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Policy Brief

Failing the Urban Poor:

Applying a wellbeing approach to understand urban poverty

NOT meeting the needs of the Urban Poor

New research shows that working men and women in poor urban settlements across Bangladesh often fail to meet the wellbeing needs that they prioritise. Looking across ten key areas of wellbeing, the study explores informal worker perspectives on what it means to live well in the city. It investigates issues that are not commonly addressed in urban poverty policy debates, such as social relations, empowerment and dignity. The study finds that on most wellbeing

domains, very small proportions of respondents are thriving. Whereas there are only small differences in prioritisation between women and men, levels of achievement on these priorities regularly vary for these groups. Across sites, people are satisfied with physical access to the dwelling, settlement, and their workplace. However, access to affordable drinking water, medical facilities, and in some cases latrines, is a serious unmet need. Overall, wellbeing priorities vary between sites, reflecting their specific urban environments, and this suggests the need for urban policies and programmes to be highly sensitive to context. The study also notes the absence of such policy, and limited government providing public services to these urban poor communities. The study was conducted by a partnership of the Institute of Development Studies (IDS, at University of Sussex) in collaboration with BRAC University and ActionAid Bangladesh (AAB).

Introduction

In the last few decades, Bangladesh has attained strong economic growth, driving a reduction of poverty levels from 40.0% to 31.5% during 2005-2010 (BBS, 2011). This is due to the government's poverty reduction strategy and improvement of basic services towards meeting the MDG targets. The Government's poverty reduction strategy is heavily focused on rural poverty, however, urban poverty is rapidly emerging as an area requiring attention. As a result of rapid urbanisation and the pull of economic opportunities, the urban populations are growing fast (2.92% per year) and so is the urban poverty incidence (21.3% of urban population are living in poverty, BBS 2011).

Most of the urban poor live in informal settlements and work in the informal sector. Evidence for the period 2005-2010 shows that 76.9% of employment in Bangladesh (outside of the agricultural sector) is informal and is characterised by a lack of labour contracts and lack of social protection (Charmes 2012). According to UN, 61.6% of the urban population lives in informal settlements (Satterthwaite, 2015). Typically, informal settlements produce inferior health and education outcomes for their inhabitants due to limited public services, substandard housing, environmental fragility and unsanitary conditions. However, people opt to live in the informal settlements for their low cost of living, their affordable (albeit substandard) housing, and proximity to work (Satterthwaite 2011). While rapidly growing towns and cities are powerhouses of economic development, employment generation and potential drivers for human development, people living in urban informal settlements and engaged in informal work fail to escape from poverty traps; only a few exceptions exist. At present, the Government of Bangladesh does not have a poverty reduction strategy or policy that recognises and addresses urban poverty.

This study explored the determinants of wellbeing for informal workers living in informal settlements across a diverse set of urbanising localities in Bangladesh and India. Moreover, it explored the implications of using a wellbeing lens for governments and other development efforts to better protect and promote informal workers' wellbeing. The study used a 'bottom-up' human wellbeing assessment methodology, built through community profiles, focus group discussions (FGDs) with men and women living in informal settlements and engaged in informal work as well as following well established indicators and questions used in existing wellbeing survey methodologies. It presented empirical evidence on what *patterns and gradations* of wellbeing success and failure are emerging for women and men engaged in informal work and living in informal settlements. The study followed an Integrated Wellbeing Survey (IWS) framework¹, and applied ten domains to measure wellbeing of the people engaged in informal work: (i) education and skills, (ii) jobs and earnings, (iii) consumption and assets, (iv) social connections, (v) housing and related infrastructure, (vi) empowerment, (vii) safety and security, (viii) living conditions (access), (ix) health status and related facilities, and (x) overall subjective outlook on life. Under the domains, 34 indicators (goals) were used to understand both subjective and objective wellbeing. The study also gave importance to understanding the priority of goals and the level of satisfaction achieved on these.

