

CGS PEACE REPORT

an initiative of BPO

CGS
CENTRE FOR
GENOCIDE
STUDIES
UNIVERSITY OF DHAKA



Volume 4, Issue 4
September-October 2020

*Published on 14 March 2021.
Delayed because of Covid-19 pandemic.



**Crime and Violence in
Bangladesh:
An analysis from BPO**

**Fine and Penalty during
the COVID-19 Pandemic:
Effectiveness and
Challenges**

**Pandemic and Penalty in the
Public Health Sector of
Bangladesh: The Case of
COVID-19**

**Fines and Penalties during
the COVID-19 Pandemic:
A South Asian Exploration**

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From the Editor's Desk

There seems to be a certain amount of truth in Hegel's oft-quoted statement that "The only thing we learn from history is that we learn nothing from history." I say this because when one reads about the Spanish Flu, one can see that none, in the beginning, took the Flu seriously, indeed, not until the second wave when it was too late to stop the casualty. The Spanish Flu infected about 500 million people or one-third of the world's population and killed at least 50 million people worldwide. In the US alone, about 675,000 people died; the figure is higher than the number of US soldiers killed in World War I. Although indeed, the global deaths from the COVID-19 pandemic are still much lower than the Spanish Flu, only 2.6 million in mid-March 2021, the number of deaths in the US, now over 540,000, seems to be reaching the Spanish Flu figure.

One wonders why, certainly more so when several other countries with an equal and more significant population, but weaker health infrastructure, have done better, particularly in containing the casualty rate? The strains and the mutation of the virus can undoubtedly be a factor. But suppose we were to draw a parallel between the Spanish Flu and COVID-19 pandemic, particularly in the area of management. In that case, it seems that in both the cases, particularly in the US and probably would be valid for the UK, Brazil, India, and a host of other countries with right-wing or insular regimes, the incumbent governments did not take the virus seriously. Such powers sought a 'nationalist' or insular approach to the crisis, although the hour's need was global cooperation. But putting the onus entirely on the state robs the agency of the human or the citizen, which is why one can blame the state only partially. Citizens, too, must share the responsibility and do whatever is required of them. The latter, however, is easier said than done.

Vaccines are a solution. But until such vaccines are first developed; second, delivered to a sizeable population of the world; and third, proven effective, the public health measures - wearing a mask, hand washing, and maintaining physical distance in public - must be followed diligently. But this is where the problem lies! Even after repeated calls, including warnings and imposing fines and penalties, the bulk of the population refused to take the measures seriously. And this is not only the case in Bangladesh but also in the US. Bangladesh this time and till date, almost miraculously, had a relatively lower casualty rate compared to the US, but the public in both the countries proved no different. Humans, after all, are also *homo habitus*; they go by habits, which cannot change overnight. Insularity is the last thing one should ask for when faced with a crisis or pandemic. Only when empathizing with fellow beings become a habit can the public measures, including health measures, make a difference. Save some exceptions; humans have a long way to go on this!

14 March 2021

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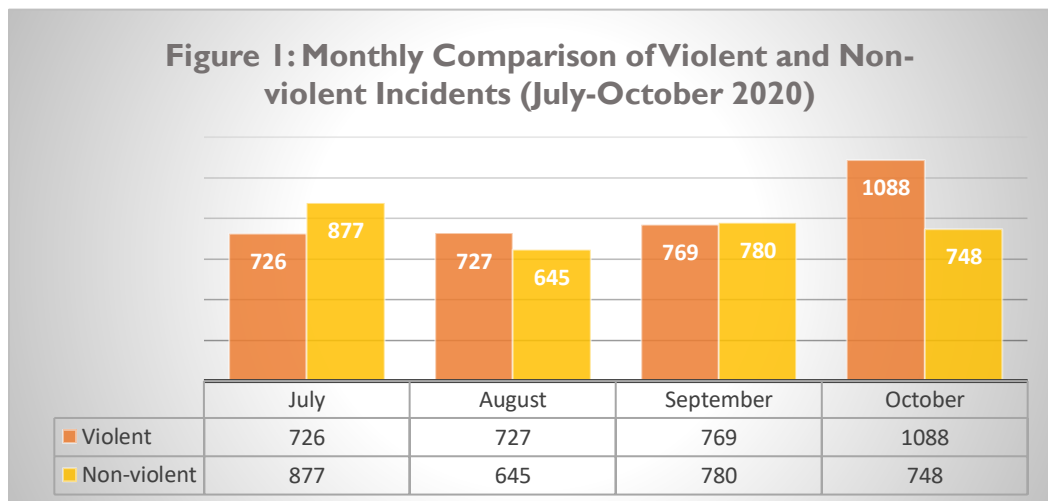
Crime and Violence Update in Bangladesh: An Analysis from BPO

Violence update (September-October 2020)

The Bangladesh Peace Observatory (BPO) brings together different streams of publicly available data on violence using news reports from prominent national and regional dailies. From September to October 2020, BPO has recorded a total of 1857 violent¹ and 1528 non-violent² incidents.

Figure 1 demonstrates the monthly segregation of the violent and non-violent incidents of July-August and September-

October 2020 respectively. Drawing a comparison between these two timelines, it is clearly noticeable that violent incidents gradually increased in recent time, whereas the non-violent incidents showed an irregular trend. Also, a sharp increase in violent incidents is visible in October with 1088 incidents. The number of non-violent incidents declined in October after a slight upsurge in September.



¹ **Violent Incident:** According to BPO Codebook: The reported incident involved the intentional use of physical force by an individual or group against another individual or group, in a manner that resulted or could have resulted in death, injury or any other form of physical harm to persons or property.

² **Non-violent Incident:** According to BPO Codebook: The reported incident did not involve

the intentional use of physical force by an individual or group against another individual or group, in a manner that resulted or could have resulted in death, injury or any other form of physical harm to persons or property, e.g. Arrest, Peaceful Protest, Rescue and Recovery.

According to BPO data, the overall number of incidents increased by 13.78% in September-October than the previous two months. Table I summarises the updates on major violent categories that constitute most of the violent incidents. A brief description of each category is available in the Annex. The table depicts that, incidents under some of the categories like clash, gunfight, and destruction of property have decreased and incidents under fight, assault, sexual assault, and abduction/hostage have increased. Other categories show minimal changes. It is important to note that the

number of crimes across Bangladesh has been on the rise after a significant drop during the lockdown/public holiday amid the COVID-19 pandemic. After 30 May, the lockdown/public holiday was withdrawn and the regularities of daily life resumed. Amidst the pandemic, people of Bangladesh also experienced heavy rainfall in several districts. Many people lost their jobs, many families lost the single earning person of the family during this period. The natural hazard and the impact of the pandemic may have influenced the overall crime and violence situation in this timeline.

Table I: Comparison of Major Violent Types: From July-August 2020 to September-October 2020

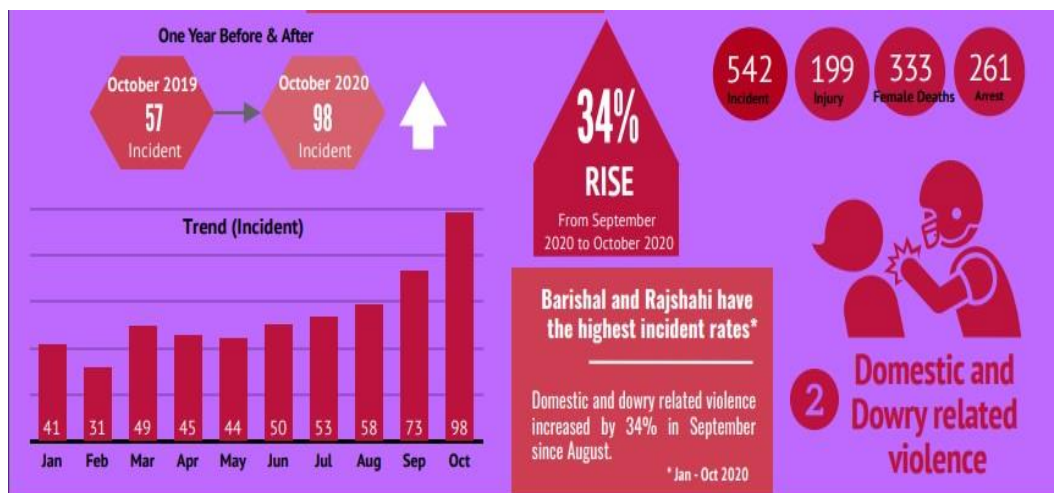
Major Violence Type	July	August	September	October
Assault	544	529	563	697
Clash	35	67	45	42
Sexual Assault	57	85	146	375
Gunfight	39	4	0	4
Fight	6	2	10	14
Abduction/hostage	15	23	31	31
Mob Violence (large group assault)	7	9	5	11
Destruction of property	11	26	14	14
Unclear	7	8	1	5
Other	16	9	5	6

Understanding the high number of Assaults

BPO enlists the inter-personal attacks carried out by different parties against one person/persons by another person/persons for various motives under the assault category. BPO recorded a total of 1260 cases of assault in September-

government announced lockdown due to COVID-19 Pandemic.³ From September to October 2020, violence in these categories increased to about 34%.⁴

Figure 2: Domestic and Dowry-related Violence (January-October 2020)⁵



October 2020. The motives include domestic violence, dowry-related, land and other enmities related to economic factors, social-personal rivalry, attacks with criminal intent, suicide attempts, etc. 114 cases of domestic violence were reported in two months where 98 people were killed, among whom 66 were women. Domestic and dowry-related violence was on the rise ever since the

Under the assault category, 287 cases of suicide and attempted suicide were reported, and in those cases, 289 people were killed, including 151 women. Around 35 women died by committing suicide as a consequence of domestic violence. Besides, 65 cases of land-related disputes and 48 cases of economic enmity were recorded under assault. Likewise, the recovery of unidentified dead bodies is also enlisted under this category.

³ “COVID-19 lockdown increases domestic violence in Bangladesh”, 12 May 2020. Cited in <https://www.dw.com/en/covid-19-lockdown-increases-domestic-violence-in-bangladesh/a-53411507>, Accessed on 16 December 2020.

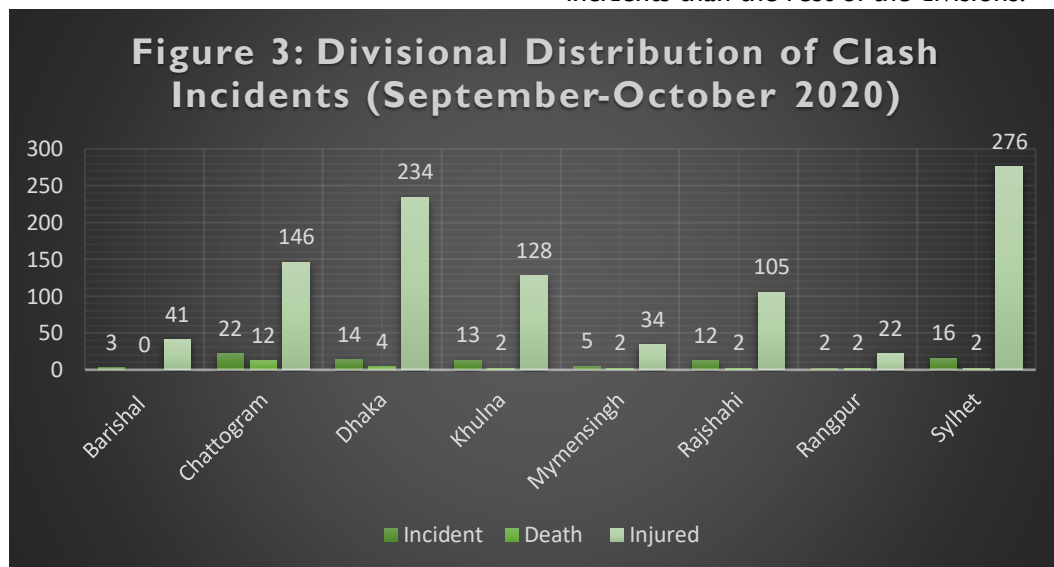
⁴ Peacegraphics- a BPO e-Newsletter, 30 November 2020. Cited in <http://www.peaceobservatory-cgs.org/#!/peace-highlights-infogr-viewer>, Accessed on 16 December 2020.

⁵ *Ibid.*

Decrease in Clash

The total number of clashes decreased in September-October than July-August 2020. After an upsurge in August, the number descended in subsequent months. (see Table I)

may be noted that a large number of clashes used to be perpetrated by the student political parties. Figure 3 shows the divisional distribution of the number of clashes in September-October 2020. It suggests that Chattogram, Sylhet and Dhaka divisions have a higher number of incidents than the rest of the divisions.



In 87 total clashes reported in September-October 2020, 986 people were injured, including 27 women. Around 26 people were killed, including a woman and 94 were arrested in connection with these incidents. There are 14 reports of clashes in which 20 people were injured. The main motives of these clashes are political tension, social rivalry, control over land or natural resource, economic and business-related feuds, social and personal trivial matters, etc. A sharp decrease in clash might be correlated with the closure of educational institutions due to COVID-19 crisis. It

Substantial Increase in Sexual Assault:

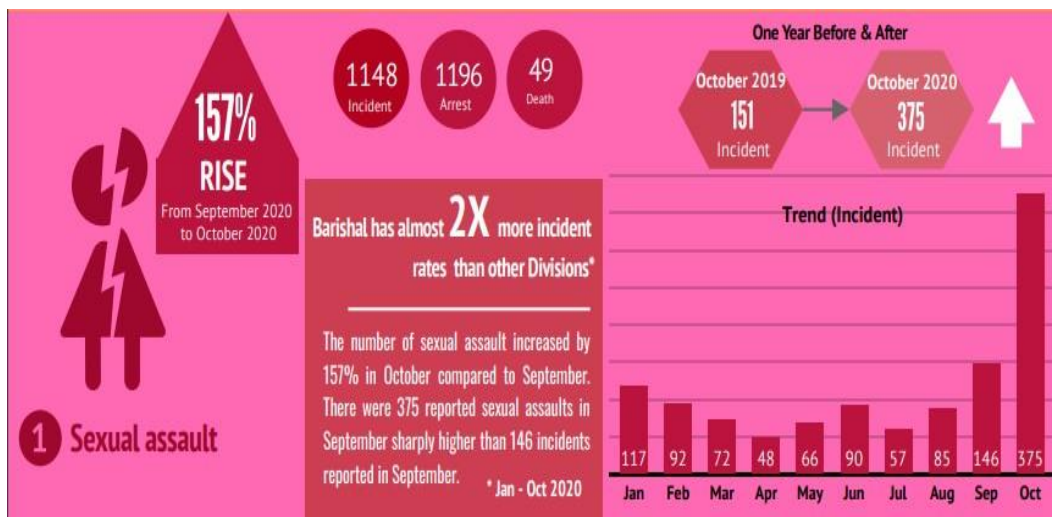
The number of Sexual assault incidents has increased significantly to 521 in September-October 2020 from 142 in July-August 2020 (see Table I). The number surged in October than in previous months. Sexual assault increased about 157% from September to October 2020.⁶

⁶ Ibid.

Figure 4: Sexual Assault Incidents (January-October 2020)⁷

Decrease in Gunfight:

In September-October 2020, the number



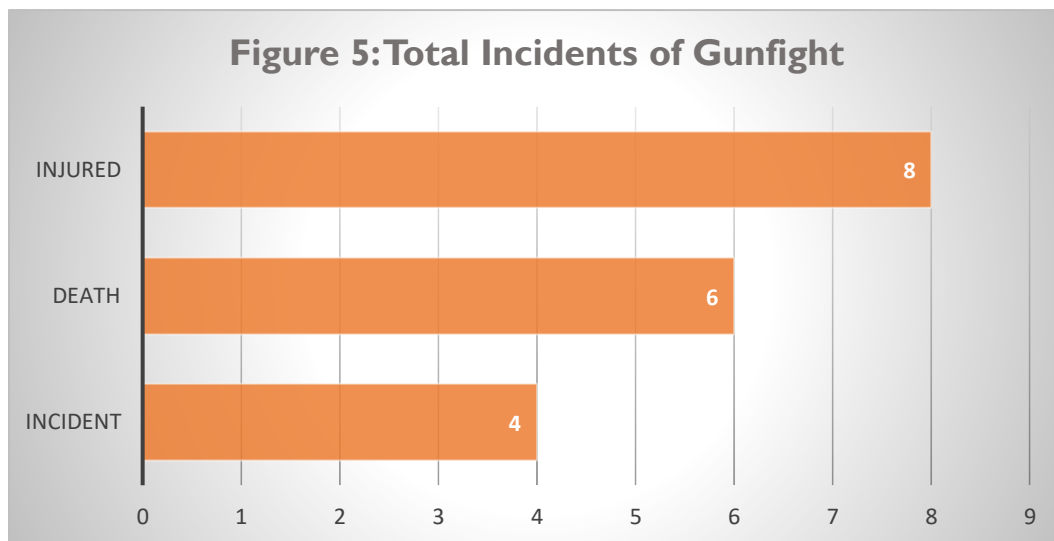
Out of 521 victims of sexual assault, 240 were girls under 18 years, 143 were adult women, and 56 were minors. Also, homemakers, female garment workers, female students were targeted. Perpetrators of these crimes are mostly men of different ages, local goon/miscreants, family members, neighbours, teachers and so on. There were 16 cases where perpetrators were minor boys and seven cases where the father was the perpetrator. Notably, Barishal has almost double incident rates compared to other divisions.

of gunfights is equal to the number of gunfight incidents in August (4). And in September there was no incident of gunfight recorded according to the BPO data. July has the highest number of gunfights and September has the lowest number in 2020 so far. All of the four incidents of gunfight in October took place in Chattogram division. Six people died and eight were injured during these incidents.

