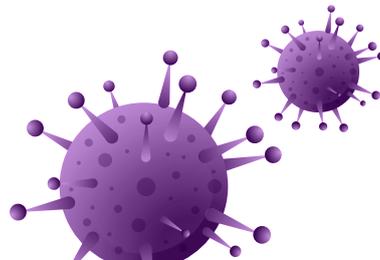
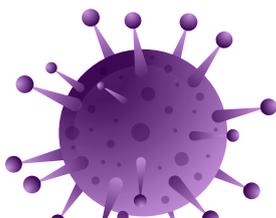


IMPACT AND RESILIENCE IN COVID-19 PANDEMIC

NATIONAL
STATUS OF DWD
COMMUNITIES IN
BANGLADESH



Asia Dalit Rights Forum



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NATIONAL STATUS OF
DWD COMMUNITIES IN BANGLADESH



Asia Dalit Rights Forum





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ABOUT ASIA DALIT RIGHTS FORUM

Asia Dalit Rights Forum (ADRF) is a platform of Dalits, and those working with Dalits in Bangladesh, India, Nepal, Pakistan, and Sri Lanka committed to the empowerment and emancipation of communities subjected to descent and work-based (caste-based) discrimination and violence (DWD&V). ADRF aims at addressing violations of the rights and entitlements of these communities, in particular their women and children, in the respective countries as well as worldwide. It focuses on supporting all the communities subjected to DWD&V and systemic discrimination in any part of the world in their noble aspirations and courageous struggles to establish an inclusive society that is marked by equity and equality, dignity and self-governance, justice, and freedom. ADRF is committed to collaborating with all national, regional, and international agencies- civil society organisations and human rights agencies, UN bodies, and state institutions espousing the cause of eliminating DWD and building an inclusive, peaceful and egalitarian society in Asia and elsewhere in the world.

ABOUT NAGORIK UDDYOG

Since its establishment 1995, Nagorik Uddyog (NU) has worked to strengthen local government in Bangladesh via the dual imperatives of, on the one hand, raising awareness among the general masses of people's basic human rights and, on the other, building people's capacity to pursue and realize these rights.

NU recognizes that democratic elections are by themselves insufficient in fulfilling democracy. The poor, marginalized and disadvantaged must be given the power to participate in and contribute to all those decision-making processes that affect their lives. Accordingly, NU strives to provide an enabling condition for the people to set up institutions and mobilize themselves.

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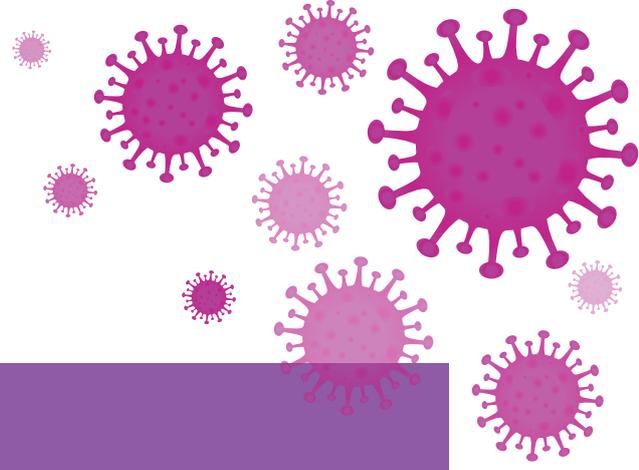
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INTRODUCTION

Bangladesh is one of the most densely populated countries in the world. It's situated in South Asia, bordering the Bay of Bengal, between India and Myanmar.¹ Total area of it is 148,460 sq. km. For more than 40 years of struggle Bangladesh has reduced the poverty rate from over half of the population to less than a third, achieved Millennium Development Goals for maternal and child

countries across the globe, and Bangladesh is also facing its share of severe impact both in terms of loss of lives and slowdown of economy.

The lack of democratic decision-making and multi-party participation has also been paired with an alarming risk of lack of governance and accountability. Government is less interested to

The Rate of COVID-19 in Bangladesh		
Date	No. of Cases	No. of Death Reports
31 March 2020	52	5
30 April 2020	7667	168
31 May 2020	47153	610
30 June 2020	145483	1847
31 July 2020	237661	3111
31 August 2020	312996	4281
30 September 2020	363479	5251
31 October 2020	407684	5923
30 November 2020	464932	6644

Source: <https://www.worldometers.info/coronavirus/country/bangladesh/>

health, and made great progress in food security. Bangladesh regularly falls prey to a series of natural calamities including floods, cyclones, drought and increasing salinity in soil and water.² The COVID-19 pandemic is rampaging over

involve other political parties and civil societies to overcome the COVID-19. Some elected local leaders have indulged in misappropriation of the relief products. As a response, the government withdrew politicians from the relief plan

¹ <https://www.cia.gov/the-world-factbook/countries/bangladesh/>

² <https://core.ac.uk/download/pdf/48024281.pdf>



The government is less interested to involve other political parties and civil societies to overcome the COVID-19.

and instead tasked 64 of the most senior civil servants to coordinate relief-distribution.³ This shows how the crisis management has become increasingly bureaucratized. Reliable, accurate, and accessible information about the pandemic is essential to reducing the risk of transmission of the virus and to protecting the population against dangerous disinformation. Unfortunately, government officials including medical personnel were instructed that not to speak to the media and government employees have been told not to like, share or comment on social media posts.

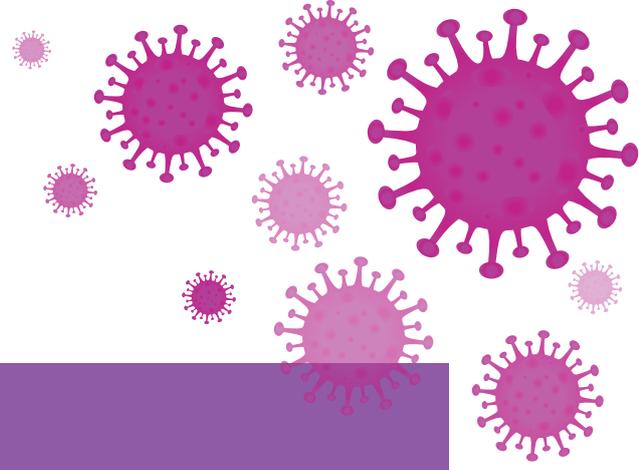
Like other countries in the South Asia region, sanitation and waste workers in Bangladesh are generally marginalized, socially and economically, living in congested colonies, slums or low-income informal settlements with limited access to basic services.⁴ Vulnerable groups, especially people living in poverty, from lower caste and religious minorities are more likely to engage in these types of work and are discriminated and stigmatized because of their profession. Sanitation workers face greater risk of infection, injury and death than do average workers, and rarely have insurance or access to health ser-

vices. Given the nature of their work and their living conditions, they are at higher risk than the general population of becoming infected by COVID-19. In the overwhelming and competing demands during pandemic, it is important that their rights to health, safety and dignity are not compromised and their voice gets heard.

