



OBATHELPERS
Empowerment Through Community Development

Challenges & Prospects of Bihari Camp Residents in Bangladesh

Bihari Camp Report

A Report on a Pilot Survey Project in
Center Community Relief (CCR) Camp
and Mohammadpur Market Camp
in Bangladesh

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Abstract

The Bihari community is settled in 116 camps in Bangladesh after the liberation war in 1971. Because of political isolation and political identity, the camp residents have been facing many challenges in the past 50 years. These issues are affecting the lives of camp residents adversely. OBAT Helpers, Inc., a USA-based nonprofit, works for the multi-folded development of the internally displaced community and refugee population, including the Bihari community, since 2004 in Bangladesh. This organization conducted a pilot research project to identify the major challenges of the Bihari community for making informed decisions about future development programs. The survey covered two Bihari camps located in Dhaka- the Center Community Relief (CCR) camp and the Market camp of Mohammadpur, where 327 households participated out of 1055. The survey findings underlined some chronic issues in these camps, such as lack of education, financial hardship, unhealthy living conditions, difficulties in accessing healthcare services, malnutrition, discrimination in the job market, and poor waste management. These issues cause a high risk of physical and mental illness, environmental degradation, and financial instability among the camp dwellers. This paper also exhibits some case studies briefly to provide better insights into the lifestyle of the camp residents. The researchers outlined some proposed action plans based on the research findings to improve the living condition of the camp residents. In this mission, a joint intervention between the government and non-governmental organizations can expedite the development process sustainably.



Introduction

The Bihari community in Bangladesh originated from the Indian states of Bihar and West Bengal after the Partition of India in 1947. Approximately 300,000 Biharis are living in 116 camps around Bangladesh since the liberation war in 1971. Because of their political ideology and participation in the liberation war against the independence of Bangladesh, this community is socially and politically isolated. This isolation causes multiple issues in the Bihari camp residents' lives. Poverty is the major problem of the camp residents. In addition, housing problem, inadequate education, drinking water, sanitation facilities, healthcare services, legal aid, and socio-political discrimination have made their lives difficult. The International Republican Institute (IRI) found several challenges in the Bihari community in their qualitative study. It includes- social and political alienation, poverty, discrimination in the job market, inadequate healthcare services, poor sanitation facilities, scarcity of clean drinking water, congested housing, and drug trafficking. In this study, the researcher intends to discover the extent of the current challenges and problems of the Bihari community living in Bangladesh.

OBAT Helpers, Inc. is a USA-based nonprofit that works for the development of the internally displaced community and refugee population in Bangladesh since 2004. This organization offers support to the stranded communities, including Rohingya refugees and Urdu-speaking or Bihari population, with a focus on sustainable development that covers education, health, safe drinking water, economic empowerment, and a safe environment. Approximately 34,000 families from multiple Bihari camps are receiving services under the umbrella of OBAT Helpers, Inc. To improve the living condition of the camp residents, this organization is providing support for education, healthcare services, professional skill development and economic empowerment, safe drinking water, environmental safety, sanitation facilities, and financial aid. In addition to that, OBAT Think-Tank, a volunteer group of young adults from the local community, implements multiple awareness-building programs to inform the camp residents about the importance of education, healthcare and hygiene, youth development, and a clean environment. OBAT Helpers, Inc. intends to conduct pilot survey research to understand the current challenges and prospects of the Bihari Camp residents in Bangladesh. The findings of this research will help this organization and the policymakers to make action-based decisions responding to the needs of this community.

Background of the Bihari Community in Bangladesh

During the Indian partition in 1947, a massive migration took place in India, Bangladesh, and Pakistan. This partition forced one million Muslim population of Bihar to migrate into East and West Pakistan during the community riot. The other migrant population are from Uttar Pradesh. In the liberation war of Bangladesh in 1971, when East Pakistan and West Pakistan were separated, most of the Biharis population aligned with West Pakistan and opposed the idea of independence of the Bangladeshi people. They supported Pakistan during the liberation war and opted for Pakistani citizenship after the war. Their active participation in the liberation war against Bangladesh, including massacres of Bangladeshis, burning their houses, rape, and torture, tagged them as “war criminals” (Rahman, et al., 2020).

The International Red Cross and Red Crescent Society (ICRC) enlisted 540,000 Biharis in the camps who desired to repatriate after 1971. However, Pakistan accepted Urdu-speaking people who had played a significant role with the Pakistani army during the liberation war (Siddiqi, 2013). Between 1972 and 1993, only 178,069 Biharis were repatriated from Bangladesh to Pakistan in different political regimes, and the remainders started living in multiple camps in Bangladesh (Rahman, et al., 2020). Since then, these people have termed themselves as ‘Stranded Pakistanis’, which means ‘trapped Pakistanis’. After the liberation war in 1971, the Government of Bangladesh offered citizenship to the Bihari population. Many Biharis accepted Bangladeshi citizenship following the 1972 Ordinance¹ and assimilated into the mainstream society. The rest of them rejected citizenship and preferred repatriation to Pakistan. This emotional and political mindset intrigued an identity crisis among the Biharis in Bangladesh (Rahman, et al., 2020). Besides, their language and culture also intensified this detachment (Rahman, et al., 2020).

This stranded Bihari community is facing discrimination due to their direct and indirect involvement against the independence of Bangladesh during the liberation war in 1971. Despite of the rage of the mainstream Bangladeshi people, the Dhaka High court approved a petition and formally recognized the Biharis as Bangladeshi citizens in 2008. Following that approval, the Biharis received voting cards for practicing civic rights and duties (Parveen, 2008). However, their existence seems as a marginalized community in Bangladesh. Many Biharis’ application for passport got rejected for not providing required documents, such as- proof of residence. Since the camp residents do not possess any documents for proof of residency, like utility bills or land records, they cannot provide it with their application (Haider, 2018). In addition to that, they have been suffering from issues with housing, job availability, access to education, physical and mental healthcare, and social discrimination.

¹ President’s Order No. 8 of 1972 (Link: http://bdcode.gov.bd/upload/bdcodeact/2020-11-10-10-36-58-400_5_PO_8_1972_2001_fina_E_final.pdf)

Objective of the study

OBAT Helpers, Inc. administered this pilot survey research to understand the extent of the challenges and prospects of the Bihari population living in Bangladesh. This study aims to understand the socioeconomic status of the camp residents and their challenges. The objectives of this study are-

- I. To address the challenges of the camp dwellers related to physical and mental health, nutrition and hygiene, economic condition, educational status, sanitation, and environmental issues
- II. To understand the sources and causes of those problems to solve them through necessary initiatives

Methodology

This research follows the explanatory method to scrutinize the problems of the camp residents and achieve the research goals. Descriptive research is “devoted to the gathering of information about prevailing conditions or situations for description and interpretation” (Salaria, 2012). This method helps to analyze and interpret data along with comparing and identifying the trends and relationships among variables. The study followed a mixed-method approach where quantitative and qualitative data were collected and analyzed. The researchers used the purposive sampling method and selected the Center Community Relief (CCR) camp and the market camp of Mohammadpur in Dhaka to administer the pilot survey.



For the quantitative study, 327 households participated in the survey from the CCR camp and market camp of Mohammadpur. The survey was administered in the field in February 2021 through a structured questionnaire focused on education, income, physical and mental health, maternal health, sanitation and hygiene, access to healthcare and legal support, professional skills, environmental safety and security, and civic engagement. The researchers recruited the respondents randomly from the camp residents who were available during the daytime. Before collecting information, the researchers mentioned the purpose of the study and asked for their permission to participate in the survey voluntarily. The quantitative data was coded and analyzed in MS Excel.

For the qualitative part, the researchers conducted five case studies of the camp residents to verify the survey information. The researchers randomly recruited the participants for the case studies and collected in-depth to understand the reasons for their existing problems through participatory observation and interviews. This information was analyzed following the tones of the respondents and word themes. Volunteer translators were involved

in the cases where the respondents did not speak or understand any other language than Urdu. In addition to that, the researcher gathered secondary information from journal articles, policy documents, project reports, research papers, news articles, and websites of renowned organizations. This secondary information was systematically reviewed and summarized to describe the historical background of the Bihari population, political sentiments, initiatives of the Government of Bangladesh to address the issues of this community, and socioeconomic challenges in this community. The researchers also collected photos of the respondents and their dwelling situation for evidence as per their consent.

Analytical Framework

In this study, grounded theory is used to systematically identify the challenges in the Bihari camps. For data analysis, the researchers coded the survey data into multiple labels, such as social indicators, economic condition, health and hygiene, environmental safety, social discrimination, and civic engagement. The researchers also developed an analytical framework to analyze the current situation within the Bihari camps. According to the analytical framework, the researchers identify the social, economic, and political factors that shape the living standard of the Bihari Camp Residents (Bhattacharjee, 2018). In this study, the social factors refer to education, speaking language, social norms, and communal stigma. The economic factors indicate income, professional skills, and the nature of savings. The political factors denote national policy and civic rights practices. This paper describes how the social, economic, and political factors are affecting the quality of the camp residents' lifestyle and inferring the existing challenges.



Figure 1: Analytical Framework

Findings of the Survey Interview

Demographic Information of the Survey Respondents

Among the respondents, it appears that 64% of the respondents are female, and 36% are male. That means the male-female ratio is almost 1:2 in this community. Regarding the marital status, 80.7% of the respondents are married, 5.8 % are single, 11.9% are widowed, and 1.5 % are divorced.

The pie chart below shows the percentage of gender:

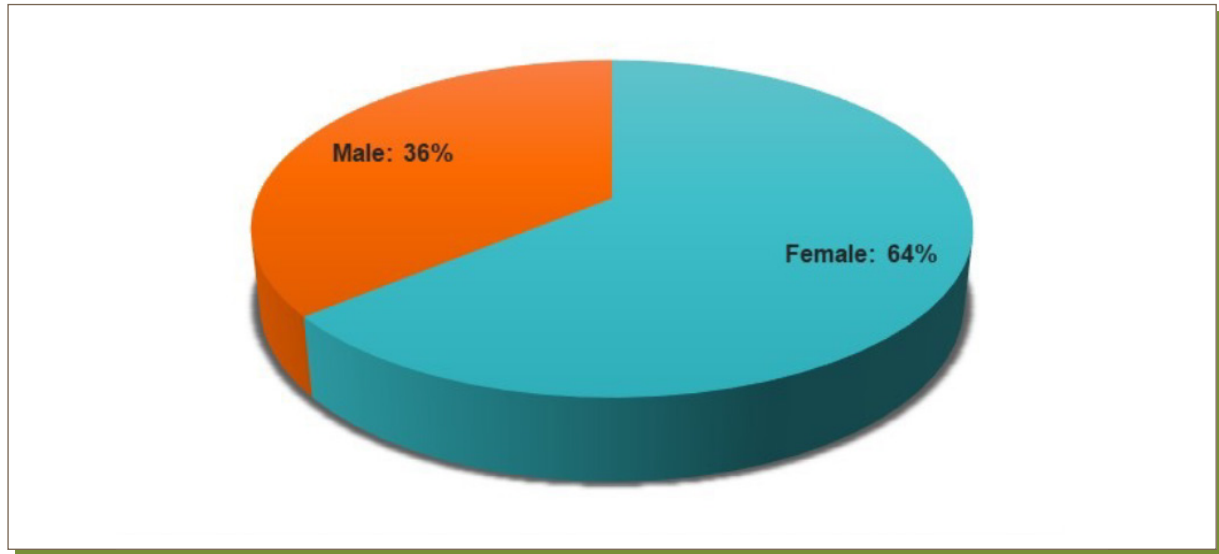


Figure 2: Percentage of Male and Female Respondents

he respondents of this survey were from multiple age groups. The age range was from 16 years to above 66 years. Most of the respondents were from the age groups of 26 to 35 years (31.5%) and 36 to 45 years (38.2%). In most of the age groups, female respondents are higher than males. The reason might be the availability of the female respondents during the daytime since most of them stay at home. The graph below (Figure 3) shows the variety of age groups among the survey respondents. The gender ratio of the respondents reflects different age groups as well.

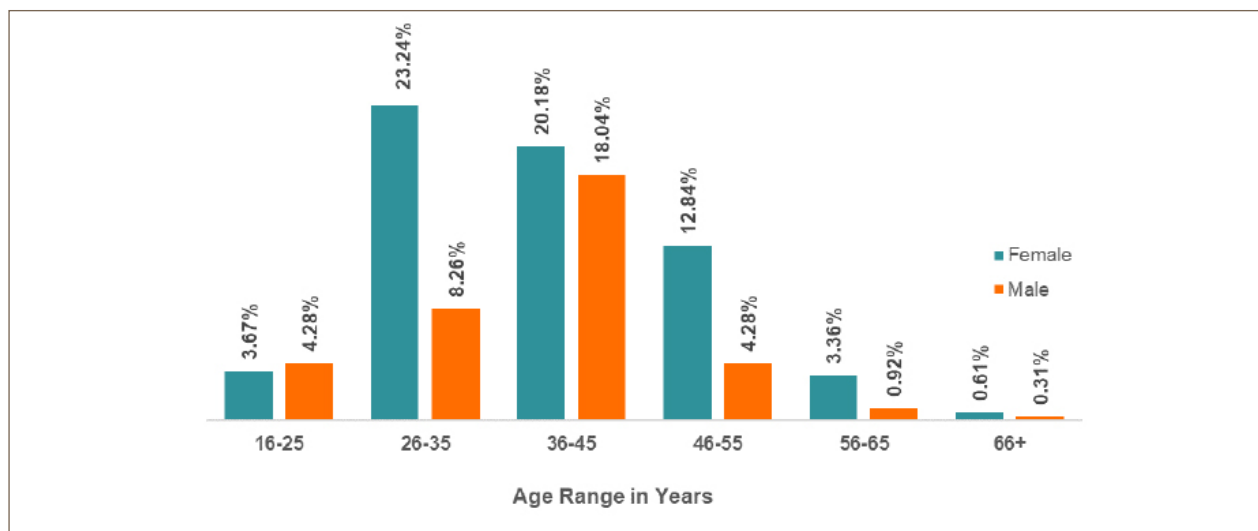


Figure 3: Age and Gender of the Respondents

Social Factors

The CCR and Market camps of Mohammadpur have approximately 1,055 households, who seem to be an outcast from the mainstream population because of their cultural identity, political ideology, and actions during the liberation war in 1971 (Rahman et al., 2020). Among the survey respondents, 68.5% mentioned that they face a language barrier to communicating with mainstream society and access to public facilities, including education and healthcare services. In addition, 62% expressed their uncomfortableness due to their identity while sharing their problems with the respective authorities. As most of the Bihari population are Urdu speakers, the language dissimilarity obstacles them from accessing available public services like the mainstream Bangladeshi citizens, limits their activities, and encourages them to maintain a unique culture inside the camps. Regarding the socio-cultural practices among Biharis in Bangladesh, Rahman et al. (2020, p. 894) mentioned:

“It is evident that the economic condition of camp dwellers is preventing them from being assimilated to Bangladeshi society and better economic condition leads to assimilation. Economic vulnerabilities offer social exclusion which made many Biharis attach to their primordial cultural identity.”

ceive a formal education, the Bihari camp children go to the nearby schools. OBAT Helpers, Inc. provides support for education in the Bihari camps and operates multiple schools and tutoring centers in these camps. The OBAT-supported schools offer education for underprivileged children from levels K to 12. The tutoring centers assist these students for better performance in class tests and certification exams. However, the education rate is low in the middle school grades, especially among male students. The bar chart below exhibits that about 59.6% of the total participants responded to having primary education up to level 5 as their highest level of education. 15.9% of respondents have Junior School Certificate (JSC), where 11% are female and 4.9% are male. The case studies reveal that many children in the Bihari camps leave school to support their families by working at home or outside. Many girls get married in their teenage and drop out the school.