⁷ Ibid.

The sharp decline in gunfights might be the outcome of the highly controversial death of a retired army officer. The involvement

Increase in number might be correlated with the economic activities after a long lockdown, as the slope is slowly going



of the law enforcement agency in this incident was questioned and the members of Bangladesh Police withstood ample criticism from various media platforms.⁸

upward in recent time after a gradual decline.

Increase in Fights:

Fight alludes to the violent quarrel between a small group of people. In September-October 2020, the number of fights has increased abruptly to 24 from 8 in July-August 2020. According to BPO data, the major motive of the fights in September-October 2020 was land-related disputes (10), whereas in July-August 2020, most of the eight fights were driven by inconsequential matter. The

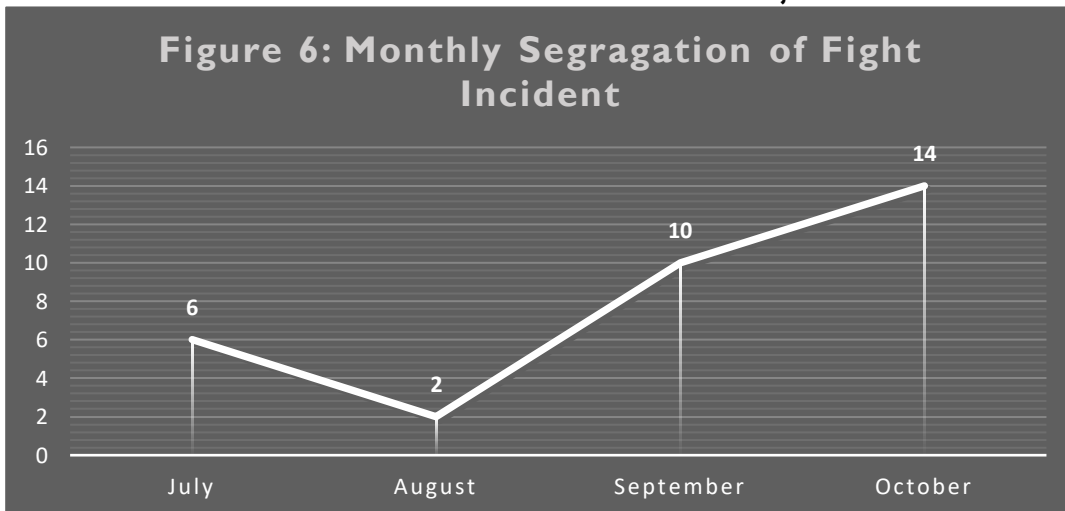
Violence/ Population Nexus:

Figure 7 provides a spatial glimpse through the divisional distribution of the recorded incidents and its consequences. The graph demonstrates that Chattogram, Dhaka, and Rajshahi are the first, second, and third respectively in terms of incidents and the second, first, and third respectively in terms of the death count which is same as the previous two months. These three are

⁸ 'Police repeats the same old story in self-defense', 05 August 2020, Cited in- The Daily Prothom Alo, Pg-1, 2.

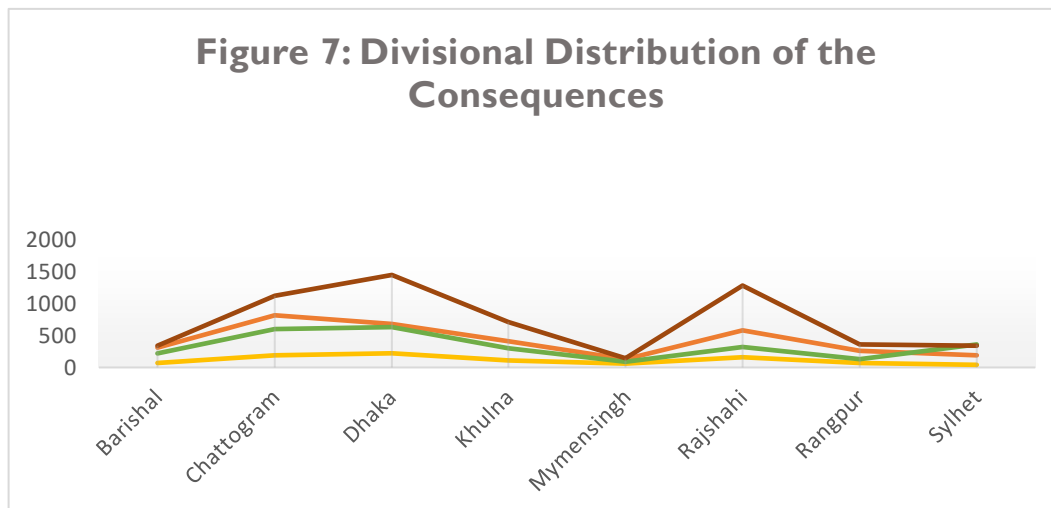
also densely populated divisions in Bangladesh.

the categories except the total injured number. The Rajshahi division was the



But if the population ratio⁹ is applied to understand the incident prevalence and its consequences, then a different scenario is observed. Considering the population ratio, Barishal division ranked first in all

second in death rate, incident rate, and female death rate while Barishal and Chattogram shared the second position in injury rate and sexual assault rate, respectively. (see Table 2).



⁹ The population data is based on the Population & Housing Census 2011, Bangladesh by the Bangladesh Bureau of Statistics. Cited in:

<http://www.bbs.gov.bd/site/page/47856ad0-7e1c-4aab-bd78-892733bc06eb/Population-and-Housing-Census> , Accessed on 5 September 2020.

Table 2: Divisional segregation of incidents and consequences in terms of population: September-October 2020

Division	Incident	Rate by pop*	Death	Rate by pop*	Female Death	Rate by pop*	Injury	Rate by pop*	Sexual Assault	Rate by pop*
Barishal	309	3.71 (1 st)	73	0.88 (1 st)	41	0.49 (1 st)	219	2.63 (2 nd)	55	0.66 (1 st)
Chattogram	818	2.81 (3 rd)	189	0.65	61	0.21	602	2.07 (3 rd)	121	0.42 (2 nd)
Dhaka	684	1.38	222	0.45	91	0.18	633	1.27	152	0.31
Khulna	409	2.61	105	0.67 (3 rd)	38	0.24 (3 rd)	299	1.91	42	0.27
Mymensingh	129	1.13	60	0.53	22	0.19	89	0.78	25	0.22
Rajshahi	581	3.14 (2 nd)	161	0.87 (2 nd)	64	0.35 (2 nd)	316	1.71	50	0.27
Rangpur	263	1.67	74	0.47	28	0.18	131	0.83	49	0.31
Sylhet	192	1.96	41	0.42	10	0.10	359	3.66 (1 st)	37	0.38 (3 rd)

Fine and Penalty during the COVID-19 Pandemic: Effectiveness and Challenges

ASM Ali Ashraf*

Introduction

In the first eight months of the pandemic (January-July 2020), global infection reached 19.93 million and corona-related deaths stood at 732,000.¹⁰ Bangladesh first detected a corona patient on 8 March 2020, and during the first five months 260,000 people were infected and of them 3,400 died.¹¹ Overwhelmed by the rapid spread of the Covid-19 pandemic, governments around the world including in Bangladesh imposed strict lockdown rules, stay-home orders, and social distancing directives. Lockdown of streets following the closure of educational institutions, factories, and offices came as an inevitable policy instrument. Citizens and businesses breaching these rules would confront either financial penalty or criminal charges. To give a few examples: The German Government imposed fines between a minimum 200 Euro (240 USD) and a maximum 25,000 Euro (30,350 USD) under the *Protection Against Infection Act* and the *Corona Protection Ordinance*.¹²

The Japanese Government amended the Infectious Disease Law that imposed a fine of 500,000 Yen (4,760 USD) for a corona-positive patient who would refuse to be hospitalised.¹³ In UAE, private tutors would be fined \$8,168 for violating the lockdown rules for first time.¹⁴

Questions arise: How did countries around the world impose fine and penalty for breaching lock-down rules and stay-home orders during the corona pandemic? How effective were those punitive measures on containing the spread of corona and promoting peace and harmony in the society? What challenges did government officials confront in imposing the fine and penalty? This paper addresses the questions primarily in the context of Bangladesh, and provides snapshots on a four other countries: India, United States, United Kingdom, and Australia. These represent four types of corona-affected states: a most populous country (India); a worst hit country with the highest infection and casualty (United States); a

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¹⁰ "WHO Coronavirus Disease Dashboard," Cited in <https://covid19.who.int/>. Accessed on 11 August 2020.

¹¹ "WHO Coronavirus Disease Dashboard - Bangladesh," Cited in <https://covid19.who.int/region/searo/country/bd/>. Accessed on 11 August 2020.

¹² "State by State: How Much Do You Have to Play for Flouting Germany's Coronavirus Rules?" *The Local*, 6 April 2020.

¹³ Eric Johnston, "Japan's New Virus Law: Fines for Non-Compliance and Support for Hard-Hit Firms," *The Japan Times*, 4 February 2021.

¹⁴ Staff Reporter, "Coronavirus: Full List of Updated Fines for Violating Covid-19 Measures in UAE," *Khaleej Times*, 28 June 2020.

country with new variant of the virus (United Kingdom), and a country affected relatively later than others (Australia). The paper employs a comparative case study method to understand the varying level of effect of fine and penalty as instruments of lockdown imposed during the initial months of corona pandemic. Table 3 provides a snapshot on the latest corona situation in the five country cases chosen for this study.

The scope of the paper is highly focused. It explores fines and penalties imposed after the first wave of corona pandemic, when the new variant of coronavirus was yet to emerge as a concern. It is primarily based on a desk research and content analysis of the online version of print media reports.

Table 3: Corona Situation Updates in Five Country Cases, February 2021

Name	Cases (Cumulative Total)	Deaths (Cumulative Total)	Rank (as per cumulative cases)
Global	108,579,352	2,396,508	-
United States	27,309,503	480,464	1
India	10,916,589	155,732	2
United Kingdom	4,038,082	117,166	5
Bangladesh	541,038	8,285	32
Australia	28,898	909	114

Source: World Health Organization, Updated: 15 February 2021.

The Key Argument

This paper argues that fine and penalty is not the only policy tool adopted by governments around the world to deal with the challenge of corona pandemic. Instead, it is part of a three-pronged approach comprising public health, communication, and criminal justice strategies. Each approach has a distinct way of framing the problem and proposing

the policy options. The public health model argues that the first few months of the corona pandemic exposed the broken healthcare system of countries around the world. This was evident by the shortage of corona testing kits and facilities, lack of protective personal equipment (PPE) for the healthcare professionals and limited corona units and intensive care units (ICUs) for the most vulnerable patients needing ventilator and life support system.

Hence, the solution lies in revamping the corona testing system, expanding the supply of personal protective equipment (PPEs), and strengthening the healthcare facilities. Additional measures include compliance with international healthcare regulations and international cooperation for multi-sector actions.¹⁵ A second approach, focuses on public awareness. It argues that lack of public knowledge regarding the transmission rates and health safety measures aggravated the situation, especially in countries with a poor healthcare system. Hence, a better communication system should focus on credible and regular briefing sessions and spreading public awareness about health and safety protocols.¹⁶ The criminal justice approach emerges as a supplement to the first two. It argues that managing the corona pandemic has necessitated imposing new sets of legal restrictions and social practices requiring people to wear face mask in public places, maintain social distancing, and follow quarantine rules by patients.¹⁷ These new sets of rules and regulations, both formal and informal,

have constituted a ‘new normal’ situation. It is in the context of the new normal situation, fine and penalty have come as widely used practices by governments aiming to deal with deviant behaviour of people.

The Legal Provisions in Bangladesh

Fine and penalties come in response to non-compliance with legal provisions. In Bangladesh context, the *Communicable Diseases (Prevention, Control, and Eradication) Act 2018* constitutes the principal law for regulating the behaviour of citizens.¹⁸ Section 24 of the Act stipulates that violators can be prosecuted for “transmitting a communicable disease.” Section 25 of the Act provides that violators can be prosecuted for “ignoring the order of the Director-General [Health] and Civil Surgeon.” And, such punishment can include a three-month sentence or maximum 50,000 BDT fine.¹⁹ The *Communicable Diseases Act 2018* further stipulates that the maximum

¹⁵ Md. Sayeed Al-Zaman, “Healthcare Crisis in Bangladesh during the Covid-19 Pandemic,” *American Journal of Tropical Medicine and Hygiene*, vol. 103, no. 4 (2020): 1357-1359; T. Collins, S. Akselrod, A. Bloomfield, A. Gamkrelidze, Z. Jakob, and E. Placella, Rethinking the COVID-19 Pandemic: Back to Public Health. *Annals of Global Health*, vol. 86, no. 1(2020), p.133. DOI: <http://doi.org/10.5334/aogh.3084>

¹⁶ Hou Z, Du F, Zhou X, Jiang H, Martin S, Larson H, Lin L, “Cross-Country Comparison of Public Awareness, Rumors, and Behavioural Responses to the COVID-19 Epidemic: Infodemiology Study.” *Journal of Medical Internet Research*, vol. 22, no. 8 (August 2020); M. Kaushik, D. Agarwal, and A. Gupta, “Cross-sectional study on the role of public awareness in preventing the spread of COVID-19

outbreak in India,” *Postgraduate Medical Journal* Published Online First: 10 September 2020. doi: 10.1136/postgradmedj-2020-138349.

¹⁷ S. Reicher and C. Stott, “On Order and Disorder during the Covid-19 Pandemic,” *British Journal of Social Psychology*, vol. 59, no. 3 (2020): 694-702; Betsy Pearl, Kenny Lo, and Ed Chung, “The Enforcement of Covid-19 Stay Home Orders,” Center for American Progress, 2 April 2020; S. H. Chae and H.J. Park, “Effectiveness of Penalties for Lockdown Violations During the Covid-19 Pandemic in Germany,” *American Journal of Public Health*, vol. 110 (2020): 1844-1849.

¹⁸ See “Law Analysis: The laws relating to communicable diseases,” *The Daily Star*, 14 April 2020.

¹⁹ *Ibid*.

punishment for not wearing facemask in a public place is a six-month sentence or 1 Lac BDT fine or both.²⁰

Three other pieces of law are also relevant here for understanding the legal context of fine and penalty during Covid-19 in Bangladesh. These include the *Consumers' Rights Protection Act 2019*, the *Local Government (Union Parishad) Act 2001*, and the *Mobile Court Act 2009*. The consumer law provides for the punishment for price manipulation and product quality compromise. The local government law provides for a code of conduct for the local government officials, whose misappropriation of relief during the Covid-19 emerged as a matter of concern. The third, mobile court law, assumes that the traditional court of law is time consuming and it may benefit the perpetrator. Hence, it stresses the need for quick justice delivery.

