



**The Online Tokyo Democracy Forum (TDF)**

# **Bangladesh National Monitoring Report**

**Eco-Social Development Organization (ESDO)**

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## Executive Summary

Bangladesh is Located in the north-eastern part of South Asia. The majestic Himalayas stand some distance to the north, while in the south lays the Bay of Bengal. West Bengal borders on the west and in the east lies the hilly and forested regions of Tripura, Mizoram (India) and Myanmar. These picturesque geographical boundaries frame a low lying plain of about 1,47,570 square kilometers, criss-crossed by innumerable rivers and streams. Mighty rivers are Padma (Ganges), Brahmaputra (Jamuna), Meghna and Karnafuli. <sup>1</sup> Civilization in the Bengal delta dates back more than 4,300 years. The borders of present-day Bangladesh were established during the British partition of Bengal and India in 1947, when the region became East Pakistan, part of the newly formed state of Pakistan. It was separated from West Pakistan by 1,600 km (994 mi) of Indian territory. Due to a desire for political, economic and linguistic self-determination, popular agitation and civil disobedience grew against the Pakistani state. This culminated in the Bangladesh Liberation War of 1971. The People's Republic of Bangladesh was founded as a constitutional, secular, democratic, multiparty, parliamentary republic. After independence, Bangladesh went through periods of poverty and famine, as well as political turmoil and military coups. The restoration of democracy in 1991 has been followed by considerable advances in economic, political, and social development.

Bangladesh has made impressive gains in key human development indicators in recent years. According to the 2018 UNDP Human Development Index Statistical Update, Bangladesh ranks 136th among 189 countries with an HDI score of 0.608, placing it among countries considered to have achieved medium human development. 8 million people have moved out of poverty since 2010. The country is also on track to reach the first Sustainable Development Goal of eradicating extreme poverty by 2030. But even as Bangladesh has taken these considerable steps towards poverty alleviation, many challenges remain. As of 2016, almost a quarter of the population (24.3%) still live in poverty. The constant threat of shocks – natural, political, or economic - the uncertain impact of globalization, and an increasingly competitive international trade environment impede higher growth rates. In addition, structural changes in rural Bangladesh have spurred rapid economic migration. This exacerbates urban poverty, creates a lack of reliable work and leads to congestion and limited shelter in urban areas. The rate of reduction in urban poverty has decreased in the last few years, only decreasing by 2.4% percentage points (from 21.3% to 18.9%). Bangladesh thus faces considerable challenges to sustain and build on the achievements of the last decade, and to remain on track to meet its targets under the Sustainable Development Goals (SDGs). <sup>2</sup>

Bangladesh is the world's eighth most populous country and is also one of the most densely populated. The elected parliament in Bangladesh' parliamentary electoral system is called the Jatiyo Sangsad. Bangladesh is a founding member of SAARC, the Developing 8 Countries, the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) and the Bangladesh–China–India–Myanmar Forum for Regional Cooperation (BCIM). It is also a member of the Commonwealth of Nations, the Organization of Islamic Cooperation (OIC) and the Non-Aligned Movement. Bangladesh is also the world's largest contributor to United Nations peacekeeping missions. In 2018, Bangladesh met the three UN criteria for LDC graduation, pending two triennial reviews in 2021 and 2024. Bangladesh has a centralized governance regime and a complex geography. It is vital these inequalities are addressed if poverty is to be further reduced, and a host of future problems associated with social exclusion avoided. While the country did well in meeting its headline MDG obligations, the quality and durability of some outcomes remains inadequate in the current SDG era. Major service delivery concerns must be addressed by more effectively improving the quality of governance in Bangladesh. As inequalities get more profound and complex, there is a need to look beyond aggregate data to see whether disadvantaged groups get access to the services they need, as well as how performance varies geographically. Bangladesh retains a deep commitment to social solidarity and to a progressive development agenda. The country was one of the most successful development achievers in the MDG era and continues to do well in terms of the SDGs, including being on target to have zero extreme poverty by 2030. This is most clear in relation to maternal mortality, where Bangladesh successfully overcame a significant challenge, and, as of 2015, has brought this figure down to 176 per 100,000 births. Bangladesh's vulnerability to disasters is significant, but the country's track record has been exceptional at improving human security and saving lives.

The health system of Bangladesh is currently facing competing demands: while shifting the health systems focus towards the COVID-19 response, the pandemic is disrupting the delivery of essential and lifesaving health, population and nutrition services. The COVID-19 pandemic is expected to have long-term impact at individual level, nationwide and across the globe, on key areas such as health care, food and nutrition, social and economy. The ongoing Covid-19 pandemic is making policymakers around the world rethink the healthcare systems of their respective countries. There have been growing concerns over how to make the healthcare systems better adapt to crisis like this. Developing nations like Bangladesh have suffered tremendously, which makes way for a discourse on how things can be better in terms of healthcare. In the context of the Covid-19 crisis, many researchers have identified some key issues in Bangladesh's healthcare system, such as inequality in the healthcare sector and the effect of poverty on healthcare services, lack of

<sup>1</sup>(<https://mofa.gov.bd/site/page/6dde350b-1ca6-4c69-becd-a3f12cf14ac1/Bangladesh--An-Introduction.>)

<sup>2</sup>. <https://www.bd.undp.org/content/bangladesh/en/home/countryinfo.html>.

mental healthcare facilities, exorbitant costs, absence of health insurance, ineffective administration, shortage of staff and equipment, lack of oversight in the pharmaceutical industry, corruption and information gap.

Some countries have started COVID-19 vaccine roll out in the past few weeks and most people are wondering when the long-cherished first vaccine shipment will arrive in Bangladesh. The government of Bangladesh has drafted a national deployment and vaccination plan to vaccinate 80% of the population in four stages. Unfortunately, as the crisis caused by COVID-19 is unlike any other crisis seen in the past, the country lacks infrastructure, logistics, resources and experience to accomplish this mammoth task. Population-wide vaccination requires the implementation of several factors, including but not limited to: increase capacity of the existing cold chain, recruit and train vaccinators, establish strong leadership, ensure proper coordination, launch awareness campaigns to address vaccine hesitancy. Proper management of the cold chain is vital to maintain the required temperature in which the vaccine shall remain potent. Therefore, it is critical to increase the capacity of the existing cold chain as a huge part of the country's cold chain is occupied with the Measles-Rubella vaccine. Necessary measures should be taken to build new storage facilities, purchase equipment and logistics, confirm constant power supply in the storage and distribution sites, supply adequate storage vehicles and ensure careful handling as well as disposal of vials. Strong leadership is required to ensure that previously observed in coordination and miscommunication among different departments in the country do not hinder the successful implementation of vaccine deployment policy. A high-profile implementation committee, led by a high-official from the Prime Minister's Office, should be formed to facilitate the effective implementation of the vaccine policy. Bangladesh has taken the commendable step to sign a Memorandum of Understanding with Serum Institute of India (SII) to get 30 million doses of the University of Oxford/AstraZeneca vaccine. In addition, Bangladesh is expecting to get 68 million doses in 2021 from the GAVI Alliance (formerly Global Alliance for Vaccines and Immunization) under the COVAX (The COVID-19 Vaccines Global Access Facility) facility.

The COVID-19 pandemic is rampaging over 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. COVID-19 is expected to leave a permanent mark on the trajectory of delivering SDGs both at country and global levels. Before the onset of COVID-19, overall poverty was declining in the country, to approx. 22% but recent post-COVID estimates imply that overall poverty could climb back to earlier eras at 43%. Marginalized and vulnerable populations face bigger challenges to safeguard their lives and livelihood. Two challenges are relevant from the perspective of structural disadvantages affecting these people – pre-existing vulnerabilities that may get emphasized due to the pandemic, and new vulnerabilities that may push these citizens further behind. Within the very difficult times with the onset of COVID-19 potentially damaging all of our lives, the challenges of poverty and inequality take on even more significance than before. It is expected that these usually left-behind groups are likely to be in dire need of policy support for resumption and recovery of their economic activities and social development. It is the right time to comprehend how post-COVID-19 uncertainties will affect SDG delivery, particularly favoring the left behind communities, in the specific country context.

In Bangladesh country context, everything is controlled through politics which sometimes creates many obstacles to the livelihood of the grassroots and under privileged people. Although our constitution has given equal rights to get the justice and as a citizen of the country [Article 27(A)], but reality is different. Through this study try to understand the role of the government, service providers and duty bearers during the Covid 19 period. The report has developed and prepared based on the findings of the Kathmandu Democracy Forum held in November 2020, and focused on updates between November 2020 and January 2021 on human rights and democracy and the civil society response to the challenges of the COVID-19 pandemic to democracy. The present Bangladesh National monitoring report covered the government and civil society response to the COVID-19 in terms of the SDGs, human rights and democracy from the civil society perspective. A set of recommendations also prepared for the CSOs, National Policy Makers and International Development actors for the next course of action. SDG's basic philosophy 'no one left behind' is the reality and there is no option to skip somebody or exclusion any segment of the society. That is the high time for Global leaders as well as national leaders for appropriately address the disparity and social goods for every citizen of the globe. Within the last two or three month we have surprisingly seeing the self centred attitudes and actions of rich and developed countries for capturing initiatives for Covid vaccine and ignored the humanities of human beings of under and least developed countries. It is really disappointing and again remind us the thousands and thousands kilometre difference between commitment and reality. We hope the active citizens of the developed countries will be pressurized their government for pro-poor global policies for overcoming the global pandemic within a short time.

## Acknowledgement

The National Monitoring Report: Bangladesh 2021 is the formal report based on the findings of the Kathmandu Democracy Forum held in November 2020, and focused on updates between October 2020 and January 2021 on human rights and democracy and the civil society response to the challenges of the COVID-19 pandemic to democracy in respective countries and themes. The present National monitoring report has covered the government and civil society response to the COVID-19 in terms of the SDGs, human rights, and democracy from the civil society perspective. This report is prepared with the inputs received from different International and national think tanks, monitoring organizations, newspaper, field reports closely linked with SDG 16 and with the guidance of Japan NGO Center for International Cooperation (JANIC) and Asian Democracy Network (ADN).

The major objectives of the report to share our knowledge and experiences on how to challenge undemocratic exercises of power, and assess responses of governments, as well as evaluate impacts on key SDG Targets. We would like to convey our heartiest gratitude to the organizers of Tokyo Democracy Forum (TDF) 2021, specially on Asia Democracy Network (ADN), Asia Development Alliance (ADA), Japan NGO Center for International Cooperation (JANIC), and the Permanent Secretariat of the Community of Democracies (PSCoD), and the Online Kathmandu Democracy Forum, which was held on 4-6 November 2020.

The report is the outcome of the JANIC guideline, online discussion and the follow up report of Online Kathmandu Democracy Forum, which was held on 4-6 November 2020 and We are very much hopeful that the present report significantly contributed for National and International policy makers, development planners, academia and humanitarian workers for future course of action with the alignment of SDG 16.

I would like to convey our heartiest gratitude to Japan NGO Center for International Cooperation (JANIC) for selecting ESDO to take part in the National Monitoring Report Seminar.

We also express our earnest gratitude to the organizers of HAPIC (Happiness Idea Conference), organized by Japan NGO Center for International Cooperation.

I would like to convey my heartfelt thanks and profound gratitude to Anselmo LEE. Through his direct guidance and excellent facilitation, knowledge based discussion and most relevant feedback definitely enriched our report and we have gained in-depth understanding and critical analysis of data. I am grateful for his stimulating guidance and encouragement.

We want to express our earnest gratitude to Aoi Horiuchi, Advocacy Coordinator, and Japan NGO Center for International Cooperation (JANIC) for his valuable comments, suggestions and encouragement.

The contribution of the other countries outstanding researchers and practitioners is unforgettable for their constructive discussions, comments, and suggestions.

We would like to acknowledge our gratitude to ESDO Executive Committee and Director (Admin) Selima Akhter for their encouragement and providing all necessary support to do the work smoothly.

Mr. Mosheur Rahman, Senior Coordinator (Planning), Mr. Santosh Kumar Tigga, Senior Coordinator (M&E) and Mr. Eqramul Haque Mondal, Senior Coordinator (Documentation) significantly contributed specially on data analysis. Thanks for their outstanding supports.

Finally, we would like to convey our heartfelt gratitude to the frontiers- who are dedicatedly fighting against COVID-19 and continuing their tried less journey for overcoming the most critical crisis within the globe. The marginalized people—severely suffering by the pandemic and gripped by health and livelihood insecurity. Need more attention and efforts by the government, international community, and local influential actors. Through inclusive, responsive and participatory initiatives we will be able to overcome the existing most critical national and global crisis.

Last but not the least, many thanks to those whom. I have not mentioned here.

We hope the year of 2021 will be ended the COVID 19 crisis and opening the new era of humanity, equality and inclusiveness for every citizen of the globe.

## Introduction

### I. Authors and Organizations

Author: **Dr. Md. Shahid Uz Zaman**, Email: zamanesdo@gmail.com

Dr. Md. Shahid Uz Zaman is the Founder and Executive Director of Eco-Social Development Organization (ESDO) – a renowned Bangladeshi NGO that has been working on integrated development for under privileged and marginalized people for more than three decades. Dr. Zaman completed his graduation and post-graduation of Social Work from Dhaka University & also completed M. Phil. & Dhaka University. Dr. Zaman has long experience in initiating community based alliances to tackle the deep-rooted causes of deprivation. He has worked extensively on preventing child labour and promoting the rights of ethnic minorities, with the close collaboration with Government, Local Government, INGOs, NGOs, and different civil society groups including private sectors. As a professional researcher he has great interest on Food security, agricultural value chain & safe food, climate change, disasters, social work and peace and conflict transformation. He presented many papers nationally and internationally. As a Chief Executive of a National NGO, he has worked closely on the SDG agenda in Bangladesh.

### Associates

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### Organization

Eco-Social Development Organization (ESDO) started its journey in 1988 with a noble vision to stand in solidarity with the poor and marginalized. Being a peoples' centred organization, ESDO envisioned for a society that will be free from inequality and injustice, a society where no child will cry from hunger and no life will be ruined by poverty. More than three decades of relentless efforts to make this happen, ESDO has embraced new grounds and opened up new horizons to help the disadvantaged and vulnerable people to bring meaningful and lasting changes in their lives. During this long span, ESDO has adapted to the changing situation and provided the most time-bound services especially for the poor and disadvantaged. A community-focused and people-centred approach has been adapted by ESDO while consideration was given to the national policy and Sustainable Development Goals (SDGs) as its guiding principle.

Eco-Social Development Organization (ESDO) is a national level NGO of Bangladesh working in 49 districts currently. As a part of the humanitarian response ESDO have provided assistance to the people in COVID 19. ESDO had implemented 33 projects where 14 was solely COVID 19 and flood response project and 19 was regular project. In this period ESDO have reached to 573463 people with major support like cash, food and hygiene kit support and to 1399413 with critical health support, IGA and livelihood, Skill development, critical medical equipment like PPE Gown, mask, hand gloves, face shield and others awareness activities. In this period ESDO have provided BDT: 16,24,51,224.00 cash support to 41761 people, as a part of the innovation ESDO had provided 4046 items PPE to the govt. health departments, 500 antivenom to the govt. hospital, PPE use and home quarantine guideline to the hospital and law enforcement agencies, constructed community bridge and established 3 foods Bank. ESDO also distributed BDT: 4,44,79,000.00 soft loans among 1205 corona victims from the Honorable Prime Minister's incentive loan Package through PKSF. **At A Glance ESDO' #FightAgainstCorona:** Beneficiaries Coverage: Total Beneficiaries: 1074363 Male- 155390 Female-418073 Youth-7578 Child-485471 •Person with Disability (PWD)-172 Indigenous HH-7779 Geographical Coverage: District Coverage-18 Upazila Coverage-66 Cash Distribution: Total Cash Distribution: BDT 162451224.00 Total Cash recipients: 41761 •Food Support: 36645 Households •WASH: 103503 Households Health and SRH: 125363 Person •Child Protection: 21249 Person •Emergency Response: 6545 Households •GBV Protection Support: 14365 Person •Shelter: 50 Households •Education: 486643 Person •Nutrition improvement support: 514534 Households •Emergency Health Support: 37542 Person •Awareness Raising support: 490766 Person •Psychosocial Support: 26858 Person •IGA/Livelihood Support: 4825 Households •Total Soft Loan Distribution: BDT 44479000/-•Other Supports through on-going Projects: Beside of the COVID 19 Project ESDO have responded through regular 19 project. Under those in this period ESDO have reached to 515711 people with major support like cash, food, and hygiene kit support and to 1078624 with critical health support, IGA and livelihood, Skill development and awareness activities. In this period ESDO have provide 51891970 cash support to 15759 people.

## II. Abbreviations and Acronyms

ADB	:	Asian Development Bank
ADN	:	Asia Democracy Network
BADC	:	Bangladesh Agriculture Development Corporation
BIGD	:	BRAC Institute of Governance and Development
BIWTA	:	Bangladesh Inland Water Transport Authority
BMDC	:	Bangladesh Medical and Dental Council
BPO	:	Bangladesh Peace Observatory
CHT	:	Chittagong Hill Tracts
CHWs	:	Community Health Workers
DAE	:	Department of Agriculture Extension
DGHS	:	Directorate General of Health Services
DSA	:	Digital Security Act
EIU	:	Economist Intelligence Unit
ESDO	:	Eco-Social Development Organization
FMG	:	Farmers Marketing Groups
GDP	:	Gross domestic Product
GFC	:	Global Financial Crisis
HRBA	:	Human Rights Based Approach
HSC	:	Higher Secondary Certificate
HWS	:	Hand Washing Stations
IEDCR	:	Institute of Epidemiology Disease Control And Research
ILO	:	International Labour Organization
IMF	:	International Monetary Fund
IPHN	:	Institute of Public Health Nutrition
JSC	:	Junior School Certificate
LCG	:	Local Consultative Group
LDC	:	Least Developed Country
MoA	:	Ministry of Agriculture
PCR	:	Polymerase Chain Reaction
PHCs	:	Primary Health Care Centers
PPE	:	Personal Protective Equipment
PPRC	:	Power and Participation Research Centre
RAB	:	Rapid Action Battalion
RMG	:	Bangladesh's Readymade Garment
SAARC	:	South Asian Association for Regional Council
SDGs	:	Sustainable Development Goals
SSC	:	Secondary School Certificate
TIB	:	Transparency International Bangladesh
UNHCR	:	United Nations High Commissioner for Refugees
UNICEF	:	United Nations Children's Fund
UPR	:	Universal Periodic Review
VNR	:	Voluntary National Review
WASH	:	Water Sanitation and Hygiene
WHO	:	World Health Organization

### **III. Major website addresses about national COVID-19, SDGs, Human Rights, etc**

General Economics Division (GED), Bangladesh Planning Commission, Government of the People's Republic of Bangladesh: Sustainable Development Goals: Bangladesh First Progress Report 2018 web Portal: [www.sdg.gov.bd](http://www.sdg.gov.bd)

WHO. Corona virus Disease (COVID-2019) Bangladesh Situation Report  
[https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid-2019\)-Bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-Bangladesh-situation-reports).

