

Basic Public Services for the Marginalised Groups in Bangladesh

Understanding Accessibility, Quality & Satisfaction

November 2022

Leave No One Behind Network, Bangladesh



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EXECUTIVE SUMMARY

Leave No One Behind Network, Bangladesh is a platform of multiple civil society organisations with an aim to promote inclusivity of the marginalised groups in the global development journey. The Sustainable Development Goals (SDGs) were created in the light of reaching everyone. However, for developing nations, only government initiatives are not sufficient enough to include every marginalised group in the process of development. In the public policy formulation, it is generally observed that in many different areas of inclusion, marginalised people do not get included. At least 30 million marginalised people are living in Bangladesh. From the data currently available, it is apparent that the benefits of development are not evenly shared. Therefore, inclusion of marginalised people in the public services holds crucial importance to have a holistic development. The primary goal of this platform is to provide solutions to the practical challenges based on evidence and make the SDG implementation more inclusive.

The goal of the survey entitled '*Basic Public Services for the Marginalised Groups in Bangladesh: Understanding Accessibility, Quality & Satisfaction*' is to identify the accessibility, quality and satisfaction of the marginalised people in terms of getting public services. This report focuses on four different respondent groups- Dalit, persons with disabilities, sex workers and third gender.

Among these four respondent groups 2,000 people were surveyed covering all the administrative divisions in Bangladesh. From these divisions, 600 Dalits, 600 persons with disabilities, 400 sex workers and 400 third gender respondents were surveyed in order to understand the state of exclusion and other relevant information for the future strategy and policy formulation. To supplement the findings, 16 focus group discussions (4 FGDs for each group) were conducted and reflected in the report.

The survey revealed a number of interesting findings ranging from income and expenditure situations to exposure to discriminatory behaviour. The survey data suggest that these respondent groups have higher household expenditure compared to their monthly

household income. More than 80 percent of their monthly household income is spent every month.

After the emergence of the COVID-19 pandemic, the children faced discontinuation in education. More than two-third (69 percent) of the overall children in these households discontinued education after the COVID-19 pandemic started. The discontinuation of education is higher among the children in sex workers' community compared to the other marginalised groups in the survey. A majority of these children (71 percent) living in poverty-ridden households did not receive government stipend. Among the remaining children who received stipend, 29 percent mentioned that there was a discontinuation of the scholarship after the emergence of the pandemic.

More than one-third (38 percent) of the respondents were found to be unaware of the government's social safety net programmes. The lack of awareness is the highest among the Dalit community (46 percent are not aware of the benefits). Among the respondents who received benefits, 22 percent of them were not satisfied with the quality of the benefits. The quantity was not satisfactory as per 25 percent recipients. The dissatisfaction also lies in the service provided by legal authorities. More than one-third (35 percent) of the respondents who received legal assistance mentioned their dissatisfaction with the court or legal authorities.

Regarding awareness of getting land allotment, it seems there is a high level of lack of awareness. When the landless people were asked about whether they are aware of land allotment as landless, a vast majority of 53 percent mentioned that they are not aware of any such schemes. The lack of awareness, combined with the dissatisfaction and other issues within the community provides evidence for the need of intervention and initiatives to promote holistic inclusion.

CHAPTER 1
INTRODUCTION

1.1 Background

Despite the remarkable progress of Bangladesh in social and economic development, there are still a significant number of marginalised people living in the country. According to a study titled '*State of the Marginalised Communities in Bangladesh 2016*' conducted by Manusher Jonno Foundation¹, at least 30 million marginalised people are living in Bangladesh. These marginalised people fall into multiple categories based on their cultural identities, races and ethnicities such as Dalits, different indigenous peoples, sex workers, persons with disabilities and many more. These marginalised groups are deprived of a range of benefits of development. The remarkable evidence that these marginalised groups are not included in the development plan is, there is no source of accurate official statistics for marginalised people. Since there is no official statistics and only limited data are available from different research institutes and development partners, it can be suggested that in order to share the development benefits evenly, there should be more initiatives from development partners and government as well. The marginalised people became more vulnerable and the vulnerability factors have increased exponentially due to COVID -19. Although the Government of Bangladesh introduced social safety net packages to tackle the crisis, due the lack of proper targeting and awareness, the marginalised people did not get the services that were entitled to them. Apart from the social safety net supports, the marginalised people have difficulty accessing health, education and land/shelter from generation after generation due to discrimination. From a BRAC report on National Summit of Marginalised Groups in Bangladesh², Dalit people reported that they have experienced discrimination in accessing government healthcare. These groups also face discrimination in the workplace as well. From an MJF study conducted in 2016, 33 percent of the Dalits and 24 percent of persons with disabilities faced discrimination

in workplace. There are some government programmes to meet the need of marginalised groups and equip them with technical knowledge for livelihood, for example, the stipend for different marginalised groups such as Dalit, Bede, third gender, and training programmes for persons with disabilities by Department of Social Services. However, the government alone cannot include the large number of marginalised populations; besides, there are only a small number of programmes such as stipends and training programmes. Based on the Department of Social Services website data, it was found that the government is currently able to include only a small number of marginalised groups in different categories. Apart from this, there are not many programmes available to reduce the discrimination they face in their daily lives.

Given this situation, LNOB (Leave No One Behind) Platform in Bangladesh feels the need to conduct a survey based on indicators of SDG to understand their state of exclusion and progress. Leave No One Behind is a global platform and the national coalition of this platform consists of nine front runner civil society organisations. The coalition established in 2017, LNOB gives voice to and agency to marginalised groups who are at the risk of being left out in the SDG implementation. In order to give voice to the marginalised people, LNOB works on evidence-driven advocacy with community data, addressing stakeholders at the national and international level.

The study was conducted to assess the accessibility of selected marginalised communities to public services and resources during Covid-19 pandemic. As the Government support and services often fail to capture the specific needs of the marginalised people, the findings of the study aim to help the policy makers to design informed services required for the marginalised communities and to maintain accountability and transparency in terms of providing these services.

¹ State of the Marginalised Communities in Bangladesh 2016: <https://bdplatform4sdgs.net/wp-content/uploads/2016/08/State-of-the-Marginalised-Communities-in-Bangladesh-2016.pdf>

² National Summit of Marginalised Groups in Bangladesh: <http://www.brac.net/program/wp-content/uploads/2020/03/A-report-on-National-Summit-on-the-Marginalized-People-of-Bangladesh.pdf>

1.2 Objectives

The specific objectives of the study were as follows:

- To understand the state of exclusion of the marginalised groups in terms of accessing education, health, social safety net, land/shelter and justice.
- To understand their satisfaction in receiving government services in terms of accessibility, transparency and accountability.

Based on the insights, understanding and evidence found from the study will help to formulate relevant strategies and policies targeted towards marginalised population in Bangladesh aligned with the Sustainable Development Goals (SDGs).

CHAPTER 2

METHODOLOGY

2.1 Methods of data collection

The study followed the mixed method i.e., quantitative and qualitative methods of data collection. The primary data were collected through a sample survey. Data were collected through CAPI (Computer Assisted Personal Interviewing) with the help of smart devices (smartphones, tabs). The scripting was conducted in Kobo Toolbox and the data were collected through an ODK (Open Data Kit) app. The general length of the interview was 30 minutes.

As per the basic requirement of statistical analysis, a minimum sample size of 30 for each division was covered during the sampling design. The target respondents were third genders, sex workers, Dalits, and persons with disabilities. The following table shows the sample distribution for the survey:

Division	Third gender	Sex worker	Dalit	Person with disability
Dhaka	75	220	100	83
Chattogram	55	30	80	73
Rajshahi	45	-	80	65
Rangpur	45	-	80	41
Barishal	45	30	70	30
Khulna	45	90	70	48
Sylhet	45	-	60	30
Mymensingh	45	30	60	30
Total	400	400	600	600

In the light of the findings from the quantitative survey, a qualitative inquiry was launched to dive deeper into the problems and issues faced by four marginalised groups- Dalits, persons with disabilities, sex workers and third gender. The qualitative study, which included Focus Group Discussions (FGDs) with marginalised people and Key Informant Interviews (KIIs) with the representing marginalised people, was conducted in different areas of Dhaka, Bagerhat, Khulna, Jashore, Mymensingh, Rajshahi, Chattogram and Barishal.

2.2 Introduction to the selected marginalised communities

□ Third gender:

- According to Ministry of Social Welfare, the total number of registered third gender is 10,000¹. There is no record of the number of registered third genders by division. Even during the National Census conducted in 2011 by Bangladesh Bureau of Statistics (BBS), the census excluded the third gender while recording the survey.
- Considering the field observation, third gender communities mostly live in the urban areas as their main profession is to collect donations from shops and commuters.

¹ Source: <https://msw.gov.bd/site/page/a3498c96-c94a-4fba-9518-13497bdfb46f/হিজড়া-জনগোষ্ঠী>

□ **Sex workers:**

- There are 10-14 government authorised brothels in Bangladesh. The number of sex workers by division is not found.
- It is widely reported that Daulatdia brothel is the largest brothel in the country followed by Kandapara brothel, Bania Santa brothel, Babubazar brothel, and Patuakhali brothel.
- Considering the marginalised people, the study aimed to collect the samples for sex workers mainly from the brothels and did not cover the sex workers who provide service in the residential hotels or who work as floating sex workers.
- As there are no established brothels in Rajshahi, Rangpur, and Sylhet, the study team did not consider the areas in the survey scope.

□ **Dalits:**

- There is no formal record of the division-wise Dalit community in Bangladesh.
- The study targeted most of the samples from the urban areas. However, certain samples (50-60 samples) were collected from the rural areas.
- Minimum 60 samples were kept in each division. As Dhaka, and Chattogram have the highest population size; additional samples were kept from those divisions. Considering different article reviews, the number of Dalits was expected to be high in North Bengal, Khulna and Jashore. Thus, the considered minimum sample size was 70 for those divisions.

□ **Persons with disabilities:**

- Considering the population proportion of the persons with disabilities (Census-2011), 600 samples were distributed across the divisions.
- The study aimed to collect most of the data from the urban areas. However, a certain sample (100 Samples) were kept from rural areas for statistical analysis.

2.3 Demographic details

Respondents' age

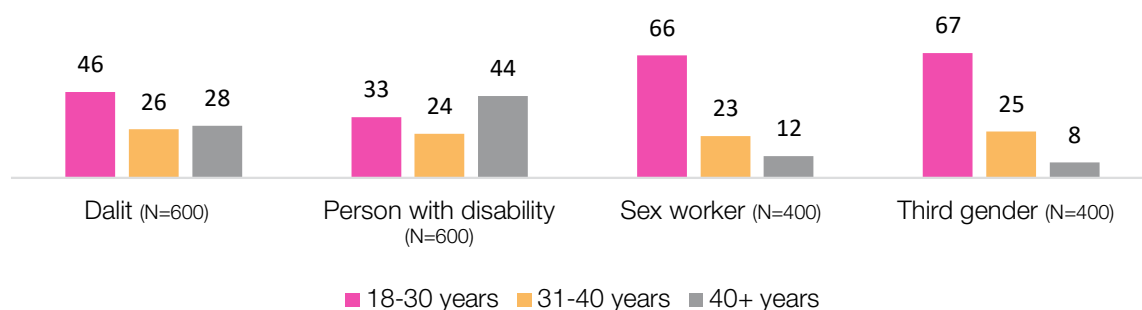


Exhibit 1: Respondent's age (N=2000)

Most of the sex workers (66 percent) fall under the 18 to 30 age bracket. The third gender respondents have a similar age pattern like sex workers with 67 percent respondents falling under the 18 to 30 age category. The pattern of the respondents with disabilities has a higher skewness in the upper age bracket, 44 percent of them are aged above 40 years.

Respondents' religion

A majority of the Dalit respondents (72 percent) are followers of Hinduism. However, there is a significant portion of Dalit people (26 percent) who follow Islam. For all the other respondent groups, Islam is the prominent religion with 90+ percent mentions.

