

CGS PEACE REPORT

an initiative of BPO

CGS
CENTRE FOR
GENOCIDE
STUDIES
UNIVERSITY OF DHAKA



Volume 4, Issue 2
March-June 2020*

*Published on 28 October 2020.
Delayed because of Covid-19 pandemic.



Crime and Violence in Bangladesh:
An analysis from BPO

Covid-19 Resilience in Bangladesh: A BPO Analysis

Building Resilience through Community Engagement to Combat Covid-19 Pandemic in Bangladesh

Global experiences of resilience against coronavirus and lessons for Bangladesh

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From the Editor's Desk

Covid-19 pandemic puzzles me a lot, particularly in understanding or should I say, not understanding human behaviour. Take, for instance, the number of deaths per million in Bangladesh due to Covid-19 pandemic, which is 35 today, while that of the US is 697, still there are Bangladeshis who think that the US is much safer than Bangladesh! Again, the death per million in the UK or Canada is 662 and 264 respectively, yet Bangladeshis find the latter two countries safer than Bangladesh! I say this because I found some of my acquaintances, including older parents, visiting these countries during the pandemic on the ground of meeting their family members and not the other way around, the family members coming to Bangladesh to see their loved ones. Why this is the case?

I probably would agree that the rate of infection in Bangladesh is much higher than the one the Health Department of the Government of Bangladesh announces daily. This is not only because of the weak data but also because Bangladesh - the 8th largest country in the world, indeed, with over 1,105 people per square kilometre and over 85 percent of the workforce in the informal sector - simply cannot afford to enforce a curfew-like lockdown of the cities as it has been done in some of the countries in the world with some success. But then, one cannot deny that the rate of casualty has remained relatively low up until now compared to the developed countries. The answer probably lies in the 'mind' as to why a sizeable section of the Bangladeshis find their country 'unsafe' compared to the pandemic-hit developed countries, although there is no evidence to back this up. In fact, once the fear infects the mind, and there could be important reasons for that, it becomes difficult to overcome such fear. Having gone through genocidal violence twice (1947 and 1971) and steeped into poverty for a century or two, coupled with the factor of misgovernance and having an alarmist public discourse, it is quite natural that many Bangladeshis would continue to reproduce the fear of the place inherited from the past in their minds. What is to be done then?

Indeed, if we were to go by the experience of the some of the countries that succeeded in overcoming such fear then what is required is a set of good practices that is visible to the public in areas of infrastructure, education, health and entertainment. Now that the 'American Dream' is losing its steam, particularly with the Covid-19 pandemic and the politics of singularity under Donald Trump, maybe some of the creative Bangladeshi minds, both at home and abroad, would start investing in what could be called the 'Bangladesh Dream'!

27 October 2020

Imtiaz Ahmed
Professor of International Relations &
Director, Centre for Genocide Studies,
University of Dhaka

Crime and Violence Update in Bangladesh: An Analysis from BPO

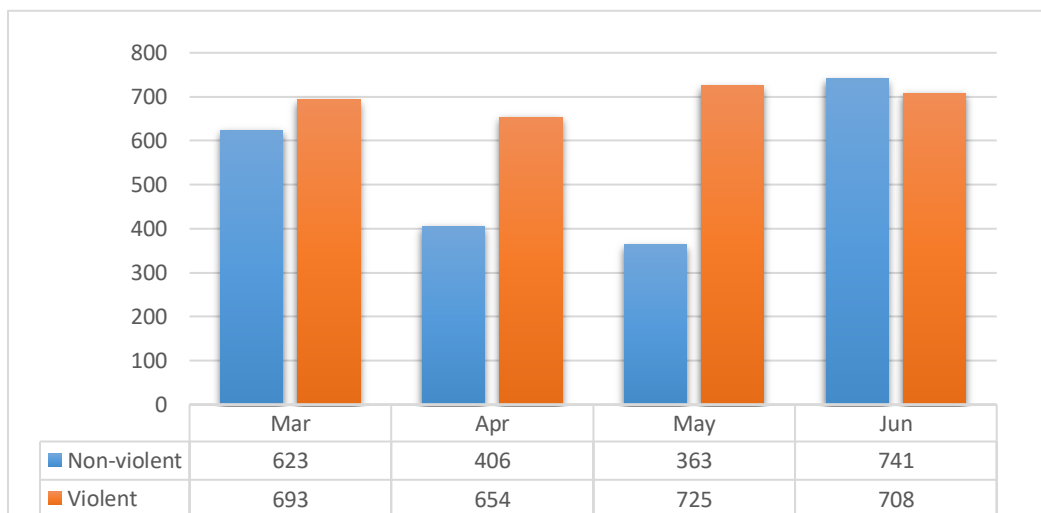
Violence update (March-June 2020)

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 March to June 2020, BPO recorded a total of 2781 violent¹ and 2133 non-violent² incidents.

Figure 1 and 2 show the monthly segregation of the violent and non-violent incidents of March-June 2020 and November 2019-February 2020,

respectively. Drawing a comparison between these timelines, one can observe from Figure 2 that in November 2019-February 2020, the number of non-violent and violent incidents has a nominal difference. But from Figure 1, it is seen that the number of non-violent incidents sharply dropped in April and May 2020. By June, however, the number of non-violent and violent incidents assumed the pattern of November 2019-February 2020.

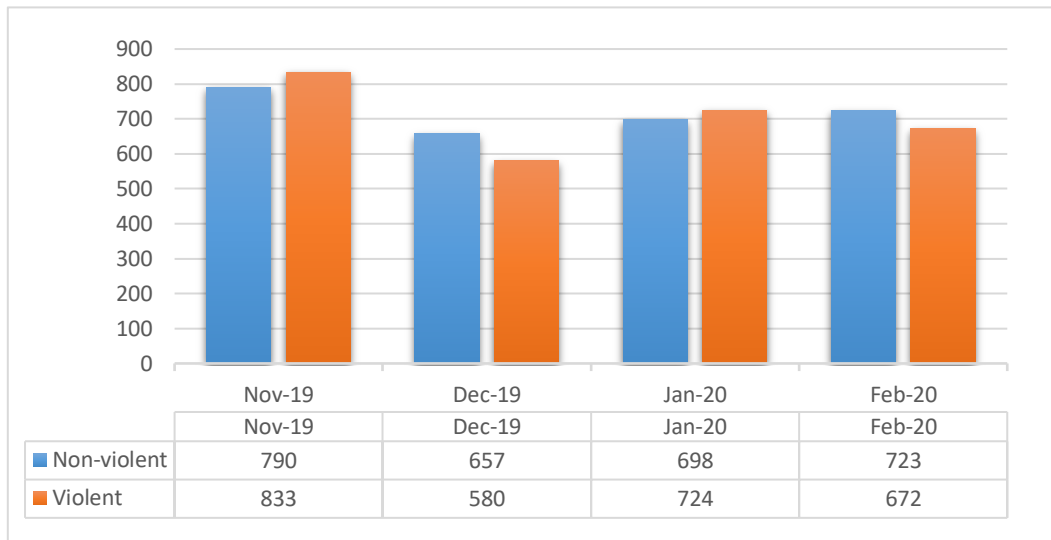
Figure 1: Monthly segregation of Violent and Non-violent incidents from March to June 2020



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.

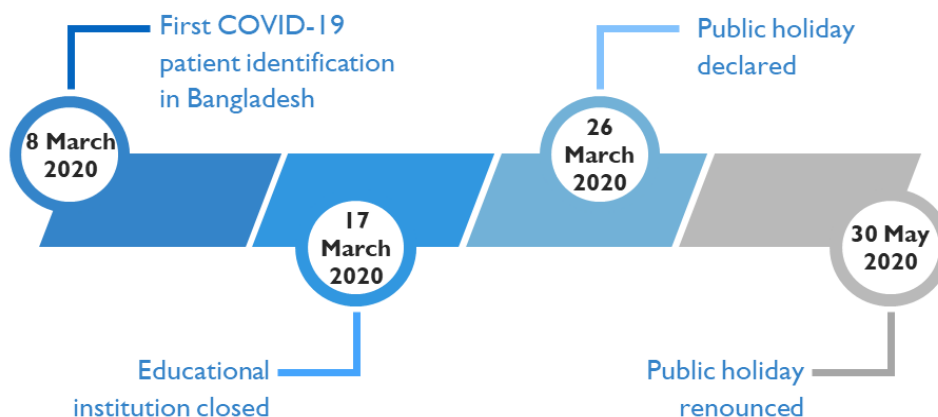
Figure 2: Monthly Segregation of Violent and Non-violent incident from November 2019-February 2020



According to BPO data, the overall number of incidents decreased by 13.44 % in March- June 2020 than the previous four months. It is important to note that, in the first half of the year 2020, the world has been severely impacted by the COVID-19 pandemic spread, both at the macro and micro levels. Bangladesh was no exception. On 8 March 2020, the first

COVID-19 patient was identified in Bangladesh. Since this issue covers the incident update from March- June 2020, the analyses also have correlations to the pandemic and its impact in Bangladesh. Several measures were taken to combat the situation from March. Figure 3 outlines a timeline of the first identification of COVID-19 patient in Bangladesh and the response after that.

Figure 3: COVID-19 Response Timeline



Source: The Daily Star

Table I summarizes 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 assault, clash, fight, violent demonstration have increased and incidents like gunfight, sexual assault, abduction/hostage have

decreased. Other categories depict nominal fluctuations.

It is observable that the decline in the total number of incidents is mostly due to the drop in non-violent incidents in April and May 2020. To understand the underlying reasons, an examination of the motives of non-violent incidents in the previous four months may provide plausible indicators.

Table I: Comparison of major violent types: March-June 2020 and November 2019- February 2020

Major Violence Types	November 2019-February 2020				March 2020-June 2020			
	Nov	Dec	Jan	Feb	March	April	May	June
Abduction/hostage	26	12	26	18	26	6	8	16
Assault	521	365	421	424	446	450	462	510
Clash	63	53	52	63	67	103	100	44
Destruction of property	9	12	10	9	12	10	12	5
Fight	25	17	15	9	26	16	33	10
Gunfight	21	21	19	27	21	10	19	20
Mob violence (large group assault)	6	5	9	3	6	5	4	8
Other	17	29	56	27	11	11	9	5
Sexual assault	127	60	108	85	65	41	56	83
Unclear	13	6	8	4	5	0	12	8
Unspecified	3	0	0	0	0	2	5	1
Violence against civilians	3	0	0	0	3	1	1	0
Violent demonstration	1	1	1	2	2	0	6	0

Law enforcement agencies and criminals

From November 2019 to February 2020, out of 2868 non-violent reported incidents, arrest attempts and raids by law enforcement agencies constitute 2761 cases. A total of 13016 people were arrested in non-violent cases. The majority of the arrestees were drug peddlers, smugglers, convicts of different charges, criminals or offenders of laws on various counts. In March-June 2020, out of 2132 non-violent cases, arrest attempts and raids carried out by the law enforcement agencies constitute the major motive for non-violent incidents. Alongside the usual criminals, law enforcement agencies also arrested a significant number of local government representatives, illicit businessmen, frauds, and other offenders who took advantage of the pandemic situation. The pandemic situation may also have contributed to the drop in the total number of arrested

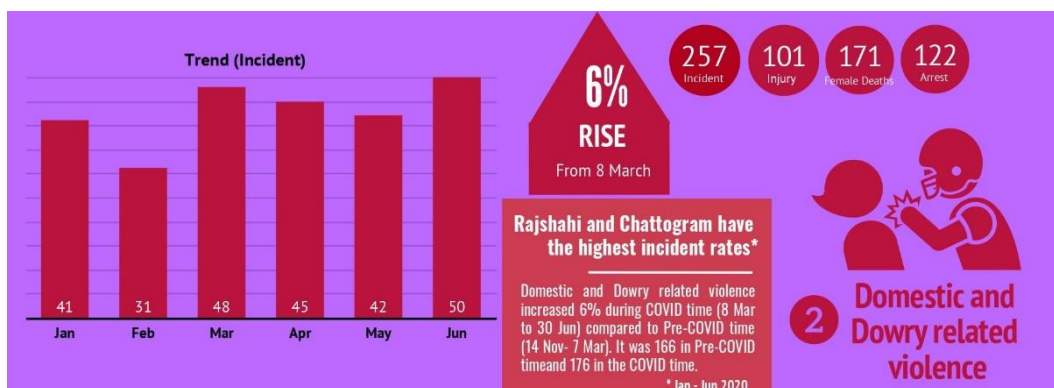
people in non-violent incidents (6920) as a public holiday was declared from 26 March to 30 May (Figure 3).

Understanding the high number of Assault

BPO enlists the inter-personal attacks carried out by different parties against one person/persons by other person/persons for various motives under the assault category. The motives include domestic violence, land-related and economic enmity, social-personal rivalry, attacks with criminal intent, suicide attempts, etc. Besides, the recovery of unidentified dead bodies is also enlisted under the assault category. Domestic violence and dowry related assaults have risen during the COVID-19-time. Peacegraphics, a monthly infographic publication of BPO containing the analysis of 10 categories of violence, has shown that domestic and dowry-related violence has risen by 6% in COVID-19 period.³

³ Peacegraphics- a BPO e-Newsletter, 24 July 2020, Available at- <http://peaceobservatory-cgs.org/#/peace-highlights-infogr-viewer>. Accessed on 23 August 2020.

Figure 4: Domestic and Dowry-related Violence Jan-Jun 2020⁴



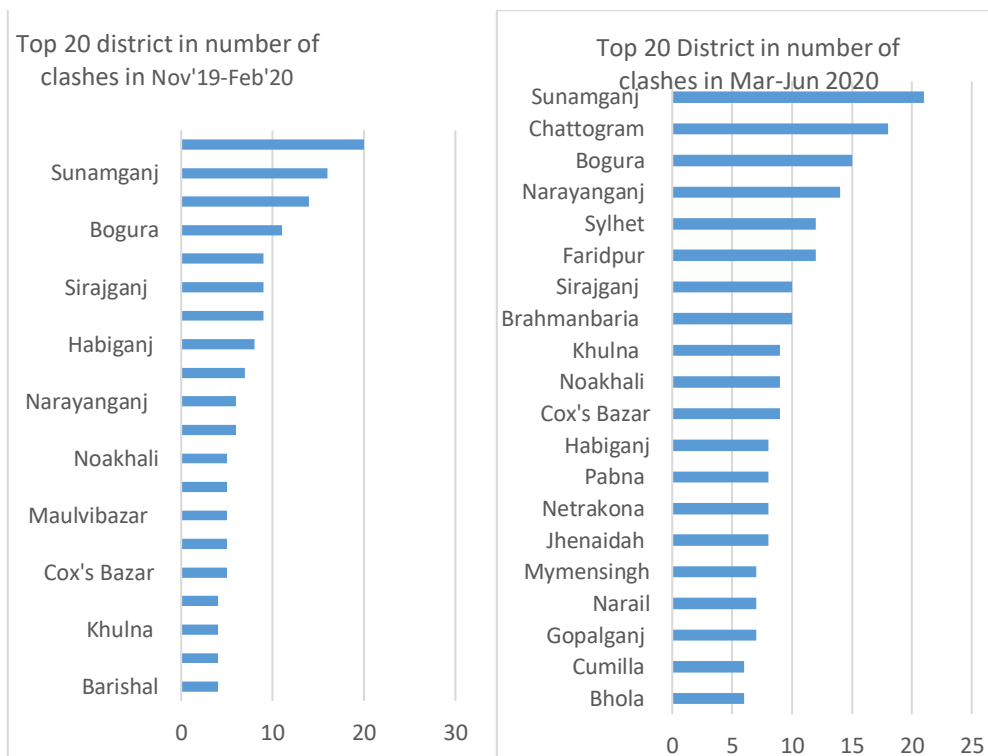
Clash between large groups amid pandemic: motives, casualties, and location

Clash denotes violent conflicts between two large groups. The number of clashes has increased in March-June 2020 than November 2019-February 2020. The motives of clashes in the previous four months were mainly political tension, social rivalry, control over land or natural resource, economic and business-related feuds, etc. In March-June 2020, clashes over land/natural resource control and strengthening social position have increased noticeably; but conflict driven by political motives has gone down. Although the number is higher, the number of

casualties in the clashes did not exceed 65; whereas in November 2019-February 2020, there were three clashes where more than 100 people were injured. The number of reported clashes has increased in each division and some of the districts since March. From Figure 5, one can observe that the locations of the clashes are different in the two time periods. The incidents are spread across different districts. An interesting trend is observable in Table I that is, the number of clashes increased sharply during April and May when a public holiday was imposed all over the country. After the public holiday was withdrawn on 30 May, the number of clashes in June decreased sharply (See Table I).

