

# Concerns, changes and challenges faced by the extreme urban poor in Dhaka and Chittagong during the COVID-19 lockdown: June follow-up survey

Urban Programs Team, SAJIDA Foundation

Dr. Shoshannah Williams & Saeef Jameel Shahabuddin

## Background

The Government Institute of Epidemiology, Disease Control and Research (IEDCR) confirmed the first case of COVID-19 in Bangladesh on March 7, 2020. According to the WHO, as of the 30<sup>th</sup> June, Bangladesh has 141,801 confirmed positive cases with 1783 confirmed deaths due to COVID-19 (WHO 2020). This number is likely an underestimate due to testing constraints. The Government implemented a nation-wide ‘holiday’ from the 26<sup>th</sup> of March 2020. A gradual relaxation of lockdown measures, including a ‘zoned’ based approach in place since the 10<sup>th</sup> of June, has allowed some neighborhoods to lift some restrictions, enabling some sectors and livelihoods to recommence.

Lockdown measures have disproportionately affecting the extreme urban poor who are highly vulnerable to economic, social and health shocks (Rashid et al. 2020). In Dhaka, over 7 million people reside in squatter settlement and slums, with at least an additional 40,000 residing on the streets (BBS 2015). The lockdown measures have had a significant adverse impact on the livelihoods and food security of the urban extreme poor who depend on daily earnings and have limited savings (Rahman & Matin 2020; Williams, Dristy & Alam 2020). In addition, the lockdown has created wide spread physical insecurity due to an increase in police and family violence, in addition to the threats of eviction from landlords (Williams, Dristy & Alam 2020).

A key challenge facing stakeholders is ‘how to do things fast and at scale while also ensuring control measures are contextually appropriate’ (IDS 2020, 2). This requires understanding of the experiences and realities faced by those who are disproportionately affected by the pandemic and associated lockdown measures. However many of the emerging papers and studies surrounding urban poverty and COVID-19, do not capture the realities faced by the extreme urban poor – especially those living on the streets, in squatter and ‘under-developed’ informal settlements.

The Amrao Manush (we are people too) project aims to improve the lives and livelihoods of pavement, squatter and ‘under-developed’ slum dwellers. Since 2008, the project has reached over 21,000 persons across seven pavement dweller centers (PDC’s) in Dhaka and Chittagong.

SAJIDA Foundation’s urban poverty team have conducted two rapid response surveys with a cohort of 572 service users of the Amrao Manush project in order to inform their programming and practice in response to the COVID-19 pandemic. The first survey in April, explored changes in living location, food security, income and employment, violence experienced as well as health status, key concerns and plans post lockdown.

The second survey, two months later, covered key follow-up questions from the first survey, with some additional questions regarding borrowing patterns and how rental payments (if applicable) were being managed. The survey provides a rare insight into the live realities of city dwellers who experience extreme economic and social marginality and who are typically excluded from conversations surrounding urban poverty. This paper summarizes the key findings from the second survey and compare these to findings in April.

## **Methods**

The follow up survey was conducted by 15 Amrao Manush and SAJIDA staff via mobile phone from the 16<sup>th</sup> – 27<sup>th</sup> June. Surveys took approximately 30 minutes to complete. Following the completion of data collection for Survey 2, the research team conducted two FGD's with staff, to discuss their program recommendations, perceptions and observations throughout data collection.

## **Sampling**

The program has a database of approximately 2400 phone numbers of active service users. The survey aimed to capture a wide range of participants who access services, including a range of ages, genders and living locations (pavement, squatter and slum). Sampling in Survey 1 involved lists being made from each PDC (pavement dweller center) working area within the original survey and staff chose persons from the list to try and capture a range of characteristics. Households were called, and the staff members talked to whomever answered the phone. Survey 2 attempted to track the same cohort of respondents. A total of 525 respondents, from the 572 cohort participated in the follow-up survey, a success rate of 92%. Informed verbal consent was obtained from the respondent before proceeding with the survey.

## **Respondent Demographics**

Amrao Manush service users are typically women and children, who access the service for shelter, daycare, advocacy, livelihoods and health support services. Survey participants were service users of the Amrao Manush program with a recorded phone number. 79.6% of respondents of the follow-up survey were women and 20.4% were men.

A wide range of ages were represented within the survey, with respondents ranging from adolescents through to those aged over 50 years old. The majority of participants (70.3%) were aged between 21-40 years of age. Most respondents (54.4%) 'usually' lived in a slum, whilst 6.9% lived in a squatter and 38.7% on the pavements. The majority of respondents (51.2%) had a household size of 2-4 persons, whilst 42.1% lived with 5-7 persons.

## Key Findings

The following section provides a thematic overview of the key findings from the follow-up survey. A comparison of results and the key changes from the previous survey are also provided.