Transparency International Bangladesh (TIB) March 2019. Available online: <https://www.ti-bangladesh.org>  
[www.undp.org](http://www.undp.org) › dam › docs › Publications › Pub-2019

Center for Policy Dialogue (CPD)  
Web Address: [www.cpd.org.bd](http://www.cpd.org.bd)

Bangladesh Bureau of Statistics:  
Web: [bbs.portal.gov.bd](http://bbs.portal.gov.bd)

Ministry of Health & Family Welfare: Government of the People's Republic of Bangladesh  
Web: [www.mohfw.gov.bd](http://www.mohfw.gov.bd)

[Information about COVID-19 - COVID-19 in Bangladesh, www.corona.gov.bd/](http://www.corona.gov.bd/)

**Citizen's Platform for SDGs, Bangladesh, [bdplatform4sdgs.net](http://bdplatform4sdgs.net)**

**Needs Assessment Working Group (NAWG), Bangladesh:**

[www.humanitarianresponse.info](http://www.humanitarianresponse.info) › operations › needs-a...

COVID 19 vaccination Update:

[https://github.com/owid/covid-19-data/blob/master/public/data/vaccinations/country\\_data/Bangladesh.csv](https://github.com/owid/covid-19-data/blob/master/public/data/vaccinations/country_data/Bangladesh.csv)

**A. Data and Trends about COVID-19 (Statistics with infographic)**

COVID-19 Data – Trends

**From October 1, 2020 to January 1/15/31, 2021**

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

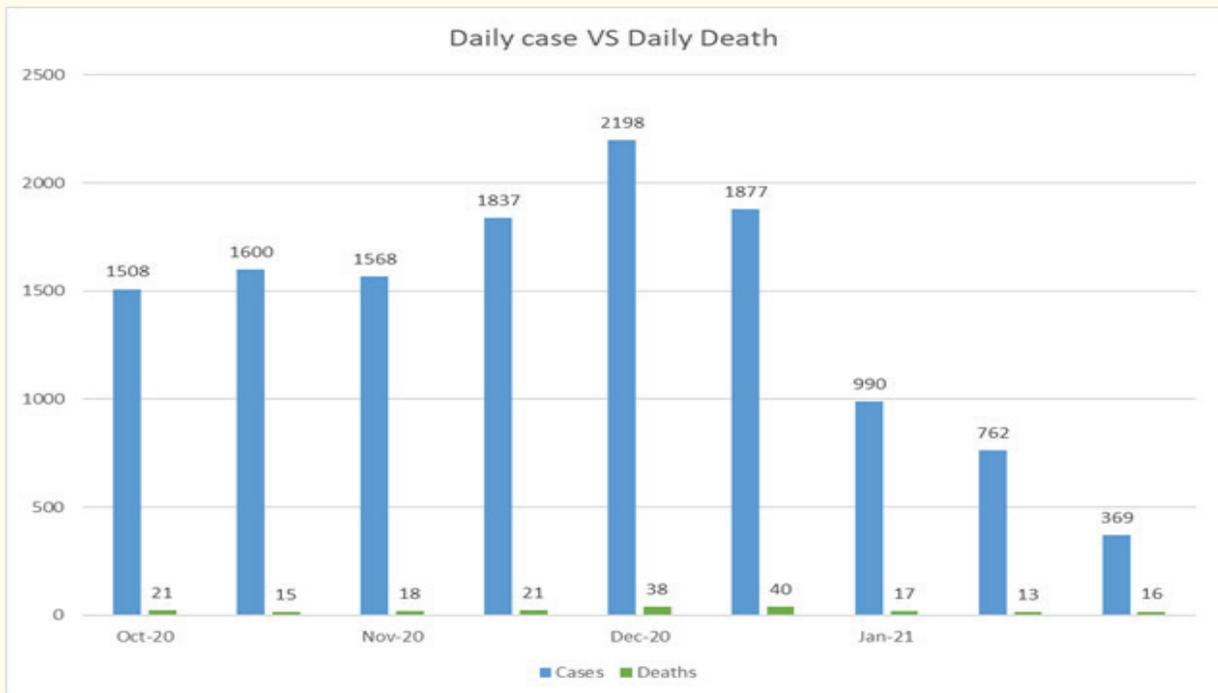
COVID-19 : Data and Trends

**COVID-19 Data – Trends<sup>3</sup>**

**From 1 October 2020 to 31 January 2021**

		Oct 2020		Nov 2020		Dec 2020		Jan'2021		
	Date	1	15	1	15	1	15	1	15	31
Total No	Cases	364987	384559	409252	432333	469423	494209	514500	526485	535139
	Deaths	5272	5608	5941	6194	6713	7129	7576	7862	8127
Daily	Cases	1508	1600	1568	1837	2198	1877	990	762	369
	Deaths	21	15	18	21	38	40	17	13	16
● Date of the first case: March 08, 2020 / Date of the first death : March 18, 2020 Lockdown period: from March 26, 2020 to May 31, 2020 –and Educational Lockdown March 16, 2020 till date.										

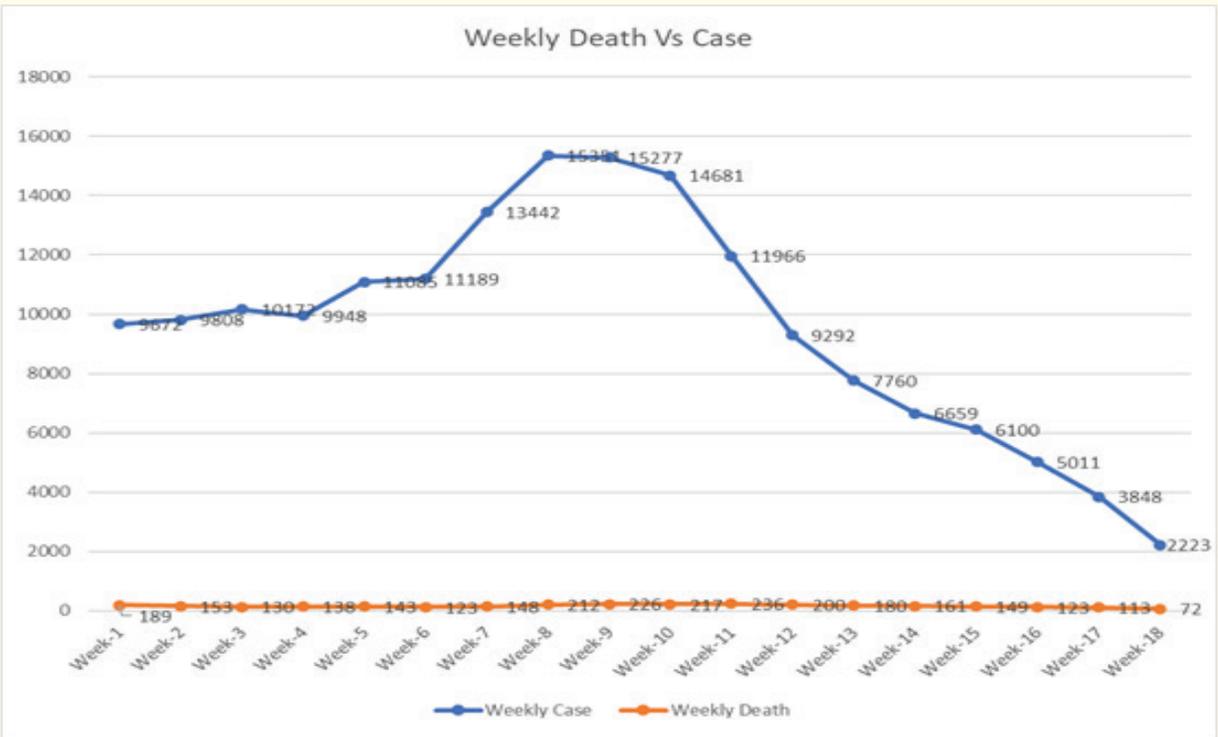
**Total Cases Vs Deaths:**



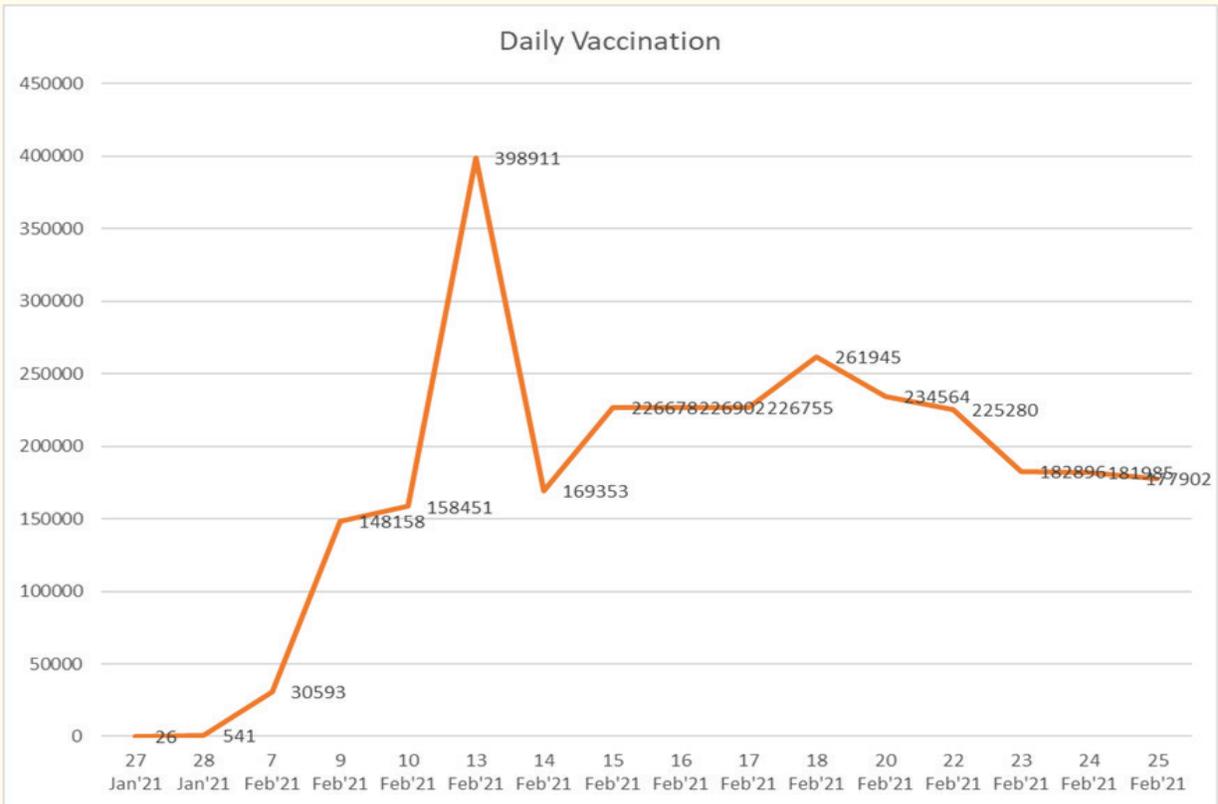
<sup>3</sup><https://www.worldometers.info/coronavirus/country/bangladesh/>

**Trend of Cases:**

**Graph: Trend of Case identified and death from October to 31th January 2021 (1-17 week)**



**Daily Vaccination (From 27 January to 25 February)**



## A.1. Chronology from 1st October'20 to 31 January 2021

### The confirmed case –

The confirmed	Date
364987	1 <sup>st</sup> October 2020
407684	31 <sup>st</sup> October 2020
423620	10 <sup>th</sup> November 2020
443434	20 <sup>th</sup> November 2020
467225	1 <sup>st</sup> December 2020
513510	31 <sup>st</sup> December 2020
535139	31 <sup>th</sup> January 2021

### The death –

The death	Date
5272	1 <sup>st</sup> October 2020
5923	31 <sup>st</sup> October 2020
6108	10 <sup>th</sup> November 2020
6322	20 <sup>th</sup> November 2020
6675	1 <sup>st</sup> December 2020
7559	31 <sup>st</sup> December 2020
8127	31 <sup>th</sup> January 2021

### Major Date & Events

Date	Global / National Events
8 <sup>th</sup> October 20	The govt. has cancelled taking HSC exam& decided auto promotion.
14 <sup>th</sup> October 20	The lowest death total was 16 on the 139th day
22 October 20	The highest number of patients is identified in one day in a month
29 <sup>th</sup> October 20	In one month, the number of patients in the capital has increased by 20%.
05 November 20	Bangladesh signed a deal with the Serum Institute of India and Beximco Pharmaceuticals for 30 million doses of the AstraZeneca with Oxford University
8 November 20	Give more enforcement on home quarantine for those who returned from abroad
12 November 20	Exceed the number of identified cases 4,25,000
17 November 20	Director of health have been given more emphasize on wearing the mask, maintain health protocol and social distance.
19 November 20	Prime Minister said “No Mask No Services” policies would be taken with huge preparation for combating 2 <sup>nd</sup> wave of COVID-19
1 <sup>st</sup> December 20	Government announce at the beginning stage 52 lac people will received the vaccine
8 <sup>th</sup> December 20	The project for purchasing vaccine would be for about BDT.7000 corer
15 December 20	Average death within last three weeks is above 30
20 December 20	Registration should be done through online for receiving the vaccine
28 December 20	9 infected cases out of 10 are recovered in the whole country
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05 January 21	Bangladesh has approved the emergency use of the COVID-19 vaccine developed by AstraZeneca with Oxford University, officials confirmed

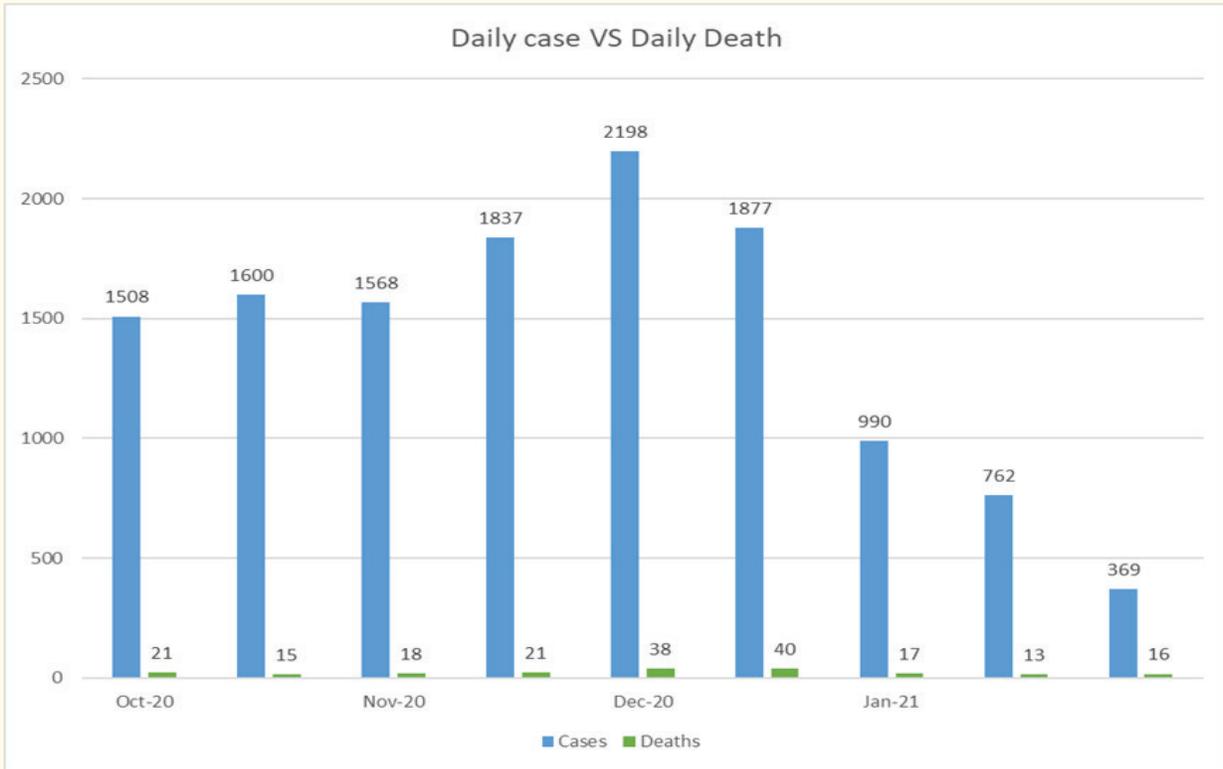
7 January 21	Bangladesh's Prime Minister Sheikh Hasina said that her government is working hard to procure a COVID-19 vaccine for the country. Her comment came amid rising uncertainty over the arrival of the vaccine from its close ally and neighbor, India. "In line with the global development of the vaccination program, we are trying all possible ways to bring the COVID-19 vaccine to Bangladesh," she said in an address to the nation. "And, once the coronavirus vaccine is available with the government, the frontline workers in the pandemic; the doctors, health workers, law enforcement members, and government workers, will be vaccinated on a priority basis," she added. However, the Indian High Commissioner to Dhaka Vikram Kumar Doraiswami on Thursday told reporters that it was not confirmed yet when the vaccine will arrive in Bangladesh from India.
11 January 21	The government decided to take the Pfizer-BioNTech vaccine from COVAX despite challenges of maintaining the cold chain and ensuring the supply of the particular syringes required. The Directorate General of Health Services (DGHS) will soon inform COVAX about the decision along with a detailed deployment plan
11 January 21	The Directorate General of Health Services (DGHS) will begin nationwide emergency Covid-19 vaccination from the first week of February after receiving the first lot of the vaccines between January 21 to 25. Candidates eligible for vaccination can start registering online via the vaccine app from January 26. The mobile application that is near completion is scheduled to get permission from the ministry concerned on the same day.
21 January 2021	Bangladesh receives first vaccine (2000000 from India as a gift)
25 January 2021	Bangladesh receives first vaccine (5000000)
27 January 2021	First vaccinated as a trial basis to 27 People
07 February 2021	First vaccination campaign inaugurated in whole of the country through 1005 public health facilities.