⁴ *ibid.*

Figure 5: District-wise segregation of clashes: regional analysis



Increase in fights

Fight alludes to the violent quarrel between a small group of people. The number of fights increased in March-June 2020 compared to the previous four months. In the previous months, the main motives of fight included, inter or intra-family quarrel, personal feuds, land, and other resource-related feuds and other trifling issues, etc. In March-June 2020, other than social feuds, intra-party-political fights increased whereas land or resource-related fights decreased.

Violent demonstrations: a consequence of the pandemic?

From March to June, the number of violent demonstrations reported is much lower than other violent categories, even though it increased than November 2019-February 2020. Its significance lies not in the nominal increase, but in the motive of these violent demonstrations and the parties who carried them out. Seven out of eight reported violent demonstration incidents are related to the COVID-19 situation, as the parties demanded due wages, compensations after the sudden

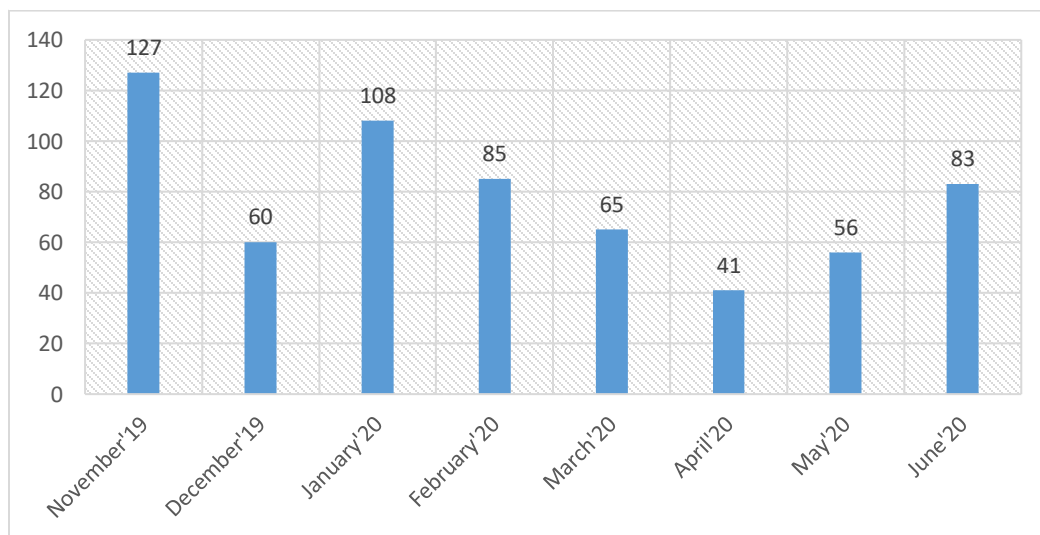
shutdown of the workplace due to the pandemic. BPO also recorded at least 55 incidents of peaceful protests from April to June by laborers, garments workers, local people, and various organizations demanding due wages, relief, and proper management of resources during the pandemic.

Decrease in Sexual Assault: stay home, stay safe?

The number of sexual assaults decreased in March-June 2020 than the previous four months. This decrease may be explained by the closure of educational institutions since mid-March 2020. Figure 6 shows the monthly segregation of the sexual assault incidents, and it suggests that, although the total number of incidents is lower, the

pattern is showing a gradual increase in sexual assault incidents from May 2020. This may be associated with the opening up the economy. In December, the number of incidents was also considerably lower than the rest of the months. In Bangladesh, December is the month when most of the educational institutions remain closed due to the winter holiday and academic year-end. Between November 2019 to February 2020, the number of victims of sexual assault was 480, and between March to June 2020, the number has declined to 254. Although in both timelines, the majority of the victims are girls below 18 years; the decline in the later period may be associated with the closure of schools and educational institutions.

Figure 6: Monthly Segregation of Sexual Assault incidents



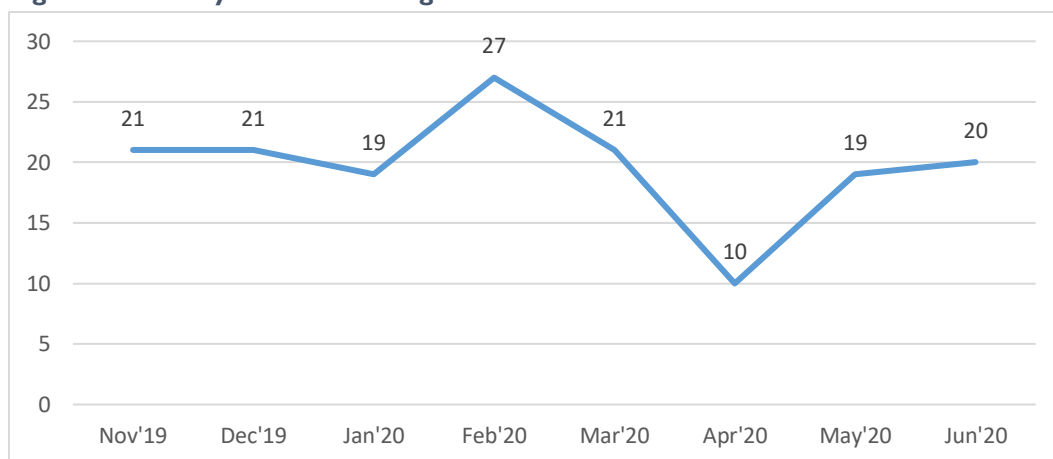
Decrease in Gunfight

Most of the gunfights took place between the law enforcement agencies and drug peddlers/smugglers and robber gangs in March-June 2020. Between November 2019 to February 2020, a similar scenario was observed in terms of gunfights. The number of gunfights is higher in November 2019-February 2020 than in March-June 2020 (Figure 7). Though the reasons for the sharp decline in April are not identifiable from the data, one might correlate it as an immediate consequence of the pandemic.

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. These three divisions are the most populous in Bangladesh.

But if the population ratio⁵ is applied to understand the incident prevalence and its consequences, then a different picture comes out. Indeed, if the population ratio is considered then, the Barishal division occupies the first position in terms of incident rate, death rate, female death rate, sexual assault rate, and the second

Figure 7: Monthly Trend of Gunfight



Violence/population nexus

Figure 8 provides a spatial glimpse through the divisional distribution of the recorded incidents and its consequences. The graph illustrates that Dhaka, Chattogram, and

position in injury rate. The Rajshahi division is the second in death rate, incident rate, and female death rate, while the Sylhet division is first in terms of injury (See Table 2).

⁵ 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 1 April 2020.

Figure 8: Divisional segregation of incidents and consequences: March-June 2020

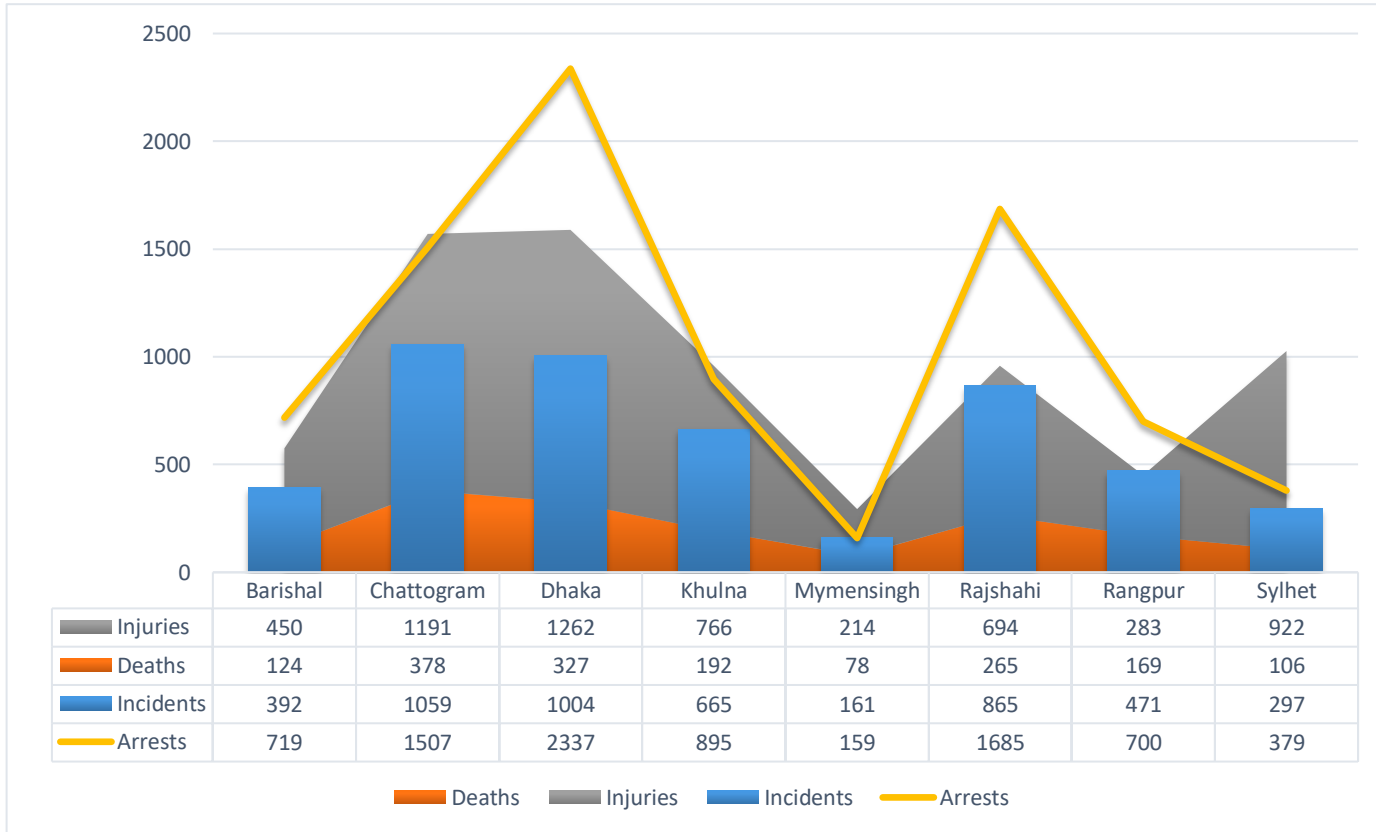


Table 2: Divisional segregation of incidents and consequences in terms of population

Division	Incident	Rate by Death pop*	Death	Rate by pop*	Female Death	Rate by pop*	Injury	Rate by pop*	Sexual Assault	Rate by pop*
Barishal	392	4.71 (1 st)	124	1.49 (1 st)	46	0.55 (1 st)	450	5.40 (2 nd)	20	0.24 (1 st)
Chattogram	1059	3.63	378	1.30 (3 rd)	100	0.34	1191	4.09	47	0.16
Dhaka	1004	2.02	327	0.66	93	0.19	1262	2.54	61	0.12
Khulna	665	4.24 (3 rd)	192	1.22	57	0.36	766	4.88 (3 rd)	33	0.21 (3 rd)
Mymensingh	161	1.42	78	0.69	32	0.28	214	1.88	11	0.10
Rajshahi	865	4.68 (2 nd)	265	1.43 (2 nd)	95	0.51 (2 nd)	694	3.75	42	0.23 (2 nd)
Rangpur	471	2.98	169	1.07	61	0.39 (3 rd)	283	1.79	29	0.18
Sylhet	297	3.03	106	1.08	23	0.23	922	9.40 (1 st)	11	0.11

Covid-19 Resilience in Bangladesh: A BPO Analysis

Tithy Mondal*

The Covid-19 has disrupted the lives of people across the world. This outbreak is an unprecedented crisis. However, it has also brought out the humane side in people. People irrespective of class, caste, and creed have stepped forward to help each other to overcome the pandemic situation. Bangladesh is no exception. While some are working on the frontline, like doctors, law enforcement agencies, and media workers, others are backing them up through raising mass awareness to contain the spread of the virus. Bangladesh is one of the most affected countries in South Asia, which is struggling hard to handle the pandemic situation. Along with the spread of the virus, many people are also struggling with unemployment, uncertainty of food and shelter. To support these people, government bodies, Non-governmental organizations (NGOs), International non-governmental organizations (INGOs), social-cultural-political organizations, and individuals are working relentlessly.