In Bangladesh, the study was conducted in seven informal settlements of Dhaka, Chittagong and Bogra cities, which were selected as mega, established and emerging cities respectively. Of them, two settlements from Chittagong and Bogra cities each and three settlements from Dhaka city were selected. Survey and FGDs were employed in data collection processes. The survey included 709 male and 755 female respondents across the sites. It was not designed to be statistically representative at city or national level.

What are the wellbeing priorities of informal workers living in informal settlements?

This study intended to capture the wellbeing priorities of paid workers and unpaid care workers living in different urban informal settlements. We assessed the extent to which their priorities are achieved or not, and the subjective satisfaction that people derive from this. People's priorities must be understood within cultural, economic, social, ethnic and religious contexts. This will be crucial to reform urban policies, planning and programmatic interventions for informal workers and informal urban settlements.

¹ IWS is based on WeD (Wellbeing in Developing Countries) framework and OECD framework on wellbeing. The construction of the IWS occurred through a dialectical process that reflected on the advantages and disadvantages of the reviewed wellbeing frameworks.

Table 1 shows how people identified their wellbeing priorities. Inhabitants of all seven sites give highest priority to the ease of access to drinking water. Enclosed toilet facility and access to dwelling have similar weight to the people of six informal settlements. Observing religious practices is equally important in five sites along with the priorities for schooling of their children, affordability to avail drinking water, and access to workplace. The prioritisation might be influenced by the absence/lack or presence of their required necessities to lead a good quality of life.

Table-1: Wellbeing priorities ranked by survey respondents (n=1464)

Goals	Number of times ranked in the top 10
Ease of access to drinking water	7
Enclosed toilet facility	6
Access to dwelling	6
Schooling for children	5
Affordable drinking water	5
Access to work place	5
Observe religious practice	5
Ownership of dwelling	4
Access to site	4
Ease of access to toilet	4
Access to latrines	4
Good physical and mental health	4
Protection from work-related hazards	3
Safety and security	3
Quality of construction materials	2
Ease of access to medical interventions	2
Space for living	1

Are wellbeing priorities achieved?

Typical livelihoods of the male inhabitants of the seven surveyed settlements involve rickshaw pulling, day labour, small business (tea stall, hawker), fishing, working in garments, driving auto-rickshaw, masonry work, sewing and so on. Women are generally involved in working as maids, garment workers, day labours and tailors. A very few women are involved in professional sex work in these localities. Only one person among the dwellers of these seven settlements works as a 4th class employee in a government office. The income of the people living in these settlements varies from 50 taka per day to 10000 taka per month.

All the sites surveyed are densely populated. The sites are owned and maintained by one or more landlords. Generally, the houses are either made of tin or bamboo. A very few houses are only made of concrete. Drinking water supplies are problematic in both of the sites in Chittagong. People of these two settlements have to buy water at a rate of 1-5 taka per jar. Almost 96% people of Docker Par in Chittagong have to buy drinking water, and approximately 45.5% people have to collect water from a distant place which is at least 15 minutes away from their home. During acute shortage of water, people of these two settlements drink river water. Comparatively, the scenario is better in Dhaka and Bogra. Lack of enclosed toilets and sanitary latrines is another major problem of these settlements. In each of the seven settlements, inhabitants

have to share toilet with others. The situation is worst at Beribadh and Khejurtola in Chittagong. The settlements in Dhaka and Bogra have enclosed toilets, though they are not sufficient in numbers. People living in informal settlements do not have ownership of the houses they live in. They always remain in fear of being evicted from their places. In most of the settlements the tenants are not organised. In some cases, they are organised through associations, most of which are run by NGOs. For example, inhabitants at Beltola in Dhaka are organised in Nagar Basati Unnayan Samiti (i.e., slum development committee).