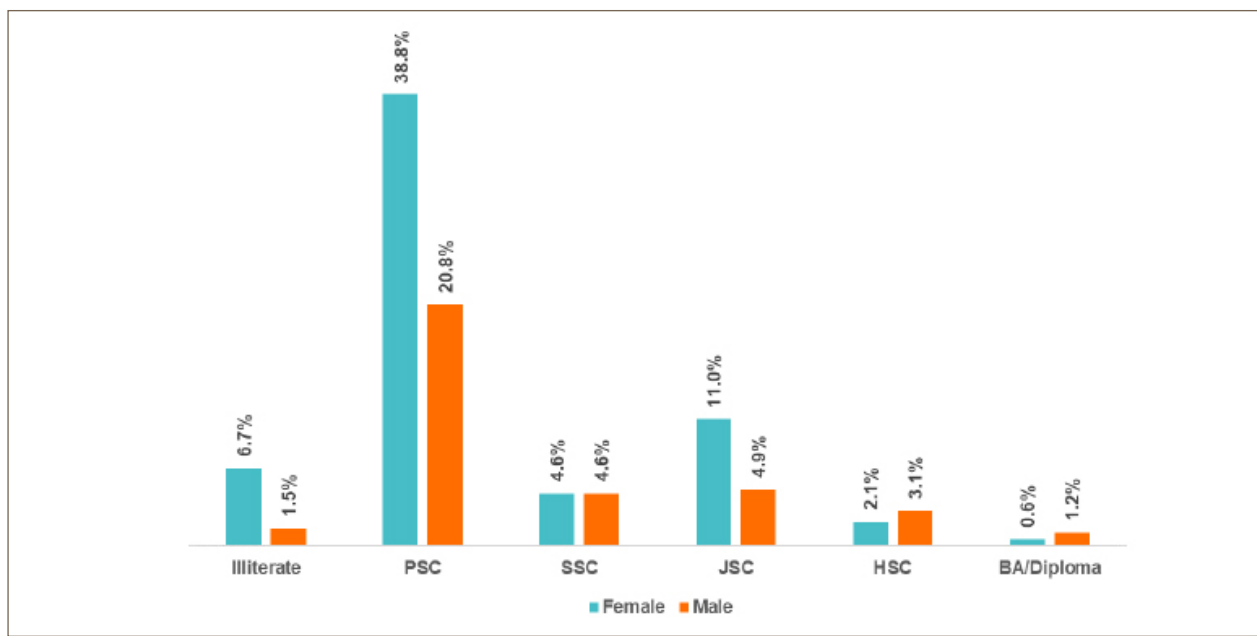


Figure 4: Level of Education: Male vs. Female

At Secondary School Certificate (SSC) level, both males and females have an equal percentage (4.59%), and at the higher education level, the graduation rates of males are than females. For instance, in Higher Secondary Certificate (HSC), 2.14% are female, and 3.06% are male. And, 0.61% of females and 1.22% of males graduated with a Bachelor's or diploma degree. On the other side, 8.26% are illiterate, while 6.73% are female and 1.53% are male. The low attainment of education among the camp residents causes their economic hardship and many other problems. According to one of the survey respondents, “since there are no well-educated people in Bihari camps, there are no well-employed people”.

The dropout rates among the camp children are very alarming. A significant portion of the survey participants (43.7%) mentioned that their children dropped out of school for many reasons, such as financial inability, child marriage, work outside of the camp, looking after younger siblings, and helping with household work. OBAT Think-Tank volunteers perform the awareness-building program in the Bihari camps to inform them about the benefit of education and encourage them to continue the education for their children.

Health Factors

The camps have a series of health and hygiene issues. Many camp residents use public bathrooms, where 1 bathroom is allocated for approximately 65 people. Although, some camp dwellers have bathrooms inside their houses. Most of the bathrooms and toilets have problems with cleanliness, congestion, and inadequate water supply. This unhygienic practice causes many infectious diseases. During the outbreak of COVID-19, many camp residents might have been infected due to this unhealthy environment. Since many people in the camps did not go for the COVID test when the symptoms appeared, a few survey respondents (0.9%) confirmed that their family members tested positive for COVID-19. However, the camp residents are conscious of the health guidelines, such as maintaining social distance, washing hands frequently, covering the face and nose while sneezing or coughing, and wearing masks. They also

teach their children to follow those guidelines and maintain personal hygiene and cleanliness. The most common diseases among the survey respondents are- low blood pressure (36%), high blood pressure (18.4%), diabetes (21%), heart disease (10%), eye problems (7.7%), cancer (0.9%), and psychological disability (0.3%).

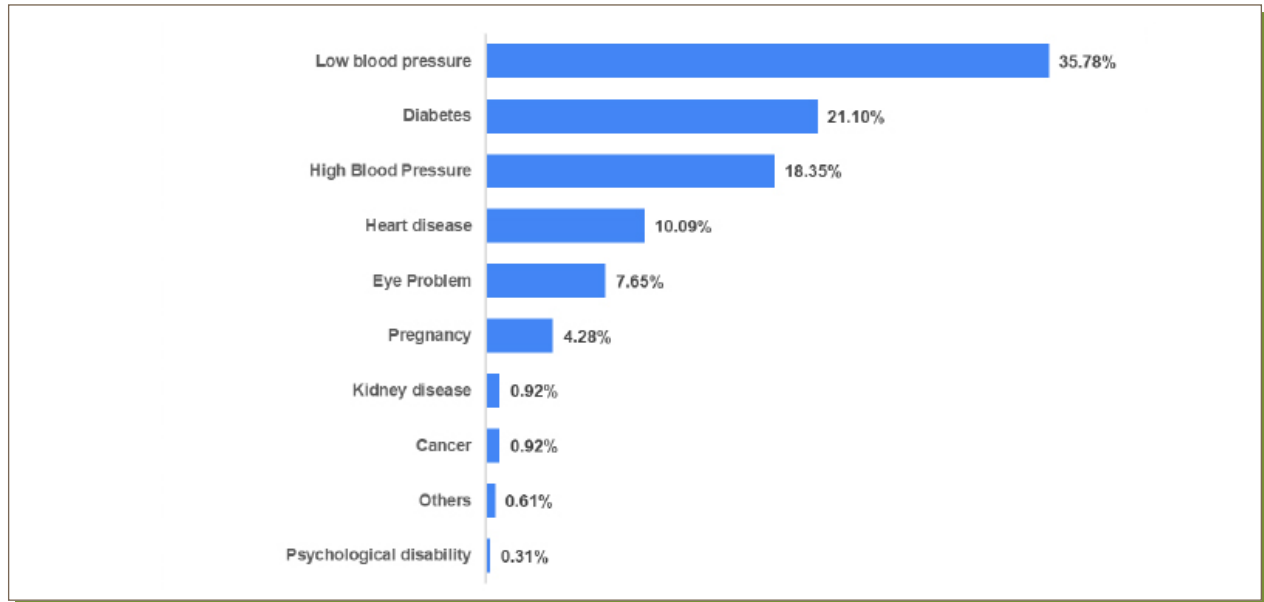


Figure 5: Types of Disease in the Bihari Camps

For the healthcare services, 71.25% of Biharis go to the public hospitals, and the rests visit the private hospital, community hospitals, and Kabiraj² (folk healer). They prefer the hospitals close to the camps, or charge less for treatment and visits, are easily accessible for everyone regardless of language and income, and have a short wait time for the service (Table 5, page 62). For childbirth, 50.8% of camp residents go to the fertility center, 42.2% go to the public hospital, 3.7% go to a private hospital, and 3.4% go to the community clinic. The treatment cost of childbirth and maternity healthcare is less expensive in public hospitals than the private clinics. That might have encouraged them to go the public hospitals.

The researchers asked the survey participants if there are any disabled members in their families. The following graphs exhibit that only 11% mentioned that they have physically or mentally disabled people

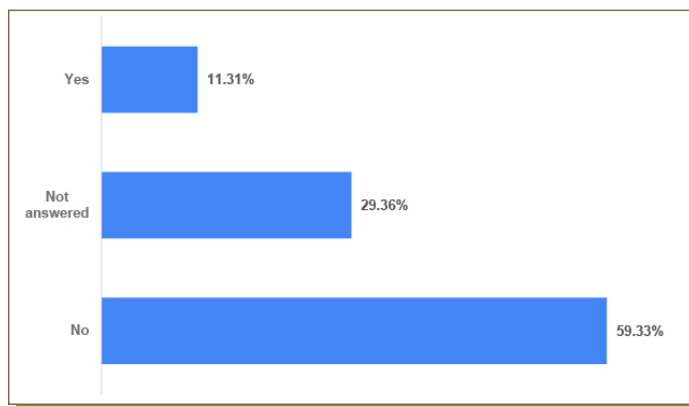


Figure 6: Disabilities in Families

in their families, 59% declared that they do not have any disabled family members, and 29.3% wished not to answer this question. There is a possibility that the camp dwellers have more disabled people in their families, but they hesitate to disclose that information because of social stigma.

The camp residents use drinking water from Dhaka Water Supply and Sewerage Authority (WASA). The graph below ex-

² In general, when there is no doctor available, especially in the rural areas, people go to Kabiraj or folk healers for treatment. The Folk healers do not have any licenses or degrees as health practitioners. However, some people believe that they can heal any disease with pills, divine water, or special oil (Rahman et al., 2019).

hibits that most of the respondents (60.7%) agree that they have a source of drinking water that is very close to their house. The rest of the respondents (39%) mentioned that they have to walk 5 to 15 minutes to get the drinking water. In the rainy season or inclement weather, this walk is not convenient for the camp residents. Moreover, most of the respondents mentioned in their interview that drinking water is not clean and safe always. Sometimes the stinks and the color look pale yellow. Unsafe water can cause many water-related diseases. Leakage of water connection and lack of maintenance could be the reason for this problem.

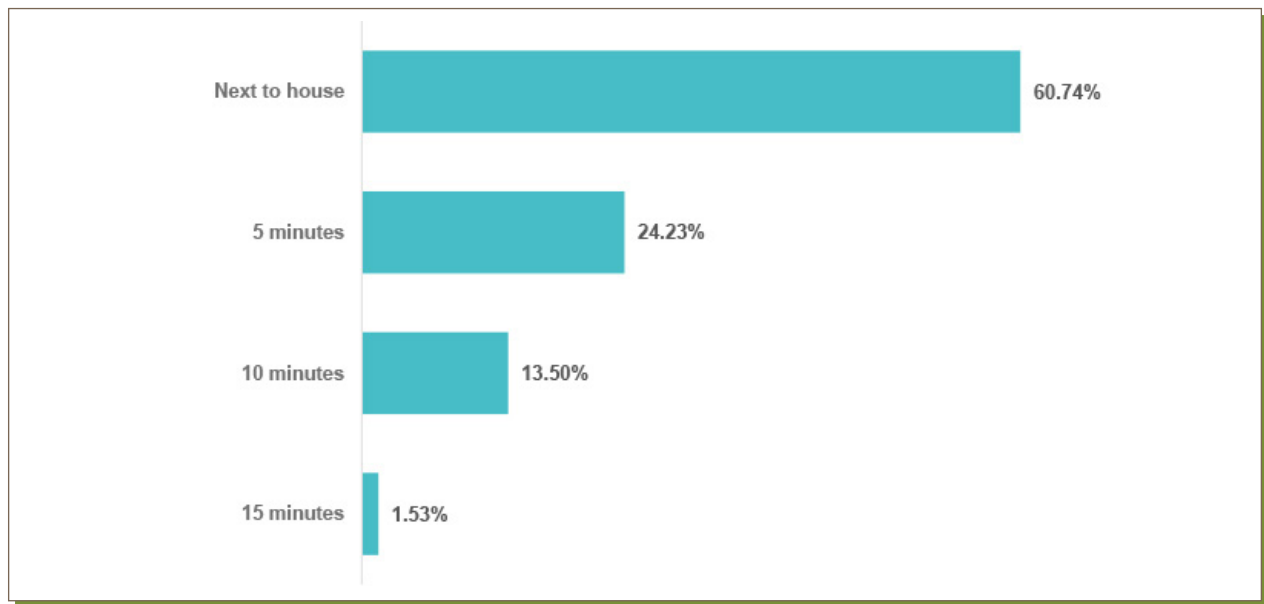


Figure 7: Distance between the Source of Drinking Water and the House of the Respondents

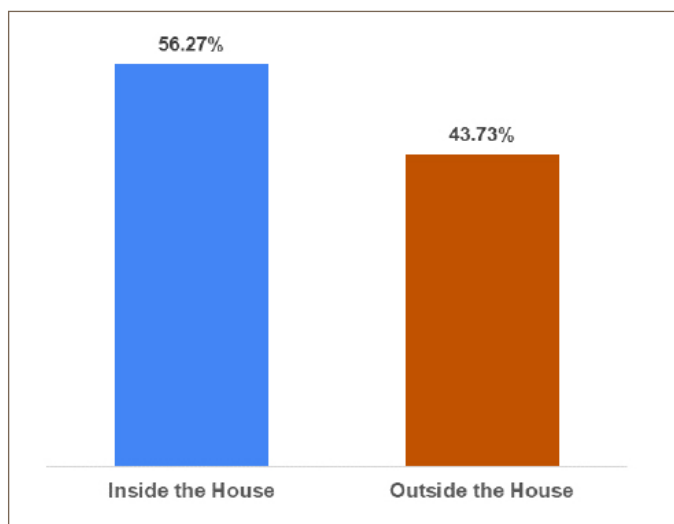


Figure 8: Available Toilet and Bathroom Facilities in the Camps

Having adequate and clean toilets indicates the maintenance of hygiene in lifestyle. Regarding the availability of toilets and bathrooms, 56.27% of the participants responded that they have toilets inside their house. Although, one bathroom is insufficient for a large family with more than six people. Many families have bathrooms or toilets built next to their sleeping space, which is very unhealthy for those families. The rest of the respondents (43.7%) mentioned that they use the public bathrooms made outside their house and pay on average 50 BDT monthly for maintenance. Although, cleanliness is rare in those toilets.

