grandma says the same. At present, I have maximum contact with my uncle, aunt and grandparents. My uncle has got a mobile set so I can talk to him.”

### **Case 4**

In contrast, a 38 year old man said, “I have a wife, two sons and a daughter in my family. They stay at the village. After the birth of my two children I had Burger’s disease. Then my legs became like this. Previously I used to do a job at the Globe Factory. After the disease, I had to cut off my legs at a Private Clinic in Mymensingh. I have contact with my family. I visit them once in every 15/20 days. I can go there by myself. I move using my hands as support, eat at the hotel and sleep over here. When I go to my village, the bus conductors help me to get into the bus.”

Around 40% of the children said that they want to be involved in some honourable job when they grow up, especially the girls (60% compared to 37% for the boys). Sixteen percent of the boys wanted to be transport worker while 18% of the girls wanted to be a professional like doctor, engineer or teacher (compared to 7% for the boys).

A 17 year old child said, “I wish I could study and do some official and prestigious job and could stop living on a street.”

Another boy of 16 years said, “In future I would like to gather 10-12 thousand taka and start up a small shop. From there my life will get a future.”

Ninety-two percent of the street-based sex workers reported to have used condom, 57% of which were procured from the NGOs while 31% bought from the drug retail shops (Table 8). All sex workers wanted to give up present occupation and preferred service (73%) and petty business (19%) as alternatives. A 27 years old girl said,

“As long as my mother is alive, I cannot leave this job no matter how strong my desire is. She needs money and when she cries in front of me for money I don’t see any other options other than selling my body.”

**Table 8. Family planning characteristics and future aspirations of the street-based commercial sex workers**

	Men		Women		All	
	N	%	N	%	N	%
Uses contraceptives	2	100.0	61	91.0	63	91.3
Methods used						
Condom	2	100.0	56	91.8	58	92.1
Other	0	0.0	5	8.2	5	7.9
Total	2	100.0	61	100.0	63	100.0
Source of contraceptives						
NGO	0	0.0	35	57.4	35	55.6
Drug shop	0	0.0	19	31.1	19	30.2
Other	2	100.0	7	11.5	9	14.3
Total	2	100.0	61	100.0	63	100.0
Wants to give up current income-earning activities	2	100.0	50	76.9	52	77.6
Preferred alternative profession						
Service	1	50.0	37	74.0	38	73.1
Business	1	50.0	9	18.0	10	19.2
Other	0	0.0	4	8.0	4	7.7
Total	2	100.0	50	100.0	52	100.0

Table 9 shows that 42% of the women of reproductive age (15-49 years) currently use contraceptives. Majority of these women took oral pills (54%) while only 16% used condoms and 15% took injection. Around 11% adopted permanent methods such as ligation. Drug retail shops and hospitals were the two main sources from where they got contraceptives.

**Table 9. Family planning characteristics of currently married women of reproductive age (15-49 years) dwelling in street**

	Women (15-49 years)	
	N	%
Uses contraceptives	140	41.9
Methods used		
Pill	76	54.3
Condom	22	15.7
Injection	21	15.0
Ligation	15	10.7
Other	6	4.3
Total	140	100.0
Source of contraceptives		
Drug shop	83	59.3
Hospital	35	25.0
NGO	22	15.7
Total	140	100.0

Table 10 presents the most important problems as perceived by the respondents while dwelling on the streets. According to them housing (86%), food (46%), and lack of job opportunity (40%) were the three most common problems for which they would need assistance. Compared to these, problems related to water and sanitation, treatment for illnesses and harassments from law-enforcing and other agencies received less importance from them.

**Table 10. Most important problems in street life as perceived by the street dwellers (multiple response)**

	Men		Women		All	
	N	%	N	%	N	%
Housing	1208	84.7	731	87.3	1939	85.6
Food	615	43.1	420	50.2	1035	45.7
Lack of job opportunity	590	41.3	325	38.8	915	40.4
Water and sanitation	395	27.7	275	32.9	670	29.6
Harassments	337	23.6	156	18.6	493	21.8
Health (disable/sick) problem	255	17.9	189	22.6	444	19.6
Other	881	61.7	415	49.6	1296	57.2
Total	1427	100.0	837	100.0	2264	100.0

A 40 year old man said,

“The problem is that the house owners adjacent to the place we take shelter, complain to police and police becomes hostile to us. The house owners feel awkward because of our belongings on the street adjacent to their house.”

Table 11 shows the status of some key indicators according to the age of the respondents. The elderly street dwellers (>60 years) were marginalized in terms of sleeping in the footpath, having three meals a day and defaecating anywhere. But, they used to save more than their younger counterparts. Also, these elderly group of people sought treatment from the hospital facilities more frequently than the others. The children (7-18 years) were apprehended by police, and physically abused more frequently than the others.

Literate (can read and write) street dwellers reported to have three meals a day in greater proportion, better hygiene practices and a covered place of sleeping in rainy days compared with the illiterates. However, it did not have an effect regarding their apprehension by police or undergoing physical abuse (Table 12).

The duration of street-life did not improve their condition in terms of the key indicators of lives and livelihood studies (Table 13). For example, no change was observed in terms of securing three meals a day over time (constant at around 66%) while sleeping on footpath in rainy days increased with time (14% and 32% respectively for those living on streets for <1 year and >5years). A woman of 35 years

old said, "What do we do during rainy season? Our polythene sheets fly away and we have to buy new ones and build up again...that's it!" Figure 9 shows house made with polythene.

**Table 11. Some key indicators by age of the respondents**

	Age in years							
	7-18		19-60		>60		All	
	N	%	N	%	N	%	N	%
Place of sleeping in rainy days (Footpath)	79	13.6	421	27.7	58	35.4	558	24.6
Have three meals a day	457	78.9	961	63.2	75	45.7	1493	65.9
Saves money	332	57.3	935	61.5	107	65.2	1374	60.7
Place of defaecation (anywhere)	64	11.1	126	8.3	21	12.8	211	9.3
Place of bathing (river/pond/lake)	300	51.8	521	34.3	64	39.0	885	39.1
Suffered illness in last two weeks	228	39.4	542	35.6	64	39.0	834	36.8
Treatment-seeking (hospital)	13	9.4	36	8.9	9	17.6	58	9.8
Ever apprehended by police	138	23.8	316	20.8	14	8.5	468	20.7
Ever abused physically	307	53.0	479	31.5	23	14.0	809	35.7
Most important problem	309	53.4	905	59.5	89	54.3	1303	57.6
Total	579	100.0	1521	100.0	164	100.0	2264	100.0