Bangladesh Peace Observatory (BPO) dataset records a total of 1,510 cases of resilience till 13th June 2020. Initially, the incidents of resilience were high which gradually started to decline. The latest version of Covid-19 graphics demonstrates that the act of resilience has decreased by 15% since the preceding week. Covid-19 graphics is a weekly online publication of BPO that projects the Covid-19 related incidents in Bangladesh. BPO has mapped Covid-19 related

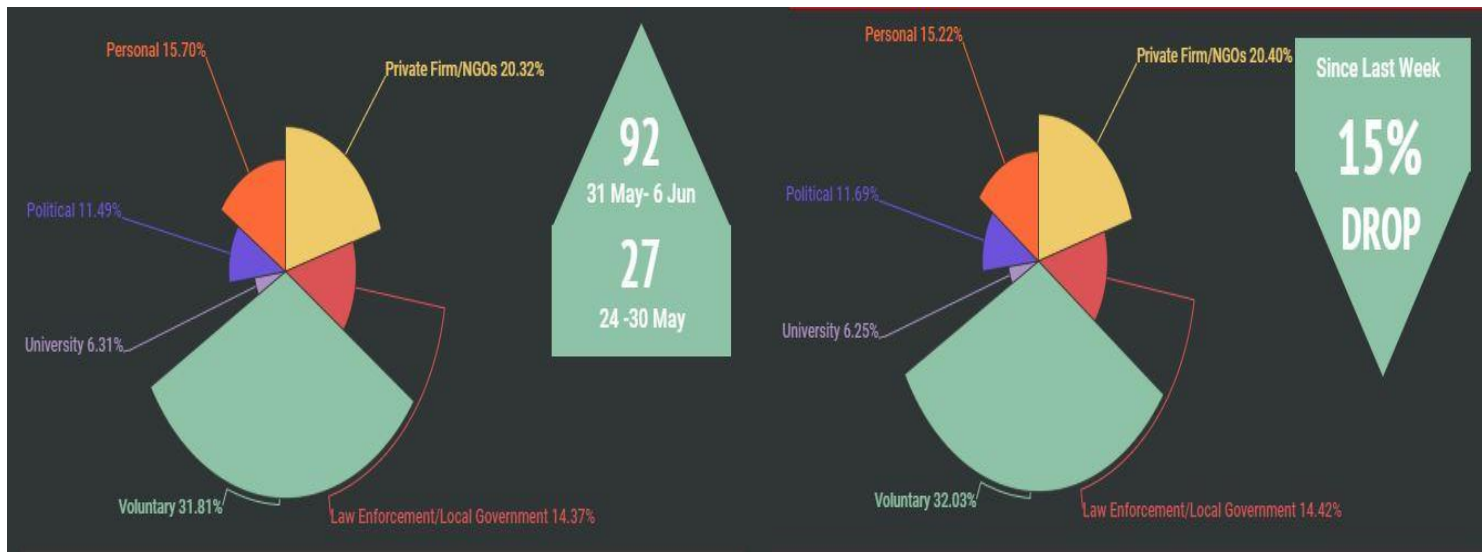
incidents in Bangladesh in nine categories – verbal abuse/social stigma, fine/penalty/punishment, rumors, Covid-like symptoms death, paranoia, fear-mongering, resilience, protest, and violent incidents to understand the social impact of this pandemic.

Soon after the first case of coronavirus positive patient came into the news in March, many social organizations came forward with safety and preventive drives like, spraying disinfectants, awareness raising, distributing leaflets, masks and hand sanitizers and so on. Gradually the pattern of resilience also changed. The organizations started distributing essential food items to ensure food for everyone. The government came forward with relief distribution, built field hospitals, and distributed free oxygen cylinders to the critical patients. As stated earlier, BPO has recorded a total of 1,510 cases of resilience till 13th June 2020. BPO dataset projects a shifting trend of gradual increase and decrease in the act of resilience. Figure 7 depicts that in the beginning of April, the number of resilience increased by 93% (from 72 to 139), which decreased by 33% in the following week. From the mid of April, the number increased and was consistent until the mid of May. By the end of May, BPO recorded the highest number of resilience-related incidents. Following that the number was decreased by 61% in the following week, which is still prevalent. Multiple factors might contribute to the

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decline in the act of resilience. Amidst this pandemic, Bangladesh was hit by cyclone and flood, which may be the factors behind the major shifts. Besides, re-opening of

work sectors might be another reason for such declining trend.



Source: Covid-19graphics 9 and 10⁶

Image: 1

⁶ Covid19graphics. Cited in https://infogram.com/covid19graphics-9-1h7j4d8gzm3v6nr?live&fbclid=IwAR3HdGcOMmoZQNO2X-oFG3ZG2hjhaaINdJPqfxclh16f1FTb_aG-hyHclBc and https://infogram.com/covid19graphics-10-1ho16ve8z3mx2nq?live&fbclid=IwAR30AZkmLiXEX_UQCj0X5iijdIH1ExhS49Mi02ex4ewD3UYf4tEgg2j9IU. Accessed on 18 June 2020.

Figure 9: Weekly Trend of Resilience



To identify the individuals and integrated forces involved in the act of resilience, BPO has segregated resilience-based incidents into six categories. The categories are University/Educational Institutions, Private Firms/NGOs, Law Enforcement Agencies/Local Government, Political, Personal, and Voluntary. Among these six categories, BPO data demonstrates that voluntary groups or organizations played the most important role by actively participating in helping the people to combat the Covid-

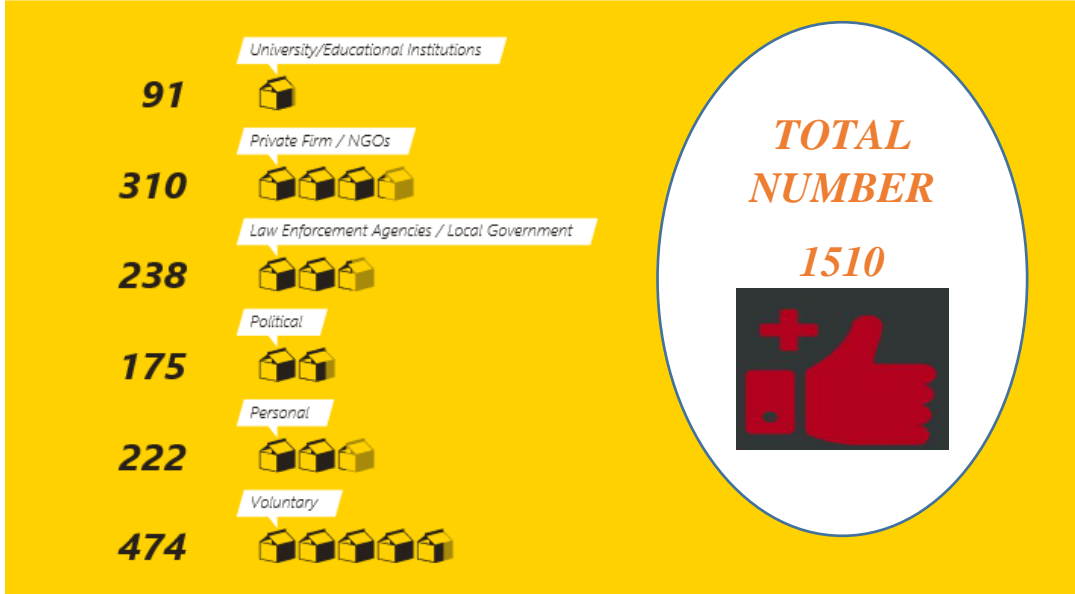
19 outbreaks. Many educational institutions and its teachers-students came with innovative ideas to fight the corona crisis. Besides, at personal levels, individuals came forward to lend a helping hand to the people in need. For example- A beggar has donated Tk. 10,000 to the UNO's relief fund for food assistance to the unemployed people of Jhenaigati, Sherpur.⁷ Lastly, law enforcement agencies' and local government's participation in the act of resilience is also praiseworthy.

⁷ "ব্রাণ তহবিলে ভিক্ষার টাকা দান," *Daily Ittefaq*, 22 April 2020. Cited in

https://epaper.ittefaq.com.bd/2020/04/22/images/15_106.jpg Accessed on 25 April 2020.

Figure 10: Categories of Resilience

CATEGORIES OF RESILIENCE



As the above-stated figure reveals, voluntary groups contributed the most with 474 incidents of resilience. Secondly, there are private firms/NGOs. Several national-international NGO's are actively working in different sectors. In this corona crisis, they have prioritized their focus to contain the spread of the coronavirus, which is evident in this BPO data.

Alongside these organizations, different political parties of Bangladesh also stepped forward to help the needy people to fight this pandemic. For example- Awami League has launched mobile health aid in Kazipur, Sirajganj,⁸ whereas Bangladesh Nationalist Party provided 700 PPE to different hospitals across the Bogura district.⁹

⁸ "কাজিপুৰে আ.লীগেৰে 'মোবাইল হেলথ এইড' হটলাইন চালু," 15 April 2020. Cited in <https://www.banglatribune.com/country/news/618925/>. Accessed on 22 April 2020.

⁹ "বগুড়ায় বিভিন্ন হাসপাতালে ৭০০ পিপিই দিলো বিএনপি," 19 April 2020. Cited in <https://www.banglanews24.com/politics/news/bd/783821.details>. Accessed on 22 April 2020.

Some Examples of Resilience:

- * Faculty of Fine Arts Students from Rajshahi University started a new initiative to help impoverished people during the Covid-19 crisis. They sold their paintings and collected funds to support the poor, jobless people financially and opened a Facebook group to take orders for paintings as well.¹⁰
- * Researchers at Daffodil International University in Bangladesh are using an open-source Artificial Intelligence technology that can diagnose Covid-19 by using chest x-ray images.¹¹
- * Bashundhara group has given the government the International Convention City Bashundhara (ICCB) to be converted into a hospital to treat Covid-19 patients.¹²
- * The Bangladesh Army has taken an exceptional initiative called 'One Minute Market' to stand by the distressed people during the Corona crisis in Chattogram.¹³
- * The Bidyananda Foundation provided food to 20,000 people in the capital who are affected by the lockdown.¹⁴
- * Bangladesh Khishak League, Awami League, and Chhatra League helped the farmers by cutting and transporting the paddy from the field to their houses as the farmers could not find any labor to cut their ripe paddy in Chattogram.¹⁵

¹⁰ "Rajshahi University students to sell paintings to help poor people," 20 April 2020. Cited in <https://www.banglanews24.com/education/news/bd/784116.details>. Accessed on 21 April 2020.

¹¹ "Bangladesh's Daffodil University using open-source AI for Covid-19 test with x-ray images," 1 April 2020. Cited in <https://bdnews24.com/bangladesh/2020/03/29/bangladeshs-daffodil-university-says-its-ai-can-detect-Covid-19-through-x-ray-reports>. Accessed on 2 April 2020.

¹² "ICCB to be turned into Covid-19 hospital," *The Daily Star*, 29 March 2020. Cited in <https://epaper.thedailystar.net/Home/ShareArticle?OrgId=ae8c3515&imageview=1>. Accessed on 30 March 2020.

¹³ "One-minute Bazar: An Army initiative," 12 May 2020. Cited in <https://www.banglatribune.com/others/news/623321/>. Accessed on 14 May 2020.

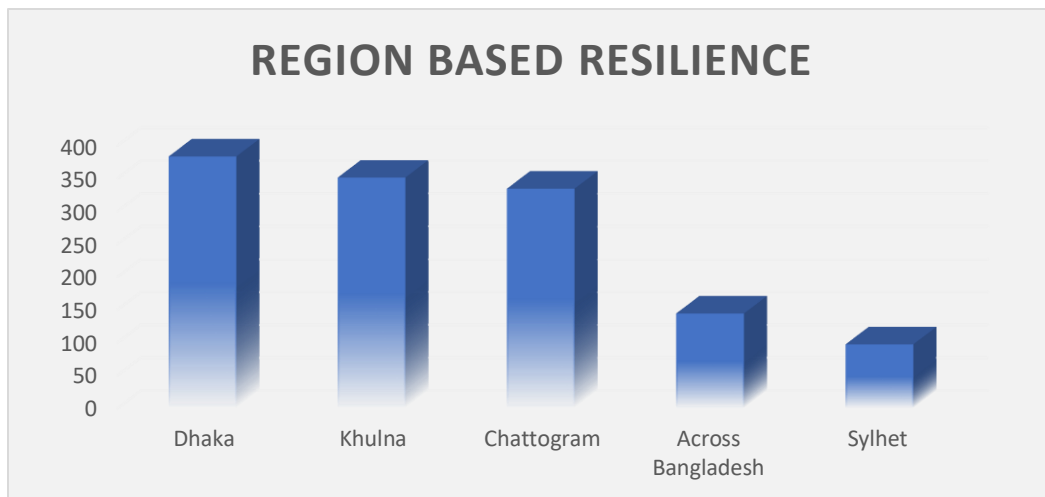
¹⁴ "Food distribution among helpless people during rain," 26 April 2020. Cited in <https://www.banglatribune.com/others/news/620841/>. Accessed on 28 April 2020.

¹⁵ BTV, 25 April 2020. Prime Time News- 8.00 pm and late-night news 10.00 pm.

Table 3: Category Based Weekly Resilience Number

Categories	University/ Educational Institutions	Private Firm / NGOs	Law Enforcement Agencies / Local Government	Political	Personal	Voluntary	Total
March 19th - March 31st	05	17	21	09	05	15	72
April 1st- April 5th	11	34	41	11	11	31	139
April 6th - April 11th	11	13	11	10	13	34	92
April 12th - April 18th	08	20	25	08	18	28	107
April 19th - April 25th	14	46	13	23	42	53	191
April 26th - May 2nd	05	30	24	20	38	53	170
May 3rd - May 9th	10	30	22	28	26	45	161
May 10th - May 16th	10	44	17	28	19	50	168
May 17th - May 30th	12	36	35	18	37	102	240
May 31st - June 06th	01	23	17	08	08	35	92
June 7th- June 13th	04	17	12	12	05	28	78
Total	91	310	238	175	222	474	1510

Figure 11: Region-Based Resilience



To contain the spread of coronavirus, a community-based resilience system is prevalent across the country. Along with the law enforcement agencies and local government, the general public is coming to the forefront to help the community in need. Dhaka city has the most significant number of Covid-19 positive patients. Likewise, the act of resilience is highest in the capital. Khulna is in the second position. Many small and big organizations are working across the country. Several governmental and non-governmental

organizations distributed relief among the poor, jobless families in different parts of the country.¹⁶ For example- BRAC has allocated a budget of TK 15 crore to help low-income families in urban slums, semi-urban and remote areas.¹⁷ This pandemic has brought the communities together to share their responsibilities towards the forlorn part of the society and survive through the crisis time together. Resilience acts in pandemic time can be considered as a leap towards an inclusive society.

¹⁶ *The Daily Jugantor*, 4 April 2020. Cited in https://epaper.jugantor.com/2020/04/04/13/details/13_r8_c2.jpg. Accessed on 5 April 2020.

¹⁷ "Brac allocates Tk 15cr for low-income families," *Daily Star*, 3 April 2020. Cited in <https://epaper.thedailystar.net/Home/ShareArticle?OrgId=c2cd8524&imageview=1>. Accessed on 5 April 2020.

Building Resilience through Community Engagement to Combat Covid-19 Pandemic in Bangladesh

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'Community Resilience,' a popular term in post-disaster studies mostly refers to the communities' capacity to respond to, withstand, recover, and adapt to crises or disruptions such as natural calamities, economic collapse, public health crisis, terrorist attack, and other social and cultural crises by using its available assets.¹⁸ It touches upon many traditional themes such as emergency preparedness, recovery, response, and community development, as well as public health education and promotion common in disaster studies.¹⁹ Resilience helps people to cope with the crisis by giving them psychological strength to endure stress and hardship.²⁰ It guides the community to formulate a formal or informal action plan or practical solutions on how to recover from the crisis. Resilient communities are competent enough to minimize the losses and normalize the disaster effortlessly and quickly. Social connections and bonds are critical to building community resilience.²¹ In some instances, social connection is more valuable in saving lives than other aids or incentives. However, contagious diseases such as Covid-19 thrives on

human connections and touches and uses this vital tool of community resilience to spread further. Therefore, building community resilience to combat the Covid-19 pandemic puts forward some unique challenges due to the novelty of the crisis. Social distancing guidelines make it difficult to engage and mobilize the community to recover from the crisis. Although digital tools supported millions worldwide to recover by enabling remote working, online education, and ordering of essential household supplies, in a developing country like Bangladesh where only a handful have internet access, these tools only exposed the 'digital divide' and class divisions within the country.