Water clogging in the bathroom and inside the camp is also a big problem. The graph below shows the frequency of water clogging problems that the Biharis face in the camps:

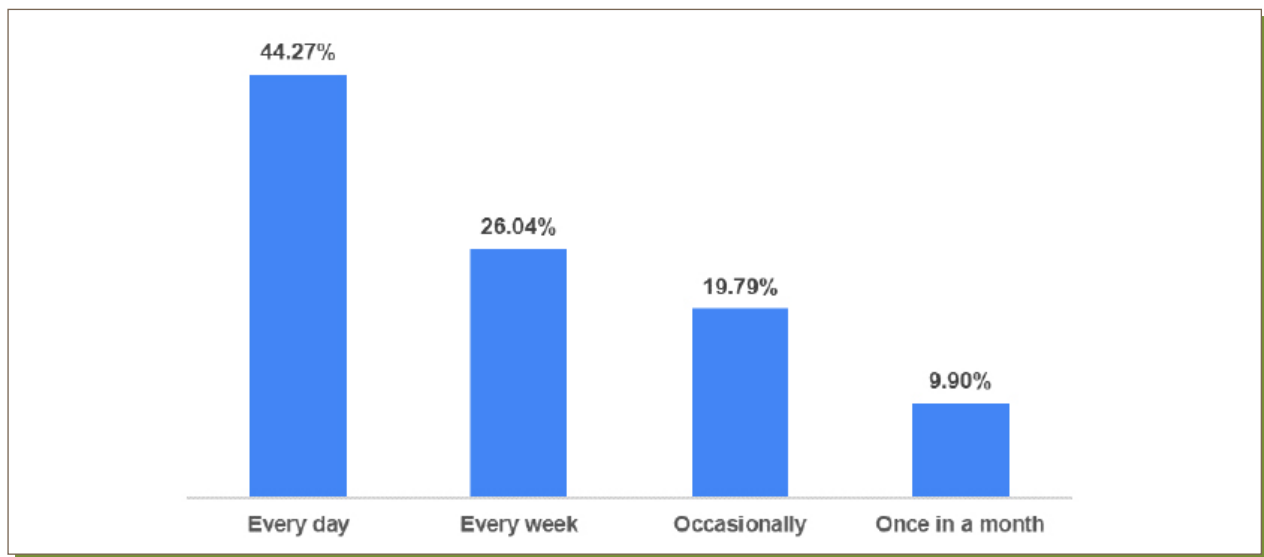


Figure 9: Frequency of Water Clogging Problem

From the figure, it appears that 46.5% agree that water clogging is a common problem in the toilets in Bihari camps. Among them, 44% mentioned that they face this clogging problem every day, 26% face it every week, and 19.8% face occasionally. This water clogging problem is severe during the rainy season. It can cause various contagious disease as well as pollutes the environment.

While this survey was conducted in the Bihari camps, the COVID-19 outbreak was extreme in Bangladesh. In the Bihari camps, where people live in very congested spaces and use unhygienic toilets and bathrooms, there is a high risk of the fast spread of this virus. However, among 327 respondents, only three people mentioned that their family members tested positive for COVID-19 (0.92%). For the treatment, they maintained home isolation and followed the guidance from the health department. Regarding the consequence of COVID-19 on the lives of camp dwellers, 71.3% believe that the social distancing is affecting their regular life adversely more than anything. Among the rest, 58.7% responded that they are affected by physical health, and 47.1% reflected an economic effect due to the Pandemic. The camp residents (91.4%) are conscious of the value of personal cleanliness and encourage their children to wash their hands regularly. This awareness of personal hygiene might be possible due to the awareness-building activities of OBAT Think-Tank volunteers and OBAT schools.

Mental Health

The camp residents live with numerous problems and uncertainty that might have impacted their mental health, such as anxiety, depression, and schizophrenia. The data table (Table 1) below exhibits that only 25% of the respondents agree that they have been diagnosed with mental illness. However, in the current lifestyle, most camp residents (95%) are hopeful. They believe that the problems the camp resi-

dents have been facing for the past few decades, will be solved soon, and their lifestyle will be improved. Only 2.75% of the respondents mentioned that they are not hopeful about the future improvement of their lifestyle.

Diagnosed with mental health issue	Feeling about current situation	Percentage
No	Hopeful	73.09%
	Hopeless	0.92%
	Neutral	1.22%
No Total		75.23%
Yes	Hopeful	22.32%
	Hopeless	1.83%
	Neutral	0.61%
Yes Total		24.77%
Grand Total		100.00%

Table 1: Mental Illness Diagnosis and Feeling about Current Situation

pay too much attention to the issues around them since some are hard to cure. And 1.5% feel like not working or doing anything. These statements exhibit the frustration of the respondents about the current situation.

While conducting the case studies, the researchers revealed that most camp residents are demoralized by the current situation. They shared their grief and stress about their lifestyle. Although, the survey data exhibits that 96% (Figure 10) are hopeful about their future. The difference between the survey information and case studies might have happened because of the way the question was illustrated during data collection. The respondents felt more comfortable sharing their mental status during the case studies than during the survey interview.

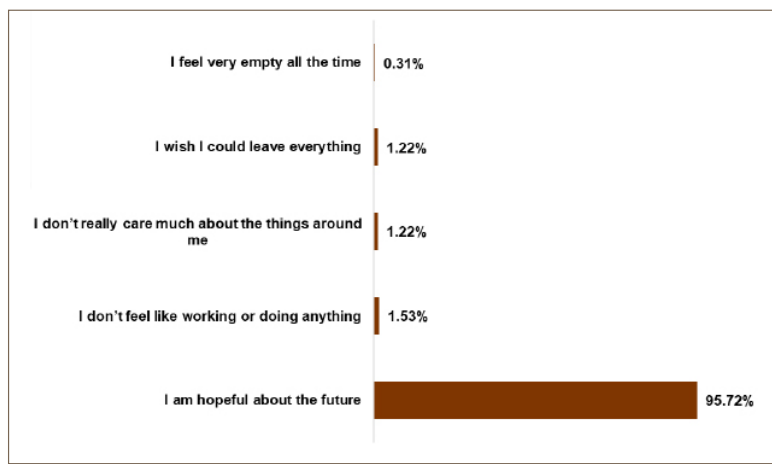


Figure 10: Mental Health Status of the Camp Residents

The researcher asked a few questions to understand the mental status of the respondents. The majority of respondents (95.7%) mentioned that they are hopeful about the future. Among the rest of the respondents, 0.3% shared that they feel hopeless about their future. Some of the respondents (1.2%) wished to disappear their problems behind or forget them. Few of them (1.2%) mentioned that they do not

The researchers asked the respondents if they trust the people surrounding them. This question aimed to understand the ability to trust other people in building a relationship. Among the respondents, 83.2% mentioned that they trust other people surrounding them. That means they rely on their relationship with other people. On the other hand, 14.1% mentioned that they do not trust other people, and 2.75% were neutral. That means they are mindful of what happens around them, and sometimes they do not rely on other people.

Physical Environment of the Camps

The living condition in the camp is very poor. The whole family lives in the same room, regardless of the number of family members (IRI Report, 2020). Many families have more than five members who share very little space for sleeping, studying, or cooking. Among the camp residents, 80% own their house, and 20% rent the house from other camp residents who do not need the given space.

House Ownership Status	Building Materials	Percentage
Own	Composite (Brick + Cement)	2.75%
	Paka	77.37%
	Own Total	80.12%
Rent	Composite (Brick + Cement)	2.45%
	Kacha	0.31%
	Paka	17.13%
Rent Total		19.88%

Table 2: Types of House and Home Ownership in the Camp

There are three types of houses seen in the camp areas. The first category, composite, includes houses built with brick and cement and roofs made of tin. The second category is Paka, which means the entire house is made of concrete. The third category is Kacha which indicates that the house is made of other materials than concrete, such as bamboo, wood, and tin. Table 2 exhibits that among the homeowners, 94.5% have the paka house, where 77.37% own the house, and 17.13% rent it. The rest of the respondents have a house made of brick and cement (5.2%).

The researchers found that the camps lack proper air and light circulation. The alleys have space of approximately one meter, which is insufficient to walk more than one person at a time. In some places, the walking aisles are even less than one meter. The camp residents are used to living in unhealthy and overcrowded living conditions. In such a congested place, the dwellers face difficulties carrying emergency patients into hospitals or medical centers. During the rainy season, the camp dwellers face water clogging, and water breaks into their houses as well. The camps contain a damp, shabby, gloomy environment where it's hard to have fresh air and sunlight during the daytime.

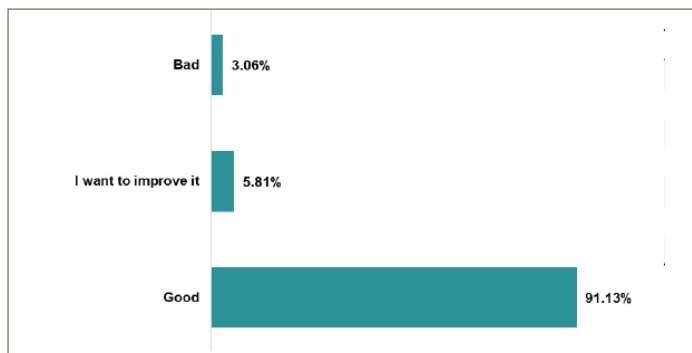


Figure 12: Perception About Current Living Environment

Despite this living condition, when the survey respondents were asked about their overall perception of their living, 91% of them stated that their living environment is good. On the other hand, 3.06% believed that the environment is not good, and 5.81% mentioned that the environment needs improvement.

Waste management is another problem in the camp. Most of the respondents (58.8%) mentioned that they dump the waste near the house and in the local dumping open yard (26.9%), which are major reasons for environmental pollution. Among the respondents, only 14.2% mentioned that they use a designated dumpster near the camp. The graph below (Figure 13) exhibits that regardless of the ownership of the house, most of the camp residents do not use the designated dumpster. OBAT Think-Tank volunteers work to keep the camp environment safe and healthy, and inform the camp residents about the importance of dumping waste in the designated places.

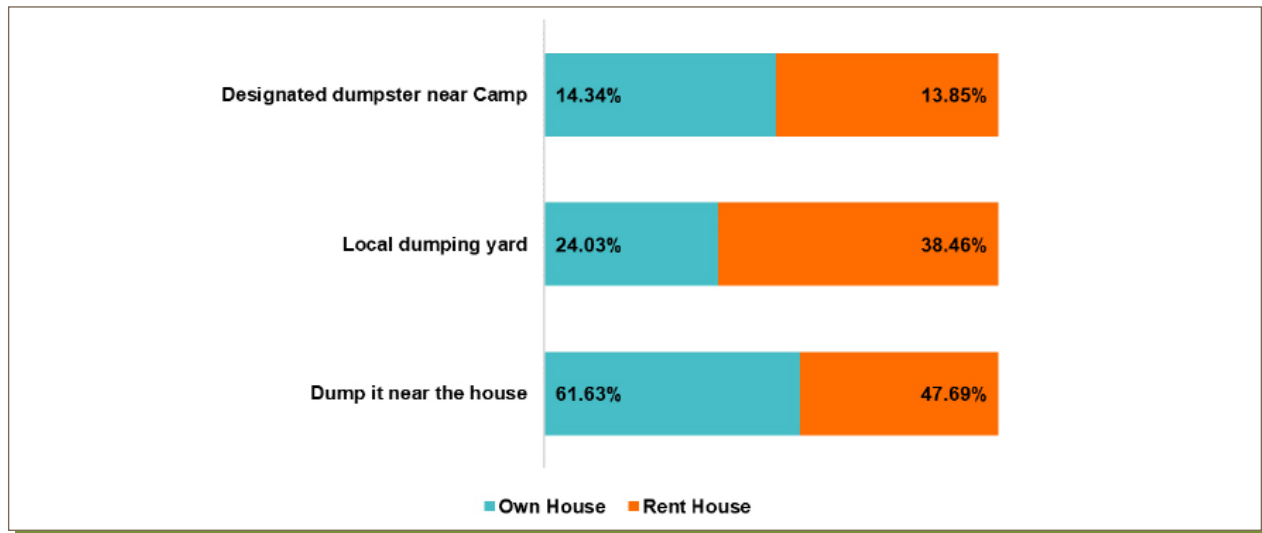


Figure 13: Waste Management Practices in Camp Areas

Economic Factors

The poor economic status of the camp dwellers has a massive impact on their poor living conditions within the camps. Among the survey residents, 49% stay at home. 'Others' professions include barber (4.6%), driver (5%), maid (4.6%), rickshaw puller (3.4%), maid (4.6%), handicraft (5%), tailor (4.3%), and student (3.7%). The 'others' professionals (14.1%) refer to teachers, butchers, small business owners, garments factory workers, security guards, auto mechanics, carpenters, and electricians. The graph below exhibits the percentage of these professional types in the Bihari camps.

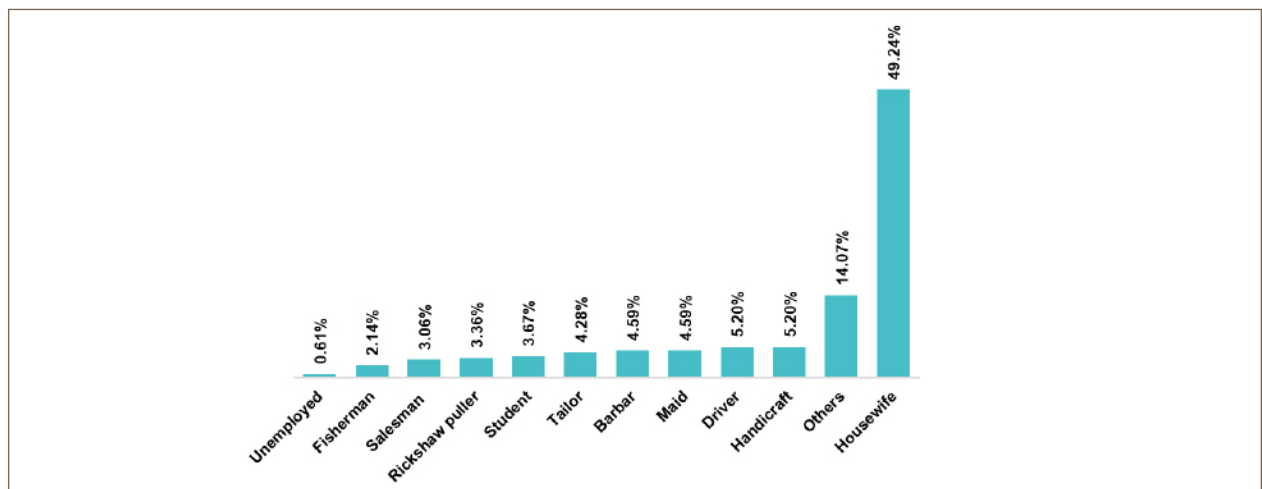


Figure 14: Professions or Occupations of the Camp Residents

The camp residents have skill-based professions to bear their family expenses. That means their monthly income depends on the level of expertise and hours or days they work each month. COVID-19 affected their economic condition adversely as many of them lost their work. Many of them became jobless during this pandemic. The researchers have found that the monthly income of most of the survey respondents (86.2%) is between 5,000 and 15,000 BDT. They mentioned their profession as barber, butchers, carpenters, garments factory employees, auto mechanics, office jobs, salesman, tailors, teachers, etc. Among the rest of the respondents, 7% have a monthly income below 5,000 BDT (7%), who happen to be house-maids, rickshaw pullers, van pullers, private tutors, and work in handicrafts. Some respondents (6.4%) mentioned that their monthly income is between 15,000 and 25,000 BDT, and they described their profession as a businessman, entrepreneur, and driver. Some students also claim that they have an income ranging from 5,000 to 25,000 BDT. The possible reasons could be working as a freelancer, private tutoring, or multiple part-time jobs. Only 0.3% of the respondents mentioned that they have a monthly income range of 35,000 to 45,000 who have handicraft businesses.