**Table 12. Some key indicators by literacy status of the respondents**

	Literacy					
	None		Can read and write		Total	
	N	%	N	%	N	%
Place of sleeping in rainy days (Footpath)	503	26.6	55	14.7	558	24.6
Have three meals a day	1211	64.1	282	75.4	1493	65.9
Save Money	1127	59.6	247	66.0	1374	60.7
Place of defecation (Anywhere)	199	10.5	12	3.2	211	9.3
Place of bathing (River/lake/pond)	738	39.0	147	39.3	885	39.1
Suffering illness in last two weeks	681	36.0	153	40.9	834	36.8
Source of treatment (Govt. hospital)	47	9.7	11	10.3	58	9.8
Ever apprehended by police	381	20.2	87	23.3	468	20.7
Ever physically abused	657	34.8	152	40.6	809	35.7
Most important problem (Housing)	1098	58.1	205	54.8	1303	57.6
Total	1890	100.0	374	100.0	2264	100.0

**Table 13. Some key indicators by duration of street life of the respondents**

	Duration of street-life in the particular area							
	<1year		1-5 years		>5 years		Total	
	N	%	N	%	N	%	N	%
Place of sleeping in rainy days (Footpath)	65	13.8	195	22.9	298	31.7	558	24.6
Have three meals a day	313	66.3	597	70.0	583	62.1	1493	65.9
Save Money	307	65.0	544	63.8	523	55.7	1374	60.7
Place of defecation (Anywhere)	53	11.2	94	11.0	64	6.8	211	9.3
Place of bathing (River/lake/pond)	207	43.9	324	38.0	354	37.7	885	39.1
Suffering illness in last two weeks	178	37.7	290	34.0	366	39.0	834	36.8
Source of treatment (Government hospital)	10	7.8	20	10.1	28	10.6	58	9.8
Ever apprehended by police	62	13.1	170	19.9	236	25.1	468	20.7
Ever physically abused	158	33.5	291	34.1	360	38.3	809	35.7
Most important problem (Housing)	274	58.1	519	60.8	510	54.3	1303	57.6
Total	472	100.0	853	100.0	939	100.0	2264	100.0

Also, apprehension by police increased over time (13% and 25% respectively for those living in streets for <1 yr and >5yrs) while physical abuse remained constant at around 33%. A 32 years old man said,

“I have no shelter; I live here since long time. But still sometimes police beat us and force to leave the place. If I rent a house it will cost me 1200 taka. How can I arrange money for food and shelter both with this scanty income?”

# Discussions

This study was done to explore the lives and livelihood of the street dwellers of Dhaka city through a quick but multi-faceted survey using a purposive but varied sample of the target population. The information is expected to fill in the knowledge gap regarding this marginalized population towards the development of a comprehensive and need-based intervention for them. Findings reveal that the street dwellers, driven by poverty and natural disasters, had to adopt a very precarious and humiliating life on the streets of Dhaka which is devoid of all basic amenities and under constant threat of eviction and harassment by the law-enforcing agencies and the hoodlums. They failed to improve their lot even after five or more years of street-living. According to them housing, food, and lack of jobs were the three most common problems for which they sought assistance. Finally, some recommendations are made based upon the findings.

## **Socio-demographic characteristics**

Nearly half of the sample of street dwellers studied was young and belonged to the economically active age group (19-40 years) which is also seen in an earlier study (Uddin *et al.* 2009). However, in our study we found that women outnumbered men in the adult age groups (>19 years). Around half of these women were either abandoned, divorced or widowed. Women were also among the long-term dwellers of streets (>10 years) in greater proportion. Similar situation is observed in a study of roadside squatter families in Jaipur city, India, where majority were found living for more than 10 years on the street (Goyle *et al.* 2004). This draws our attention to the relative stability of these population which have programmatic implications.

## **Life on the streets**

The places where the street dwellers sleep are comparable to the squatter settlers in other developed cities. As they are in a constant cycle of eviction and re-settlement (Rahman 2001), it is very difficult for them to find a covered space for long time. The majority of the respondents were making good use of public toilets and to some extent baths, though it needs to be improved further especially in the case of females. These public facilities should be made safe for women for increasing their use; alternatively, toilets can be constructed exclusively for females in locations some distance away from toilets for males. As found in our study, 66% of the respondents used tap water (from WASA outlets) which is consistent with the fact that its use by street dwellers has been increasing over the years (CUS 1988, Hanchett *et al.* 2003). The personal hygiene practices by the street dwellers (using soaps, brushing teeth, etc.) observed is encouraging and should be sustained by health education campaigns among them and providing materials such as soap and tooth powder where feasible.

## **Livelihood**

The street dwellers are hard-working when considered in terms of working hours, but without proportionate return due to their involvement in informal sector which is also irregular. Except those in the wage-labour market, the rest (begging, scavenging, peddling, etc.) earn a meagre income. Whatever their income, they had a tendency to save, albeit informally, to cope with crisis in the future. Here is an opportunity to mobilize these savings through formal channel and link it to microcredit for income-generating and other activities.

## **Safety and security**

Constant harassment and physical abuse by law-enforcing agencies and the hoodlums, and drug addiction is part of street life in Dhaka city as also found in other studies (Rahman 2001, Koehlmoos *et al.* 2009). Harassment and abuse by police is especially important because it lowers the level of trust in them and prevents help-seeking for protection from the political and non-political hoodlums/rent seekers when needed (Zakrison *et al.* 2004).

## **Health and health-seeking behaviour**

The vulnerable condition of the street dwellers' health is reiterated in this study, consistent with what is found in the literature (Uddin *et al.* 2009, FREPD 2003). Morbidity pattern of illnesses resembles common pattern for the poor and general population. There is lack of health services for them, and access and financial barriers prevent them seeking healthcare from formal sector. Thus, they rely on informal sector for healthcare (e.g., sales people at drug retail outlets) which is common for the poor and marginalized population in Bangladesh (Ahmed 2005). Mobile health clinics to provide services on the spot and at night, and static health clinics with flexible hours of visit have been suggested to cater to the needs of this vulnerable population (Uddin *et al.* 2009, ICDDR,B 2010).

## **Life and aspirations of the street children**

The main reason behind adoption of street life by the children was found to be poverty, either of the parents or poverty arising out of abandonment by parents due to, again, poverty. This is also observed in another study on street children in Bangladesh (FREPD 2003). However, this may not be the only cause. Violence and abuse may also be important causes of children becoming street dwellers (Conticini and Hulme 2006, Mathur *et al.* 2009). In this study, we found that 20% of the children stated to have no relationship with their father and 13% with their mother which may be due to such reasons. Their marginalized life is further threatened by drug abuse which is a common phenomenon for these children (Njord *et al.* 2010). Though living a very insecure and uncertain life, the children are not daunted from dreaming about the future. More than two-third of them wanted to study and have skill-development training in income-earning activities (e.g., motor mechanics and garage workers in case of boys). This kind of aspiration for future is also observed in

another study (FREPD 2003). The girls even aspired to be white-collar professionals like doctors. Thus, an integrated vocational training model can be used for education and skill-building of these children (Ahmed 2003), so that they can grow up as productive members of the society.