### Remaining in the city

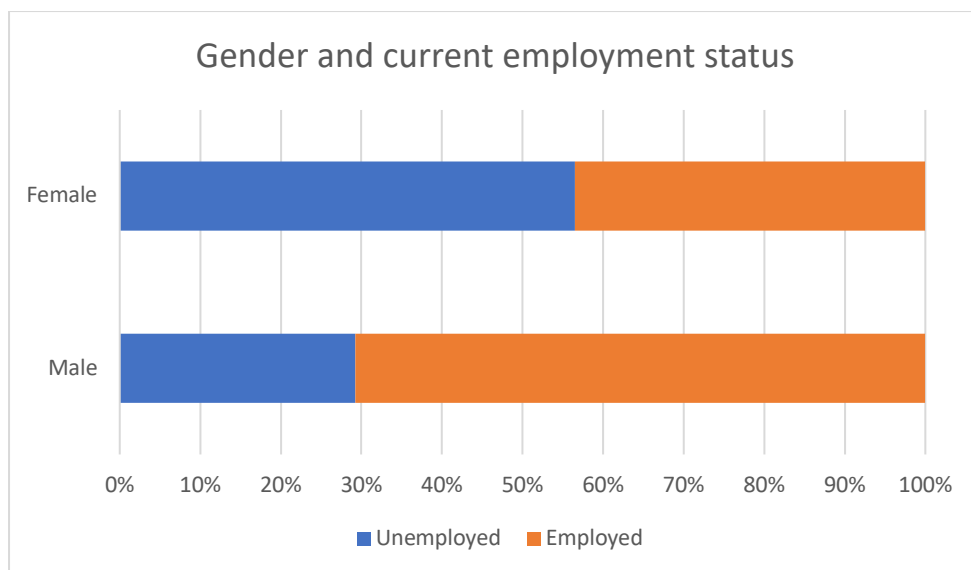
94.2% of respondents have remained in the city since lockdown. However 18.1% of respondents reported that they had moved, either location or shelter type, since lockdown. Of those who had moved locations within the city (18.1% of respondents), 9.5% had moved due to police forcefully moving them from their usual sleeping location and 50% of these (n=6) were pavement dwellers. Staff FGD's revealed that several pavement dwellers have attempted to shift into makeshift shelters in squatter or under-developed slums (discussed below).

### Increased (inadequate) employment and income

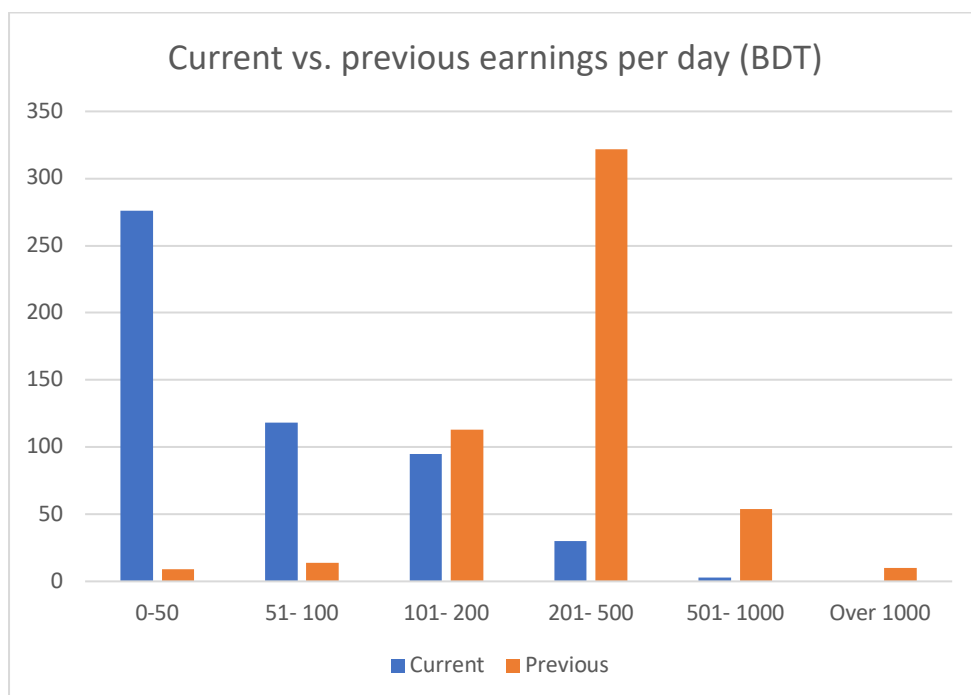
Despite an increase in employment rates, daily earnings remain low. 94.3% of respondents report that they are worried about unemployment and limited income. 48.8% of respondents reporting that they are currently earning, an increase from 12% in April. Women were more likely to be unemployed (56.4%) than men (29%). See Figure 1. The majority of respondents (53.1%) are still earning less than 50 taka per day, with a further 40.6% earning between 51-200 taka a day. Current daily earnings contrasts dramatically from previous earnings, where 73.7% of respondents earned more than 200 taka per day before lockdown. See Figure 2.