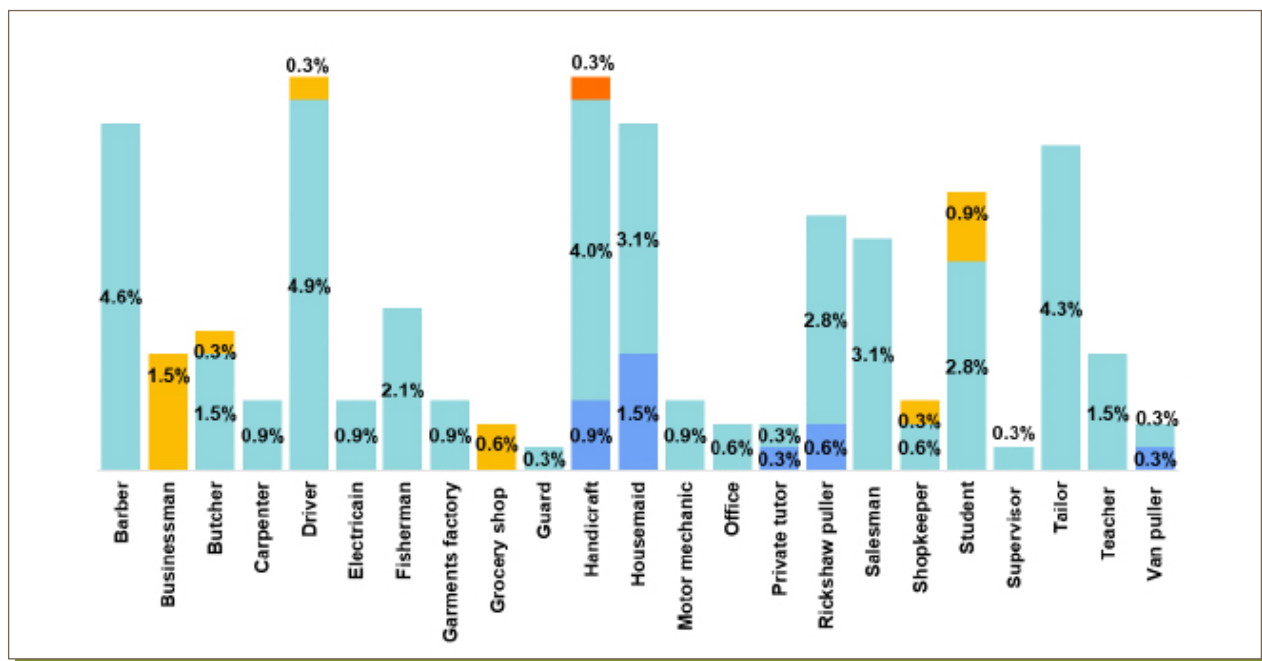


Figure 15: Monthly Income (BDT) in Different Professions

The researchers have conducted a regression analysis to find if there is any cause-and-effect relation between monthly income, education, and type of profession. With 95% confidence, it appears that the level of education accomplishment positively affects the income of the camp residents. That means higher educated people receive more income than the less educated people in the Bihari camps. This relation is significant at an alpha level of 0.05 with an error margin of 5% because of random sampling error. It also appears that there is no significant relationship between types of professions and monthly income among the camp residents.

ANOVA					
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	1	1.900983	1.900983	12.09136	0.000575479
Residual	325	51.09596	0.157218		
Total	326	52.99694			

Savings practice indicates people's ability and willingness to prepare for future uncertainty. Among the camp residents, who have access to financial institutions, 68.8% mentioned they use banks for saving money, 24.2% maintain their checking accounts, and 7% hold their DPS accounts. Along with the banks, the Biharis keep saving money in other places. For example- 39.1% keep their money with a trusted person, 19.3% go to multiple NGOs, 36.4% go to banks, and 5.2% cannot save any money from their income. The chart below (Figure 16) exhibits where the camp residents keep their money for saving. However, most of the survey respondents (59%) mentioned that they do not have access to financial institutions.

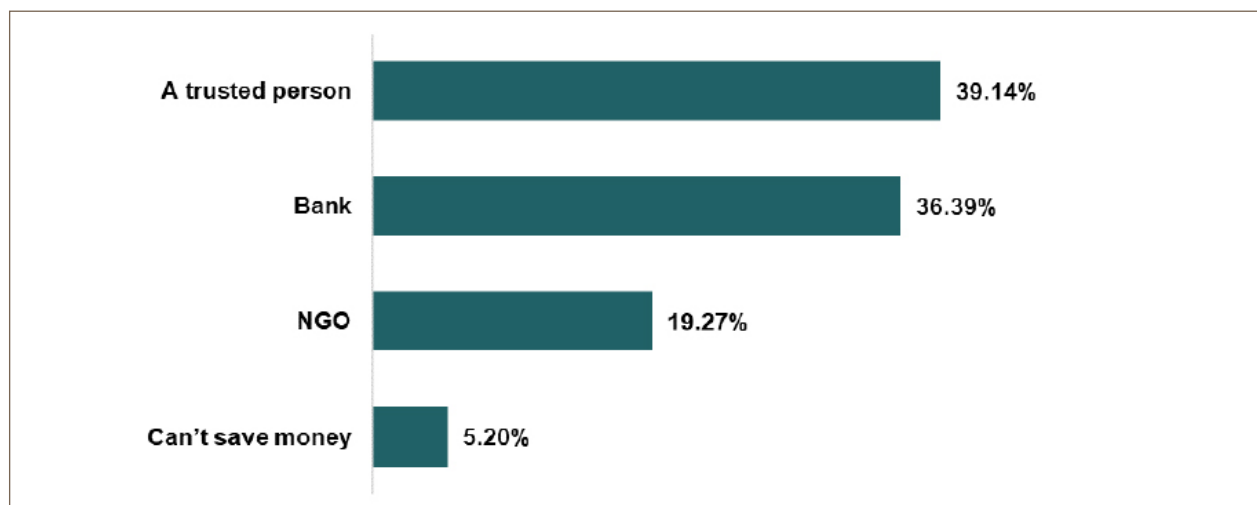


Figure 16: Camp Residents Use Places to Save Money

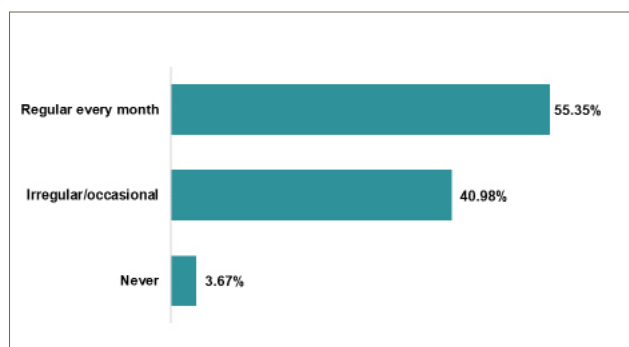


Figure 17: Frequency of Saving Money

The researchers also asked questions about the frequency of their savings. In replying to that question, 55.4% mentioned that they save money every month, 41% save money occasionally, and 3.7% cannot save money at all. The savings range is from 100 to 8,000 BDT per month. Among the respondents, 24.3% saved 1000 BDT, and 20.4% saved 500 BDT. Since a large portion of the Bihari people is seasonally unemployed (33%), unemployed (1.5%), and stay at home (8.9%), they struggle to save money for future uncertainty and emergencies.

The insufficient monthly income causes food insecurity among the camp dwellers. It's becoming a big challenge for many Biharis to provide nutritious food for their family three times a day. Among the respondents, 56% agreed that they were unable to provide nutritious food for their families regularly.

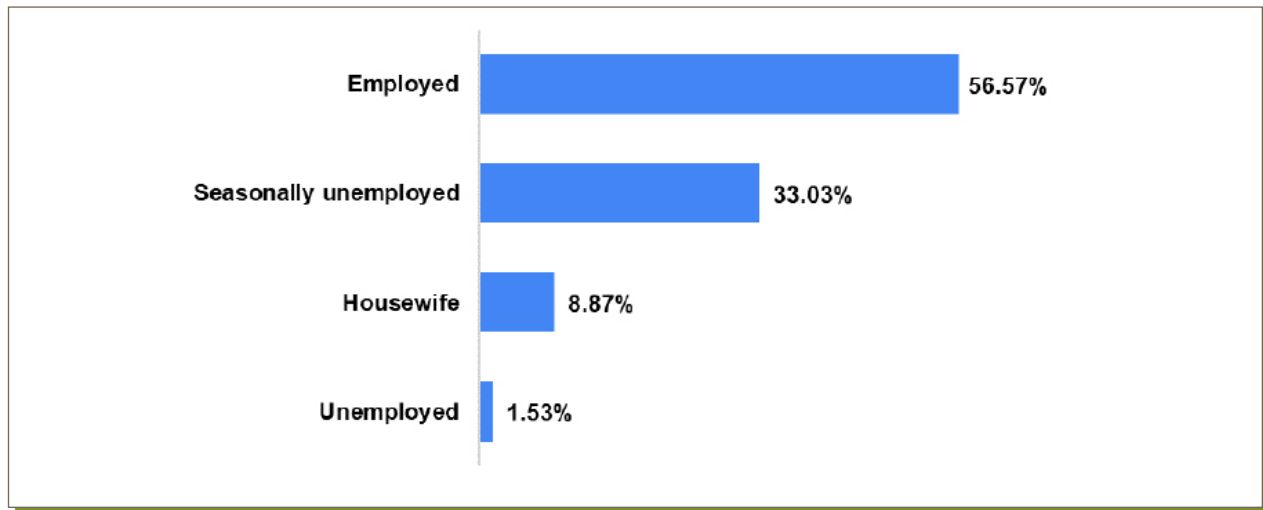


Figure 18: Employment Status of the Camp Residents

The graph above exhibits that matter of seasonal unemployment is getting severe. When the researchers asked the survey participants about their employment status, 56.6% responded that they were employed or involved in small businesses. However, a large number of people mentioned that they were seasonally unemployed (30%), unemployed (1.53%), and housewives (8.87%) who have no income. The number of seasonal unemployment increases during off-seasons and becomes a big concern during the pandemic. Unemployment and financial crisis lead to many issues, including housing, education, and health, and make the lives of the camp residents miserable.

Gender-based Violence and Discrimination inside the Camps:

The researcher asked questions to the survey respondents to understand their concerns about women's rights to work and empowerment. Financial independence and awareness of women's rights can reduce gender-based violence and discrimination in society. Among the respondents, 98% agree that girls should not get married before 18 years old. The researchers asked them about the right of women to work inside the camp area, and 89% agreed that women should be able to work only inside the camp area. Regarding women's right to work outside of the camp, 87.5% of respondents mentioned that women should be able to work outside of the camp, even after their marriage. These responses reflected the positive attitude of the camp residents towards women's empowerment.

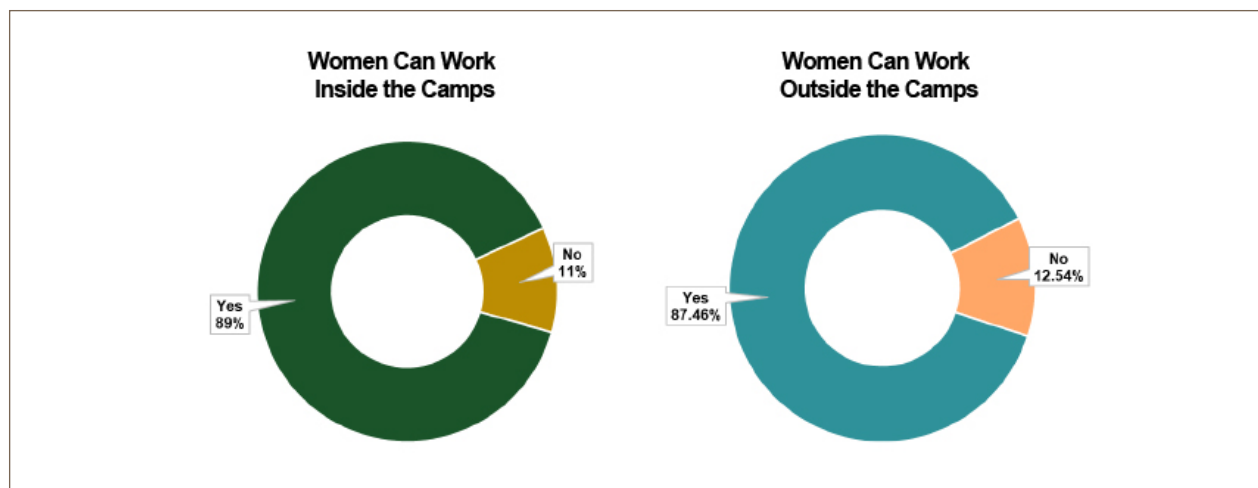


Figure 19: Attitude Toward Women Having a Job Inside or Outside of the Camps

However, other researchers discovered that domestic violence is very common in the camp area. Usually, the husband in the family beats his wife with or without any reason. Women are beaten by their partners every day, and in some cases weekly. Many women legitimate this violence and justify male power over women. or legitimate this violence (Aforze, 2019). Jiniya Afroze mentioned in her paper that “Being raised in an environment where men’s abuse against women is normalized and often trivialized, many male participants reported that they find it a threat to their patriarchal authority when women resist domestic violence” (Afroze, 2019, p.153). OBAT Helpers, Inc. may conduct in-depth research on domestic violence issues in the future.

Political Factors

Along with social factors, some political factors have an influence on the lifestyles of the Bihari camp residents. The case studies and literature review support that the Urdu-speaking community is different from the mainstream Bangladeshi community due to language differences, cultural background, and different political views (Rahman et al., 2020). These dissimilarities are responsible for the distinct identity in Bangladesh. Bhattacharjee, M. (2018) also found in her study that most of the factors of social exclusion are strongly associated with ethnic identity. Although the Government of Bangladesh offered citizenship to the Bihari population in 1972, they were judged for their role in the liberation war and discriminated against by the mainstream society in accessing education, employment, healthcare service, and socio-cultural manifestations.

The graph below (Figure 20) shows that 70% of the survey respondents feel that they are discriminated against by the mainstream Bangladeshi community as a Bihari, and 30% feel that they are not discriminated against. When the researcher asked about the reasons for this discrimination, 32% mentioned that they have been discriminated against for being a Bihari and living in these camps. And, 2% addressed that the different language is the reason for this discrimination. The discrimination is noticeable in accessing government services, hospitals, job placement, local facilities, legal aid, schools, shopping centers, and mosques.