This write-up explores how community resilience can be built in Bangladesh to deal with the Covid-19 crisis by focusing on the key characteristics of Covid-19 resilient community. It also looks upon the good practices for community resilience in Bangladesh. Finally, it endeavors the role of the key actors of the communities in building resiliency.

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¹⁸ Libby Mitchell. "Community resilience and coronavirus" GHD Cited in <https://www.ghd.com/en/about-us/community-resilience-and-coronavirus.aspx>. Accessed on 19 June 2020.

¹⁹ "Community Resilience" *US Department of Health and Human Services* Cited in

<https://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx>. Accessed on 20 June 2020.

²⁰ Ranjan Roy. "Building Community Resilience to Covid-19," *The Business Standard*, 10 May 2020. Cited in <https://tbsnews.net/thoughts/building-community-resilience-Covid-19-79456>. Accessed on 20 June 2020.

²¹ *Op.cit.*, Libby Mitchell

Overview of Covid-19 Situation in Bangladesh and the Relevance of Community Resilience

Bangladesh is one of the worst affected countries in the Covid-19 Pandemic based on the number of identified cases. The first known case of Covid-19 in Bangladesh was reported on 8 March 2020.²² The number of cases remained smaller throughout March but observed a gradual rise from April onwards. Despite taking some steps which include suspending on-arrival visas of Chinese and European visitors, the Bangladesh government received backlashes initially for not going too far with the travel bans.²³ The Bangladesh government could not enforce a total lockdown like China for various reasons especially in urban areas as many ignored the social distancing and hygiene guidelines and the government did not have the capacity to shelter its thousands of homeless people. Instead the government imposed a quarantine curfew to restrict mobilization. Additionally, crowded living conditions in densely populated cities like Dhaka and employment of a very high percentage of the workforce in the

informal sectors did not help the situation.²⁴ The government of Bangladesh lifted the lockdown on March 31st and entered into Phase Two where full lockdown is only imposed in red zones; areas where infections are rising in alarming numbers. As Bangladesh is stepping towards the next stage of community transmission, myriad grim fatality projections, fear-inducing analyses and economic setback predictions are being forecasted. Currently, Bangladesh does not have proper infrastructures such as testing facilities, medical facilities, and equipment; ICUs, ventilators, adequate number of medical beds as well as digital prowess to contact tracing and monitoring in place. Bangladesh ranks 113th in the Global Health Index.²⁵ According to World Bank data, Bangladesh has only eight hospital beds for every 10,000 people.²⁶ Therefore, community resilience can be a handy tool within the limitations of scarce resources to prevent community transmission by implementing effective precautionary measures against the outbreak.

²² Ruma Paul. "Bangladesh confirms its first three cases of coronavirus," *Reuters*, 8 March 2020. Cited in <https://www.reuters.com/article/us-health-coronavirus-bangladesh-idUSKBN20V0FS>. Accessed on 20 June 2020.

²³ Saleem Ahmed & Tawsia Tajmim, "World shuts borders, we are open: Is it safe?," *The Business Standard*, 13 March 2020. Cited in <https://tbsnews.net/bangladesh/world-shuts-borders-we-are-open-it-safe-55618>. Accessed on 20 June 2020.

²⁴ Yoko Okura, Subinoy Dutta, Afsari Begum, Zakia Naznin. "Monsoon, floods and Covid-19: building community resilience in Bangladesh" *Food Resilience Alliance*, June 2020. Cited in

<https://floodresilience.net/resources/item/monsoon-floods-and-Covid-19-building-community-resilience-in-bangladesh-I>. Accessed on 22 June 2020.

²⁵ Shishir Moral. "Health security fares poorly in Bangladesh," *Prothom Alo*, 2 November 2019. Cited in <https://en.prothomalo.com/bangladesh/Health-security-fares-poorly-in-Bangladesh>. Accessed on 22 June 2020.

²⁶ Asif Saleh. "In Bangladesh, Covid-19 threatens to cause a humanitarian crisis" *World Economic Forum*, 6 April 2020. Cited in <https://www.weforum.org/agenda/2020/04/in-bangladesh-Covid-19-could-cause-a-humanitarian-crisis/>. Accessed on 22 June 2020.

Community resilience is not a new concept for many people in Bangladesh. Bangladesh is at the forefront of the battle against various climate hazards such as sea-level rise, drought, cyclones, floods.²⁷ Even during the pandemic at the end of May, Cyclone Amphan swept past the south-west coast of the country that resulted in many human losses and permanent damage to properties.²⁸ Many communities of the coastal areas are also used to deal with the nuances of climate change too, for instance; riverbank erosion and salinization of coastal lands. Such seasonal calamities prepared the affected communities to be more resilient and adapt to the changes by using scarce resources. For example, during Cyclone Amphan, many communities maintained the health guidelines and rushed to temporary shelters after the evacuation. In Cox's Bazar, the government, volunteers, NGOs, UN agencies, and other aid agencies campaign together to evacuate the affected areas; mainly refugee camps.²⁹ In the process, evacuees received masks, and social distancing measures were considered in the temporary shelters.

Key Components of Community Resilience to Covid-19 in Bangladesh

Although community resilience is promoted and emphasized by the governments, NGOs, GOs, aid agencies; it

has been debatable what are the key components or characteristics of community resilience to deal with the pandemic outbreak. The write-up proposes to identify health risks and find solutions, enforcement of Covid-19 guidelines, capacity building, building community networks to help the vulnerable groups, raising awareness, use of innovation and technology, formulating post-Covid-19 Plans as the key components of community resilience to combat Covid-19 pandemic, especially in Bangladesh context. A community resilient to the Covid-19 pandemic must acquire the following characteristics.

- **Identifying Health Risks and Finding Solutions:** The affected community can start by forming an action committee consisting of people from all economic, educational, ethnic, and religious backgrounds. The committee can mobilize people through online means and enforce the health guideline provided by the government in the localities. The enforcing members can use economic incentives collected from fundraising and public shaming as tools to maintain social distancing. The committee can organize volunteers to assist the elderly and people with disabilities. The key responsibility of

²⁷ *Ibid.*

²⁸ "Cyclone Amphan: Death toll rises to 26," *Dhaka Tribune*, 21 May 2020. Cited in <https://www.dhakatribune.com/bangladesh/2020/05/21/cyclone-amphan-slows-down-moves-towards-raishahi-region>. Accessed on 23 June 2020.

²⁹ "Cyclone Amphan Preparedness and Response in Bangladesh amidst the Covid-19 Pandemic: A Battle on Two Fronts," *RIMES* Cited in <http://www.rimes.int/?q=node/597>. Accessed on 22 June 2020.

the committee should be to inform the community about the potential health risks and seek solutions through innovation if the community is affected.

- **Enforcing Covid-19 Guidelines:** Enforcing the Covid-19 guidelines provided by the Directorate General of Health Services (DGHS) can be tricky in Bangladesh, especially in the urban areas. First, the community action committee should find a solution to protect the homeless population. The committee can arrange fundraising to buy protective gear; masks, gloves for the homeless. Handwash stations should be set up in every street of the community. The committee can recruit school and college-going youths as volunteers to set up handwash stations as educational institutions are closed for an undefined time. The volunteers can paint white lines or circles along the street to keep distance between vendors and buyers at street stores as well as ensure social distancing rules in general.
- **Capacity Building:** Capacity building is central to community resilience. It determines the perseverance of the community. First, all the members of the community should be thoroughly briefed about the consequences of the pandemic and how enforcement failures of the health guideline could lead to health

catastrophes. Leaflets, pamphlets explaining the facts about the pandemic should be distributed via online. The medical professionals of the community can circulate a short video explaining the outbreak within the social media groups of the community. The action committee can set up a food bank for low-income families. People from various walks of life, ranging from homemakers to social workers can volunteer in the live kitchen of the foodbank. Moreover, economically privileged people should take care of their neighbors who are struggling economically.

- **Building Community Networks to Help the Vulnerable Groups:** The Covid-19 virus disproportionately affects vulnerable people; the elderly population, people with physical disabilities, people with special needs, people with pre-existing health conditions such as diabetes, and people with auto-immune diseases. These vulnerable groups are most susceptible to Covid-19, which does not apply to the overall population, as many are testing positive while having no symptoms. The action committee can recruit a group of young volunteers to assist people who belong to the vulnerable group. They should be encouraged to stay at home during this time. The neighbors can also assist them by doing shopping for them. Furthermore, the committee

should monitor how vulnerable people are getting help and should regularly inquire about what else they need.

- **Raising Awareness:** Raising awareness about the Covid-19 pandemic is crucial in order to combat it. Covid-19 is a novel coronavirus. Therefore, the messaging about how this virus spreads is changing day by day. Even reputed platforms like Centers for Disease Control and Prevention of the USA are now instructing citizens to wear masks after doing the opposite for weeks prior to that.³⁰ In addition to these mishaps, there are lots of misinformation regarding the Covid-19 in the cyberspace as well as the social media platforms. People are facing racism because of the conspiracy theories posted online. The medical professionals of the action committee of the communities can filter the facts from the pool of fiction and clarify those to the community members.
- **Use of Innovation and Technology:** Innovation is the vanguard in combating Covid-19 outbreak because of the novel nature of the virus. Various innovative tools were promoted via social media on

how to maintain social distancing or six feet distance while doing day to day works. Fewer members are allowed at a time in shopping malls. Bamboo barriers are erected in front of the local stores. New ways to encourage and build social connections, despite the physical distance should be identified. Digital tools should be encouraged to communicate with each other. However, traditional communication methods such as radio, phones, and posters should be promoted too as many cannot access the internet because of the 'digital divide'.

- **Formulating post-Covid-19 Plans:** The community leaders should formulate a set of plans for the community. Cultural norms, customs, behaviors, even greetings will invariably change when the pandemic ends. The action committee should enforce the health guidelines for a while until an effective vaccine becomes available to all the members of the community. The good practices such as establishing handwash stations should be continued as community health hygiene practices. Moreover, the lessons learnt from the Covid-19 experience should build strong community resilience and prepare the community for the worst.

³⁰ Katie Pavlich. "The government's mask fiasco," *The Hill*, 13 May 2020. Cited in

<https://thehill.com/opinion/healthcare/497471-pavlich-the-governments-mask-fiasco>. Accessed on 22 June 2020.

Good Practices for Community Resilience to Combat COVID-19 in Bangladesh

Shonnasgacha, a remote village of 1.5 square kilometer area where around 210 families reside at Keshobpur Upazila in Jashore district has recently come under the limelight as a success story of community resilience to the Covid-19 pandemic in Bangladesh.³¹ As of June, the small village has been successful in restricting the spread as it has implemented some vigorous steps in advance to deal with the outbreak. First, the villagers took the threat of the disease very seriously in the earlier stage of the outbreak with assistance from local NGOs and community leaders. At the very beginning of the crisis, they collected a small amount of money from the villagers in order to buy soaps, masks, spray bottles, and bleaching powder for all the

families and sought assistance from a local NGO called Uttaran. Second, the villagers formed an action committee to deal with the virus. With the direction from the NGO, the committee enforced some key provisions such as restricting the main entrances to the village and installing handwashing points there. In addition, the committee also enforced and monitored the home quarantining of large city returnees. Third, the villagers created a food bank by buying and storing the required amount of rice, lentils, salt, oil, potatoes, etc. from the local market to deal with a potential countrywide food crisis. Finally, the community leaders; *Imams* and NGOs of the Shonnasgacha village are campaigning actively online to raise awareness and destigmatize the disease in order to handle the triggering negative reactions and influx of misinformation surrounding the crisis.

³¹ Reema Islam. "Covid-19 Resilient Village in Bangladesh," *START Network*, 8 June 2020. Cited in

<https://startnetwork.org/news-and-blogs/Covid-19-resilient-village-bangladesh>. Accessed on 22 June 2020.



Image 2: Point of entry to the Shonnergacha Village at Keshobpur Upazila, with the newly installed bamboo gate and the red banner stating “For Corona prevention: outsiders cannot enter” Photo Credit: START Network³²

Role of Key Actors in Building Community Resilience to Combat Covid-19 in Bangladesh

The Covid-19 crisis is an unprecedented crisis that impacts almost all members of the community to various extents. The lower-income families are disproportionately affected by the pandemic in Bangladesh as many informal sectors have become non-existent due to the pandemic. Many low-income families are leaving Dhaka to deal with the crisis.³³

The dead bodies of the Covid-19 patients are denied a proper burial.³⁴ People are abandoned by their close ones because of the stigma surrounding the outbreak.³⁵ Many in the rural areas cannot access the proper therapeutics available for the Covid-19 disease. People are becoming paranoid; some are committing suicide out of sheer paranoia.³⁶ A resilient community should have the capacity to address the trends mentioned above. Every member

³² *Ibid.*

³³ Rashad Ahamad. “Families leaving Dhaka as coronavirus crisis hits livelihood,” *New Age*, 27 June 2020. Cited in <https://www.newagebd.net/article/109552/families-leaving-dhaka-as-coronavirus-crisis-hits-livelihood>. Accessed on 28 June 2020.

³⁴ BPO Covidgraphics 12, 2 July 2020. Cited in <https://infogram.com/covid19graphics-12-1ho16v95xepx4nq?live&fbclid=IwAR0gEtI3Kx6SSf1xMqjee6eU6an3XlqoDUgBWTPeiA3n7q9re3T38RLY1I>. Accessed on 4 July 2020.

³⁵ *Ibid.*

³⁶ *Ibid.*

of the community has a specific role to play to combat Covid-19.

- **Community Leaders:** Community leaders are the elders of the community in conventional understanding. They can be elected or non-elected but usually widely respected. Community leaders have the responsibility to lead the way to engage and mobilize the community to combat the outbreak. In order to do that, they have to educate themselves about the disease first. They can relay the information about the pandemic to the people. The leaders can educate the members of the community on how to protect themselves from the pandemic. They can play a pivotal role in destigmatizing the disease and stopping misinformation by delivering the facts.
- **Locally Elected Leaders:** Local government is at the spotlight in the fight against Covid-19. The tone and immediacy of their response to the outbreak will both define their leadership and directly impact the health and wellness of the community members.³⁷ Local governments are responsible for equally allocating emergency relief packages to the most

affected. Unfortunately, the role of the local government in Bangladesh is not up to the mark until this point. Many local government members of Bangladesh were arrested in recent months for embezzling relief money and other corruption charges.³⁸ Inclusivity and transparency are desired from the response of the local government in Bangladesh. A few of the locally elected leaders like Ward councilor Maksudul Alam Khandaker Khorshed were able to perform them and went beyond the call of their duties to help the most affected. He helped to complete the funerals of many Covid-19 victims who were denied burial by their close relatives.³⁹

- **Religious Leaders:** Religious leaders have always played a key role in guiding people through unprecedented times. During this pandemic period, correct information and guidance have become most valuable. The religious leaders of all faiths have the unique ability to discuss potential concerns, fears, and anxieties regarding Covid-19.⁴⁰ The religious leaders; especially the *imams* of the mosques, can use their

³⁷ "Support from the City: Local Government Responses to Covid-19," 27 April 2020. Cited in <https://www.ndi.org/our-stories/support-city-local-government-responses-Covid-19>. Accessed on 24 June 2020.