Within these contexts, on which aspects of wellbeing do people succeed? The radar graph below shows the proportions of surveyed individuals who thrive, survive, or fail² on ten wellbeing domains, as a ten-sided polygon. The scale radiates out from 0 to 100, implying that the further away from the centre the edges of the polygon

² After normalisation, the potential scores that respondents could achieve on each domain ranged from a maximum of 100 to a minimum of zero. We label a score of 75 or higher as '*thriving*' outcome, a score of 25 or below being labelled as a '*failing*' outcome, and the scores in between this range being labelled as a '*surviving*' outcome.

are, the higher the proportions of people represented. As a reference point, the grey polygon illustrates a hypothetical 1/3rd of the sample as thriving.

The graph shows that **on most wellbeing domains, very small proportions of respondents are thriving**. Few proportions of people thrive in terms of education and skills, jobs and earnings, consumption and assets, social connections, housing and related infrastructure, health status and related facilities, and in their overall subjective outlook on life. People do, however, thrive in terms of having *physical access* to their dwellings, informal settlement, latrines and place of work most of the year. In terms of safety and security also, around a quarter of respondents thrive.

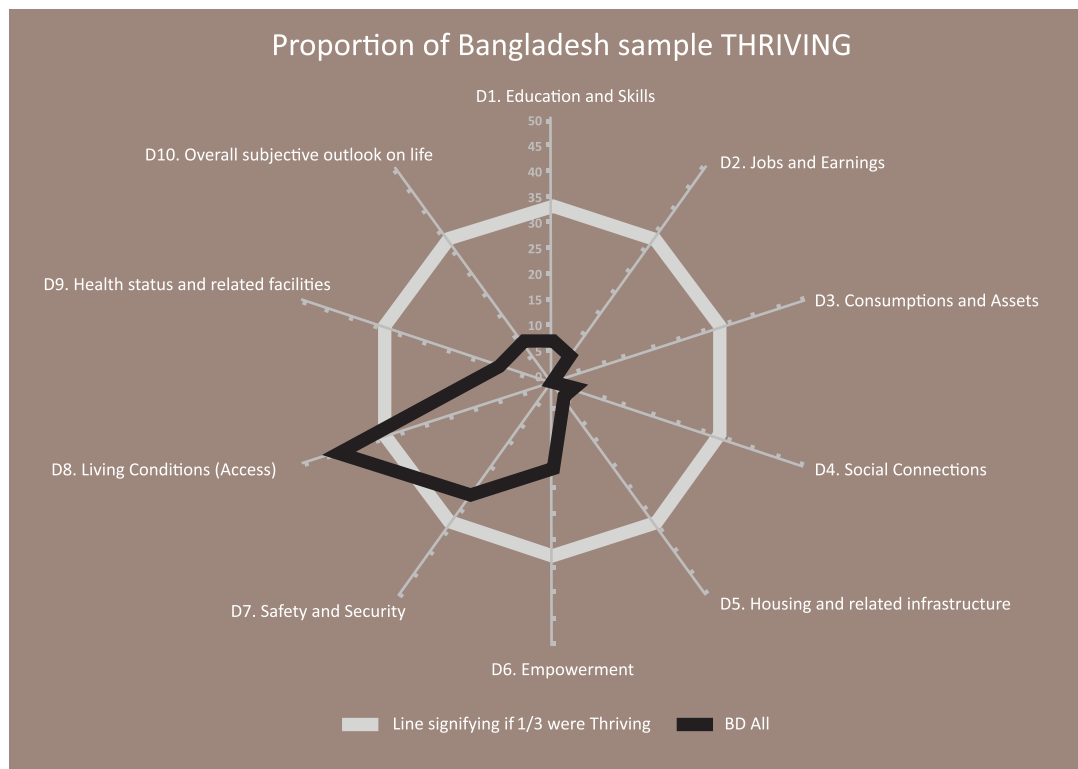


Figure 1: Informal workers in urban Bangladesh: which proportions thrive, on what wellbeing domains

Wellbeing priorities, and satisfaction with achievements on these, vary substantially across sites. In some sites, respondents are satisfied with achievements on highest wellbeing priorities, in others they are not. For example, highest priorities at Sheuzgari in Bogra are the ease of access to toilet and observing religious festivals, and people are satisfied with these. In contrast, in Khejurtola in Chittagong, priority needs are not met (Figure 2). In many sites, different aspects of healthcare (a nexus around clean and affordable water, and health care) are prioritised but people are considerably dissatisfied with these.