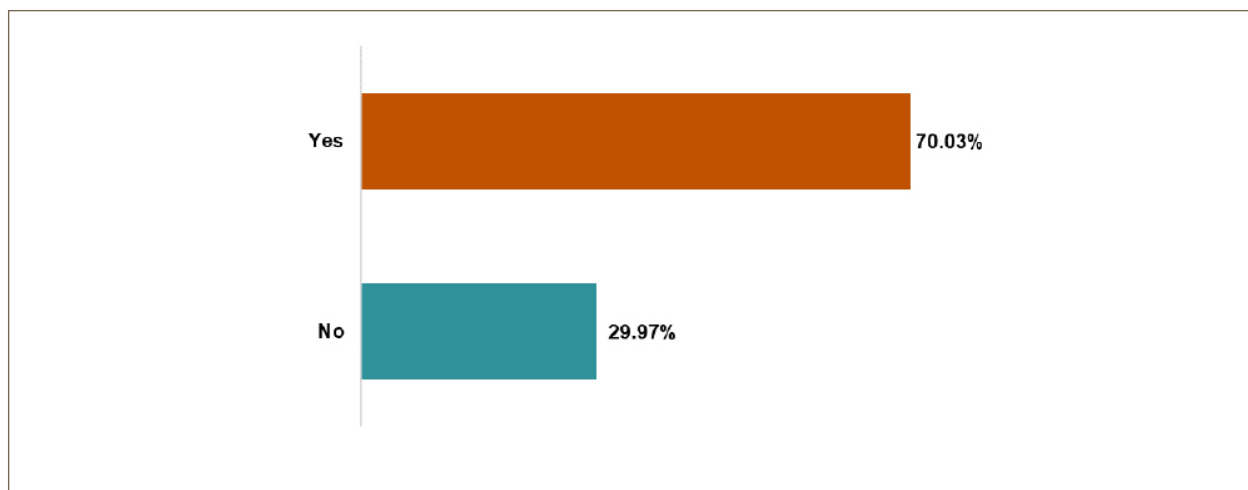


Figure 20: Feeling Discriminated as a Bihari

Among the Bihari population, job placement at government agencies is not common. Sometimes it is also difficult for the Bihari children to obtain education from public schools. Sometimes Bihari children are bullied and harassed in the school when they reveal their identity and camp address (IRI report, 2018). This adverse situation increases dropout rates among Bihari students. In addition to that, Bihari people face difficulties when they apply for a Bangladeshi passport. Sometimes their passport application is delayed and denied because of their inability to provide necessary documents with their application, such as utility bills and proof of residence. In addition to that, many Bihari people deny receiving Bangladeshi national ID cards due to their political views and lose their opportunity to access voting rights and the benefits for the citizens. These obstacles hinder the economic mobility and development of the camp residents.

Top-priority Needs of the Camp Residents

The survey participants were asked about the challenges are facing in their daily life. Most of them (56.6%) mentioned the scarcity of drinking water. The water they get through WASA does not look clean and smells bad sometimes. This problem is extreme during the rainy season. Since WASA is the only source of water in the CCR and Market camp, there is a long queue to collect water. The scenario is worse during the summer when there is a frequent power outage and the water does not work. In addition to that problem, they have mentioned the housing space (47.4%) is a severe problem. Because of the allotted space, the camp dwellers have to suffice themselves within that space even though the family is enlarging. The researchers have witnessed that 8-10 members are adjusting to one to two rooms where they eat, cook, and use a single bathroom. Because of their financial inability, they cannot move outside the camps.

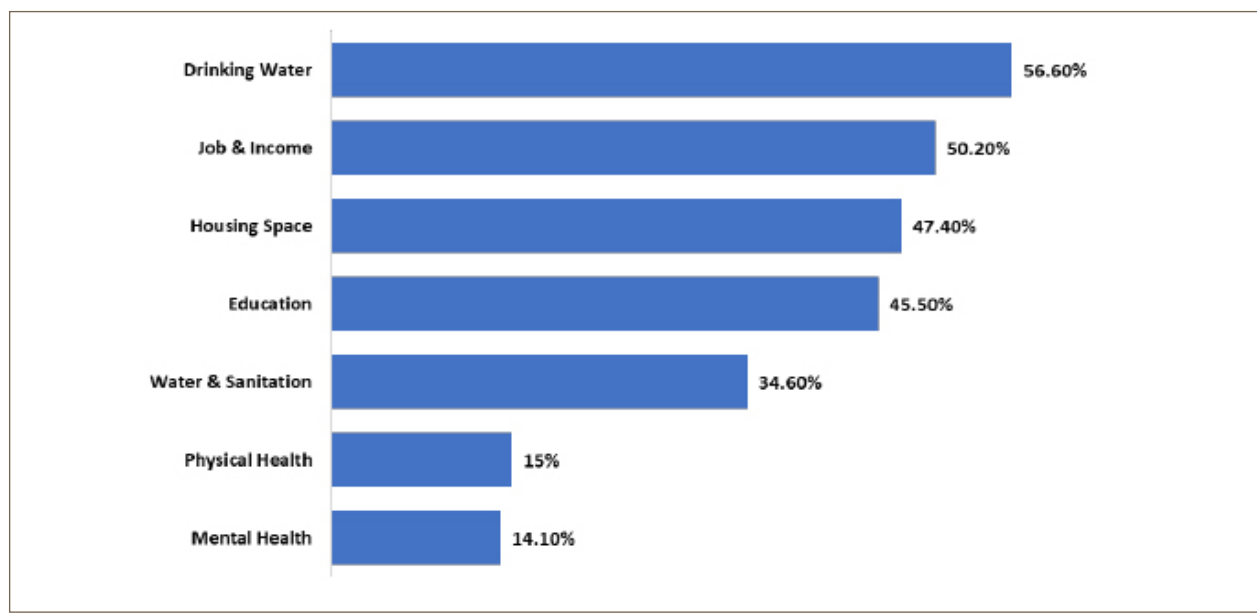


Figure 21: Top-Priority Needs of the Camp Residents

From the chart above, it appears that the list of urgent needs of the camp residents also includes scarcity of job and income (50.2%), education (45.5%), water and sanitation (34.6%), physical healthcare service (15%), and mental health facilities (14.1%). The respondents also mentioned food insecurity which is relevant to work status and pandemic situations. The need for employment is one of the top three most concern for the camp dwellers. Since the camp residents have low education, adequate professional skill is the major asset for their income source. The most common skills of the Bihari camp dwellers are handicraft (68.5%), teaching (55.6 %), electrical mechanical skills (52.1%), and auto repair and mechanic skills (39.7%). Besides, 42.4% responded that they have computer literacy skills, and less than 1% mentioned that they have tailoring and driving skills. Additional skills like computer literacy, graphics designing, and cosmetology would open more job opportunities for them. Many camp dwellers expressed their willingness to pay out of their pockets to avail these professional skills. However, their Bihari identity and language are barriers to learning new skills and improving their financial conditions. OBAT Helpers, Inc. provides professional training programs for the Bihari camp residents. The researcher asked the respondents if they are receiving career-related assistance from other social development organizations or nonprofits as well. Only 54% of the total respondents mentioned that they receive help from other development organizations, and 46% mentioned that they do not receive any such help.

Case Studies

The researchers have conducted five studies to obtain in-depth information on the problems of Bihari camps. These cases represent the miserable lifestyle and poor financial condition of the Bihari population.

Case Study 1: Salma Islam

Background: Salma is an 18 years old girl who lives in the camp with her parents and siblings. Her two sisters got married and live separately in the Bihari camp. She completed her higher secondary certificate (HSC) exam.

Challenges: Salma is worried about her family more than other issues. Her mother is a 47-year-old lady who is diagnosed with breast cancer three years ago, which has spread all over her body. As a result, she is suffering from bone erosion and cannot walk or do anything. The doctors said she needs chemotherapy immediately which may cost approximately 20,000 BDT. She and her family are unable to arrange this money and continue the treatment. Salma wishes to have some support for her mother's treatment. Although, she is unaware of any such organization that can help them financially. In addition to this problem, Salma mentioned the water clogging problem they face while using the public restrooms in the camp. They also face the scarcity of drinking water and a long wait to have them.

Proposed Solutions: Salma requests a sewing machine so that she can support her family financially and continue her mother's cancer treatment.

Case Study 2: Runa Begum

Background: Runa is a 38 years old woman who lives in the Bihari camp. Her husband is a 45 years old man who works as a rickshaw puller and is the only earning person in the house. He works from 6 am to 2 pm and earns a monthly 3,500 BDT. This money is not sufficient enough to run a family of 5 members. So, she goes out begging and earns 100-200 BDT per day. Runa's hands were disabled, and one of her eyes had some issues. Runa and her husband live in a single room space with their three children. There is only one room for the five members in this house (Picture 1: Runa's family living in one room).



Challenges: During the conversation with Runa, the first challenge that the researcher noticed was the congested environment inside their house. It is a single room where Runa and her husband sleep on the floor, and their three children sleep in the bed. The room is congested enough for the living of five members and cooking. In addition to that, they have little income to bear the expenses of a family with five members. She visited an eye doctor for a check-up, who advised her for surgery. But she is unable to do that due to this financial crisis. Runa has an 18-year-old son who sometimes works as a butcher. However, he is a drug-addicted person and does not help Runa and her family. Her other son is 16 years old and used to work at a saloon but recently lost his job because of the COVID-19 outbreak. Her kids dropped out of school because of financial hardship.

Potential Solutions: Support for skill development training and job placement would help Runa and her kids battle poverty and help to bear the expenses for food, healthcare service, and utility bills.

Case Study 3: Ambia and Bina

Background: Ambia and Bina are two sisters who live in a small room in the camp. They have very minimum items of furniture in their room. Ambia is 35 years old, and her sister Bina is 33 years. Ambia runs a handicraft business with help from her sister and earns approximately 3,000 BDT. Ambia used to live in a different camp with her husband. Her husband passed away five years ago, and then she moved in with her sister. Her son got married and lives in another place.

Challenges: Like many other camp residents, Ambia and Bina are facing economic hardship. After paying utility bills and business expenses, they have very little money to buy food, medicine, clothes, and other essential items. Their house is as congested as others. Moreover, they have leakage in the ceiling, and rainy water drips during the rainy season. They cover the ceiling with plastic paper to stop the leakage. Although, it does not work in heavy rainfall. They have been trying to survive in this condition for the last six years. In addition to their economic issues, Ambia is concerned that her younger sister, Bina, is still unmarried. She wants Bina to get married and make a family. Although, poverty is not allowing her to fulfill this desire either.

Potential Solutions: Ambia requested a sewing machine so that it can help to earn more money and bear their daily expenses. Additional skill development training and support for her handicraft business would also help them with economic stability and solve their problems.



Case Study 4: Abdul Malek

Background: Abdul Malek lives in his two stored houses with his wife, four children, and mother-in-law. Abdul Malek works at a saloon near the camp and earns 2,000 BDT monthly. Before the COVID-19 outbreak, he used to work in a different saloon where his monthly income was 5,000 BDT. But he lost that job due to a pandemic and joined the new saloon with lower wages. His wife, Mukta, also works as a housemaid and contributes to the family. His three children go to school. Abdul Malek wants them to be well-educated and get a better life.

Challenges: Along with the economic problem, Abdul Malek and his family face multiple issues with their living space. In their congested home, the kids sleep above the bathroom. His mother-in-law has heart disease that costs almost 2,000 BDT monthly for medicine and treatment. His

mother-in-law goes out begging on the street to bear her expenses. Abdul Malek couldn't stop this 60-years old lady from begging because of their financial crisis. However, Abdul Malek is aware of the value of a healthy diet and tries to provide nutritious food to his family once every week.



Abdul Malek also mentioned another issue with drinking water. He described that the water always stinks in the bathroom. Besides, they suffer from the damp and dark alleys in the camps. Abdul Malek said that some volunteers collected a charge of 500 BDT to repair the sewerage lines and solve this problem. However, it turns out into the same condition after one month. The rainy water enters their house during the rainy season. Besides, insects and mice keep coming into

their house through the broken wall. He also mentioned that power outages are severe in summer that lasts for several hours. Abdul Malek desires a safe and healthy environment for his family.

Proposed Solutions: WASA needs to monitor the water quality frequently and repair leakages in the sewerage pipes in the camps. Also, the designated authority needs to investigate the housing issues and take necessary steps to make the camp environment safe and healthy.

Findings Analysis

The survey findings exhibit the social, economic, and political situation of the Biharis living in the CCR and Market camp. In the social factors, we have found that most camp residents have graduated with a primary school certificate (PSC), and a small number of the camp residents have higher education degrees. The regression analysis also discovers that the level of education is significantly related to their monthly income. That means the low education status of the Biharis diminishes their income. Higher education could provide more job opportunities and improved living for the camp residents. OBAT Helpers, Inc. is providing support for the education of camp children that will make a positive impact on their lives in the future.

Despite having less education, the camp residents are aware of the importance of a healthy environment and healthy food for their family members. They are also concerned about the quality of water and the environment they are living in, and its adverse impacts. Most of the camp dwellers have toilets and bathrooms inside their houses. Although, the cleanliness and water clogging issues are severe in those places. In addition to that, the alleys inside the camps are very dark and narrow. Both the quantitative and qualitative data supported this problem. These issues hinder the environmental safety and security of the camp residents.

Health is an indicator of both social and economic factors. The survey result finds that the most common diseases among the camp residents are low blood pressure, high blood pressure, diabetes, heart disease, and eye problem. Maximum camp residents rely on the public hospital for treatment and childbirth. The reason for using public hospitals might be their accessibility and affordability. Among the survey respondents, 25% agreed that they are diagnosed with mental health issues. However, most camp residents have positive thoughts about their current lifestyle. Besides, they have a trusting relationship with their family members and neighbors. Although, the case studies do not support the facts that the camp residents are happy with their current situation. Many sufferings and frustration of the camp residents came out during the case studies. People are starving for food, clean drinking water, and fair housing. In many families, six to eight people live in a single room capacity which is very unhealthy and can spread contagious diseases very fast.

The survey result indicates that most people dump their garbage near their houses and pollute the environment. They are not aware of the importance of keeping a clean environment. The OBAT Think-Tank volunteers conduct awareness programs to inform people of the adverse impacts of a polluted environment and encourage them to keep their neighborhoods clean.