### **Sex workers on the street**

Women selling sex on the streets are one of the most vulnerable population among the street dwellers (Mondal *et al.* 2008, Habib *et al.* 2001). They have an unmet need for reproductive health services, among others (Jeal and Salisbury 2004). Unlike street-based sex workers in Haryana, India (Chaudhury *et al.* 2007), the sex workers on the streets of Dhaka city are familiar with use of condom to a great extent thanks to the works of NGOs. Majority of them wanted to give up the sex work in exchange for better paid jobs.

### **Most important problem of street-living**

Contrary to common wisdom (that water, sanitation and hygiene are the main problems of this floating population), shelter and protection from abuse and harassment by hoodlums and law-enforcing agencies were perceived to be the most important problem of street-life in Dhaka city. The problem becomes further complicated as the NGOs are mainly involved in improving their socioeconomic condition and housing is neither a priority for them nor its productive role appropriately recognised (Rahman 2001). The physical abuse and violence also stems from the hostile, suspicious and apathetic attitude displayed by common people towards this marginalized population at large (Speak and Tipple 2006).



# Recommendations

## What should be done?

Base upon the findings discussed above, following recommendations are made:

### **General:**

1. A comprehensive census of the street population in Dhaka City Corporation area will help quantify the magnitude of the problem and as such, optimize the size and coverage of appropriate and need-based interventions.
2. Quite a number of NGOs and other organizations are working with street children and floating commercial sex workers. To start with, BRAC should rather focus on the other groups (adult men and women, elderly and the disabled beggars) of street dwellers.

### **Immediate, short-term interventions:**

3. In contrast to conventional wisdom (that what this population need most is provision of water and sanitation), shelter (especially during rain and storms) and security were found to be the two main concerns of the street dwellers. BRAC may start to address this by arranging night shelters (with appropriate provision for water, sanitation and hygiene) run and managed by self-help groups with minimal user charges. Substantial proportion of the street dwellers, especially women, are not using public toilets due to inability to pay user charges and a sense of personal insecurity especially after evening. BRAC may think of setting mobile chemical toilets/static sanitary toilets for them at strategic locations of the city either free of cost or at nominal user charges. These should be secured and women-friendly to improve its use by the women.
4. The street dwellers mainly consume dirty food from road-side temporary food shops which is a major source of food-borne illnesses such as diarrhoea, dysentery, jaundice, typhoid, etc. BRAC may think of organizing mobile 'healthy kitchen' on self-help basis to provide clean, hygienic and nutritious food at low cost.
5. Given the high prevalence of morbidity among the street dwellers and lack of access to low-cost, quality health services, BRAC may organize mobile health clinics at a time and place convenient to them. Emphasis should also be given for sexual and reproductive health services including family planning services especially to the adolescents. Sustained anti-addiction campaign and treatment of addicts is warranted. Besides, advocacy works at public health facilities are needed to alley social exclusion of the street dwellers.

***Mid-term and long-term interventions:***

6. To solve the problem of shelter for the street dwellers in the longterm, BRAC may think of constructing low-cost night shelters at different entry points of Dhaka city. Many such model exists in India which may be consulted.
7. Quite a good proportion of the street dwellers have savings; they also take loans for consumption and other purposes. BRAC may think of mobilising this savings (with interest), and help in building capital (by advancing equal amount as loan) for income-generating activities to those pursuing self-employment. BRAC may also think of designing innovative microcredit products for this group of population in the light of long experience in working with disadvantaged population.
8. BRAC may organize need-based skill development training (e.g., motor workshop, construction industries, handicrafts, RMGs etc.) for the adolescents and others so that they can participate in the formal labour market and improve their condition.

The problem is structural and as such, to reverse the process of people becoming destitute through man-made and natural calamities, political commitment to radical restructuring is needed. This is not within the purview of BRAC.

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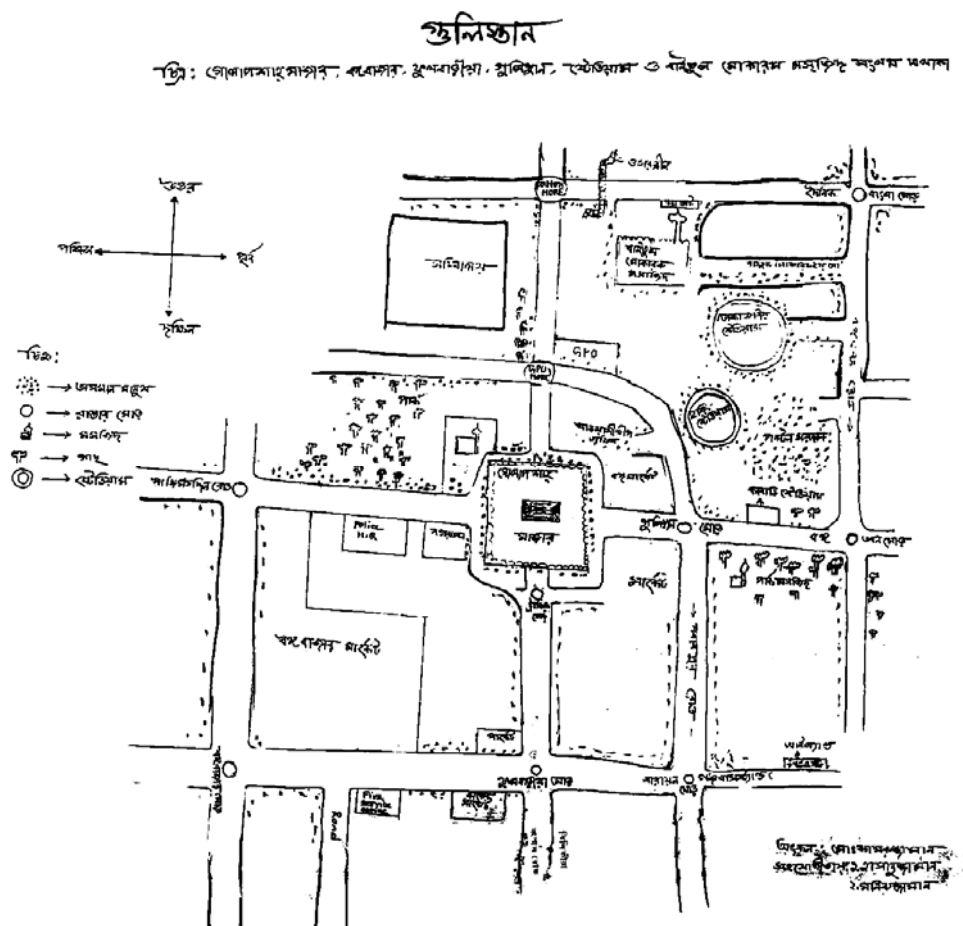
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# Annexes