Sanitation and waste workers are one of the prime vulnerable groups during this unprecedented period of corona virus pandemic. This assessment suggests that they seriously lack information, knowledge, training, essential supplies of safety materials, knowledge about how to handle the safety gears, and access to facilities to keep them protected. As they live in congested areas, use shared facilities, handle high-risk materials and serve a wide range of people in their work, they are highly exposed to risk of infection. Despite their apprehensions about working during COVID-19, economic hardship is forcing them to continue working. In addition to increased personal risk, many workers also experience reduced income and increased expenditure, which has increased their hardship manifold. Many workers also face social pressure and do not receive incentive, insurance or any other type of social protection.

³ <https://verfassungsblog.de/bangladeshs-unofficial-emergency-managing-the-covid-19-crisis-by-notifications/>

⁴ <https://reliefweb.int/report/bangladesh/risk-and-vulnerability-sanitation-and-waste-workers-during-covid-19-pandemic-five>



BACKGROUND

The DWD Communities in Bangladesh

The communities Discriminated based on Work and Descent (DWD) is widely known as Dalit and Socially excluded communities in Bangladesh. They are discriminated on their traditional occupation based identity, caste hierarchy and opted for manual jobs. Approximately 6.5 million DWD people in Bangladesh, belonging to more than 80 communities are identified based on their occupational identity.⁵ The occupation ranges from cleaning, shoe making/ repairing, fishing, washing, pottery, pig rearing, bamboo basket making, sanitation workers, day labourers, among others. Though their services are categorised as essential for the society, at the same time ironically, they are discriminated against based on their occupational identity. Some in the DWD/

Dalit community, face humiliation and denied social dignity due to their caste identities, despite obtaining higher education and financial security. Most of the DWD in Bangladesh belong to the lower-income groups continuously fighting against poverty and are limited to have access to government services and social security schemes.

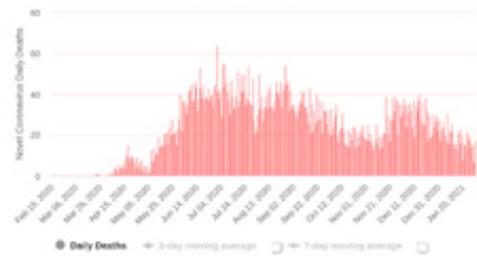
Prevalence of COVID19 in Bangladesh

The first confirmed case of COVID-19 was identified in Bangladesh on 8 March 2020. The Institution of Epidemiology Disease Control and Research (IEDCR) first got the existence of Coro-

Daily New Cases In Bangladesh
Cases per Day



Daily New Deaths In Bangladesh
Deaths per Day



⁵ [http://asiadalitrightsforum.org/images/imageevent/302381476Claiming%20Right%20to%20Justice%20and%20Development%20-%20Sept%202019%20-%20Final%20Content%20\(2\).pdf](http://asiadalitrightsforum.org/images/imageevent/302381476Claiming%20Right%20to%20Justice%20and%20Development%20-%20Sept%202019%20-%20Final%20Content%20(2).pdf)

BBC reports that ‘as Bangladesh opens up, front-line workers will continue to be affected, but there are fears the virus will sweep the population at large.



navirus in three persons. Two of them are male who returned from Italy in the last week of February 2020. According to IEDCR another female was affected by one of the two affected persons, who are husband and wife. However, the first death due to a coronavirus outbreak occurred in Bangladesh on 18 March, 2020. According to IEDCR, a total of 102,292 people in Bangladesh were affected by Coronavirus till 18 June, 2020. Among them, 1,343 died and 40,164 recovered. According to health experts, the COVID-19 situation may worsen in Bangladesh, especially in densely populated areas in the coming months. COVID-19 infection is more acute in urban areas than the rural. More than 70% of the total disease and death occurred in the capital city in Dhaka. Despite more than two months of shutting down and general holidays declared by the government starting from 25 March, 2020, it proves to be challenging to reduce the number of infections instead increasing day by day after relaxing the shutdown and re-opening the activities.⁶ Under these circumstances, the Bangladesh government has decided to go for lockdown in a few selected urban areas which fall under the red zones.

In the post lockdown, the number of cases has increased multifold with numbers multiplying and changing the entire lockdown process nullified. Four months after lockdown almost 3.1 lakh cases have been registered and more than 6000 have died in the same period (see table 1). This shows the vulnerability of the states' dense population and lack of the preparedness for such large-scale health hazard like the pandemic. Less than 3% of Bangladesh's GDP is spent on health-care, compared with about 9.7% in the UK. The country has one of the lowest ratios of hospital beds to patients in the world. There has been a shortage of ICU beds during the coronavirus outbreak - figures vary but it is estimated that there are just over 1,000 beds for a population of more than 160 million.⁷

Despite being the hotspots of COVID-19 infection, proper safety measures are not provided for the cleaners working at the hospitals. They were found working without any Personal Protective Equipment (PPE). So, they are at high risk of infection.



BBC reports that ‘as Bangladesh opens up, front-line workers will continue to be affected, but there are fears the virus will sweep the population at large. Some areas with high numbers of cases are being contained to control the spread, but with a healthcare system already bursting at the seams, Bangladesh could slide into a crisis it cannot control.’⁸

KEY CHALLENGES FOR DWD COMMUNITIES DUE TO COVID19 VIS-À-VIS OTHER COMMUNITIES

The challenges faced by DWD and other communities due to the outbreak of COVID-19 in Ban-

gladesh are prevalent in nature. As mentioned before that the DWD communities belong to extreme poor categories and mostly are day labourers and sanitation workers, it has become very challenging to be safe from COVID-19 infection. The sanitation workers have not received personal protective equipment, and informal sector workers are mostly unemployed facing severe income loss.