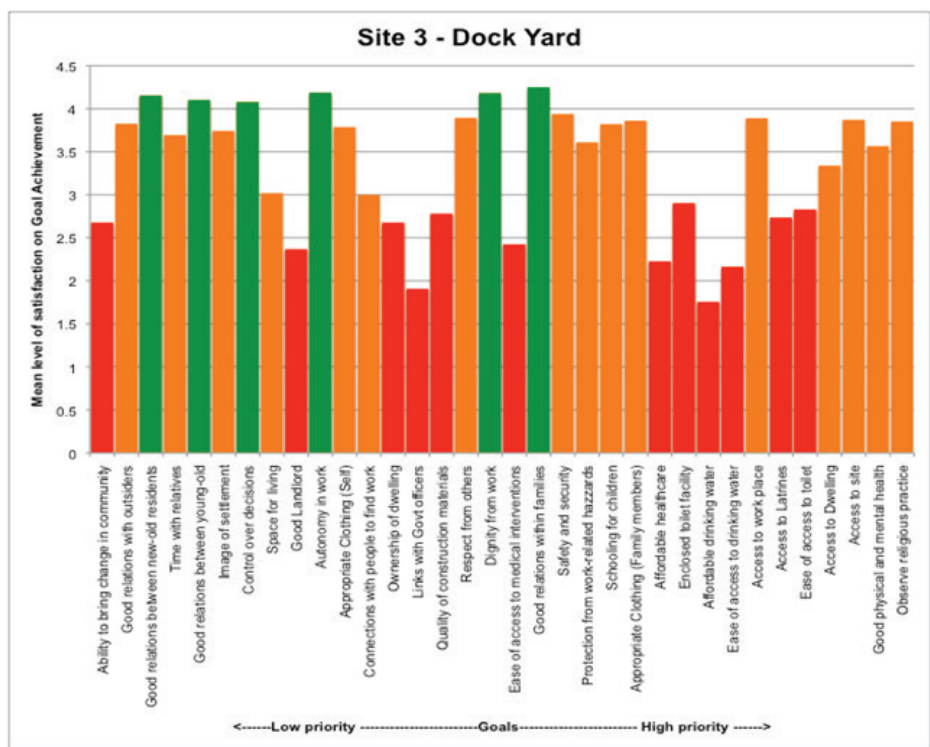


Figure 2: Informal workers in Dockyard, Chittagong: wellbeing priorities and levels of satisfaction with goal achievement (red = unsatisfied; orange = neither satisfied nor unsatisfied; green = somewhat satisfied)

We also found that while women and men often share priorities, their satisfaction levels with achieved wellbeing vary. For example, at Dockyard and Khejurtola in Chittagong, both women and men identified observing religious festivals as their top priority, however, women are (and men are not) satisfied with their ability to observe such festivals. At Beltola and Sirnitek in Dhaka, women are satisfied over some of their highest priorities including access to dwelling and protection from work-related hazards. At Sirnitek, women are satisfied over access to latrines and drinking water.

Who provides basic services in informal settlements?

In most cases, the **people living in informal settlements and engaged in informal work do not have access to basic services from government agencies** (see Table-2). For instance, educational facilities are typically lacking in the settlements. Only two settlements out of seven have primary schools or madrasas nearby their locality, which are not even run by the government. Not uncommonly, children drop out of school to engage in work at the age of 12 or 13. More than half (53%) of the respondents are illiterate or never attended primary school.