The survey findings indicate that poverty is the major problem in the Bihari Camps. During the interview, the majority of the respondents (90.2%) mentioned that they were employed. However, a large number of respondents mentioned (see Figure 18) that they were seasonally unemployed (33.03%), completely unemployed (1.53%), or staying home (8.87%). The outbreak of COVID-19 could be a rea-

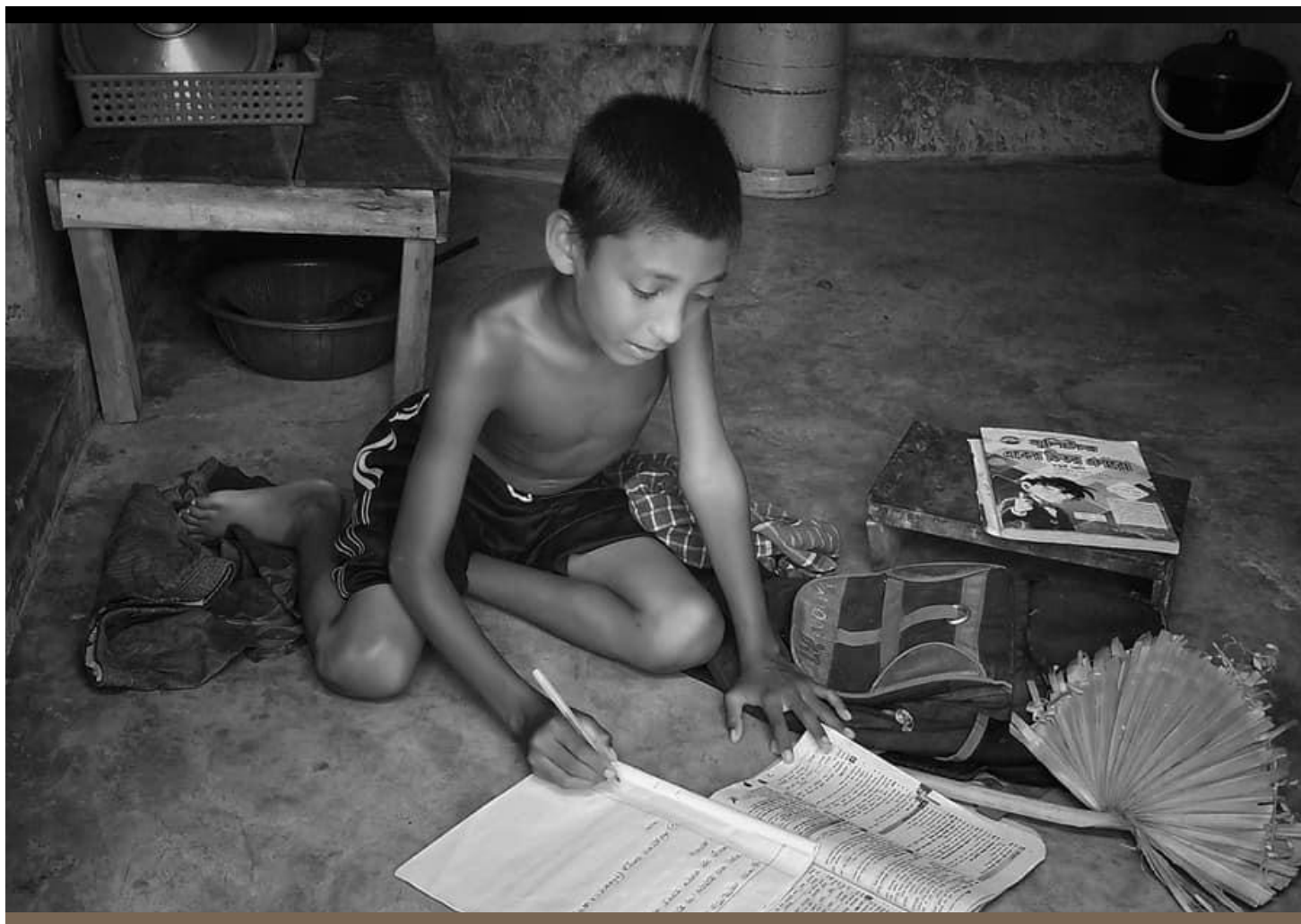
son for the unemployment and seasonal unemployment. The monthly income of the majority of households belongs in between 5,000 and 15,000 BDT. This amount of income seems very inadequate for most families to bear their expenses of food, cloth, treatment, education, and other necessities. The majority of the respondents work as barbers, butchers, drivers, handicrafts, housemaids, rickshaw-puller, salesmen, and fishermen. However, more than 50% of the respondents have a savings tendency which is very helpful for any accidents or emergency needs. They save their money on financial institutions, NGOs, and reliable people. In addition to that, most people support the idea of a woman working inside or outside of the camps. When the female family members are working and earning money, it helps them to bear their family expenses easily. They also agree that women have rights to work outside or inside the camps after getting married. It indicates that the camp residents preserve a positive attitude towards women's empowerment. Although, the lower percentage of girls in higher education shows that most of the girls do not have access to higher education.

The Bihari community faces social discrimination differently because of their political ideology and active participation against Bangladeshis during the liberation war in 1971. Many Biharis believe that their language is a major reason for distinguishing them from mainstream society. The camp dwellers faced discriminating behaviors in schools, hospitals, job markets, police stations, government offices, shopping centers, and mosques.

It appears that the overall lifestyle of the camp dwellers is in a vulnerable condition. The social and political factors are responsible for the economic issues. As a result, they live in an unhealthy environment that affects their physical and mental health and quality of living. The camp residents desire to get rid of these issues and have access to clean drinking water, more job opportunities, adequate housing space, education facilities, water, and sanitation system, and mental healthcare services in the camp areas.

Sustainable Development Goals (SDGs) in OBAT's Activities

Since 2004, OBAT Helpers, Inc. has been working for the development of the Bihari Community living in Bangladesh. This nonprofit organization is committed to multi-folded sustainable development actions for the Bihari community living in Bangladesh. It includes health, education, economic empowerment, social equity, and environmental justice. OBAT projects, both existing and future, aim to achieve environmental and human development goals. For example, OBAT schools provide k-12 level education for the Bihari children. OBAT Scholarship Program offers multiple scholarships for competent students to pursue higher education in Bangladesh and abroad. This program prioritizes female applicants to support women's empowerment and decrease gender disparity. OBAT Health Centers provide healthcare services, including medical screenings, medication support, and referral. OBAT Training Centers and Working Children Education Program provides skill development training and supports the working children to pursue education at their suitable time. OBAT Think-Tank³ volunteers imple-











ment awareness-building programs in the camp. It includes awareness of environmental cleanliness, physical check-ups, handwashing, personal hygiene, building a library, tutoring, making a database of autistic individuals, and implementing the solar light project for OBAT school. In addition to that, the Think-Tank volunteers helped the camp residents to register for the COVID-19 vaccination. Some of these activities are also relevant to some of the Sustainable Development Goals (SDGs).

The table below exhibits the connection between the progress status of the Bihari Camp residents and relevant OBAT projects to improve their condition. The table also underlines the SDGs relevant to OBAT's development actions:

³ OBAT Think-Tank refers to a group of young adults from the Bihari Camps who support implementing community development programs inside the camps. It includes youth development, environmental cleanliness, health awareness, book supply in Dhaka School Library, and solar light project activities.

Table 3: Sustainable Development Goals in OBAT's Programs

Action Category	Current Progression Status of Bihari Camp Residents	Relevant OBAT Projects Status	Relevant SDGs
Employment and Savings	Employed: 90.2% Seasonal unemployed: 33% Unemployed: 1.53% Housewives: 9% Bank account: 41.28% Savings account: 69% DPS ⁴ : 7%	<ul style="list-style-type: none"> OBAT Training Centers; Working Children Education Program 	 
Food and Nutrition	Almost everyone (99%) is aware of healthy eating and daily nutrition during the prenatal and postnatal periods and is concerned about the infant's health.	<ul style="list-style-type: none"> OBAT Think-Tank: Awareness Building Activities 	 
Healthcare	Public hospital: 42.2% Private hospital: 3.7% Community clinic: 3.4% Most common diseases: blood pressure issues, diabetes, heart disease, and eye problem	<ul style="list-style-type: none"> OBAT Health Centers 	
Education	PSC ⁵ + JSC ⁶ + SSC ⁷ + HSC ⁸ : 90% BA ⁹ + MA ¹⁰ : 1.8% Illiteracy: 8.2% Dropout rate: 44%	<ul style="list-style-type: none"> OBAT Schools; OBAT Scholarship Program 	
Gender Equity	Women's freedom to work outside: 87.5% Girls got married after 18 years: 98%	<ul style="list-style-type: none"> OBAT Scholarship Program 	
Water and Sanitation	Drinking-water from WASA ¹¹ : 100% Toilet & Bathroom in the house: 56.3% Toilet & bathroom outside: 43.7% Water-clog issue: 46.5%	<ul style="list-style-type: none"> Community & Infrastructure Development Program 	

⁴ Deposit Pension Scheme (DPS) is an installment-based savings deposit (on monthly basis) for the individual customer.

⁵ PSC stands for Primary School Certificate

⁶ JSC stands for Junior School Certificate

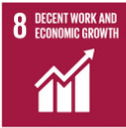





⁷ SSC stands for Secondary School Certificate

⁸ HSC Stands for Higher Secondary Certificate

⁹ BA refers to Bachelor of Arts or equivalent degrees

¹⁰ MA refers to Master of Arts or equivalent degrees

¹¹ WASA stands for Water Supply and Sewerage Authority. This organization is responsible for water supply, sanitation, and drainage facility for the city residents.

Economic Empowerment	Training on- Handicrafts: 69%; Teaching: 56%; Electrician: 52%; Computer operating: 42%; Auto mechanic: 40%; and Entrepreneurship: 23%	○ OBAT Training Centers: Support for ICT, sewing, industrial training	
Racial Discrimination	Feel discriminated for race and language: 70% Discrimination took place in shops/stores, workplaces, government offices, hospitals, schools, and local facilities.	○ OBAT Schools; ○ OBAT Think-Tank	
Housing and Environment	Ownership: 80% Rented house: 20% <u>Paka</u> house ¹² : 95% Waste dump near the house: 59% Use local dump-yard: 27% Use Dustbins: 14%	○ OBAT Think-Tank: Keep Environment Clean program	  
Legal Help	Faced legal issues: 23.5% Seek help to: Local leaders: 80% Local police station: 18.3%	✓ Future Awareness Building Program for Legal Advice	

¹² Paka house refers to a building made of concrete materials.

Proposed Action Plans

The findings of this pilot survey provide evidence-based information on the current challenges and progression of the Bihari community in Bangladesh. It supports the decision-makers to underline the major issues and address them in future policies and programs. Hence, the problems within the camp can be mitigated to some extent by government and non-government interventions. Based on research data, the researchers propose some short-term and long-term action plans below for the sustainable development of the camp residents. These are-

1. The physical environment of the camps can be improved by systematic planning and engineering for housing. It will provide sufficient space for the movement of air and sunlight.
2. Water clogging problem in the common and the private bathrooms should be considered a serious issue. A healthy and safe sanitation system needs to be implemented immediately inside the camps.
3. Proper waste management and repairing the sewerage can prevent flooding during the rainy season. It will also save the nearby water bodies and underwater lives.
4. Number of dropouts after primary education is alarming. Therefore, free education within the camps should be encouraged more. In-depth research is required to identify the reasons for increasing dropout rates and to take necessary steps. In addition, OBAT can offer education to the elderly members of the camps so that they do not suffer from unemployment because of a lack of basic education.
5. Women in the camps can be offered skill development training along with sewing machines. It may help those women who are housewives and unable to leave their house for a job.
6. The camp dwellers are confined to certain professions within the camps or nearby to serve their families. Additional pieces of training can be offered on computer operating, graphics designing, operating beauty parlor, and freelancing for better employment. Since language is a big barrier to getting many job opportunities, the camp residents can receive language training to speak in Bengali outside the camp if needed.
7. WASA needs to test the quality of water they supply to the camp residents. If there is any leakage in the water pipes, those need to be repaired immediately. The camp residents should purify the water before they drink it or use it for any household purpose. Considering the large number of residents, the camps should have additional water distribution points to reduce the long queue.
8. The camp residents are living with many issues and mental pressure. Mental healthcare services would help them to relieve their mental stress and live in a comparatively peaceful state.
9. Adequate dumpsters should be available in the camp areas for waste management. The camp residents should be informed about the locations of those dumpsters so that they can use them every day and keep the environment clean.

10. Awareness programs about accessing legal services will help to battle against any crime inside and outside the camps. It will also help to mitigate discriminating behaviors.
11. This pilot survey raised a few new research topics. For example, the researchers did not collect information on school dropout rates, domestic violence, crime rates and security level inside the camps, the total number of Bihari population in Bangladesh, disabled people in the community, children's safety, future aspiration, source of information, and civic engagement activities. The research team of OBAT Helpers, Inc. intends to conduct further studies on these issues. They also plan to collect and maintain oral history from the senior members of the camps to preserve their cultural background and practices.

Conclusion

The pilot survey research at CCR and Mohammadpur Market camps tried to highlight the existing challenges of the camp residents. This study aims to support the information-based decision-making process of future programs effectively. The findings of this study indicate that poverty is the primary problem of the camp residents. Lack of education and professional skills, language issues, and socio-political isolation are associated with their economic crisis. Besides, the outbreak of COVID-19 made the situation worse. In addition to the financial issues, housing and environmental safety are in critical condition. All these factors are degrading the quality of camp dwellers' lives every day. The researchers do not generalize the findings of this pilot study due to random sampling error. Since the researchers collected primary data during the outbreak of COVID-19, they interviewed only available respondents on those particular days. The sample size is also small compared to the number of populations. Besides, there is a chance of misinformation during the interview due to language differences. However, the government agencies of Bangladesh and non-government organizations can come forward to address these issues and take initiatives to mitigate them. Informed decisions can help them take the necessary measures and strengthen this community.

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Last but not least, we would like to thank Ms. Arishaa Khan, Mr. Sohail Khan, and all our colleagues at OBAT Helpers, Inc., whose passionate support and inspiration helped us to complete this pilot research project. Finally, we are thankful to the survey participants, who shared their valuable time and information to accomplish the research goals. Without their support, this survey would not be possible.

Author Contributions

Fatema Akter developed the analytical framework, conducted case studies in the field, and drafted the initial manuscript. Tahmina Afroz performed statistical analysis in MS Excel, developed graphs and charts, compiled all data from the survey, interpreted the findings, and modified the report. Masum Mahbub oversaw the accuracy of primary and secondary data, provided information on project activities and organizational history, and reviewed multiple versions of the report for improvement. All authors contributed to analyzing data and interpreting them.

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References

- Afroze, J. (2019). Realising childhood in an Urdu-speaking Bihari community in Bangladesh. In *Intersectionality and Difference in Childhood and Youth* (pp. 158-172). Routledge.
- Bentouhami, H., Casas, L., & Weyler, J. (2021). Reporting of “Theoretical Design” in Explanatory Research: A Critical Appraisal of Research on Early Life Exposure to Antibiotics and the Occurrence of Asthma. *Clinical Epidemiology*, 13, 755.
- Bhattacharjee, M. (2018). Dynamics of Social Exclusion in Urban Bangladesh: A Sociological Study of Bihari Community. *Bangladesh Sociological Society*, 15(1), 97.
- Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE open medicine*, 7, 2050312118822927.
- Council of Minorities, & NAMATI. (2018). Inhuman Camp Life of Bihari Urdu-speaking Linguistic Minority of Bangladesh: Patterns of inequality, discrimination, political and social marginalization of

the Bihari Urdu-Speaking Bangladeshis. *Bangladesh Universal Periodic Review* (UPR).

Haider, Z. (2018). Biharis in Bangladesh and their restricted access to citizenship rights. *South Asia Research*, 38(3_suppl), 25S-42S.

Parveen, S., 2008. *The Daily star*. [Online]
Available at: <https://www.thedailystar.net/news-detail-38148>
[Accessed on 2 March 2021].

Rahaman, A., Uddin, A. J., & Hossain, M. S. (2020). Origin and Socio-cultural Formation of Bihari Identity: A Study on Bihari Community in Bangladesh. *International Journal of Social, Political and Economic Research*, 7(4), 879-903.