³⁸ *Op.cit.*, BPO Covidgraphics 12,

³⁹ "Councilor Khorshed now tests coronavirus positive," 30 May 2020. Cited in <https://www.banglanews24.com/national/article/83980/Co>

uncilor-Khorshed-now-tests-coronavirus-positive. Accessed on 24 June 2020.

⁴⁰ "Covid-19: Recommended Preventative Practices and FAQs for Faith-based and Community Leaders," *US Department of Health and Human Services*. Cited in <https://www.hhs.gov/sites/default/files/3-17-20-faith-and-community-based-Covid-19-faq.pdf>. Accessed on 24 June 2020.

persuasiveness to endorse the health guidelines. The *imams* can request the worshippers to maintain social distancing during prayers. Also, religious leaders can instruct the community about the hygiene guidelines via *waaz* or social media live-streaming. They can also encourage others to reach out to the vulnerable groups who are in the most danger of contracting the Covid-19 virus.

- **Local NGOs:** In Bangladesh, the NGOs have played the most active role in combating the Covid-19 outbreak and building community resilience. Many NGOs provided relief goods, aids and disinfectants to the most affected, most vulnerable, and low-income families. Some NGOs are circulating leaflets explaining the disease in many rural areas. Some are providing meals to homeless people in metropolitan areas. A few NGOs are raising funds via social media platforms to help the affected people. Bidyanondo Foundation, a Dhaka-based NGO distributed hand sanitizers, masks, and PPEs to people, sprayed disinfectant in vehicles and set up portable sinks for handwashing.⁴¹

Sajida Foundation, a philanthropic organization, distributed 13,168 full sets of PPEs to the hospitals and health institutions. It also distributed care packages to 14,813 households which contained 5kg rice, 2kg potato, 1kg lentil, ½ liter edible oil, ½kg salt, and two soap bars.⁴²

- **Student Organizations:** All the educational institutions of Bangladesh were closed in early March as a precaution to the pandemic. As the youths and students are the least vulnerable group to the disease, this closure has given them ample opportunities to do volunteer works. Many political and non-political student organizations were involved in distributing relief and care packages, meals, and assisting in the burial of Covid-19 victims. Many students made and distributed hand-sanitizers, hand-washes, and masks. A few youth-led animal rights organizations came forward in this crisis to feed the stray animals.⁴³ Local leaders and activists of Bangladesh Chhatra League (BCL) helped poor farmers harvest paddy in many areas where agro-labor is scarce due to the coronavirus outbreak.⁴⁴

⁴¹ Nurul Huda Sakib, Mohammad Sajedur Rahman. "Local solutions for local Covid-19 problems: Community activism in Bangladesh," 20 May 2020. Cited in <https://blogs.lse.ac.uk/southasia/2020/05/20/local-solutions-for-local-Covid-19-problems-community-activism-in-bangladesh/>. Accessed on 25 June 2020.

⁴² Mehedi Al Amin. "Covid-19: Sajida Foundation sets example for protecting employees," *Dhaka Tribune*, 19 June 2020. Cited in <https://www.dhakatribune.com/health/coronavirus/2020/06/19/Covid-19-sajida-foundation-sets-example-for-protecting-employees>. Accessed on 25 June 2020.

⁴³ Nahid Riyasad. "Youth-led response to Covid-19," *New Age*, 5 April 2020. Cited in <https://www.newagebd.net/article/103796/youth-led-response-to-Covid-19>. Accessed on 25 June 2020.

⁴⁴ "BCL men help Chattogram farmers harvest paddy," *UNB*, 25 April 2020. Cited in <https://unb.com.bd/category/Bangladesh/bcl-men-help->

The Covid-19 pandemic is the most unprecedented event the world has observed over a hundred years. It has brought half of the world under various forms of lockdowns within months. The economic activities were gravely disrupted by the pandemic that left millions of people furloughed or jobless. It has created a 'new normal' where social distancing has become a part of people's day-to-day life. However, most importantly, the outbreak has exposed the 'great inequality' that was exacerbated by globalization. The disease targets the poor, the disabled, the minority, and the vulnerable as seen in the west. In Bangladesh, although it was assumed that the disease will disproportionately affect the less advantageous, such a scenario is yet to occur. The crisis has uncovered the class divisions in many communities based on socio-economic and educational status. The pandemic mandated digital access for everyone due to its contagious nature. 'Digital divide' is another new normal that was unmasked to everyone.

Bangladesh was deemed as one of the 'most vulnerable' countries due to its high population density, especially in urban centers and its 'least developed country' status from the beginning of the pandemic crisis. In Bangladesh, the outbreak is still acting as a slow burner as the number of fatalities is still low compared to its peers, although the number of cases is sky-

rocketing. Like other countries, Bangladesh is facing an influx of disinformation, stigma, fear, and paranoia surrounding the outbreak. Nevertheless, it has the potential to do better in dealing with this crisis by drawing from its own experience of natural disasters in the recent past and building community resilience. In order to build durable community resilience, community capacity building should be taken more ardently. Activists especially, the youths could start resilience initiatives in their own communities. Social media platforms can be a useful tool for communication within the communities. Facebook and WhatsApp groups can be formed to inform the community about mask-wearing, start philanthropic activities, help the vulnerable groups, and guide the community members if one shows symptoms of the virus. Innovation and entrepreneurship should be encouraged within the communities during these trying times. Moreover, key actors such as religious leaders, youths, and unconventional leaders should be involved more in the messaging of hygiene guidelines along with the NGOs. Furthermore, resilience to combat the Covid-19 pandemic should start from the ground up (community level); not from top to bottom (waiting for government instructions) in order to recover from it with minimum human losses and economic damage.

chattogram-farmers-harvest-paddy/50450. Accessed on 25 June 2020.

Profiling the ‘*Mastan*’s Role in Community Resilience to Covid-19 in Bangladesh

Nadia Nur*

The term *mastan* or unconventional community leaders can interchangeably be used as a goon, hijacker, miscreant, extortionist, muscleman or criminals who grow up under the patronage of godfathers. *Mastans* are not regular street criminals; they are a kind of formidable miscreants or perpetrators who have access to illegal small arms and light weapons.⁴⁵ The growing number of influential persons like drug traders, businessmen, industrialists, arms traders, human traffickers, smugglers, politicians and underworld crime syndicates could give shelter to *Mastans* or could "hire" them into their respective party-backed armed cadres. The interconnection between *Mastans* and shelter givers allows them to enjoy legal protection from the elite of society.⁴⁶ There is no denying that *Mastans* manage to survive because of the multi-purpose entrusted groups of the society. Sometimes they are pardoned for personal, commercial, industrial or political purposes.⁴⁷ This write-up intends

to inspire and inform action or possible contributions of local *Mastans* in times of pandemic, with a special focus on Bangladesh. The main proposition guiding this write-up is-How can *Mastans* or unconventional community leaders be engaged in building community resilience to combat Covid-19?

In certain social orders, violence is organized and often used differently depending on the pattern of rule of law and state system. Conversely, social commands are often shaped by violent actors like *Mastans* and their ferocity. This observation is made by combining some academic works from across the globe; for instance, works on mafia,⁴⁸ gangs,⁴⁹ political brokers⁵⁰ and *mastans*⁵¹. However, for decades *mastans* are identified as informal actors of organized crime and violence in Bangladesh.⁵² Both in rural and urban areas, *Mastans* have been identified as commanding individuals or actors, closely allied to politicians and

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⁴⁵ Jackman, D, The decline of gangsters and politicization of violence in urban Bangladesh, Institute of social studies, The Hague.p. 1232.

⁴⁶ *ibid.*

⁴⁷ *ibid.*

⁴⁸ Varese F., (2001), The Russian Mafia: Private Protection in a New Market Economy.

⁴⁹ "Arias 2017: Gang of Youths, Paul Kelly and AB Original lead celebration of music and change," 28 November 2017.

Cited in

<https://www.theguardian.com/music/2017/nov/28/arias->

2017-gang-of-youths-paul-kelly-ab-original-winners. Accessed on June 12, 2020.

⁵⁰ Berenschot W. & Bagchi S. (2019), Comparing Brokers in India: Informal Networks and Access to Public Services in Bihar and Gujrat.

⁵¹ Sheppard A.S. (2014), The Gangs of Bangladesh: *Mastans*, Street Gangs and illicit Child Labourers' in Dhaka.

⁵² Jackman, D, The decline of gangsters and politicization of violence in urban Bangladesh, Institute of social studies, The Hague.

industrialists. Often, they are portrayed as running extortion networks, active actors of socio-political instability under political muscle. Examining the expansion and decrease of an infamous *Mastan* is interlinked with different structural issues. Majority of them grow up under different power jacks of social elites which could bring a radical change and instability in a society.⁵³ *Mastans* are found to play multiple roles including political deployment, brokering to different sectors, governing illicit trades and commanding over extortion networks. Despite their such roles, it is not obligatory to think traditionally about *Mastans* all the time, and now it is time to go beyond this thinking process.

Covid-19 has brought many uncertainties in societies like Bangladesh. At this moment of pandemic, the only certain thing is having a lot of uncertainties around us. In an underdeveloped and densely populated country like Bangladesh, Covid-19 has instigated a huge humanitarian crisis. During the Covid-19 pandemic, the contribution of community leaders, politicians, religious leaders, student organizations and local NGOs is admirable. In order to address the Covid-19 concerns, grassroots action can play a significant role in combating pandemic collectively. In every locality, the unconventional leaders/*Mastans* can work

to mobilize everyone. Some brave people like *Baker Bhai*⁵⁴ and *Himu*⁵⁵ are required to get involved in offering help and assistance in the pandemic situation. They have never been found to be harmful to their locality. Although Himu does not have any material knowledge, in helping others, no stinginess was noticed in him. Now, they were dramatically demised. We do not see the “Baker Bhai” these days. Though Kala Jahangir, Picchi Hannan, Murgi Milon⁵⁶ have disappeared, some of the new *Mastans* may have replaced their places. *Mastans* should tactfully be involved in community resilience process during the pandemic situation. It is such a time when family, relatives and friends are afraid of helping the affected person or locality. During such time, brave people are required at the local level to help people who are distressed and in need. At the time of Covid-19, societal outlook towards *Mastans* could be changed if they play such roles to help others in their communities. *Mastans* can play an important role in building resilience through community engagement and making people aware of issues related to combating Covid-19 Pandemic in Bangladesh. They can play a brave role to create awareness as general people accept their command.

⁵³ Sheppard A.S. (2014), The Gangs of Bangladesh: Mastans, Street Gangs and illicit Child Labourers’ in Dhaka.

⁵⁴ *Baker Bhai* was the lead character in a popular Bangladeshi television series called ‘*Kothao Keu Nei*’. The show was created by Humayun Ahmed

⁵⁵ *Himu* or *Himalay*, is a famous fictional character created by the Bangladeshi writer Humayun Ahmed who

appears in a disjunct series of novel. The character was first appeared in the novel titled *Mayurakkhi*.

⁵⁶ *Murgi Milon* (chicken Milon) was a famous mastan of the time, killed in 2000 by a rival, reportedly *tokai Sagar* (scavenger Sagar) of *kala Jahangir’s* group (black Jahangir) and *Picchi Hannan* (Little Hannan).

Every crisis creates an opportunity. Engaging the unconventional leaders/Mastans can be considered as a crisis inspired creative solution. In this regard, shared experience from persons who are involved in resilience could be instructive. From the onset, local leaders can keep close contact with the unconventional community leaders like local *mastans*, as collaborative efforts have potential longevity at the community level. A nationwide lockdown has imposed restricted access to agricultural products, farming and marketing. Such restriction has particularly affected cultivation and production of food, its supply and demand chain. The protectionist policies and lockdown have led to labor crisis in harvesting crops in different areas. Due to the shortage of workers, farmers have faced a lot of problems. In such a situation, leaders and activists of different political parties, however, joined hands with the farmers and helped them in harvesting paddy in several districts of Bangladesh. If the local unconventional community leaders take proactive measures and get involved to reduce the vulnerability of farming community, certainly it will contribute to food security and social development.

Mastans can help in addressing socio-economic perils and stigma faced by the vulnerable population. They can also contribute to conducting safe and dignified burial procedures of the deceased who died from suspected or confirmed Coronavirus. There are several instances⁵⁷ where locals protested the burial of the deceased, which sometimes have forced their families to abandon the body. Although a number of charitable organizations⁵⁸ are taking proper measures to bury Corona infected bodies, still there is a fear among locals that the dead body may cause further infection. Local unconventional leaders with their command over people can contribute to reducing social stigma during Covid-19 pandemic. Public gathering in Kacha bazars defying the instructions of social distancing is another concern.⁵⁹ It is not easy to find people maintaining safety regulations. In such a situation, local *Mastans/unconventional* leaders can force people to obey logical social distancing. Correspondingly, they can contribute to ensuring effective lockdown, relief distribution, relief supplies, local level awareness campaign and to reduce superstition at the community level. It is high time to prepare a community-based workforce for a post-pandemic world to reduce the secondary impacts and accept new and newer rules and regulations of 'new normal' situation.⁶⁰

⁵⁷ "Death with Covid-19 symptoms: Family's wait for burial ends after 12 hrs," 03 June 2020. Cited in <https://unb.com.bd/category/Bangladesh/death-with-Covid-19-symptoms-family-wait-for-burial-ends-after-12-hrs/52494>. Accessed on 20 June 2020.

⁵⁸ "Volunteers work relentlessly for burials during Covid-19 pandemic," *The Financial Express*, 19 April 2020. Cited in <https://thefinancialexpress.com.bd/national/volunteers-work-relentlessly-for-burials-1587295221>. Accessed on 18 June 2020.

⁵⁹ "Kitchen market sellers flout social distancing rules in Dhaka," *The Business Standard*, 26 April 2020. Cited in <https://publisher.tbsnews.net/markets/kitchen-market-sellers-flout-social-distancing-rules-dhaka-74161>. Accessed on 10 June 2020.

⁶⁰ "A new world after the coronavirus pandemic," *The Daily Star*, 11 April 2020. Cited in <https://www.thedailystar.net/opinion/news/new-world-after-the-coronavirus-pandemic-1891561>. Accessed on 17 June, 2020.

Women's Resilience in Combating Covid-19 in Bangladesh

Hazera Khanam*

Women play a pivotal role in bringing about positive changes in communities through their resilience and consciousness. In many cases, women acted as the responsible ones and understand the need of the family during crisis compared to men, for instance, during natural calamities.⁶¹ Bangladesh is a tropical riverine country where natural calamities like floods and cyclones hit the coastal areas every year. Women have shown remarkable patience and acted calmer than men during natural calamities and pandemic that occurred throughout the history of Bangladesh.⁶² The Covid-19 crisis demands attention and prompt responses. Due to its contagious nature the fatality rate and the risk of being infected are high. Women's active engagement in resilience is remarkable since the beginning of the pandemic. This write-up looks at women's responses to the current crisis. In this context four categories of working spheres would be discussed; leadership, household management, entrepreneurship, and innovation.