### 1. Data and Trends about COVID-19 (Statistics with infographic)

From 1 October 2020 to 31 January 2021

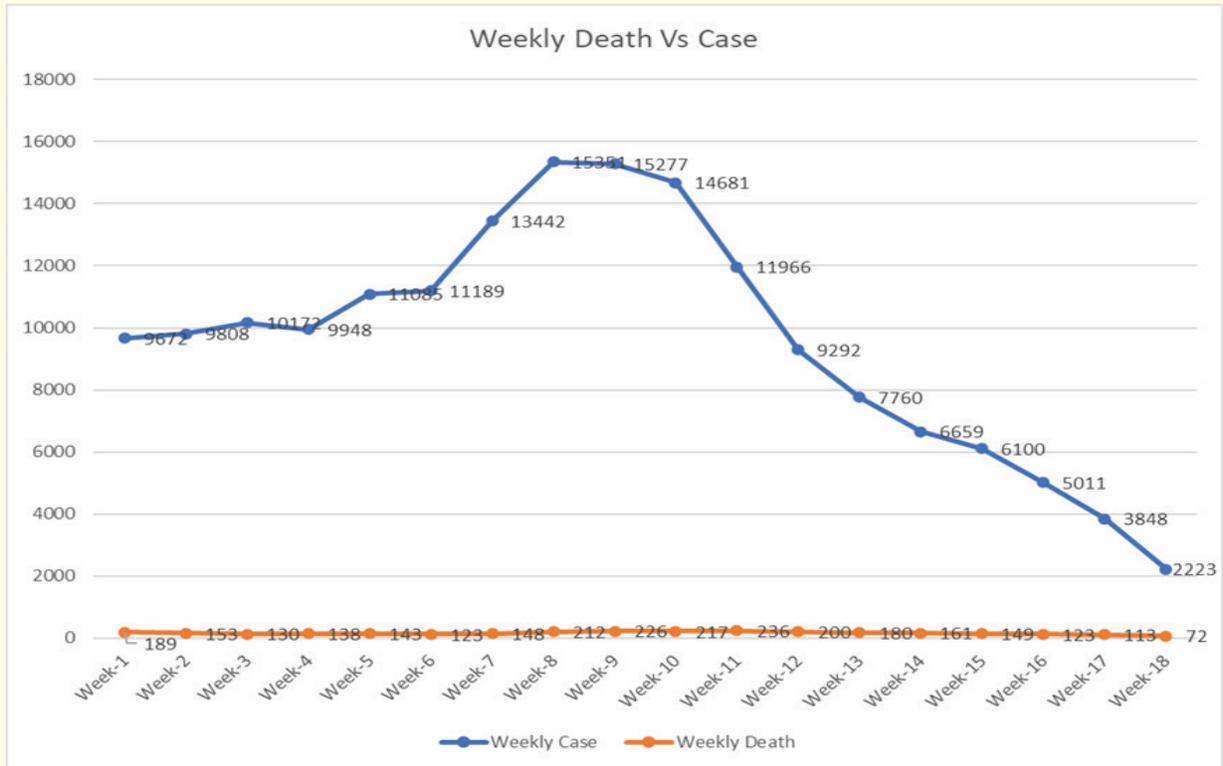
		Oct 2020		Nov 2020		Dec 2020		Jan'2021		
Total No	Date	1	15	1	15	1	15	1	15	31
	Cases	364987	384559	409252	432333	469423	494209	514500	526485	535139
	Deaths	5272	5608	5941	6194	6713	7129	7576	7862	8127
Daily	Cases	1508	1600	1568	1837	2198	1877	990	762	369
	Deaths	21	15	18	21	38	40	17	13	16
<p>● Date of the first case: March 08, 2020 / Date of the first death: March 18, 2020  Lockdown period: from March 26, 2020 to May 31, 2020 –and Educational Lockdown March 16, 2020 till date.</p>										

**Total Cases Vs Deaths:**

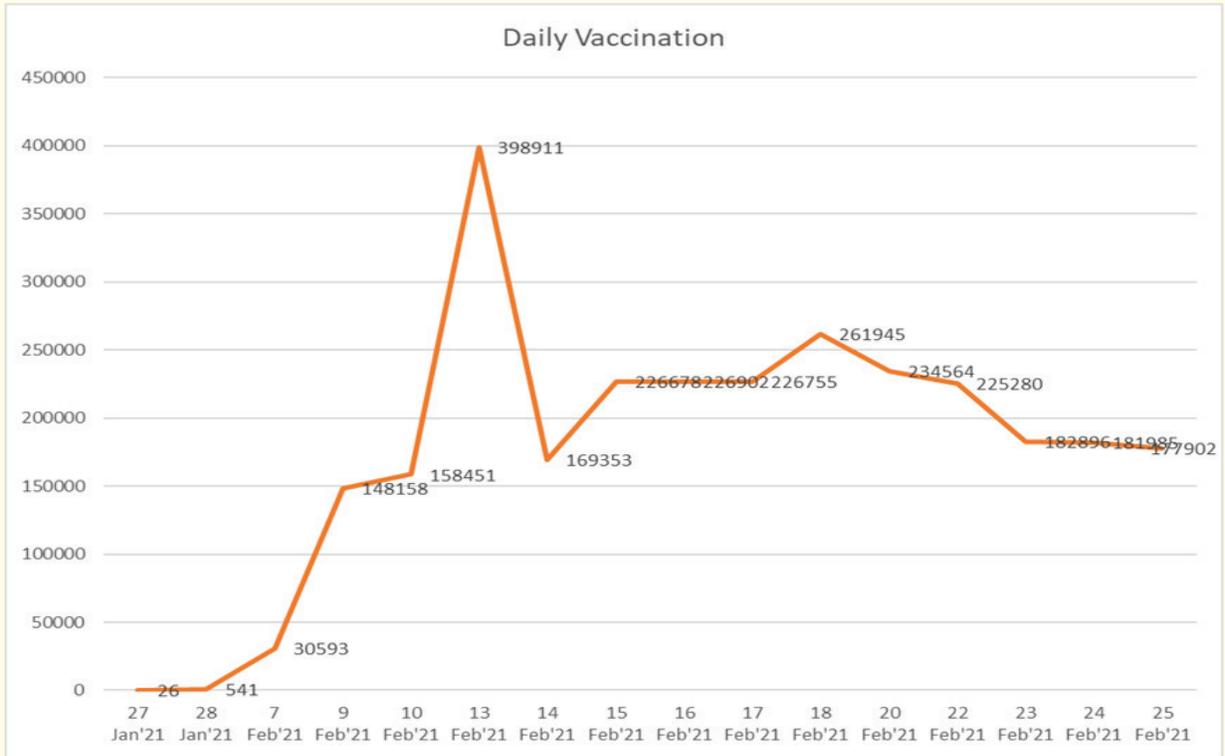


**Trend of Cases:**

Graph: Trend of Case identified and death from October to 31st January 2021 (1-17 week)



**Daily Vaccination (From 27 January to 25 February)**



**Chronology from October'20 to 31 January 2021**

The confirmed case –

The confirmed	Date
364987	1 <sup>st</sup> October 2020
407684	31 <sup>st</sup> October 2020
423620	10 <sup>th</sup> November 2020
443434	20 <sup>th</sup> November 2020
467225	1 <sup>st</sup> December 2020
513510	31 <sup>st</sup> December 2020
535139	31 <sup>th</sup> January 2021

The death –

The death	Date
5272	1 <sup>st</sup> October 2020
5923	31 <sup>st</sup> October 2020
6108	10 <sup>th</sup> November 2020
6322	20 <sup>th</sup> November 2020
6675	1 <sup>st</sup> December 2020
7559	31 <sup>st</sup> December 2020
8127	31 <sup>th</sup> January 2021

### Major Date & Events

Date	Global / National Events
8 <sup>th</sup> October 20	The govt. has cancelled taking HSC exam& decided auto promotion.
14 <sup>th</sup> October 20	The lowest death total was 16 on the 139th day
22 October 20	The highest number of patients is identified in one day in a month
29 <sup>th</sup> October 20	In one month, the number of patients in the capital has increased by 20%.
05 November 20	Bangladesh signed a deal with the Serum Institute of India and Beximco Pharmaceuticals for 30 million doses of the AstraZeneca with Oxford University
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## **B. Impact of COVID-19 on Democracy and Civic Space**

### **B.1 Impact of COVID-19 on key Human Rights and SDGs**

#### **B.1.1 Right to Health and SDG 3 (Target 3.3., 3.8, 3.b, 3.c, 3.d, etc.)**

The health system of Bangladesh is currently facing competing demands: while shifting the health systems focus towards the COVID-19 response, the pandemic is disrupting the delivery of essential and lifesaving health, population and nutrition services. The COVID-19 pandemic is expected to have long-term impact at individual level, nationwide and across the globe, on key areas such as health care, food and nutrition, social and economy. The evidence from the MIS based service utilization data shows a drastic reduction in the utilization of the major essential health, population, and nutrition services across all levels of health systems during the Covid period. The ongoing Covid-19 pandemic is making policymakers around the world rethink the healthcare systems of their respective countries. There have been growing concerns over how to make the healthcare systems better adapt to crisis like this. Developing nations like Bangladesh have suffered tremendously, which makes way for a discourse on how things can be better in terms of healthcare. In the context of the Covid-19 crisis, many researchers have identified some key issues in Bangladesh's healthcare system, such as inequality in the healthcare sector and the effect of poverty on healthcare services, lack of mental healthcare facilities, exorbitant costs, absence of health insurance, ineffective administration, shortage of staff and equipment, lack of oversight in the pharmaceutical industry, corruption and information gap.

Some countries have started COVID-19 vaccine roll out in the past few weeks and most people are wondering when the long-cherished first vaccine shipment will arrive in Bangladesh. As the policymakers continue their attempt to get vaccines from various sources, one critical question still needs to be paid the highest attention, "Is Bangladesh preparing well to roll out the vaccine once it becomes available to the nation?" "The government of Bangladesh has drafted a national deployment and vaccination plan to vaccinate 80% of the population in four stages. Unfortunately, as the crisis caused by COVID-19 is unlike any other crisis seen in the past, the country lacks infrastructure, logistics, resources and experience to accomplish this mammoth task. Population-wide vaccination requires the implementation of several factors, including but not limited to: increase capacity of the existing cold chain, recruit and train vaccinators, establish strong leadership, ensure proper coordination, launch awareness campaigns to address vaccine hesitancy. Proper management of the cold chain is vital to maintain the required temperature in which the vaccine shall remain potent. Therefore, it is critical to increase the capacity of the existing cold chain as a huge part of the country's cold chain is occupied with the Measles-Rubella vaccine. Necessary measures should be taken to build new storage facilities, purchase equipment and logistics, confirm constant power supply in the storage and distribution sites, supply adequate storage vehicles and ensure careful handling as well as disposal of vials. Bangladesh cannot just simply wait until the arrival of the vaccine to establish the cold chain capacity, as preservation at the right temperature is essential to maintain the quality and efficacy of the vaccine. Strong leadership is required to ensure that previously observed in coordination and miscommunication among different departments in the country do not hinder the successful implementation of vaccine deployment policy. A high-profile implementation committee, led by a high-official from the Prime Minister's Office, should be formed to facilitate the effective implementation of the vaccine policy. The strict handling of the distribution process can prove to be successful in deploying the vaccine policy. A monitoring cell should be formed to oversee if the vaccine is transported and stored at the right temperature. Designing an integrated and electronic national vaccination tracking and monitoring database, with minimal data input burden for frontline workers, would be invaluable for the strategic implementation process of the national COVID-19 vaccine deployment. Bangladesh has taken the commendable step to sign a Memorandum of Understanding with Serum Institute of India (SII) to get 30 million doses of the University of Oxford/AstraZeneca vaccine. In addition, Bangladesh is expecting to get 68 million doses in 2021 from the GAVI Alliance (formerly Global Alliance for Vaccines and Immunization) under the COVAX (The COVID-19 Vaccines Global Access Facility) facility. But Bangladesh must go for more vigorous vaccine diplomacy to get vaccines outside the COVAX facility, as the vaccines promised by SII and GAVI may not be sufficient to execute nationwide vaccination. Vaccination awareness campaigns should be arranged to overcome vaccine hesitancy, counter misinformation, inform people about vaccine availability and preparedness, raise second dose awareness and justify the vaccination priority groups. Cognizance about personal protection and social distancing should be reinforced, as not all people would be covered in the initial stages of vaccination.

#### **COVID-19 Vaccination information of Bangladesh**

According to Prothom Alo (16 February, 2021), the vaccination trends are following:

1. 7 February, 2021: total vaccinated people is 31160
2. 8 February, 2021: total vaccinated people is 46509
3. 9 February, 2021: total vaccinated people is 101082
4. 10 February, 2021: total vaccinated people is 158451
5. 11 February, 2021: total vaccinated people is 204540
6. 12 February, 2021: total vaccinated people is Zero (Off day)
7. 13 February, 2021: total vaccinated people is 194371
8. 14 February, 2021: total vaccinated people is 169353
9. 15 February, 2021: total vaccinated people is 226683

### B.1.2 Right to Education and SDG 4

The Covid-19 pandemic has disrupted educational activities across Bangladesh, with the closure of educational institutes affecting the regular learning activities of nearly four crore students. Also, the economic slowdown, triggered by the pandemic, is affecting learners as well as their families. Evidence from the Ebola outbreak reveals that protracted closure of educational institutes leads to learning loss, increased dropout and higher inequality. The economic shock deteriorates these damages by suppressing education demand and supply as it adversely affects households, particularly disadvantaged ones. In the long-run, these will impose costs on human capital and welfare.

Pandemic induced shocks to the education sector is adversely affecting those who demand education—students. Access to education resources is particularly a challenge for students in low-income households, with worsening poverty incidence adding to their sufferings. According to various estimates, the poverty rate in Bangladesh is expected to be around 35-40 percent, in contrast to the pre-pandemic rate of around 20 percent. Increased poverty disproportionately affects lower-income households where survival trumps education. This is expected to trigger child labour as families look for income generating opportunities. Some studies indicate that a one percentage point rise in poverty leads to at least a 0.7 percent increase in child labour in certain countries. Also, rise in poverty incidence is likely increase malnutrition, child marriage and other vulnerabilities.

Bangladesh has decided to close its every educational institution since 17th of March in the face of coronavirus threat. Since then, more than 40 millions of students have lost their connection with academic activities. Even before the pandemic set in, Bangladesh was struggling with a high dropout rate across education levels. According to BANBIES data, the dropout rate is highest in secondary education (37.6 percent). Corresponding figures for primary and upper secondary levels are 34.8 percent and 19.6 percent, respectively. Analysts opine that the dropout rates are likely to spike due to the pandemic. In fact, experiences from the Ebola crisis indicate that when schools reopened after the outbreak, girls were 16 percent less likely to be in school.

Shocks also affect the supply side in education. Media reports reveal that some private schools may close as parents fail to pay tuition. Subdued government spending on education is another pressing concern. Adopting online teaching has been suggested for mitigating this ongoing crisis. The government initiative to broadcast lessons through television is praiseworthy. But, it comes with a downside also—creating inequality in terms of access to education. Even inside urban areas, poor households lacking television and internet access are deprived of lessons imparted through distance learning. This problem is even more pronounced in rural areas.

In many instances, there exists a lack of family supervision to monitor and assist in learning activities, which was otherwise partially offset by teachers' classroom supervision in the pre-pandemic period. A recent BRAC Institute of Governance and Development survey on 5,000 students from urban slums and rural areas across Bangladesh indicate that study hours of students have declined by 80 percent due to school closures. The study showed that only 16 percent of students watched educational programmes like "Ghore Boshe Shikhi" and "Amar Ghorey Amar School" on television. Among the students who watch the TV programmes, majority did not find them helpful. Besides, only one percent of students watched educational programmes on the internet.

Data from the Multiple Indicator Cluster Survey (MICS) 2019 shows that nearly 5 percent of households do not own a mobile phone and almost 50 percent do not own a television. Only 5.6 percent of households own a computer and around 37 percent have access to internet at home. Internet access is still a limitation as 53 percent of households have access, while corresponding figures for rural areas are only about 33 percent. There is more to this story, as women and girls tend to have limited access to digital devices due to the power dynamics in family structures, exacerbating the problem even more. A recent report from Bangladesh Telecommunication Regulatory Commission (BTRC) reveals a worrying picture—a whopping 46 lakh mobile connections were discontinued during the pandemic. Although it is difficult to ascertain the exact reasons behind this, it has been anticipated that people tend to cut back on mobile usage during a crisis, prioritizing livelihoods instead.

As health and safety are now top priorities, governments across the globe have been confronted to rethink access to education and ensure quality academic activities. Needless to say, the pandemic reality has forced traditional teaching and classroom activities into the backseat. The new reality now requires innovative approaches to address the crisis in the education sector.

Due to the unprecedented nature of the crisis, there is limited evidence on actual impacts of interventions or different approaches to action, coordination, funding or prioritization in the education sector. However, lessons learned from the Ebola outbreak can help devise recovery and coping strategies.

First, we need to adopt and deliver new learning and evaluation methods. While adoption of online learning methods can only partly address the problem, focus should be given towards promoting inclusive alternative learning methods to build back better on our already ailing education system. As described earlier, Bangladesh is far from embracing full-fledged online learning solutions. A study by Global Partnership on Education found no evidence that online learning, screen or mobile-phone based technologies had played a positive role in supporting at-home learning during Ebola.

A UNICEF estimate indicates that more than one million children were reached through radio education during Ebola. Then again, we must not lose sight of the fact that accessibility will be a key concern. In this regard, low-cost yet simple mobile phones with radio options can be a way forward. Mobile phone radio is expected to be the mass media with greatest outreach, quickest start-up and least likelihood of being a vector for Covid-19 transmission. Integrating telecommunication services, radio channels, educational bodies and NGOs into a single platform can constitute a possible policy response in this regard.

Paper-based self-study materials (SSMs) may be considered as an option to facilitate learning. Self-study materials need to be tailored to children who may be at very different levels of attainment. It is important to note that self-study really means that a huge portion of students will not have access to literate family members who can support their study. Paper-based learning materials also come with logistical challenges, which should be carefully dealt with. With regards to conducting exams, creative yet effective evaluation methods can be designed, at least temporarily.

Need to take an all-out approach with proactive policies to prevent dropout. Measures should be also targeted to address the nutrition needs of the children who are not enrolled in school. Social safety nets should also be ramped up. Existing stipend programmes need to be revamped. New and innovative awareness campaigns should be put in place to reach the general population. Besides education and nutrition, policies should also aim to provide psychosocial support to learners and their families. Extending psychosocial support and raising awareness can thus be important ways forward.

On the other hand, need to prepare and enforce appropriate and strict health protocols as per the guidelines of WHO before reopening schools. It is anticipated that we may experience periodic outbreaks. Therefore, adjusting to the "new normal" will require early action and stern containment measures. There is a need to ensure the judicious spending of funds as well. The government must exploit every possible opportunity to chip in the funds required for the recovery and continuity of this sector. As funds from development partners have started flowing in, judicious and accountable spending of the money can help navigate through the pandemic. While capacity and resource constraints will inevitably priorities sectoral action, funding can be channeled towards new rapid responses, or empower existing interventions to adapt to evolving predicaments.

Finally, the government should aim at generating good data and evidence, as these are considered to be sound long-term investments. For recovery and building back better on education, a sound evidence base will help devise informed policy inputs. Early action in this regard will help government agencies to initiate evidence-based educational responses to address the challenges caused by the Covid-19 pandemic and for future possible outbreaks as well.

### **B.1.3 Right to Food and SDG 2**

The country is responding to millions of vulnerable people through widening its social safety net program during corona crisis. However, against this backdrop, several irregularities are noted during the distribution process of government aid relief. A significant number of local government representatives were accused of embezzling the cash aid, rice and other forms of relief (oil, dry food). In response to this outright corruption, government declared its zero-tolerance principle by arresting several numbers of the miscreant who allegedly involved with the notorious activities. Especially, the small entrepreneur and daily wage labour are mostly facing the food crisis due to no alternative income option or even not enlisted in the government taken scheme.