Fine and Penalty during Lockdown in Bangladesh

The Centre for Genocide Studies (CGS) at the University of Dhaka, with funding and technical support from the United

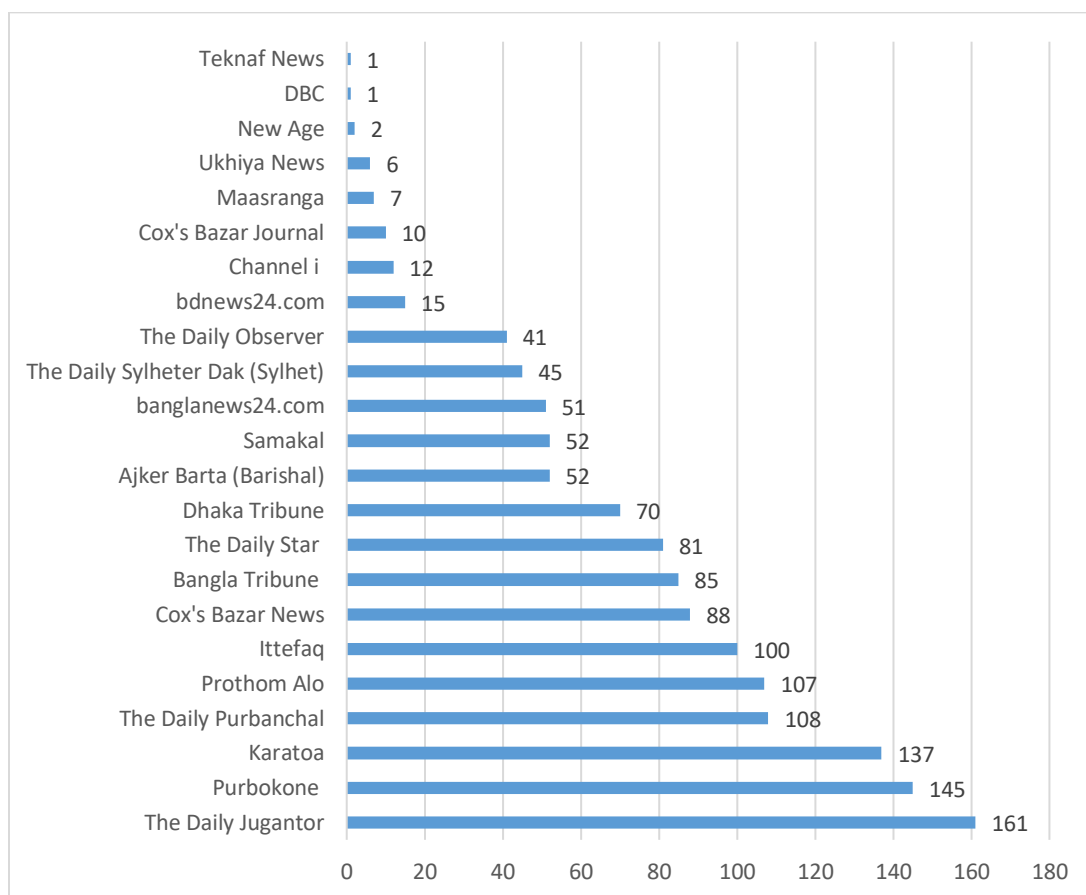
Nations Development Program (UNDP) Bangladesh Country Office, hosts an interactive database called Bangladesh Peace Observatory (BPO). The CGS-BPO database was consulted for this study to examine the trends in fine and penalty in Bangladesh during the first five months of Covid-19, from March to July 2020.

Data Sources

A brief note on the data sources is in order. The BPO data came from the online news portal of two dozen local and national print and electronic media (Figure 8). Interestingly, one-third or eight out of 24 news portals are local, and the list includes *Purbakone*, *Karatoa*, *Cox's Bazar News*, *Ajker Barta*, *Sylheter Daak*, *Cox's Bazar Journal*, *Ukhiya News*, and *Teknaf News*. Two of the news sources are private TV channels (Channel I and Maasanga TV), and two are online news portals (*Bangla Tribune*, *bdnews24.com*, and *banglanews24.com*). Among the national newspapers, there is a good mix of Bangla dailies (*Jugantor*, *Prothom Alo*, *Ittefaq*, *Samakal*) and English dailies (Daily Star, Observer, and New Age).

²⁰ Ibid.

Figure 8: Newspapers and News Portals Consulted by CGS-BPO for Fine and Penalty-related Data during Corona Pandemic in Bangladesh, March-July 2020²¹



Source: CGS-BPO Database.

Arrest

During the first five months of Covid-19 in Bangladesh (March-July 2021), a total of 667 people were arrested. These arrests were made on charges of non-compliance with the health advisory and lock down

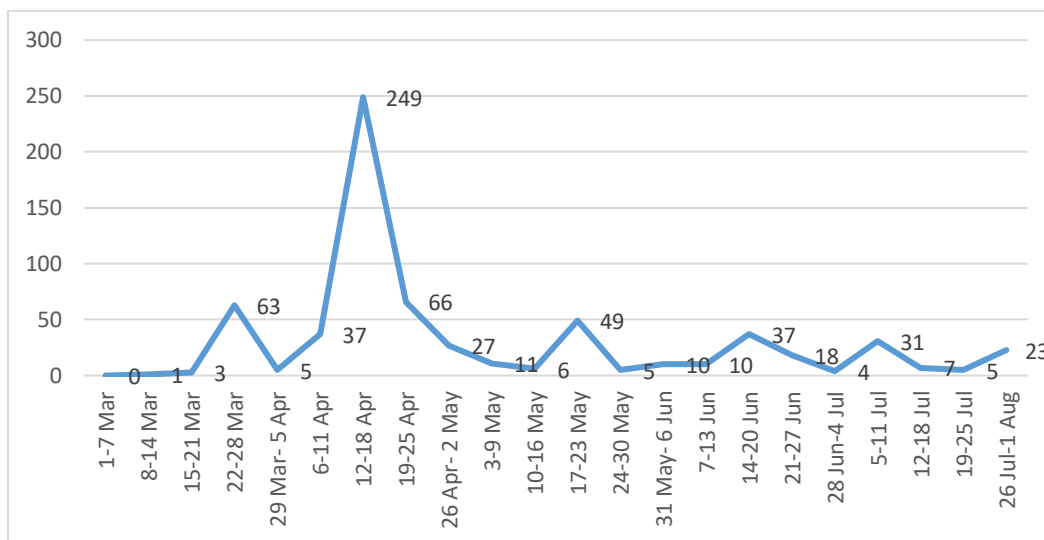
rules and irregularities during the corona pandemic. Figure 9 presents the weekly distribution of the arrest data. It shows that the number of arrests began to rise after 6 April 2020 and reached its peak in the week of 12-18 April, and then declined

²¹ For more, visit the official website of Bangladesh Peace Observatory, Centre for Genocide Studies. Cited in <http://peaceobservatory-cgs.org/#/>

sharply after 25 April 2020. During these five months under study, the largest number of arrests, 249 (37%) was made during the second week of April 2020. This was exactly a month after the

Government of Bangladesh enforced nation-wide lock down shutting down schools, colleges and universities, and discouraging public to go to the street unless it is necessary.

Figure 9: Weekly Trends in Arrests due to Non-Compliance with Health Advisory and Lockdown Rules and Irregularities during Corona Pandemic in Bangladesh, March-July 2020²²



Source: CGS-BPO Database.

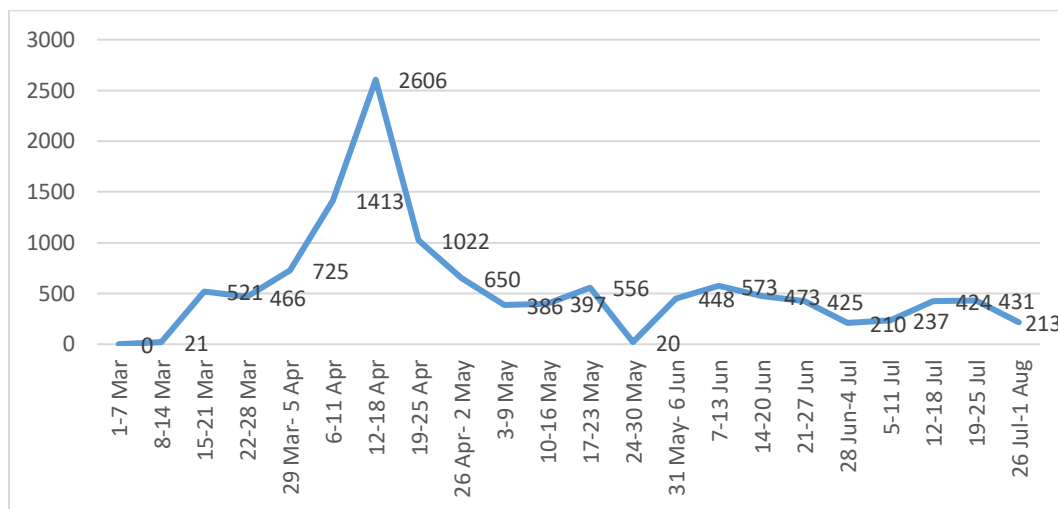
Fine and Penalty

A total of 12, 217 people were fined during the March-July 2020 period covering the first five months of corona pandemic in Bangladesh. Figure 10 shows

that the weeks between 22 March 2020 and 26 April 2020 had the highest number fine and penalty related events. During this five-week period, a total of 6,882 (56%) people were imposed various types of fine and penalty.

²² Ibid.

Figure 10: Weekly Trends in Fine/Penalty imposed in Bangladesh during Corona Pandemic, March-July 2020

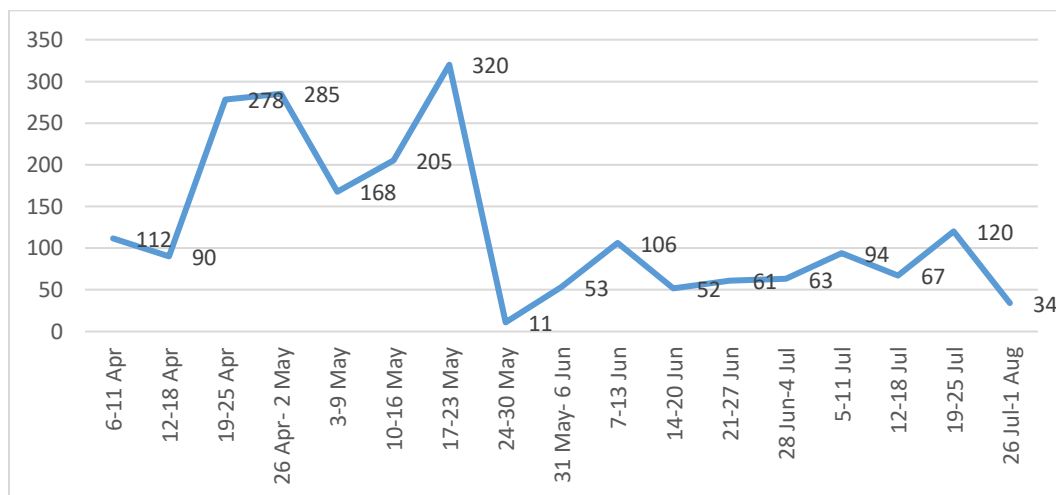


Source: CGS-BPO Database.

There is a variation in the number of population group who were fined and received various types of penalties. The largest cohort was public. A total of 7,725 people (63%) were fined for breaching health advisory and lockdown rules during the pandemic. Businesses and trading houses represent the second largest cohorts: 3,315 (27%). Some people were

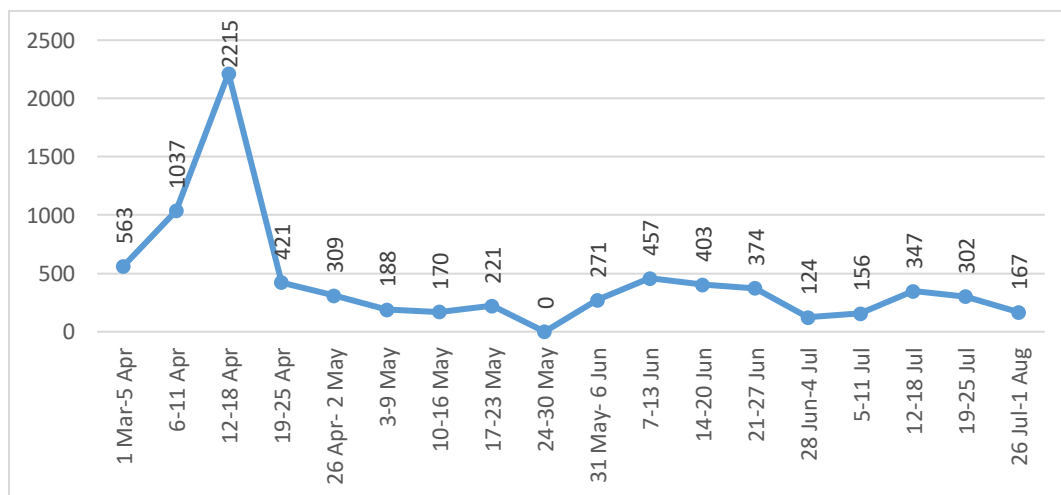
fined and penalised for embezzling relief. A total of 227 politicians (2%) and 169 businessmen (1.4%) were penalised for embezzling relief during the first five months of the corona pandemic in the country. Figures 11 and 12 suggest that the last half of April 2020 observed the highest number of embezzlement-related penalty for both groups.

Figure 11: Weekly Trends in Fine/Penalty imposed on Businesses/Traders for Breaching Laws during Corona Pandemic in Bangladesh, March-July 2020²³



Source: CGS-BPO Database.

Figure 12: Weekly Trends in Fine/Penalty imposed on General Public in Bangladesh for breaching Health Advisory & Lockdown during Corona Pandemic, March-July 2020²⁴



Source: CGS-BPO Database.

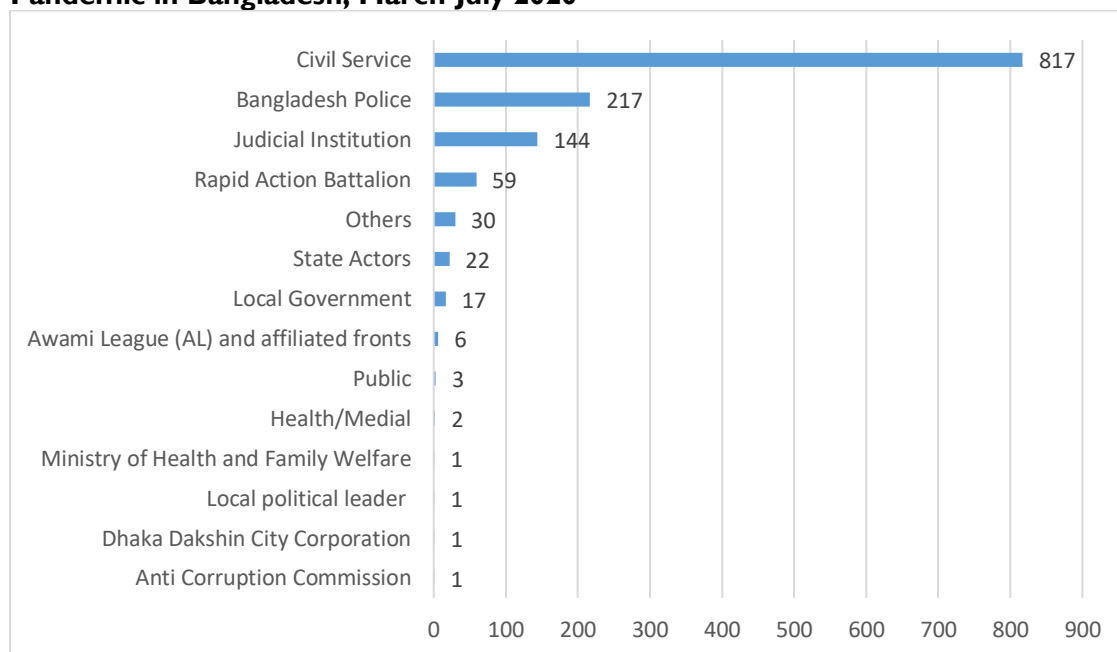
²³ Bangladesh Peace Observatory, Centre for Genocide Studies. Cited in <http://peaceobservatory-cgs.org/>

²⁴ Ibid.

Mobile courts and local government authorities were the principal actors imposing the fines and penalties (Figure-13). The mobile courts are run by administrative magistrates with support from the civilian police and the paramilitary Rapid Action Battalion (RAB).

When local government officials were found involved in embezzlement of relief or food aid destined for low-income people, the Local Government and Rural Development (LGRD) Ministry came to the scene for suspending the accused.

Figure-13: Major Enforcers of Fine/Penalty and Arrest during Corona Pandemic in Bangladesh, March-July 2020



Source: CGS-BPO Database.

The reasons for imposing fine and penalty vary across the perpetrators. Table 4 provides a distribution of the major reasons. It is quite evident that the general public were fined for ignoring health rules, and the businesses were penalised for destabilising the market through price hike. On the other hand, the businesses were punished for selling publicly

subsidised rice in the open market at a higher price, rather than at designated selling points. Local politicians, were punished for selling the food aid in the market.