Leadership

Women are dealing with Covid-19 as front-line workers from the very beginning of the outbreak. Since the onset of coronavirus pandemic, there has been a debate on whether female leaders of various nations are handling the crisis more effectively than their male counterparts.⁶³ The World Economic Forum's annual Global Gender Gap report 2020, shows that countries which have fought the pandemic most effectively are led by women and ranked high on the list.⁶⁴ The report also shows that these countries have performed well when it comes to having women at the top level of the corporate world as well.⁶⁵ There are several noticeable examples of women in Bangladesh who are working persistently to lessen the negative impacts of the virus.

To look at the topmost tier of the state, the honorable Prime Minister of Bangladesh Sheikh Hasina has become an exemplary and widely appreciated leader with her honest effort and the prompt response to contain the Covid-19.⁶⁶

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⁶¹ 'Gender Analysis Monsoon Flood 2019' Cited in <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/08/Gender-Analysis-flood-2019.pdf>. Accessed on 10 August 2020.

⁶² *Ibid.*

⁶³ "Why women leaders are excelling during the coronavirus pandemic," Cited in [https://theconversation.com/why-women-leaders-are-](https://theconversation.com/why-women-leaders-are-excelling-during-the-coronavirus-pandemic-138098)

[excelling-during-the-coronavirus-pandemic-138098](https://theconversation.com/why-women-leaders-are-excelling-during-the-coronavirus-pandemic-138098). Accessed on 20 June 2020.

⁶⁴ *Ibid.*

⁶⁵ *Op.cit.*

⁶⁶ "Forbes magazine lauds Sheikh Hasina for fighting Covid-19," *The Business Standard*, 26 April 2020. Cited in <https://tbsnews.net/bangladesh/us-magazine-forbes-hails-sheikh-hasina-fighting-Covid-19-74083>. Accessed on 24 June 2020.

According to the global economic forum, her efforts and quick response to contain Covid-19 is admirable.⁶⁷ Besides this, women in Bangladesh are working as the front-line caregivers during this pandemic both in the hospital and at home. As a result of the spread of this contagion, the female health workers are facing a double burden; they have to endure long shifts at work and additional care work at home.⁶⁸ The Director of the Institute of Epidemiology, Disease Control and Research (IEDCR), Dr. Meerjady Sabrina Flora, and the Additional Director (Admin) at Directorate General Health services Dr. Nasima Sultana are the leading women amongst many of the others who are playing a major role in

health service to keep the people informed of the pandemic in the country during this crisis time.⁶⁹ Trades and commerce have been affected globally as much as the health sector, which endangered the entire economy of Bangladesh as well. The garments sector is hit hard along with other local business establishments.⁷⁰ Dr. Rubana Haq, President of Bangladesh Garment Manufacturers and Exporters Association (BGMEA), a successful and capable businesswoman, is handling the most chaotic employment situation the country has ever seen in this sector.⁷¹ This pandemic has shed light on the importance of the role of women in leadership.

⁶⁷ *Ibid.*

⁶⁸ "Women health workers: Working relentlessly in hospitals and at home," Cited in https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.html. Accessed on 21 June 2020.

⁶⁹ 'Institute of Epidemiology Disease Control And Research IEDCR,' Cited in <https://iedcr.gov.bd/website/index.php/about-iedcr/officers-a-staff> and 'Directorate General of Health Services' Cited in <https://dghs.gov.bd/index.php/en/home>. Accessed on 22 June 2020.

⁷⁰ "Bangladesh faces a crisis in remittances amid Covid-19," Cited in <https://www.weforum.org/agenda/2020/06/bangladesh-faces-a-remittances-crisis-amid-Covid-19/>. Accessed on 25 June 2020.

⁷¹ "Rubana Huq to workers: You will not lose your jobs," *Dhaka Tribune*, 4 April 2020. Cited in <https://www.dhakatribune.com/bangladesh/2020/04/04/rubana-huq-to-workers-you-will-not-lose-your-jobs>. Accessed on 10 June 2020.

Household management

Household management has always been an integral part of a woman, both for working women and home makers. In normal circumstances, women perform a

Ms. Rahima Begum is a resident of Dhaka Cantonment; she is a housewife with two children and modest family income. After the nationwide general holiday and lockdown started, as a housewife she has to manage more household work than before. As all the family members stayed home full time, more cleaning, cooking, hourly disinfecting the house, doing laundry has become the new normal. Amid this extra burden of work, she started collecting information about her neighbors who are in need but were not able to ask for help. She used her small savings and the money she collected from her relatives, and made small food packages to help people in need. She sometimes made those food packages from her family food stock of dry foods as her little savings died up. Managing household work and finding out families who need help all by herself is quite a challenging task, but she balanced both by maintaining an ideal schedule. She used to finish her household work by noon, and her daughters do help her with the domestic chores as well. In the afternoon, she completed making the food packages, and before evening, she delivered those packages to the families in need. She continued this generous initiative for a month and helped more than 50 middle-class families.

daily average of four hours and 25 minutes of unpaid care work compared to one hour and 23 minutes for men.⁷² Due to the pandemic, the closure of all the educational institutions, childcare, and other care facilities, household work has increased. The care work is barely acknowledged.⁷³ The constant presence of each family member at home means regular cleaning of every corner of the house, taking care of the sick family members, looking after infants, taking extra care of the elderly persons, more cooking along with other dozens of domestic chores.⁷⁴ Moreover, battling with stress and depression is added to the list that has increased among women,

Ms. Tahmidul Nahar, 43, is a working woman and mother of two children. She is a teacher who enjoys her profession as well as looking after the children at home. Now students and teachers all are housebound under the terms of the Bangladeshi government's Covid-19 lockdown restrictions, which resulted in the closing down of all schools and educational institutions in the country from 18 March 2020. Ms. Nahar helped her children in completing their homework as the school started a remote learning system for their students. She can manage household chores and guiding her children as her children are cooperative. She does not find it difficult to cope up with the lockdown situation.

⁷² 'Women health workers: Working relentlessly in hospitals and at home' Cited in https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.html. Accessed on 16 June 2020.

⁷³ "Covid-19 through a gendered lens," *Dhaka Tribune*, 20 May 2020. Cited in

<https://www.dhakatribune.com/climate-change/2020/05/20/Covid-19-through-a-gendered-lens>. Accessed on 24 June 2020.

⁷⁴ "Bangladeshi women play crucial role in fight against COVID-19," Cited in <https://bigd.bracu.ac.bd/bangladeshi-women-play-crucial-role-in-fight-against-Covid-19/>. Accessed on 20 June 2020.

Ms. Afrin Kaisar Disha (Trishita Disha), a young entrepreneur, is now a front-line Covid-19 voluntary fighter. She supported more than 500 families across the capital and in her neighborhood and is continuing to do the same. Since the coronavirus outbreak, Disha had to initially shut down her business of selling clothes through her Facebook page. She re-opened her business since 17 June 2020, by maintaining social distance regulations and other health protection protocols. Besides operating her business, Disha opened another online page on Facebook named 'Covid-19 Help Center'. Approximately one thousand people joined to help her for supporting the less fortunate ones amid this Covid-19 crisis. She received donations from her friends and customers living abroad, as well as in Bangladesh. She helped more than 300 middle-class families by providing food relief every ten days. She provided baby food, fruits, medicines, and other essentials to 100 babies every 15 days with the money she received from warm-hearted people. She donated 10% of her business profit for this great cause of helping people who are suffering due to the occurrence of Covid-19. Disha along with her husband, purchases the food items from the market. With the help of a team of volunteers, they pack the food and deliver them to the people accordingly. Disha's philanthropic work is not limited to Dhaka city; she delivered food packages in Chattogram, Madaripur, and Sylhet.

especially for females who have to maintain a career and to manage the home simultaneously.⁷⁵

Entrepreneurship

Women's contribution to the economy of Bangladesh is significant. The Covid-19 outbreak is already having a noteworthy impact on small businesses. Women entrepreneurs who are concentrating on small local business are now at an even higher risk of falling into a financial crisis as they had to shut down the business for an indefinite period.⁷⁶ There are many young entrepreneurs with good ideas and business plans whose start-up business is now in a vulnerable position.⁷⁷ Micro, Small, and Medium Enterprises (MSMEs) are the vital organs of the economy of Bangladesh, and according to a 2019 World Bank report, 99% of the non-farm enterprises in Bangladesh are MSMEs.⁷⁸ Launching a business in an online platform has become trendy now and quite profitable too, especially the business of various clothing brands. Since the Covid-19 outbreak, most of these online commercial start-ups also faced a loss. They had to let go of their staff, part-time workers, and delivery men for safety issues.⁷⁹

⁷⁵ "Working relentlessly in hospitals and at home," Cited in https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.html. Accessed on 12 June 2020.

⁷⁶ "Far from the spotlight, women workers are among the hardest hit by COVID-19 in Bangladesh," Cited in <https://www.unwomen.org/en/news/stories/2020/4/feature-women-workers-hardest-hit-by-Covid-19-in-bangladesh>. Accessed on 21 June 2020.

⁷⁷ "Impact of COVID-19-induced economic crisis on the micro, small and medium (MSMEs) in Bangladesh," Cited in <https://bigd.bracu.ac.bd/study/impact-of-Covid-19-induced-economic-crisis-on-the-micro-small-and-medium-msmes-in-bangladesh/>. Accessed on 24 June 2020.

⁷⁸ *Ibid.*

⁷⁹ "Far from the spotlight, women workers are among the hardest hit by COVID-19 in Bangladesh," Cited in <https://www.unwomen.org/en/news/stories/2020/4/feature-women-workers-hardest-hit-by-Covid-19-in-bangladesh>.

However, some of these female small business owners continued their existing online business platform. Also, many of them helped people from the low-income backgrounds and people who lost their jobs in this crisis period.⁸⁰

Innovation

Approximately 60% of women around the world work in the informal economy sector with low wages, less savings and are deprived of emergency safety funds.⁸¹ Keeping this in mind, many women came up with new ideas about how to earn money and help other women amid this pandemic by ensuring a decent income. Making masks without much of an expense, and selling those to people at a low price is one of the significant examples of creative innovation that has helped many women from disadvantaged communities in Bangladesh.⁸² A voluntary social welfare organization 'Nongor' came up with a simple but effective technique of making one-time usable masks with tissue paper which costs merely one taka.⁸³ The organization set up a training session in Brahmanbaria Government Women's College and taught them of how to make masks with a tissue, a rubber, and a pin.⁸⁴ The inherent strength, resilient adaptability, and promptness of women

drive them into the path of innovation and adaptation.

Ms. Afsana Mimi, a young entrepreneur and a housewife is now living in the capital's Kalyanpur area. She conducts a small business in an e-commerce site named, 'Shongsharbd.com'. She opened the online page for women who made handicraft items and delivered those items to the customers who placed orders on her page. The coronavirus pandemic forced her to shut down all her operations as delivery staff felt unsafe to deliver products amid this airborne epidemic. So, she came up with the idea of selling masks at a cheaper price and asked her husband to help her. At first, the couple studied the current market price and found that the price was too high that ranged from 50 to 70 taka. The couple then communicated with one of their relatives who does cloth business. He helped them to set up a small business to make masks within low cost. Afsana then made up her mind to sell masks via her online business page and started taking orders on her page. Afsana takes only taka 20 for each mask. Now, the couple is working relentlessly to meet on the order they are receiving from her online page. Afsana has become an example of an innovative small business person.

e-women-workers-hardest-hit-by-Covid-19-in-bangladesh. Accessed on 25 June 2020.

⁸⁰ 'An alternative entrepreneurship of making masks by a couple' Cited in <https://www.odhikar.news/specialreport/131417>

⁸¹ "Far from the spotlight, women workers are among the hardest hit by COVID-19 in Bangladesh," Cited in <https://www.unwomen.org/en/news/stories/2020/4/featur>

e-women-workers-hardest-hit-by-Covid-19-in-bangladesh. Accessed 23 June 2020.

⁸² "Making masks that costs less than a taka!," *Bangla Tribune*, 12 March 2020. Cited in <https://www.banglatribune.com/country/news/613555/>.

Accessed on 18 June 2020.

⁸³ *Ibid.*

⁸⁴ *Op.cit.*

- ❖ Globally, 70% of front-line health and social care workers are women⁸⁵
- ❖ Currently, 91.8% of the total employment of women is in the informal sector in Bangladesh. ⁸⁶
- ❖ Approximately 94% of nurses are female, and more than 90% of community health workers are female according to a report published in May 2020. ⁸⁷
- ❖ According to the report of the lancet commission on women and health, globally women contribute around USD 3 trillion in healthcare sector annually.⁸⁸
- ❖ In Bangladesh, during pre-Covid-19 time, women on average performed 3.43 times more unpaid domestic care work than men.⁸⁹
- ❖ UN Women’s survey result shows that during the pandemic, in households with elderly adults, women are spending more time on unpaid adult care work as well as handling the burden of additional care due to the presence of the entire family at home.⁹⁰
- ❖ 2020 ILO report shows that approximately 100 million female workers in health and care institutions around the world are currently providing health care services. ⁹¹
- ❖ Women performed a daily average of 4 hours and 25 minutes of unpaid care work in contrast to 1 hour and 23 minutes for men but now this proportion have heavily been increased almost twice. ⁹²

⁸⁵ “Women health workers: Working relentlessly in hospitals and at home” 07 April 2020. Cited in https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm. Accessed on 18 June 2020.

⁸⁶ “COVID-19 Bangladesh Rapid Gender Analysis” 16 May 2020. Cited in <https://reliefweb.int/report/bangladesh/Covid-19-bangladesh-rapid-gender-analysis>. Accessed on 18 June 2020.

⁸⁷ *Ibid.*

⁸⁸ “Women health workers: Working relentlessly in hospitals and at home” 07 April 2020. Cited in https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm. Accessed on 18 June 2020.

⁸⁹ COVID-19 Bangladesh Rapid Gender Analysis. Cited in <https://reliefweb.int/report/bangladesh/Covid-19-bangladesh-rapid-gender-analysis>. Accessed 18 June 2020.

⁹⁰ “Bangladeshi women play crucial role in fight against COVID-19” 11 April 2020. Cited in <https://bigd.bracu.ac.bd/bangladeshi-women-play-crucial-role-in-fight-against-Covid-19/>. Accessed on 18 June 2020.

⁹¹ “Women health workers: Working relentlessly in hospitals and at home” 07 April 2020. Cited in https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm. Accessed on 18 June 2020.

⁹² *Ibid.*

Global experiences of resilience against coronavirus and lessons for Bangladesh

Sourav Ghosh*

It all began when the first patient was identified with Covid-19 on 31 December 2019, in Wuhan China. Since then, the world is experiencing an unprecedented crisis. Covid-19 has been labelled by some as a “great equalizer”, as the virus has affected people from every sphere across the world. However, so far, wealthy nations have the highest numbers of reported cases: the USA tops the list, followed by Spain, Italy, Germany, the UK and France. In the beginning, developing countries were comparatively doing well in terms of fighting against Covid-19. However, now in developing countries, also the virus is growing exponentially. The consequence is same for each country; Thousands have died, the health care system and economy have been crippled, many lost their jobs and so on. It seems that there is no way out of this pandemic. Probably, the only option for a global coronavirus exit strategy is to boost global resilience.