Food and Agriculture Organization of the United Nations (FAO) published a first Rapid Assessment of Food and Nutrition Security in the Context of COVID-19 in Bangladesh based on qualitative data collected during April and May 2020. This second assessment involved more quantitative analysis of data collected from May and June by the FAO, the Consultative Group on International Agricultural Research (CGIAR) Institutes, and the International Fund for Agricultural Development (IFAD).

The analysis determined that the entire food supply chain was hampered by the COVID-19 lockdown and resulting economic crisis that occurred from mid-March to May. The study detailed and analyzed major impacts, which are summarized below:

Food insecurity: More than a third (36.4 percent) of the youth and adolescents surveyed in rural and urban areas reported moderate or severe food insecurity during the lockdown period. This figure is higher than the national average (31.5 percent) before the COVID-19 pandemic. Severely food-insecure populations reported going without eating for an entire day, exhaustion of food reserves, or both. Compared to changes in income status due to COVID-19, the highest prevalence of "moderate or severe food insecurity" (42.9 percent) and "severe food insecurity" (11.8 percent) were found in groups that reported concurrent losses in household income. The survey found that among youths, almost twice the proportion of boys (43.6 percent) reported higher moderate or severe food insecurity compared to girls (28.8 percent). Severe food insecurity was also reportedly higher among boys at 12.9 percent compared to girls at 5 percent. Across regions, Sylhet had the highest prevalence of moderate or severe food insecurity (61.6 percent), followed by Rangpur (52.7 percent), and Mymensingh (51.7 percent). The lowest prevalence of moderate or severe food insecurity was found in Barisal (14.9 percent). Similarly, the prevalence of severe food insecurity was highest in Sylhet (24.7 percent) followed by Rangpur (17.3 percent) and Khulna (16.3 percent).

#### **B.1.4 Right to Work/Job and SDG 8**

According to a World Bank report, around 68 percent of the people who had to stop working in urban areas of Dhaka and Chattogram due to the pandemic have lost their jobs, The rate of the job losses was 76 percent in the capital while it was 59 percent in the port city, said the report, titled "Losing Livelihoods: The labour market impacts of Covid-19 in Bangladesh". Slum areas witnessed higher -- 71 percent -- job losses than non-slum areas where it was 61 percent, it said, adding that some of the people expecting to resume their previous jobs may not be able to do so, thus the actual job losses may have been even higher.

All these are resulting in a rise in poverty, inequality and reverse migration from urban to the rural area. The reverse migration will add additional pressure on the rural labour market. As non-crop and nonfarm economic activities and related employment opportunities are limited in the rural areas, unless major economic reforms take place in the rural areas in terms of infrastructural and financing supports, many of these returnee people will not be in a position to do something productive in the rural areas. The situation may get worsen with the likely influx of returning migrants from overseas.

In the short to mid-term, the future looks bleak. The depressing effects on employment and wages may continue. Many self-employed in the Micro, Small and Medium Enterprises (MSMEs) lost their capital which can never be recovered. Also, wage employment is suffering as economic activities are suppressed. Therefore, the revival of economic activities is extremely critical to counter this situation. People are trying to cope up with the situation mostly on their own. But, the adjustment cost is appearing to be very high, even at the household level - including the way households allocate resources on food and essential non-food (education and health).

Government policy response related to the current labour market challenges has been weak and inadequate. One major challenge is the lack of information and lack of up to date data on the labour market. These jobless people are not included in most of the social safety net programmes. Also, the existing social safety net programmes are unable to address these growing challenges.

It is also true that the fiscal space of the government is not conducive for expanding the social safety net programmes. However, under the current crisis, the government should go for an enlarged deficit budget to spend high on social safety net programmes in general, and labour market-related programmes in particular.

The existing management of Covid-19 crisis, this primarily involves three aspects: management of health hazard, management of the economic crisis, and management of social crisis (poverty and job-loss). The following major institutional challenges in all these three aspects: Lack of coordination in the crisis management (failure in lockdown measure is an example), corruption, clientelism, problem in targeting, problem in priorities, and weak state capacity all are visible in managing these three crises. There is a need for improvement in these areas. The government should form a Labour and Employment Commission which will assess the current unprecedented situation and suggest necessary measures. The Bangladesh Bureau of Statistics (BBS) should be entrusted to collect data and information on the current situation. On the other hand, The government should also introduce new social safety net programmes targeting the labour market. The revival of economic activities is a must, which is closely linked to the management of the on-going health and economic crisis. High priority should be attached to solve the institutional challenges in the health sector and implementation of the stimulus packages.

#### **B.1.5 Freedom of Movement (e.g. Lockdown, shutdown, social distancing, etc.) (Target 16.10, etc.)**

Right to Freedom is a fundamental of people. It's a constitutional right of people in Bangladesh. According to the constitution, Freedom of movement indicates that subject to any reasonable restriction of law in the public interest; ensure citizens shall have the right to move freely throughout Bangladesh.

With regard to the law dealing with the COVID-19 crisis, the applicable law is the Communicable Diseases (Prevention, Control, and Eradication) Act 2018, which replaced several colonial laws including the Epidemic Diseases Act 1897. The Act empowers the government to control any infectious disease or outbreak, to enforce 'isolation' of any 'infected' person (s. 14) and, importantly, to enact 'rules' to deal with a situation of health emergency (ss. 32 & 11(3)). On March 23, the Ministry of Health notified that COVID-19 is a communicable disease within the meaning of s. 4 of the 2018 Act. Yet the crisis was not declared to be a disaster under the Disaster Management Act 2012. This notification is the first source of subsequent actions of the government to contain and control the spread of the virus. Then, on 16 April, the Health Directorate issued a statutory order under s. 11(1) of the 2018 Act announcing the whole country as exposed to COVID-19 risks. The so called 'Declaration', however, made several instructions, with a 'request' to the public to comply and maintain social distance and curfew between 6 pm to 6 am. Non-compliance with the instructions is a punishable offence which may entail up to 3 month's imprisonment or 50,000 Taka fine (s. 25).

To enforce the social distancing and stay-at-home instructions, the government amended the Mobile Courts Act 2009 to empower executive magistrates to hold summary trial of offences under the 2018 Act. Executive magistrates also enforce some provisions of the Penal Code 1860 that criminalizes an act likely to spread any infectious disease (ss. 269-270) and disobedience to quarantine rule (s. 271). The above administrative restrictions which create a state of emergency have

significant impact on democracy and civic rights. There is a great diversity as to the flow and clarity of legal orders, which is antithetical to democracy. But this diversity and clarity of legal orders could have done to protect people from COVID 19 pandemic on an urgent basis. The restrictions have also had an impact on the people's right to life, liberty and freedom of movements. The level of legal awareness and degree of law-abidance of the people, as well as the pattern and nature of official behaviour, varies from society to society. In Bangladesh, people are not complying with the imposed restrictions in an optimal way. In some cases, COVID-19 patients, suspected carriers, and even health professionals have been subjected to social hatred and stigma. The government agencies and departments have sometimes arrested people on the ground of spreading COVID-19 rumours. The emergency-like situation has led to a disproportionate restriction on the freedom of expression, which is vital at all times and more so during the COVID-19 crisis.

#### **B.1.6 Inequality (SDG 10)**

Inequality is concerned with disparities in the distribution of a certain metric, which can be income, health or any other material or non material asset. Goods and services must be made available in sufficient quality and quality without discrimination and affordable to all. Within the cultural context of Bangladesh persons with disabilities especially when female and poor tend to be left behind and unchartered for also in times without a crisis. In the covid-19 situation many poor people including ethnic minorities don't get any relief by the government. Many people lost their job and they have not any income source in this situation. The market prices are rising day by day and poor people don't eat any nutritious food. The low access to equipment and job nature means that employees in the lower income groups cannot participate in remote working and to supplement their income during the current crisis. Since the government estimated numbers of vulnerable people are less compared the actual numbers, so there was an inequality for getting supports to the right suffers.

#### **B.1.7 Gender equality (SDG 5)**

Women constitute the majority of the poor and experience greater deprivation and vulnerability to poverty and socioeconomic adversity due to their low status in society. Violence against women in the form of rape, assault (domestic as well as workplace violence), trafficking, or acid throwing is prevalent throughout the country; with an estimate that nearly 2 out of 3 women in Bangladesh has experienced SGBV in their lives. The Covid-19 pandemic threatens to roll back gains in women's economic opportunities, widening gender gaps that persist despite 30 years of progress.

Bangladesh economy is being severely affected due to the onslaught of Covid-19 pandemic. Many people are losing their jobs, but the rate of joblessness is worse among women compared to their male counterparts. The International Labour Organization (ILO) has warned recently that the risks of women losing jobs are much higher compared to men. As a result, the modest progress achieved in the area of gender equality over the past few decades may have evaporated. The experts have also cautioned that it would not be easy to bring back to the mainstream those women who have lost their jobs.

Womenfolk in Bangladesh typically find employment in the garments industry, the services sector including hotels and restaurants, as well as agriculture, handicrafts and household work. But they are fast becoming unemployed both in the formal and informal sectors. The female small entrepreneurs are also retreating in the wake of capital scarcity. Besides, many expatriate female workers are returning home after being retrenched or forced to give up jobs.

According to ILO figures, about 40 percent female workers numbering about 510 million have been adversely affected worldwide by the pandemic. This rate is 36.6 percent for males. There is no possibility of the situation getting back to normal before 2021. The Bangladesh Institute of Development Studies (BIDS) has found through a survey that about 13 percent of the country's labour force has become unemployed due to the novel coronavirus outbreak. It conducted this survey among 30 thousand respondents in all districts of the country during June. The NGOs 'Steps towards Development' and 'Gender and Development Alliance' (GaD Alliance) revealed that 80 percent of small female entrepreneurs in villages had to shut down their businesses owing to lockdowns.

Since COVID-19, closure of schools, disrupted or no livelihoods and reverse migration back to rural areas has resulted in entire families staying at home which has further exacerbated the burden of unpaid care work on women, who now must absorb the additional work of constant family care duties.

#### **B.1.8 other SDGs or human rights**

##### **Slum Dwellers**

There are an estimated two million people living in 14,000 slums across Bangladesh who have similar reasons to be fearful. According to one study, more than 40 percent of slum dwellers have no choice but to use unhygienic and unsafe toilets. Many also lack access to sufficient and safe water that is essential for protection against covid-19. The informal settlements are home to many low-wage garment workers, street vendors and rickshaw-pullers on daily wages whose livelihoods are imperiled by the current crisis. Because of their inability to make ends meet during the lockdown and access affordable and timely healthcare, they are at high risk of both infection and starvation—harrowing prospects that neither the government's public health nor economic response appear prepared for.

## Prisoners

Bangladesh has the most crowded prisons anywhere in South Asia. On average, there are more than twice as many prisoners as detention facilities. There is only one doctor for every 10,000 prisoners. The authorities have taken the welcome step of releasing the leader of the opposition for six months, but they are yet to implement measures that several other South Asian states have taken to reduce overcrowding. About 70 percent of the country's prison population is still awaiting trial (pre-trial detention is meant to be used as a restrictive measure of last resort) and there should be a presumption of release in such cases. They should also consider early or conditional release for those most vulnerable to the infection, including older detainees, or those who have already served a portion of their prison sentence and those who qualify for early parole, if they no longer pose a threat to public safety. Prisoners who remain in detention must also have access to the same standards of health care that are available in the community, including when it comes to testing, prevention and treatment of covid-19.

## B.2 Impact of COVID-19 on people, especially vulnerable groups and sectors

### B.2.1 Migrants (Target 10.7, 16.b, etc.)

Bangladesh's 10 million international migrant workers have been contributing to the country's economic development while ensuring welfare of millions who depend on them.<sup>4</sup>

In return for short-term employment contracts, strong remittances inflows propelled Bangladesh to become the world's 11th largest remittance-recipient economy; together with Ready-Made Garments (RMG) exports, the inflows from the country's key economic pillars. International temporary labour migration also helped reduce poverty in rural Bangladesh. From 2000 to 2016, as per World Bank estimates, poverty fell faster in migrant-sending districts: for each additional 0.1% of a district's population migrating internationally, poverty in that district fell by 1.7%.

With Covid-19 pandemic, however, many workers were laid off or furloughed without compensation. They are now homebound as the global economy is grappling with the crisis. Uncertainty about their remigration is looming large. At the same time, they face stigma and discrimination given limited scope for social distancing and access to healthcare services. Returnees require access to health services, social protection and quality jobs to cope with the fallouts. At the same time, Bangladesh needs to explore new labour markets to minimize disruptions to remittance inflows and expand options for Bangladeshi workers.

According to Refugee and Migratory Movements Research Unit (RMMRU), 60% of migrant households depend on remittances for daily expenses, the inflows act as informal safety nets, and drive positive development outcomes for health, nutrition and education. Early UN insights suggest that without remittance incomes, jobs and social protection coverage, migrant households engaged in distressed asset sales to solve food shortages and meet immediate needs during the lockdown. Moreover, many are likely to remain highly indebted due to high migration costs incurred and untimely return. According to Bangladesh Bank, more than 65% spend BDT 300,000 as migration cost; another 20% pay more than BDT 500,000 to go abroad. Bank loans finance 65% of migration costs, according to RMMRU. As remigration is a difficult option now, the return of migrant workers to rural districts combined with low-income opportunities and piling debts can potentially put pressure on rural economies as well as create poverty pockets especially in migrant-prone areas. Furthermore, this is within a context where Bangladesh's poverty rate is likely to climb from 20.5% to 44% following the pandemic; estimates from various simulations and rapid assessments suggest that the Covid-induced 'new poor' ranges from 16-42 million people.

### B.2.2 Refugees (Target 16.b, etc.)

The world's largest and most densely populated (120,000 people per square miles) refugee camp in Bangladesh. Since 25 August 2017, a massive exodus of over 700,000 Rohingya people have fled Myanmar. Today, over 900,000 Rohingya live in Cox's Bazar. The living condition in the camps is woefully inadequate and unhealthy. The average number of people per household is 4.5. Almost all of them live in small makeshift shelters of 14 m2 size built through bamboo and tarpaulins. They have limited access to clean water and sanitation. In these circumstances, maintaining even minimum hygiene is challenging, and any infectious disease outbreak has the potential to kill thousands of people. Around 65% of them live in 34 extremely congested camps in 5 square miles in hilly areas of Kutupalong. To our knowledge, currently, this is the world's largest and most densely populated (120,000 people per square miles) refugee camp. The living condition in the camps is woefully inadequate and unhealthy. The average number of people per household is 4.5. Almost all of them live in small makeshift shelters of 14 m2 size built through bamboo and tarpaulins. They have limited access to clean water and sanitation. Most of them sleep on plastic paper spread over the muddy floor in their tents. In these circumstances, maintaining even minimum hygiene is challenging, and any infectious disease outbreak has the potential to kill thousands of people. This refugee people are in a dire state of stress, many of them have a range of underlying health conditions and nutritional deficiencies. All these risk factors may suppress their immune systems to fight against COVID-19, and as a result, the current community-level transmission of COVID-19 puts them at risk of getting infected. Therefore, the government of Bangladesh along with its development partners working in the Rohingya camps immediately needs to take a comprehensive strategy to save this refugee community from a potential outbreak of COVID-19.

<sup>4</sup> Article 55 (1-6): The Cabinet; Part-IV (The Executive), Chapter II: The Prime Minister and the Cabinet, The Constitution of Bangladesh

Although there are reports of some degree of preparedness by the humanitarian agencies and government of Bangladesh, this is far from what is necessary. Currently, the international organizations (e.g., UN, UNHCR, IOM) are emphasizing on equipping the local hospitals with at least some resources to tackle the potential outbreaks of COVID-19. The community-level awareness of COVID-19 prevention such as maintaining basic health hygiene, social distancing, and the common symptoms of infection is extremely limited. Healthcare personnel working in the camps have inadequate access to telecommunication, and there are no telecommunication services for the Rohingya refugees. Thus, this preparedness may not produce the desired benefits. An arrangement of necessary testing kits and designated quarantine facilities inside the camps are two important elements need to be ensured without any delay. The Rohingya people are worried about the risk, as the vulnerable conditions they live in could be a breeding ground for COVID-19. The humanitarian organizations in collaboration with the Government of Bangladesh should immediately scale up their efforts to avoid a potential catastrophe.

### **B.2.3 Women and girls (SDG 5 etc.)**

In Corona period women & girl's condition is worst because they are suffering from the food crisis along with problematic mental health. In this case they suffer and victimized by violence and health crisis due to unemployment. For this Corona Women & girls are not getting equal rights in terms of using masks and hand wash. Only 35% of women are now using masks. A study conducted by BRAC. One the other hand early marriage increase day by day like evidence show that A 21 number of early marriages happened in between March to April. Not only marriage but also domestic violence occurs in this period. Center for genocide studies said repression against women skyrocketed during corona whereas violence against child dropped slightly. Income, standard of living getting low because of poverty especially in the case of female domestic workers. Many private sector creating income source for women creating mask. In Corona women & girl's mental health also hamper they lost their creativity during lockdown. Horrific incidents like abuse of women and children are constantly happening in the Corona disaster. Lack of knowledge women & girls tested corona positive. During the Corona period, the learning speed of the students has decreased by 80% because of closing all school, collage, university. So, during lockdown & Corona period both women & girls condition is not good. **Child marriage:** One of the major areas of child rights violation had been early marriage. The situation worsened during the pandemic and it is getting higher in every month. Manusher Jonno Foundation (MJF) –a national NGO conducted a survey regarding child marriage and It was found by the survey that parents had been involved in most cases of this violation of child rights while in some cases grandparents, local elites and close relatives were responsible for the child marriages. Traditional attitude and social norms provoke parents and they choose their daughters to marry off as negative coping strategy to reduce the number of family members and alleviate economic hardship Parents using pandemic as opportunity to marry off their underage daughters, because the pandemic is disrupting the collaborative effort of community, NGOs, and the government to prevent child marriage Other negative impacts like increase of child labour, long-term school closure and reproductive health care crisis also leave girls increasingly vulnerable lock down was eased and a lot of factories, both formal and informal, opened up during the month of June. Date from the survey shows the negative correlation of this economic insurgence in the form of violence against children at work place.

### **B.2.4 Ethnic minorities (SDG 10, Target 16.b etc.)**

There are over 50 indigenous communities living in Bangladesh, primarily spread in the delta region of the country or “the plains”, as well as in the south-eastern part of the country known as Chittagong Hill Tracts (CHT). These diverse communities have their distinct languages, cultures and heritage and only constitute approximately 1-2 per cent of the total population of the country. As minorities, the indigenous peoples have long been cut off from the benefits of mainstream socio-economic development measures. A recent study by Bangladesh Institute of Development Studies and ILO revealed that several socioeconomic indicators such as health, education, household-level income, food consumption, participation and women's empowerment remain below the national average for indigenous peoples.