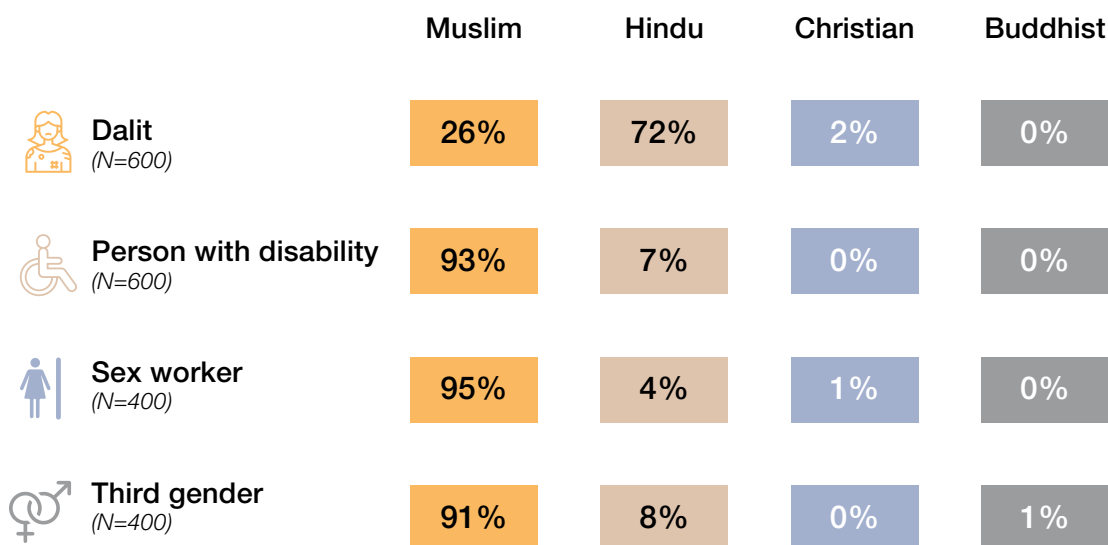


Exhibit 2: Respondents' religion

Educational status of the respondents



Exhibit 3: Respondent educational status

Among all the respondent types, most of the respondents have not received any formal or institutional schooling. The lack of formal schooling is the most prominent among the persons with disabilities and sex workers group. A significant portion of the respondents from each respondent group also dropped out of education.

Marital status

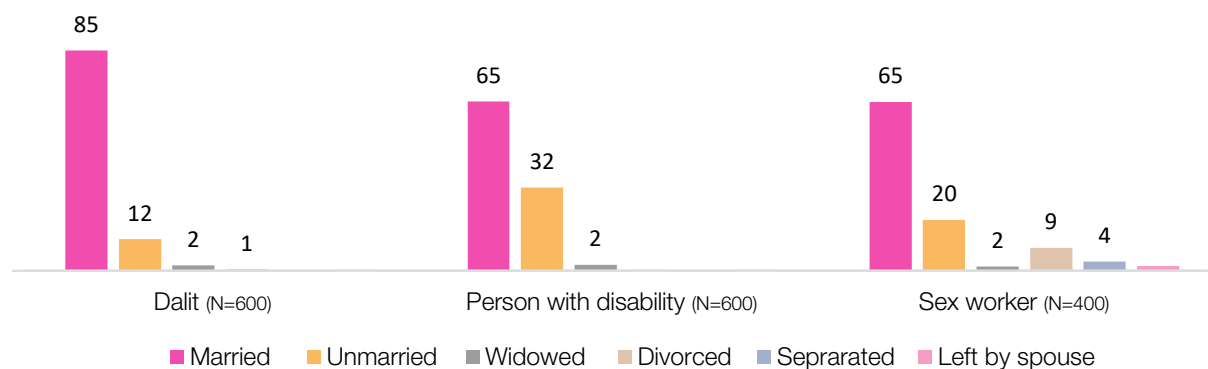


Exhibit 4: Respondent marital status (N=2000)

A majority of the Dalit respondents (85 percent) are married. 65 percent of people with disabilities are married. An interesting take on the marital status of the sex workers is, 65 percent of the sex workers have reported themselves as married and 9 percent of them are divorced.

From the field observation and discussion that took place during the survey, the sex workers mentioned that they are married to their 'Babu' (regular client). Due to the policy by the government, a woman cannot engage in the profession of commercial sex service if they are formally married to a person. Therefore, in the documents, they are not married. However, in the brothels, each sex worker finds a partner with the name of 'Babu' from the regular clients.

Availability of children in the households

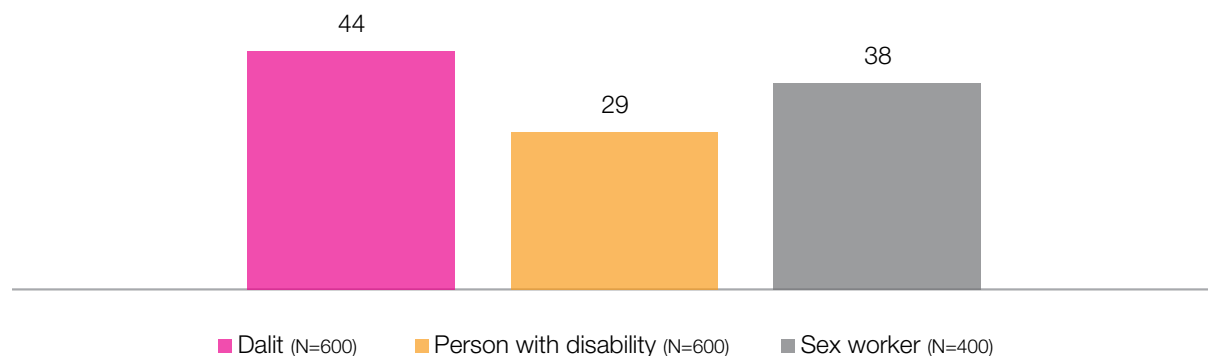


Exhibit 5: Availability of children in HH

Around half of the respondents of the Dalit group have children in their households while the percentage of persons with disabilities having children in their households is lower, 29 percent. 38 percent of the sex workers have children in their households. Based on the discussions with the sex workers during data acquisition, it was found that generally, the sex workers take children with plans. The sex workers have premium clients with whom they maintain consistent business relationship and based on their consent; they take progeny of them. The children are generally raised by the sex workers themselves, but these children are raised outside of the community and generally receive schooling.

2.4 Socio-economic details

Main occupation

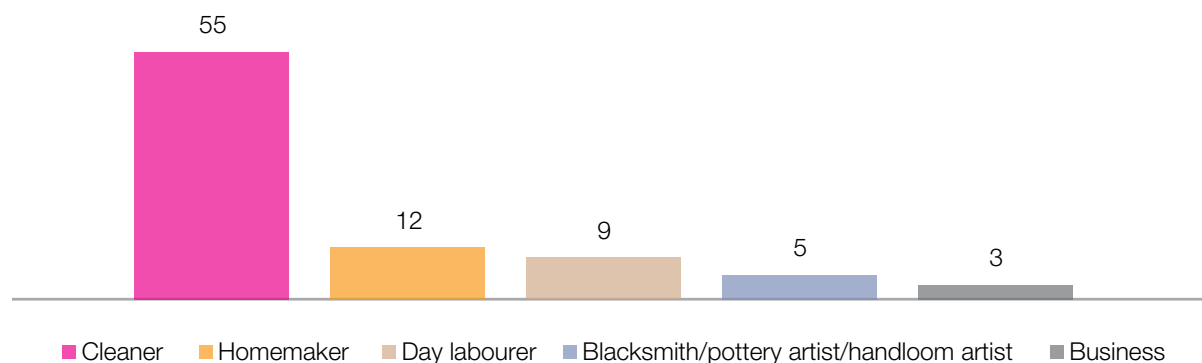


Exhibit 6: Dalit-top 5 occupations (N=600)

The top 5 most common occupations availed by respondents from the Dalit group found from the survey are shown above. More than half of the Dalit respondents (55 per cent) are involved in cleaning or janitorial services as their main occupation. 12 percent of them are homemakers and 9 percent of them are day labourers.

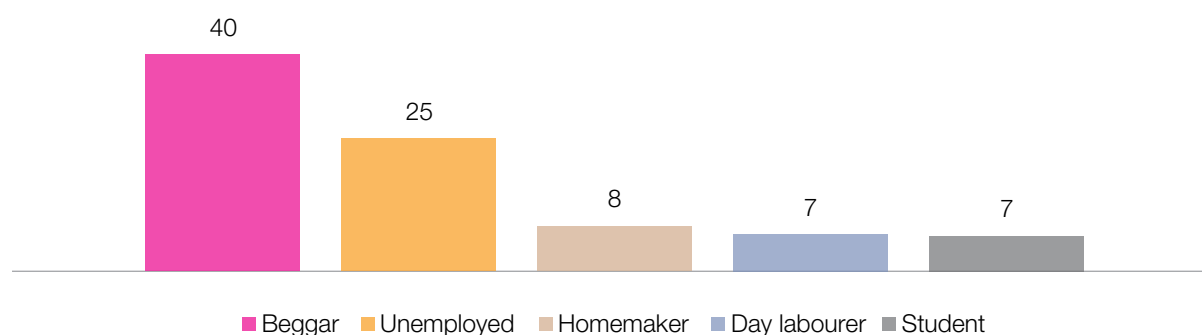


Exhibit 7: Persons with disability - top five occupations (N=600)

The lack of formal/informal employment is higher among the persons with disability respondents. While most of them (40 percent) are involved in begging as their main profession, 25 percent of them are unemployed.

The respondents among sex workers who were surveyed, the main occupation for 99 percent of them are commercial sex service. One percent of them mentioned small or medium businesses as their main occupation and commercial sex work as their secondary occupation.

A vast majority (97 percent) of the third gender respondents are involved in usual donation collection from people to lead their lives. Two percent of them are involved in performing arts (like singing, dancing and teaching performing arts).

Monthly income & expenditure

The median monthly HH income for Dalit people is BDT 14,651 while the median monthly HH expenditure is BDT 11,713; which indicates little room for savings. The same scenario is visible in case of other respondent groups as well.

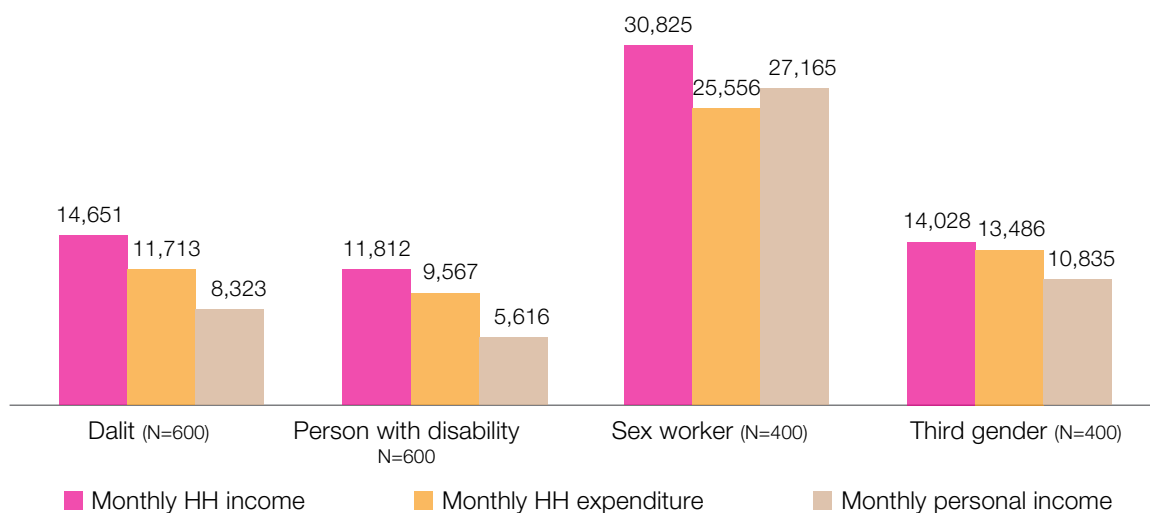


Exhibit 8: Monthly income and expenditure (*median value of income & expenditure*)

The median monthly HH income among the sex workers group is significantly higher compared to the other respondent groups. The median monthly HH income of the sex workers is BDT 30,825; however, their monthly expenditure is higher as well, with little savings being made.

Little room for savings

In the exhibit above, the median expenditure and income are converted in terms of 100 to see the share of monthly HH income amount spent. The monthly expenditure 80+ percent of the monthly HH income for all of the respondent groups, with third gender people having higher monthly expenditure compared to the other respondent groups.