Most people (41%) had remained working in a small business (eg. cha stall, selling cigarettes or similar). Overall, engagement in occupations have fallen since lockdown. Only working as a transportation worker (eg. rickshaw or CNG driver), day laboring and begging has seen an increase in engagement. See Figure 3. Unsurprisingly, demand for livelihood support and training is high. When respondents were asked what 'top 5' services they would like from Amrao Manush, 77% reported they would like information or training on small business, whilst 60% stated they would be interested in livelihoods training. Please see 'in demand services' and recommendations section below for further discussion.

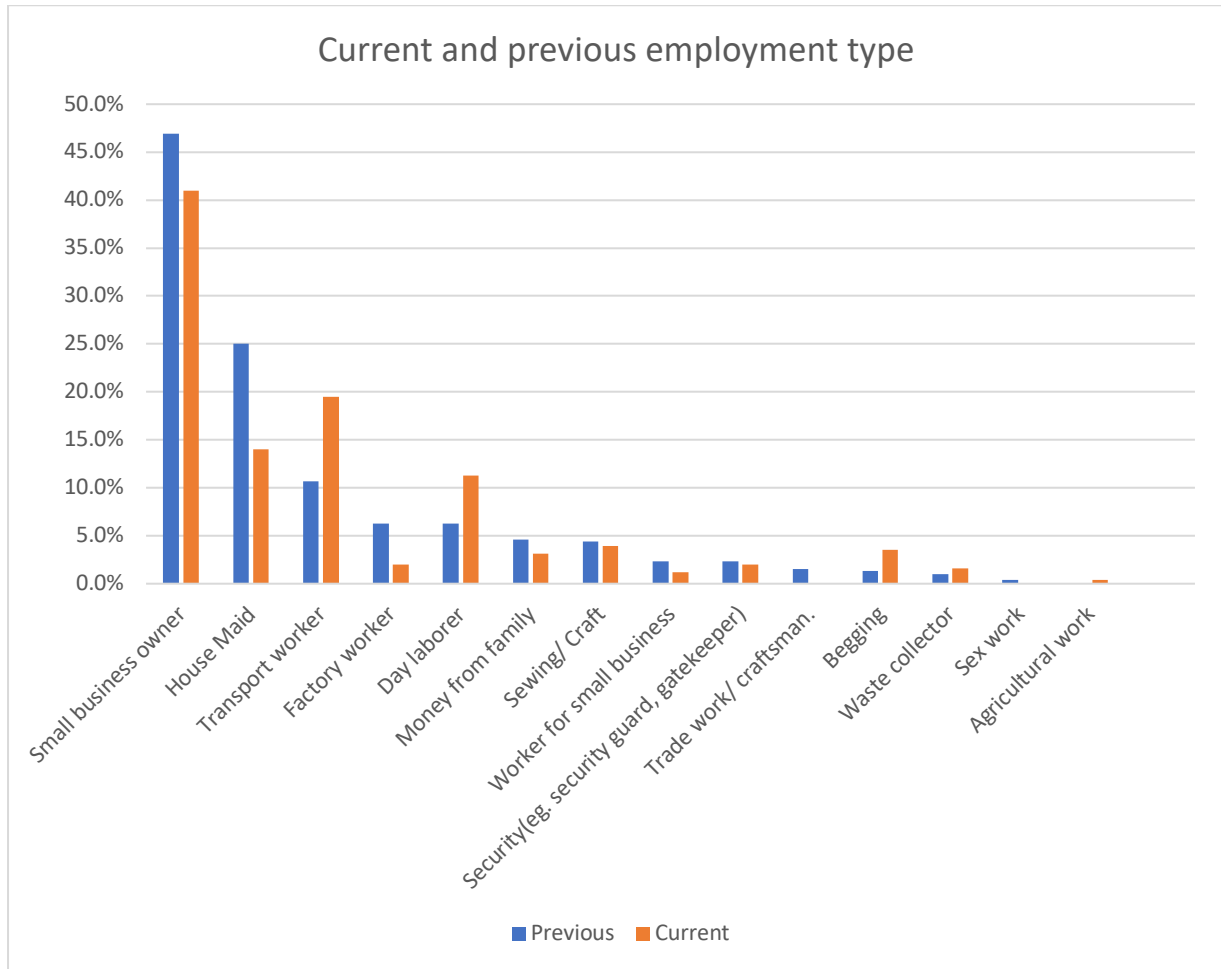
### Figure 1: Gender and current employment status