However, most indigenous communities have reported that they received little or no support from these programmes. The government's initiative of remote learning through digital education (i.e. classes broadcasted through Sangbad TV and YouTube) remains inaccessible to hundreds of thousands of marginalised indigenous students due to the existing “digital divide”. On top of the existing challenges to accessing education such as language barrier, indigenous children both in the hills and plains lack adequate IT equipment, internet connection, and sometimes even electricity. Therefore, it is crucial for the government of Bangladesh to explicitly address the needs and priorities of the indigenous peoples not only in terms of short-term responses to the pandemic, but also in terms of the prevailing systemic and structural socio-political, economic and cultural barriers that continue to marginalise them.

For instance, the poverty rate among indigenous peoples is much higher than the national average of 20.5 percent. The poverty rate among the indigenous peoples in the plains is nearly 80 percent whereas, in the CHT, it is around 65 per cent. The indigenous population of the country has been living in a state of perpetual marginalisation and poverty due to various factors. Their lives and livelihoods have become highly vulnerable due to the increasing dispossession of land and resources caused by conflict, land grabbing, climate change and various development interventions, as well as the prevailing systemic discrimination.

Soon after the government declared a country-wide shutdown to prevent the spread of Covid-19, the immediate socioeconomic impacts of the pandemic hit the indigenous communities the hardest. According to a recent study conducted on the impact of the pandemic on indigenous communities, thousands of ready-made garment workers and beauty parlour workers have lost their jobs, agricultural production has been hampered, small entrepreneurs are struggling to survive, regular health services and education facilities have been disrupted, violation of indigenous peoples' human rights has been on the rise and, most alarmingly, indigenous communities are faced with a severe food insecurity. In indigenous community, youths job holders are only external earner beyond the agriculture and day labor, so after the shutdown all job sectors, these families have been suffered more and lead in miserable situation, even most of them were not come under the government taking initiative due to lack of proper documents.

### **B.2.5 Older persons**

Aging is one of the emerging problems in Bangladesh. This problem has been gradually increasing with its far reaching consequences. A macro level investigation on aging of Bangladesh to identify the real demographic issues and they have noticed that the Bangladesh population aging tends to increase fiscal demands on the government, especially for income support, health, and social services. A clear indication of increasing Bangladesh demographic aging process has been found. The elderly of Bangladesh is generally taken care of by family and society. Due to the process of globalization, this tradition support system is weakening day by day. Older people are more vulnerable to infections, including coronavirus disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), which is known to increase mortality and with a fatal outcome. Although all age groups are at risk of contracting COVID-19, it is a more significant threat to older people because of their underlying comorbidities. Apart from the risk of being exposed to infection and mortality, they are more prone to increased mental health and chronic health issues.

### **B.2.6 LGBTI**

The gay and trans community in Bangladesh is under constant pressure. There is rising intolerance and discrimination against sexual minorities. Even subtle displays of activism can attract unwanted attention. Being visible is a risk: authorities continue to fail to support freedom of expression and the police have proved to be indifferent to the killings of progressive public figures such as Mannan and Mahub.<sup>5</sup> The National Human Rights Commission of Bangladesh has documented physical and sexual assaults on LGBTI community by the police. The Present government is comparatively more favorable for transgender communities and taken a good number of initiatives to improve opportunities for hijras (a community of transgender women) through official third gender recognition. The Bangladesh LGBTI community is striving to improve the lives of minorities by working towards greater acceptance and promoting diversity within the society. COVID-19 crisis is disproportionately affecting marginalized communities around the world, including in Bangladesh. Transgendered people live on the margins of society with restricted access to essential services, and are ill-prepared for a public health emergency. Such inequalities increase the risk of the health emergency spiraling out of control. These communities are particularly vulnerable to the virus because of their reliance on informal employment, and because they often live in poor, crowded living conditions that make social distancing, quarantining and access to sanitation extremely difficult. The exact number of hijras in Bangladesh is unknown, with estimates ranging between 10,000 and 100,000. They often live together in impoverished communities and rely on begging for income. Hijras routinely face bigotry and harassment, experience a higher rate of violent crime and are often denied medical care. Today, the COVID-19 pandemic is threatening this gradual progress and presenting new obstacles for these already struggling populations. Many in these communities simply do not have the resources to undertake the proper preventive measures and fear that their living conditions – which are difficult even under normal circumstances – may now become deadly. In this context, many members of marginalized communities fear that they stand little chance of getting proper care because of persistent discrimination.<sup>6</sup>

### **B.2.7 Dalits**

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. 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 services. 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.

<sup>5</sup> <https://www.ghrd.org/lgbt-rights-in-bangladesh/>

<sup>6</sup> [www.democracyspeaks.org/blog/bangladesh-nexus-between-marginalization-and-COVID-19](http://www.democracyspeaks.org/blog/bangladesh-nexus-between-marginalization-and-COVID-19)

Despite their apprehensions about working during COVID-19, economic hardship is forcing them to continue working.<sup>7</sup> 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.

### **B.3 Impact of COVID-19 on civic space and democracy**

#### **B.3.1 Measures and states of emergency**

The first positive case was confirmed on 8 March when the government was preparing for the gala centennial of the birth of the country's founding leader, Bangabandhu Sheikh Mujibur Rahman. Instead of a lockdown, a country-wide 'general holiday' was imposed for two weeks from 26 March, and which was later extended until 5 May. The scope of 'general holiday' was extensive with the closure of all government and private offices, schools and universities and, subject to stringent exceptions, all courts including the Supreme Court. Interestingly, whenever any new COVID-19 case is detected, the concerned suburb, village or district or, more particularly, the building is placed under 'lockdown' which is often done by an oral administrative order, so it is possible to have both a 'public holiday' and also a 'lockdown' as emergency measures taken in response.<sup>8</sup>

In the current COVID-19 crisis, the Deputy Commissioners (the most senior public officials in a district), executive magistrates, and the police all are in charge of enforcing the law and executive orders to prevent transmission. While the Army has been deployed in aid of the civil administration, the Bangladeshi Parliament, including the Cabinet as the central decision-making body in any democracy, has largely taken a back seat with no visible action.

#### ***Emergency Powers in the Constitution***

The 1972 founding Constitution did not have general emergency powers except for a provision on war (Art. 63). Emergency provisions (Part IXA: arts 141A—141C) were incorporated in 1973 via the Second Amendment. They are largely pro-executive, with a little role for parliament to play. Art. 141A states that the President may proclaim a state of emergency on grounds of 'war or external aggression or internal disturbance' with the previous written agreement of the Prime Minister. By a literal interpretation of these three grounds, the Constitution seems to provide no room for public health emergency, such as the outbreak of COVID-19. However, it may be considered a source of internal disturbance.

Although Bangladesh is using the metaphor of 'war' in its fight against COVID-19, and given that the executive could have interpreted the term 'internal disturbance' to include the public-health emergency, the country chose not to impose a state of emergency presumably in view of the previous abuses of emergency provisions. (Bangladesh had imposed emergencies in 1974, 1981, 1987, and 2007 – all on grounds of internal disturbances.) However, Bangladesh has nevertheless imposed a de facto state of emergency in any sense of the term except in name. The consequences of the present COVID-19 restrictions are essentially similar to those of any official emergency. One might therefore argue that an official emergency in the interest of saving lives would have been a better approach. Reliance on the Constitution for the declaration of a limited emergency would have provided legitimacy and a more solid ground for the legal regulation of the COVID-19 crisis.

The only limitation the Constitution places on emergency powers is that it must not be over 120 days in duration, unless the Parliament approves a longer period. Every proclamation of emergency, therefore, needs to be laid before Parliament before its expiry. (By law, the gap between two sessions of parliament must not exceed 90 days.) A declaration of emergency can lead to two major consequences: First, during emergency, 'the State' may make law or take executive actions in derogation from six fundamental rights (Art. 141B): the freedom of movement, assembly, association, thoughts and conscience, occupation and profession, and the right to property (Arts 36—40 & 42). Second, the President may opt to 'suspend' the right to judicially enforce these or other fundamental rights. Although a blanket power, suspension of enforcement of fundamental rights may be avoided altogether or restricted to a few rights only.

#### ***The Public Health Crisis and the Governing Law***

With regard to the law dealing with the COVID-19 crisis, the applicable law is the Communicable Diseases (Prevention, Control, and Eradication) Act 2018, which replaced several colonial laws including the Epidemic Diseases Act 1897. The Act empowers the government to control any infectious disease or outbreak, to enforce 'isolation' of any 'infected' person (s. 14) and, importantly, to enact 'rules' to deal with a situation of health emergency (ss. 32 & 11(3)). Interestingly, the government has not enacted any such rules or regulations except by issuing one or two notifications. For example, on March 23, the Ministry of Health notified that COVID-19 is a communicable disease within the meaning of s. 4 of the 2018 Act. Yet the crisis was not declared to be a disaster under the Disaster Management Act 2012. This notification is the first source of subsequent actions of the government to contain and control the spread of the virus. Then, on 16 April, the Health Directorate issued a statutory order under s. 11(1) of the 2018 Act announcing the whole country as exposed to COVID-19 risks. The so called 'Declaration', however, made several instructions, with a 'request' to the public to comply and maintain social distance and curfew between 6 pm to 6 am. Non-compliance with the instructions is a punishable offence which may entail up to 3 month's imprisonment or 50,000 Taka fine (s. 25).

<sup>7</sup>[www.judiciary.org.bd](http://www.judiciary.org.bd) › judiciary › court-structure

<sup>8</sup><https://verfassungsblog.de/bangladeshs-unofficial-emergency-managing-the-COVID-19-crisis-by-notifications/>

Not surprisingly, the new delegated legislation does not place any limitations upon the use of powers enumerated. To enforce the social distancing and stay-at-home instructions, the government amended the Mobile Courts Act 2009 to empower executive magistrates to hold summary trial of offences under the 2018 Act. Executive magistrates also enforce some provisions of the Penal Code 1860 that criminalizes an act likely to spread any infectious disease (ss. 269-270) and disobedience to quarantine rule (s. 271). The level of legal awareness and degree of law-abidance of the people, as well as the pattern and nature of official behaviour, varies from society to society. In Bangladesh, people are not complying with the imposed restrictions in an optimal way. In some cases, COVID-19 patients, suspected carriers, and even health professionals have been subjected to social hatred and stigma. On the other hand, law enforcement officials including executive magistrates have occasionally resorted to extra-legal means of punishments. The government agencies and departments have sometimes arrested people on the ground of spreading COVID-19 rumours.

### **B.3.2 Access to information (infodemic, misinformation, etc.)**

Public access to information during the coronavirus pandemic should be a priority to ensure people know how to protect themselves, what to do in case of emergencies and what regulations are in place.

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.

The growing criticism of the response to the coronavirus pandemic, medical personnel have been told not to speak to the media. The pandemic should absolutely not be used to silence whistle-blowers, who reveal gaps in public health planning and implementation. They should be fully protected from retribution. Authorities can only use sanctions against those who use the pandemic to conduct illegal or unsafe practices and threaten or harm whistle blowers.<sup>9</sup>

The government has also taken punitive measures against its own officials for speaking up against corruption in the COVID-19 response. Governments should be transparent about the crisis and make all actions they are taking publicly available. Journalists must be able to criticize the authorities and scrutinize their response to the crisis. In addition, journalists play an important role in informing the public. They can identify new hotspots of the virus, provide information on protective measures, and expose falsehoods.

### **B.3.3 Respect to Freedom of Expression**

In particular, there has been an upsurge in attacks on media critical of the government's response to the coronavirus pandemic in Bangladesh. The Government is increasingly using the deeply flawed Digital Security Act 2018 to harass, charge and arrest journalists. There have also been restrictions on dissent by the public: medical professionals have been told not to talk to the media; social media is being monitored; and government employees have been told not to like, share or comment on social media posts that are critical of the Bangladeshi government. The Digital Security Act was passed by the Parliament of Bangladesh to ensure digital security and to help prevent crimes committed on digital platforms. It reinforced a few sections, including the widely criticized section 57, of the Information and Communication Technology (ICT) Act, which was frequently used to curtail freedom of expression. But the Digital Security Act is even more repressive than the sections it replaced.<sup>10</sup> Bangladesh is obliged to ensure the right to freedom of expression, as enshrined in the International Covenant on Civil and Political Rights. The rights of freedom of expression and access to information may be restricted, but restrictions must be provided by law, pursue a legitimate aim, and be necessary and proportionate. Responding to a public health crisis is one of those legitimate aims but that does not give countries authority to waiving freedom of expression rights in total.

### **B.3.4 Protection for civil society, including human rights defenders**

The attacks of the militant's years ago terrorized civil society, especially writers and activists working in certain sectors. The impact of those attacks on civil society is still being felt, including by the wider Bangladeshi population, particularly marginalized and vulnerable groups. But now, with the use of the Digital Security Act to target anyone who does not follow the marching orders of the state, the impact is much greater. While human rights defenders and journalists might be the ones facing charges and punishment, it is the average Bangladeshi who is also a victim and seriously impacted. Unable to get reliable information, understand what the government is doing, and learn when there is abuse or corruption, Bangladeshis will be left with only propaganda. In many countries, similar to anti-terror legislation, digital security or information technology legislation is seen as an opportunity to criminalize political opponents or other critical voices. Many people believe that, in the face of increasing political opposition and criticism from civil society the government applicate the Digital Security Act as a weapon of protection.<sup>11</sup>

<sup>9</sup><https://www.amnesty.org/download/Documents/ASA1322682020ENGLISH.pdf>.

<sup>10</sup><https://webcache.googleusercontent.com/search?q=cache:B12mj5IWWOgl:https://www.article19.org/resources/bangladesh-alarming-crackdown-on-freedom-of-expression-during-coronavirus-pandemic/+&cd=13&hl=en&ct=clnk&gl=bd&client=safari>

<sup>11</sup><https://webcache.googleusercontent.com/search?q=cache:B12mj5IWWOgl:https://www.article19.org/resources/bangladesh-alarming-crackdown-on-freedom-of-expression-during-coronavirus-pandemic/+&cd=13&hl=en&ct=clnk&gl=bd&client=safari>

<sup>11</sup><https://www.newagebd.net/article/119428/the-dsas-assault-on-civil-rights>.

### **B.3.5 Freedom of Assembly**

The right to peaceful assembly is a fundamental freedom and key pillar for civic space. When civic space is open, citizens and civil society organizations are able to organize, participate, and communicate without hindrance. They will also be able to claim their rights and influence the political and social structures around them. This can only happen when a state holds by its duty to protect its citizens and respects the right to protest. However, for many Bangladeshis going out on to the street to protest can be a terrifying experience.<sup>12</sup>

### **B.3.6 Freedom of movement (lockdown, shutdown, travel ban, etc.)**

The initial country-wide public holiday was declared on 24 March citing the Rules of Business 1996, which is a constitutional instrument. The notification was quite unclear in its effect, and, in just two days, a significant number of people left Dhaka out of either fear or in holiday mode, raising the risks of transmission and infection. Then came the closure of public transport on 26 March, later followed by a ban on large gatherings in prayers and funerals. The legal authorities behind these restrictions remain unclear. During the lockdown, ready-made garments industry owners announced an imminent reopening of factories, leading thousands of workers to rush back on foot to Dhaka. The workers then returned back home following a government intervention, but the same saga has been repeated on 26 April, several days before the scheduled end of the restrictions on 5 May, with many factories reopening and some even in the worst-hit areas. Restaurants and some essential services reopened since 28 April on 'a limited scale'. Public transport has not yet been put back on wheels. The mismanagement raises an important issue of who are making these decisions and how they are being made.

## **C. Response to the COVID-19 including recovery, mitigation and preparedness**

### **C.1 Major policies and programs carried out by the government**

#### **C.1.1 Executive body (Government structure)**

Like its counterparts in other countries, the Bangladesh government was slow to respond to the pandemic in the initial stages. It has since set up more testing facilities and quarantine centres and is procuring testing kits and medical equipment from abroad. The government has sought to enforce social distancing through the lockdown but has not been too successful in this regard so far. Several factors make this a near-impossible task in Bangladesh.

The government of Bangladesh has taken different initiatives to contain the outbreak of COVID-19. In response to COVID-19:

- On March 16, 2020, the government declared the closure of all educational institutes.
- To avoid mass gatherings in order to prevent the spread of coronavirus in the country, on March 19, 2020, the government prohibited political and religious rallies; social and cultural gatherings;
- On March 21, 2020, cancelled all state public programs, including the celebration of the Independence Day.
- All public and private offices remained closed from March 26, 2020, to May 30, 2020, except for emergency services; the government stopped public transportation and limited banking services also.
- On April 12, 2020, it was informed that all on-arrival visas remain suspended till the next notification, wherein the foreigners with valid visas arriving in Bangladesh from any coronavirus-affected country would be advised to remain under quarantine for 2 weeks after the arrival.
- To sustain the economy of the country, the Bangladesh government has reduced the restrictions from public life from May 31, 2020, by lifting shutdown and opening public and private offices, shopping malls, and starting limited circulation of public transports, though the COVID-19 cases are in a growing trend.
- In 8th October, 2020, The govt. has cancelled taking HSC exam & decided auto promotion.
- In 5th November, 2020, Bangladesh signed a deal with the Serum Institute of India and Beximco Pharmaceuticals for 30 million doses of the AstraZeneca with Oxford University.
- In 19th November, 2020, Prime Minister declared "No Mask No Services" policies would be taken with huge preparation for combating 2nd wave of COVID-19
- In 1st December, 2020, Government announce at the beginning stage 52 lac people will received the vaccine.
- In 8th December, 2020, Government of Bangladesh allocated BDT 7000 crore for purchasing vaccine.
- In 20 December, 2020, Government initiate the online registration activities for vaccination.
- In 29 December, 2020, Bangladesh will get 68 million doses of vaccine from the GAVI vaccine alliance, said by Health Secretary Abdul Mannan, referring to the global health partnership set up in 2000 to increase access to immunization in poor countries.
- In 5th January, 2021, Bangladesh has approved the emergency use of the COVID-19 vaccine developed by AstraZeneca with Oxford University.

<sup>12</sup> <https://www.civicus.org/index.php/media-resources/op-eds/4451-right-to-protest-and-civic-freedoms>

- 7th January, 2021: Bangladesh's Prime Minister Sheikh Hasina said that her government is working hard to procure a COVID-19 vaccine for the country. Her comment came amid rising uncertainty over the arrival of the vaccine from its close ally and neighbor, India. "In line with the global development of the vaccination program, we are trying all possible ways to bring the COVID-19 vaccine to Bangladesh," she said in an address to the nation. "And, once the coronavirus vaccine is available with the government, the frontline workers in the pandemic; the doctors, health workers, law enforcement members, and government workers, will be vaccinated on a priority basis," she added.
- 11 January 21: The government decided to take the Pfizer-BioNTech vaccine from COVAX despite challenges of maintaining the cold chain and ensuring the supply of the particular syringes required. The Directorate General of Health Services (DGHS) will soon inform COVAX about the decision along with a detailed deployment plan.
- 11 January 21: The Directorate General of Health Services (DGHS) will begin nationwide emergency Covid-19 vaccination from the first week of February after receiving the first lot of the vaccines between January 21 to 25. Candidates eligible for vaccination can start registering online via the vaccine app from January 26. The mobile application that is near completion is scheduled to get permission from the ministry concerned on the same day.