The business and local communities also resorted to punitive measures by stigmatising healthcare professionals and corona-positive patients and their

families.²⁵ There were also sporadic reports of healthcare practitioners including doctors and nurses confronting unfriendly behaviour from landlords and shopkeepers. Local community leaders and private individuals started stigmatising individuals and their families diagnosed corona positive. In some cases, grocery

stores stopped selling products to families of corona victims. In one extreme case, 50-year old mother with corona symptoms was thrown out to the jungle only to be rescued by local level government officials, police, and healthcare providers.²⁶

Table 4: Major Reasons for Imposing Fine and Penalty²⁷

Actors	Total Number	Major Reasons
Public	7,725	<ul style="list-style-type: none"> • Not wearing face masks • Violating social distancing rules
Businesses/Traders	3,315	<ul style="list-style-type: none"> • Selling facemasks at higher prices • Manufacturing fake PPEs (masks, gloves, gowns) & oxygen cylinders • Producing fake corona testing certificates • Keeping shop open violating lockdown rules
Relief Embezzlers-Traders	169	<ul style="list-style-type: none"> • Selling OMS rice in retail market • Selling rice supplied as food aid for the poor
Relief Embezzlers-Politicians	227	<ul style="list-style-type: none"> • Selling rice and other necessities given by Government as relief items for low-income people

Source: Author's calculation from CGS-BPO Dataset.

Fine and Penalty Elsewhere

Fine and penalties imposed for enforcing lockdown rules became a normal phenomenon around the world during the corona pandemic. This section looks at four country cases: India, the United States, the United Kingdom, and Australia.

Among the neighbouring South Asian countries, India has invoked the *Indian Penal Code 1860*, the *Epidemic Disease Act 1897*, and the *Disaster Management Act 2005* to impose fine and penalty as an instrument for maintaining law and order and enforcing COVID-19 rules.²⁸ A quick snapshot of media reports indicates that

²⁵ Mahmud, A., Islam, M.R. Social Stigma as a Barrier to Covid-19 Responses to Community Well-Being in Bangladesh. *Int. Journal of Community Wellbeing*, 10 August 2020. <https://doi.org/10.1007/s42413-020-00071-w>.

²⁶ Tangail Correspondent, "With Covid-19 Symptoms, 50-Year Old Woman Says Family

Dumped Her in Jungle," *bdnews24.com*, 15 April 2020.

²⁷ Ibid.

²⁸ V. Deswal, Covid-19: Laws Related to Quarantine in India," *Times of India*, 26 March 2020; "Covid-19: Assam Invokes Epidemic Act," *Economic Times*, 21 March 2020.

Assam imposed 6 months to two years of jail terms for violation of lockdown rules. In Punjab, the punishment is maximum a one-year jail term. In Chandigarh, a cricket stadium and sports complex was converted into a temporary jail²⁹, in Odisha, Punjab, and Rajshtan, the state governments imposed quarantine orders and punishment for violators, and in Uttar Pradesh, fines and seizures of vehicles were imposed on people disobeying lockdown and social distancing rules.³⁰ Amid rising corona infection, the Union

Health Minister of India, advised the public saying:

It is the need of the hour that all the people who are either in home or quarantine facility, need to maintain strict vigil, and practice social distancing and personal hygiene. Special care needs to be taken of the elderly, pregnant, women, and children.³¹

CORONAVIRUS

Two-year jail term, Rs 1 lakh penalty in Jharkhand for violating coronavirus COVID-19 norms

The Cabinet approved the Jharkhand Contagious Disease Ordinance 2020 under which those who flout the guidelines, implemented to curb the spread of the infection, can face up to two years of jail term and a fine of up to Rs one lakh.



Source: Zee News, India, 23 July 2020.

²⁹ “Two sports facilities in Chandigarh converted into temporary jails amid coronavirus outbreak,” *Business Standard*, 24 March 2020.

³⁰ Sharad Sharma, “UP To Impose Upto ₹ 1,000 Fine For Violation of Lockdown Rules,” *NDTV*, 24 May 2020. Also see “Jharkhand to impose Rs 1 lakh penalty, 2-year jail term for violating Covid-19 norms,” *Hindustan Times*, 23 July 2020.

³¹ Government of India, “Ministry of Health and Family Welfare, Dr Harsh Vardhan visits NCDC Control Room, Lab and Testing Facilities: Emphasized on sturdy community surveillance and contact tracing,” 24 March 2020. Cited in <https://pib.gov.in/PressReleasePage.aspx?PRID=1607892>

The Enforcement of COVID-19 Stay-at-Home Orders

By Betsy Pearl, Lea Hunter, Kenny Lo, and Ed Chung | April 2, 2020, 9:01 am



Getty/Win McNamee
A member of the Metropolitan Police Department closes off areas surrounding the Washington Monument and National Mall due to concerns over the spread of COVID-19, March 2020.

Source: *Center for American Progress website.*

In the United States, three types of enforcement models were practiced: civil penalties, criminal penalties, and information campaign. In Kansas and Indiana states, business operations were forcefully suspended and licenses were revoked for non-compliance with lockdown rules. In North Carolina and Wisconsin, imprisonment and financial penalties were imposed for disobeying health advisories. In California and Missouri, the state governments emphasised massive information and

awareness campaigns instead of walking the law enforcement lane. One should keep in mind that the United States has been the worst affected country with the largest documented cases of transmission and deaths.³² Hence, these punitive measures came in the context of the highest infection and fatality. A host of federal and state laws focusing on public health safety and epidemic control provided the legal basis for the lockdown rules.³³

³² Betsy Pearl, "The Enforcement of COVID-19 Stay-at-Home Orders," *Center for American Progress*, Cited in <https://www.americanprogress.org/issues/criminal-justice/news/2020/04/02/482558/enforcement-covid-19-stay-home-orders/>. Accessed on 2 April 2020.

³³ Center for Disease Control, "Regulations and Laws That May Apply During a Pandemic," National Conference on State Legislatures, "State Quarantine and Isolation Statutes," <https://www.ncsl.org/research/health/state-quarantine-and-isolation-statutes.aspx>, accessed 3 September 2020.



Image: Lockdown restrictions in public places; Source: BBC.

In the United Kingdom, the Government imposed lockdown rules under the *Public Health (Control and Disease) Act 1984* and the *Health Protection (Coronavirus, Restrictions) England Regulations, 2020*. In May 2020, the BBC reported 17,000 lockdown breaches during the eight-week period of 27 March and 25 May 2020. Such breaches include disobeying social distancing rules; restrictions on people’s right to move or be part of and gathering.³⁴ There was a variation of financial penalty in the United Kingdom. In England, individuals could be penalised for up to 60 GBP to 100 GBP, and there was a discount of 50 GBP if paid in two weeks. In Wales, the penalty was 60 GBP, and it would be half if paid in two weeks.

Among the advanced industrialised countries, Australia has had relatively low infection rate. Between February and July 2020, a total of 21,000 confirmed cases were detected in Australia.³⁵ During this time, the number of people died from corona reached 295.³⁶ The state of Victoria introduced strict lock down rules under the *Emergency Management Act 1986* to contain the spread of corona virus.³⁷ In Melbourne, people were allowed to go out up to 5 km from their homes, and only one person per family were allowed to go out. Under the ‘new normal’ situation, the Australian government permitted people to go out of home only under any of the four circumstances: essential shopping; giving or receiving care; daily exercise; and work.

³⁴ “Coronavirus: Police Issue 17,000 Fines for Lockdown Breaches,” *BBC News*, 29 May 2020.

³⁵ “WHO Coronavirus Disease Dashboard – Australia,” Cited in <https://covid19.who.int/region/wpro/country/au>. Accessed on 11 August 2020.

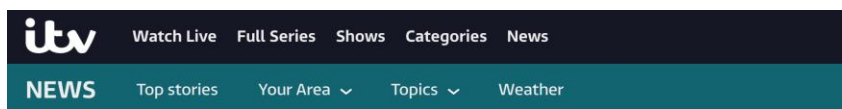
³⁶ *Ibid.*

³⁷ Parliament of Victoria, “Emergency Powers, Public Health and Covid-19.”

https://www.parliament.vic.gov.au/publications/research-papers/download/36-research-papers/13962-emergency-powers-public-health-and-covid-19#_ftn6, accessed 5 October 2020.

Quarantine breach and rising infection rates were key concerns.³⁸ Compared to the UK and USA, Australia appeared to have imposed stricter fine and penalty for

lockdown breach, which ranged from 3,500 USD to 14,000 USD. Fine for face mask breach was 140 USD.



Australians in Victoria face \$20,000 fines for breaking new strict lockdown rules

NATIONAL | HEALTH | WORLD | AUSTRALIA | Tuesday 4 August 2020, 11:57pm



Source: *itv*.

Effectiveness of Fine and Penalty

What were the broader effects of the punitive actions taken during the first five months of Covid-19 transmission in Bangladesh and elsewhere? Were the punitive legal actions aimed at creating a deterrence effect by reducing lockdown breach? Or, were such actions aimed at

slowing down or reducing the infection rate as well? These questions are addressed with data from media reports.

Deterrence

Expert opinion suggests that the deterrence effect is usually achieved through punitive actions against rule-

³⁸ "Australians in Victoria face \$20,000 fines for breaking new strict lockdown rules," ITV, 4 August 2020. Cited in [https://www.itv.com/news/2020-08-](https://www.itv.com/news/2020-08-04/australians-in-victoria-face-20000-fines-for-breaking-new-strict-lockdown-rules)

[04/australians-in-victoria-face-20000-fines-for-breaking-new-strict-lockdown-rules](https://www.itv.com/news/2020-08-04/australians-in-victoria-face-20000-fines-for-breaking-new-strict-lockdown-rules). Accessed on 10 August 2020.

violators. In Bangladesh, this was evident in the fact that legal actions against businesses and politicians who engaged in distorting market prices and siphoned off food aid had some measurable impact in stabilising the medical supplies market, and reducing the trend in embezzling OMS (open market sell) rice. The logic between punitive actions and deterrence effect is clear. Field level civil servants opine that mobile courts are an effective instrument in market surveillance and correcting price manipulation by business syndicates. Although the judiciary has reservations in the frequent use of mobile courts by district administrations in Bangladesh, summary trials and punishment by mobile courts are thought to have played some role in bringing about stability in the retail market where people would buy face mask, hand sanitiser, and low-cost medicine.³⁹

Unlike Bangladesh, which is a unitary state, India is a federal state with power distributed between the Centre and the States. This structural dimension and the devolution of power appears to have had a negative effective in producing the desired deterrence effect of lockdown rules. Evidence suggests that some of the state-, and Union Territories-level re-opening guidelines were inconsistent with the lockdown directives issued by the Union Ministry of Home Affairs under the

Disaster Management Act 2005.⁴⁰ As the pandemic and lockdown severely hit the businesses, the Indian government was compelled to amend the lockdown policy by using a color code of dividing the country into green, orange, and red zones. Business in the green zones were allowed to fully re-open in the green zone, partially re-open in the orange zone, and remained under strict monitoring in the red zone.⁴¹

Compared to Bangladesh and India, the United States has a more complex power sharing system among the federal, state, county, and city authorities. This is precisely why the desired effect of lockdown was overshadowed by conflicting policy initiatives such as re-opening of businesses and tourist spots including sea beaches followed by a second wave of corona infection. For instance, in the Colorado state, a tussle between state and city authorities made it difficult to enforce the lockdown penalties. The tussle largely emerged between Democratic leaders who favoured a strict lockdown policy and conservative law enforcement officials who preferred people's 'individual responsibility' over restrictions.⁴²

The effect of fines and penalty on deterring further lockdown violations is not clear in the case of the United Kingdom. A study by Imperial College

³⁹ Interviews with legal experts and field level civil servants in Bangladesh, 10 August 2020.

⁴⁰ "Ensure Compliance of Lockdown Guidelines: Centre to States," *The Times of India*, 20 April 2020.

⁴¹ Nishtha Yadav, "India's Lockdown 3.0: We Brief You on Latest Guidelines," *India Briefing*, 4 May 2020. Dezan Shira & Associates.

⁴² "More US States Begin Lifting Virus Lockdown Orders," *BBC News*, 27 April 2020; Jill Crowan, Jack Healy, and Thomas Fuller, "California Will Impose Its Strongest Virus Measures Since the Spring," *New York Times*, 3 December 2020.

found high compliance with lockdown rules across the country. Using data for mobile phone usage as a proxy for people's movement, the study found high-density areas to record a slightly larger restriction than low-density areas.⁴³ But, the extent to which such compliance was caused mainly by the legal and punitive measures, and not by public awareness remains an under-studied phenomenon.

In Australia, the government deployed the armed forces to enforce the world's 'stringent lockdown'. The police used drones to track down the lockdown violators. But, these proved to be ineffective in enforcing social compliance as citizens defied the curfew and lockdown rules terming them conspiracies.⁴⁴

In a nutshell, fines and penalty imposed as an instrument of lockdown rules have produced varying level of effects. Although such punitive measures may have deterred business malpractices in Bangladesh, countries with large population, vast territories, and a complex power sharing structure have yet to produce the desired deterrence effect of fine ad penalty.

Infection and Death

There are fewer empirical studies on the effect of lockdown-related fine and penalty on containing corona infection and death rates. Writing in the context of Germany, a study by Chae and Park concludes that "Imposing fines may slow down the spread of Covid-19."⁴⁵ The authors also claim that "Lockdowns may work better when governments introduce penalties against those who ignore them." To what extent do the infection and fatality data for Bangladesh, India, UK, USA, and Australia reveal the effectiveness of fine and penalty?

In Bangladesh, quantitative data clearly indicate no association between punitive legal actions (fine and penalty) and corona infection rate. As Figures 2-5 show the highest number of fine and penalty were imposed in the months of April and May 2020. The subsequent months in Bangladesh did not show declining trend in infection and death rates (Figure 14). Instead, as time progressed, both the daily confirmed case and corona-related death increased. For instance, the number of daily confirmed case was 100 by the 1st week of April 2020. It rose to 500 by end of April 2020.⁴⁶ By end of May, daily confirmed case rose to 2,500 and by end of June 2020, it rose to 4,000.⁴⁷ By end of

⁴³ H. Dunning, S. Elsland, "Mobile Data Shows High Compliance with Lockdown Rules across the UK," *Imperial College London News*, 29 May 2020.

⁴⁴ Tamara Thiessen, "Covid-19 Australia: Primples, Sex, Big Macs Why People Flout Melbourne Lockdown Rules," *Forbes*, 23 August 2020.

⁴⁵ Chae and Park, "Effectiveness of Penalties for Lockdown Violations During the Covid-19 Pandemic in Germany," *ibid*.

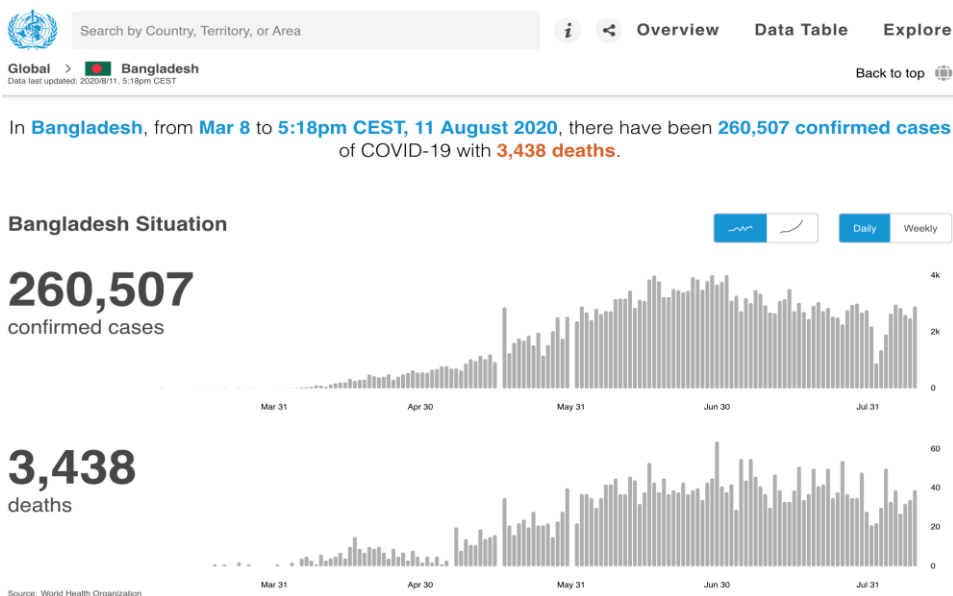
⁴⁶ "Worldometer COVID-19 Reported Cases and Deaths," Cited in <https://www.worldometers.info/coronavirus/>. Accessed on 10 August 2020. Also see "WHO Coronavirus Disease Dashboard – Bangladesh," Cited in <https://covid19.who.int/region/searo/country/bd/>. Accessed on 11 August 2020.