The government of Bangladesh declared general holidays from 26 March to 30 May, everything closed down, most of the DWD communities lost their jobs as they are mostly day labourers. The DWD communities working as cleaners at different non-government organisations or private sectors and daily wage earners, especially working as cobblers, saloon workers, laundry-

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368637/>

⁷ <https://www.bbc.com/news/world-asia-53054785>

⁸ <https://www.bbc.com/news/world-asia-53054785>

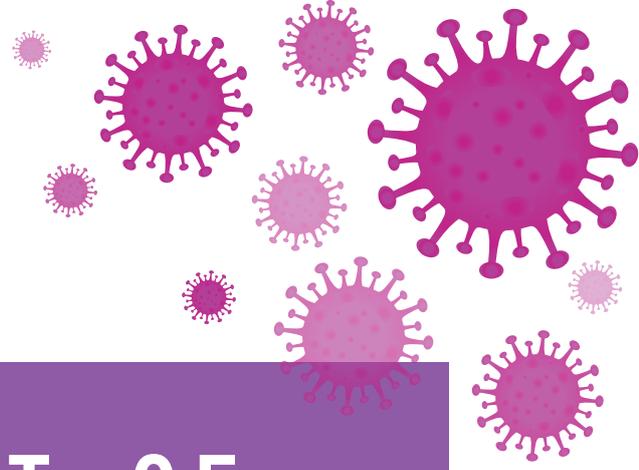
The vulnerability of the states' dense population and lack of the preparedness for such large-scale health hazard like the pandemic. Less than 3% of Bangladesh's GDP is spent on healthcare, compared with about 9.7% in the UK. The country has one of the lowest ratios of hospital beds to patients in the world.



men, potters and carpenters have lost their jobs. As a result, they had to suffer to earn basic daily foodstuff to survive with their family members. Though some of them received one-time food support from the government and non-government organisations, however, it was insufficient to meet the needs for a period of almost three months. We are receiving requests every day across the country to provide food support.

The DWD community leaders from 8 districts reported that 40-50% of the DWD community received food and sanitising materials from different government and non-government organisations during the general holidays. The food received hardly covered a month with half feed. They also reported about the health risk of the cleaners who are especially working at different government and private hospitals. Despite being the hotspots of COVID-19 infection, proper safety measures are not provided for the cleaners working at the hospitals. They were found working without any Personal Protective Equipment (PPE). So, they are at high risk of infection.

Despite different government and non-government initiatives of raising awareness for preventing the rapid spread of Coronavirus, the number of infections is increasing day by day. It is essential to mention that during the general holidays for two months, it was difficult to restrict the movement of people in different places. Many of the garment factories and bazaar kept open. As a result, it was a challenge to maintain social distancing. The general holidays ended on 30 May, 2020 and the offices resume from 31 May, 2020. In this situation, the movement of people increased and intensified the high risk of COVID-19 infection. Due to lack of awareness, many people were found on the street without any protection. DWD working as cobblers on the roadside and cleaners collecting home, medical garbage or sweeping the roads were found without protective equipment.



DATA ON EXTENT OF COVID-19 ON DWD COMMUNITIES

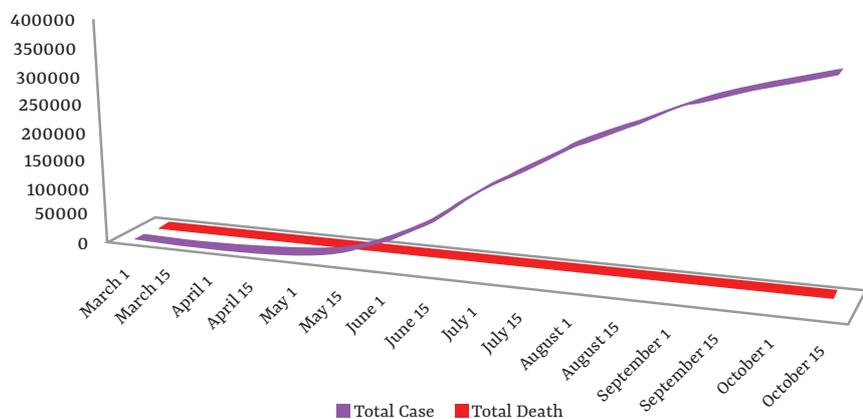
General information on the COVID19 related to the country's population-infected/self-quarantined/officially quarantined/recovered/death

The first case of COVID-19 was identified in Bangladesh on 8 March, 2020. The early death occurred on 18 March, 2020.

The impact of the COVID-19 has spearheaded in the months following the lockdown and has steadily on the rise as of the writing of the report. The Institute of Epidemiology Disease Control and Research (IEDCR), Bangladesh reported that a

total of 513,510 people in Bangladesh so far are affected by coronavirus (till 31 December, 2020). Among them 7,559 died and 457,459 recovered. Bangladesh has all the potential for a fast spread of Covid-19.⁹

COVID-19 pandemic has impacted negatively on the livelihood of Dalits. According to a rapid assessment conducted in 35 districts by Nagorik Uddyog and BDERM, approximately 1,36,144 Dalit families lost their jobs which includes jobs like cleaning, shoe repairing, small business, van and rickshaw pulling, hair dressing, cloth washing, etc. A total of 40,660 Dalit families received food



⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368637/>

and sanitizing support from different govt. and non-govt. organizations which is only 30% of the total jobless families. A huge number of Dalit families didn't receive any support.

On DWD communities- infected/ self-quarantined/ officially quarantined

A total of 179 people (Men-118, Women-56, Children-5) from the DWD community have been infected by COVID-19, out of 179 infected people nine persons died according to a survey conducted in June 2020. The number may be higher than this; Nagorik Uddyog couldn't been able to col-

Fortunately, the infection rate is still lower comparing to the infection rate of our neighbouring country India. But the health experts assume that the situation could be deteriorating since mass people are still not aware of their own safety. Many people are still seen moving outside without mask. Though there are hand washing and sanitizing facilities in every office and marketplace, many people seem not caring much about practicing the health rules. Many people are still not maintaining social distancing in the offices, market places and public transports.