### **C.1.2 Legislative body (national and local parliament, etc.)**

While the government showed itself to be constitutionally responsive and pragmatic, the Bangladeshi Parliament played constitutional hardballs in its response to COVID-19 crisis. Members of the Parliament played a significant role in relief management, collaborating with local administration; however, due to the pre-existing legislations like the Communicable Diseases (Prevention, Control, and Eradication) Act 2018 and the Disaster Management Act 2012, the Parliament of Bangladesh did not feel the need to do very much as an institution. Although a brief parliamentary session took place on 18 April, no immediate response was contemplated due to the extraordinary situation of the crisis.<sup>13</sup>

The Government of Bangladesh rightly opted to restrict a number of rights rather than endorse their total suspension. The pragmatic attitude of the Government is illustrated by the fact that it did not wait for parliamentary approval to bring forward economic stimulus packages; in the knowledge that it not only has the majority necessary to pass a supplementary budget, but there are also no constitutional limitations to it pursuing this course of action. During the COVID-19 crisis, the Bangladeshi Parliament has been not being able to perform as much as expected to ensure parliamentary accountability of the executives due to their indifference towards the use of technology. The policy stance of Bangladesh regarding stimulus packages and relief distribution was met with concerns over a successful implementation amid incidents of corruption at grassroots level. However, the Government has shown admirable commitment towards its effort to ensure effective management of relief distribution by enabling immediate suspension from their office, irrespective of their political affiliation.

### **C.1.3 Judiciary body**

The President of the People's Republic of Bangladesh, on 9 May 2020, promulgated "Information Technology Usage Ordinance by the Court, 2020" (Ordinance Number 1 of 2020) to introduce virtual judicial proceedings during the COVID-19 pandemic. The Ordinance is promulgated for encouraging 'physical distancing' in the judiciary of the country. The Supreme Court of Bangladesh has issued a 15-points 'Practice Directions for Virtual Court for the High Court Division' in compliance with the Ordinance. The High Court Division of the Supreme Court of Bangladesh has issued several circulars about the process, and considering bail-petitions as the judicial priority, since the promulgation of the Ordinance.

While the objective of the Ordinance may sound contextually attractive during the global pandemic; however, the practitioners experience multiple difficulties coupled with discriminations in the process. Since the commencement of virtual judicial proceedings on 11 May neither the judicial staffs nor the lawyers had adequate training on handling the digital devices and the technicalities of the virtual system in a judiciary, which is already under-resourced, having inefficient work force, and lacking competence at all layers of judicial and non-judicial staffs.

The situation in the non-metropolitan cities where public transport system, scanning facilities, and internet connectivity is less convenient is even worse. A number of district bar associations have officially decided not to participate in the virtual judicial proceedings in the given inconvenient situation. This has made the fate of the detainees uncertain that has enormous impact on the economic life of the families having their sole breadwinners detained.<sup>14</sup>

### **C.1.4 Local government / governance**

The Coronavirus pandemic is more severe than any form of natural disaster and can only get worse. Keeping this reality in mind, the Union Disaster Management Committee (UDMC) at the Union Parishad level must be activated to render the best possible support to prevent the spread of the deadly virus. The impact of the COVID-19 pandemic could be minimized through proper disaster management planning and by integrating disaster management activities with local and national development plans. It is apparent that effective coordination is an essential ingredient for disaster management.

<sup>13</sup><http://oxfordpoliticalreview.com/2020/06/05/bangladeshs-constitutionally-pragmatic-response-to-COVID-19/>

<sup>14</sup><http://alrc.asia/bangladesh-access-to-justice-amidst-COVID-19-for-pro-opposition-litigants-are-dealt-with-draconian-laws-and-discrimination/>.

Bangladesh has gained credibility and repute across the world for effectively managing disaster. The government has taken several significant steps during the last few years in building up institutional arrangements for effective and systematic disaster management. To maintain proper coordination and functioning amongst the concerned ministries, departments, line agencies, local government bodies and community workers, the government has formulated a set of top-down mechanisms from national to grassroots levels. The UDMC can facilitate relief coordination under the leadership of the Upazila administration. It can work to raise funds at a local level to support the poorest people under its jurisdiction. It can help targeting the most deserving people such as marginalized farmers, daily labourers, fishermen, rickshaw and van pullers, building workers and low-income employees in private sectors for relief aid.

The government has been taking measures to manage the pandemic and to prevent an extremely adverse impact on the economy. Prime Minister Sheikh Hasina announced an assistance and stimulus package of Taka 72,750 crore (S\$11.95 billion) on 5 April 2020. This was followed by an additional package on 13 April 2020, raising the total financial package to Taka 95,619 crore (S\$15.71 billion). This includes the safety net expansion package of Taka 6,859 crore (S\$1.12 billion) for both the rural and urban areas.

While announcing a 31-point directive to combat COVID-19, Bangladesh's Prime Minister Sheikh Hasina warned that no corruption would be tolerated in the relief distribution and advised on appropriate usage of personal protective equipment. She also stressed that attention should be given to law and order, and all the government officials, including that of the Health Services Division, the administration, the law enforcement agencies and the Armed Forces Division would have to work in coordination with one another. Despite her strong warning, in some cases, the undue influence of the chairmen of the Union Parishads and the ruling political parties, muscle power, nepotism and corruption have resulted in the misappropriation of relief for the poor rural dwellers in Bangladesh. The government has taken strict action and local public representatives who have been involved in misappropriation of relief aid have been suspended under Section 34 (1) of the Local Government (Union Parishad) Act 2009. Such a zero-tolerance policy by the government is necessary across all levels.

The UDMC must ensure that the locals are kept informed and are capable of taking practical measures to reduce COVID-19 risk at the household and community levels as well as to widely disseminate the success stories of reducing associated risks among the local people. The committee must work closely with the local institutions, volunteers and people in a way that they can help and motivate people to stay at home maintaining social distance. It will contact the local health office to train students, youth, local club members and volunteers on community-based Coronavirus preventive initiatives.<sup>15</sup>

### **C.1.5 Election Body**

#### **The Election Commission**

Bangladesh Election Commission conducted a good number of parliamentary by-elections and local government elections during March- January ,2020 amid COVID 19. The elections have been peaceful with good turnout. BEC set Standard of Operations for the election conducting officials conducive in a pandemic situation. The BEC, however had taken extra precautionary measures for voters, polling staff, polling agents and members of law enforcing agencies according to health protocol. But due to less acceptance of present election commission the voter percentage are significantly lower.

### **C.1.6 Anti-corruption agency**

#### **Anti Corruption Commission of Bangladesh**

The scandal around N-95 mask supplies or fraudsters like Regent or JKG or corruption in relief operations are large scandal of the country. The government has taken action and as a result many of those involved in misappropriations have been dismissed and arrested. As challenging as the job of anti-corruption is in this context, it is still not an impossibility. For reducing the corruption need to more strong political commitment including media and civil society spaces upgrading the significant role of Anti Corruption Commission of Bangladesh (ACC).

### **C.1.7 National Human Rights Institution (NHRI)**

The visual and presentable role of National Human Rights Commission (NHRC) is not impressive but some decisions have been mentioned like The National Human Rights Commission (NHRC) has decided to move the court as it feels the people's right to medical treatment has been violated.

### **C.1.8 Gender equality commission**

In Bangladesh, there is no gender equality commission or similar constitutional institution.

### **C.1.9 Oversight Institution**

Other than the said institutions and authorities there is no significant oversight institution in Bangladesh.

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<sup>15</sup> <https://www.isas.nus.edu.sg/papers/combating-COVID-19-in-rural-bangladesh-the-role-of-the-local-government/>.

### **C.1.10 Information and Communications Institutions**

Information Commission of Bangladesh was established on 1 July 2009. It was based on the Right to Information Ordinance which was passed in 2008 by the Caretaker Government and ratified by the parliament on 29 March 2009. Security and intelligence agencies are exempted from provisions of the commission. Decisions of the commission regarding request for information can be appealed in courts. The commission provided information for 95 percent of the requests it received. It also fines designation officers for not providing the requested information.

The government has also taken punitive measures against its own officials for speaking up against corruption in the COVID-19 response. Information accessibility is a vital dimension of the accessibility of health care and includes the right to “seek, receive and impart information and ideas concerning health issues.”

The role of Information Commission for ensure transparent information regarding Covid-19 for overall citizen is not impressive and need to more pro-active initiatives of Information Commission of Bangladesh for all affected individuals and communities are entitled to easy, accessible, timely, and meaningful information concerning the nature and level of the health threat, the possible measures to be taken to mitigate risks, early warning information of possible future consequences, and information on ongoing response efforts.

### **C.1.11 Public Health agencies**

The Director General of Health Services (DGHS) established an Emergency COVID-19 Integrated Control Center in the main office with working committees for thematic areas. The committees developed guidance and training materials that were posted on-line. The following major tasks done and continue by DGHS:

- All available real-time diagnostic testing facilities (61 as of June 19) were rapidly assessed for capability to undertake COVID-19 testing. Expanded testing capacity not only enables better intelligence of the disease situation nationally, but also more precision for identifying those individuals and families who need to remain in home quarantine.
- Immediate nationwide case searching and identification has been initiated utilizing existing community networks as well as telecom-based reporting via 16263; 333; and IEDCR hotlines. A novel Community Support Team intervention was piloted so that individuals with symptoms could be evaluated and those who meet the clinical criteria will be isolated at home with their families' Procurements were launched immediately for healthcare worker PPE and hospital equipment and supplies required expanding care of critically ill and severe patients. Due to global supply chain shortages, locally manufactured solutions were also explored to enable sustained national production.
- Healthcare worker training programs were initiated for improving infection prevention control and case management. Recently graduated intern doctors were also mobilized to support triage at hospitals with highest case burdens.
- The health workforce in Bangladesh is already overstretched, with only 8.3 health workers per 10,000 populations as compared to 45/10,000 recommended by WHO. The COVID-19 outbreak deepens this crisis. The Government has already recruited an additional 2000 doctors and 5000 nurses to start addressing this situation, and the process is underway to recruit additional 2000 health technicians.
- Enhancing the access of citizens to essential quality medicines has been one of the priorities of the government. With support from the government there is a big domestic pharmaceutical industry manufacturing drugs for the local consumption as well as exporting to other countries. Currently, the local production meets about 97% of the overall local demand for drugs and 100% of that for essential drugs.
- Risk communication and community engagement was focused on encouraging the spirit of solidarity, empowering individuals and communities to stop the spread of COVID-19 through behavioral change, informed individual decisions and collective community action.
- National social distancing measures have been continued until sufficient testing capacity is established to assess the rate of spread.

However, some important critics also observed against public health agencies. Concerns continue to grow in Bangladesh over the country's limited coronavirus testing capacity, with experts urging the government to focus on increasing daily tests to ensure a successful fight against the pandemic. The huge number of affected people against a small number of hospitals and health care providers made our health service management vulnerable.

On the other hand, Patients with serious complications are being returned as there no free ICU. Most of the patients are starting to take treatment from home, especially those who are in acute condition. The first death of a doctor was reported in April,2020.

Since the COVID-19 lockdown in March 2020, there has been a sharp decrease in the number of people accessing basic primary health services through community health structures such as community clinics, expanded programme for immunization sites and Union Health and Family Welfare centers.

### **C.1.12 Other Institutions:**

#### **Overall Government's responses to the COVID-19**

- The government has taken several policy measures in response to the COVID-19 crisis, including social safety net and other support programmes for the low-income and marginalised groups.
- The government has provided 5 million poor families impacted by the COVID-19 crisis a cash assistance of BDT 2,500 each equivalent USD 30
- Govt of Bangladesh had taken right preventive measure in the Rohingya refugees camp and that works effectively.
- The total amount of these stimulus packages will be BDT 72,750 crore (equivalent USD 8660 million) which will be 2.52 percent of the GDP.
- Government of Bangladesh has setup and well functioning SDG affairs Office under the Prime Minister's Secretariat.
- The Voluntary National Reviews (VNRs) 2020 prepared and reviewed jointly by the government and the representatives of NGOs, CSOs, DPs, and private sector.
- The health workforce in Bangladesh is already overstretched, with only 8.3 health workers per 10,000 populations as compared to 45/10,000 recommended by WHO. The COVID-19 outbreak deepens this crisis. The Government has already recruited an additional 2000 doctors and 5000 nurses to start addressing this situation, and the process is underway to recruit additional 2000 health technicians.
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- Need for Government strong commitment to make institutions of state and society more responsive, inclusive, transparent and accountable to an empowered and responsible citizenry for changing lives and improving the quality of services.

#### **Food & Livelihoods Supports by Government of Bangladesh**

- Government of Bangladesh has declared that vehicles loaded with fertilizer, pesticide, diesel, seed and agricultural produce are outside the purview of the transport ban during coronavirus crisis. Although the government has ensured uninterrupted supply chain of farm inputs, many dealers and retailers have shut their shops amid the COVID-19 pandemic according to secondary sources.
- The most unpleasant side of the COVID-19 restrictions is the unemployment of millions and the consequent want of food, and the unreasonably high hike in the prices of essential commodities. Government has begun distribution of rice at nominal prices, and also as a relief measure Government has begun distribution of rice at nominal prices, and also as a relief measure.
- Some elected local leaders, have indulged in misappropriation of the relief products. As a response, the government withdrew politicians from the relief plan and instead tasked 64 of the most senior civil servants to coordinate relief-distribution. This shows how the crisis management has become increasingly bureaucratized. Many of those involved in misappropriation of reliefs have been dismissed and arrested, while the executive magistrates are enforcing the law against price-hikes and hoarding.
- The government has taken several policy measures in response to the COVID-19 crisis, including social safety net and other support programmes for the low-income and marginalised groups.

#### **Rohingya refugees Issues**

- Govt. of Bangladesh had taken right preventive measure in the Rohingya refugees camp and that works effectively. Govt had declared red zone from 20 June to 11 July to the surround areas of the camp.
- Had set three PCR lab, 38 primary health care centres (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals, 3500 Health care Workers with 360 Doctors, 357 Nurses, 219 Paramedic, 341 Midwives, 1,400 community health workers (CHWs) and other health care workers in the area beside of the regular health structure.
- Beside of this there were 10 ICU and 8 HDU beds, 448 isolation beds were allocated for the support. There were Hand Washing Stations (HWS) constructed in each camp with sufficient number. As a developing country hosting more than 900,000 refugees and maintaining the law and order is really appreciable.

### **C.2. Major activities and programs carried out by CSOs**

#### **Local NGOs are the first responder in this COVID response**

Some of the NGOs started their works from the first week of January 2020, particularly through community radio, for improving awareness and sharing information on the crisis. Most of the NGOs got engaged by middle of March 2020 in direct response against the pandemic. Within the lockdown period NGOs instructed by Government of Bangladesh for different guideline. Specially after approval from NGO Affairs Bureau (it is mandatory for approval any foreign fund). special permission has to be taken from DC, TNO authority for ensuring implementation – this can sometimes include transportation.

However almost 100 NGOs have been operating COVID response program including local, national& international NGOs. In addition, the private sector entities, media activists, research centres and think tanks and other professionals.

SDG platform, ADAB, NNMC, NAHAB, BD CSO, Community Radios, NIRAPAD, Disaster Forum and Credit and Development Forum (CDF), CLEAN already motivating their network members and providing knowledge in this regard. With the assistance of their network they are preparing now for the long term approach. The Local and National NGOs are active country wise in the following activities:

### Overall Responses

- The major areas of their entanglements are -Awareness; Food security; WASH; Health; Education; Employment; Agriculture; Direct cash support; Shelter; Legal support; Transparency in relief distribution; Research and analysis; Transport to affected people; and Rehabilitation.
- One of the major roles of the organizations in this context had been establishing linkage between the government's initiatives and the target groups. A number of NGOs also involved in COVID response activities in the Rohingya refugee camps.
- The groups of population covered by these interventions are- Persons with disability; Girls and women; Communities in hard-to-reach areas; Children; Indigenous community; Daily wage-earners; Youth; Dalit community; Third gender community; Senior citizens/elderly people; Local administration/government; Floating communities and occupational minorities, such as sex workers, waste labourers, etc.
- An initial estimate, based on the records of 40 organisations, indicate a commitment of more than BDT 1600 crore towards implementing short- and mid-term interventions to deal with COVID-19. Impact of COVID-19 on SDG delivery.
- It is becoming increasingly obvious that the unfolding pandemic, along with immediate visible stress, is going to have far-reaching impact on Bangladesh's economic performance, social cohesion, environmental sustainability and democratic governance. There is high possibility that, as a result of this unprecedented pandemic, inequalities and discriminations may further heighten in the country. These trends may accentuate the entrenched vulnerabilities of the "left behind" citizens, frustrating the progress made by Bangladesh during the first cycle of (2015–20) of implementation of the 2030 Agenda for Sustainable Development. The NGOs positioning them self for a substantive assessment of the implications of COVID-19 for delivery of the Sustainable Development Goals (SDGs) in Bangladesh. At the moment, it maintains that the current health and safety campaign, as well as the economic and livelihood support measures of the government and the non-state actors, need to be organised around the principles of the 2030 Agenda. The policy frame, derived from the 2030 Agenda, will be also useful for designing the subsequent strategy for national recovery and rebound.
- Since COVID-19 pandemic situation is worsening in Bangladesh, CSOs has been complementing the Government mission taking various initiatives to stop spreading the fatal virus and save vulnerable people's life & livelihood in different districts under its intervention. With the emergence of COVID-19 pandemic in the country in March 2020, started various initiatives to stop spreading the fatal virus in rural and urban setup. CSOs has put its efforts best to keep the marginalized people's livelihood & hygiene behaviour running creating awareness, providing health facilities, promoting safe WASH services as well as providing food & cash package to the most vulnerable and hard-to-reach people.
- Raise awareness campaign against coronavirus at the grassroots and the capital among the marginalized people; Promote content on proper hand washing and respiratory hygiene;
- Provide basic facilities to underprivileged communities from basic needs to hygiene materials (i.e. essential food pack, health kits, etc.) to socially ignored vulnerable groups;
- Provide PPE support to health personnel;
- Set up water taps and basins along with hand soaps for pedestrians and the public, especially in virus prone area or the area of low income groups;
- Distribute hand sanitizers, face masks, and spray disinfectants in some areas of the capital city, aiming to fight the spread of coronavirus;
- Distribute free masks to disable people, disadvantaged children and run campaigns in schools on how to wash hands and maintain cleanliness to keep the disease away;
- Distribute Non-Food Items (NFI) and food items for the people and service provider at institutional quarantine.
- 3,521,622 beneficiaries have received support among which 1,264, 543 in FSL, 952,456 in WASH, 695,918 in Health and SRH, 191,618 in CP, 158,535 in ER, 79255 in MPCG, 122738 in GBV, 29,668 in Shelter, 18410 in Education and 5,000 in Nutrition.<sup>16</sup>

<sup>16</sup> [hctt-nawgCOVID-19-response3w-matrix-report3rd-round](https://www.hctt-nawg.org/COVID-19-response3w-matrix-report3rd-round)

## Specific Responses

**Supported in Establishing an Isolation Center:** As coronavirus was spreading rapidly in the different districts, Some of the NGOs supported the establishment of Isolation Centre. most of the case The NGOs Training Centres, hospitals have been converted into the Isolation Center. Accomplishing all necessary renovation & preparatory works, NGOs handed over the Center to the District Coronavirus Prevention & Control Committees. The Isolation Centers has been serving the coronavirus patients separately in the district being managed by the District Administration.