Rahman, M. A., Khatun, R., Asaduzzaman, M., & Arif, A. (2019). Culture, Illness and Health Seeking in Rural Setting: A Case in a Village of Comilla, Bangladesh. *Journal of Anthropological and Archaeological Sciences*, 1(2). DOI: 10.32474/JAAS.2019.01.000110

Rafe, R., 2019. *DW Made for minds*. [Online]
Available at: <https://www.dw.com/en/the-neglected-bihari-community-in-bangladesh/a-50824994>
[Accessed on 25 February 2021].

Salaria, N. (2012). Meaning of the term descriptive survey research method. *International journal of transformations in business management*, 1(6), 1-7.

Salvia, A. L., Leal Filho, W., Brandli, L. L., & Griebeler, J. S. (2019). Assessing research trends related to Sustainable Development Goals: Local and global issues. *Journal of cleaner production*, 208, 841-849.

Siddiqi, D. M. (2013). Left Behind by the Nation: 'Stranded Pakistanis' in Bangladesh. *Sites: A Journal of Social Anthropology and Cultural Studies*, 10(2), 150-183.

World Directory of Minorities and Indigenous Peoples. (2018). *Minority Rights Group International*. [Online]
Available at: [https://minorityrights.org/minorities/biharis/#:~:text=The%20term%20'Biharis'%20re-fers%20to,assimilated%20into%20the%20Bengali%20population\).](https://minorityrights.org/minorities/biharis/#:~:text=The%20term%20'Biharis'%20re-fers%20to,assimilated%20into%20the%20Bengali%20population).)
[Accessed on 25 February 2021].

Appendix 1: Pictures



Congested Alley in the Camp



Congested Alley in the Camp



Congested Scenario of Alleys in the Camps

Appendix 2: Questionnaire of the Survey

A. Demographic Information

Area/Location:

1. Age:

_____ Years

2. Sex:

☐ Male

☐ Female

☐ Other

☐ I do not wish to answer

3. Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Widowed

4. Level of education:

☐ PSC

☐ JSC

☐ HSC

☐ BA/Diploma

☐ MA

☐ Illiterate

5. Profession/Occupation:

B. Economic Condition

1. Monthly income range (BDT)

☐ 0-5000

☐ 5001-15000

☐ 15001-25000

☐ 250001-35000

☐ 35001-45000

☐ 45001>

2. How do you spend the monthly income? (Please rank your spending)

☐ Food

☐ Clothes

☐ Accommodation

☐ Education

☐ Housing

☐ Transportation

☐ Medical

☐ Recreation

☐ Others (Please specify)

3. What is the status of your savings?

☐ Regular every month

☐ Irregular/occasional

☐ Never

4. If you can save money, how much (BDT)?

C. Personal Health & Hygiene

1. What is the main source of your drinking water?

☐ WASA

☐ Tube well

☐ Tank

☐ Other (Please mention):

2. Time taken to get water every day if the source is far away

3. Toilet/Do you have a toilet and bathroom inside your house?

☐ Inside

☐ Outside

5. Do you pay any fee for using the toilet or bathroom?

☐ Yes

☐ No

6.If yes, then how much do you pay monthly (BDT)?

7. Do you have to pay for using bathroom?

☐ Yes

☐ No

8. If yes, then how much do you pay monthly?

9. Have you ever faced water clogging in your toilet/bathroom?

☐ Yes

☐ No

If yes, how often?

☐ Every day

☐ Every week

☐ Once in a month

☐ Occasionally

10. Does everyone in your house use the same toilet?

☐ Yes

☐ No

11. Do you pay a fee for using the toilet?

☐ Yes

☐ No

12. If yes, then how much do you have to pay monthly?

13. How many times do you clean your toilet in a month?

14. Do you actively teach/encourage your child to keep the toilet clean?

☐ Yes

☐ No

15. Do you teach your child to wash his/her hand often?

☐ Yes

☐ No

16. When do you encourage your child to wash their hands?

☐ After going to toilet

☐ Before touching, preparing, and eating food

☐ After returning home from outside

☐ After sneezing, coughing, or blowing nose

☐ After touching animals or garbage

☐ Never

D. Access to Healthcare Services

1. When you get ill, where do you go for treatment?

☐ Public hospital

☐ Private hospital

☐ Kobiraj

☐ Community clinic

☐ Telemedicine/m-Health services

☐ Stay at home

2. Why/Please mention the reasons for choosing your healthcare provider? (Check all that apply):

- ☐ Closer to home
 - ☐ Less treatment cost
 - ☐ Less time consuming
 - ☐ Easy access
 - ☐ Everyone/Your neighbor goes there
 - ☐ Other reasons (please specify):
-

3. How much fees do you pay out of your pocket for every visit? (BDT)

4. Do you face any difficulty while taking medical help?

- ☐ Yes
- ☐ No

5. Have you ever faced any of these difficulties while getting healthcare services? (Check all that apply):

- ☐ Feel uncomfortable to share your problem
- ☐ Language barrier
- ☐ Non-cooperative attitude of hospital staff/ healthcare provider
- ☐ Financial expenses
- ☐ Others (Please specify):

6. Have you been chronically ill/had an accident/ faced disability in the last 12 months?

- ☐ Yes
- ☐ No

If yes, please specify:

7. If yes, have you been hospitalized due to that in the past 12 months?

- ☐ Yes
- ☐ No

8. Where do you get your medicines from? (Check all that apply)

- ☐ From the hospital pharmacy
- ☐ From neighborhood pharmacy
- ☐ NGO/NPO/Philanthropic Organization
- ☐ Other sources (please mention):

9. How much have you spent on medicine during that crisis?

10. How much money have you spent on medical tests?

11. Are you happy with the medical service you are receiving right now?

- ☐ Yes
- ☐ No

12. Please scale your satisfaction or dissatisfaction of the medical service you have received:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not satisfied at all

13. Did any of your family members get a positive COVID-19 test?

- ☐ Yes
- ☐ No

14. If yes, how did you get the treatment?

- ☐ Admitted to hospital
- ☐ Maintained home isolation and followed health

instructions

- ☐ Did not get any treatment or did not follow any guidelines

15. How do you think this pandemic is affecting you? (Check all that apply)

- ☐ Physical health
☐ Mental health
☐ Financial/economic
☐ Social distance
☐ None

16. What precautions do you take to keep yourself safe from COVID-19? (Check all that apply):

- ☐ Wearing mask
☐ Wearing gloves
☐ Wash hands often
☐ Maintain 6 feet distance from other people
☐ Avoid social gathering
☐ None

17. Where do you go for child delivery/birth?

- ☐ Fertility Center
☐ Public hospital
☐ Private hospital
☐ Community clinic
☐ Midwife
☐ Family members at home

18. Usually, how much do you pay for child birth? (BDT)

19. How many people in your family are concerned about their health? (Check all that apply)

- ☐ Everyone
☐ Adults only

- ☐ Minor child(ren) who goes to school
☐ None

20. Is any of your family members suffering from these health issues? (Check all that apply)

- ☐ High Blood Pressure
☐ Low blood pressure
☐ Diabetes
☐ Heart disease
☐ Kidney disease
☐ Pregnancy
☐ Eye Problem
☐ Water born disease (Typhoid, TB?)
☐ Corona Virus
☐ Cancer
☐ Physical disability
☐ Psychological disability
☐ Autism
☐ Others

21. Are there any people in the household with any disabilities?

- ☐ Yes
☐ No

22. If yes, please specify:

- ☐ Physical disability
☐ Mental disability

E. Housing

1. Nature of the house/Building materials?

- ☐ Kacha
☐ Paka
☐ Composite (Brick + Cement)

2. House ownership status:

- ☐ Own
- ☐ Rent

3. If you have rented, what percentage of your income is taken/spent up by rent?

F. Mental Health

1. Have you ever diagnosed with depression/anxiety or any other mental health issue?

- ☐ Yes
- ☐ No

2. How do you feel about your current situation/lifestyle?

- ☐ Hopeful
- ☐ Hopeless
- ☐ Neutral

3. Do you face/have any of the symptoms below? (Check all that apply)

- ☐ I feel very hollow (hollow/empty?) all the time
- ☐ I don't feel like working or doing anything
- ☐ I wish I could leave everything
- ☐ I am hopeful about the future
- ☐ I don't really care much about the things around me
- ☐ I am always fearful/afraid that something will happen to me or my closed/near ones
- ☐ I suffer from sleeplessness

4. Do you think most people surrounding you are reliable?

- ☐ Yes
- ☐ No
- ☐ Neutral/ I do not know

5. Do you think most people do well for others/philanthropic works or just think about one/themselves?

- ☐ Yes
- ☐ No
- ☐ Neutral/ I do not know

6. What do you think about your current living environment/situation?

- ☐ Good
- ☐ Bad
- ☐ I want to improve it
- ☐ I don't care

7. Are you at ease (free from worries or problems, absence of discomfort) with yourself/comfortable in your daily life?

- ☐ Yes
- ☐ No

8. What worries you/What challenges are you facing right now? (Check all that apply)

- ☐ Drinking water
 - ☐ Housing
 - ☐ Sanitation
 - ☐ Disease/physical health
 - ☐ Fever
 - ☐ Mental health
 - ☐ Job and income
 - ☐ Food
 - ☐ Dysentery
 - ☐ Education
 - ☐ Other (Please specify):
-

1. Is there any social organization in your community that helps you when you are in problem?

- ☐ Yes
☐ No

2. If yes, please mention the name/s of the organization/s:

I. _____

II. _____

III. _____

G. Nutrition and Maternal Health

1. Do you regularly/daily eat eggs/milk?

- ☐ Yes
☐ No

2. Which food do you consider as nutritious food?
(Check that all apply)

- ☐ Egg/milk
☐ Meat
☐ Vegetables
☐ Small fish
☐ Seasonal fruits
☐ Other (please specify):

3. Do you spend on nutritious food for your child?

- ☐ Yes
☐ No

4. Do you believe a child need nutritious food for growing up?

- ☐ Yes
☐ No

5. Do you spend extra money on food during pregnancy/for the pregnant mother?

- ☐ Yes
☐ No

6. Do you spend extra money on food in the first year of child birth?

- ☐ Yes
☐ No

7. Do you think mothers need nutritious food after child birth?

- ☐ Yes
☐ No

H. Education

1. Numbers of Educated people in your family/
What is the highest level of educational degree in your family?

- ☐ PSC: _____
☐ JSC: _____
☐ HSC: _____
☐ BA/BSc/Diploma: _____
☐ MA/MSc: _____
☐ Other (please mentions): _____
☐ No formal education: _____

2. Numbers of PSC/class-5 in your family?

3. Numbers of JSC/Class-8 in your family?

4. Numbers of SSC/Class-10 in your family?

5. Numbers of HSC/Class-12 in your family?

6. Please mention the number of your member/s pursuing education currently and which level of education:

I. _____

II. _____

III. _____

7. Have any children of your family dropped out of education/from school?

☐ Yes

☐ No

8. If yes, what was reason for drop out? (Check all that apply)

☐ Financial inability

☐ Work outside

☐ Help in household works

☐ Take care for minor siblings

☐ Marriage

☐ Reluctance to education

☐ Tough syllabus and homework

☐ Other (Please specify)

9. At what age did your child(ren) start their school?

10. Are you willing to spend more money to continue your children's education?

☐ Yes

☐ No

I. Skill Development

1. What skills do you have/Do you have any of these following skills? (Check all that apply)

☐ Computer literacy

☐ Programming

☐ Graphics designing

☐ Handicrafts

☐ Electrician

☐ Auto Mechanic

☐ Teaching

☐ Entrepreneurship

☐ Others: _____

2. What are the skills you think you should have/ need to learn?

a. _____

b. _____

c. _____

3. What are the obstacles you face while learning those specific skills?

a. _____

b. _____

c. _____

d. _____

4. Are you willing to pay to learn these skills?

☐ Yes

☐ No

5. Is there any issues/challenges that affect the quality of the work of people employed in camp?

☐ Yes

☐ No

If yes, please specify:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

J. Employment

1. What do you do for a living/What is your employment status?

- ☐ Employed
- ☐ the respondent is temporarily not working because of temporary illness/parental leave/vacation/ Temporarily unemployed due to physical illness
- ☐ Seasonally unemployed
- ☐ Self-employed/small business
- ☐ Unemployed
- ☐ Housewife
- ☐ Other (please specify):

2. What is the field of your work/If you are employed, please mention the type of your work?

K. Gender-based Violence and Discrimination

1. Can women work inside the camps?

- ☐ Yes
- ☐ No

2. What type of work/job they are allowed to do?

- a. _____

b. _____

c. _____

d. _____

3. Can women go outside of the camps for jobs?

- ☐ Yes
- ☐ No

4. At what age should/do you allow the girls to get married?

5. Should/Can the girls work outside after marriage?

- ☐ Yes
- ☐ No

L. Racial Discrimination

1. Do you feel that you are discriminated as a Bihari in any way?

- ☐ Yes
- ☐ No

2. Have you experienced any discrimination for being a Bihari in the past few weeks?

- ☐ Yes
- ☐ No

3. If Yes, please describe the discriminating incident or behavior:

4. Why do you think others discriminate against you?

a. _____

b. _____

c. _____

☐ Yes

☐ No

4. Where do you face most discriminating behavior? (Check all that apply)

☐ Shopping

☐ Government offices/services

☐ Schools

☐ Hospitals

☐ Job place

☐ Mosque

☐ Local facilities

☐ while seeking for legal aid

☐ Other (Please specify)

J. Legal Aid

1. Have you ever faced any legal issues?

☐ Yes

☐ No

a. If yes, please specify the problem:

23. Where do you go to for legal advice or help?

☐ Local Police Station

☐ Local Head/Leaders

☐ Local government

☐ Legal support organizations/NGOs

☐ Avoid/Do not go anywhere

3. Have you ever filed any complaints at the police station?

☐ Yes

☐ No

a. If yes, have you ever faced any non-cooperation from the Police Station?