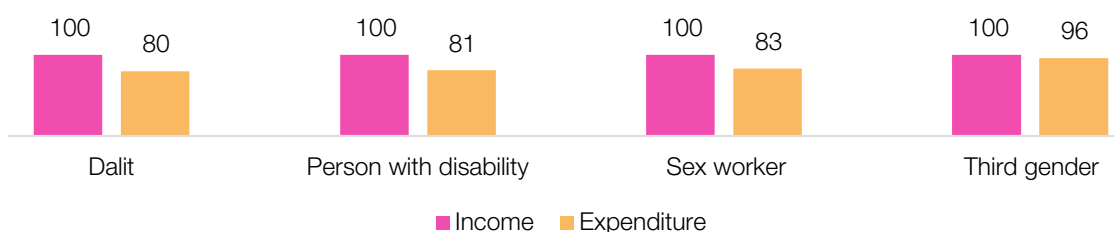


Exhibit 9: Expenditure compared to income

CHAPTER 3

MAJOR FINDINGS

3.1 Access to children's education

This section of the report discusses the children's education status among the respondents who mentioned that they have children aged between 6 to 12 years of their own or in their households. 659 respondents have children aged between 6 to 12 years of their own or in their HHs. This age range is considered as the schooling age for children for this particular study.

- **Dalit:** 44 percent of the Dalit respondents mentioned that they have children aged between 6 to 12 years in their HHs.
- **Persons with disabilities:** 29 percent of the people with disabilities mentioned that they have children aged between 6 to 12 years in their HHs.
- **Sex workers:** 38 percent of the sex workers mentioned that they have children aged between 6 to 12 years in their HHs.

Most of the children in these households have been attending school; however, not in the public schools. They are attending non-government schools, especially those run by NGOs. For example, the sex workers' children have been found to be attending in NGO-run schools, which means that still there is a gap in accessing public schools for the children of marginalised communities.

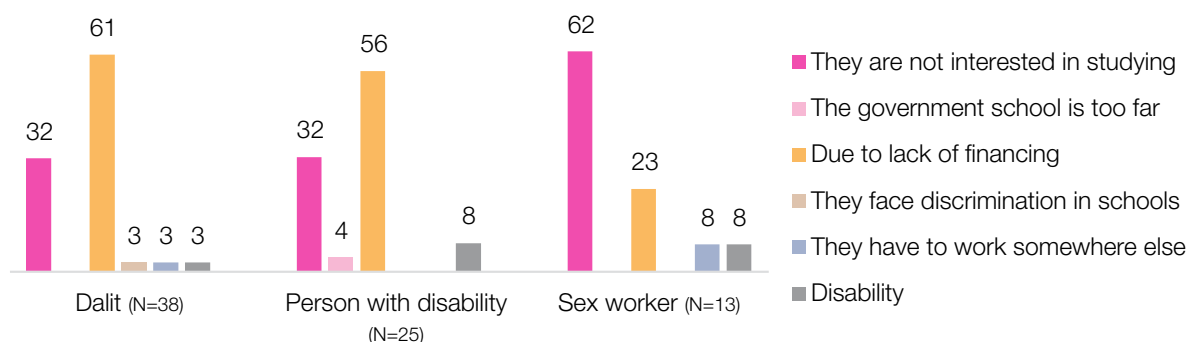


Exhibit 10: Reasons for not attending school (%)

Among these respondent groups, a common reported reason behind children not attending school is lack of financing. More than half of Dalit (55 percent) and households of the persons with disabilities (52 percent) mentioned lack of financing to be the major reason for children not attending school. For the sex worker households, their children are less interested in schooling.

3.1.1 Children's exposure to discriminatory behaviour

In the survey, the respondents who have school-going children in their households aged between 6-12 years, were asked whether the children go to school or not. Overall 30 percent of the respondents have children in their households aged between 6-12 years.

Among these respondents with children in their households, it was asked whether they faced discrimination in schools. Around one in ten respondents said that their children faced discrimination in schools in the last 3 years.

People showing discriminatory behaviour

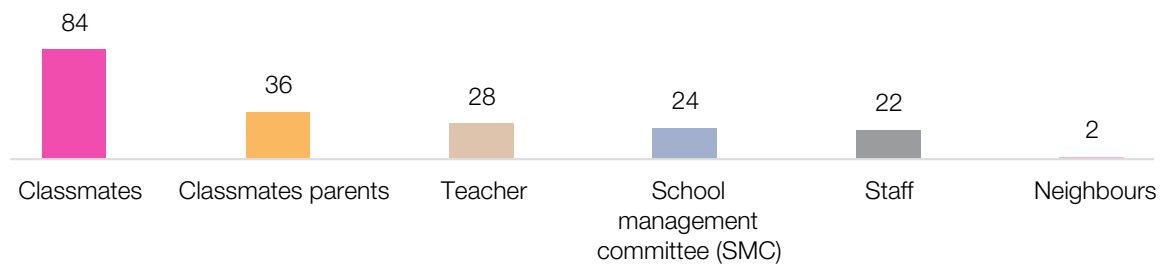


Exhibit 11: Discriminators-Overall (%)

*Multiples responses

Classmates tend to show discriminatory behaviour the most. 84 percent respondents mentioned that classmates showed discriminatory behaviour to their children. Classmates' parents also showed discrimination to their children as they reported (36 percent mention). Even the teachers, who are supposed to show kindness and empathy, showed discriminatory behaviours -- 28 percent mentioned of experiencing discrimination by the teachers.

From the focus group discussions with the parents in Dalit community, it was found that the Dalit children faced discrimination in their schools, particularly, the children who attended government schools. The most common form of discrimination they faced is bullying. These children are exposed to bullying from their peers at the school. The bullying includes name calling based on identity (such as 'Son of Harijan' or 'Beggar') and economic status. Some classmates even refused to share the same bench with the Dalit children. For such experiences, according to some parents, the children in these families sometimes show reluctance to attend schools to avoid these situations.

Types of discriminations faced

Since the Dalit and sex workers' children faced the most discrimination in school, following is the type of discriminations they faced in school.

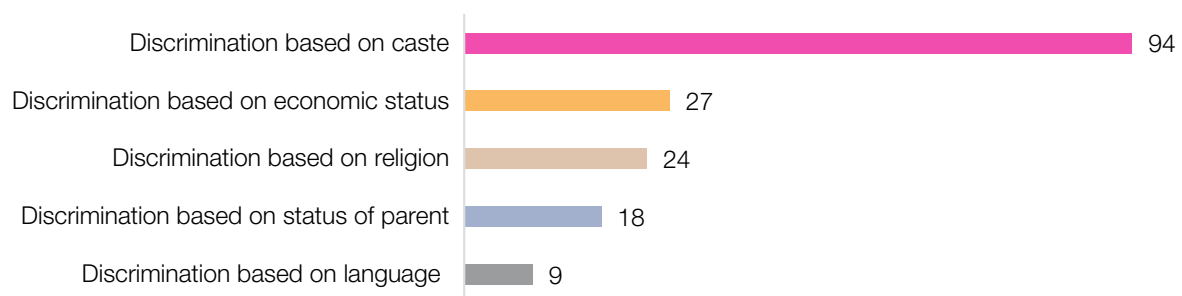


Exhibit 12: Types of discriminations faced by children of Dalit community (%)

*Multiples responses

For the children in Dalit community, the most common type of discrimination they faced is the discrimination based on caste (94 percent). Some of them also faced discrimination for poor economic status (27 percent).

The discussions revealed some interesting incidents where the children in Dalit community faced institutional discrimination in the schools. These incidents range from getting less priority by the teachers to the denial of usage of WASH facilities in the schools.

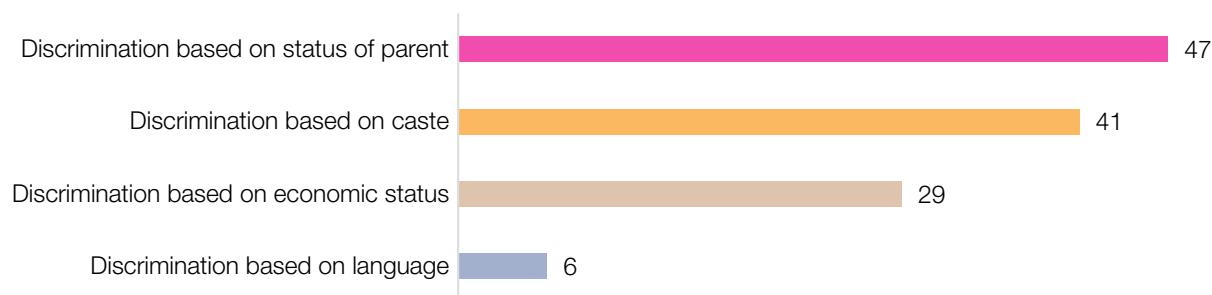


Exhibit 13: Types of discriminations faced by sex workers' children (%)

***Multiple responses**

According to some Dalit parents, their children were denied of scholarships that they were entitled to get. Other children got priority when scholarship was being given discriminating Dalit children. Sometimes, getting enrolled in the school became a challenge as well. According to a parent, the school once took decision not to enrol any children from the Dalit community. The Dalit parents needed to see the local government official to complain about this and the local government member had to intervene to get Dalit children enrolled in the school.

“ One time they decided that they will not enrol any children from our community in the school. We gathered around and noticed this to the member, when the member spoke to them; they changed their mind. ”

-A Dalit parent (Jashore)

“ Here, we have 50 children in the community who are eligible to receive scholarships, the school is currently giving only four of them. When we complained, they asked us to wait for the serial. Other children got the serial long time ago, but for our children, the serial never came. ”

-A Dalit parent (Barishal)

For the children in sex workers' community, the most common type of discrimination faced is the discrimination due to the social status of the parents (47 percent mentioned). Some children in the sex workers' community, who belong to a caste-based religion, also faced caste-based discrimination.

Based on the focus group discussions, it was found that the children of the target respondents usually go to the community school, supported by NGOs. Discrimination is comparatively lesser within the community considering the similar profile of the households. However, outside their community, they usually hide their identity considering social acceptance. Sex workers, who send their children to other schools except NGOs, hide their social identity to avoid discrimination for themselves and their children. Based on their previous experience in struggling to get their children enrolled, they hide their social identity. In order to get their children educated, sex workers use their grandmothers' name or someone else's name and show that the children are orphans or abandoned by parents in the official papers of the school. A sex worker in Mymensingh mentioned that when her identity got disclosed in the Madrasa where her son used to attend, her son started to receive abusive remarks from the peers. A Madrasa teacher was physically abusive towards the student as well. After that incident, she relocated her son to a different Madrasa.

“A teacher used to beat my child. He used to tell me that he does not want to go back. Then, we, 5-6 of the parents, went there to complain. Later I enrolled my child in a different Madrasa.”

-A sex worker (Mymensingh)

Generally, the families of the third gender do not expose to society that they have a third gender in their family due to the fear of social stigma. Therefore, the children related to these third gender people do not face any discrimination in schools. However, sometimes their identity gets revealed, and people start to talk about it.

“I took one of my nephews to school. I wore a burqa, so that they do not understand that I am a third gender. But, when they heard my voice, they figured it out somehow. I saw the teachers talking among themselves.”

-A third gender (Jashore)

Dropout due to discrimination

In the households that reported children faced discrimination in school, 19 percent of the households mentioned that the children dropped out of education due to the discrimination they faced in school. The incidence of dropout rate is higher in sex workers community (24 percent).

Discrimination in using WASH facilities

According to the survey findings, the respondents who mentioned that their children faced discrimination in schools, they were asked whether the children faced discrimination while using WASH facilities. The children sometimes even get denied to access the WASH facilities in schools. A parent mentioned that the staff in school sometimes do not want to give Dalit-children water when they need it.

“When my child wanted to have water, the staff told him that she could not give water to them since the teachers instructed them not to.”