Despite getting infected by COVID-19, it remains a major challenge for Dalits to have access to quarantine facilities. Almost all the urban Dalits in Bangladesh live in colonies where they are entitled to use only one room for one family consists of 4-5 members. In this situation, they

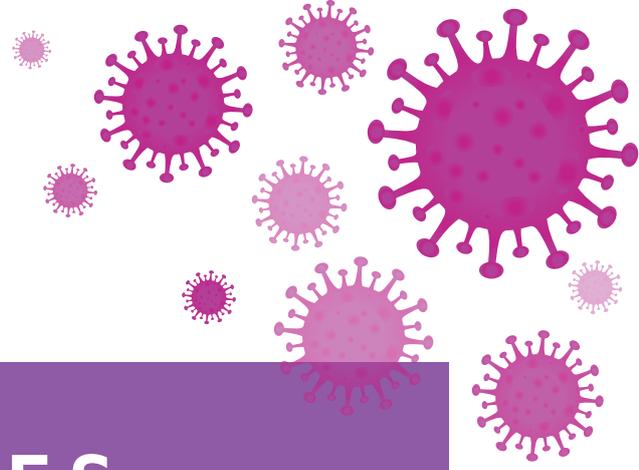
STATUS	0-10 years	11-20 years	21-30 years	31-40 years	41-50 years	51-60 years	Above 60 years	Total
Total Infected	5	7	18	46	43	24	36	179
Deaths	1	0	0	2	2	3	1	9
Self- Quarantine	-	-	-	-	-	-	-	16
Institutional Quarantine	-	-	-	-	-	-	-	4
Recovered	-	-	-	-	-	-	-	150

lect all information. The table below shows the present situation of infected people.

According to the rapid assessment, a total of 179 people were found COVID-19 positive. Among them 150 people were cured, 9 people died and 20 people were under treatment. COVID-19 pandemic has created a huge impact on the livelihood of Dalits.

However, considering downturn situation of the country's economy, Bangladesh government decided to reopen the offices and transports to a small scale from 1 June, 2020 and gradually all the offices and markets resume from July, 2020.

can't maintain the rule of social distancing and as a result, their family members get infected. The rapid assessment also found Dalits reluctant about practicing health rules. Only 30% Dalits participated in the assessment was found practicing all the health rules like wearing mask, washing hands and maintaining social distancing. 30% Dalits were found practicing the health rules partially and 40% Dalits weren't practicing any health rules. 60% of the COVID-19 positive Dalits said that they weren't given much importance by the doctors while going for treatment. 30% said that they could not see the doctors due to lack of money. 10% were found not interested to see a doctor as they consider it as normal flue.



SYSTEMIC ISSUES AND SOCIO-ECONOMIC IMPACT OF COVID-19 ON DWD COMMUNITIES

Basic livelihood needs: food, health, housing, transport, recreational facilities, education and employment.

The DWD community in Bangladesh mainly belongs to the lower-income group. A significant part of the DWD community works as day labourers. Apart from cleaners jobs under the municipalities and city corporations, most urban DWD work as cobblers, cleaners at different private hospitals, offices and informal sectors on a daily wage basis. After the spread of Coronavirus across the country, many from the Dalit community have lost their jobs due to two months of shut down as declared by the government. As a result, they have been suffering for want of food. Even though some community members have received food support from government

and non-government institutions, that was not enough to meet the needs of this period. Many from the DWD community suffering from other diseases didn't get treatment in the hospitals as suspected of COVID-19 infection. The DWD communities who reside in rented houses in Urban areas are not able to pay the house rent. The school remained closed for a long time. So it severely hampers the education of their children as they are unable to give tuition to them at home.

Psychological issues/ needs: anxiety/fear/adjustment/etc.

The psychological reactions to COVID-19 pandemic may vary from a panic behavior or collective hysteria to pervasive feelings of hopelessness and desperation which are associated with negative outcomes including suicidal behavior.

A Newspaper report on Street Cleaners in Dhaka during COVID-19

Dhaka's street cleaners have long grappled with challenging working conditions, even pre-pandemic. Hazards on the job include illness due to exposure to harmful waste and injuries sustained while collecting waste (especially from sharp or pointed objects). Often, cleaners have to pick waste with their bare hands. They usually have no boots. But while people highlight the vulnerability of doctors and police officers, the plight of street-cleaners is invisible.

Street cleaners often suffer from various illnesses ranging from back-pain to skin disease to gastric issues, owing to their regular exposure to waste materials in jobs such as sweeping streets, cleaning toilets, emptying septic tanks and manual scavenging, according to Nagorik Uddyog, a rights-based non-profit organisation in Bangladesh.



Garments workers shout slogans as they block a road demanding their due wages during the lockdown amid concerns over the coronavirus disease (COVID-19) outbreak in Dhaka, Bangladesh, April 15, 2020. Photo: Reuters/Mohammad Ponir Hossain

Many of the street-cleaners live in areas like Nazira Bajar, Wari and Dholpur, all congested spaces with houses just 10 to 12 feet in length and shared with family members, according to Nagorik Uddyog. Due to population density, physical distancing is not possible for people in these areas.

Between 1 and 1.5 million of Bangladesh's street-cleaners are Dalit. The fear of being stigmatised is so strong that many (particularly from the Hindu community) prefer to refer to themselves as 'Harijan' or 'Child of God' a term popularised by Mohandas Karamchand Gandhi – though in India, many members of the community today feel this term is patronising and identify as 'Dalit' instead. Although caste is traditionally associated with Hinduism, in Bangladesh these practises have also been adopted by a small proportion of the Muslim community. Without the cleaners, the city will cease to function and become choked with waste; yet their profession hardly inspires societal respect.

As Nagorik Uddyog points out, many of the street-cleaners are vulnerable because they are often employed contractually. Due to the ongoing crisis, many contract workers have lost their jobs, as have street-cleaners working for private entities. Those who do retain their jobs (such as the more than 10,000 cleaners who work at both city corporations) find the pay inadequate.