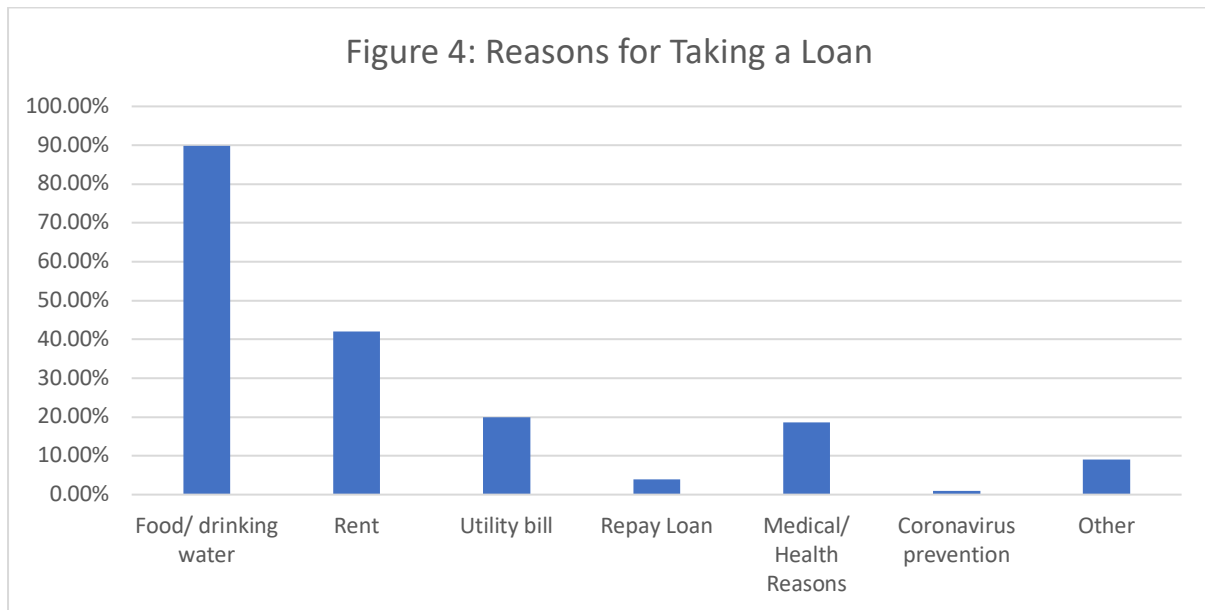
**Figure 2: Current earnings compared to before lockdown**



**Figure 3: Employment type currently vs. before lockdown**



**Figure 4: Reasons for taking a loan**



### **Most people are borrowing for daily living expenses**

The majority (58.5%) of respondents had borrowed money since lockdown had began. The most common form of lending was from community leaders/elite persons in their community (30.3%), followed by from family members (18.9%), whilst only 3.4% had borrowed from a microfinance lender. Borrowed money has been used for food (89.9%), rent (42.0%), utility bills (19.9%) and medical or health purposes(18.6%). See Figure 4.

### **Community members and family are often supporting each other to prevent eviction**

The majority of respondents (70%) did not pay rent last month, with a further 15.6% not normally paying rent. There have been a range of consequences arising from an inability to pay rent, see Figure 5. Some landlords have been forgiving, with the most commonly reported scenario was for landlord to extend rental payment/debt in 54.2% of cases. However, not all landlords were so forgiving, with a further 29.9% of cases resulting in arguments/fights with landlords. Of those who paid rent in May, 25% borrowed from their family, whilst an additional 15% borrowed from wealthier community members.

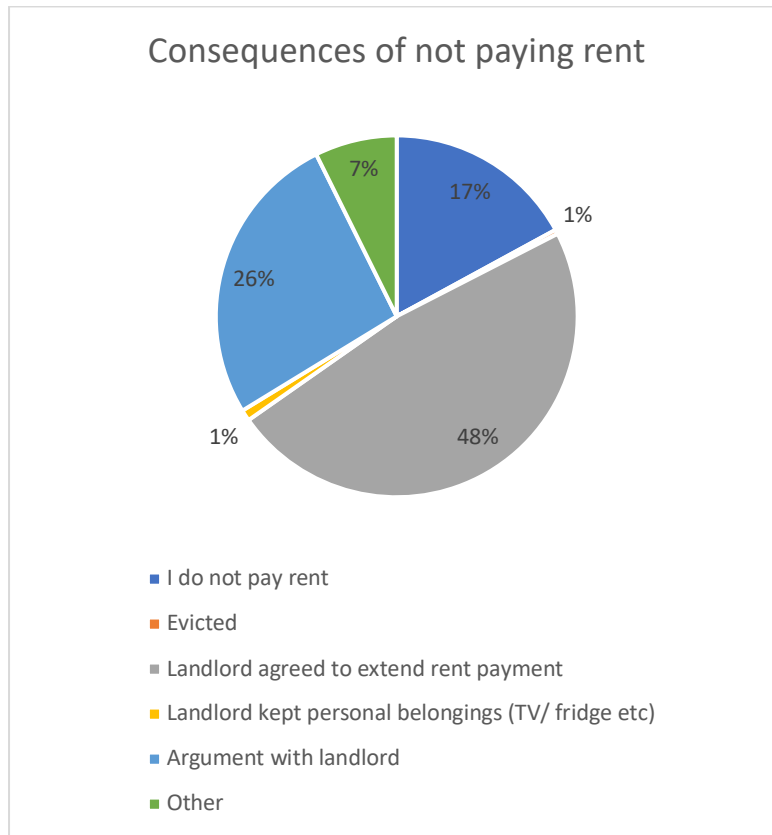
Some pavement dwellers have shifted to alternative living locations either due to the police moving them or a fear of COVID. In Chittagong, one staff member shared a story of community leaders along the railway line building a makeshift shelter for a group of pavement dwellers, asking for a one time payment of 200-300 taka to allow them to remain there. However for those who are being forced to choose between food and shelter, staff suggested that food is being given the priority for many (FGD 2).