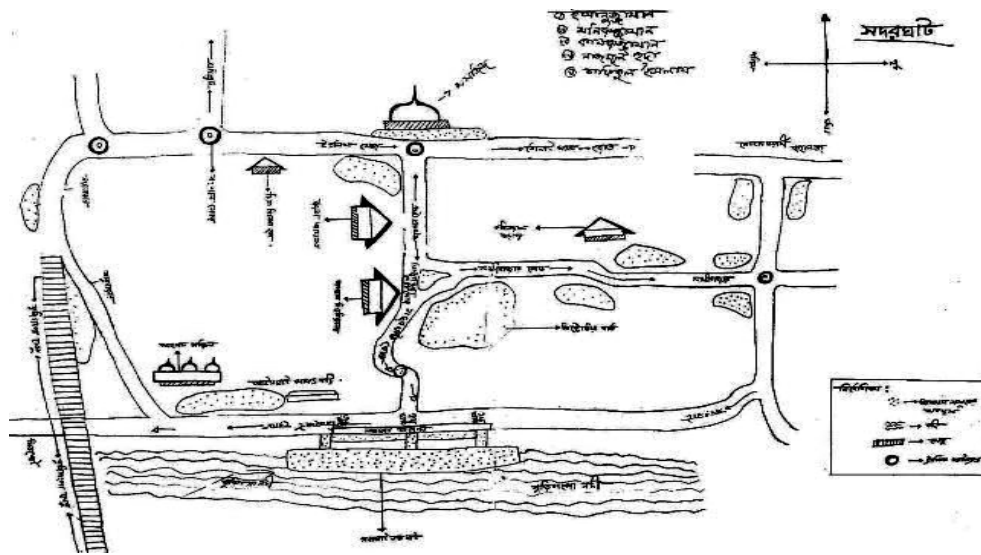
## Annex 1.

Figure 1. Map of Gulistan area showing concentrations of street-dwelling population\*



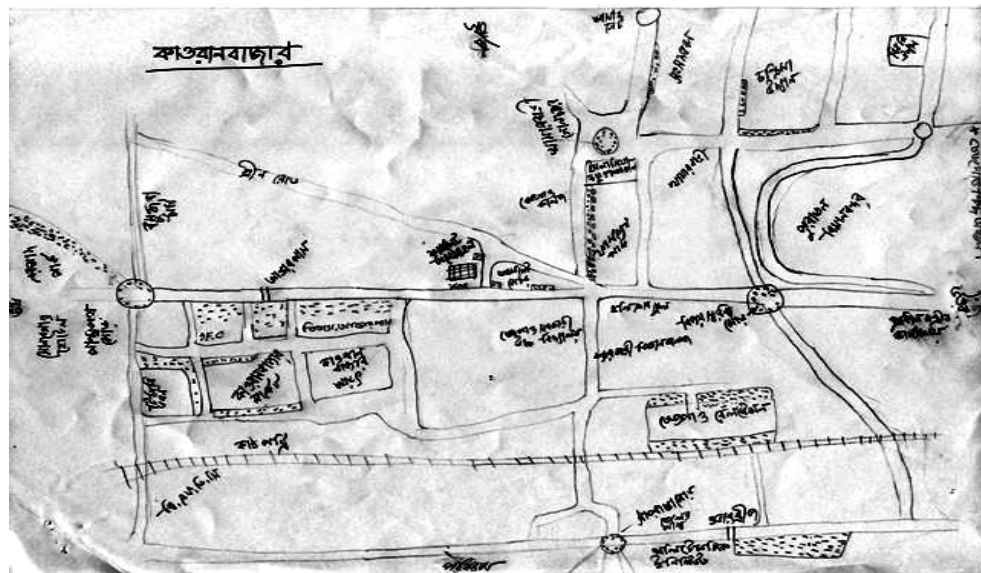
\*NB. Similar maps were made for all the study areas

Figure 2. Map of Sadarghat area showing concentrations of street-dwelling population\*



\*NB. Similar maps were made for all the study areas

Figure 3. Map of Karwan Bazar area showing concentrations of street-dwelling population\*



\*NB. Similar maps were made for all the study areas



**Annex 2. Questionnaire**

"i agvī M̄el Yv Kv̄Ri Rb̄"

**Research and Evaluation Division, BRAC  
Survey on Street Dwellers in Dhaka City, 2010**

\_vbr: ..... Rwi c AĀj : .....

AeMwZμtg m̄s̄Z

Avgvi bvg.....   Awg e <sup>v</sup> tK Kg <sup>Ɔ</sup> Z AwQ   AĀ Gj vKvq fimgvb Rb̄Mv̄xi Dci GKw M̄el Yvi Rb̄ Rwi c "i" n̄tq̄Q   Avcb th me Z <sub>..</sub> Avgv̄tK t̄ t̄eb tm me Z <sub>..</sub> tKej gvī Avgv̄t i M̄el Yvi Kv̄Ri e <sup>en</sup> vi Kiv n̄te Ges Z <sub>..</sub> i tMcbxqZv i Ɔv Kiv n̄te   Avcbvi AskM̄hYtK Lp̄B gj "vq̄b Kiv n̄te   Avcb Avgv̄t i c̄k̄k̄ DĒi w̄ tZ era" bb Ges Avcb P̄vBtj Z <sub>..</sub> msM̄h Kivi th tKvb mḡtq Z <sub>..</sub> v̄tb Am̄s̄Z Rv̄v̄tZ cvi t̄eb   Awg Avkv Kiw Avcb DĒi v̄tb AskM̄hY Ki t̄eb   Avcbvi gj "evb Z <sub>..</sub> Avgv̄t i M̄el Yvi Kv̄Ri wei vU fimgKv ivL̄te   Awg w̄K Avcbvi m̄s̄Zμtg Z <sub>..</sub> msM̄h "i" Ki t̄Z cwi ? Avcb m̄s̄Z?    n̄v = 1                      bv = 2
---

Z<sub>..</sub> msM̄h Kvi xi bvg: .....      Z<sub>..</sub> msM̄h ni Zwi L Ges mgq: .....  
 hvP̄vBKvi xi bvg: .....      hvP̄vB Gi Zwi L: .....