⁴⁷ *Ibid*.

July, 2020, daily confirmed case fell to 3,000. During this time, the daily number

of Covid-related death increased from 10 in late April 2020 to 50+ in mid-July.⁴⁸

Figure 14: Corona Situation in Bangladesh, March-July 2020



Source: World Health Organization.

Among the other country cases discussed in this paper, Australia, India and the United States observed a gradual increase in the confirmed case and death related to corona pandemic between March and July 2020 (Figures 15-17). By contrast, in the United Kingdom, both daily confirmed cases and daily deaths initially increased

from mid-February to end of April 2020, and then started to decline (Figure 18). But, the mutation of the coronavirus in UK and the onslaught of a second wave exposed not only the limits of UK's public health preparedness but also its lockdown restrictions.

⁴⁸ Ibid.

Figure 15: Corona Situation in Australia, January-July 2020

Global > Australia
Data last updated: 2020/8/10, 3:06pm CEST

Search by Country, Territory, or Area

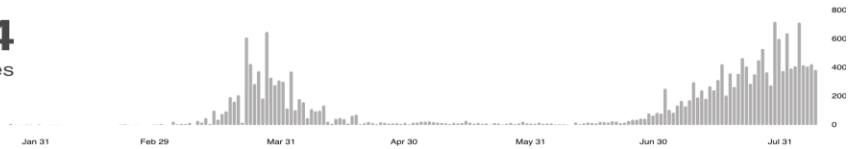
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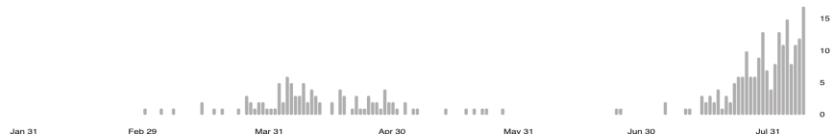
In **Australia**, from **Jan 25 to 3:06pm CEST, 10 August 2020**, there have been **21,084 confirmed cases** of COVID-19 with **295 deaths**.

Australia Situation

21,084
confirmed cases



295
deaths



Source: World Health Organization.

Figure 16: Corona Situation in India, January-July, 2020

Global > India
Data last updated: 2020/8/10, 3:06pm CEST

Search by Country, Territory, or Area

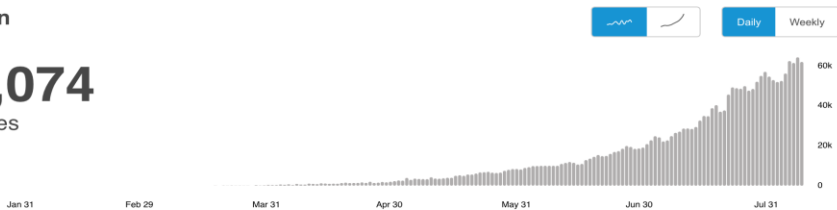
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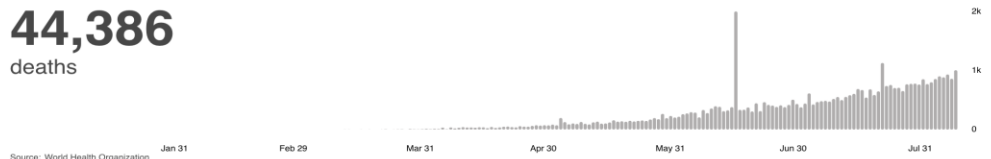
In **India**, from **Jan 30 to 3:06pm CEST, 10 August 2020**, there have been **2,215,074 confirmed cases** of COVID-19 with **44,386 deaths**.

India Situation

2,215,074
confirmed cases

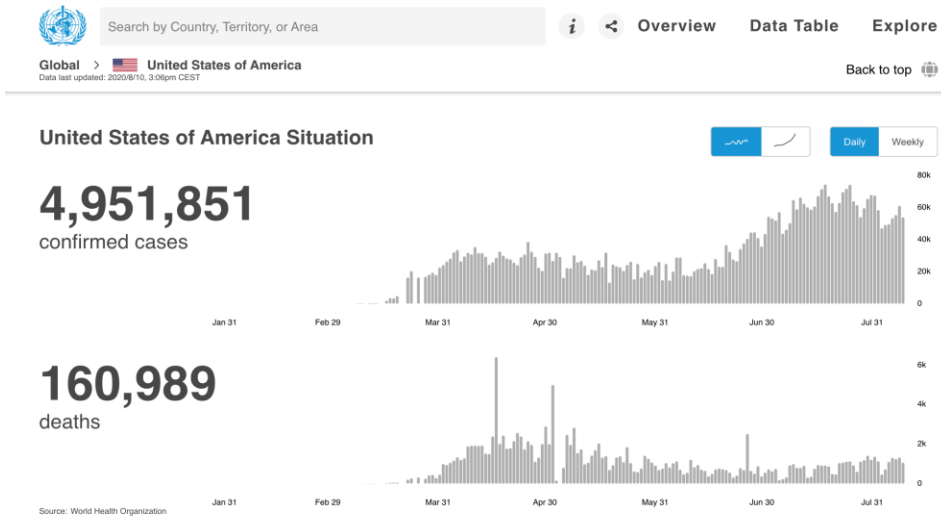


44,386
deaths



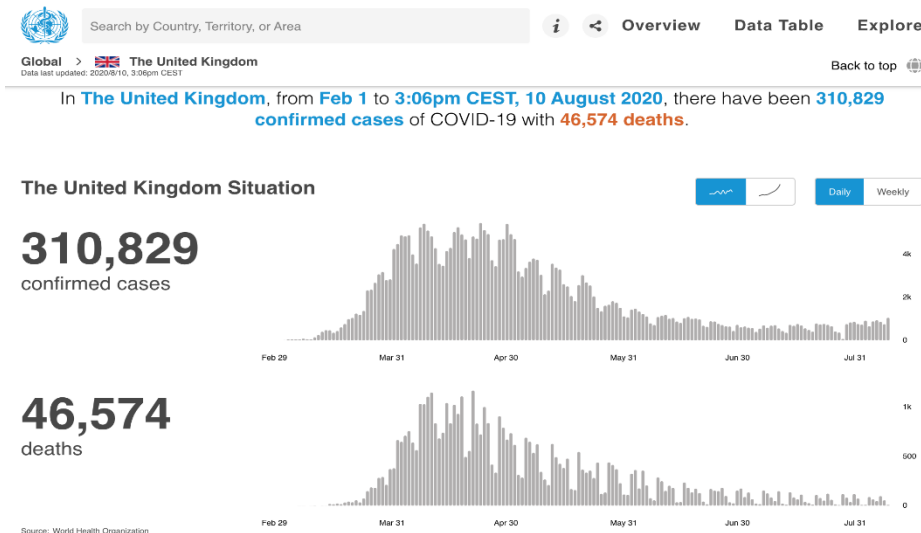
Source: World Health Organization.

Figure 17: Corona Situation in the United States, January-July 2020



Source: World Health Organization.

Figure 18: Corona Situation in the United Kingdom, January-July 2020



Source: World Health Organization.

Challenges

Several challenges can be identified from the data and analysis presented in this paper. First, law enforcers tasked with imposing fine and penalty were increasingly exposed to the risks of infection and casualty.⁴⁹ Second, sceptics raised their doubts about the effectiveness of fine and penalty on corona pandemic. For them, unless and until the governments around the world take adequate measures to improve the healthcare facility and expand the testing system, fine and penalty are unlikely to produce desirable outcome. In fact, poor testing facility was a major challenge in resource-poor countries like Bangladesh and India. In the absence of a large-scale testing system, there was no way to determine whether the infection rate in these two countries accurately represented the real scenario.⁵⁰ Third, daily media briefing of the corona situation in many countries either lacked public confidence or confronted a sceptical government attitude. In India and Bangladesh, although official media briefings never enjoyed public confidence, the health ministries in both countries stopped daily media briefings on corona situation in May and August of 2020 respectively, amidst rising corona infection rates.⁵¹ In the United States, the Donald Trump administration demonstrated a

sceptical attitude toward the corona media briefing. Fourth, lockdown restrictions put huge pressures on livelihoods of the low-income households exacerbating their poverty situation. In mitigating such unintended consequences, governments around the world took a number of social inclusion policies by providing cash transfers and food assistance.⁵² The inadequacy of cash and food aid compelled people across the developing world to defy the lockdown rules.

Conclusions

This paper has surveyed the state of fine and penalty imposed as an instrument of lockdown rules during corona pandemic in five country cases: Bangladesh, India, United States, United Kingdom, and Australia. In each country a mix of laws for infectious disease control, disaster management, public health emergency, and fast track trial system have provided the legal framework for the imposition of lockdown, and the setting of fines and penalties for social compliance. The BPO Database in Bangladesh, managed by the Centre for Genocide Studies offers a systematic source of data for analysing the weekly trends in fine and penalty. No comparable datasets appear to be publicly

⁴⁹

⁵⁰UNDP Bangladesh Research Facility Team, "Covid-19: A Reality Check for Bangladesh's Healthcare System," 3 May 2020; "India's Poor Testing Rate May Have Masked Coronavirus Cases," *Al Jazeera*, 18 March 2020.

⁵¹ Mukesh Rawat, "Health ministry skips media briefings as coronavirus cases soar. Why so silent?" *India Today*, 20 May

2020; Staff Correspondent, "Bangladesh to stop daily COVID-19 briefing as minister sees 'improvement.'" *bdnews24.com*, 11 August 2020.

⁵² Shohel Mamun, "Covid-19 Shutdown: Govt. Mulls Food Assistance for Low Income People," *Dhaka Tribune*, 30 March 2020.

available, making a structured and focused comparison a challenging task. The BPO data in Bangladesh context, and media reports in the other four country contexts indicate that individual members of the society as well as private businesses were imposed fine and penalty for breaching lockdown rules. Contrary to the expectations that such punitive measures would deter further violations and thus contain the corona infection rates, in four of the five cases (Bangladesh, India, USA, and Australia), corona infection rates

sharply increased after the first few weeks of fines and penalties. In the United Kingdom, the scenario improved for the time being but a new variant of the coronavirus has brought about a second wave indicating the limits of lockdown. The causal connections between fine and penalty and pandemic management via social compliance need to be further studied with large scale panel data using a mixed-method approach.

Author's Note: An earlier version of the paper was presented at the E-Seminar Series on Covid-19: Social Tension, Cohesion, and Response in Bangladesh, organised by the Centre for Genocide Studies, on 12 August 2020. The author wishes to acknowledge useful comments from Professor Amena Mohsin, Professor Imtiaz Ahmed, and Professor Mizanur Rahman. Farhana Razzak, Humaun Kabir, F.M. Arafat, Faizah Sultana and Nahian Reza Sabriet provided useful research assistance. The author alone is responsible for any errors of omission or commission.

Pandemic and Penalty in the Public Health Sector of Bangladesh: The Case of COVID-19

Nahian Reza Sabriet*

“করোনা ত ওষুধ রে ডরায় না, ভাই, পুলিশের
লাঠিরে ডরায়।”

(Corona is not scared of the medicines; it is
scared of the police stick)

The statement was made by Mr. Raju, a private car driver who explained his first-hand experience in the Jatrabari and Gulshan area of Dhaka around April and May 2020.⁵³ The metonymy also signifies the contribution of the law enforcement officials of Bangladesh who had been highly praised for their services as front-line warriors in the battle against COVID-19. So far as the public health sector is concerned, any prolonged epidemic or pandemic can generate novel means of exploitation, corruption, and tributary gains. This write-up analyses the fines and penalties imposed on different actors who belong to the public health sector of Bangladesh. For this writeup, the BPO dataset and COVID-19graphics covering incidents from March 2020 to November 2020 have been used as the primal sources⁵⁴, along with other primary and secondary materials, i.e., newspaper reports, journal articles, and book chapters. It aims to unfold the linkages among healthcare, corruption, and

penalty, and also investigates if there is any significant structure or distinguishing factor in the fine-penalty manoeuvres that helped Bangladesh combat the Coronavirus crisis in a better way compared to the early projections.

A Framework for Analysis

The linkages between ‘health’ and ‘penalty’ comprises more than legal/judicial connotations. Be it the urban, peri-urban, or the rural areas, each different part of the public health sector holds a sacrosanct image to the general people. However, the question of penalty comes when this responsibility is breached due to corruption, and/or the corruption racket is exposed. Taryn Vian’s “Review of Corruption in the Health Sector: Theory, Methods and Interventions”⁵⁵ provides a comprehensive understanding of the public health sector, the key actors, and a model to elucidate the linkages or outcomes. Vian’s model addresses five key actors, taken from Savedoff and Hussmann’s Report in *Health Policy and*

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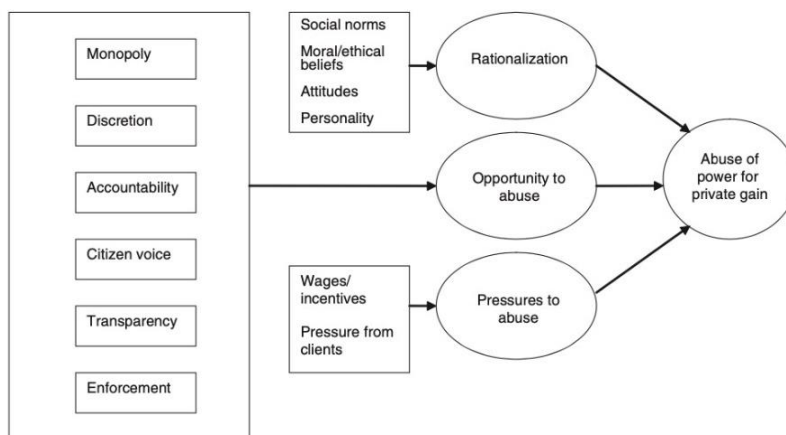
⁵³ Author’s personal notes.

⁵⁴ For BPO COVID-19graphics, visit <http://peaceobservatory-cgs.org/#highlights>

⁵⁵ Taryn Vian, “Review of Corruption in the Health Sector: Theory, Methods and Interventions,” *Health Policy and Planning* 23, no. 2 (2008): 83-94.

*Planning*⁵⁶: Regulator, Payers, Suppliers, Providers, and Patients. Vian also illustrates three key variables- the actors, rationalisation through social norms, and the opportunity to abuse power and resources.

Most of these issues are contextual and country-specific; however, all of them relate to socioeconomic and sociocultural nuances. Among the key factors, there are: limitation to choose among different providers (*monopoly*), the effectiveness of public services and the government's/regulator's (self-induced) obligation (*accountability*), the unbounded



channel for proper participation of the consumer and stakeholders (*citizen voice*), disclosure of information (*transparency*) as well as *detection and enforcement*.⁵⁷ These factors largely depend on how the administrative culture of a particular

country or its subdivisions have been developed.⁵⁸ Moreover, rationalisation often owes to one or more sociocultural norms and how deftly they can be manipulated.

Penalty characterises the application of 'detection' and 'enforcement' which is an integral part of the administrative process when it comes to the public health sector. Every crisis may bring in an opportunity; but the utilisation of that opportunity can be subjective and to some actors. 'Private gain' can be an appealing factor which thrives on the complex socioeconomic contingencies created by a pandemic. In

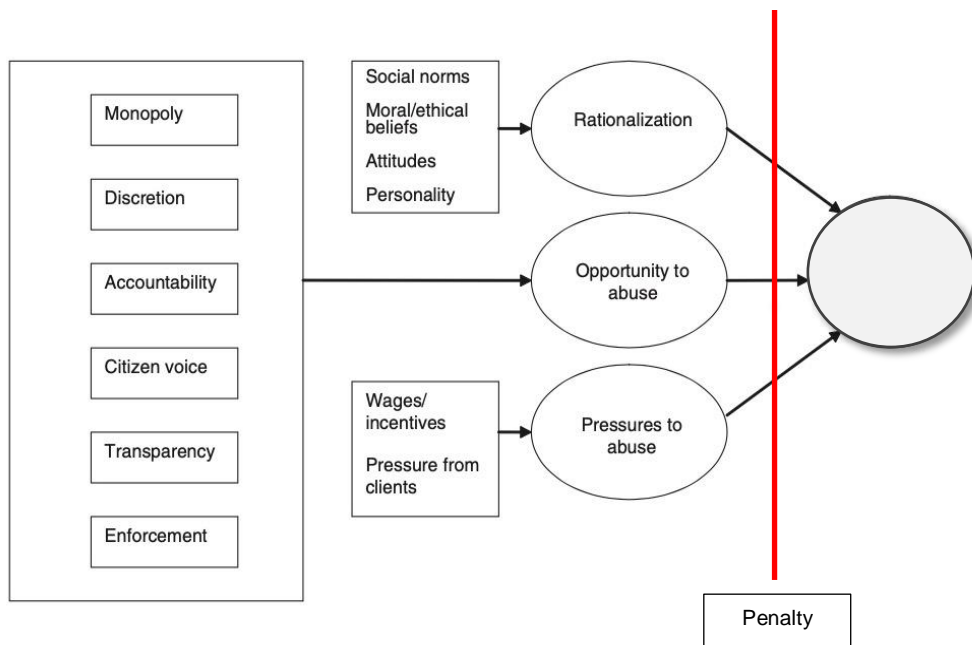
this backdrop, penalty obstructs the free-flow of movements among those variables and, to a certain degree, the final level or the abuse is either restricted or meant to be restricted.