- A Dalit parent (Jashore)

3.1.2 Solutions sought to end discriminatory behaviour

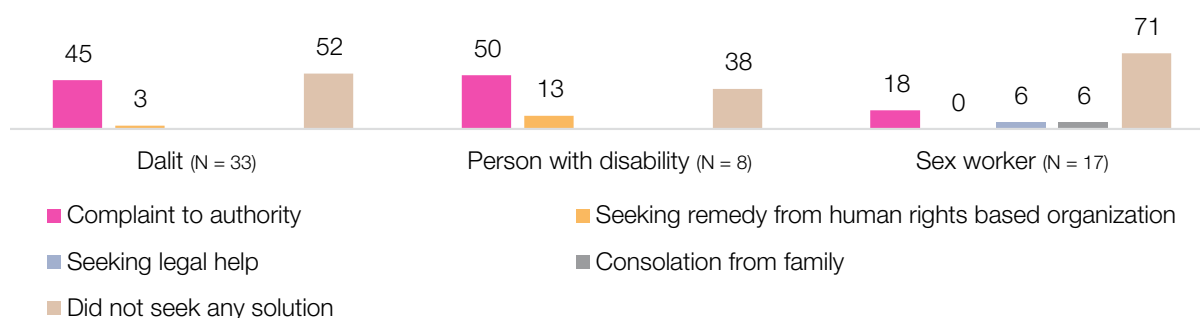


Exhibit 14: Solutions sought to end discriminatory behavior

For the households in which the children faced discriminatory behaviour in schools, most of the respondents did not seek any solution or help. 55 percent of the people did nothing to end the discrimination. 38 percent of them complained to the authorities. The tendency to seek solution

is lower among the sex workers' community in terms of children facing discrimination. Among the sex workers' households where children faced discrimination in schools, 71 percent of them reported that they did not seek any solution.

It was evident from the discussions that the families generally did not complain to the school about these incidents, since they were sceptical about receiving any justice from the authorities. This sceptic attitude is a result of a denial of taking steps of any institutional discrimination they faced over the decades.

3.1.3 Impact of COVID-19 on children's education

Discontinuation of education & lack of access to government stipend

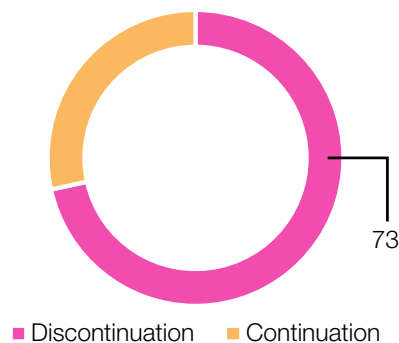


Exhibit 15: Percentage of children discontinuing education during COVID-19 (N=628)

73 percent of the school going children in these marginalised households discontinued education after the emergence of the COVID-19 pandemic.

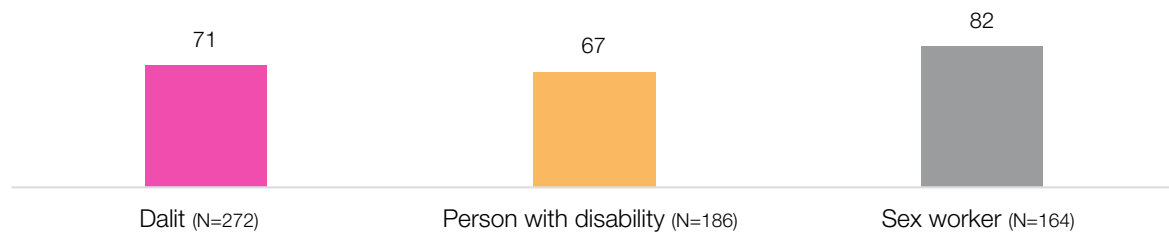


Exhibit 16: Discontinuation of education in respondent community households

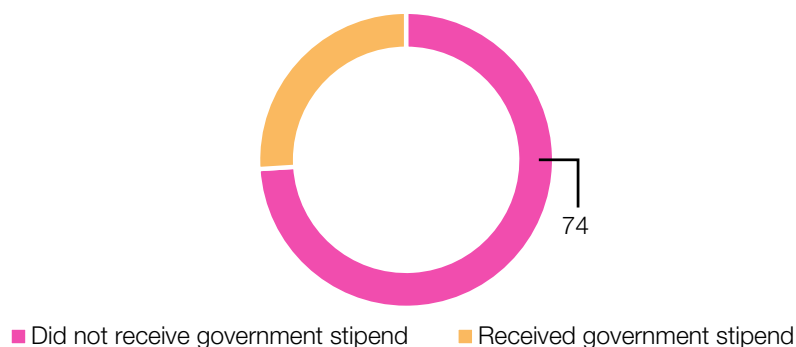


Exhibit 17: Government stipend status of the children (N=623)

Children's discontinuation in education is higher among the sex workers' community (82 percent), compared to the other respondent groups. The higher rate of discontinuation of education was also found in Dalit community (71 percent) and the households of persons with disabilities (67 percent).

74 percent of these children did not receive any government stipends. Among the remaining 26 percent who received government stipend, 30 percent of them experienced a discontinuation during the pandemic.

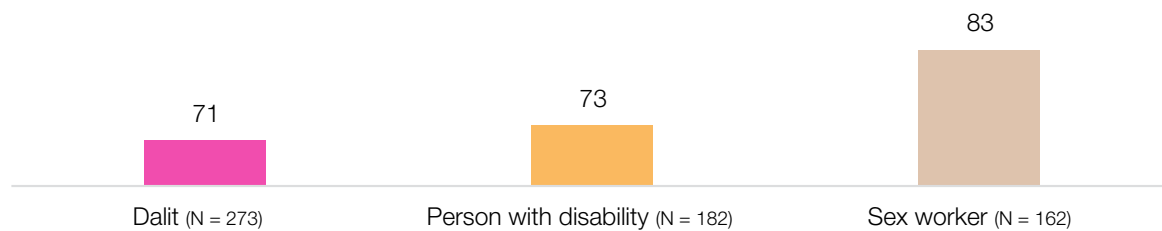


Exhibit 18: Percentage of children who did not receive government stipend (by respondent groups)

71 percent of the school-going children in the Dalit households and 73 percent of the children in the households of persons with disabilities did not receive any government stipend. This number is even higher in the sex workers' households. 83 percent of the sex workers' children did not receive any stipend from the government.

Discontinuation of stipend

Among the remaining 157 households of respondents where the children received stipends, 29 percent of households mentioned that the stipends of their children discontinued. Among the 46 households that mentioned that the stipend discontinued, 52 percent of households reported the stipend was discontinued for 10+ months.

3.2 Household members' health condition

The respondents were asked whether they have someone in their households who needed regular medical treatment. Apparently, a significant portion of the respondents from every respondent category had people in their households who needed regular medical check-up.

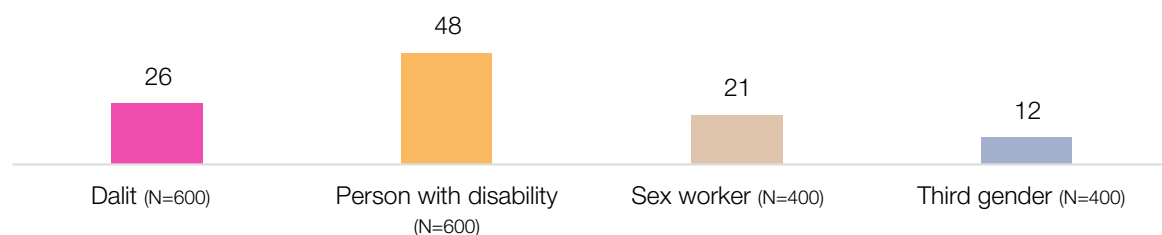


Exhibit 19: HHs having regular/chronic medical condition

29 percent of the households mentioned that they had someone with a regular/chronic medical condition in their households. This percentage is higher in the people with a disability group.

Monthly expenditure in healthcare

The average monthly expenditure on medical and healthcare is shown in the exhibit below.



Exhibit 20: Median monthly expenditure on healthcare (median monthly expenditure)

The median monthly expenditure takes up a significant portion of the household expenditure monthly for each of the respondent groups.

Respondent group	Share of monthly medical expenses in monthly HH expenditure
Dalit	9%
Person with disability	10%
Sex worker	8%
Third gender	6%

Given the respondent groups' low income and high expenditure, the monthly expenditure on medical purposes and healthcare is not insignificant. For the persons with disabilities, the share of monthly expenditure on medical purposes to monthly total average expenditure is 10 percent. For the Dalit community, the number stands at 9 percent. By ensuring better health, this expenditure amount has room to be minimised further.

Since the Dalit people fall in the bottom of the pyramid population category, many Dalit people mentioned that just the consultation hours and the prescription are not good enough for them. It would have been better if there was a system that includes free medication from the government. Apart from a few medications, most medication items cost a lot of money which is hard for them to afford. Besides, the diagnostic tests cost a lot of money for them; they wish to have a system where the diagnosis will be free for them. In some cases, they ignore illness just to avoid the costs of diagnosis. Similarly, the persons with disabilities mentioned that the hospitals do have pharmacies, however, in many cases, they had to buy the prescribed medication or syringes from outside of the hospital. Since diagnosis is costly for many of them, they wish to have a system where they will be provided with free diagnosis.

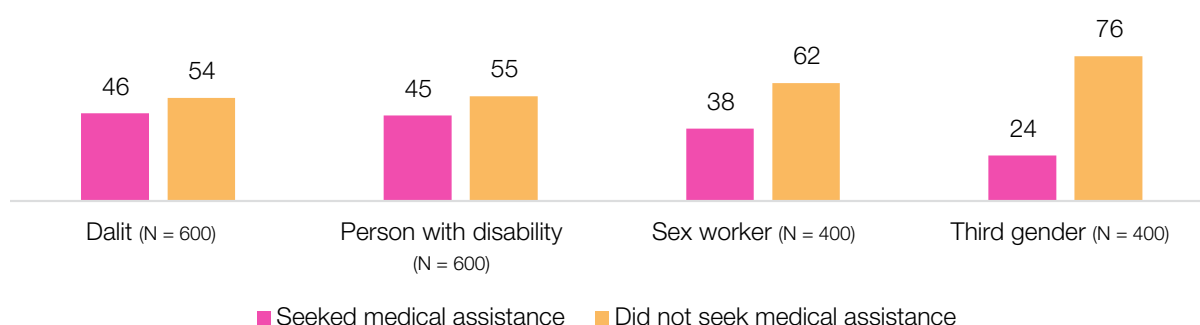


Exhibit 21: Percentage of respondents seeking medical assistance in the last 6 months

3.2.1 Access to general healthcare

The respondents were asked whether they needed to seek medical assistance in the last six months. Overall 40 percent of the respondents mentioned that they sought medical assistance in

the last six months. Among the Dalit respondents, 46 percent of the respondents sought medical assistance in the last six months. The tendency to seek medical assistance is lower among the third gender group with 76 percent of the respondents mentioning that they did not seek any medical assistance in the last six months. These respondents who sought medical assistance in the last six months were asked about the source of medical assistance (e.g., government hospitals, private clinics, etc.). The following exhibit shows the result.

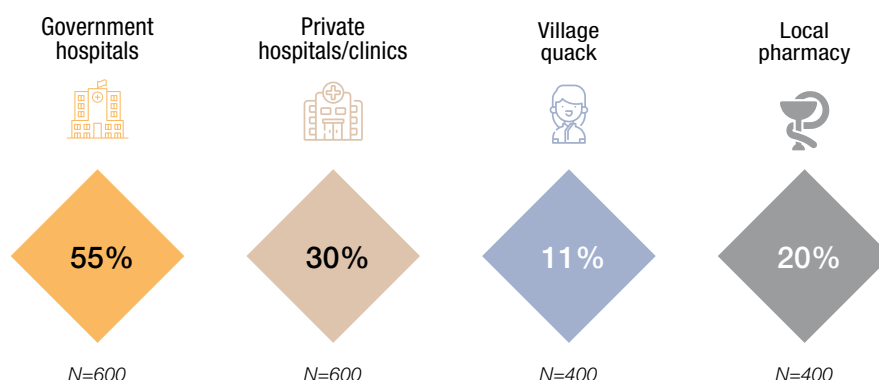


Exhibit 22: Source of medical assistance in the last 6 months- overall

55 percent of the respondents among all the respondent groups sought medical assistance from the government hospitals. 30 percent went to private hospitals/clinics. The practice of going to village quacks is still existent among the marginalised communities— 11 percent of them visit the village quacks to seek medical assistance.

Generally, in order to get treatment, the government hospitals are cheaper; however, the lack of effective and timely service delivery discourages many of them from receiving treatment from the government hospitals.

