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Urban Street Dwellers

KEY MESSAGES

- The numbers of street dwellers have increased in recent years in urban cities of Bangladesh.
- Street dwellers are extremely vulnerable in terms of their health needs and healthcare-seeking behaviour; they are not explicitly targeted by current health service delivery mechanisms.
- Street dwellers lag behind in terms of major health indicators, including immunisation, antenatal care (ANC), and skilled attendance of birth.
- When tested evening static and satellite clinics contributed significantly in improving the use of healthcare services among street dwellers in Dhaka.

Background

Between 1995 and 2005, the urban populations of developing countries grew by an average of 1.2 million people per week [1]. Yet, many cities in the developing countries lack the necessary infrastructure to support high levels of urban population growth. As a result, globally, more than one billion people live in informal settlements or urban slums that lack basic facilities such as safe water, sanitation and health services [2].

In Bangladesh, the urban population growth rate is about 6 percent per year, which is the highest in the last three decades compared to the national rate of about 1.5 percent per year. [3]. Employment, shelter and basic services accessible to the growing number of urban poor —those who live in informal settings and those who are homeless—have become a major socio-economic and policy issue in Bangladesh [4, 5].

Street dwellers are among the most deprived people in urban areas, in terms of living conditions and lack of access to basic facilities and health indicators. Findings from various

studies conducted in Bangladesh revealed that street dwellers are extremely vulnerable in terms of their health needs and healthcare-seeking behaviour (3, 4, 6, 7). Two-thirds of street women reported reproductive health problems and about half of street women did not seek treatment during their illness. Reasons for not using healthcare services were mainly due to non-availability of services (6, 10).

Previously there was not a health service delivery mechanism targeting this marginalized group of people, with the exception of a small scale, mobile clinic service delivery by one NGO [6].

Over a twelve-month period, icddr,b, in collaboration with Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MOHFW), Dhaka City Corporation (DCC), Urban Primary Health Care Project (UPHCP), Bangladesh Railway, Bangladesh National Sports Council and partner NGOs assessed the effectiveness and cost of evening static and satellite clinics dedicated to providing the Essential Services Package to the street dwellers (10).

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Health situation of the street dwellers:

- Morbidity is extremely high among street dwellers –the most common general health problems are respiratory infections, scabies, diarrheal diseases, infective hepatitis, rheumatic arthritis fever and eye infection (4, 5,6,7).
- The use of healthcare services among street dwellers increased significantly after implementation of the static and satellite clinics compared to before (10).
- Specifically:
 - Use of modern family planning methods among both female and male street dwellers increased significantly after implementation of the model clinics compared to before (10)
 - Use of antenatal care increased from 9% to 75% (10)
 - Street delivery decreased from 59% to 9% (10)
 - Institutional delivery increased significantly after implementation of the clinics compared to before (10)
 - Reported ARI among <5 children accompanied with street dwellers decreased significantly after implementation of the clinics (10).
- Low investment per patient (about 2 USD) has significantly reduced morbidity and increased utilization of essential services among street dwellers (10)

Vulnerability to physical abuse, violence and drug use:

- Physical assaults among street dwellers, particularly among women, are a regular phenomenon.
- The reported incidence of any form of physical violence by husbands is comparatively higher (66 percent) than urban slum data (34 percent) (2, 9).
- Despite stringent control of drug abuse, recent findings found an alarming picture in terms of drug abuse among the male street dwellers (2).
- Male street dwellers reported high levels of taking locally available illegal substances, such as marijuana, grain alcohol, and heroin (2).

Recommendations

The Government of Bangladesh may consider the following options:

- **Include the evening static and satellite clinics targeting the street dwellers in the national program for providing services for this marginalized group of people.**
- **Establish a referral linkage between the static and satellite clinics with GoB and NGO fixed facilities to address the referral patients of the static and satellite clinics.**
- **Static clinics could serve as “Urban Community Clinics”.**
- **Combine educational outreach with existing programmes for the homeless to spread information about the availability of healthcare facilities and other services.**
- **Form a multi-disciplinary coalition from different sectors, such as planning, education and employment to address the impact of urban growth, poverty, and the risky health experiences of vulnerable groups.**

References: A full list of references used in the development of this policy brief and further information is available on our website: <http://www.icddrb.org/what-we-do/health-programmes/health-and-family-planning-systems/centre-for-systematic-review-csr/policy-briefs>.

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