Identification		
bvg:	w̄cZvi bvg:	gvZvi bvg:
eqm:.....eQi	wj ½: cj "l =1, gmj v=2	M̄tgi ewo:
Kg <sup>Ɔ</sup> Gj vKv:	Ae <sup>v</sup> t̄bi Gj vKv:	GB AĀtj Ae <sup>v</sup> t̄bi fgqv : <input type="checkbox"/> w̄ b <input type="checkbox"/> gvm <input type="checkbox"/> eQi
c̄v̄v tckv: w̄f Ɔv̄v̄Ē=1, dj /tccvi /Ab̄vb̄" w̄v̄v̄=2, gqj v tUvKvb Ges Zv w̄v̄v̄=3, c̄w̄Zv̄v̄Ē=4, Kvj /w̄ḡw̄Z/v̄ bgRj =5, evm̄ ewo tZ Q̄v̄ Kv̄R=6, Zi Kw̄i Kov̄t̄v Ges Zv w̄v̄v̄=7, Ab̄vb̄"=-----		

Socio-demographic and economic information		
SI	Questions	Code
1.	Avcb tKvb tKv̄ cvk K̄ti t̄Qb? KL̄t̄v̄ Ɔj hvB̄v̄=0, tKv̄x cvm=.....	
2.	Avcb w̄K w̄P̄w̄ wj L̄tZ cvi b? n̄v=1, bv=2	
3.	ag <sup>Ɔ</sup> gmj g=1, w̄v̄=2, teſx=3, L̄t̄v̄=4, Ab̄vb̄"=.....	
4.	ēew̄nK Ae <sup>v</sup> ? w̄ew̄nZ=1, Aw̄ew̄nZ=2, w̄ecw̄ZK/w̄aev=3, cwi Z <sup>3</sup> /cwi Z <sup>3</sup> v=4, Zvj vKc̄ſ=5, AvK̄=6, Ab̄vb̄"=.....	



Living related information		
SI	Questions	
5.	Avcub wK ti vR GK-B RvqMvq i wif hvcb Kti b? nuv=1, bv=2 bv ntj , KZw b ci ci Ngvtbvi RvqMv cwi eZb Kti b? <input type="checkbox"/> w b <input type="checkbox"/> gvm <input type="checkbox"/> eQi	
6.	B` vbx tKv_vq i wif hvcb Kti b? dUcvf_ =1, I fvi eR Gi bxfP=2, tij ÷ ktb=3, evm ÷ vfu=4, j ANvfu=5, AvktqKt` =6, cvfK=7, Ab`vb` =..... (ubw` e Ki`b)	
7.	KZw b hver GLvfb i wif hvcb Kti b? <input type="checkbox"/> w b <input type="checkbox"/> gvm <input type="checkbox"/> eQi	
8.	epoi w` tb Avcub tKv_vq i wif hvcb Kti b? (GKwaK DEi ntZ cvfi) dUcvf_ =1, I fvi eR Gi bxfP=2, tij ÷ ktb=3, evm ÷ vfu=4, j ANvfu=5, AvktqKt` =6, wbgvfaxb ewofZ=7, Ab`vb` =..... (ubw` e Ki`b)	
9.	Kvi mvf_ i wif hvcb Kti b? v`gx/v` =1, evv/gv=2, mSvb=3, GKv=4, fvmgvb gvbfI i mvf_ =5, Ab`vb` =..... (ubw` e Ki`b)	
10.	fvmgvb Rxb tetQ wbtj b tKb? Afvtei Zvobvq=1, cwi evi t`tK cwj tqtQ=2, w`h`ZZ=3, DcvR`bi Zwmf` =4, evv-gv w`w` Kti w` tqtQ=5, cOkwZK` `thM=6, mvf_B_wk=7, Ab`vb` =..... (ubw` e Ki`b)	
11.	Avcub wKtmi Dci Ngvb? (GKwaK DEi ntZ cvfi) wKQB bv=1, KvMR=2, gv`j =3, cwj_w_b=4, Leti i KvMR=5, Ku_v/ewj k=6, UKix/SuKv=7, e`w/PU =8, Ab`vb` =..... (ubw` e Ki`b)	
12.	hLb KvR Kti b bv ZLb e`envi i wRwbmcI tKv_vq i vLb? tcvUj v tetta i v`vq=1, KvRi RvqMvq=2, Avktq tKt` =3, A`b`i KvQ=4, i vLvi wKQB bvB=5, Ab`vb` =..... (ubw` e Ki`b)	
Profession and income related information		
13.	Avcub w` tb KZ N:Uv KvR Kti b? .....N:Uv	
14.	mBvtn KZ w` b KvR Kti b? .....w` b	
15.	hw` tKvbw` b KvR bv Kti b, tKb? wektg=1, AvCv=2, Amy`Zv=3, Ab`vb` =..... (ubw` e Ki`b)	
16.	Avcub wK Kg`Gj vKv cwi eZb Kti b? nuv=1, bv=2 nuv ntj , KZw b ci ci? <input type="checkbox"/> w b <input type="checkbox"/> gvm <input type="checkbox"/> eQi Ges tKb? -----	
17.	MZ mBvtn KZ UvKv Avq Kti b? .....(UvKv)	
18.	mBvtni Avtqi UvKv wKfvte LiP nq? (GKwaK DEi ntZ ntZ cvfi) Lv` = `vj vj /PvKwi` vZv= bv`v= e`f` tbkv/Rqv= Pv/cvb/wmMvfi U= wPwKrmv= w`tbv` b = Ab`vb` =.....	tgvU
19.	Avcub tKvb m`Aq Kti b wK? nuv=1, bv=2 (bv ntj → 21)	
20.	nuv ntj , m`Atqi UvKv tKv_vq i vLb? gnvR`bi KvQ=1, mvgwZ=2, wbtRi KvQ=3, cwi evfi i KvQ=4, ewofZ cvwB=5, Ab`vb` =..... (ubw` e Ki`b)	
21.	MZ GK gvfm KLbl UvKv avi Kti b? nuv=1, bv=2 (bv ntj → 24)	
22.	tKb avi Kti b? wPwKrmv=1, Ab`vb` =..... (ubw` e Ki`b)	
23.	tKv_v t`tK avi Kti b?..... (ubw` e Ki`b)	