The FGD respondents in Khulna mentioned that getting a doctor's appointment takes a lot of time. "Once you pay for the ticket, you have to wait a long period of time," a participant mentioned.

However, if someone pays bribes to a doctor's assistant, they generally let him/her get into the doctor's chamber earlier than the other patients in the waiting line. This indiscipline has caused them to choose private clinics over the government hospitals.

The persons with disabilities tend to access the government hospitals more, whereas sex workers tend to seek medical assistance more from the private hospitals or clinics. However, in the focus group discussions, it revealed that there is a common perception among the persons with disabilities that the government hospitals are not well equipped to provide the services to people like them due to overwhelming pressure of patients. Some got preference due to the compassion factor while receiving treatment from government hospitals while others said that government hospitals do not have an organised system which is the most common complaint among the ones who complained.

“ I accompanied my wife for treatment to the hospital; I was waiting in the queue. Then I saw other people paying bribes to the doctor's assistant; thus, despite having a serial number after us, they were able to see the doctors before we did. ”

-A Dalit respondent (Khulna)

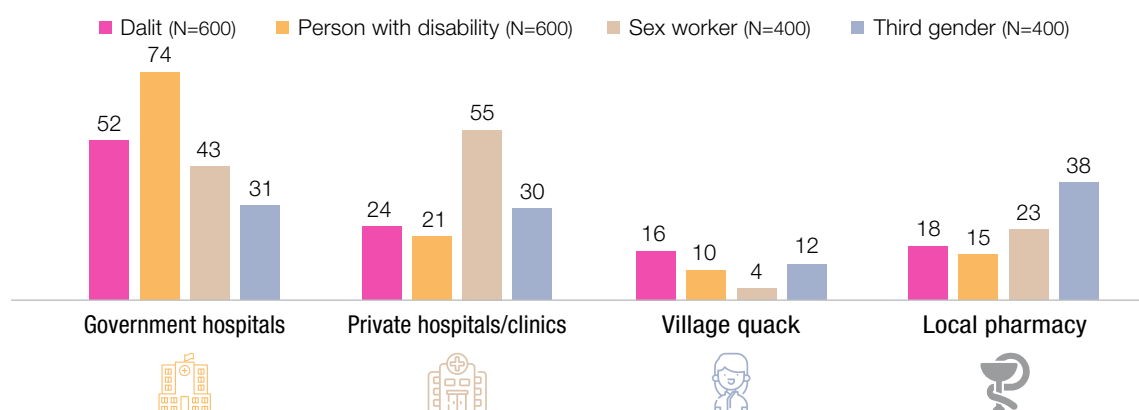


Exhibit 23: Source of medical assistance sought in the last six months- by respondent group

Challenges to get the access to health services

The 792 respondents who sought medical assistance in the last six months, 55 percent of them sought general healthcare assistance from the government hospitals or government health facilities like Community Health Clinic, Upazila Health Complex, District General Hospital or Government Medical College Hospitals. These 432 respondents who mentioned that they took support from the government hospitals, were asked about whether they had easy access to government hospital services. 32 percent (144 respondents) of them mentioned that they sometimes did not get support or they never got the required services from these hospitals.

When asked about the problems that they faced in accessing service from government health facilities, a variety of problems were noted by the respondents.

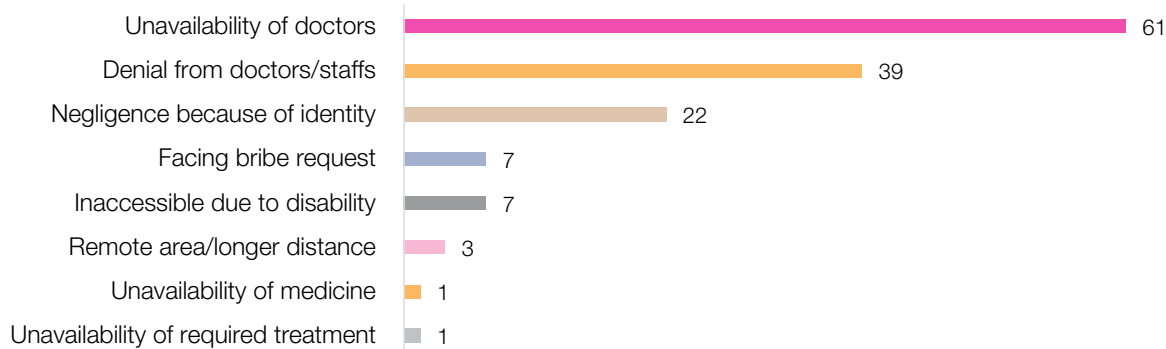


Exhibit 24: Problems faced in accessing government hospitals/health services

According to respondents (61 percent) who accessed healthcare facilities said that unavailability of doctors is the most common problem. The denial (39 percent) by the doctors/staff to provide treatment is another common complaint among the respondents.

The unavailability of doctors seemed to be more prominent in the urban areas than in the rural areas. 65 percent respondents in the urban areas mentioned that the unavailability of doctors was an issue for them while accessing government hospital services. The frequency of denial from the doctors or staff in the urban areas is the same as it is in the rural areas.

The negligence due to identity is more prominent in the rural areas than in the urban areas. 26 percent of the respondents from the rural areas mentioned that they were neglected due to their identity.

Staff claiming money or bribes is more common in the urban hospitals than in the rural hospitals.

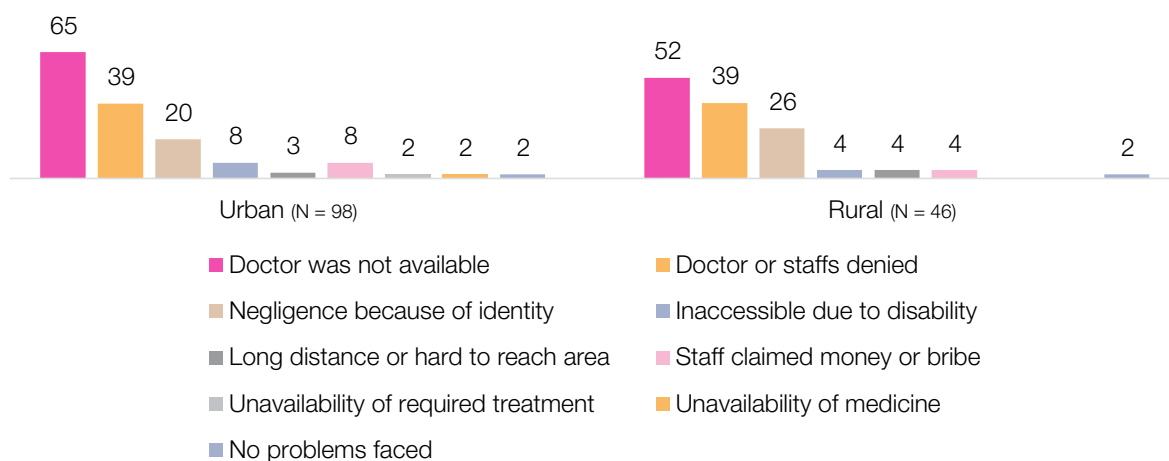


Exhibit 25: Problems faced in accessing government hospital/health service (based on urbanity)

73 percent of the Dalit respondents who faced problems in accessing government hospital /health services mentioned that doctor was not available. 66 percent of the persons with disabilities who faced problems accessing government services mentioned the same.

Based on the discussion, it was found that the third gender patients got denied to get treatments for themselves or for their family members if they visited government hospitals out of fear. In many cases, the staff were scared and thought if anything went wrong with the treatment, they would retaliate.

According to the complaint from the third gender people, the other patients get enough time from the doctors while the third gender people do not get the same level of service and sincerity from the doctors. Generally, when they try to get treatment, the doctors spend only a little time with them and try to get them out of the chamber as soon as possible.

“ I have a Hijra friend whose mother was sick and was taken to a government hospital. Since she was not able to eat anything, she needed a catheter, but all the staff were scared to even go to her. They were scared that if something bad was to happen to her, we would together attack them. She was denied treatment despite being in the hospital. ”

-A third gender (Jashore)

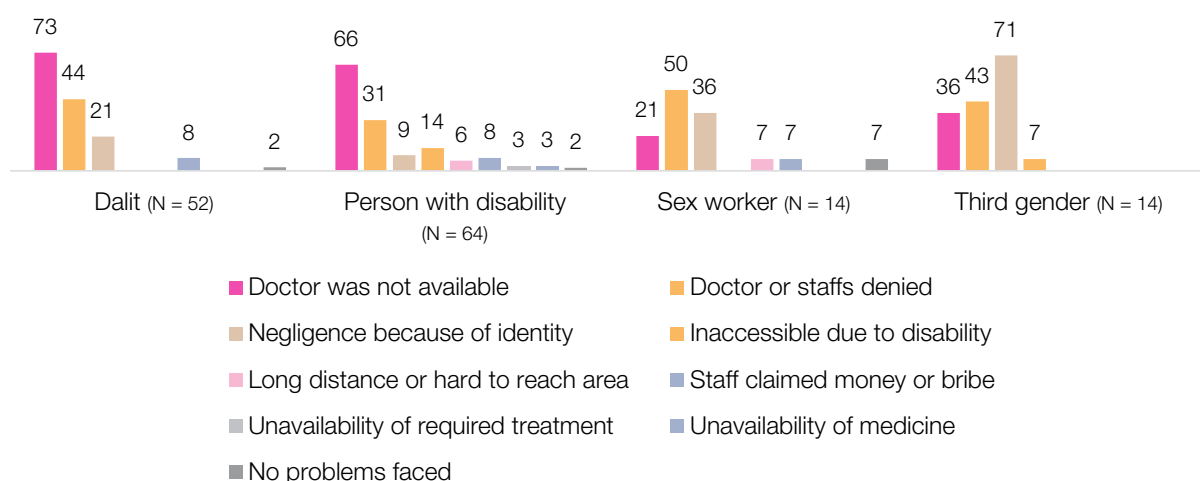


Exhibit 26: Problems faced in accessing government hospital services (by respondent groups)

Doctor's or staff's denial to provide service



Exhibit 27: Doctors' or staffs' denial to provide service-by respondent group

The denial by the doctors/staff is comparatively higher among the sex workers (50 percent). 44 percent of the Dalit and 43 percent of the third gender respondents who tried to access the services in the recent times mentioned that they faced denial by the doctors or staff.

3.2.2 BCG vaccination status

The respondents who had children in their households were asked about whether their children received BCG vaccine or not. Among these respondents an overall 4 percent mentioned that they did not receive BCG vaccine. According to a major national news source (Prothom Alo), the BCG vaccination rate is 99 percent (only 1 percent of the children do not receive BCG vaccine overall). However, if we take a look at the marginalised groups, this percentage of not getting BCG vaccine is higher than the national percentage.

Exhibit 28: Percentage of children who didn't get BCG vaccine

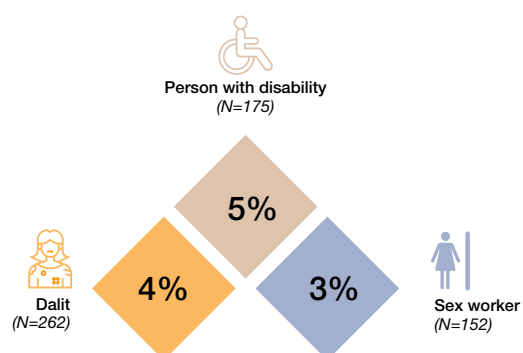
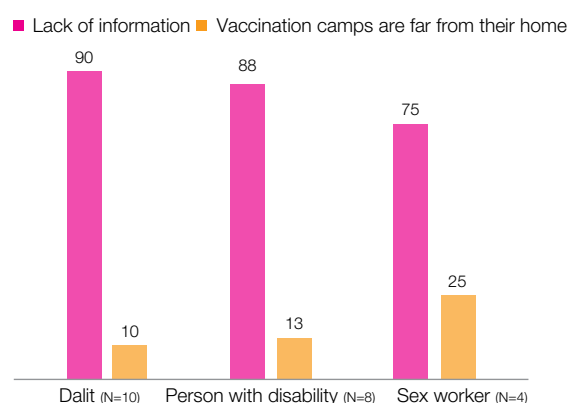


Exhibit 29: Reasons for not getting BCG vaccine



The reason behind not having BCG vaccine is primarily lack of information. Among the households where children did not get the BCG vaccine, lack of information is the main reason.

