

# Leave No One Behind Bangladesh

The Leave No One Behind Partnership urges decision makers at the national and global levels to ensure that the voices of marginalised communities are heard and count in the planning, review and implementation of the SDGs.



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The partnership includes national and international civil society organisations (CSOs), civic platforms and community-based organisations jointly working to address data and policy gaps, and to realise the universal claim to “leave no one behind” in the context of the 2030 agenda.

Together, partners carried out a pilot project across five countries (India, Bangladesh, Kenya, Vietnam and Nepal). Each country coalition undertook national pilot research targeting specific marginalised communities with the overall goal of closing knowledge gaps, analysing local drivers of vulnerability, and deriving concrete recommendations for public policy making and planning. Between December 2018 and March

2019, the national coalitions worked closely with members of their target communities to build community understanding on the SDGs and collect data through participatory research.

In Bangladesh, the Leave No One Behind national coalition comprises: ActionAid; BRAC; Care; CBM; Islamic Relief; Plan; Save the Children; Transparency International and VSO.

# Making Voices Heard

Findings from the national research pilot

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## SDG Target

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

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## Target groups

Street dwellers and floating populations.

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## How did we engage marginalised groups in SDG monitoring?

LNOB partners undertook a desk study to identify knowledge gaps, then convened group discussions, in depth interviews and key informant interviews in 3 sites with floating populations/street dwellers, govt. and non-govt. healthcare providers and policy makers (government officials). Using these methods, the survey team collected rich qualitative data to understand the experiences of the target populations.

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## Ways target groups are left behind

- Street dwellers and floating populations in Bangladesh do not have access to quality healthcare and are excluded from almost all services offered by the government of Bangladesh.
- Living on the street prevents street dwellers and floating populations from maintaining regular hygiene practices. They have low nutritional status and spend most of their income on food. Women are more vulnerable than men in terms of safety and security.
- Street dwellers and floating populations generally do not visit health facilities or hospitals for common illnesses. Nearby drug shops are usually the first contact point for any treatment. In severe cases, they go to the Government Medical College Hospitals.
- Financial hardship, long hospital queues, absence of identity cards and distance from services are the main reasons why they do not seek health care.
- While there is a limited amount of free healthcare services available, these groups are excluded due to lack of money for tests or medicine and lack of information on the free services they are able to access.

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## What is missed in national reporting?

- National surveys are based on the household, so they systematically exclude street dwellers/floating populations who do not have a fixed household address.
- More broadly, national databases do not collect and represent disaggregated data on marginalized people.
- Existing policies have failed to address the problems of healthcare in depth and identify the needs and priorities of marginalised people.

# Making Voices Count

## National advocacy impact so far:

The Bangladesh national coalition has collaborated informally with UNDP and WHO for technical support and resource mobilization. It has engaged government offices, including the NGO Affairs Bureau and the Bangladesh SDG Coordinator, who attended the first annual Leave No One Behind stakeholder meeting.

## Recommendations:

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### Service provision

- Initiate mobile health clinics through public-private partnership (PPP) model to make services available for street-dwellers in a time and place convenient for them.
- Introduce special identity cards to ease priority access to healthcare for floating populations/street dwellers and minimize the cost, especially of diagnosis and medicines.

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### Programme level

- Improve coordination of interventions for floating populations/street dwellers.
- Organise interventions to improve safety and basic amenities for floating population/street dwellers, including night shelters; day care centres; locker services; low cost hygienic food shops; free toilets and washing facilities.
- Develop coordinated campaigns to build the awareness of floating populations/street dwellers on the existing low-cost services provided by public and private sectors.

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### Policy and health system level

- Conduct a census of the floating population/street dwellers in Dhaka and other large cities to inform policy and programme planning.
- Implement further research on floating populations and street dwellers to find out the best model for service provision for these populations including barriers and enablers that are accessible and acceptable to them, towards achieving universal healthcare by 2030 as envisaged by the government, leaving no one behind.

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