Current Living Condition: food & hygiene related information		
SI	Questions	Code
24.	Avcwb cvqLvbv tKv_vq Kti b? (GKwaK DEi ntZ cvti) th tKvb RvqMvq/i v`vAvtU=1, public toilet=2, gqj v tdj vi RvqMvq=3, Ab`vb`=..... (ubw` 0 Ki`b)	
25.	Public toilet e`envi bv Kiti tKb? UvKv w` tZ nq=1, Avfk-cvfk toilet bvB=2, B`Qv Kti bv=3, Ab`vb`=..... (ubw` 0 Ki`b)	
26.	Avcwb wK ev_i`g tktl mvevb/QvB/evj yw` tq nvZ cwi`vi Kti b? nuv=1, bv=2	
27.	bv ntj , tKb?	
28.	Avcwb tKv_vq tMvj Kti b? cKti/tj tK=1, I qvmvi Kj t`tK cwb Gtb iv`vq=2, public toilet G =3, gmwR` t`tK cwb Gtb iv`vq=4, Avktq tKt`^=5, Ab`vb`=..... (ubw` 0 Ki`b)	
29.	Avcwb KZ w` b ci ci tMvj Kti b? c0Zw` b=1, GK w` b ci ci =2, mBvtn GK evi =3, mBvtn `B evi =4, Kwi bv=5, Ab`vb`=..... (ubw` 0 Ki`b)	
30.	tMvtj i mgq mvevb e`envi Kti b? nuv=1, bv=2	
31.	Avcwb wK c0Z`K w` b `vZ cwi`vi Kti b? nuv=1, bv=2 (bv ntj → 33)	
32.	nuv ntj , wK w` tq `vZ cwi`vi Kti b? QvB=1, Kqj v=2, Av/zj =3, Uz`ek-tc ÷=4, Ab`vb`=..... (ubw` 0 Ki`b)	
33.	Avcwb Lvevi cwb tKv_v t`tK msMh Kti b? I qvmvi Kj =1, wJDel tqj =2, wktb Lvb=3, Ab`vb`=..... (ubw` 0 Ki`b)	
34.	c0Zw` b Kq tej v Lvevi Lvb? GKtej v=1, `Btej v=2, wZbtej v=3 Ab`vb`=..... (ubw` 0 Ki`b)	
35.	tivRKvi Lvevi tKv_v t`tK msMh Kti b? (GKwaK DEi ntZ cvti) iv`vi t`vKvfb=1, iv`vq Ab`t` i mv`_ ivbeKti =2, wbtRiv ivbeKti =3, Wv`web t`tK msMh Kti =4, ti`t`v t`tK tPtq=5, evmv-ewo t`tK tPtq=6, Ab`vb`=..... (ubw` 0 Ki`b)	
Health seeking behavior		
SI	Questions	Code
36.	MZ 15 w` tb Avcbvi tKvb Amj. ntqQj ? nuv=1, bv=2 (bv ntj → 41)	
37.	wK Amj. ntqQj ? (GKwaK DEi ntZ cvti) Rji =1, mw` 0KvK=2, kJmK0=3, tCU Lvivc=4, tctU e`_v=5, RuUm=6, Pj Kwb=7, tKtU wMtqQj =8, Ab`vb`=..... (ubw` 0 Ki`b)	
38.	tKvb wPwKrmv wbtqQj b wK? nuv=1, bv=2	
39.	nuv ntj , tKv_v t`tK wbtqQb? JIa w`tμZv=1, KweivR=2, cxi/dwKi=3, MBBS Wv`vi=4, NGO wKwbK=5, mi Kwi nwmciZvj =6, Mobile clinic Pj Kwb=7 Ab`vb`=..... (ubw` 0 Ki`b)	
40.	Wv`vi Ges JIacti i LiP wKfvte tRwvvo Kti wQj ?	
41.	Avcbvi tKvb `xNfgqv` x Amj. AvtQ? nuv=1, bv=2 nuv ntj , WvqteUm=1, ewW tchvi =2, nvUP Amj.=3, kJmK0=4, Ab`vb`=..... (ubw` 0 Ki`b)	
42.	Avcbvi wK tKvb ai`bi tbkv Kti b? nuv=1, bv=2 (bv ntj → 46)	

43.	ৱK ai tbi t bkv Kti b? g` =1, MvRv=2, tntivBb=3, tdbvmmWj =4, cij w_b=5, Ab`vb`=..... (wbw` 0 Ki "b)	
44.	KZ w` b hver Avcbw t bkv Kti b? <input type="checkbox"/> w` b <input type="checkbox"/> gvm <input type="checkbox"/> eQi	
45.	Gi wcQtb mBvtn Avcbvi KZ UvKv e`q nq? .....UvKv	
Safety concerns		
SI	Questions	Code
46.	KLbl ৱK AvcbvK cij k ati wbtq wMtqQj? niiv=1, bv=2 (bv ntj → 49)	
47.	niiv ntj tKb? Pwi =1, tKvb Kvi Y Qvov=2, Ab`vb`=..... (wbw` 0 Ki "b)	
48.	tKl KZ w` b AvtM ati wbtq wMtqQj? <input type="checkbox"/> w` b <input type="checkbox"/> gvm <input type="checkbox"/> eQi	
49.	AvcbvK ৱK KLbl tKD wbhZb Kti wQj? niiv=1, bv=2 (bv ntj → 52)	
50.	niiv ntj , tK? (GKwaK DEi ntZ cvti) cij k=1, gv`vb=2, PvKwi `vZv=3, wbtRi AvZkq=4, Ab`vb`=..... (wbw` 0 Ki "b)	
51.	niiv ntj , tKb? thSb m`utKp Rb`=1, UvKvi Rb`=2, tKvb Kvi Y Qvov=3, Ab`vb`=..... (wbw` 0 Ki "b)	
Section-2: Additional questions (for children)		
SI	Questions	Code
52.	Avcbvi even tKv_vq? gvi v tMtQ=1, m`uK`bvB=2, evmvq/Avj v`v _vtK=3, mvt_B _vtK=4, Ab`vb`=..... (wbw` 0 Ki "b)	
53.	Avcbvi gv tKv_vq? gvi v tMtQ=1, m`uK`bvB=2, evmvq/Avj v`v _vtK=3, mvt_B _vtK=4, Ab`vb`=..... (wbw` 0 Ki "b)	
54.	Avcbw ৱK tj Lv-cov Ki tZ Pvb? niiv=1, bv=2	
55.	Avcbw eo ntq ৱK ntZ Pvb?	
Additional questions for CSW (i agvI thSb KgR` i t`tiT c`hvR`)		
SI	Questions	Code
56.	Avcbw cwi evi cwi Ki bvi tKvb c`wZ MhY Kti b ৱK? niiv=1, bv=2 (bv ntj → 59)	
57.	niiv ntj ৱK ai tbi c`wZ MhY Kti b? ewo=1, Kvw=2, KbWg=3, BbtRKkb=4, Ab`vb`=..... (wbw` 0 Ki "b)	
58.	Zv tKv_v t`tK msMh Kti b?	
59.	Avcbw G tckv tQto w` tZ AvMhx? niiv=1, bv=2	
60.	niiv ntj ৱK ai tbi tckv thZ Pvb?	