Global experiences of resilience:

The World Health Organization (WHO) has been at the forefront of the global coordination for mitigating the Covid-19 pandemic. In early January the organization first informed the world about the human-to-human transmission of the disease. Since then, WHO has been releasing daily situational reports and holds press conferences for updating media about Covid-19.⁹³ As part of its various initiatives, WHO has shipped more than two million personal protective equipment and one million diagnostic kits to over 120 countries.⁹⁴ Apart from this, WHO emphasized on preparedness and timely response to the pandemic and launched multilingual learning courses.⁹⁵ Moreover, WHO first taught people about precautionary measures such as washing hands, wearing masks, Isolation and quarantine.⁹⁶ Also, In the first half of March WHO released a strategic response planning for the countries with weaker health systems and launched Covid-19 Solidarity Response Fund to support countries to combat against the

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⁹³ “Test, test, test: WHO calls for more coronavirus testing,” *The Guardian*, 16 March 2020. Cited in <https://www.theguardian.com/world/video/2020/mar/16/test-test-test-who-calls-for-more-coronavirus-testing-video>. Accessed on 18 June 2020.

⁹⁴ “5 reasons the world needs WHO, to fight the COVID-19 pandemic,” 9 April 2020. Cited in

<https://news.un.org/en/story/2020/04/1061412>. Accessed on 18 June 2020.

⁹⁵ “E-learning course in COVID-19: an example of educational preparedness and quick response,” 30 March 2020. Cited in <https://www.bmj.com/content/368/bmj.m1065/rr-7>. Accessed on 18 June 2020.

⁹⁶ *Ibid*.

pandemic.⁹⁷ Being the United Nation's health agency WHO so far has played a crucial role in tackling the pandemic. There is no denying that in the upcoming days countries, especially the developing ones, will need extensive support from the organization to fight against Covid-19.

From the very beginning, International Monetary Fund (IMF) is also monitoring the Covid-19 situation carefully. In early April, the organization declared that it would provide loan US\$1 trillion to a hundred developing and under-developed countries affected by the virulent coronavirus.⁹⁸ Earlier the organization warned that the global economy could shrink by 3 percent in the current year with the possibility of a steepest downturn since 1930's great depression.⁹⁹ Also, as part of its combat against the pandemic IMF in April announced that it would provide immediate debt relief to 25 countries under its 'Catastrophe Containment and Relief Trust' and the organization was seeking to raise US\$1.4 billion for that fund.¹⁰⁰ "In response to the pandemic, the IMF is providing real-time

policy advice and capacity development support to over 160 countries to address urgent issues such as cash management, financial supervision, cybersecurity and economic governance."¹⁰¹ It is indeed reflected in the works of IMF that the organization is responding to the pandemic with an unprecedented speed. It also reminds everyone that an unprecedented crisis requires an unprecedented response which IMF is doing quite efficiently.

Regional level resilience:

Initially, most of the countries adopted look inward and act alone policy in order to combat the Covid-19 crisis. Ultimately it forced countries to close their borders, and as a result, supply chains have been disrupted, and regional economic activity has fallen. Soon, it became clear that an integrated international effort is essential to fight against coronavirus. Therefore, experts and international organizations such as the United Nations, the EU and European Parliament, have called for coordinated approaches.¹⁰²

⁹⁷ "Statement on the third meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19)," 1 May 2020. Cited in [https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-\(Covid-19\)](https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-(Covid-19)). Accessed on 18 June 2020.

⁹⁸ "Coronavirus crisis like no other as cases near 2m: Live updates," *Al Jazeera*, 14 April 2020. Cited in <https://web.archive.org/web/20200414170743/https://www.aljazeera.com/news/2020/04/million-confirmed-coronavirus-live-updates-200413235036857.html>. Accessed on 18 June 2020.

⁹⁹ *Ibid.*

¹⁰⁰ "New York state virus death toll surpasses 10,000," *Al Jazeera*, 11 April 2020. Cited in <https://www.aljazeera.com/news/2020/04/coronavirus-deaths-slow-italy-france-live-updates-200413000419105.html>. Accessed on 18 June 2020.

¹⁰¹ "The IMF's Response to COVID-19," 20 May 2020. Cited in <https://www.imf.org/en/About/FAQ/imf-response-to-Covid-19>. Accessed on 19 June 2020.

¹⁰² "What the world can learn from regional responses to COVID-19," 01 May 2020. Cited in <https://www.weforum.org/agenda/2020/05/Covid-19-what-the-world-can-learn-from-regional-responses/>. Accessed on 18 June 2020.

In mid-February 2020, African Union (AU), a regional organization in Africa, initiated a continental strategy to better prepare for the pandemic. “One of the Union’s institutions, the Africa Centre for Disease Control and Prevention (CDC), has been providing important expertise - including strategies, data, and training in technical areas ranging from identifying and the clinical management of positive cases to risk communication - to AU member states and their citizens.”¹⁰³ The CDC has also launched a public outreach program through social media to inform African citizens about infection patterns and prevention strategies.¹⁰⁴ In addition to that African Union created an African Union Covid-19 response fund which will strengthen the continental response to Covid-19 and mitigate its socio- economic and humanitarian impact on African populations.¹⁰⁵ Another reason for creating this fund was to support the deployment of one million community workers and community healthcare workers to support contact tracing.¹⁰⁶ The idea is to boost the capacity of CDC so that it extends its response to better public health emergency.

European Union (EU) and member states are working jointly to mitigate the socio-economic impacts of the crisis from the very beginning. From joint collaborative

actions to recovery funding, European countries are trying their best to minimize the adverse effect of the crisis as much as possible. European Commission in the latter half of May proposed a long-term EU budget of \$1100 billion for 2021-2027 and a temporary reinforcement of \$750 billion.¹⁰⁷ The EU, in its response to Covid-19, focuses on four key areas:

- “limiting the spread of the virus
- ensuring the provision of medical equipment
- promoting research for treatments and vaccines
- supporting jobs, businesses and the economy”¹⁰⁸

There is no denying that the world needs coronavirus vaccine more than anything else at the moment. Scientists across the world are trying their level best for the production of the most desired vaccine. The EU has also taken important initiatives to help researchers and scientists to produce the vaccine. Currently, the EU’s Horizon 2020 research programme is funding 18 research projects and 140 teams across Europe to find a vaccine against Covid-19.¹⁰⁹ “On 4 May 2020, the EU organized an online pledging event to raise funds for a vaccine, reaching €9.8 billion pledged (€2.3 billion beyond the initial target) by the end of May 2020.”¹¹⁰

¹⁰³ *ibid.*

¹⁰⁴ *ibid.*

¹⁰⁵ “Coronavirus- African Union COVID19 Response Fund aims to raise \$1 Million on Africa Day,” 25 May 2020. Cited in <https://www.africanews.com/2020/05/24/coronavirus-african-union-covid19-response-fund-aims-to-raise-1-million-on-africa-day/>. Accessed on 18 June 2020.

¹⁰⁶ *ibid.*

¹⁰⁷ “COVID-19 coronavirus pandemic,” 01 June 2020.

Cited in <https://www.consilium.europa.eu/en/policies/coronavirus/>. Accessed on 18 June 2020.

¹⁰⁸ *ibid.*

¹⁰⁹ *ibid.*

¹¹⁰ *ibid.*

The initiatives taken by the EU is indeed appreciable, and the world requires such bold initiatives to fight against the pandemic.

South-East Asian nations have also been severely affected by Covid-19. Tourism, trade and supply chains deeply intertwine Southeast Asia with China, and it ultimately contributed to the spread of Covid-19 in the region. Leaders of the Association of Southeast Asian Nations (ASEAN) in a virtual summit recently have agreed upon a 'whole-of-ASEAN community approach' to combat the virus.¹¹¹ The leaders of ASEAN have also given importance to extensive sharing of information and best practices which is very important at this point of time. ASEAN initiated a special ASEAN+3 (ASEAN, China, JAPAN and South Korea) video conference where leaders have agreed upon sharing real-time information to set-up regional medical supplies across Southeast Asia.¹¹² Like the leaders of the European Union, ASEAN too planned to set up a special Covid-19 response fund in order to curb the economic damage in the region. In the mid-April of the current year, the leaders of ASEAN agreed to establish the fund as a preventive measure.¹¹³ However, the amount has not been officially released yet, but it is expected that 10 percent of the funding will come from ASEAN Development

Fund cooperation funds from the partner countries.¹¹⁴ So far, ASEAN has done reasonably well when it comes to fighting against Covid-19. If ASEAN can keep taking such initiatives during the pandemic, then in future history will note that disaster can be a driver of greater regional cooperation.

Country specific Covid-19 resilience:

From the very beginning of the pandemic countries across the world have been trying to control the situation by adopting different measures. Most of the virus-affected countries have imposed temporary lockdown, on their people to ensure that people go outside on a limited scale and public gatherings are controlled, and the surge on hospitals is levelled. It would be unfair not to mention New Zealand, a country which had managed to slow down the outbreak before it ever had a chance to begin. Vietnam, for instance, is another country which has had fewer cases with few deaths so far. Of all the countries South Korea, Singapore, China, and Taiwan have taken strategic measures which proved to be very effective in slowing down the spread of coronavirus compared to developed countries. Keeping the fact in mind that the antidotes or vaccines for coronavirus are still in the pipeline, these countries have both pragmatic and high-tech

¹¹¹ "Leveraging ASEAN to respond to COVID-19," 21 May 2020. Cited in <https://www.eastasiaforum.org/2020/05/21/leveraging-asean-to-respond-to-Covid-19/>. Accessed on 18 June 2020.

¹¹² *ibid.*

¹¹³ "Leaders support establishment of ASEAN COVID-19 response fund," *The Jakarta Post*, 14 April 2020. Cited in <https://www.thejakartapost.com/seasia/2020/04/14/leaders-support-establishment-of-asean-covid-19-response-fund.html>. Accessed on 18 June 2020.

¹¹⁴ *ibid.*

systems. This section will delve into the way countries have fought coronavirus so far.

China:

It is known to everyone that Wuhan in China was the epicentre of Covid-19 back in the last days of 2019. In the beginning, China found it difficult to control the situation since the number of cases was growing exponentially. However, China has been able to use their technology effectively to combat against the pandemic. To minimize the transmission China has been using robots to perform a range of activities such as preparing meals at hospitals, serving foods at restaurants, spraying disinfectants to vending rice and dispensing hand sanitizers.¹¹⁵ Moreover, a hospital in Wuhan, the epicenter of the outbreak, was being staffed by robots and robots were also used to perform diagnosis and conduct thermal imaging.¹¹⁶ Many of the Chinese hospitals used 5G-enabled thermometers which would give instant updates.¹¹⁷ As soon as Covid-19 was first identified in Wuhan, China started to take extensive preventive measures. Hubei province's treatment capacity was boosted. At least 346 medical teams and 42,000 medical staffs from other provinces voluntarily travelled there

to prevent the further outbreak.¹¹⁸ Moreover, the people of Hubei province were not allowed to travel outside the province, which was strictly monitored by the authority. Chinese government rapidly prepared two 5G enabled Covid-19 hospitals, which comprised of 2000 beds and 16 makeshift hospitals with approximately 30,000 beds.¹¹⁹ The idea was to screen all 14 million people living in the province and prevent further outbreak. The Chinese government was quite successful in providing accurate information to the people which bolstered their confidence, and they gladly followed the guidelines and restrictions, which in the end proved very effective in preventing the pandemic.

South Korea:

South Korea is another country which handled the coronavirus situation very efficiently. The country from the beginning of the pandemic conducted over 15,000 tests daily to prevent the transmission.¹²⁰ South Korea, with the help of apps, was able to track patient's whereabouts, and also let people know if they have come in contact with the patient in recent times based on their recent locations.¹²¹ Unlike China and other developed countries, South Korea never implemented large

¹¹⁵ "The China way: Use of technology to combat Covid-19," 05 May 2020. Cited in <https://www.geospatialworld.net/article/the-sino-approach-use-of-technology-to-combat-Covid-19/>. Accessed on 16 June 2020.

¹¹⁶ *ibid.*

¹¹⁷ *ibid.*

¹¹⁸ "How China overcame the COVID-19 Pandemic," 11 April 2020. Cited in <https://www.orfonline.org/expert->

[speak/how-china-overcame-the-Covid-19-pandemic-64442/](https://www.orfonline.org/expert-speak/how-china-overcame-the-Covid-19-pandemic-64442/). Accessed on 17 June 2020.

¹¹⁹ *ibid.*

¹²⁰ "Confronting COVID-19: What We Can Learn from Other Nations and What We Can Plan in Bangladesh,". Cited in <https://bengal.institute/news/confronting-covid19/>. Accessed on 18 June 2020.

¹²¹ *ibid.*

scale lockdown as a preventive measure. Instead, the country shut down schools and imposed curfew in some of the cities.¹²² The country emphasized more on large scale testing to identify patients and isolate them so that the transmission could be checked properly. “Mainly South Korea’s Covid-19 response strategy sits atop three pillars: fast and free testing, expansive tracing technology, and mandatory isolation of the most severe cases.”¹²³ Based on the experience of MERS virus in 2015 and to spare hospitals from being overrun with patients, the authority in the country opened 600 testing centers rapidly.¹²⁴ Also, government officials urged medical companies to develop coronavirus test kits and manufacturers to prepare personal protective equipment.¹²⁵ “One of the innovative methods the Korean medical community adopted was Drive-through Testing Stations”.¹²⁶ “By allowing drivers to go through the testing process without having to leave their vehicles, they could reduce the time needed for sample collection to less than 10 minutes and also limit the exposure of frontline medical

workers”.¹²⁷ South Korea indeed has shown the world that it is possible to curb the spread of pandemic by setting priorities straight and allocating resources in the right places.

Singapore:

Singapore has been a master class when it comes to deal with Covid-19. Before the disease even arrived in Singapore, the country took stringent measures to combat the pandemic. From stringent travel restriction to efficient contact-tracing, the country took all the timely measures to contain the virus’s spread. So, what was going so well in Singapore? the first case of new coronavirus was identified in Singapore on 23 January, when a Chinese tourist from Wuhan, the virus epicentre arrived in the country.¹²⁸ One of the very first measures Singapore took was banning flights from China immediately after the outbreak. The country tested each and every person who arrived in the country during this time.¹²⁹ In Singapore, one of the practices which is still going on is to track all those people who come close to the corona

¹²² “South Korea controlled its coronavirus outbreak in just 20 days. Here are the highlights from its 90-page playbook for flattening the curve,” 18 April 2020. Cited in <https://www.businessinsider.com/how-south-korea-controlled-its-coronavirus-outbreak-2020-4>. Accessed on 18 June 2020.

¹²³ “What’s behind South Korea’s COVID-19 Exceptionalism?” 05 May 2020. Cited in <https://www.theatlantic.com/ideas/archive/2020/05/whats-south-koreas-secret/611215/>. Accessed on 18 June 2020.