### **Food insecurity has marginally improved, however is an ongoing concern**

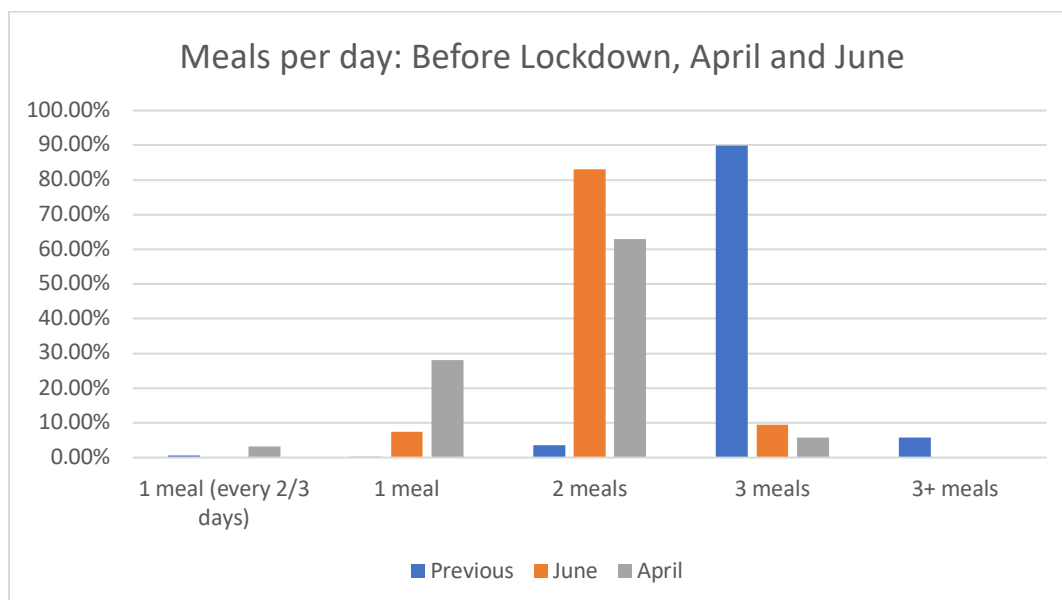
Food security remains a key concern for respondents. Most households are skipping meals. Before lockdown 89.9% of respondents reported they were eating three meals a day, whilst in June, 83% respondents reported they are eating two meals a day. Only 9.5% reported they were currently eating three meals per day (an increase from 5.8% in April), whilst 7.4% still report they are only eating one meal a day. See Figure 6. Confidence in obtaining food has only marginally increased. When asked how confident people were in eating at least one meal tomorrow, confidence overall increased, with most people (59%) in June stating that they were 'somewhat confident'. See Figure 7.

Obtaining food continues to be difficult, even with family members beginning to earn within the household. Respondents appeared to have accessed at least one other food distribution since April. In April, respondents had mostly commonly received between 1-5kg rice (48.9%), whilst in June, 75.9% had received more than 6kg of rice. However, 6.7% of respondents still reported that they had not received any distributions since lockdown. Many people have turned to borrowing money to obtain food, with 89.9% of those who had borrowed using this for consumption purposes.

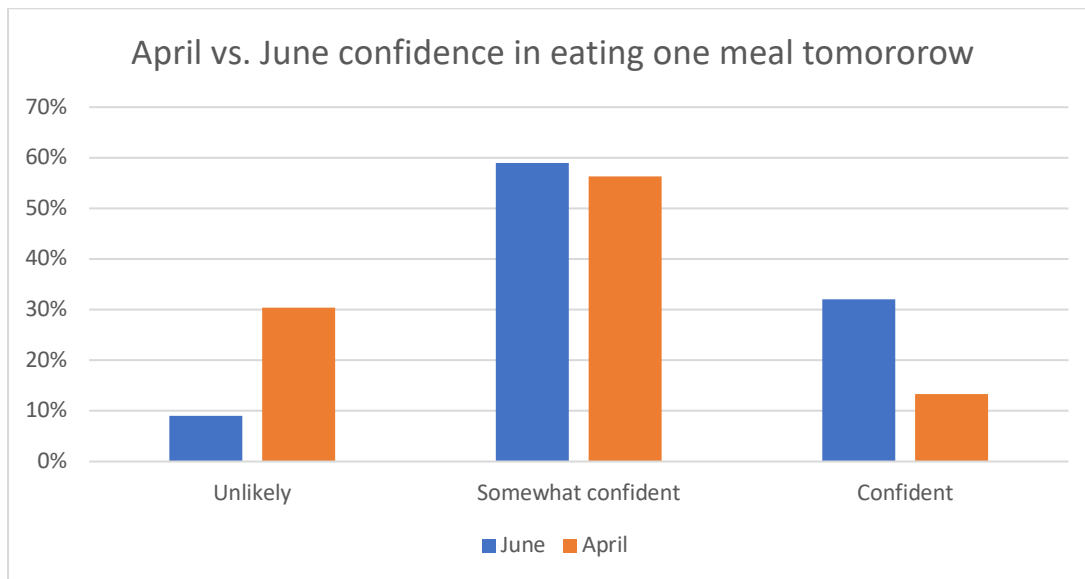
**Figure 5: Consequences of not paying May rent**