For all women of reproductive age (married women)	
61.	Avcvb cwi evi cwi Kí bvi †Kvb c×wZ MhY K†i b wK? niiv=1, bv=2 (bv ntj → 64)
62.	niiv ntj wK ai †bi c×wZ MhY K†i b? ewo=1, KwW/bi c†U=2, KbWg=3, Bb†RKkb=4, Ab`vb`=..... (wv` 0 Ki `b)
63.	Zv †Kv_v †_†K msMh K†i b?
64.	Avcbvi me†Kl wki wU †Kv_vq RbMhY K†i wQj? ewo†Z=1, nvmcvZvtj =2, dUcv†_ =3, wKvb†K=4, †Kvb wki Rb†tbq wb=5, Ab`vb`=..... (wv` 0 Ki `b)
65.	Avcvb wK Avcbvi `†gx 0vi v Klb wbhWZZ n†q†Qb? niiv=1, bv=2
Felt need	
GB fvmgyb Rxe†b Avcbvi `w†Z wZbwU me†P†q Ri`wi mgm`vi K_v ej †	
me†P†q _i`ZcY®	
ga`g _i`ZcY®	
Kg _i`ZcY®	

### Annex 3.

#### Annex 3a: List of NGOs working with street children

Drop-in centres	Address	Contact Person, Telephone, Mobile
Plan Bangladesh Dhaka PU	House 62, Block Ka; Pisciculture Housing Society; Shymoli, Mohammadpur, Dhaka 1207	Farukh Ahmed, Program Coordinator-Enabling Environment Tel: 880-2-9122966, 8123079; Cell no. 01716-299386
Ain o Shalish Kendro	54 Johnson Road -Dhaka -1000, PO Box: 3252 & 18/G, Bashbari, Mohammadpur & 99 Shaha Alibag, Mirpur-1.	7116546, 8112452, Head office 8315851
Dhaka Ahsania Misson	F-13 (84/1) block D Bashbari (3 rd floor) Mohammadpur – Dhaka 1207.	Md Mostak- Head office 9123402
Aparajeyo Bangla	Samsul Babhan (1 <sup>st</sup> floor) 20, Mazar Road & 102 Purbo Tejturi Bazar Tejgao	Indrojit 01814201284,
Social & Economic Enhancement Program (SEEP) CSKS	31/4 Shirish Dash Lane Banglabazar & 5A/ A Mazar Road 1 <sup>st</sup> Colony Gabtoli , Mirpur Dhaka - 1216	Anil Chandra 01911722929 or Md Sohel Rana 01710251944
Padakahep	23 Ka Station Road- Hajituruf Ali Building Tejgao. & 2 <sup>nd</sup> Dokhin Kamlapur Station, 28, Kawron Bazar(B.ing Taz Mansion) & 132/4 Mazar Road 1 <sup>st</sup> Colony & 10 road Sakartek, Mommadpur Dhaka	Daud: 01739430628- Head Office 8618802 Hira 8157112 Md Joirul 01724465237
ASD (Assistance for Slum Dwellers)	Boys : 9/25 Humayon Road Block – C, Mohammadpur , & 72 Purbo Tejturi Bazar Tejgao , Dhaka & Girls : 23, Ab Mazar Road 1 <sup>st</sup> Colony- Mirpur 1	Hassan 01714339489 , Deby Roy 01918236696
Night Shelters	Address	Telephone, Mobile ,Contact Person
Plan Bangladesh Dhaka PU	House 62, Block Ka; Pisciculture Housing Society; Shymoli, Mohammadpur, Dhaka 1207	Farukh Ahmed, Program Coordinator-Enabling Environment Tel: 880-2-9122966, 8123079; Cell no. 01716-299386
Aparajeyo Bangla	Samsul Babhan (1 <sup>st</sup> floor) 20, Mazar Road Sec # 1 Mirpur , Dhaka.	MD. Sirazul 01712183052
Padakahep	28, Kawron Bazar(B.ing Taz Mansion) & 132/4 Mazar Road 1 <sup>st</sup> Colony	Md Joirul 01724465237
Social & Economic Enhancement Program (SEEP)	31/4 Shirish Dash Lane (3 rd Floor)Banglabazar Dhaka 1100 & 5A/ Alst -Colony (1 <sup>st</sup> Floor ) Mazar Road , Gabtoli , Mirpur Dhaka – 1216 & Turc City - Road 1 <sup>st</sup> house 2 Pianca - Mirpur 1	Anil Chandra 01911722929 - Md Sohel Rana 01710251944 - Jesmin 01715304057
ASD (Assistance for Slum Dwellers)	Boys : 9/25 Humayon Road Block C, Mohammadpur , & 72 Purbo Tejturi Bazar Tejgao , Dhaka & Girls : 23, Ab Mazar Road 1 <sup>st</sup> Colony- Mirpur 1	Harun 01712383702 and Zohirul Islam 01816154512
CSKS	23 K Station Road- Hajiturufali Building Tejgao & 79/A 1 <sup>st</sup> Colony (1 tala) Mazar Road Mirpur 1 & 2 <sup>nd</sup> Dokhin Kamlapur Station, Dhaka-1217	Daud: 01739430628 –Head Office 8618802 – 9666250
Incidin	Station Road- Komlapur Dhaka 1217	

Hostels	Address	Telephone, Mobile, Contact Person
Ain o Shalish Kendro	26/3 Puranapaltan Line Dhaka -1000, P.oBox: 3252.	MD. Moqsud Maleq 8315851 9337173
Aparajeyo Bangla	152, Purbo Tejturi Bazar(4 tala) Tejgao , Dhaka	Rahena 01711935502
SOS Children's Village Dhaka	1, Shamoli , Mirpur Road Dhaka – 1207	MD. Saiful Islam 8118793, 8113217
Dutch Shalom Family Children	158 West Rajason , Savar , Dhaka	Monir Hossain 01712222921
Shishu Polli Plus	Tengra, Sreepur, Gazipur, Bangladesh & House # 20 (3 <sup>rd</sup> Floor)	Khadija(ex director) 01199850145 – 8953308
Ekmatra	Road # 17, Nikunjia – 2, Dhaka, Bangladesh 22/E, Eastarn Housing, Pallabi Mirpur 11and half	Hiroki 04474250237, 01711445779
CTRDW	Road # 11, House # 2, Block # Kha, Mohammadpur (Shakhartak), Dhaka	
ACSR	2/B North East Darus Salam Road, Mirpur – 1, Dhaka- 1216	8018154, 8018921
Open Schools	Address	Telephone, Mobile, Contact Person
Aparajeyo Bangla	SPOTS: Zia Uddan , Town Hall, Komlapur Station, Gaptoli.	Md. Altaf Hossain Selim 9135969, 9116613 ,01711935524
Shudha	SPOTS :Footpath Market of Gulshan 2	Rezul Karim Khokhon 01819216440
Ekmatra	SPOTS: Osmani Uddan, Mazar- Mirpur	Hiroki 04474250237 , 01711445779
CSKS	SPOTS: Kaworon Bazar, Gaptoli.	Head Office 8618802 – 9666250
ShishuTori	SPOT: Kaworon Bz,Osmani Uddan, Komlapur St.(14 Motijheel Ispahani Building 1 <sup>st</sup> fl)	Forhad 9554208, 8810228, 9567463
Vocational Training	Address	Telephone, Mobile, Contact Person
Botomoli Vocational Training	1, holy Cross Road,3 Tejkuni Para, Farmgate Tejgao-Dhaka 1215	Br. Francis 9133783/ 01716850749
Shishu Polli Plus	Tengra, Sreepur, Gazipur, Bangladesh / House # 20 (3 <sup>rd</sup> Floor)	Khadija 01199850145 tel 8953308
CRP (Centre For The Rehabilitation of Paralysed)	P.O: CRP- Chapain, Savar, Dhaka-1343, Bangladesh	Ramesh Chandra Halder 7710464-5, 0175280987
Centre For Services & Information on Disability	House # 715 Road # 10, Baitul Aman Housing Society. Adabor Shyamoli, Dhaka- 1207, Bangladeh	Khandaker Jahurul Alam 8143382 Ex- 14
Drug Rehabilitation Centre	Address	Telephone, Mobile, Contact Person
Natun Jibon A Phira Asha Apon	11/A- 1, Block- F, Madrasha Road Bilane Aziz Mohalla, Mohammadpur, Femal: 97 Iqbal Road, Mohammadpur Dhaka- 1207, & Male :Jaila, Manikgang,Singar Road, Bosta Bazar, Savar, Dhaka	Oakhil : 01715026930,Premo: 01720419001 01711400500/1 , 9126294, 8152020, 01718814112 / Help Line: 01711-400502
Jiboner Thikana	774 Hazi Lalmatia Ghat, Bari Band, Mohammadpur Dhaka- 1207,	Md. Kamal 0171039570 Tulu, 0177713621