☐ Yes

☐ No

K. Waste Management

1. Where do you put your regular wastages?

☐ Dump it near the house

☐ Have designated space at my area

☐ Local dumping yard

☐ Other (please specify):

L. Financial inclusion

1. Do you have a bank account?

☐ Yes

☐ No

2. What banking services do you use?

☐ DPS

☐ Savings

☐ Current

3. Where do you save your money?

☐ Bank

☐ NGO

☐ A trusted person

☐ Can't save money

Annex 3: Charts, Tables, and Graphs

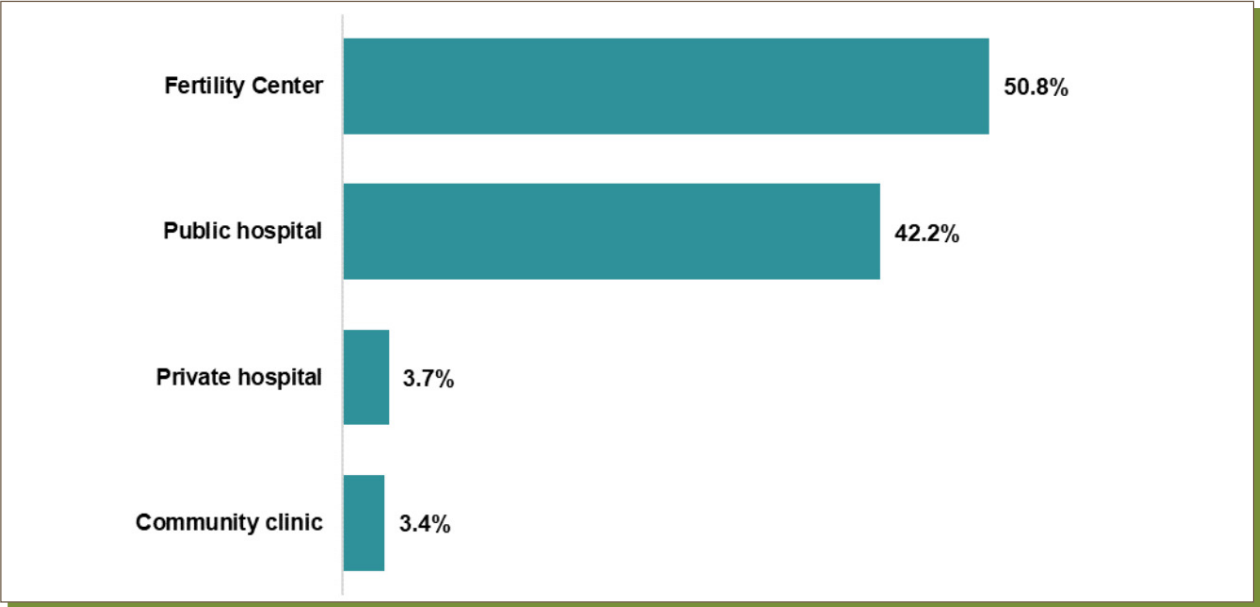


Figure 22: Types of Hospitals for Childbirth

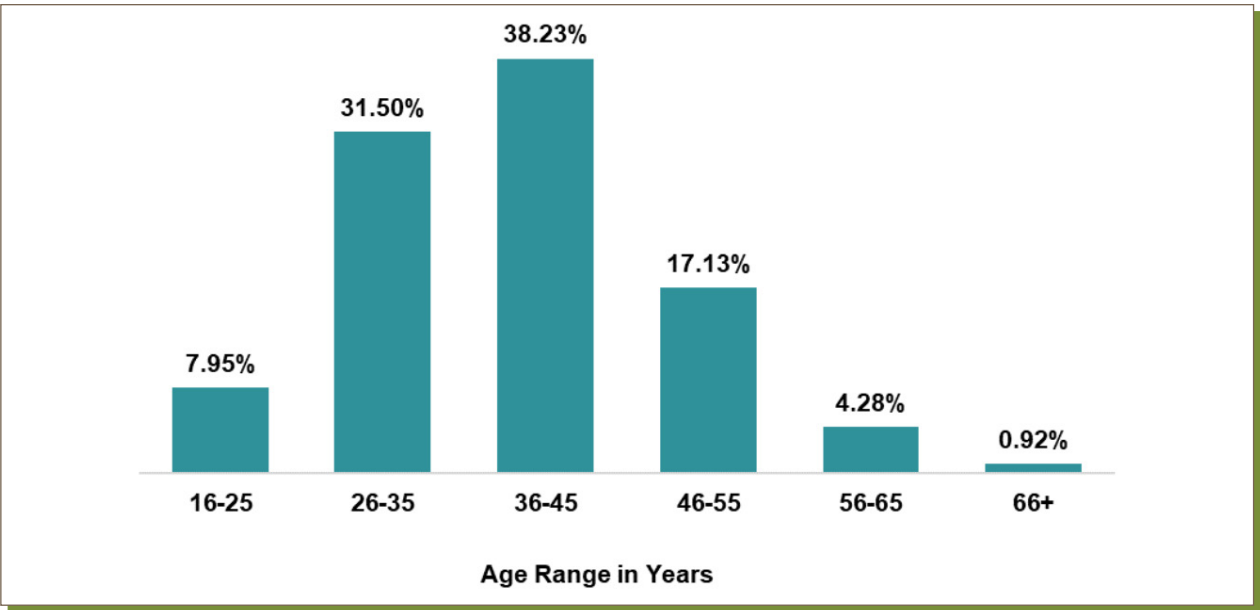


Figure 23: Age of the Survey Respondents

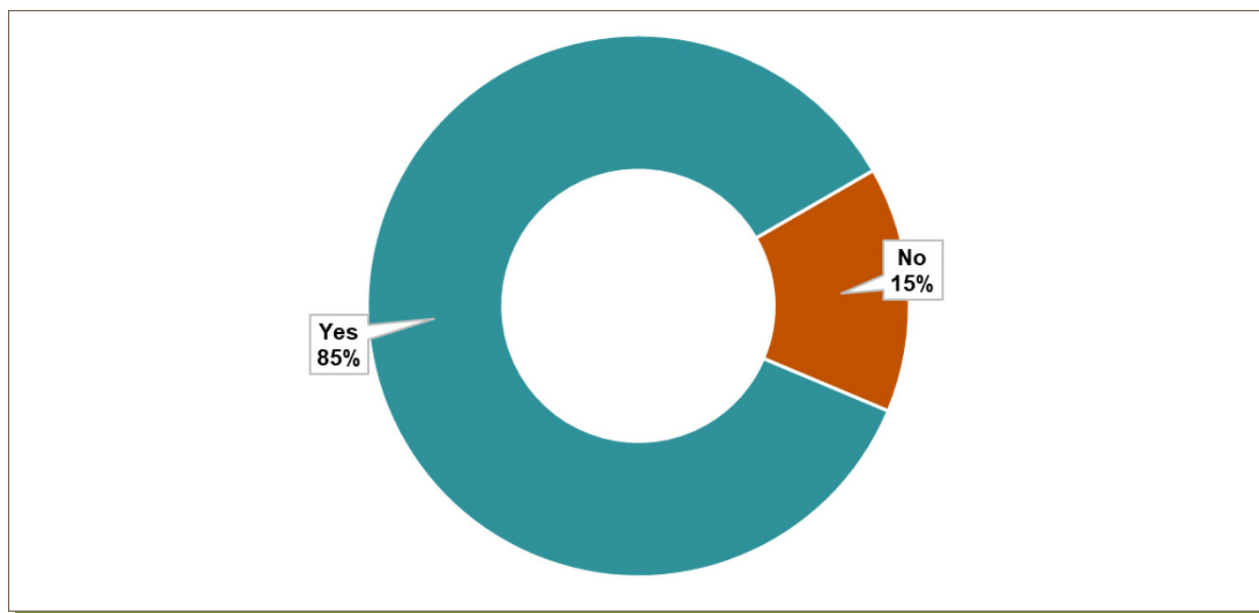


Figure 24: Attitude towards Women Working after their Marriage

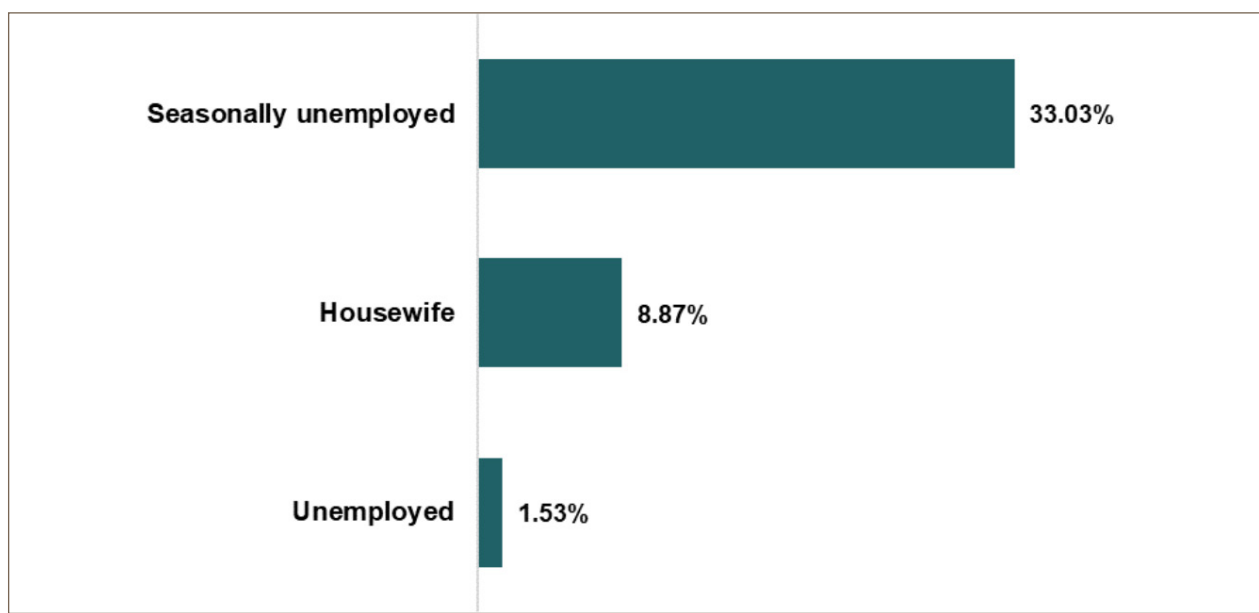


Figure 25: Unemployment Status

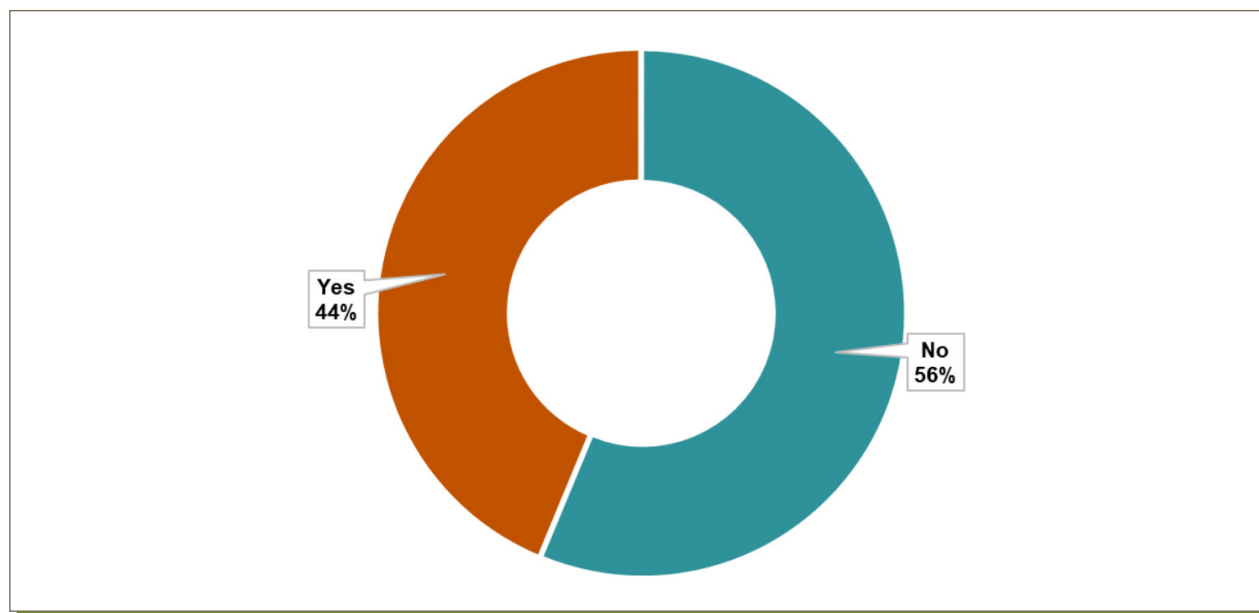


Figure 26: Dropout Rates in the Camps

Table 4: Output of Regression Analysis

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	1.824559952	0.05582	32.68655	9.4E-105	1.714746022	1.934374	1.714746	1.934374
Level of education	0.07170626	0.020621	3.477263	0.000575	0.031137857	0.112275	0.031138	0.112275

Table 5: Types of Hospital the Camp Residents Use and Reasons for Choosing It

Types of Hospital and the Reasons for Choosing It	Percentage
Kobiraj	0.31%
Less treatment cost	100.00%
Public hospital	71.25%
Closer to home, Less treatment cost, Less time consuming, Easy access	26.18%
Closer to home, Less treatment cost	12.88%
Closer to home, Easy access	12.45%
Closer to home, <u>Less</u> treatment cost, Easy access, Everyone/Your neighbor goes there	12.45%
Closer to home, Less time consuming, Easy access	8.15%
Closer to home, <u>Less</u> treatment cost, Everyone/Your neighbor goes there	7.30%
Closer to home, Less treatment cost, Easy access	7.30%
Closer to home	5.58%
Closer to home, Less treatment cost, Less time consuming	3.43%
Closer to home, <u>Less</u> treatment cost, Less time consuming, Easy access, Everyone/Your neighbor goes there	1.29%
Less treatment cost	0.86%
Closer to home, Easy access, Everyone/Your neighbor goes there	0.86%
Closer to home, Less time consuming	0.86%
Closer to home, Everyone/Your neighbor goes there	0.43%
Public hospital, Community clinic	9.79%
Closer to home	68.75%
Closer to home, Easy access	9.38%
Closer to home, Less treatment cost, Easy access	9.38%
Closer to home, Less treatment cost, Less time consuming	6.25%
Closer to home, <u>Less</u> treatment cost, Easy access, Everyone/Your neighbor goes there	3.13%
Closer to home, Less time consuming	3.13%
Public hospital, Private hospital	15.60%
Closer to home, Less treatment cost, Easy access	43.14%
Closer to home, Less treatment cost, Less time consuming, Easy access	17.65%
Closer to home, Less time consuming, Easy access	11.76%
Closer to home, <u>Less</u> treatment cost, Easy access, Everyone/Your neighbor goes there	9.80%
Closer to home	5.88%
Closer to home, Easy access	5.88%
Closer to home, Easy access, Everyone/Your neighbor goes there	1.96%
Closer to home, <u>Less</u> treatment cost, Less time consuming, Easy access, Everyone/Your neighbor goes there	1.96%
Closer to home, <u>Less</u> time consuming, Easy access, Everyone/Your neighbor goes there	1.96%
Public hospital, Private hospital, Community clinic	2.75%
Closer to home, Less treatment cost, Less time consuming, Easy access	55.56%
Closer to home, <u>Less</u> treatment cost, Less time consuming, Easy access, Everyone/Your neighbor goes there	22.22%
Closer to home, Less treatment cost, Easy access	22.22%
Public hospital, Private hospital, Kobiraj, Community clinic	0.31%
Closer to home, Less treatment cost, Less time consuming, Easy access	100.00%
Grand Total	100.00%

Table 6: Legal issues and Sources of Legal Help

Faced any Legal Issues Ever	Consider Sources for Legal Help	Percentage
No	Legal support organizations/NGOs	0.61%
	Local government	0.61%
	Local Head/Leaders	68.50%
	Local Police Station	6.73%
No Total		76.45%
Yes	Local government	0.31%
	Local Head/Leaders	11.62%
	Local Police Station	11.62%
Yes Total		23.55%



OBATHHELPERS

Empowerment Through Community Development

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