⁵⁶ William D. Savedoff and Karen Hussmann, "Why Are Health Systems Prone to Corruption," *Global Corruption Report 2006* (2006): 4-16; Also see Also see, William D. Savedoff, *Transparency and Corruption in the Health Sector: A Conceptual Framework and Ideas For Action In Latin American And*

The Caribbean (Washington DC: Inter-American Development Bank, 2007).

⁵⁷ Ibid, 85-86.

⁵⁸ Vian, "Review of Corruption in the Health Sector".



The Regulators and the Payers

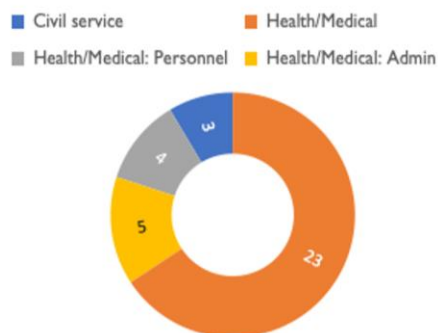
For this analysis, four among the five actors have been taken out of the Savedoff-Hussmann theorem: regulators, payers, suppliers and providers. Although Vian, Savedoff and Hussmann might see ‘public’ as an integral part of the health sector, this write-up excludes this variable since it is more likely to be in the receiving end. Considering the Bangladesh context, the remaining actors have been put into two categories: (a) The regulators and the payers; & (b) The suppliers and the providers.

‘Regulator’, in a broader sense, refers to the primary administrative bodies responsible for tethering the restriction over the spread of the pandemic. The insurance offices and social security providers belong to the ‘payer’ group. However, in the context of Bangladesh, such analogy can hardly be found. There is no mass-scale health insurance initiative in Bangladesh, and the public health sector runs through pluralistic participation of government-provided facilities and privately-owned organisations.⁵⁹ Albeit the format has been criticised by Western analysts for not having all-encompassing formal structures, it has to be

⁵⁹ World Health Organization, Regional Office for the Western Pacific, “Bangladesh Health System Review” (Manila : WHO Regional Office for the

Western Pacific), available at <https://apps.who.int/iris/handle/10665/208214>

acknowledged that in a country with a vast majority of rural and peri-urban communities, mandated insurance policies might lead to even more evidence of corruption and mismanagement. However, this multi-stakeholder approach gives away certain loopholes through which the regulators and associated actors can exploit by intervening into different phases of health administration. The BPO dataset shows a total number of 35 cases where either a government or medical administration had been found guilty of COVID-19 related corruption and were subject to penalty. Among them, five belonged to the health/medical administration and four to the civil administration.⁶⁰



Among these cases, most of the pieces of evidence were either of fraudulent manoeuvres or circumvention of legal restrictions – (i) conducting antibody tests/ COVID-19 tests without

government approval (ii) providing COVID-19 certificates, and (iii) using fake signature/ names of doctors.⁶¹ Interestingly, all these incidents took place around July 2020. The reason might be that by this time, the initial COVID-19 shock had paled and the factors leading to the “opportunity to abuse” had become evident. However, the fact that these “abuses” or “corrupted manoeuvres” stopped after July suggests that the penalty worked and to some extent it restricted the door to the manipulation of public resources/ intellect for private gains.

The absence of the “payer” channel or the health/security insurances did help, given how the global North had been facing multiple economic fraudulent cases by the insurance companies. Around the same period when this bulk of administrative corruption was going on in Bangladesh (June-July 2020), reports came from Chicago and Atlanta where insurance companies scammed more than USD 1 billion which also involved money laundering.⁶² The National Health Care Anti-Fraud Association of the United States estimates an annual 10 per cent of healthcare fraud in general, costing an annual USD 68 billion, despite being a criminal offence under the Health Insurance Portability and Accountability Act.⁶³ The “PhilHealth Controversy” taking over Manila can also be a good

⁶⁰ Bangladesh Peace Observatory dataset, available at <http://peaceobservatory-cgs.org/#/highlights>

⁶¹ Ibid.

⁶² “10 Charged in \$1 Billion Medical Insurance Fraud”, VOA News, 29 June 2020, available at [https://www.voanews.com/economy-business/10-](https://www.voanews.com/economy-business/10-charged-1-billion-medical-insurance-fraud)

[charged-1-billion-medical-insurance-fraud](https://www.voanews.com/economy-business/10-charged-1-billion-medical-insurance-fraud), accessed 10 December 2020

⁶³ Reports and Briefs from National Healthcare Anti-Fraud Association, available at <https://www.nhcaa.org/resources/health-care-anti-fraud-resources/the-challenge-of-health-care-fraud.aspx>

example. This national health insurance company of the Philippines reportedly had irregularities in interim reimbursement mechanism (IRM) following USD 2.2 billion healthcare liabilities and only 288.7 million IRM releases in 2019 after a typhoon occurred and led to the healthcare crisis.⁶⁴ Compared to this level, Bangladesh's performance was appreciable. Government being the direct 'regulator' also helped it to be more functional. However, it should be noted that 71 cases were recorded in the BPO dataset that shows corruption among the local governments and administrations. However, they belong more to economic fraudulence than health-sector debasements.

The Suppliers and the Providers

The 'supplier and provider' block includes two different groups: (i) the suppliers (producers) of drugs and other equipment; as well as (ii) the providers of the healthcare (doctors, nurses, pharmacists). Savedoff and Hussmann built a connection among the regulator-payer-supplier chain where the regulators and payers might pressurise the suppliers and providers to reduce cost, eventually leading to (i) overprovision, (ii) underprovision (iii) absenteeism (iv) overbilling, and (v) theft among the activities of the suppliers.⁶⁵ In the case of Bangladesh, among the recorded 35 cases under the fine-penalty perimeter (which

excludes *the public*), the highest number of fine/penalty receivers were the suppliers or the sellers, particularly, different medicine shop owners.

Nevertheless, the intriguing factors were the reasons for which they were penalised. During the March-April period, the only reason for which the stores were under the penalty determinants was price-hike of the equipment, more precisely, of surgical masks and sanitisers. Gradually, as COVID-19 tests became more common, around the May-June period, the cases turned out to be more complex – fraudulence, holding fake license, conducting tests and providing reports without a license, abhorrence from testing after getting a license, providing expired equipment in the laboratories as well as giving away fake COVID-19 certificates. The forms of penalties ranged from monetary fines to suspension of license and court trials.

One may notice that suddenly the number of penalties and fraudulent cases dropped after September. The reason can be deduced by looking at the varied approaches adopted by the law enforcement officials based on the sector-specific and region-specific contexts. Building awareness against norms, beliefs and rumours related to COVID-19 also turned out to be fruitful. Conversely, take Sub-Saharan Africa as an example. Chirisa et al. drew the attention of the readers to

⁶⁴ Jenny Lei Ravelo, "Corruption allegations rock Philippine health insurance corporation amid COVID-19," *devex*, 14 September 2020, available at <https://www.devex.com/news/corruption->

[allegations-rock-philippine-health-insurance-corporation-amid-covid-19-98048](https://www.devex.com/news/corruption-allegations-rock-philippine-health-insurance-corporation-amid-covid-19-98048)

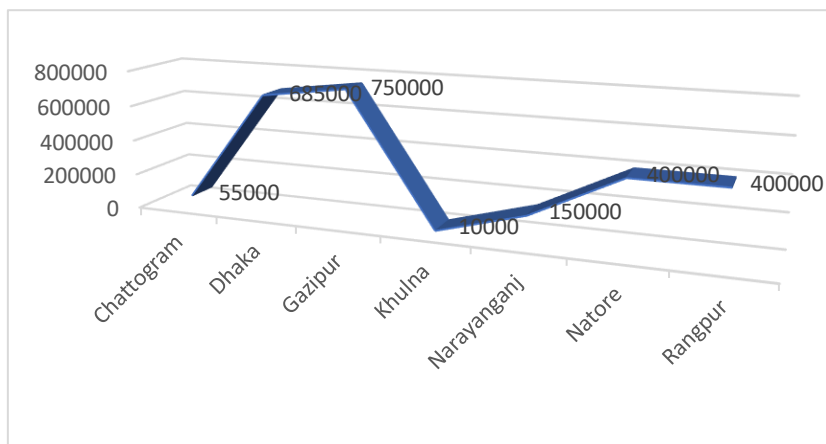
⁶⁵ Savedoff and Hussman, "Why Are Health Systems Prone to Corruption."

the ‘demographic process’ being heavily undermined when health-related restrictions were imposed.⁶⁶ As a result, negative consequences disrupted the targeted outcome and the communities faced manifold repercussions ranging from unemployment to informal and illegal means of business in the health sector.⁶⁷

Looking at the data, it can be easily identified that the bulk of penalty was imposed around the pharmacies close to Dhaka. Moreover, only those impositions went over BDT 1,00,000 or BDT 5,00,000 bounds. The rest, particularly the ones in the peri-urban or rural areas were fined mostly less than BDT 50,000. Hence, it may be mentioned that most rural or peri-urban areas have a poor or middle-class demographic composition compared to Dhaka and its sub-divisions. Pushing the boundaries in Dhaka catches the eyes of the population in other parts of the

country faster, and the deterrent factors become functional. One cannot deny that an exigent rationale behind penalty belongs to the ‘deterrence’ domain and both over-imposition or under-imposition can bring hazardous results. This penalty-structure not only cut the corruption level in Dhaka but also had an impact on the other regions, visibly after September.

As per the supply chain goes, the monopolistic impact had lot to do with the price entablement and corruption. One of the overt cases which could be seen was the excessive price hike of oxygen. Particularly, in the peri-urban area, as the hospitals were struggling to cover the exodus of patients who required immediate and consistent oxygen supply, the limited number of organisations from the supply-end monopolised the ownership of oxygen from the supply end and sold every refill package at a price



⁶⁶ Innocent Chirisa, Tafadzwa Mutambisi, Marcyline Chivenge, Elias Mabaso, Abraham R. Matamanda, and Roselin Ncube, “The urban penalty of COVID-19 lockdowns across the globe: manifestations and lessons for Anglophone sub-Saharan Africa,” *GeoJournal* (2020): 1-14.

⁶⁷ For more, see “CPI 2020: Sub-Saharan Africa”, cited in <https://www.transparency.org/en/news/cpi-2020-sub-saharan-africa>

twice or thrice of the initial stage.⁶⁸ The law enforcement agencies did try to solve the issue and invoke restriction on illegal sales which, however, led to further unavailability rather improving the scenario. Had it been the case with the other penalties, the deterrent factor could have backfired and collapsed the regulations.

Finally, an interesting issue was the environmental factor that came out of the pandemic-concern. BPO Data recorded that a mobile court fined four hospitals/clinics a total of BDT 2,00,000 for, among other things, the lack of proper drainage system for dumping medical waste in Rangpur.⁶⁹ This proves how the law enforcement regimes gradually equipped themselves with subsidiary (in traditional sense), and neglected areas. The penalty dynamics is also heavily gendered as a female doctor being charged of fraudulency in July 2020, her image was heavily sexualised and negatively portrayed in the social media despite rest of the fraudulency racket being largely dominated by men. Therefore, both social and environmental corollaries have to be taken into account to dissect the underlying dimensions of fines and penalties.

⁶⁸ From the experience of the author himself and his few other friends in Barishal and Khulna.

⁶⁹ Data Collected from “রংপুরে ৪ হাসপাতাল-ক্লিনিকে অভিযানে ২ লাখ টাকা জরিমানা” (BDT 2 lac fined amid raids in Rangpur), *The Daily Karatoa*, 27 July 2020,

The Propagators

Propagandisation works as a key element that can utilise the pandemic shock and oscillate public psyche. Propagators could be of any of the five actors mentioned in this write-up – from regulators to the patients themselves. However, so far as ‘gains’ are concerned, the conscious manoeuvres of the payers, suppliers and providers are mostly to be taken into account. Back in 1921, Dr. J T Phair noted,

...how best to disseminate to every corner of the community the great mass of knowledge that now lies ready to hand, in the keeping of all Health workers. The distributing of this knowledge, and in so doing the arousing in all, of a better appreciation of the need for, and value of “Better Health,” is my interpretation of “Health Propaganda.”⁷⁰

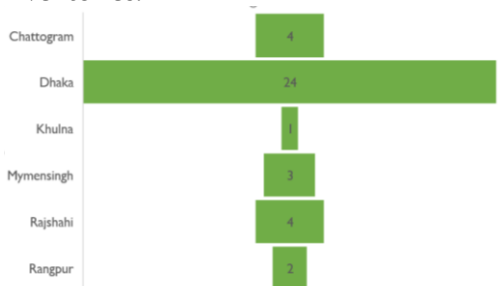
Phair’s interpretation of health-propaganda had a positive indictment; however, the key is to look at the ‘distributing of knowledge’, ‘appreciation’ and ‘values’. Phair might not have realised how the revolution in the information technology could lead to ‘infodemics,’ and how every single bit of knowledge could be manipulated, designed and disseminated at a much higher pace.

available at
https://www.ekaratoa.com/2020/07/28/3/details/3_r5_c7.jpg

⁷⁰ J. T. Phair, “Health propaganda,” *The Public Health Journal* 13, no. 4 (1922): 145-148.

However, when that information comes from health workers, the fabrication can be unnoticed since the ‘trust’ factor may outrun public conscience.

Nonetheless, the sociodemographic dichotomy becomes relevant in this case again. Both urban and rural areas were penetrated by fraudulent healthcare workers or drug-suppliers who wanted to own private gains at the expense of that ‘trust’ and ‘value of better health.’ The BPO dataset presents 38 fraudulent cases where a penalty was imposed. During the earlier days, two men were arrested for selling fake COVID-19 vaccine in Netrokona in March. Gradually, public awareness overrun ignorance, and the people learnt to keep themselves updated on the developments, medications and inventories.



The highest number of fraudulent cases were in Dhaka, pertinently showing the dark side of urbanisation, modernisation and technological development for channelling both information and misinformation. Barishal and Sylhet did not record any case. This may be attributed to peripherality. Smaller regions are also easier to impose lockdown and maintain regularity in terms of raids, detentions and penalties.