### Annex 3b. List of other organizations working for street dwellers

Name of organizations	Activities	Address
Dhaka city corporation	Amrao Manush Project	Nagar Bhaban, Fulbaria; Dhaka-1000. Bangladesh Phone: 880-2-9563504; 9563506; Fax: 880-2-9563514; Email: dcc@bijoy.net; Website: <a href="http://www.dhakacity.org">www.dhakacity.org</a>
Concern Bangladesh	Donor & "Amrao Manush" project	Road # 12 (New); Dhanmondi R/A Dhaka-1209; Tel: 8112795/8112796, 8115972; Tel: 0171821895, Fax: 8113693 E-mail: <a href="mailto:info@concernbd.org">info@concernbd.org</a>
Naz Foundation	Drop-in Centres, Outreach Field Teams and Clinical Services for MSM	Dhaka, Bangladesh
ICDDR,B	Satellite clinics for street dwellers	GPO Box 128; Dhaka 1000; Bangladesh Phone: (+88 02) 8860523-32; Fax: (+88 02) 8819133, 8823116
SAJIDA Foundation	Amrao Manush Project	House 28, Road 7, Block C Niketon Housing Society Gulshan 1, Dhaka 1212 Bangladesh Tel: +880.2.9890515, +880.2.8851511 Fax: +880.2.9863165 Email: <a href="mailto:sajida@sajidafoundation.org">sajida@sajidafoundation.org</a>
Coalition For The Urban Poor (CUP)	Implementation partner of Amrao Manush project, Various advocacy activities to raise awareness and promote support and sympathy towards the pavement dwellers	159, Pisciculture Housing Society, Block-KA, Mohammadpur Dhaka - 1207 Telephone : 02-9132887
Marie Stopes	Satellite services to the homeless population in different locations of Dhaka, Chittagong and Khulna districts	House # 6/2, Block-F, Lalmatia Housing Estate, Dhaka-1207. Bangladesh; Tel 880-2-8114392; E-mail <a href="mailto:mcs@mariestopesbd.org">mcs@mariestopesbd.org</a> ; URL <a href="http://www.mariestopes-bd.org">http://www.mariestopes-bd.org</a>
Appropriate Resources for Improving Street Children's Environment (ARISE)	Training on some most demanding trades like tailoring, dress making, stitching, boutique, sign board and banner writing, screen printing, carpentry, electrical works, packaging, shopping-bag making, book binding, rickshaw/bicycle/motorcycle repair, candle making, salesmanship, haircutting, chanachur making and small trade both for the street children and partner NGO staff	House # 275/A, Road # 27 (Old) Dhanmondi R/A; Dhaka – 1205; Telephone : 02-8124092; Fax: 02-8114868
Centre For Services and Information on Disability (CSID)	Persons with disabilities begging on the street and at risk of being beggar includes both women and children	House # 715, Road # 10, Baitul Aman Housing Society, Adabar, Shyamoli, Dhaka-1207, Bangladesh. Tel: (off.) +8802-9129727, 8125669, 8143882; Fax: +8802-8125669; Email : <a href="mailto:csid@bdmail.net">csid@bdmail.net</a> , <a href="mailto:ed.csid@yahoo.com">ed.csid@yahoo.com</a> ; Website: <a href="http://www.csid-bd.org">www.csid-bd.org</a>

National Development Society (NDS)	Prevention or reduction of child labour	House # 7, Road# 2/A, Pallabi, Mirpur-11½ Dhaka 1216, Bangladesh Phone: 88-02-9012199, 9011976, Mobile 011-043663 Email: nds@bdonline.com
Manab Unnayan Kendra (MUK)	Alleviate illiteracy through implementing mass education for the child, youth and adult. Establish human rights through raising awareness on legal rights and providing legal services. Provide medical services to the destitute and helpless people especially women and child. Rehabilitate the differently able person and provide them necessary services. Take necessary program to protect women and child trafficking. Provide necessary emergency services at the disaster period.	Manab Unnayan Kendra-MUK Nilkuthi Road Amjhupi Bazar, Meherpur-7101
INCIDIN Bangladesh ( Safe Night for Street Boys)	Street boy prostitutes - safe shelter to live, a school to be educated a health out-post to have medical services, minimum cloths for summer and winter and for most a good night sleep after a exhaustive day	9/11, Iqbal Road, Mohammadpur Dhaka-1207, Bangladesh. Tel - +88-02-8129733
PHULKI (TUC Japan)	Education to street children	Abul Momen; 46 Buddhist Temple Road, Nandankanan, Chittagong-4000; Bangladesh . Phone:88031-618137; Mobile:01713107233 e-mail : momen@fulki.org
CARE Bangladesh	PROTIRODH project (Promoting Rights of the Disadvantaged by Preventing Violence Against Women) and also Donate on health and education projects for street children	Mission Management Office; Pragati Centre, 20-21 Karwan Bazar, Dhaka – 1215; Phone: (8802) 9112315, 8114207; E-mail: info@carebangladesh.org
Durjoy Nari Sangha	Durjoy Nari Sangha is working primarily with sex workers, clients and other persons involved in the sex trade. The organization distributes condoms and provides information on HIV/AIDS to sex workers and at the same time it also advocates and supports the rights of sex workers to live with dignity and peace. The initiative also has a condom buying cooperative which has become self-sustaining.	Mohammadpur (Dhaka), Bangladesh.
Bandhu Social Welfare Society	Works toward the well-being of stigmatized and socially-excluded males and their partners, by providing sexual health services and supporting human rights and alternative livelihoods.	99 kakrail,2nd and 3rd Floor, Dhaka 1000 , Bangladesh Phone: 88 02 9339898, 9356868,835604 FAX: 02 9330148 E-Mail: shale@bandhu-bd.org