Importantly, other health measures may be compromised by abnormally elevated anxiety.¹⁰

As it is mentioned that the DWD community belongs to lower-income groups and have minimal income, the shutdown has brought much financial suffering for them. They had to go for half feed with their family members; they could not even go out for work due to fear of getting infected by a virus. It was a matter of concern for them staying 4/5 members together in a room, infection to any of the family members may prove to be vulnerable for all of them as isolation in the house is not possible. Children staying at

home without attending school for a long time has increased tension of the parents on the future of the children's education. In some cases, as reported, domestic violence has increased.

Gender conflict issues

Though the coronavirus infection and death rate among DWD women are comparatively low, however, the community are the worst victim of financial income loss. In urban settings, one family having five members lives in one room, and the room size on average is around 120 square feet. So they have to stay in a small place. On the other

¹⁰ <https://academic.oup.com/qjmed/article/113/8/531/5860841>



Lockdowns during COVID-19 have already resulted in 743 million girls missing out on education. It is even worse for the girls of the Dalit (untouchables) communities in Bangladesh. They live in poor conditions, don't have access to clean water and have no money for face masks or sanitary pads. Because their families struggle to provide for them, they are also at greater risk of child marriage.

hand, becoming jobless and staying at home for a long time for more than two months proved to be tremendous psychological pressure for DWD men which resulted in domestic violence.

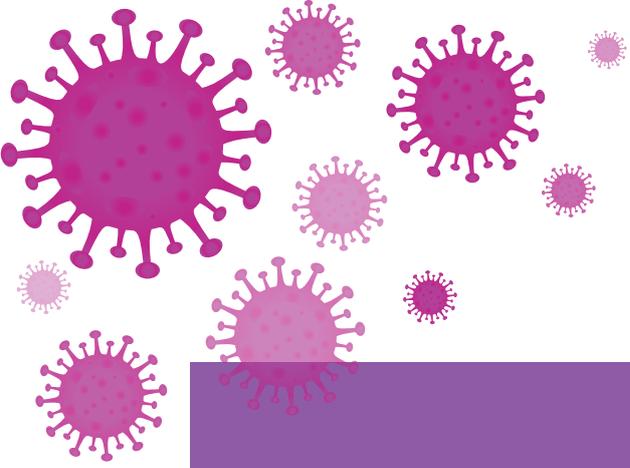
Lockdowns during COVID-19 have already resulted in 743 million girls missing out on education. It is even worse for the girls of the Dalit (untouchables) communities in Bangladesh. They live in poor conditions, don't have access to clean water and have no money for face masks or sanitary pads. Because their families struggle to provide for them, they are also at greater risk of child marriage.¹¹

Social communication issues

COVID-19 infection in Bangladesh has reduced social communication to a large extent. As glob-

ally accepted, one of the critical ways to prevent COVID-19 is to maintain social distancing. So, people have been discouraged from moving outside their houses, going to the market and other places to visit. Even they are discouraged from making any gathering privately or publicly. As a result, DWD could not have the opportunity to meet their relatives living nearby. Yet, no relatives have seen if anybody died due to COVID-19 or other diseases. Though there were government restrictions to move outside without any reason, many people also didn't go out of their houses due to fear of getting infected. Though they could not attend physically, they regularly keep contact through phone calls to communicate with relatives and to the DWD networks. The Bangladesh Dalit and Excluded Rights Movement (BDERM) a national platform of DWD and Dalit are in regular contact over the phone and having a virtual meeting to monitor the situation and immediate response in urgent needs.

¹¹ <https://www.globalgiving.org/projects/hygiene-products-girls-bangladesh/>



IMPACT OF STATE EFFORTS: CONTAINMENT AND MITIGATION MEASURES

Lockdown and containment plan and its effects on DWD communities

Bangladesh, despite the possibility of widespread infection as a densely populated country, the government didn't go for formal lockdown instead declared general holidays starting from 26 March, 2020. The general holidays continued till 30 May, 2020. During this period all the government, non-government organisations and public transport remain closed except few emergency services providing organisations, grocery stores and medicine shops. But the owner of the garment suddenly decided to re-open factories, and as a result, the garments workers rushed to the city to join the factories. Since there were no public transports, many of them had to walk a long distance to reach the workplace. Immediately after that, the decision was changed once again due to public demand and workers went

back to the village, in between there were vacations of Eid festival. Even after repeated warnings from the government side, not to move, a large number of people left Dhaka to meet the family in the village, mainly people who work in the informal sector. The high mobility is the cause of widespread infections at the community level.

However, the DWD community, as mentioned before the lowest income group suffered a lot due to the general holidays declared by the government. The cleaners of urban areas especially working in different government, non-government and private institutions like shopping malls, super shops and supermarkets. Almost all of them had become jobless during the two months of general holidays when movement at public places was restricted. This joblessness situation has brought immense misery to the people of the DWD community. Staying at home for a long time increased their mental stress, which sometimes led to domestic violence. The uncertainty of getting a job again has weakened their

psychological strength. Lack of food support has also weakened them physically, which also intensifies their vulnerability of getting affected by COVID-19 in the long run.

Accessing basic necessities measures: food security/health security/financial security

The day labourers and low wage-earning groups among the DWD community become jobless due to the shutdown declared by the government. As a result, they severely suffer to earn a livelihood. However, the Bangladesh government, different International NGOs and local benevolent people extend their support to the vulnerable DWD families. Bangladesh government along with some International NGOs like UNDP, Action Aid, HEKS-EPER, BCS Officers Association, Nagorik Uddyog, Manusher Jonno Foundation, some MPs, BDERM and local benevolent people provided food support to the DWD community in Dhaka, Barishal, Bhola, Gaibandha, Rangpur, Kurigram, Lalmonirhat, Panchagarh, Dinajpur, Khulna, Jashore, Satkhira, Narail, Pabna, Bagura, Naogaon, Kushtia, Sunamgonj and Moulvibazar districts. BDERM leaders from the beginning of the crisis started liaison and made demands for support to the DWD community. BDERM leaders reported that on an average 50% of the jobless DWD have so far received food support from the local government and non-government organisations. The food package included rice, pulses, potato, onion, salt and sugar. Nagorik Uddyog and BDERM distributed food among the DWD communities of Sylhet Sadar and the tea garden workers of Srimongol and Komolgonj under Moulvibazar district.