3.2.3 Access to family planning and child delivery service

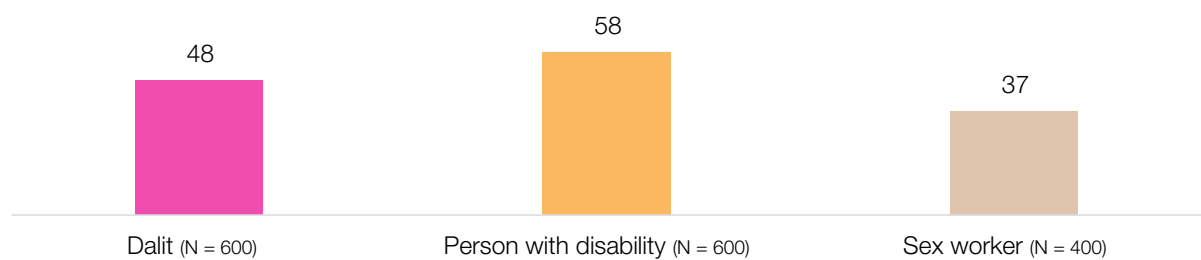


Exhibit 30: Those who did not consult family planning services

Among all the respondents interviewed, around 58 percent did not consult any family planning services. This number is highly over indexed towards Dalit and persons with disabilities.

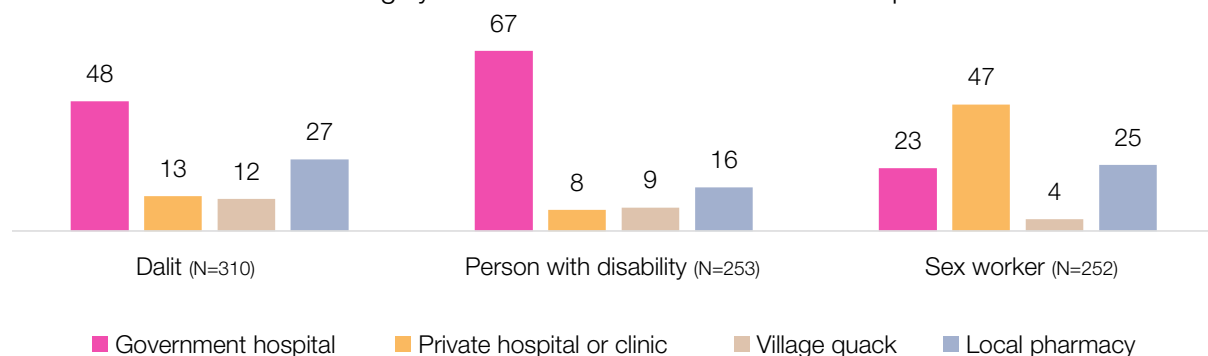


Exhibit 31: Where was the family planning consulting service taken from? (%)

Among the remaining 42 percent who did take family planning services, around 47 percent of them sought services from government hospitals followed by local pharmacies (and private hospitals/ clinic).



Exhibit 32: Percentage of people who did not get any referral from local health service provider

Access to referral service

A large majority of the respondents from every respondent group did not get a referral service from the local health service providers. The incidence of not getting referral services is higher among the third gender group, 97 percent of the third genders did not get any referral service from local health service providers.

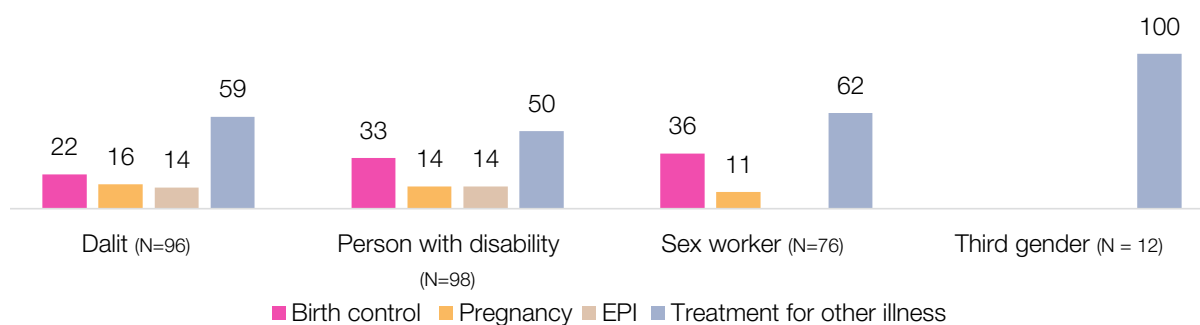


Exhibit 33: Service received from the referral (%)

Among those who received the referral services from the local health service providers, treatment was received mostly from other illnesses followed by birth control and pregnancy related issues.

Regarding child delivery

When the respondents were asked whether they performed delivery in a facility in the last two years, 23 percent responded affirmatively. The delivery incidence is higher among the sex workers. According to Bangladesh Maternal Mortality and Healthcare Survey 2016, 47 percent of births take place in facilities. For all of these marginalised groups, the number is much lower than the national percentage.

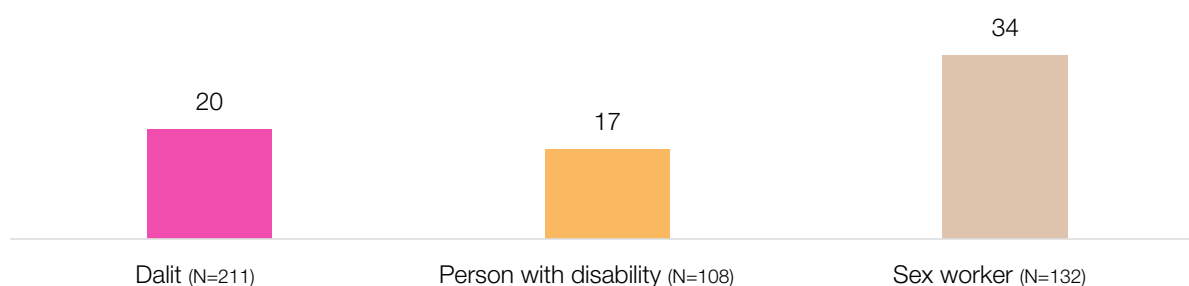


Exhibit 34: Was the birth given at a facility in the past 2 years? (%)

The ones who have delivered in a facility, most of them delivered in public hospitals.

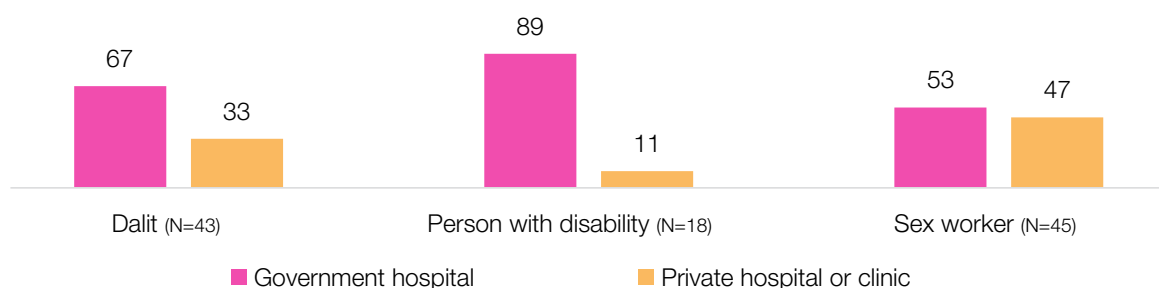


Exhibit 35: Location of child delivery (%)

Based on the exhibit above, it is evident that sex workers tend to deliver in private hospitals or clinics more. This is caused by the sex workers' tendency to avoid government hospitals where they have to face many questions by people. In the case of private clinics, it is much easier to access services for them.

Child delivery mostly took place in government hospitals. Among the persons with disabilities, around 90 percent gave birth at government hospitals.

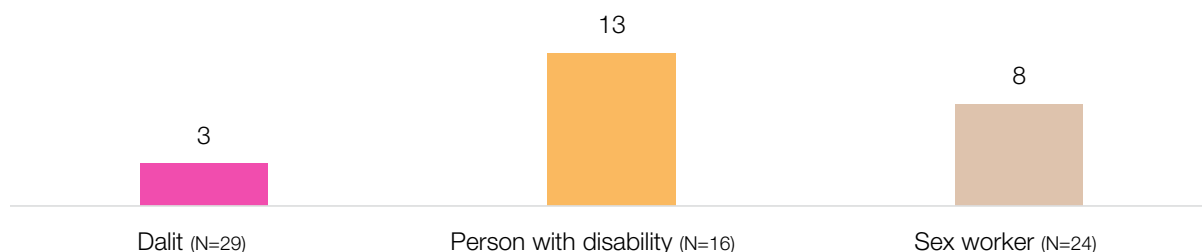


Exhibit 36: Discrimination while taking child delivery service (%)

3.3 Access to social safety net support

Awareness of SSN services

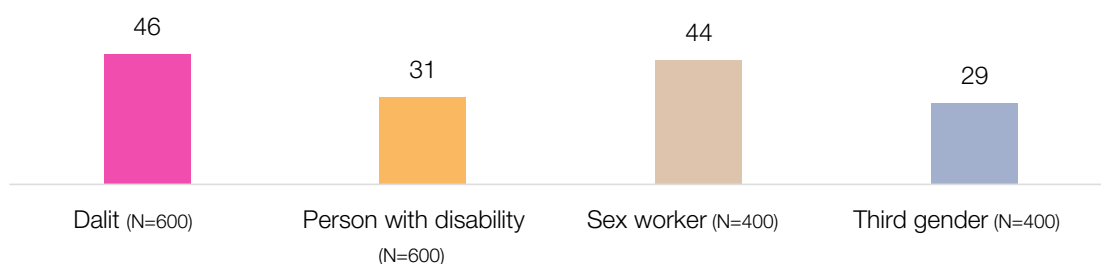


Exhibit 37: Percentage of people not aware of SSN services

A significant portion of the respondents (38 percent) were found to be not aware of the government's social safety net services. The lack of awareness among social safety net services is highest among the Dalit people (46 percent) followed by the sex workers (44 percent).

Types of social safety net supports received

Among the 2000 respondents, 482 of them mentioned that they received social safety net benefits and these respondents were asked about the types of benefits they received from the government.

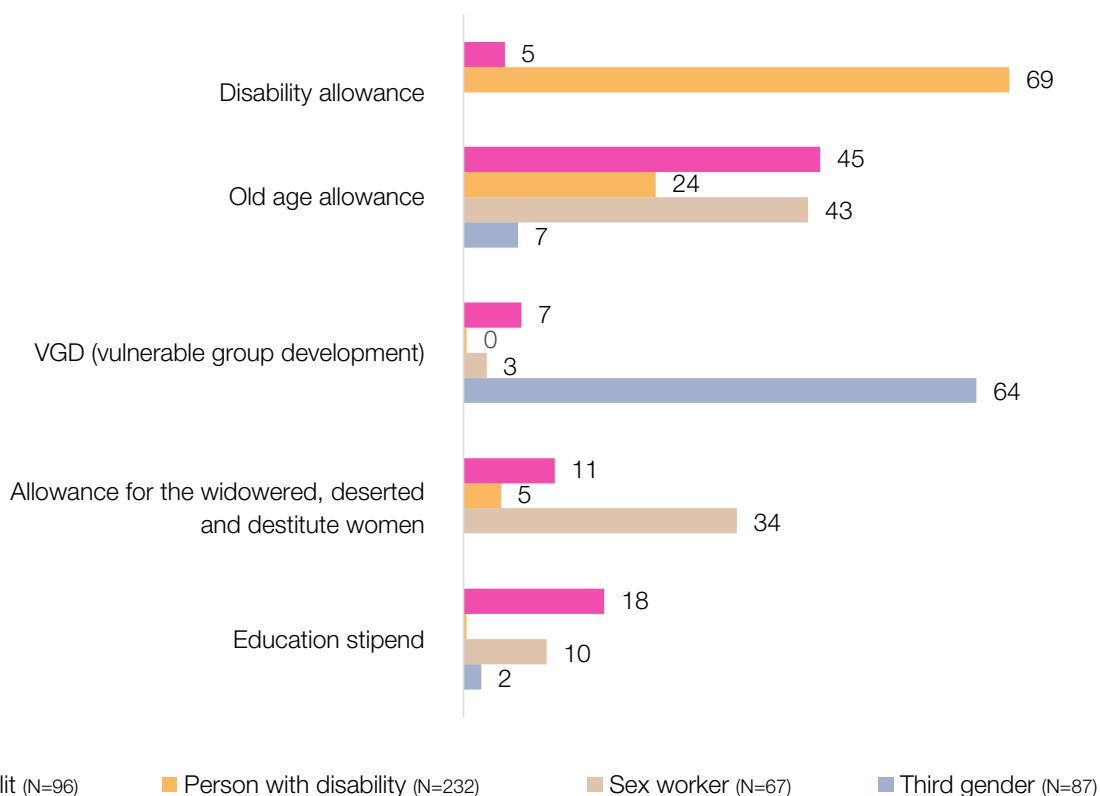


Exhibit 38: Type of SSN benefit recieved (%)

Vulnerability Group Feeding (VGD) is the highest received type of benefits received by the third gender group. Disability allowance received by 69 percent of the persons with disabilities.