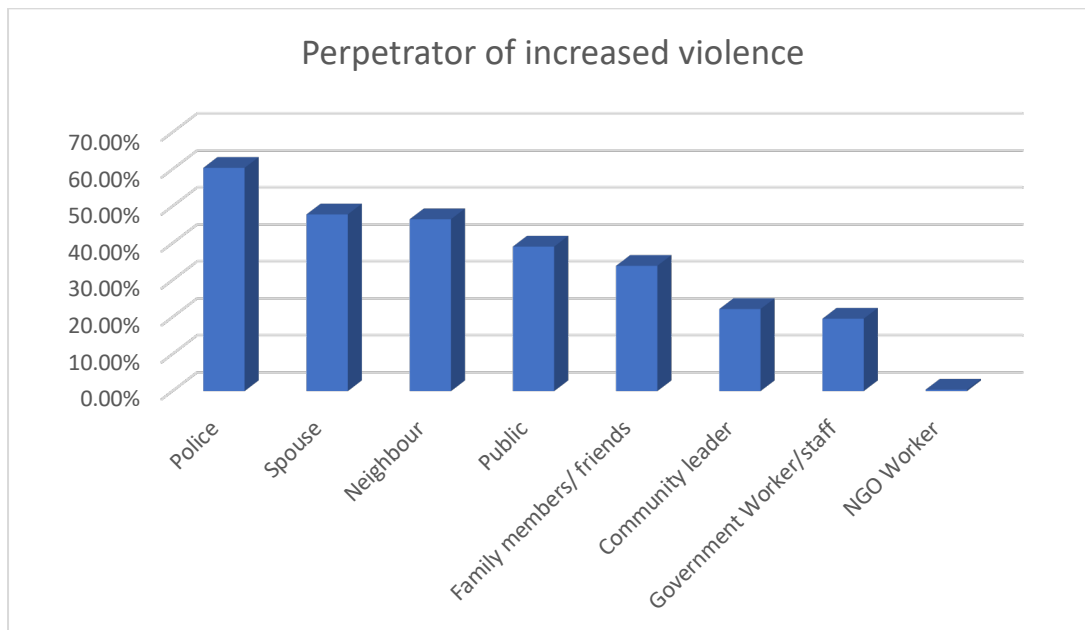
**Figure 6: Meals per day before lockdown, April and June**



**Figure 7: Confidence in eating one meal tomorrow – April vs. June**



**Figure 8: Perpetrator of increase violence**





### **Violence has remains high from police and family members**

Violence incidence remains high amongst this population. 73.5% of respondents reported some form of violence in the last two weeks. The mostly commonly reported type of violence was being treated rudely/with disrespect (56.5%), followed by police harassment (33.2%). See Figure 8.

Reports of increased violence since lockdown remains high at 43.8%, however has reduced from 54.7% since April. Police and spouses remain the leading perpetrators of *increased* violence, however both are reported to have decreased since April. A reported increase in police violence has fallen from 70% to 60.4%, whilst spousal violence has decreased from 51% to 47.8%.

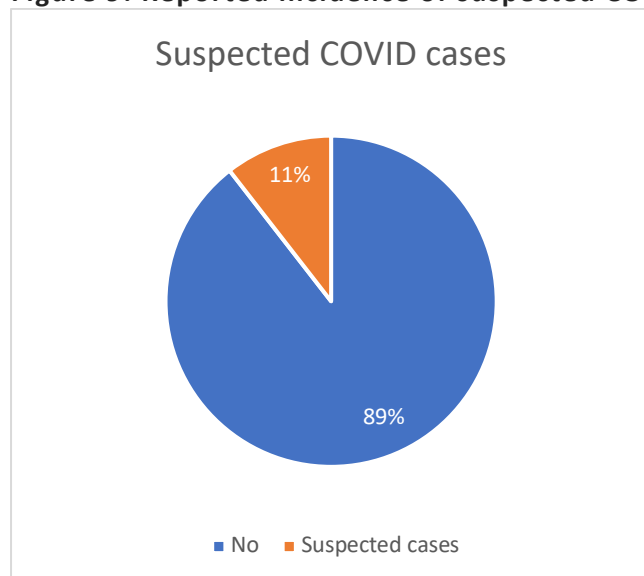
### **Fear and stigma surrounding COVID continues**

Fear and stigma surrounding COVID remains high. Of those who had moved locations within the city (18.1% of respondents), 56.3% had moved due to a fear of contracting COVID. However, reports of being worried about contracting COVID has decreased from 90.8% to 45.9% of respondents. Public prejudice and harassment of the urban poor regarding COVID remains unchanged, with 27.3% of respondents reported COVID-related harassment, which is similar to the previous survey findings (26%).