Nagorik Uddyog and BDERM distributed 7,150 packets safety materials (mask and soap), 2,550 packets of food and income generating support to 100 Dalit families of Dhaka, Moulvibazar (Srimangol and Komolgonj), Jashore, Khulna, Barishal and Bhola. Besides, 750 Dalit students from 25 pre-primary education centres and 235 Dalit students from 10 education support centres got safety materials (mask and soap) from Nagorik Uddyog and BDERM.

According to the DWD leaders, the food and hygiene support received so far isn't enough to meet the need for such a long period of two months. Though the general holidays of two months are over, the uncertainty about their job hasn't gone yet as the number of infections has been increasing day by day. Under this situation, many jobless DWD people have been suffering from financial uncertainty which is making them dependable on charity.

Accessing social and psychological security measures

The Bangladesh government started providing financial support to the DWD community under the social safety net programme from 2013. But the programme widened its coverage in 2017 and included people from all disadvantaged communities. As a result, the supports which were entirely dedicated for the DWD community were divided into many communities which ultimately reduced the coverage among DWD. Though the government has been increasing the budget every year under this program, the coverage among DWD has yet to be improved. It is assumed that on an average 20% of deserving DWD all over Bangladesh is currently getting support under the social safety net programme, which is still ongoing during the pandemic situation.

Psychological security is a big concern for people from all strata, let alone the DWD communities. Many DWD communities in Bangladesh, especially the day labourers lost their jobs and have been suffering from anxiety and uncertainty. The Bangladesh government has been trying to recover the economic damage by prioritising people's lives in the next year's budget, which has increased a little for the health and social security of people. This increase is not enough as expected; the civil society and the economist primarily show discontent on the government decisions, not realising the impact of the COVID-19 fully.

However, the government is also trying to boost up people through publicity of different encouraging trailers and documentaries so that people can overcome their anxiety and mental stress. Many government and non-government institutions launched online telemedicine and counselling support so that people can avail them while staying at home. These supports are available for all.

Availing media and awareness creation plan for the public

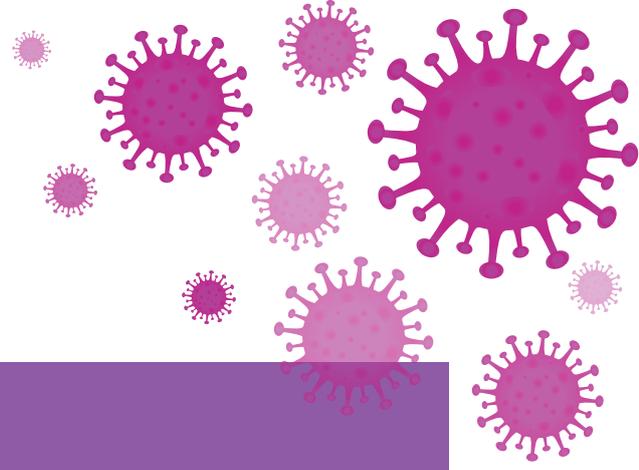
From the beginning of the outbreak of COVID-19 in Bangladesh, the government has been trying to educate people on the preventive measure through the media. The Directorate of Health of Bangladesh has been telecasting online news briefing regularly to give updates on COVID-19 situation in the country. The TV channels have routinely been providing information on available COVID-19 testing points and how to prevent this virus infection. The ICT department of Bangladesh government has also developed a COVID-19 contact tracing app titled 'Corona Tracer BD' which can be downloaded through google play store. The app helps update and measure the risk of COVID-19 infection.

Accessing law & order machinery and complaints redressal mechanisms

The law enforcing agencies during this period has been actively involved in relief programmes and tackling people's movement in public places. Despite many members from law enforcing agencies getting infected and dying by COVID-19, it could not resist them performing their duty. The court's activities are reduced and conduct trials online only on emergency cases. However, it is essential to mention that a policeman killed a farmer of the DWD community in Gopalganj district on 2 June 2020. BDERM organised several human chains in different places, demanding the arrest of the alleged police officer. However, the policeman, along with his associates, was arrested and sent to jail.

Space available for media transparency efforts

Bangladeshi media has been very active in telecasting news related to COVID-19. Due to media intervention, people have come to know about the corruption of a few political leaders and local elected representatives with the relief materials during the pandemic. The media interventions have catalysed in reducing corruption to a certain extent. Nowadays, the media has become a platform for the people to talk about the success and failure of the government in tackling the pandemic. Health experts, reporters and politicians are discussing ways to address the issue through online meetings which are also telecasted through these media.



FORMS OF DISCRIMINATION FACED BY DWD COMMUNITIES

Access to the services

In the COVID-19 pandemic, many people from the DWD community lost their jobs. Bangladesh government along with some International NGOs like UNDP, Action Aid, HEKS-EPER, BCS Officer's Association, Manusher Jonno Foundation, Local MP, Journalists, BDERM leaders and local benevolent people provided food support to the Dalit population of Dhaka, Barishal, Bholala, Gaibandha, Rangpur, Kurigram, Lalmonirhat, Panchagarh, Dinajpur, Khulna, Jashore, Satkhira, Narail, Pabna, Bagura, Naogaon, Kushtia, Sunamgonj and Moulvibazar district. As per the information of BDERM leaders from the districts mentioned above, on an average 50% of the jobless DWD have so far received food support from the local government and non-government organisations. The food package included rice, pulses, potato, onion, salt and sugar

Access to livelihood- food, water, shelter, jobs, wages, health needs

The COVID-19 pandemic has severely affected the livelihood-food, water, shelter, jobs, wages, and health needs of the DWD community. As mentioned in the previous section, most people of the DWD community are day labourers who worked at different non-government and private organisations. They had become jobless when the government declared general holidays for two months. All the institutions except emergency service providing institutions remained closed during this period. The unemployed people immensely suffered from the scarcity of food. Though some of them received food support provided by the government and non-government

Since there was strict instruction to stay at home, it was difficult for DWD in urban areas to maintain social distancing who stayed in just a single room of 120-140 square foot along with 4/5 family members.



organisations, these were not enough to meet the needs of a long period of two months. Since there was strict instruction to stay at home, it was difficult for DWD in urban areas to maintain social distancing who stayed in just a single room of 120-140 square foot along with 4/5 family members. Some of the DWD who stay at rented houses could not pay the house rent during this period. After the general holidays were over, many institutions partially opened, but they laid off many employees as they had no income in the last two months. Hence, many DWD people are still jobless due to COVID-19 pandemic.