Table-2: Institutional conditions: basic service delivery

City	Housing	Water	Electricity	Street-lights	Sanitation	Waste	Health and family planning	Education
Bogra	Landlords, inhabitants	Landlords, donors, municipality	Landlords, private owners	Donor	Landlords, community, Donor	No-one	Private, NGOs	Public, private
Chittagong	Landlords, inhabitants	Private suppliers	Landlords, private owners	No-one	Municipality, landlords	No-one	Private, public	NGO, public, private
Dhaka	Landlords, inhabitants	NGO, donor, private suppliers, landlord	Landlord, private owners	Donor, no-one in Sirnitek	NGO, donor, landlord	Landlord, No-one in two sites	NGO, private sector, public	Public, private, community action, NGO, madrasah

Informal settlements are located on private land, and on government *khas* land. The latter lack legal recognition and are typically not provided with regular public services. This involves a denial of basic and fundamental citizenship rights (Article 42 of the constitution), as well as the denial of people realising their aspirations towards living a valued life in cities. Cities will keep growing, and we cannot escape the reality of large working populations living in informal settlements.

With severely limited government services, people living in informal urban settlements “usually depend on *informal* rather than formal systems of power and governance to access resources, public services or to mitigate risk” (Mosse 2010: 1164). In four sites among seven, landlords who control *khas* land use powerful political connection to provide facilities to the tenants. In other cases, they do so as private owners of the land. For example, metered electricity is provided in these settlements by landlords, who charge premium rates. In Chitar Par (Dhaka), every housing unit obtains metered water from landlord’s water line.

We have seen how in Dockyard, Chittagong, people were unsatisfied with their access to healthcare. This is common across sites. In many sites, healthcare service provision depends on NGOs as well as the private sector. In some Dhaka sites, these are more or less available in or nearby the settlements. E.g. Beltola in Dhaka is quite well served; Marie Stopes and Brac provide immunisation and family planning services. Chitar Par is served by five pharmacies. However, no doctors visit here, and pregnant women depend on female

health workers from Marie Stopes. Other settlements are less fortunate, and do not get medical services from government agencies or NGOs.

In most of the settlements surveyed, there is no street light support to ensure safety and security at night time. Take for instance the case in Sirnitek in Dhaka and Khejurtola in Chittagong. In Sheuzgari in Bogra, miscreants broke donor (UPPRP) provided streetlights so that they can commit robbery, theft etc. at night.

Policy recommendations

Making cities and human settlements inclusive, safe, resilient and sustainable is currently considered one of UN’s Sustainable Development Goals (SDGs). The people engaged in informal work and living in informal settlements are citizens of Bangladesh; they are contributing to the economy but are not recognised. As citizens they deserve the right to basic services and quality of life. The study reveals that the people living in informal settlements of urban areas depend mostly on informal arrangements, such as through slumlords, to access basic services. Whereas this does provide some level of access, it is often at a high cost,

and this may hinder escaping from poverty. Therefore, it is time to pay attention to informal workers living in urban informal settlements. Following is the recommended list of priorities:

- **Paying greater attention to people's wellbeing priorities** to guide supporting interventions.
- **Ensuring basic services** to the people living in informal settlements so that they can enhance their capability and enter into formal sectors and escape from the trap of poverty.
- **Formulating inclusive urban policy** that will support to ensure inclusive, safe, resilient and sustainable urban settlements for all people living in urban areas.
- Acknowledging people living in informal settlement by **respecting their citizen rights** as well as entitlements and, thus, upholding their human dignity.

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For further communication:

ActionAid Bangladesh
House 8, Road 136, Gulshan 1, Dhaka 1212, Bangladesh
Phone: +880 2 8837796, +880 2 9894331 | Fax: +880 2 8815087
Email: aab.mail@actionaid.org | Web: www.actionaid.org/bangladesh

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