### **Health status**

Limited respondents admitted to personally (14.2%) or a family member (14.5%) being unwell since lockdown. Respondents were then asked if they had experienced all three of the following symptoms -fever, dry cough and breathing difficulties – as an approximation for suspected COVID. 11% of respondents responded ‘yes.’ See Figure 9.

The survey also asked ‘Has anyone you know died from breathing problems, coughing and fever in the last 2 weeks?’ in an attempt to ascertain community transmission and prevalence of deaths from COVID-19. 97.5% of respondents answered no to this question. Of those who responded yes, 69.2% (9 persons) stated that they had ‘only heard about’ the deceased person and was not in close contact.

**Figure 9: Reported incidence of suspected COVID**

### Staff FGD's paint a more complex story behind potential COVID prevalence

Some staff reported that they thought respondents were 'hiding the truth' from them regarding health status – due to high rates of stigma and fear of 'the police coming to take them away' if anyone heard about a suspected case. Staff discussed that respondents appeared quite worried when asked about these questions, and that it was not just about 'admitting' to the data collector, but also to themselves, that they may have had COVID. Staff in FGD 2 suggested that asking the three COVID symptoms together made it 'obvious' the data collector was asking about COVID. Staff observed that these symptoms were typically reported as concurrent in a subsequent question regarding health symptoms. This mismatch in reported symptoms suggests that when screening for COVID, data collectors should ensure that there is no pre-empting of COVID, and instead ask about COVID symptoms alongside others.

Another group of staff members on the other hand were adamant that they believed that service users would be forthright regarding COVID and contact Amrao Manush staff if they required any assistance (FGD 1; FGD2). One staff member from Manik Nagar PDC cited an example from earlier in the month where a community leader had a confirmed case of COVID-19 in his slum. The PDC staff had provided advice regarding referral for the individual, who subsequently accessed a hospital SAJIDA has an MOU with (FGD 1). The degree of relationship between particular staff and community members, underlying levels of trust between different communities/community members with NGO institutions, length of engagement with community and data collection method were all discussed as potential influences for respondents accurately reporting current and previous health status (FGD1; FGD2).

### **A variety of Amrao Manush services are in demand from service users**

Respondents were asked ‘Which of these activities/ services will be most useful to you in the next 3 months? Pick five.’

The top five in demand services were:

1. Information on small business – commencing or continuing (77%)
2. Information about preventing and addressing COVID (72.8%)
3. Assistance with referral to health service (70.9%)
4. Paramedic services (69.1%)
5. Livelihood training (59.8%)

The least in demand services were:

1. Withdrawing money from savings (0.6%)
2. Contributing to savings (9.3%)
3. Community conversations about gender violence (10.3%)
4. Installation of handwashing station in your community (12.6%)
5. Community planning for COVID response (26.9%)

FGD findings from staff identified an urgent need for additional paramedic and para-counselor staffing within the service. Staff stressed the urgent need for preventative information regarding COVID and paramedic support, given that service users are facing challenges in accessing hospitals and other health services (FGD 1). Staff recommended that additional paramedics and para-counselors are employed within the service, given the anticipated high demand for services and significant barriers to accessing health care services elsewhere. However staff were divided regarding if tele-paramedic services will be effective with this population, citing lower health literacy, potential discomfort with technology and socio-cultural understandings of what ‘good’ health services entail as potential barriers to effective health service delivery (FGD 1; FGD 2). However other staff members encouraged a trial of tele-paramedic services, given the current situation and movement restrictions (FGD 1: FGD2).

There is also an urgent need for programmatic attention to the livelihoods and income generation activities of AM service users. As demonstrated in the question responses above, both information in small business and livelihood training received high response rates (often by the same people). Staff suggested that people just wanted ‘something’ to assist them through this period (FGD 2). However a PDC manager did note that due to the historical operation of the small grant program has resulted in several issues. Due to the limited grant amount, service users can only invest in micro businesses with limited potential. The lack of innovation and training has resulted in service users engaging in very common small businesses (eg. cigarette selling) and saturating the market, ‘eating into each others profits’ (FGD 2). This manager suggested that livelihoods programs needs to undertake a comprehensive market survey of different working areas (both Dhaka and Chittagong) and develop a plan to increase diversification and skill of service users.