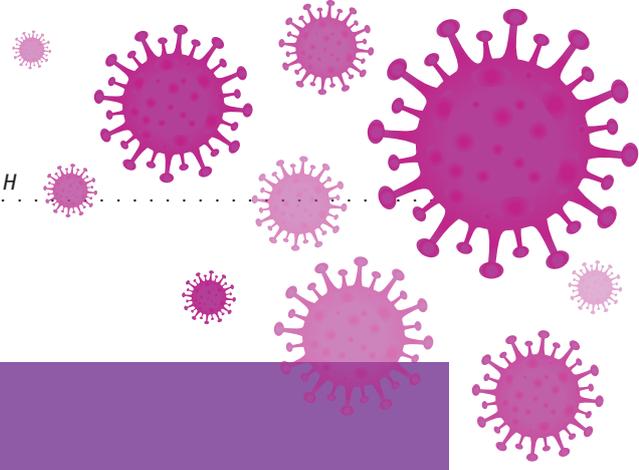
Impact of COVID19 mitigation measures on DWD communities- short term, medium-term and long-term impacts

The Bangladesh government has undertaken different measures to mitigate the impact of COVID-19. But unfortunately, we haven't ob-

served any specific action for the DWD community. There are short term relief programmes for the lower-income groups in which there is no separate mention of the DWD community. The Bangladesh government has recently announced the next fiscal year budget. But there was no separate stimulus package for Dalits to mitigate impact of COVID-19.

Protection from socio-cultural atrocities and violence

The incidents of violence and atrocities were a little less during this period. BDERM investigated one case of torture and killing of a DWD farmer during this period. A local police officer of Kotalipara, Gopalganj district torture a DWD farmer on 2 June 2020 and, the farmer died on 3 June 2020 in the hospital. BDERM arranged several protest rallies to demand the arrest of the alleged police officer. However, the police officer, along with his associates, was taken into custody.



CIVIL SOCIETY RESPONSE: MITIGATION MEASURES

Creating awareness

Civil Society Organisations have been very active from the first day of COVID-19 infection in Bangladesh. The CSOs with the support of international organisations extend support to the jobless DWD communities. The CSO also provided hygiene materials and awareness support to DWD. Furthermore, CSO representatives provided continuous support physically and virtually to the government to tackle the situation. The CSO leaders took part in the virtual meetings, talk showed and gave critical opinions of government decisions and mismanagement. The CSOs also organised an awareness campaign to prevent COVID-19. BDERM and Nagorik Uddyog published 50,000 awareness leaflets and 10,000 posters to circulate among the DWD communities.

Relief and rehabilitation measures

So far we are informed from various sources a total of 10,475 Dalit families received food sup-

port. Out of which Nagorik Uddyog supported 2,550 families. In addition to that 7,150 families received sanitizing materials support to prevent COVID-19 infection. Nagorik Uddyog also distributed 50,000 awareness raising leaflets among the Dalit communities across the country. Moreover, 100 families received cash support for income generating activities from Nagorik Uddyog.

Networking systems and remedial mechanism for liaison with state mechanisms

In line with the state mechanism for addressing COVID-19 situation, Civil Society Organizations have been working simultaneously to reduce the spread of this virus. The CSOs in their respective areas work to raise awareness on the preventive measures, limiting mass gathering and mass mobility in public places and supporting the gov-

ernment in relief work. The CSOs also provide support to the government through consultations and giving necessary suggestions wherever required.

Research, documentation and advocacy plans

The research institutions, along with relevant government and non-government organisations, have been working together to find out effective ways to reduce the impact of COVID-19 infection. It is to be mentioned that Bangladeshi doctors have found plasma therapy as an effective way to treat COVID-19 patients, and so far, many infected have recovered due to this plasma therapy. The researchers in Bangladesh are collecting information on the success cases of COVID-19 treatment from different countries so that they can save more lives. In addition to that, a ten-member expert team from China was invited to Bangladesh to observe the situation and provide practical suggestions to tackle the problem. The government has maintained steady communication with the countries having business links with Bangladesh so that the business relationship can be on track. Citizen Platform for SDGs in Bangladesh also created an archive on the available research related to the COVID-19 and uploaded in the platform's website (<https://bdplatform4sdgs.net/#>)

Some CSOs have started collecting data on the situation of minority communities during COVID-19 situation and advocating with the local government institutions, government and non-government agencies to ensure social, financial and psychological security of minority groups. But it is felt that comprehensive research on the situation of the DWD community is urgently required so that their needs can be identified and future advocacy plans can be developed accordingly.

Monitoring the state's mitigation policy & programs and budgetary provisions

Bangladesh has enacted the Communicable Diseases (Prevention, Control and Elimination) Act in 2018. Many articles of this law are applicable to tackle the spread of this virus. In line with the law, the Bangladesh government has already made it mandatory for each individual to use a mask while moving outside their home. According to the article, using public transport during this situation is discouraged, and the transport owner's association was instructed to maintain social distancing for passengers and to disinfect the vehicle has been made mandatory.

It should be mentioned here that the law enforcing agency has already imposed financial penalties on people who didn't use masks outside their home.

Engaging in governmental, Judiciary & media advocacy efforts

Civil society has been playing an essential role by supplementing government initiatives in addressing the COVID-19 situation. The CSOs have been monitoring the status regularly and supporting the government with the necessary information and data. The CSOs have been engaged in online discussions, virtual conferences, writing articles in the newspaper on their observations and suggestions so that it may help the government makes the right decision on time. CSO's advocacy has reflected in the budget where we have observed the maximum allocation in the health and livelihood sectors.

TOWARDS THE FUTURE

According to health experts, Bangladesh is not going to be free from COVID-19 very soon. They assumed that it might take December 2020 to reduce the intensity of this outbreak. But it is entirely depending on how the government is responding to challenges. If the government fails to take prompt and effective action right, COVID-19 might exist in Bangladesh for a long time. Since no vaccine so far invented, preventive measures should be strengthened. Preventive measures include creating massive awareness and amendment and implementation of the existing laws. Effective prevention is only possible, enforcing social distancing, which is only possible if the informal sector workers get support from the government authority to maintain their livelihood.