Among the 482 respondents who received social safety net benefits, 186 of the respondents were from rural areas. 33 of them were Dalits, 69 of them were persons with disabilities, 66 of them were sex workers and 18 of them were third genders.

Among the 69 respondents in the persons with disabilities who received social safety net benefits, 72 percent of them received disability allowance and 23 percent of them received old age allowance. Among the 66 sex workers who received social safety net benefits, 35 percent of them received allowance for widowed, deserted and destitute women.

Reasons for not getting social safety net benefits

The ones who did not receive social safety net benefits despite their needs were asked about why they did not receive the benefits.

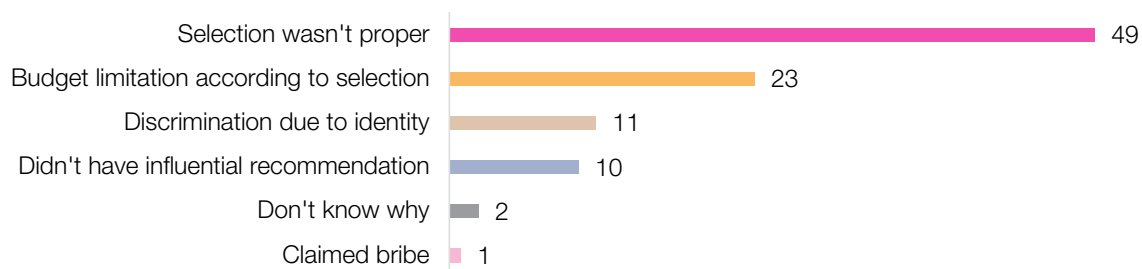


Exhibit 39: Reasons for not getting SSN benefits -Dalit (%)

Among the 223 Dalit respondents who did not receive the benefits, 49 percent of them complained about the selection procedure and mentioned that the selection was not proper. 11 percent mentioned that they did not receive the benefits due to discrimination for their identity.

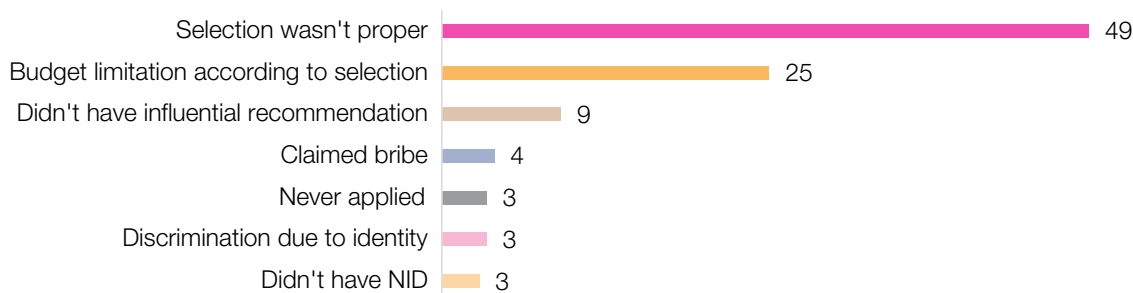


Exhibit 42: Reasons for not getting SSN benefits- person with disability (%)

Among the persons with disabilities who did not receive social safety net support despite their needs, 49 percent mentioned that the selection process was not proper.

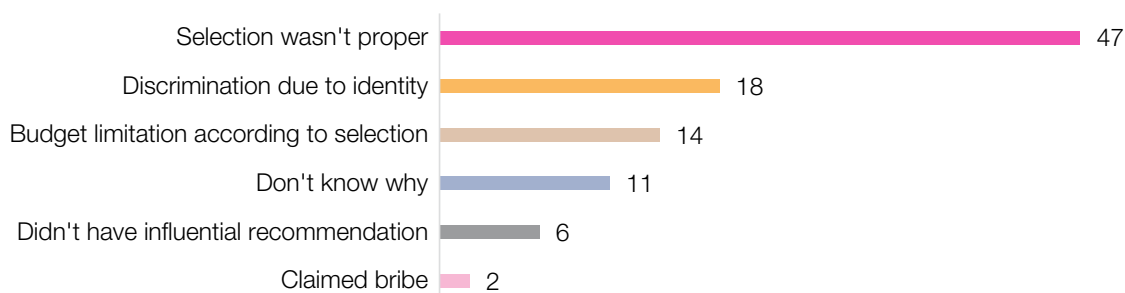


Exhibit 41: Reasons for not getting SSN benefits- sex worker (%)

Among the 158 sex workers who did not get SSN services despite their needs, 47 percent mentioned that the selection process was not proper. 18 percent mentioned that the reason behind not getting the benefits is discrimination due to their identity.

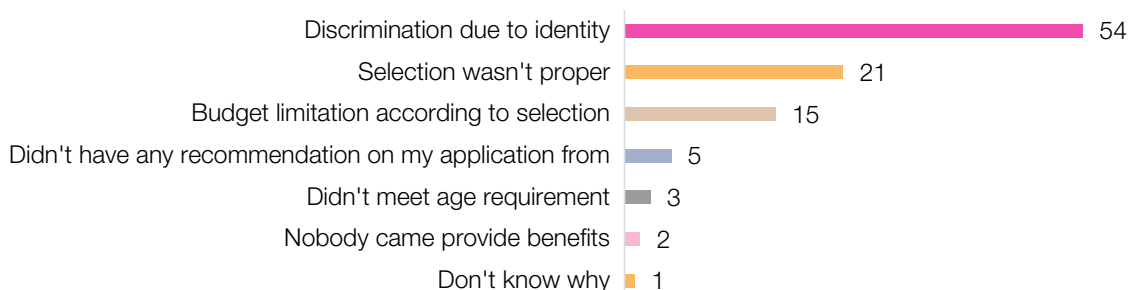


Exhibit 42: Reasons for not getting SSN benefits - third gender (%)

Among the third gender group, the top most reported reason for not getting the benefits is discrimination due to their gender identity. 21 percent of the third genders mentioned that the selection process was not proper. Among the ones who did not receive any benefit, the most commonly mentioned reason behind is the selection process was not proper. This indicates a need for revision in the selection criteria.

In the focus group discussions, it was highlighted that the government has capacity enhancement programmes for the third gender community focusing on their skill training and livelihoods, however, a lot of the third gender people were reluctant to take part in it. They believed that many

would not accept them if they would do something other than donation collection. Some claimed that having a card from the government that allows them to collect donations will help them have better financial security.

Discrimination faced while availing social safety net benefits

Among the ones who received social safety net services, many of them mentioned that they faced discrimination. The ones who faced discrimination were asked about the kinds of discrimination they faced.

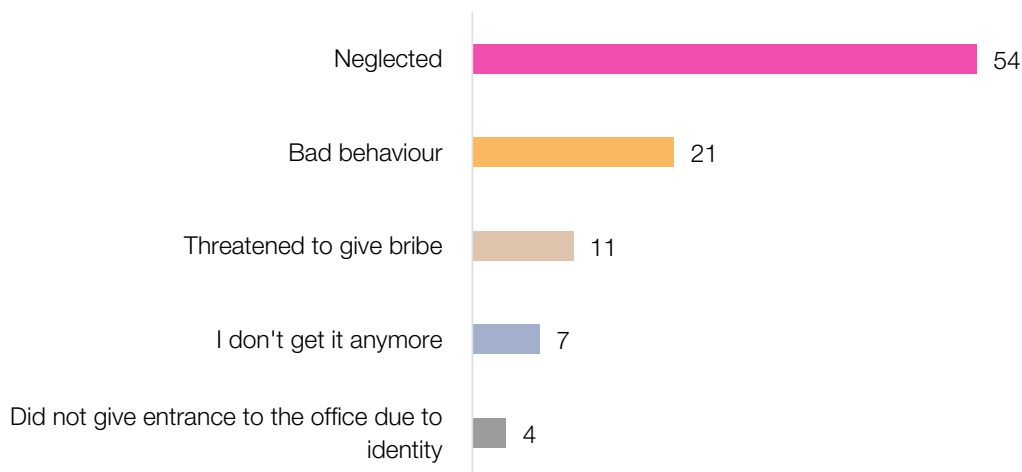


Exhibit 43: Type of discrimination faced (%)

The most common form of discrimination they faced was negligence by the officials (54 percent mentioned) followed by bad behaviour (21 percent mention). This indicates a need to improve the quality of service of the government's social safety net benefit provision.

Many persons with disabilities mentioned that the government officials sometimes provide allowances to the ones they particularly favour; thus, the ones who are related to the government officials get priority in getting the allowance. In some cases, these allowance recipients do not strictly fall into the disability category.

“If you have a good connection with the Councillor, or if you are his relative, he will give you priority. And you can get your allowance easily. But if you're not his relative, it will take a longer period of time to get the allowance.”

A Disability Card is a government requirement to be eligible for getting the allowance. Some respondents mentioned that they have not received any card, since a bribe needs to be given to the government office in the relevant area. It was observed during the study that the ones who are not able to get the allowance are the ones who do not have the disability card.

“I am not getting the allowance since I do not have the card. If I could pay some bribe, I would have been able to get the card. They demanded 6,000 takas.”

-A person with disability (Rajshahi)

The ones who currently hold the card had to pay bribes to the corrupt government officials.

“ I had to pay 3,000 takas to the government office as a bribe to get the disability card. ”

-A person with disability (Rajshahi)

“ There are people now who find the persons with disabilities and tell them that 2,000 to 3,000 taka needs to be given to them to get the card. ”

-A person with disability (Chattogram)

3.3.1 Dissatisfaction with social safety net benefits

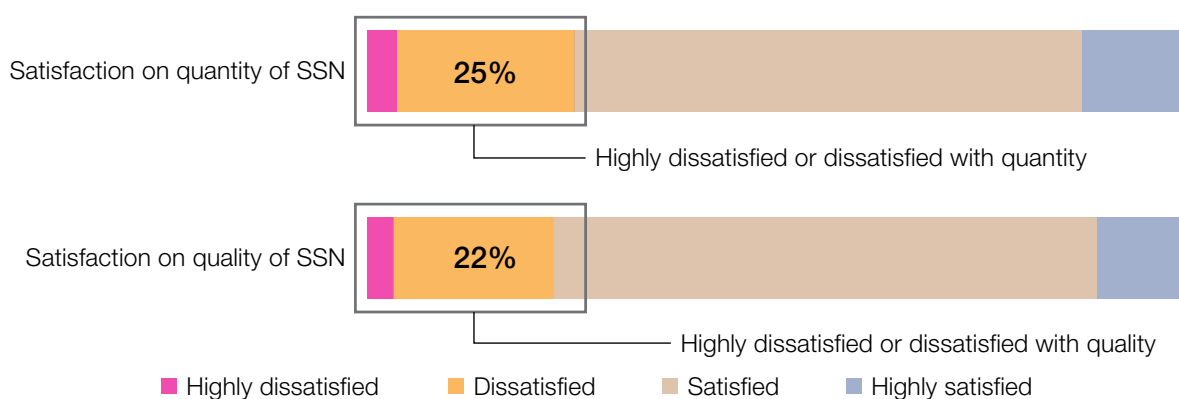


Exhibit 44: Satisfaction on quality & quantity of SSN

Among the 482 respondents who received social safety net benefits, most respondents were generally satisfied with the selection procedure of the benefits. However, there is a significant percentage of dissatisfaction in quality and quantity of the benefits received.