## Recommendations

Recommendation	Intended Outcome	Rationale
<b>1 Monitor COVID status and provide COVID-related health care advice</b>	<ul style="list-style-type: none"> <li>• Identified ‘high risk’ areas for targeted support</li> <li>• Improved management and health care access for critical service users</li> </ul>	<p>Suspected COVID incidence (despite small sample size) appears high within this population.</p> <p>Social distancing, hand washing and maintaining stringent hygiene measures is difficult – impossible within urban poor communities.</p> <p>Highly contagious nature of COVID will likely result in ‘breakouts’ of COVID in specific geographical areas.</p>
<b>2 Expand and provide paramedic and para-counseling services</b>	<ul style="list-style-type: none"> <li>• Improved access to physical and mental health services</li> </ul>	<p>Safe access to health services are essential is both necessary and in demand.</p> <p>Current staffing (paramedic and para-counselor) inadequate for anticipated demand for services.</p> <p>Monitor impact and responsiveness of service users to phone services.</p>
<b>3 Provide cash transfers alongside recommendation #4</b>	<ul style="list-style-type: none"> <li>• Improved food security</li> <li>• Prevent eviction</li> <li>• Enabled cash injection into small businesses</li> </ul>	<p>Cash transfers is a crucial means of mitigating/alleviating acute risks of food insecurity, homelessness, accruing substantial debt, and intimate partner violence (Hagen-Zanker et al. 2017; Hidrobo &amp; Roy 2019).</p>
<b>4 Conduct a market analysis within different working areas. Engage in design and innovation process to provide small business with strategic business guidance.</b>	<ul style="list-style-type: none"> <li>• Increased profits and improved earning potential for small businesses</li> </ul>	<p>Small businesses are a common occupation within population. Many have lost their capital during lockdown. The changing market and opportunities require additional support for small business owners.</p> <p>Saturated markets – need for new and innovative diversification of livelihoods and skills for small business owners.</p>

<b>Provide cash grants for small business owners.</b>		
<b>5 Commence livelihood skills training with appropriate protection measures</b>	<ul style="list-style-type: none"> <li>Urban poor equipped with market-driven skills to increase income</li> </ul>	Livelihood skills training provides an opportunity for the urban poor to engage in a higher earning livelihood. Given limited earning opportunities currently, this period is ideal to engage in livelihoods training.

## Reference List

Arias-Granade, Y, Haque, SS, Joseph, G, & Yanez-Pagans, M 2018, 'Water and Sanitation in Dhaka Slums: Access, Quality and Informality in Service Provision. Policy Research Working Paper – 8552', The World Bank, viewed 26<sup>th</sup> April, <<http://documents.worldbank.org/curated/en/607511534337128809/pdf/WPS8552.pdf>>.

Bangladesh Bureau of Statistics 2015, Census of Slum Areas and Floating Population 2014.

Hagen-Zanker, J, Pellerano, L, Bastagli, F, Harman, L, Barca, V, Sturge, G, Shmidt, T & Laing, C 2017, 'The impact of cash transfers on women and girls: A summary of the evidence', ODI, viewed 14 May 2020, <<https://www.odi.org/sites/odi.org.uk/files/resource-documents/11374.pdf>>.

Hidrobo, M & Roy, S 2019, 'Cash transfers and intimate partner violence', IFPRI Blog, viewed 14 May 2020, <<https://www.ifpri.org/blog/cash-transfers-and-intimate-partner-violence>>.

IDS 2020, Key considerations: COVID-19 in informal urban settlements, viewed 27th March 2020, <[https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15185/SSHAP\\_COVID-19\\_Key\\_Considerations\\_Informal\\_Settlements\\_final.pdf?sequence=3&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15185/SSHAP_COVID-19_Key_Considerations_Informal_Settlements_final.pdf?sequence=3&isAllowed=y)>.

Rahman, Z & Matin, I 2020, Livelihoods, Coping, and Support during Covid-19 Crisis, BIGH.

Rashid, SR, Aktar, B, Farnaz, N, Alam, W, Ali, S, Mansoor, F, Mithu, IH, Ahmed, A & Awal, A 2020, IMPACT OF COVID-19: Lived Experiences of the Urban Poor in Slums during the Shutdown, JPGSPH BRAC University.

Uddin, MJ, Koehlmoos, TL, Ashraf, AI, Khan, AI, Saha, NC & Hossain, M 2009, 'Health needs and health-care-seeking behaviour of street-dwellers in Dhaka, Bangladesh', *Health Policy and Planning*, vol. 24, pp. 385–394.

WHO 2020, Coronavirus disease (COVID-19): Situation Report – 162, 30<sup>th</sup> June 2020, World Health Organisation, viewed 1<sup>st</sup> July 2020, <[https://www.who.int/docs/default-source/coronaviruse/20200630-covid-19-sitrep-162.pdf?sfvrsn=e00a5466\\_2](https://www.who.int/docs/default-source/coronaviruse/20200630-covid-19-sitrep-162.pdf?sfvrsn=e00a5466_2)>.

Williams, S, Dristy, A & Alam, S 2020, 'Concerns, changes and challenges faced by the extreme urban poor in Dhaka and Chittagong during the COVID-19 lockdown', SAJIDA Foundation.

---

## SAJIDA Foundation Urban Programs Research Team

Dr. Shoshannah Williams, Saqeef Jameel Shahabuddin, Arif Hassan, Fatema Mazumdar, Mamum Al Rashid, Md. Jonaed Kabir, Md. Anis Ur Rahman, Md. Assim, Md. Deloar Hossain, Md. Farouk, Nazma Khatun, Parag Singha Roy, Rinku Prova Das, Sayed Ahsanul Kabir, Syeda Fatema Johra, Taslima Akter