The outbreak of COVID-19 in Bangladesh has shown its severe weaknesses in the health sector. Health facilities in Bangladesh are minimal compared to the large population. Bangladesh

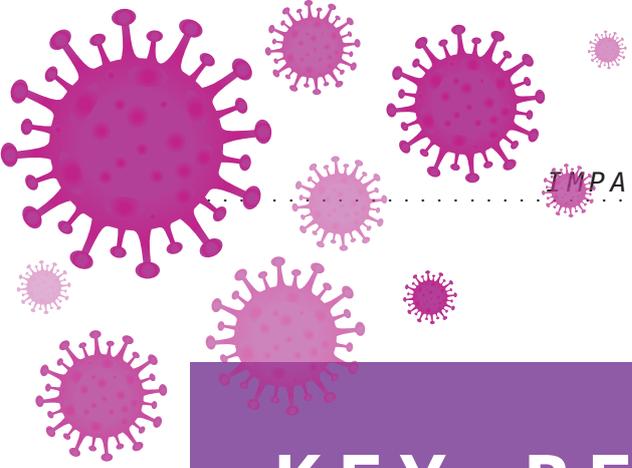
lacks testing facilities due to lack of technologists, testing accessories and labs. On average, around 15,000 samples are collected and tested every day, and the infection rate is 21%-22%.

If the testing capacity of the labs increased, it would increase the number of infections.

Regarding the treatment of COVID-19 patients, it is to be mentioned that Bangladesh has only 1,169 ICU beds which includes government and private hospitals. But unfortunately, these are not enough to provide treatment support to a large number of COVID-19 patients. As a

result, it was observed that COVID-19 patient died in the ambulance after moving towards and being denied by several hospitals. Taking the weaknesses of the health sector under consideration, the Bangladesh government has allocated the maximum in the health sector in the next budget.





KEY RECOMMENDATIONS

COVID-19 pandemic has shown how unprepared the world is in terms of managing its health and economic implications. Bangladesh has undertaken a four-level emergency plan to prevent the spread of the virus. The existing healthcare infrastructure and the available medical equipment are not adequate even in ordinary situations, let alone in facing the coronavirus. The Covid-19 pandemic has put our health sector to the ultimate test. Medicare facilities for the common citizens are extremely limited. According to the Bangladesh Bureau of Statistics (BBS) there is only one bed in the hospital for every 1,196 individuals in the country (BBS, 2019).

Though Bangladesh government has introduced COVID-19 dedicated hospitals in each district, a huge number of COVID-19 positive cases from the mainstream communities were denied getting admitted by showing the reason of bed scarcity. So we can easily assume the situation in case of Dalits.

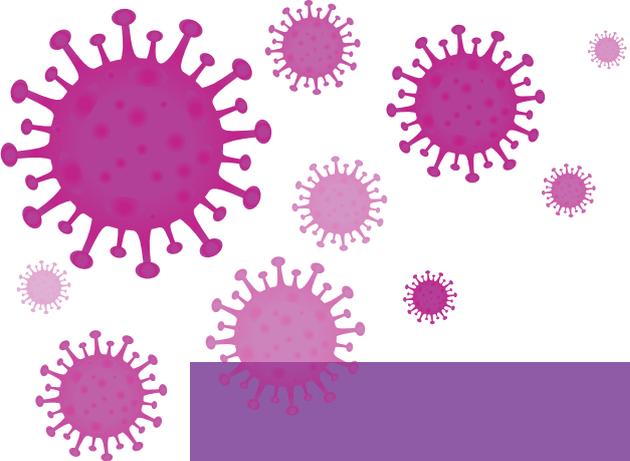
The private hospitals also denied treating the COVID-19 patients and in many cases they have not admitted the general patient as well. There are a number of critical patients who have died having denied admission by several hospitals. There are huge gaps in coordination among different departments of the government and lack

of clear preparedness to address Covid-19 situation. There is scarcity of doctors, nurses and technologists in the hospitals. The hospitals lack a cylinder, ventilators and ICU. The treatments of Covid-19 patients are being hindered in hospitals due to lack of Personal Protection Equipment (PPE) for doctors, nurses and other health workers. In this pandemic situation it has been seen that common people do not have access to the treatment due to panic of Covid-19 and denial of services. Deaths of the people having Covid-19 symptoms were not counted into the coronavirus death figure by the government and that the media reported at least 1,258 such deaths so far. The people have suspicion of the government statistics about the number of infected people and deaths. The number of infections and death is much higher than the official data as perceived by the people.

It is high time for Bangladesh to take strong initiatives tackling COVID-19 pandemic. The number of infections that crossed 100,000 within 102 days of the first case was identified. So, there is no chance to make further delay as two months of general holidays didn't bring many benefits as expected. However, the government has already marked the whole countries in red, yellow and green zones based on the number of infections per 100,000 people. The marking has been done,

and the government has been planning to impose lockdown for a certain period in the red zones to reduce the number of infections. The formal lockdown has already been imposed in a few districts and one area of Dhaka city. However, the following actions by the government may help address the problem:

- i. Maximum budgetary allocation in health and social security sector, not done as expected
- ii. Increased and targeted fiscal allocation for the DWD communities
- iii. Special instructions should be given by the government to the relevant authority to take care of DWD and other marginalised communities to cope up of economic vulnerability and health risks
- iv. All the vulnerable DWD community should be given long term ration card to get basic foodstuff with lower rates
- v. Creating employment opportunities for unemployed Dalits
- vi. Increase emergency support especially food and sanitizing materials for Dalits
- vii. Provide financial support for small business holders who experience loss due to the pandemic
- viii. Set up special medical camp for Dalits near their colonies
- ix. Send direction to the government hospital to treat Dalits equally
- x. Take initiatives to keep Dalit children in education especially for the children studying at primary level.
- xi. Provide Dalit cleaners safety equipment to protect COVID-19
- xii. Increase awareness support among Dalits in their respective areas.



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CITIZEN'S INITIATIVE

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