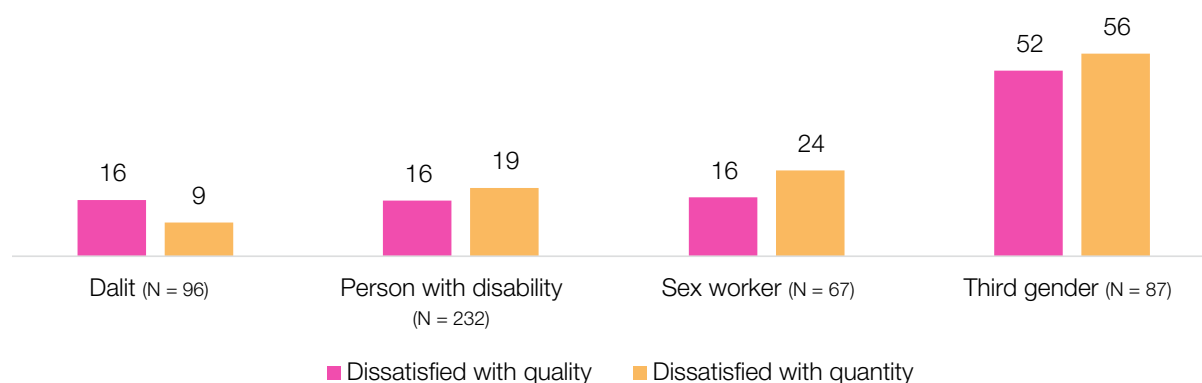


Exhibit 45: Dissatisfaction with quality & quantity of the SSN benefits (by respondent groups) (%)

The dissatisfaction in the quality and quantity of the benefits is the highest among the third gender group. 56 percent of the third gender group are dissatisfied with the quantity of the benefits and 52 percent are highly dissatisfied with the quality of the benefits.

In the group discussions, the ones who received the allowance mentioned that the allowance is insignificant in terms of amount and is not able to meet the needs of the recipients. The recipients complained about the quantity of the allowance and requested to increase the amount to tackle

their daily-life expenses. For instance, in every three months, the recipients received an amount of BDT 1,500; which equals a monthly allowance of BDT 500.

“After every 3 months, I get 1,500 taka- this means, the monthly amount is only 500 taka. As someone who runs an impoverished household, this amount is nothing. What can you do with this amount these days given the price of everything has increased?!”

-A Dalit respondent (Barishal)

The ones who received the allowance from the persons with disabilities were also not satisfied with the quantity provided to them. According to them, BDT 2,250 in every three months is not enough.

“I get 2,250 taka every three months. That too, gets delayed at times. Sometimes it took five months to give the three months' worth of money.”

-A person with disability (Barishal)

The persons with disabilities mentioned that they did not complain to anyone since these complaints are not addressed seriously and they generally make them go through additional hassles by passing the ball to one another. The ones who made complaints had finally given up hope of getting justice.

“If you go to the Councillor with this complaint, he will ask you to go to another official. If you go to another official, he will send you to someone else. That is why, we do not even bother about complaining.”

-A person with disability (Rajshahi)

3.4 Exposure to violence

The respondents were asked whether they faced any violence in the last 12 months.

Exhibit 46: Exposure to violence

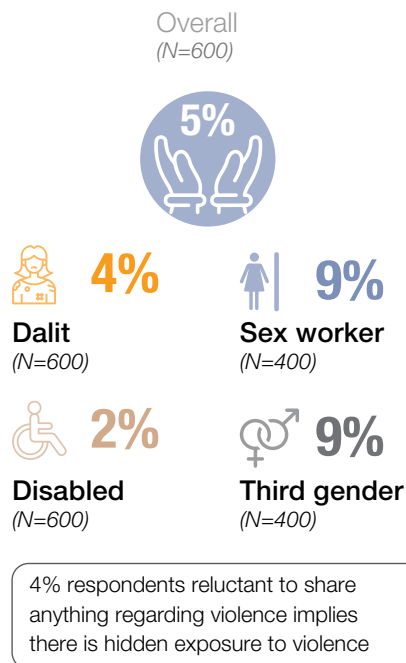


Exhibit 47: Type of violence faced



Overall 5 percent of the respondents mentioned that they faced violence in the past 12 months. The case of violence is the highest among the third gender group.

Overall 4 percent of the respondents did not want to disclose information about any violence-related experience. This implies that the actual number of violence-related incidents is higher than the number suggests.

Among the ones who mentioned that they faced violence, they were asked about the types of violence they faced in the last 12 months. The incident of physical violence is the highest with 56 percent mentioned followed by mental violence (39 percent).

Regarding complaints against violence

Among the 103 respondents who faced violence, a vast majority (70 percent) mentioned that they did not report violence to anyone. This implies that the violence is still not talked about significantly and it requires awareness of people about reporting procedures.

Among the remaining 30 percent who mentioned that they have reported violence, most of them reported to police or court. However, a majority of the complaints (40 percent among the 30 people who made complaints) were not properly addressed because most of these issues were mitigated by mutual negotiation or somewhat compromised.

Dispute and conflict resolution

All the respondents were asked whether they faced any dispute or conflict in the last two years. 264 people among the respondents mentioned that they faced disputes in the last two years. A majority of them (88 percent) mentioned that they did not avail any formal dispute resolution mechanism. This indicates the lack of awareness among the respondents about availing formal dispute resolution mechanisms to resolve conflicts.

3.4.1 Satisfaction with legal authority

Among the 51 respondents in the entire survey, who mentioned that they availed formal legal services from sources, were asked about whether they were satisfied with the legal services they received, 35 percent of them mentioned that they were dissatisfied with the services they received. Among these groups of respondents, 14 percent were highly dissatisfied with the service they received.

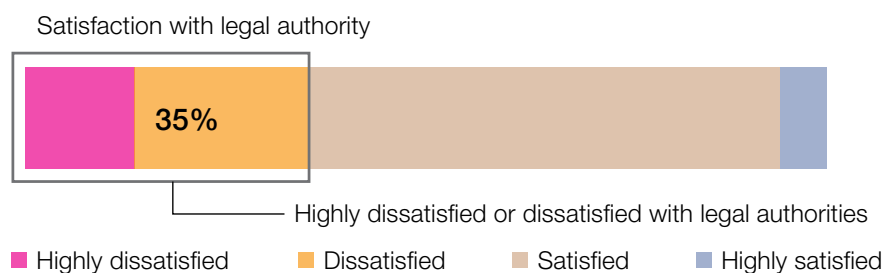


Exhibit 47: Satisfaction on services from court or legal authorities

3.5 Land & shelter

All the respondents were asked about how much land they own. The average median landholding for the respondents is 5 decimals. On an average, sex workers showed higher amount of landholding. The Dalits hold a lesser amount of land.

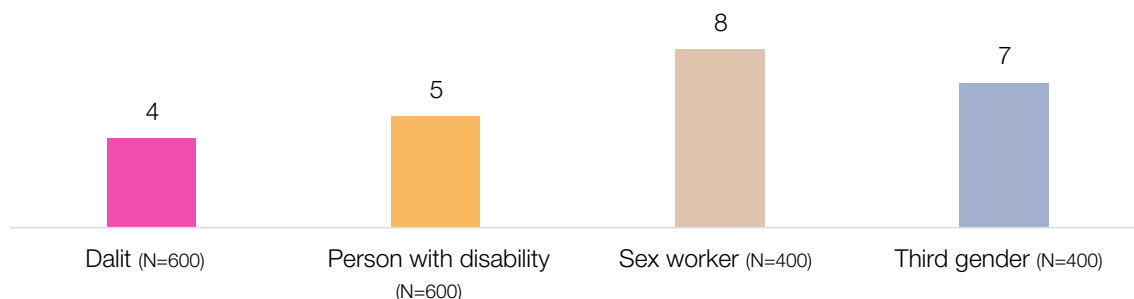


Exhibit 48: Median landholding (in decimals) (N=2000)

However, the average median landholding does not represent the number of landless found in the study.

71 percent of the respondents mentioned that they do not hold any land. These respondents were asked whether they know about the provision of getting land allotments for the landless. Out of these 1,425 respondents, 53 percent mentioned that they do not know about this. It indicates a significant lack of awareness. Even the ones who are aware of it, a majority (89 percent who are aware) did not apply for land.

Only some persons with disabilities mentioned that they applied for land. The ones who applied for the land mentioned that they applied a long time ago and yet there was no update of their application. It seems the procedure to get the land is extremely lengthy.

“ I applied for land a long time ago. There is still no update. ”

A person with disability (Rajshahi)

CHAPTER 4

CONCLUSION

4.1 Conclusion

The objectives of the study were to understand the state of exclusion of selected marginalised groups, and their level of satisfaction in getting government services in terms of accessibility, transparency and accountability. Based on the findings from the survey and insights from the group discussions, an indicative conclusion can be made that there are some certain areas of improvements in terms of service delivery and multiple intervention areas can be undertaken to improve the standard of living for marginalised people; such as providing sensitisation training among the teachers and students to ensure a safe educational environment with scholarships and stipends for the vulnerable communities. Given the evidence, there is a significant amount of dissatisfaction among the different respondent groups on the quality and quantity of the SSN benefits. The corruption, negligence and inconsistency of the SSN benefits are also highlighted in the findings. Regarding the awareness of land allotment for the landless, a significantly low number of the marginalised groups surveyed in the study were found to be unaware of the allotment for the landless. More awareness initiatives regarding land allotment for the landless people should be launched. There is also room for improvement in healthcare for these marginalised groups who face discrimination based on their identity and vulnerability. The health care expense is a great concern along with the availability of proper treatment among all the respondents.

Upon designing a proper framework that addresses the issues above, with a combination of multiple different intervention programmes, these marginalised groups can be included in the development process even more. The aim of Leave No One Behind Network is to give voice to the marginalised people. Therefore, understanding the need areas of marginalised people in service access holds utmost importance. In order to make all goals of the SDG accessible to everyone, marginalised people need to be included in the public services with specific focus on them. Evidence-driven policy formulation and implementation is required to understand their needs and current status of public service

accessibility. Through appropriate policy formulation and effective programme design, the SDG implementation will be more inclusive towards the ones who are left behind in the process of national and global development.

4.2 Recommendations

To address the gaps and exclusion in providing government services some key recommendations are as follows:

1. In order to align with the SDG on Quality Education, the children of marginalised communities need to be enrolled in school more. Government should give special focus to the marginalised children to ensure 100% enrolment in the school.
2. The stipend mechanism for the students in these communities should be bolstered. A large majority (71 percent of the students in these households) do not receive any government stipend or scholarship. In order to address this issue, both the government and the development organisations should create awareness about the stipend among the parents. Besides, the existing framework of giving stipends needs to be further strengthened. The children who once received stipend experienced discontinuation after the emergence of COVID-19. This should be taken into account so that these children can be brought back to school.
3. The key reason behind a significant portion not receiving social safety net benefits is the lack of awareness, discrimination based on identity and corruption. As the data suggests, many respondents are not even aware of the government's social safety net benefits. Awareness initiatives need to be undertaken in order to include more people in this scheme.
4. Both the quality and quantity of the social safety net benefits can be improved given there is a fairly notable amount of dissatisfaction about the quality and the quantity of the benefits. Among the ones

who received the benefits, 22 percent of them were not satisfied with the quality and 25 percent of them were not satisfied with the quantity. These areas of dissatisfaction can be addressed by establishing proper accountability mechanisms, effective targeting and rigorous need assessment of the marginalised groups. In addition, the safety net package is not adequate with regard to the needs of the marginalised households, hence, there is a need for revising safety net and social protection services for increasing monetary support.

5. The lack of awareness is prevalent in the land allotment programme. 52 percent of the landless people were found to be not aware that they are entitled to get a land

allotment. Among the ones who know, a majority (89 percent) did not apply yet. This indicates that a combination of both awareness and application procedure relevant campaigns need to be designed and launched for them in order to include them in this programme.

6. Given there is a notable amount of negligence and discrimination due to identity in accessing health services, it is also crucial to address this issue. Besides, a common problem in accessing government health services is unavailability of doctors. This problem can be addressed by setting up permanent health kiosks or by providing doorstep medical services for the marginalised groups.

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