Stigma, however, is innately related to the usefulness of propaganda. The hush-hush with the COVID-19 infection, red flags and ‘social boycott’ instead of ‘social distancing’ helped the propagators fan the flame. Selling fake COVID-19 certificates became another new normal as it was mandatory to get admitted to hospitals if someone was infected with other diseases. **Those certificates could easily be acquired through legal ways of testing. However, propagators spread out rumors as if they were extremely hard to get and collected money by selling the fake copies. Some of them would stand in front of different pharmaceutical stores and hospitals while offering fake certificates to the families who might have come from remote areas and did not have enough knowledge about the procedures.**

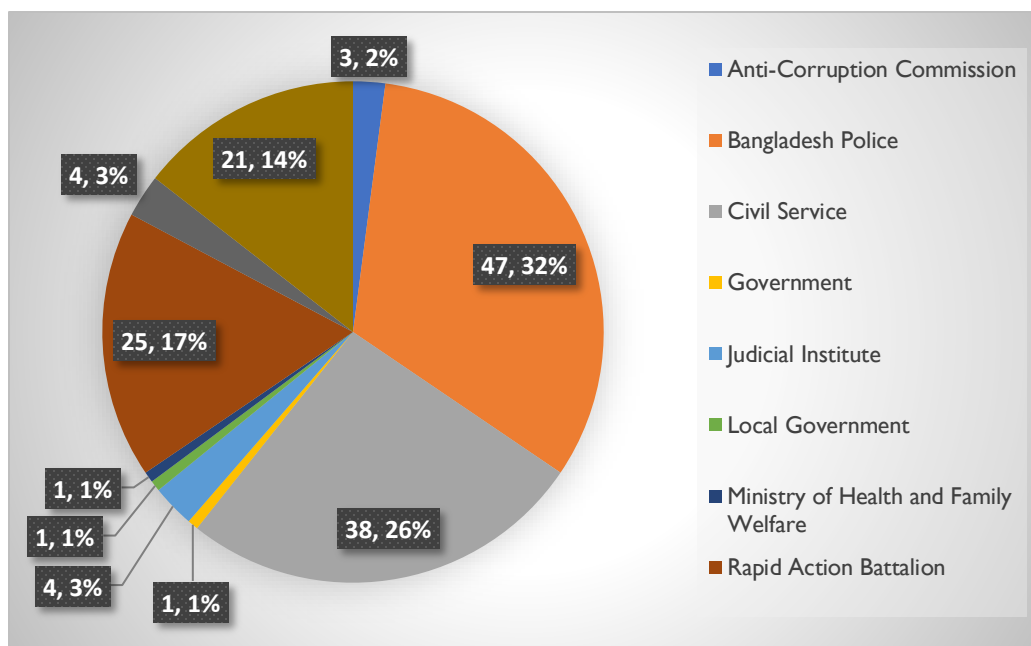
The Silver Lining

The high number of penalties manifest that lockdown regulations were strictly followed. In Bangladesh, there is no specialised intelligence agency to investigate the discrepancies in the public health sector. Therefore, the responsibility goes directly towards the law enforcement officials, and the entire process is overseen through immediate actions.

Among the key actors working as full-fledged enforcers, the significantly large number of penalty was given by Bangladesh Police (32%) and Rapid Action Battalion (25%). This demonstrated a change in the role of security actors in the

time of a crisis. Levi et al. noted how the pandemic had introduced a “repurposing” of “policing”, giving it a “sociological sense.”⁷¹ Therefore, the role of the law enforcing actors was more to push medical countermeasures than

understanding of the ‘sociological sense’ and incorporating socioeconomic understandings to policing-codebook. This helped them build public awareness and take appropriate measures as per the needs of the context.



imprisonment or hard-penalty. Schuba referred to the quote of a Chicago police officer, “...not looking to arrest the entire city of Chicago; we are not trying to make this a police issue. This is very much a public health issue.”⁷² The modalities were to some extent the same for the police in Chicago and the police in Bangladesh. What made the difference was the proper

Almost all of these enforcers belong to the ‘regulator’ groups of the health sector. However, a brief look at the public health policing in the late 19th and the early 20th century’s Europe shows that Bangladesh followed an Irish approach of policing during a pandemic.⁷³ This is a multi-stakeholder

⁷¹ Ron Levi, Todd Foglesong and Matt Torigian, “Community Safety and Repurposing the Police Before, During, and After a Pandemic: Methodological Notes,” *Journal of Community Safety and Well-Being* 5, no. 2 (2020): 75-78.

⁷² Tom Schuba, “As life in Chicago largely comes to a halt, shootings continue on South, West sides,”

Chicago Sun Times, cited in Ron Levi, Todd Foglesong and Matt Torigian, “Community Safety and Repurposing the Police Before, During, and After a Pandemic: Methodological Notes.”

⁷³ Gerald Hugo Rée, “Policing Public Health in Queensland, 1859-1919,” *PhD Dissertation*, Griffith University, 2010.

approach which included both state-officials, civil magistrates and judicial institutions.⁷⁴ The difference it makes also depends on the class at the receiving end. Reé mentioned the “middle classes” as the ones “who benefited most from the order the police generated, came to appreciate the role of the police”. Given Bangladesh holds a strong, educated middle-class population, this process of ‘appreciation’ also benefited the law enforcement officials. What was needed was to be equipped with enough ‘surge capacity’, which refers to the preparedness for any sudden influx. It could not be possible without this multi-actor approach and remapping the policing discourse with a moral and sociological eye. Not to mention that Vian’s model came handy to explain this success, as ‘accountability’, ‘citizen’s voice’ and ‘transparency’ were on par with this *modus operandi*.

Concluding Remarks

In summary, it can be said that the public health sector did not go through drastic contamination of corruption and expediencies. The measures adopted from the side of the enforcers became a prominent factor which reduced the scope and space for corruption. Subjectivity and contextual sensitisation were also important, as beneath the ‘homogenous’ demographic composition of Bangladesh lies myriads of social palettes. From the point of view of an analyst, the preventive manoeuvre was successful as it could restrict the flow of corruption and penalty in the health sector gradually, as obtained from the BPO data. Nonetheless, it can also become a pertinent surge-capacity model as a part of the pandemic discourse, for the other parts of the world, manifesting the ‘Bangladesh-ness’ in it – a preventive, sociological and multi-actor response model.

⁷⁴ Ibid.

Fines and Penalties during the COVID-19 Pandemic: A South Asian Exploration

Mansura Amdad*

Since the reporting of the first COVID-19 case in Wuhan, China, in late 2019, the novel Coronavirus has wreaked havoc worldwide in the form of a pandemic for the entirety of 2020. As associated with pandemics, the impact of COVID-19 has reached beyond the physical wellbeing aspect of human bodies and has subsequently transformed into a broader public health crisis. In many cases, it has led to a crisis of governance (e.g.: the chaos unfurling in the health sector of the 'developed' nations), or has exacerbated an existing underlying set of governance and problems (for instance, the over-representation of ethnic minority communities in terms of mortality from COVID-19 in the United States).⁷⁵ This write-up examines how the South Asian states have fared against the deadly threat, individually and collectively.

The South Asian region has often been referred to as a 'perfect breeding ground' for the novel Coronavirus, as the region is laden with the most densely populated 'hotbeds' of infectious diseases.⁷⁶ The region, comprising eight countries –

Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka – has been marred by a 'chequered history,' where the past (and in the case of Afghanistan, still present) influence of foreign domination as well as politico-socio-economic and ethnic issues prevail over the modes of governance.⁷⁷

Therefore, it was generally expected that the cumulative result of these systemic constraints, along with the psyche of the broader populace of the region, would be fatal for the region, the states and their people. However, in spite of the structural inequalities influencing, if not dictating, the governance conundrum that prevails in most of the South Asian countries, the region has miraculously lower fatalities than many other parts of the world - resulting in the need for a close look at the governance issues as well as the general law and order scenario.⁷⁸ The write-up looks within newspaper reports and web contents for a period spanning from March till November in 2020, in a search for

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⁷⁵ Klaus Dodds, Vanesa Castan Broto, Klaus Detterbeck, Martin Jones, Virginie Mamadouh, Maano Ramutsindela, Monica Varsanyi, David Wachsmuth & Chih Yuan Woon, "The COVID-19 Pandemic: Territorial, Political and Governance Dimensions of the Crisis," *Territory, Politics, Governance*, vol. 8, no. 3, 22 June 2020, pp. 289-298.

⁷⁶ Rupert Stone, "COVID-19 in South Asia: Mirror and Catalyst," *Asian Affairs*, vol. 51, no. 3, 16 September 2020, pp. 542-568.

⁷⁷ Ahmed Shafiul Huque, "Governance and Public Management: The South Asian Context," *International Journal of Public Administration*, vol. 24, no. 12 (2001), pp. 1289-1297.

⁷⁸ Stone, *op. cit.*

understanding the prominent issues regarding fines and penalties in South Asia.

The Pandemic and the South Asian States

For an understanding of how transformative governance worked in the South Asian setting and whether any of the ideas could be emulated elsewhere, this exploratory study looks through the alleyways of governance vis-à-vis fines and penalties (and other approaches) propagated by the South Asian states upon their public in an attempt to curb down the spread of the COVID-19 virus.⁷⁹ Some of the South Asian states, with the help of various implementing agencies and executive authorities, have conducted regular drives for both social distance enforcement and punishment for violating public health directives – leading to fines and penalties imposed upon the violators, while one particular country took a different approach to the whole issue of public health management. Even though the efficacy of these incentives is difficult to measure, a cross-country comparison may shed light on how the fines and penalties imposed during the COVID-19 pandemic had affected the people of the

⁷⁹ The idea of transformative governance can be attributed to Marisa Casale's idea of transformative global health governance. For details, see: Maria Casale, "COVID-19: Can This Crisis be Transformative for Global Health?" *Global Public Health*, vol. 15, no. 11, 25 August 2020, pp. 1740-1752.

⁸⁰ Stone, *op. cit.* See also: "COVID-19 Alert: Afghanistan Continues Imposing Restrictions Through Early September," Worldaware, published on 01 September 2020. Cited in

South Asian countries. For a broader understanding of the regional efforts, the incentives of the South Asian Association for Regional Cooperation (SAARC) will be shortly explored after the country-based explorations.

Legal Provisions and Policy Measures: Fines and Penalties in South Asian Countries

Afghanistan

Afghanistan had employed measures of lockdown in the capital and tried prohibiting outdoor activities - but the law and order scenario of the country, as well as the security concerns, had made the enforcement difficult.⁸⁰ In the war-torn country with porous borders, the problems of refuge and internal displacement have been prevalent. Therefore, enforcement of lockdown with risk communication and community engagement have taken priority in Afghanistan over imposing fines or penalties.⁸¹ Given the security disposition of Afghanistan, it is the military who provide logistical and operational support for the enforcement of pandemic regulations, along with the frequent

<https://www.worldaware.com/covid-19-alert-afghanistan-continues-imposing-restrictions-through-early-september>. Accessed on 05 December 2020.

⁸¹ "Afghanistan: COVID-19 Response Guidelines," *World Health Organization: Regional Office for the Eastern Mediterranean*, published on 02 April 2020. Cited in <http://www.emro.who.int/afg/afghanistan-news/covid-19-response-guidelines.html>. Accessed on 05 December 2020.

checkpoints being monitored by the police.⁸² There have been fines imposed and arrests issued, but the lack of an efficient process (exacerbated by court shutdowns) has added to the woes of the rule of law in Afghanistan.⁸³ This is why, in lieu of an existing legal provision, the lockdown violation penalties were based upon the directives of the Interior Ministry.⁸⁴ Furthermore, Afghanistan stands at the brink of famine and with a high probability of 80 per cent poverty rate, the practicality of implementing fines is nullified.⁸⁵

Bangladesh

In Bangladesh, the imposition of fines and penalties are dependent on the legal provisions of the Communicable Diseases Act 2018. With this Act, the prosecution of a violator is possible for transmitting communicable disease and deliberately ignoring the Director-General of Health or a Civil Surgeon official.⁸⁶ A three-month sentence can be implemented in this regard, or a maximum of BDT 50,000 [USD 590.5] fine can be imposed.⁸⁷ The COVID-19 pandemic has seen six-month imprisonment or BDT 1,00,000 [USD

1180] fine, or both in non-compliance.⁸⁸ The country also has the Consumers' Rights Protection Act 2009, Local Government (Union Parishad) Act 2001 and Mobile Court Act 2009 - which safeguard the interest of the people by providing a safety net against the manipulation of prices or compromises with quality, punishment for professional misconduct by delivering swift justice.⁸⁹

Bangladesh Peace Observatory, in an effort to traverse the trajectories of fines and penalties imposed for violating pandemic rules, mapped the print and online mass media from March 1, 2020, and recorded the country-wide fines imposed on 15927 people and the arrests of 739 persons for violating pandemic regulations such as not wearing face masks in public places, selling counterfeit health products and medicine, and organising subversive activities during lockdown (such as spreading rumours, thereby violating the Digital Security Act 2018).⁹⁰ Some of the penalties involved the embezzlement of relief, where traders and politicians were fined for selling government aid (for the low-income and

⁸² Ibid.

⁸³ "Rule of Law in the Time of COVID-19: Afghanistan," *International Development Law Organization*, published on 30 July 2020. Cited in <https://www.idlo.int/news/notes-from-the-field/rule-law-time-covid-19-afghanistan>. Accessed on 02 December 2020.

⁸⁴ Shadi Khan Saif, "Afghan Police Enforce Stricter Virus Lockdown," *Andalou Agency*, published on 08 April 2020. Cited in <https://www.aa.com.tr/en/asia-pacific/afghan-police-enforce-stricter-virus-lockdown/1796636>. Accessed on 02 December 2020.

⁸⁵ Stone, *op. cit.*

⁸⁶ "The Laws Relating to Communicable Diseases," *The Daily Star*, published on 14 April 2020. Cited in: <https://www.thedailystar.net/law-our-rights/law-analysis/news/the-laws-relating-communicable-diseases-1892692>. Accessed on 04 December 2020.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ "Covid19Graphics 25," Bangladesh Peace Observatory, published on 03 December 2020. Cited in <http://peaceobservatory-cgs.org/#!/peace-highlights-infogr-viewer>. Accessed on 04 December 2020.

marginalised communities) in retail markets.⁹¹

India

Many of the Indian people had subscribed to the wearing of face masks, in stark contrast with the American citizens who claimed face masks to be a 'threat to civil liberties and personal freedom.'⁹² More than 15000 Indian citizens across 202 districts welcomed the punishment by the government if people violated the public health provision.⁹³ Although there still remains a large number of people who chafe at the legal provisions of wearing masks, thereby leading the police to levy the fines.

In India, wearing a mask is a mandatory task, and till mid-June 2020, more than 25,000 people were fined in the capital for not wearing masks in public spaces.⁹⁴ In Mumbai, the Brihanmumbai Municipal Corporation had fined over 14,000 people between April and October for violating the new norm, and collected INR 52.76

lakh (USD 70,432) in the process.⁹⁵ Till October, the fine for visiting any public place *sans* masks was INR 1,000 [around USD 13.7] in India and imprisonment that can last for two years or for a month with fine under Sections 188, 270 and 269 of the Indian Penal Code, or three years of jail under Section 144 of the Criminal Procedure Code.⁹⁶

The Maldives

In the Maldives, the government had to impose travel restrictions and the authorities imposed domestic restrictions as well. The country mostly followed a curfew that started at 10 in the night and ended at 5 in the morning in the capital, while some other sections experienced a different timeline of curfew.⁹⁷ People breaking quarantine rules or isolation had to face fines that had an upper ceiling of 5000 Rufiyaa [equivalent to USD 324.5].⁹⁸ The high rate of fine in terms of purchasing power parity is mostly aimed at the tourists as the country kept the window of visiting open to foreign tourists due to

⁹¹ Ibid.

⁹² Niharika Sharma, "Indians support higher penalties for not wearing a mask in public," *Quartz*, published on 09 October 2020. <https://qz.com/india/1909711/indians-support-high-penalties-for-not-wearing-coronavirus-masks/>. Accessed on 01 December 2020.

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ "These Are the Penalties for Violating Coronavirus Lockdown Rules in India," *Business Insider*, published on 23 March 2020. Cited in <https://www.businessinsider.in/india/news/these-are-the-penalties-for-violating-coronavirus-lockdown-in-india/articleshow/74778635.cms>. Accessed on 01 December 2020. See Also: "Consider Jail Terms, Fines for Social-Distancing

Violation in UP: High Court" *NDTV*, 15 July 2020. Cited in <https://www.ndtv.com/india-news/consider-jail-terms-fines-for-social-distancing-violation-in-up-allahabad-high-court-2262864>. Accessed on 01 December 2020.

⁹⁷ "COVID-19 Alert: Maldives Continues Imposing Measures Through Sept. 6," *Worldaware*, published on 01 September 2020. Cited in [https://www.worldaware.com/covid-19-alert-maldives-continues-imposing-measures-through-sept-6#:~:text=People%20who%20break%20quarantine%20or,5%2C000%20Rufiyaa%20\(324.5%20USD\),&text=While%20there%20is%20no%20mandatory,wit hin%2024%20hours%20before%20travel](https://www.worldaware.com/covid-19-alert-maldives-continues-imposing-measures-through-sept-6#:~:text=People%20who%20break%20quarantine%20or,5%2C000%20Rufiyaa%20(324.5%20USD),&text=While%20there%20is%20no%20mandatory,wit hin%2024%20hours%20before%20travel). Accessed on 01 December 2020.

⁹⁸ Ibid.

the heavy dependency on tourism for survival.