**Awareness Building among the Mass People:** Since COVID-19 pandemic is a new health challenge, NGOs has taken different measures in making the mass people aware on combating the spread of the Coronavirus. As part of awareness building, disseminated health & hygiene messages developing& distributing different types of Leaflets, displayed Festoons, Banners, Billboards, etc in rural and urban area.

**Health Safety for the Front liners:** For ensuring safety of the frontline professionals i.e. doctors, journalists, law enforcing members, NGO staffs & cleaners, workforce and different concerns, NGOs distributed PPEs, masks, hand sanitizers, soaps, hand gloves.

**Installation Hand washing Devices:** To provide the mass people with hygiene maintenance facilities, NGOs has installed different type of Hand Washing Devices at various public places in rural & urban areas including 'Contactless Inclusive Hand wash Station' to keep the risk of Coronavirus low among the slum dwellers and special focus on the people with disabilities. Distribution of Hygiene Kits: Hygiene Kits were provided to the poor & disadvantaged families for supporting in hygiene practices. Approximately 7.5 million people were provided with Hygiene Kit packages covering poor & disadvantaged groups in all over the country. The Hygiene kits in most of the cases Tap-attached Bucket, Mug, Soap, Detergent Powder, Surgical Mas, Sanitary Napkin-pieces and Leaflet with hygiene messages. The poor, day labor, elderly & women-headed families & other low-income families received the support at their door-step in collaboration with the local government.

**Distribution of Food Packages:** Food packages were provided to the poor & distressed families during lockdown situation. NGOs provided food package support to approximately 2 million poor& distressed families during lockdown situation. Typically, the food package for each family included- Rice, Lentil, Potato, Salt and vegetable Oil- 2. The poor, day labors, women-headed families, hard-hit people of coronavirus particularly persons with disabilities, aged, abandoned, widow & ethnic people& other low-income families received the Packages. The food package distribution took place at the respective community maintaining social distancing in presence of local administration & local government.

**Distribution of Cash Money:** NGOs distributed cash money to enable the poor families buy food during and after lockdown situation. The poor, day labors, women-headed families, hard-hit people of coronavirus particularly persons with disabilities, aged, abandoned, widow & ethnic people& other low-income families received the cash support at their door-step in collaboration with the local administration. NGOs distributed the cash transfer by mobile transfer and some cases cash transfer. Approximately more than BDT 200 crore distributed around 02 million destitute people.

**Special Credit Support for the Marginalized:** As per Directive from the Government, MFIs resumed its program intervention from 1 June 2020. Taking the corona crisis into proper consideration, NGOs started supporting its program participants in line with its revised plan centering COVID-19 pandemic. In relation to this, MFIs guided the small & marginal farmers and entrepreneurs especially small traders take feasible income generating option for recovering their loss and regenerating their livelihoods while MFIs disbursed around BDT. 1050 crore. A significant portion of amount covered agricultural investment including crop production, cow rearing and beef fattening; returning the savings back to the program participants for meeting their basic needs; providing health awareness & hygiene maintenance support to the program participants and staff members so that they can run the program staying safe.

**Technological innovations Supports:** Despite the launch of several mobile-based apps on coronavirus situation by the government, none of them are catering exclusively to slum dwellers – who are one of the most vulnerable in the fight against corona. To assist the government in COVID-19 surveillance, WaterAid has developed an innovative digital solution especially designed to addressing the needs of slum dwellers, in partnerships with WHO, IEDCR, a2i, DGHS and UNDP. This App will help early detection of suspected patients, linking them with health services and equip slum dwellers with relevant pictorial messages and essential WASH information.

**Youth engagement:** Many CSOs engaged youth volunteers in educating people on personal hygiene, COVID 19 protocol, hand washing and community based support. Youths also engaged for Adequate Hand washing station with soap particularly in and around slum area, Hygiene kits including dignity kits distribution. Utilization of school colleges for the period of treatment.

**Resource Mobilization, Communication and social mobilization:** Awareness among the mass communities on how to prevent the COVID-19, how to protect family members and the community from the transmission of Novel Corona Virus, the importance of social distancing, hand washing with soap home quarantine etc. Awareness raising through posters/leaflets, radio communication and hand mikes, smart phone messaging, and other online means of (like use local TV channel for awareness campaign folk song) and campaigning in the media.

In addition to this, marking is being done through circling to maintain social distance in the places where people gather. The people of the village usually seek treatment from the community cleaning or health center. Therefore, there is a possibility of spreading COVID-19 germs in all these places. For this, the CSOs are carrying out disinfectant spray activities in community clinic, health centers and market areas. Also at the community level disinfectant sprays are being applied in tube wells, latrine side, mosques, temples etc.

### **C.3. Major activities and programs carried out by other stakeholder groups**

#### **Initiatives taken by private sectors in Bangladesh to address country COVID -19 Response**

**Testing kit** - Private sector in Bangladesh is playing a significant role to address the pandemic. Stretching from developing very low cost and faster testing kit to facilitate mass and quick screening of the infected people to support informed isolation and quarantine.

**PPE** -Manufacturing Personal Protective Equipment -PPE to protect the frontline actors, though most or all of those are grade 1 only. For medical service provider's doctors and nurses need grade 3 or 4 quality, which is still dependent on import.

**Ventilator** -Numbers of companies have taken initiative to produce ventilator in the country. They are expecting to start production by next two months.

**Hospital/ Clinical service** -Private clinic and hospitals are offering their installed capacity to be utilized for COVID treatment. They have around 200,000 beds capacity. Beyond that major industrial groups in the country have taken initiative to establish new hospital facilities with around 8,000 bed for Dhaka city.

Pharmaceuticals companies of Bangladesh have taken initiative to contribute with the medicines widely used across the affected countries. Government has taken initiative to regulate said medicine production and distribution.

**WASH response** -FBCCI has been taken initiative to disinfect the roads from Narayanganj to Dhaka.

**Distribution of food and non-food items** - Business communities across the country have started to distribute food and non-food items to the affected people. FBCCI is collecting information on those initiatives to be compiled.

### **D. Challenges and Assessment about COVID-19 and Civic Space**

#### **D.1 SWOT Analysis and assessment**

##### **Strengths**

- Strong Civil Society and alliances. (Citizen's Platform for SDGs, Bangladesh)
- The 7FYP (7th Five Year Plan 2016-2020) of Bangladesh has been prepared in coordination with the targets of SDGs with the consultation of CSOs.
- The SDG and Covid issues have created an opportunity for us to stimulate effective response to next pressing issues such as inequality, employment and inclusive growth, health, education, energy, environment and governance simultaneously along with poverty reduction.
- Active Professional Associations (Medical Association, Press Club, Bar Association, Teachers Association etc)
- Interactive advocacy platforms in between grassroots, local and national human rights activists.
- Effective Collaboration in between CSOs, UN & Government for implementing SDGs.

##### **Weaknesses**

- Poor acceptance of CSOs by Government policy makers and politicians.
- No legislative or constitutional provision or framework that supports the CSOs in engaging in the development planning and implementation process with government with equal footing.
- Lack of coordination in between different professional organizations, media, private sectors and civil society.
- Very poor access to CSOs to different Covid Response/Monitoring Committees of Government.
- Highly politicalized and biased attitudes of policy makers even local government representatives.
- Less participation of underprivileged representation (like Dalits, ethnic community) in different forum even in CSO.
- Lack of quality and authentic data (Covid, SDG tracking etc).

##### **Opportunities**

- Government of Bangladesh has separately setup SDG affairs Office under the Prime Minister's Secretariat.
- The Voluntary National Reviews (VNRs) 2020 prepared and reviewed jointly by the government and the representatives of NGOs, CSOs, DPs, and private sector.
- "SDGs Working Team" represented by the government officials and non-government think tanks and academia.
- International and UN Agencies strongly involved with SDGs and COVID issue.
- Citizens empathy and responsiveness for under privileged people.
- Health focused data analysis capacity and people's interest.
- Developing strong monitoring system, information disclosure and complain response mechanism and evaluation of development projects

### Threats

- The Government of Bangladesh (GoB) has acknowledged the crucial role of CSOs in SDG implementation, but lack of policy space; it is often less effective because government officials hardly pay proper importance to their role and contributions.
- Less accountability of Democratic Institutions ((free & fair election, free media, independence of judiciary, rule of law, autonomous local government and independence of different constitutional commission),
- Lack of accurate data and information. Long time Floods, Cyclone (Amphan) and other natural disasters.
- Reduce the safe migration opportunities.
- Reduce the External Fund.

### D.2 Assessment of civic space according to the human rights indicators on SDG 16+

A number of institutional steps have been taken towards localization of SDGs in Bangladesh. The Cabinet meeting held on 31 December 2018 approved a list of 39 indicators as part of the country's effort towards localization of SDGs. These 39 'priority' indicators representing 17 goals have been identified by the SDG Working Team in view of 7FYP. Besides, one additional indicator will be adopted based on the development issue which is of utmost concern to the respective district/upazila. It is also claimed that faster implementation of these indicators will be helpful in implementing other targets. It is to be noted that, 26 of these indicators are from global SDG indicator list, while 13 are derived considering national realities. Indeed, present availability of data apparently influenced the choice of indicators.<sup>17</sup>

### Responsibility matrix/institutional mechanism for SDG implementation in Bangladesh<sup>18</sup>

SDG	Responsible Ministry
SDG 16: Peace, Justice and Strong Institutions	<ul style="list-style-type: none"> <li>• Ministry of Home Affairs</li> <li>• Ministry of Women and Children Affairs</li> <li>• Ministry of Foreign Affairs</li> <li>• Law and Justice Division</li> <li>• Legislative and Parliamentary Affairs Division</li> <li>• Bangladesh Bank</li> <li>• Cabinet Division</li> <li>• Ministry of Public Administration</li> <li>• General Economics Division</li> <li>• Economic Relations Division</li> <li>• Local Government Division</li> <li>• Ministry of Information</li> </ul>
SDG 17: Partnerships for the Goals	<ul style="list-style-type: none"> <li>• Internal Resources Division</li> <li>• Finance Division</li> <li>• Economic Relations Division</li> <li>• Board of Investment</li> <li>• Bangladesh Bank</li> <li>• Ministry of Science and Technology</li> <li>• Posts and Telecommunications Division</li> <li>• Ministry of Environment and Forests</li> <li>• Information and Communication Technology Division</li> <li>• General Economics Division</li> <li>• Ministry of Commerce</li> <li>• Public Private Partnership Authority</li> <li>• Statistics and Informatics Division</li> </ul>

### Govt. has Integrated the SDGs with 7FYP

Apparently the 7FYP (7th Five Year Plan 2016-2020) has been prepared in coordination with the targets of SDGs. Government has claimed that the preparation and launching of the plan coincided with the global discourse on SDGs and Bangladesh was one of the forefront countries that played a significant role in formulating the SDGs at that time. e 7FYP has made a reflection on the core goal of SDGs especially in ending poverty in all its form. Bangladesh has achieved remarkable success in reducing the poverty in last few decades. The following table following table has reflected the major SDGs' targets that are integrated with government 7FYP.<sup>19</sup>

<sup>17</sup> <https://bdplatform4sdgs.net/wp-content/uploads/2020/02/Four-Years-of-SDGs-in-Bangladesh-Measuring-Progress-and-Charting-the-Path-Forward.pdf>

<sup>18</sup> GED (2016a; 2018b).

<sup>19</sup> 7 FYP

SDGs	Integrated Issues (Development Targets)
SDG 1. End poverty in all its forms everywhere.	i. Reduction in the head-count poverty ratio by about 6.2 percentage points (from 24.8% to 18.6%), ii. Reduction in extreme poverty by about 4.0 percentage points (i.e. 8.9 % in 2020) iii. Spending on Social Protection as a share of GDP to be increased to 2.3%. iv. Creation of a Lagging Region Fund
SDG 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture.	i. Consolidation of Food Transfer Program as suggested by National Social Security Programme. ii. Reduce proportion of stunting among under- five children from 36.1% to 25%. iii. Reduce proportion of underweight children among under-five children from 32.6% to 20%.
SDG 3. Ensure healthy lives and promote wellbeing for all at all ages.	i. Under 5 mortality rate to be reduced from 41 to 37 per 1000 live births. ii. Maternal Mortality Ratio to be reduced from 170 to 105 per 100,000 live births. iii. Immunization, measles (percent of children under 12 months) to be increased to 100 percent. iv. Births attended by skilled health staffs to be increased to 65 percent. v. Reduction of Total Fertility Rate to 2.0 vi. Increasing Contraceptive Prevalence Rate to 75%
SDG 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.	i. Achieving 100% net enrollment rate for primary and secondary education. ii. Ensure quality education at primary, secondary and tertiary education. iii. Percentage of cohort reaching grade 5 to be increased to 100% from current 80%.
SDG 5. Achieve gender equality and empower all women and girls.	i. Gender Parity Index in tertiary education to be raised from current 0.70 to 1.0. ii. Ratio of literate female to male for age group 20-24 to be raised to 100% from the current 86%. iii. Increase the share of female officers (Grade-9 and above) in the public sector to 25% by 2020.
SDG 6. Ensure availability and sustainable management of water and sanitation for all.	Safe drinking water to be made available for all rural and urban population Proportion of urban population with access to sanitary latrines to be increased to 100 percent and 90 percent for rural population.
SDG 7. Ensure access to affordable, reliable, sustainable and modern energy for all.	i. Generation of electricity to be increased to 23,000 MW. ii. Electricity coverage to be increased to 96%. iii. Increase energy efficiency by 10%
SDG 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.	i. Attaining average real GDP growth rate of 7.4% per year over the plan period. ii. Total revenue to be raised from 10.7% of GDP to 16.1% by FY20. 12.9 million additional jobs will be available during 7th FYP including some 2 million jobs in abroad. iii. FDI (Foreign Direct Investment) to be increased substantially to \$9.6 billion by FY20 from present \$1.57 billion.
SDG 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.	i. Focus on fast tracking a number of transformational infrastructure projects. ii. Increase the contribution of the manufacturing sector to 21.5% of GDP by FY20 from 17.8% of FY15.
SDG10. Reduce inequality within and among countries.	i. Spending on Social Protection as a share of GDP to be increased to 2.3%of GDP. ii. Reduce Income Inequality from 0.458 to downward.
SDG 11. Make cities and human settlements inclusive, safe, resilient and sustainable.	i. Access to improved water source will be ensured for all urban dwellers. ii. Ensure sustainable urban development that supports increased productivity, investment and employment.
SDG 12. Ensure sustainable consumption and production patterns.	No Action Plan
SDG 13. Take urgent action to combat climate change and its impacts.	i. Environmental, Climate Change and disaster risk reduction considerations are integrated into project design, budgetary allocations and implementation process. ii. 500 meter wide green belt to be established and protected along the coast
SDG 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development.	i. Develop law & regulation in pollution control including sea vessel and ship breaking industries.
SDG 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.	i. Increase productive forest coverage to 20 percent with 70% tree density.
SDG 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.	i. To ensure all persons are able to live securely under the rule of law. ii. Enhancing Integrity & Controlling Corruption. iii. Strengthen Right to Information (RTI) and Access to Information process. iv. Making parliamentary process effective.
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.	i. Develop effective Aid Information Management System (AIMS). ii. Ensure development partners' policy alignment and system harmonization. iii. Effective national Policy on Development. Cooperation to guide development cooperation in Bangladesh.

### Assessment of civic space according to the human rights indicators on SDG 16+

- Government of Bangladesh has setup and well functioning SDG affairs Office under the Prime Minister’s Secretariat.
- The Voluntary National Reviews (VNRs) 2020 prepared and reviewed jointly by the government and the representatives of NGOs, CSOs, DPs, and private sector.
- The institutional framework for SDG implementation in Bangladesh does not recognize CSOs as partners of Government. Need to recognition of CSOs as partner of SDG implementation.

### Summary of the International Monitoring Findings on Bangladesh

International Agency	Monitoring	International Monitoring Findings
IDEA <sup>20</sup>		<p>Regime Type Hybrid regime since 2014. Previously, a weak/low performing democracy between 1986 and 2006 and between 2008 and 2013.</p> <p>COVID-19 Democracy &amp; Human Rights Impact Summary Crackdown on opposition figures and free speech, already witnessed before the pandemic is now justified as part of pandemic-curbing measures. Surge in domestic violence during lockdown and women hardest hit by economic impact of factory closures as the majority of garment workers are women. The pandemic is likely to lead to further autocratization in the country.</p> <p>Pre-pandemic GSoD Indices 2019 0.00 - 0.399 Low performance 0.40 - 0.70 Mid-range performance 0.701 - 1.00 High performance</p> <p>Representative Government 0.36 (low performance) Clean Elections: 0.31 (low performance) Free Political Parties 0.42 (Mid Range Performance) Fundamental Rights 0.39 (low performance) Access to Justice 0.43 (Mid Range Performance) Civil Liberties 0.4 (Mid Range Performance) Freedom of Expression 0.35 ((low performance) Freedom of Association and Assembly 0.47 (Mid Performance) Freedom of Religion 0.41 (Mid Range Performance) Freedom of Movement 0.38 ((low performance) Social Rights and Equality 0.27(((low performance) Social Group Equality 0.22(((low performance) Basic Welfare 0.56 (Mid Range Performance) Gender Equality 0.42 (Mid Range Performance) Checks on Government 0.44 (Mid Range Performance) Effective Parliament 0.32(((low performance) Judicial Independence 0.29 (((low performance) Media Integrity 0.68 (Mid Range Performance) Impartial Administration 0.3(((low performance) Absence of Corruption 0.26 (low performance) Predictable Enforcement 0.35 (low performance) Civil Society Participation 0.46 (Mid Range Performance)</p>
Democracy Index (EIU) <sup>21</sup>		<p>According to democracy Index 2019, Bangladesh ranked 80 and overall score 5.88. It has slightly improved compare to 2018 score (5.57). It has noted that Bangladesh detoroite it’s standard compare to earlier. For example, Bangladesh scored 6.11 at 2006. Due to poor political culture(4.38) and civil liberties (5.00) the country still now struggling for civil rights and democracy.</p>

<sup>20</sup> <https://www.idea.int/gso-d-indices/#/indices/world-map>

<sup>21</sup> <https://www.eiu.com/topic/democracy-index>

SDG indicators 2020 <sup>22</sup>	Bangladesh has ranked 109th among 193 countries with an overall index score of 63.51, the report revealed. According to the report Bangladesh progressed SDG 1: No poverty, SDG 4: Quality education, SDG 9: Industry, innovation and infrastructure & SDG 13: Climate action. But the other SDG goal not improving and SDG 15: Life on land and SDG 17: Partnerships for the goals the progress is negative.				
Human Development Index 2019 <sup>23</sup>	According to the United Nations Development Programme (UNDP)'s flagship Human Development Report (HDR) 2019 report, Kazakhstan HDI value for 2019 is 0.614 - which puts the country in the lower middle human development category - positioning it at 135 out of 189 countries.				
Rule of Law Index <sup>24</sup>	The WJP Rule of Law Index 2020 presents a portrait of the rule of law in 128 countries and jurisdictions by providing scores and rankings based on eight factors: Constraints on Government Powers, Absence of Corruption, Open Government, Fundamental Rights, Order and Security, Regulatory Enforcement, Civil Justice, and Criminal Justice. At 115 place out of 128 countries and jurisdictions worldwide, Bangladesh decreased two positions in global rank. Bangladesh's score places it at 4 out of 06 countries in the South Asia region and 21 out of 30 among lower middle income countries. Constraints on Government Powers: 107/128 ;Absence of Corruption: 102/128, Open Government: 93/128, Fundamental Rights: 122/128, Order and Security: 103/128, Regulatory Enforcement: 111/128, Civil Justice: 119/128, Criminal Justice: 104/128				
Freedom House – Political rights and civil liberties <sup>25</sup>	According to the Freedom House's "Freedom in the World 2000" list rates countries according to a score of 0 to 4 across 25 political rights and civil liberties indicators. Out of a possible total of 100, Bangladesh was awarded 39 points, placing the country into the category "Partly Free".				
Human Freedom Index <sup>26</sup>	<b>Political Rights: 15/40; Civil Liberties: 24/60</b> Bangladesh has been ranked 138 out of 162 countries on the Human Freedom Index 2019. The HFI 2019 uses 76 distinct indicators of personal freedom and economic freedom (both weighted 50% of total score) which fall into one of the following main categories (with their respective score-weights): <table border="1" data-bbox="527 772 1409 1075"> <tr> <td><b>Personal Freedom</b> 142/162 Ranking/6.69 Score</td> <td><b>Economic Freedom</b> 123/162 Ranking Score 7.10</td> </tr> <tr> <td>Rule of Law (3.1) Security and Safety (7.0) Movement (6.7) Religious Freedom (5.9) Association, Assembly, and Civil Society (7.0) Expression and Information (7.0) Identity and Relationships (1.7)</td> <td>Size of Government (8.2) Legal System and Property Rights (3.1) Sound Money (7.0) Freedom to Trade Internationally (6.0) Regulation (6.7)</td> </tr> </table>	<b>Personal Freedom</b> 142/162 Ranking/6.69 Score	<b>Economic Freedom</b> 123/162 Ranking Score 7.10	Rule of Law (3.1) Security and Safety (7.0) Movement (6.7) Religious Freedom (5.9) Association, Assembly, and Civil Society (7.0) Expression and Information (7.0) Identity and Relationships (1.7)	Size of Government (8.2) Legal System and Property Rights (3.1) Sound Money (7.0) Freedom to Trade Internationally (6.0) Regulation (6.7)
<b>Personal Freedom</b> 142/162 Ranking/6.69 Score	<b>Economic Freedom</b> 123/162 Ranking Score 7.10				
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CIVICUS Civic Space Monitoring <sup>27</sup>	According to <b>CIVICUS Civic Space Monitoring and set indicators of</b> Violations of freedom of association, freedom of peaceful assembly and freedom of expression rated Bangladesh civil society as <b>REPPRESSED</b> . (LAST UPDATED ON 09.09.2020 AT 03:27)				
RSF - World Press Freedom Index 2020 <sup>28</sup>	2020 World Press Freedom Index, Bangladesh Scored 151 out of 180 countries in the world rankings in 2020 .Score: 49.37.According to the Index, The government also has a custom-made judicial weapon for silencing troublesome journalists – the 2018 digital security law, under which “negative propaganda” is punishable by up to 14 years in prison. As a result, self-censorship has reached unprecedented levels because editors are reluctant to risk imprisonment or their media outlet’s closure. Radical Islamist militants meanwhile harass and even murder journalists and bloggers who dare to defend an overly secular vision of society.				
TI – Corruption Perception Index <sup>29</sup>	According to Corruption Perceptions Report (CPI) 2019 Bangladesh received 26 points out of 100 possible and took 146th rank among 198 countries , having improved the index by 3 points compared to last year				
Global Peace Index <sup>30</sup>	Bangladesh has been ranked at 97th in the list of 163 countries in the Global Peace Index2020 and having improved the index by 7 steps compare to last year. The Global Peace Index Score is 2121				
Protection of Human Rights Defenders Index <sup>31</sup>	Protection of Human Rights Defenders Index states that Bangladesh has two reported violations against defenders.				

<sup>22</sup><https://dashboards.sdgindex.org/ranking>

<sup>23</sup><http://hdr.undp.org/en/2019-report>

<sup>24</sup><https://worldjusticeproject.org/our-work/research-and-data/wjp-rule-law-index-2020>

<sup>25</sup><https://freedomhouse.org/countries/freedom-world/scores>

<sup>26</sup><https://www.cato.org/human-freedom-index-new>

<sup>27</sup><https://monitor.civicus.org/>

<sup>28</sup><https://rsf.org/en/ranking>

<sup>29</sup><https://www.transparency.org/en/cpi#>

<sup>30</sup><http://visionofhumanity.org/indexes/global-peace-index/>

<sup>31</sup><https://www.protectdefenders.eu/en/stats.html>

## **E. Action Plans, Proposals and Recommendations**

### **E.1 Action plans and proposals to CSOs**

#### **E.1.1 CSO campaign and activities at the national level**

- A strong CSO network will establish and activate at sub-district, district, divisional level with active engagement of local level CSOs linked with existing SDG network like Citizen's Platform for SDGs, Bangladesh
- An effective and active working relationship between government and CSOs will establish for localization of SDGs and tracking the progress.
- Effective and professional SDG 16 Tracking System will functional by CSOs and at least yearly basis CSO's Country Monitoring Report of SDG 16 will be published in local language and campaign meeting will conduct in every district and divisional head quarters with the active participation of relevant stakeholders.
- Training and orientation for CSO staffs for appropriate SDG tracking and reporting system
- Special awareness campaign will be conduct on COVID 2019, it's impact, overcoming procedures and access to services for extreme vulnerable communities.

#### **E.1.2 CSO campaign and activities at the international level**

- Communication with International actors and others for long term working relationship on SDG 16 issue.
- Knowledge, learning and experience sharing with International actors.
- CSOs have not received new and additional funds for carrying out SDG- related activities. Technical & Financial supports seeking from International organizations.

#### **E.1.3 CSO advocacy with the government and public institution at the national level**

- The institutional framework for SDG implementation in Bangladesh does not recognize CSOs as partners of Government. Strong rapport and professional relationship will be ensured with the government and public institution at the national level.
- For reducing the data gap advocacy will continue for involving NGOs and advocacy for resources should be allocated for generating real-time data through primary surveys on a regular basis. It is expected that CSOs also part of the data collection, updates process and access to data bank.
- At the national level, advocacy with government for special fund for SDG implementation by CSOs.

### **E.2 Proposals and Recommendations to the Government – national and local**

- (i) Health care services and vaccination facilities should be increased.
- (ii) There must be good coordination between policy makers and local health care providers including civil societies and CSOs.
- (iii) Firm steps should be taken by the local authorities to ensure compliance with social distancing and wearing of mask in public places.
- (iv) The government's economic recovery programmes for the poor and lower income people should be given greater priority in implementation.
- (v) Government and CSOs should come forward to implement safety measures for women who are facing violence and abuse.
- (vi) Need to special action by the Government for smooth implementation of SDGs

### **E.3 Proposals and Recommendations to the International Organizations – regional and global (UN HLPF, APFSD, ASEAN, etc.)**

- A large part of the NGOs are dependent on external financing. Need to funding support from International Organizations.
- Technical and knowledge based support for CSOs regarding SDG16 & advocacy knowledge and skills among civil society actors for greater impact;
- Joint networking and advocacy for International funds and technical supports for COVID response.
- Learning, knowledge sharing and showcasing best practices for creating an enabling environment for targeted communities.
- Create a platform where all like minded CSOs exchange their ideas and information about the actions against COVID-19 & SDG 16.
- Communication, coordinate and co-operation between the CSOs, Government and regional-International development partners/organizations on Covid-19 response issue for new working opportunities.
- Promote and encourage research and documentation among member CSOs in the areas of policy and development.
- Compile and maintain a comprehensive directory of all member CSOs in Asia and collect information and statistical data about programmes with a wider view of dissemination.
- Increase the role of civil society by strengthening its voice in policy- and decision-making at national, regional and International level;
- Nurturing and promoting equity and equality, gender, ethnic cultural diversification and reducing all sorts of discriminations and extremism and bigotry in the Asia region, and empowering the marginalized .

### **E.4 Proposals and recommendations to Development Cooperation Agencies (like KOICA, JICA, etc.)**

A large part of the NGOs is dependent on external financing. Need to funding support from International Organizations.

- Technical and knowledge based support for CSO staffs for livelihood improvement of most vulnerable communities.
- Expanding Financial supports specially on most poverty stricken areas and marginalized communities.
- Strengthening Social Service Work force for addressing the problem.

### **E.5 Proposals to the Tokyo Democracy Forum 2021**

- Follow-up mechanism of the existing initiatives.
- Learning and knowledge sharing and showcasing best practices for creating enabling environment for targeted communities.
- Joint networking and advocacy for International funds and technical supports.

### **E.6 Advocacy Action calendar 2021 and beyond**

- The report will be published in local language and organize multi-sectoral meeting at central and divisional level for more responsive duty bearers and service providers.
- Local (country) level discussion meeting for sensitizing relevant stakeholders.
- Networking with like minded CSOs and alliances.
- Develop resourceful data bank on SDG 16.
- Regular communication, coordination, networking and advocacy with ADN. and the countries team under this

## Annex

### Annex 1 Government report on SDGs – roadmap, implementation, VNR, etc.

- <https://www.sdg.gov.bd/>.
- [http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/3acbc97e\\_6ba3\\_467b\\_bdb2\\_cfb3cbbf059f/7thFYP%20and%20SDGs.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/3acbc97e_6ba3_467b_bdb2_cfb3cbbf059f/7thFYP%20and%20SDGs.pdf)
- <http://etoolkits.dghs.gov.bd/toolkits/bangladesh-program-managers/sustainable-development-goal-sdg>.
- Bangladesh Voluntary National Reviews (VNRs) 2020: Accelerated action and transformative pathways: realizing the decade of action and delivery for sustainable development  
[https://sustainabledevelopment.un.org/content/documents/26302VNR\\_2020\\_Bangladesh\\_Report.pdf](https://sustainabledevelopment.un.org/content/documents/26302VNR_2020_Bangladesh_Report.pdf)
- Sustainable Development Goals: Bangladesh First Progress Report 2018 : General Economics Division (GED) , Bangladesh Planning Commission Ministry of Planning Government of the People’s Republic of Bangladesh Sher-e-Bangla Nagar, Dhaka-1207, Bangladesh  
[https://www.sdg.gov.bd/public/img/upload/resources/5d353f353117d\\_doc\\_file.pdf](https://www.sdg.gov.bd/public/img/upload/resources/5d353f353117d_doc_file.pdf)

### Annex 2 Government reports on COVID-19

- Government of the People’s Republic of Bangladesh Preparedness and Response Plan for COVID-19 Health Services Division, Ministry of Health & Family Welfare, July 2020  
[http://www.mohfw.gov.bd/index.php?option=com\\_docman&task=doc\\_download&gid=23359&lang=en](http://www.mohfw.gov.bd/index.php?option=com_docman&task=doc_download&gid=23359&lang=en)
- National Guidelines on Clinical Management of Coronavirus Disease 2019 (COVID-19) Disease Control Division Directorate General of Health Services Ministry of Health & Family Welfare, May 2020  
[https://mofa.portal.gov.bd/sites/default/files/files/mofa.portal.gov.bd/page/ad1f289c\\_47cf\\_4f6c\\_8dee\\_887957be3176/National%20Guidelines%20on%20Clinical%20Management%20of%20COVID-19-%20DGHS.pdf](https://mofa.portal.gov.bd/sites/default/files/files/mofa.portal.gov.bd/page/ad1f289c_47cf_4f6c_8dee_887957be3176/National%20Guidelines%20on%20Clinical%20Management%20of%20COVID-19-%20DGHS.pdf)

### Annex 3 Other international reports on COVID-19 on Bangladesh

- COVID-19 AND THE READY-MADE GARMENTS INDUSTRY IN BANGLADESH ADB <https://www.adb.org/sites/default/files/linked-documents/54180-001-sd-04.pdf>.

### Annex 4 UN human rights reports and recommendations on Bangladesh – UPR, Treaty Bodies and Special Procedures, etc.

- [https://www.bd.undp.org/content/bangladesh/en/home/library/democratic\\_governance/bangladesh-sustainable-development-goals--sdgs--progress-report-.html](https://www.bd.undp.org/content/bangladesh/en/home/library/democratic_governance/bangladesh-sustainable-development-goals--sdgs--progress-report-.html).
- UN SDG Knowledge – SDG 16 <https://sdgs.un.org/goals/goal16> SDG 16 Hub <https://www.sdg16hub.org/> Complementary Global Indicators on Goal 16 <http://www.sdg16.org/data/>
- <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-16-peace-justice-and-strong-institutions.html>
- SDG 16+ Report (2019) by UNDP <https://www.sdg16hub.org/hlpf2019/report> SDG 16+ Progress Report 2019 by Institute for Economics and Peace (IEP)  
<http://visionofhumanity.org/app/uploads/2019/03/SDG16Progress-Report-2019-web.pdf> The Human Rights Guide to the SDGs <https://sdg.humanrights.dk/UN Sustainable Development Group - HRBA>
- <https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach> Human Rights Indicators <https://www.humanrights.dk/publications/human-rights-indicators> OHCHR Human Rights Indicators <https://www.ohchr.org/EN/Issues/Indicators/Pages/HRIndicatorsIndex.aspx>
- SDG – Human Rights Data Explorer (online) - a tool to find human rights data related to the SDGs by the country <https://www.humanrights.dk/sdg-human-rights-data-explorer>
- The Human Rights Guide to the SDGs (online) – a tool to link the goal and target to international human rights standards/instruments  
<https://sdg.humanrights.dk/>
- Reporting on COVID-19 <https://www.unicef.org/bangladesh/en/reports/reporting-COVID-19>
- **UNHCR Bangladesh-COVID 19 Preparation/Response- 30 April 2020 (#2)**  
<https://data2.unhcr.org/en/documents/details/75920>.
- COVID-19 Bangladesh Rapid Gender Analysis, GENDER IN HUMANITARIAN ACTION (GIHA) WORKING GROUP, UN Women May 2020, [www.unwomen.org](http://www.unwomen.org)
- **Universal Periodic Review – Bangladesh-2018** <https://www.ohchr.org/EN/HRBodies/UPR/Pages/BDIndex.aspx>

## Annex 5 Other reports and documents

<http://infocom.gov.bd/>  
<http://www.cagbd.org>  
<http://www.minlaw.gov.bd/attorneygeneraloffice.htm>  
<http://www.ti-bangladesh.org/research/ExecSum-NGO-English.pdf>  
<https://www.icnl.org/>  
<https://www.idea.int/gsod-indices/#/indices/world-map>  
<https://www.eiu.com/topic/democracy-index>  
<https://dashboards.sdgindex.org/rankings>  
<http://hdr.undp.org/en/2019-report>  
<https://worldjusticeproject.org/our-work/research-and-data/wjp-rule-law-index-2020>  
<https://freedomhouse.org/countries/freedom-world/scores>  
<https://www.cato.org/human-freedom-index-new>  
<https://monitor.civicus.org/>  
<https://rsf.org/en/ranking>  
<https://www.transparency.org/en/cpi#>  
<http://visionofhumanity.org/indexes/global-peace-index/>  
<https://www.protectdefenders.eu/en/stats.html>  
<https://www.worldometers.info/coronavirus/country/bangladesh/>  
Refugee and Migratory Movements Research Unit (RMMRU)  
<https://www.ghrd.org/lgbt-rights-in-bangladesh/>  
[www.democracyspeaks.org/blog/bangladesh-nexus-between-marginalization-and-COVID-19](http://www.democracyspeaks.org/blog/bangladesh-nexus-between-marginalization-and-COVID-19)  
wateraid Bangladesh  
<https://verfassungsblog.de/bangladeshs-unofficial-emergency-managing-the-COVID-19-crisis-by-notifications/>  
<https://www.amnesty.org/download/Documents/ASA1322682020ENGLISH.pdf>  
<https://webcache.googleusercontent.com/search?q=cache:B12mj5IWWOgJ:https://www.article19.org/resources/bangladesh-alarming-crackdown-on-freedom-of-expression-during-coronavirus-pandemic/+&cd=13&hl=en&ct=clnk&gl=bd&client=safari>  
<https://webcache.googleusercontent.com/search?q=cache:B12mj5IWWOgJ:https://www.article19.org/resources/bangladesh-alarming-crackdown-on-freedom-of-expression-during-coronavirus-pandemic/+&cd=13&hl=en&ct=clnk&gl=bd&client=safari>  
<https://www.newagebd.net/article/119428/the-dsas-assault-on-civil-rights>  
<https://www.civicus.org/index.php/media-resources/op-eds/4451-right-to-protest-and-civic-freedoms>  
<http://oxfordpoliticalreview.com/2020/06/05/bangladeshs-constitutionally-pragmatic-response-to-COVID-19/>  
<http://alrc.asia/bangladesh-access-to-justice-amidst-COVID-19-for-pro-opposition-litigants-are-dealt-with-draconian-laws-and-discrimination/>  
<https://www.isas.nus.edu.sg/papers/combating-COVID-19-in-rural-bangladesh-the-role-of-the-local-government/>  
UN SDG Knowledge – SDG 16  
<https://sdgs.un.org/goals/goal16>  
SDG 16 Hub  
<https://www.sdg16hub.org/>  
Complementary Global Indicators on Goal 16  
<http://www.sdg16.org/data/>  
UNDP on SDG 16  
<https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-16-peace-justice-and-strong-institutions.html>  
SDG 16+ Report (2019) by UNDP  
<https://www.sdg16hub.org/hlpf2019/report>  
SDG 16+ Progress Report 2019 by Institute for Economics and Peace (IEP)  
<http://visionofhumanity.org/app/uploads/2019/03/SDG16Progress-Report-2019-web.pdf>  
The Human Rights Guide to the SDGs  
<https://sdg.humanrights.dk/>  
UN Sustainable Development Group - HRBA  
<https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach>  
Human Rights Indicators  
<https://www.humanrights.dk/publications/human-rights-indicators>  
OHCHR Human Rights Indicators  
<https://www.ohchr.org/EN/Issues/Indicators/Pages/HRIndicatorsIndex.aspx>  
SDG – Human Rights Data Explorer (online)  
– a tool to find human rights data related to the SDGs by the country  
<https://www.humanrights.dk/sdg-human-rights-data-explorer>  
The Human Rights Guide to the SDGs (online)  
– a tool to link the goal and target to international human rights standards/instruments  
<https://sdg.humanrights.dk/>



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