Nepal

In Nepal, after the first two cases of COVID-19 were detected, a country-wide lockdown was imposed by the government in accordance with the Infectious Disease Act 2020 BS, as per the decision of the COVID-19 Prevention and Control Coordination Committee of Nepal.⁹⁹ In accordance with the measures announced, the lockdown was effective from March 24, 2020. During the different phases of lockdown, the government had implemented fines and penalties under the 2020 Act, where the rule-breakers were either clobbered with NPR 100 fine, or one-month of jail, or both.¹⁰⁰ The Nepalese police were the subject of controversy as a photo of a man being forced to carry a gas cylinder as a form of penalty went viral in the country, and other repressive actions were observed against frontline journalists and health officials as thousands across Nepal were subject to detention.¹⁰¹ The situation worsened as the returning migrants from the bordering neighbour China and

various Middle Eastern states were under attack by the police.¹⁰²

The crisis of governance and low-trust issue can be well observed in Nepal as some actors had tried to accumulate gains from the pandemic through corruption and unfair means. One mayor of Nepal distributed rotten rice while a diplomat was detained for being directly involved with black-market infrared thermometer deals. People were quite extreme for getting vehicle passes and trafficking drugs amidst the lockdown as some went so far as to fake deaths.¹⁰³

Pakistan

In Pakistan, a new ordinance was decreed by the president of the country to discourage the hoarding of essential commodities by the trading section.¹⁰⁴ Based on the directives of the Prime Minister of Pakistan, the ordinance comprised a sentence of three years of jail, a fine of fifty per cent of the scheduled articles involved in the case, summary trial and confiscation of the hoarded materials [such as wheat, sugar, flour, ghee (clarified butter), as well as sanitisers, masks, and

⁹⁹ "COVID-19 Lockdown Nepal: Violation Means 'Fine or Imprisonment'!" Nepali Sansar, published on 24 March 2020. Cited in <https://www.nepalisansar.com/coronavirus/covid-19-lockdown-nepal-violation-means-fine-or-imprisonment/>. Accessed on 30 November 2020.

¹⁰⁰ Ibid.

¹⁰¹ Avaniendra Chakravarty and Mira Khadka, "How Nepal Has Tried to Tackle the COVID19 Pandemic," *Observer Research Foundation*, 15 May 2020. Cited in [https://www.orfonline.org/expert-speak/how-nepal-has-tried-to-tackle-the-covid19-](https://www.orfonline.org/expert-speak/how-nepal-has-tried-to-tackle-the-covid19-pandemic-66173/)

[pandemic-66173/](https://www.orfonline.org/expert-speak/how-nepal-has-tried-to-tackle-the-covid19-pandemic-66173/). Accessed on 03 December 2020.

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ "Pakistan: Federal Government Introduces Ordinance to Ban Food Hoarding by Traders Capitalizing on COVID-19 Pandemic," *Library of Congress*, published on 28 April 2020. Cited in <https://www.loc.gov/law/foreign-news/article/pakistan-federal-government-introduces-ordinance-to-ban-food-hoarding-by-traders-capitalizing-on-covid-19-pandemic/>. Accessed on 30 November 2020.

other necessities].¹⁰⁵ This COVID-19 (Prevention of Hoarding) Ordinance 2020 was imposed on 32 scheduled items to prevent the artificial shortage efforts by conniving businesspeople and was enforced by the Criminal Procedure Code (CrPC) 1898 to treat the violators of the ordinance as offenders.¹⁰⁶ The community intelligence efforts were also promoted through this particular offence, as informers who could provide accurate information were rewarded with 10 per cent of the auction proceeds of the confiscated goods.¹⁰⁷ Though this is problematic in a region where trust deficit is already an issue and people are trying to one-up the others, the measure was promulgated as necessary to stabilise the deteriorating law and order conditions amidst the move to attain herd immunity.¹⁰⁸ Questions do arise as various cities of Pakistan saw people roaming about without masks, leading to the imposition of fines; particularly in the capital Islamabad, the district administration imposed a fine up to Rs.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ Aamir Latif, "Pakistan: Lifting Virus Lockdown May Lead to Herd Immunity," *Andalou Agency*, published on 14 May 2020. Cited in <https://www.aa.com.tr/en/asia-pacific/pakistan-lifting-virus-lockdown-may-lead-to-herd-immunity/1840326>. Accessed on 13 December 2020.

¹⁰⁹ "Coronavirus: Heavy fine for not wearing masks in Pakistan's Islamabad," *Khaleej Times*, published on 02 June 2020. <https://www.khaleejtimes.com/coronavirus-pandemic/coronavirus-heavy-fine-for-not-wearing->

2000 [equivalent to USD 12.46] for not wearing face masks in crowded spaces.¹⁰⁹

Sri Lanka

Sri Lanka issued a gazette in October 2020 on the regulation of quarantine during coronavirus, making not wearing masks and failure in maintaining social distance a punishable offense of Rs. 10,000 fine [equivalent to USD 51.75] or six months of imprisonment.¹¹⁰ The new gazette provided the basis of a constant wearing of masks for all the citizens and a steadfast maintenance of social distancing.¹¹¹ Furthermore, Sri Lanka tried to counter the onslaught of fake news and misinformation in the age of the 'infodemic' – as the Acting Inspector General of the Sri Lankan police announced in April 2020 that the ones found to be disseminating false statements about government officials battling the pandemic would be met with imprisonment.¹¹² The subsequent month saw a huge toll of arrests in the country, and the Human Rights Commission of the country had to intervene as the arrests for

masks-in-pakistans-islamabad. Accessed on 14 December 2020.

¹¹⁰ "Sri Lanka Makes Masks Mandatory Under New Quarantine Laws, to Impose Fine if Rule Violated," *News18*, published on 16 October 2020. Cited in <https://www.news18.com/news/world/sri-lanka-makes-masks-mandatory-under-new-quarantine-laws-to-impose-fine-if-rule-violated-2971430.html>. Accessed on 14 December 2020.

¹¹¹ Ibid.

¹¹² Tariq Ahmad, "Freedom of Expression during COVID-19," *Library of Congress*, published in September 2020. Cited in <https://www.loc.gov/law/help/covid-19-freedom-of-expression/srilanka.php>. Accessed on 02 December 2020.

mere criticism of the government was deemed to be unconstitutional.¹¹³

Doing Something Different: Bhutan

Bhutan is one of the countries of the world where prevention of the deadly pandemic has provided a more fruitful result than imposing fines.¹¹⁴ Even the country's fines and penalties revolved around the traffic violation during a strict lockdown [instead of other health-related or fraudulent issues], which is why the traffic division of the Royal Bhutan Police and the Road Safety Authority played an active role in ensuring no community transmission.¹¹⁵ Instead of imposing fines on people, Bhutan proposed 'Our Gyenkhu' - a sustainable approach of changing the behaviour of the people through empowering the citizens in overall health issues, wellbeing practices and lifestyle.¹¹⁶ It is the businesses which have been mostly fined in Bhutan for hiking the price of masks.¹¹⁷

The success of Bhutan can be attributed to a number of natural influential factors such as the nature of the terrain and the small number of people. But at the same time, it must be remembered that the Bhutanese

people have been approaching sustainability as a way of life for a while and their educational awareness remains very high.

Regional Responses: South Asian Association for Regional Cooperation (SAARC)

SAARC, in its otherwise lack of effective leadership, had become active since the early days of the pandemic, as it was noted by the states that the pandemic could not be fought alone. Afghanistan in particular addressed the porous border issue in implementing lockdowns, while countries like the Maldives find it difficult to gain adequate health supplies.¹¹⁸ This is a time when the organisation tried to come up with a COVID-19 fund, but even so, the regional political tension emerged as the dominant factor, and with the India-Pakistan tussle at the top level, although no penalty-esque sanction was imposed in this regard, alternative modes of bilateral and multilateral fora were sought out and

¹¹³ Ibid.

¹¹⁴ "Our Gyenkhu' More Noble than Imposing Fines, Health Minister on Face Masks Usage," *The World News*, published on 03 October, 2020. Cited in: <https://theworldnews.net/bt-news/our-gyenkhu-more-noble-than-imposing-fines-health-minister-on-face-masks-usage>. Accessed on 04 December 2020.

¹¹⁵ Yangyel Lhaden, "Severe Penalties for Traffic Offences Proposed," *Kuenselonline.com*, published on 15 July 2020. Cited in [https://kuenselonline.com/severe-penalties-for-](https://kuenselonline.com/severe-penalties-for-traffic-offences-proposed/)

[traffic-offences-proposed/](https://kuenselonline.com/severe-penalties-for-traffic-offences-proposed/). Accessed on 04 December 2020.

¹¹⁶ *The World News*, *op. cit.*

¹¹⁷ Jigme Choden & Sonam Pem Tshoki, "Pharmacies in Thimphu run out of face masks," *Kuensel Online*, published on 01 February 2020. Cited in <https://kuenselonline.com/pharmacies-in-thimphu-run-out-of-face-masks/>. Accessed on 30 November 2020.

¹¹⁸ Smruti S. Pattanaik, "SAARC COVID-19 Fund: Calibrating a Regional Response to the Pandemic," *Strategic Analysis*, vol. 44, no. 3, 11 September 2020, pp. 241–252.

pursued for cooperation of the regional actors.¹¹⁹

What Are the Possibilities of Transformative Governance?

There are three particular effects of compliance with almost all the monetary law and order measures that can be considered universal: the first is the deterrent effect of fines and penalties (that is costly for the individual), the second one is the awareness effect (that benefits the society as the whole), and the third is a grey zone (where individual and societal benefits are difficult to measure).¹²⁰ Since the last one depends on the perception of people and is thereby a relative matter, the first two options are noteworthy.¹²¹

The efforts put forward by most of the South Asian countries are noteworthy, for they combine the public health issues with a mode of transformative governance by involving the law and order officials. In this scenario, the public health approach, communication approach and criminal justice approach – all play a crucial role for strengthening the healthcare system, disseminating information and enforcing

lockdown in an attempt to curtail the spread of the virus through civil and criminal penalties.¹²² Although sometimes seen as ‘uncertain’ and ‘experimental’ modes of governing, transformative governance emerge by dint of evidence, with the role of the state enshrined in the potential of experiment and the paradigms of driving policy changes.¹²³ Thereby, in a way, fines and penalties are laudable – for the increased fines and penalties can deter the general populace (the rate of infection in the immediate aftermath of a fine/penalty drive speak in favour of this measure). However, it must be remembered that among the three mentioned approaches in dealing with a pandemic, the criminal justice measures should always take the backseat.¹²⁴ One example can be explored through the measures taken by the Indian government vis-à-vis migrant labour. After lockdown suspended public transportation, India’s internal migrants started walking to their state of origin on foot; and instead of imposing fines, the state sponsored specially operated trains and road transportation for their safe return, with facilities such as no bus fare, free food and health screening.¹²⁵

¹¹⁹ Ibid.

¹²⁰ Misha Ketchell, “Will Increasing Fines Make People Comply with Coronavirus Rules?” *The Conversation*, published on 29 September 2020. Cited in <https://theconversation.com/will-increasing-fines-make-people-comply-with-coronavirus-rules-146900>. Accessed on 04 December 2020.

¹²¹ Ibid.

¹²² ASM Ali Ashraf, “Fine/Penalty during Pandemic: Effectiveness and Challenges.” *E-Seminar Series on COVID-19: Social Tension, Cohesion and Response in Bangladesh*, 12 August 2020. Cited in

<https://fb.watch/37s-lFfr-e/>. Accessed on 10 December 2020.

¹²³ Yasmine Willi, Gero Nischik, Dominik Braunschweiger, Marco Putz, “Responding to the COVID-19 Crisis: Transformative Governance in Switzerland,” *Tijdschrift voor economische en sociale geografie (Journal of Economics and Human Geography)*, vol. 111, no. 3, 19 June 2020, pp. 302-317.

¹²⁴ Ashraf, *op. cit.*

¹²⁵ Madhunika Iyer, “Migration in India and the Impact of the Lockdown on Migrants,” *PRS Legislative Research*, 10 June 2020. Cited in

Also, in an ingenious response, it can be observed that people of many countries wear the mask for appeasing the law enforcement officials or for avoiding fines or penalties. This limited deterrence effect wears off as soon as a drive is over, despite the rate of infection and death being still quite high in some countries. A phenomenon akin to the trust deficit among people in a backward society, this mode of short-term compliance may have a probability to not work in the long run.¹²⁶ Therefore, it is always appreciated when a voluntary compliance that is mindful of other people and their wellbeing is undertaken.

The long-term awareness effect, however, requires more groundwork and a whole-of-society approach, as the case of Bhutan aptly summarises. Although Bhutan has a small number of people compared to the big South Asian neighbours, it has avoided high casualties and keeps a moderate number of infection by dint of the awareness programme that the country runs on a day-to-day basis. The effective mix of bottom-up approach with a top-down directive works in favour of the Bhutanese people who are keeping a clean

record in South Asia despite being geographically proximal to China, the 'origin' of the outbreak of the pandemic.

This particular model fits well with the transformative governance efforts where 'the necessary continuance of Public Health in the face of diverse and ubiquitous global challenges' must be revolved around the notion of achieving 'health for all,' regarding health as a 'rights-based universal good.'¹²⁷ This particular mode of transformative governance seeks to confront the broader social inequalities and power disparities rooted in 'historical and structural injustices,' and try to commit to a cause of reformation that goes beyond just a sound body to a broader political, social and economic reform.¹²⁸ After all, transformations, in the politico-scientific language, refer to the 'wider, societal, large-scale, and non-linear structural change processes' – thereby providing the basis of a radically different policy outcome.¹²⁹

<https://www.prsindia.org/theprsblog/migration-india-and-impact-lockdown-migrants>. Accessed on 25 February 2021.

¹²⁶ Ketchell, *op. cit.* The notions of trust deficit and backward society are taken from the powerful ethnography by Edward C. Banfield, *The Moral Basis of a Backward Society* (Glencoe, New York: The Free Press, 1967).

¹²⁷ Jens Holst, "Global Health – emergence, hegemonic trends and biomedical reductionism," *Globalization and Health*, vol. 16, 06 May 2020, p. 1.

¹²⁸ Nneoma E Okonkwo, Ugochi T Aguwa, Minyoung Jang, Iman A Barré, Kathleen R Page, Patrick S Sullivan, Chris Beyrer and Stefan Baral,

"COVID-19 and the US response: accelerating health inequities." *BMJ Evidence-Based Medicine*, 19 June 2020. Cited in <https://ebm.bmj.com/content/early/2020/06/03/bmj-ebm-2020-111426>. Accessed on 13 December 2020. See also: Sriram Shamasunder, Seth M. Holmes, Tinashe Goronga, Hector Carrasco, Elyse Katz, Raphael Frankfurter and Salmaan Keshavjee, "COVID-19 reveals weak health systems by design: Why we must re-make global health in this historic moment," *Global Public Health*, vol. 15, no. 7, 30 April 2020, pp.1083-1089.

¹²⁹ Willi et. al., *op. cit.*

Conclusion

The COVID-19 is akin to a portal, as Arundhati Roy had expressed – where one can choose to trudge through the heavy muck of the mismanagement and mal-governance or take the path of a lighter, better world.¹³⁰ As it can be seen from the South Asian country practices, the Bhutanese model of voluntary compliance with health rules is one that is alluring to the others. However, the possibility of emulation is different in other South Asian states because of their

size of population, poverty rates, other unsustainable approaches to health governance and the fundamental difference in the level of education and awareness among the people. Therefore, for a transformative governance that surpasses health governance and impacts all in a positive manner, people must become aware of themselves beyond their own ones. All must understand how the action of one impacts another, so that a voluntary compliance with the new norms is possible through empathy, compassion and respect for the human being.

¹³⁰Arundhati Roy, “The Pandemic as a Portal,” *Financial Times*, published on 03 April 2020. Cited in [https://www.ft.com/content/10d8f5e8-74eb-11ea-](https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca)

[95fe-fcd274e920ca](https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca). Accessed on 06 December 2020.

Annex:

Some definitional clarification according to BPO Codebook.

Gunfight. Shootout opposing the police or security forces to criminals, militants or other irregular forces that do not match the definition of a non-state armed group.

Clash. Two-sided violence between groups, outside of the context of war or insurgency. *Example: supporters of rival political parties fight each other.*

Assault. One-sided violence by an individual or small group against another individual or small group. *Example: stabbing, shooting of someone by a perpetrator*

Fight. Two-sided violence between individuals or small groups. *Example: brawl between 3-4 people.*

Sexual assault. One-sided sexual violence, such as rape or attempted rape, by an individual or small group against another individual or small group.

Destruction of property. One-sided violence perpetrated with the intent of damaging property. *Examples: vandalism, arson.*

Mob violence (large group assault). One-sided violence by a mob or large group against an individual or a comparatively small and/or defenseless group. *Examples: lynching of a thief, looting of shops and houses owned by a religious minority.*



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