¹²⁴ *ibid.*

¹²⁵ *ibid.*

¹²⁶ “Combating coronavirus: the ‘secret’ of South Korea,” *The DailyStar*, 20 April 2020. Cited in

<https://www.thedailystar.net/frontpage/news/the-secret-south-korea-1894807>. Accessed on 18 June 2020.

¹²⁷ *ibid*

¹²⁸ “Coronavirus: Should the world worry about Singapore’s virus surge?,” 10 April 2020. Cited in <https://www.bbc.com/news/world-asia-52232147>. Accessed on 18 June 2020.

¹²⁹ “How Singapore and South Korea deal with coronavirus Quarantine measures,” 26 March 2020. Cited in

<https://www.forbes.com/sites/kenrapoza/2020/03/26/how-singapore-and-south-korea-deal-with-coronavirus-quarantine-measures/#747625a91921>. Accessed on 18 June 2020.

positive patients. Those who test positive will have to give the names of people who came close to them, be it family members or co-workers.¹³⁰ In this way, the country was able to isolate suspected patients from those who were not affected. The government has also ensured that those in quarantine stay at home through mandatory use of SMS and web-based platforms.¹³¹ Another important early step was to activate a network of primary health clinics, called public health preparedness clinics (PHPC).¹³² These clinics are specialized in treating respiratory illnesses. By mid-February, there were 900 PHP clinics which acted as triage centers, sorting out those who need more serious medical care.¹³³ In this way, the country was able to curb the death toll. Indeed, Singapore has shown the world that precautions taken earlier could be beneficial in fighting against the pandemic and the country has proved there is no textbook response to fighting Covid-19.

Lessons for Bangladesh:

There is no denying that with the limited resources and capacity, the government of Bangladesh is trying its level best to tackle this formidable challenge. Bangladesh's prime minister is fully engaged in the nationwide fight against the pandemic, making frequent public announcements and giving directives. Now, the first and foremost duty of the government is to

increase the number of testing. There is no alternative to increasing the number of testing, as shown by some of the successful countries in their fight against the pandemic. Till now the testing has been done in mainly in the city areas but to tackle the surge of the virus it is important to increase testing in rural areas also. This will enable the government to understand the dynamic of the disease and formulate policies according to that. South Korea can be a good example here which showed that rigorous testing is one of the most important components of a successful response.

Initiatives taken by the government only will not be sufficient unless citizens respond sensibly. It is crucial that everyone does their part to prevent further spread of the virus by strictly adhering to government directives, including social distancing, wearing masks and continuous sanitization of their hands. Indeed, Bangladesh has entered the worst phase of the pandemic with number of cases and death toll accelerating. Since health care is grossly inadequate here, the only way to come out of this crisis is to increase social awareness. During this unprecedented crisis, the government has to take care of both public health and economy, which is no easy task. Therefore, government could not enforce lockdown anymore. Now it is the responsibility of the people to ensure their safety. The fate of the nation largely

¹³⁰ *ibid.*

¹³¹ "What Singapore can teach about an effective coronavirus response," 25 March 2020. Cited in <https://www.undp.org/content/undp/en/home/blog/2020/what-singapore-can-teach-about-an-effective-coronavirus-response.html>. Accessed on 18 June 2020.

¹³² "These five strategies have helped Singapore fight off the coronavirus outbreak. Can they keep it at bay?," 31 March 2020. Cited in <https://www.abc.net.au/news/2020-03-31/coronavirus-singapore-how-it-fought-the-virus/12100072>. Accessed on 18 June 2020.

¹³³ *ibid.*

depends on the adroitness with which the government handle the crisis.

Like many other countries, Bangladesh is also struggling to find a way to come out of this unprecedented crisis. People living below the poverty line have to go out of the house to earn their livelihood unless the government provides sufficient reliefs to them. But is it possible for the Bangladeshi government to aid this large group for a long time? If not, then who will feed them? We have already seen that people are going outside in search of work which can increase the number of cases in the upcoming days. Choosing between life and livelihood, these deprived people opted for livelihood. But would the government then be able to tackle the virus surge? Coronavirus has pointed out the poor health care facilities available in the country given a large number of health workers being infected by the virus, and many of them died without proper treatment.

During this pandemic, if the health workers themselves die without proper treatment then who will come for the rescue? One of the biggest challenges for Bangladesh right now is to ensure safety for the communities facing a precarious existence in crowded environments. The government must provide proper safety measures for the health workers since they are highly vulnerable to this

pandemic. Then, making people accustomed to washing hands and maintaining social distancing is quite a challenging task, but the government has to implement this anyhow. Since 17 March, all the educational institutes across the country have remained closed. To minimize the loss in learning, one frequently suggested option is online education which has already adopted by many higher educational institutions in the country.

However, since internet is not cheaper and available to a significant portion of the population, it will be difficult for many students to participate in online classes. A large number of people in rural areas, do not have access to internet connection. The government must ensure that the students get internet in cheaper price and majority have access to internet to make online education more feasible; otherwise, it will enhance learning inequality. The other option could be to reopen the schools while maintaining healthcare protocols strictly, but again it will be a challenging task for the government. Considering all these factors, it can be assumed that the Covid-19 pandemic is one of the biggest crises Bangladesh is facing right now since its independence. If the government and people act responsibly, the pandemic will soon be swept away, and the country will walk into a better future.

Commentary:



Osman Jamal Arabi

Founder President,
United Health Development Program,
Dhaka, Bangladesh.

Currently, the world is facing the Covid-19 crisis. The virus started spreading in Bangladesh since March 2020. The first three known cases were reported on 8 March 2020 by the Institute of Epidemiology Disease Control and Research (IEDCR). Since the beginning of the outbreak in Bangladesh, our organization, United Health Development Program (UHDP) has been working as a resilience force. It is a non-profitable voluntary organization. UHDP is not financed by any governmental or non-governmental organization. It runs by the donation of philanthropists and followers of our social media pages who appreciate our activities and services.

Our major services include:

1. Free doctor consultation;
2. Free medical check-ups and providing medicines free of cost if the patients cannot buy;
3. Admitting into the hospitals;
4. Ambulance services (if necessary, we provide it free);
5. Oxygen services (if necessary, we provide it free);

6. Taking the Covid-19 patients to the hospital as we get many calls from the people who do not have anyone to take them into the hospital, the rescue team perform all these duties;
7. Following up the Covid-19 patients regularly and
8. Taking patients to their home when they get cured.

Although, our organization is providing these services currently because of the pandemic situation, it is not our main job. Notably, I am not from the medical profession. I am a businessman. Earlier, I was involved in health tourism business and used to help patients of Bangladesh to go to India for better treatment. Now, I am involved in a restaurant business in Cox's Bazar. While I was in Cox's Bazar, I carefully observed the resilience activities of World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Their activities inspired me a lot to work in the health sector.

There are many problems and loopholes regarding services in the health sector in our country; huge gaps exist between patients and doctors in Bangladesh.

Someone should come forward to bridge this gap. This also inspired me to stand by people and I started to work on improving the facilities of health services in Bangladesh. I developed a smartphone application named 'Humanity Call'. The primary aim of this application is to bridge the gap between patients and doctors in the country. The application aims to provide information about doctors, nurses, ward boys of all government hospitals of the country, and area-wise lists of volunteers. If anyone from any district faces any health-related issues, then s/he will be able to get all the necessary information about nearby volunteers and government hospitals by just clicking on that application.

I must admit that government hospitals are best in terms of treatment quality as they have many qualified doctors. But unfortunately, patients suffer most in government hospitals compared to the private hospitals. But the whole system has collapsed; so, we cannot blame the doctors only. There are a good number of cooperative and well-mannered doctors. But most of the time, common people do not find primary health service providers of government hospitals, i.e., nurses, ward boys to be friendly. It is difficult to rebuild the collapsed system overnight, but we should try to do something instead of blaming the system. In this regard, I have introduced a monthly based reward system for the nurses and ward boys in all the government hospitals of the country. The reward will be based on their services and behavior, which will be evaluated by

the patients. I think this might inspire the hospital staff. Our team plans to do all these because the majority of the people in our country cannot afford private hospitals and the primary health service providers of government hospitals play a vital role in providing hospital services. Although we have many plans, at present, our primary focus is to serve the helpless people during the Covid-19 crisis. Funding is another important factor. It is crucial because, without enough funds, it is difficult to respond and serve people. We are fighting in this situation with minimal funds from our individual sources because we are not connected with any governmental or non-governmental organizations.

Despite financial limitations, I, along with some like-minded persons, was able to form an organization called 'United Health Development Program' in October 2019. Since we started our journey couple of months before the outbreak of the Covid-19 crisis, we have not been able to run our mobile application, because we could not collect the required information. Primarily, we are working manually and covering a few districts beside Dhaka. We have some volunteer doctors who are providing treatment to the patients by visiting their homes and suggesting them to move to hospitals when it is necessary. We are getting many responses from helpless people living in Dhaka, but rarely get any responses from those living outside the capital.

The plan of developing a smartphone application is almost complete, and we will

run our application in the Narayanganj district primarily to test its effectiveness. We have selected 100 young volunteers who will work for the helpless people. We also have a plan to provide patients with an Intensive Care Unit (ICU) ambulance facility. The majority of people in our country are unable to afford ICU ambulance, so we want to provide them with this service free of cost. Even a good section of people, especially in rural areas, cannot afford the medical treatment expenses, UHDP aims to help them to access all the medical facilities free of cost.

The governing body of UHDP consists of eleven members, along with two doctors. Besides, the team has more than 30 regular volunteers who are providing services from dawn to dusk and nearly 100 volunteers who serve based on the severity of the situations. Currently, we are providing services in Narayanganj,

Gazipur, Munshiganj, Savar, and Dhaka districts manually. We have a plan to incorporate more volunteers from each district, but we need some more time as our app is not launched yet. As the president and initiator of the organization, I am in charge of responding to the hotline number. At present, we get requests from people over the phone regarding three kinds of help: (a) giving home services during emergency, (b) managing ICU and Oxygen for severe patients, and (c) connecting them to doctors for advice. These days, I receive false phone calls which is undesirable as it breaks the trust.

An inspiring matter is, helpless people are often referred to us by the IEDCR authorities. Both Police and IEDCR have recorded our contact numbers and refer helpless people to us. We also get appreciation from many people.

Some Selected Micronarratives*

“We have to work double than before. When the general holiday started, all the people came to the village and started chatting and gossiping here and there. One cannot believe it seemed like an ‘Eid vacation’ was going on here. On the other hand, we have instructed people not to gather anywhere. So, from the very beginning, it was challenging for us to control the people’s movement. I can share one story, one day an Imam of a local mosque was talking in a gathering of some locals, and I requested him to close the gathering, he replied ‘an Imam can never be infected by corona.’ So how can you control this kind of people? This is just one incident, and many other similar incidents happened with us every day.”

Sohel Rana, Superintendent (SI) of Bangladesh Police, Jhikargachha Police Station, Jashore.

“From the very beginning, we were so concerned about the pandemic. We wash our mosque with Savlon every time before performing prayers. We draw red lines on the mosque floor so that people can maintain proper social distancing. I make an announcement with my microphone during prayer time and request Muslims to wear masks and to maintain other hygiene before entering the mosque. Alongside this, we keep soaps and hand washes in the place of performing ablutions (Wudu).”

Mufti Anowarul Islam, (35) Imam, Madarbari Baitus Salam Jame Mosque, Vatara thana, Dhaka.

“I usually report on the education sector. Because of the pandemic, we have to change our working style. We had brought a change in our visual reporting style. For example, earlier, we took interviews from government/non-government high officials or political leaders directly, but now since we cannot reach them directly, we do the interview through phone calls. Alternately, sometimes we send the questionnaire to them, and they send us a video clip answering those questions.”

Nour-E-Alam Pinto, Staff reporter, Independent TV

*Collected by Sharin Fatema, Tasnuba Tazrin Shaon, Afnan Nur Bhuiyan, Fatima Jurat from 6 June to 20 June, 2020.

“In Chandpur, I am mainly engaged in raising people’s awareness. I run mobile court to prevent crime and make everyone aware of isolation, social distancing and so on. My team and I personally take our safety measures seriously and use masks and gloves. We were given a raincoat instead of a PPE. Now we wear masks-gloves as the raincoat is not enough to prevent Covid-19 transmission. We go to markets or public places to run the mobile court. We try our best to spread awareness messages. Many people do not know how to wear a mask to protect themselves and why it is important to maintain social distance; we make them aware of these. However, if someone breaks the law on lockdown without any proper reason or sells products at a higher price or sells counterfeit medicines, hand sanitizers, then we fine or jail them. Usually, a fine has to be imposed by considering that person's income. If one person is punished by the mobile court, then we encourage them to tell other people about his loss and the humiliation so that other people do not dare to break the rule. Generally, when a building is locked down, we form a team with local councilors and some local volunteers. Because it is not always possible for us to keep everyone under surveillance; so, the local volunteers guard the locked-down house, provide them with daily necessities and medicines. We are notified if there is any aggression or any misbehavior by the nearby people so that we can act accordingly. However, it is not possible for the administration, the police, the army alone to create awareness against this epidemic. We need the help of people who will volunteer to prevent the spread of corona.”

Selina Mridul, Assistant Commissioner and Executive Magistrate, Chandpur.

“I am professionally an architect and associated with photography. In addition to my work, I was involved in various activities of the Quantum Foundation, such as meditation and blood donation. My life is different from others. So, when I told my family that I want to engage myself in the burial work of Corona patients through Quantum, they allowed me. I then joined their foundation in Kakrail for this purpose. I have been volunteering here since 15th June. I have buried seven patients who died from Corona from different areas of Dhaka. Here we have 5 to 10 people in each volunteer team. The female team also lives separately, and they work to bury female Corona patients. Generally, we first get the news about the death of a Covid-19 patient. Then our team starts equipping itself with all the safety equipment like PPE, masks, gloves and spray. Later our team goes to the spot, disinfects the dead person and gives bath. The person is buried or cremated according to his/her religion if his/her family refuses to take responsibility. In this foundation, someone may stay for five days, or for one month for this work. That is how everyone is contributing here.

Al-Amin Abu Ahmed Ashraf Dolan, Volunteer, Dhaka.

Since the onset of coronavirus, I am working as a senior staff nurse at NICVD (National Institute of Cardiovascular Diseases). The work pressure has tremendously increased due to the growing number of patients. The problem I am facing mostly in this new crisis is the lack of awareness among the patients and their relatives. The scarcity of medical equipment provided by the government and the unawareness of the patients, on the other hand, is putting us at risk in many cases. Since my job is not only a job for me, it is a responsibility to save patients with proper nursing and at the same time to ensure my fellows' safety as well. Keeping that thing in mind, I along with some colleagues, decided to buy PPEs, masks (3M 95 and KN 95), hand gloves, goggles and face shields. I bought these pieces of equipment with my own money. I try to make the relatives of the patients understand that they need to follow the national guidelines. Since I have three children in my family, I always have to give priority to their safety, and for this reason, I have to maintain social distance from them as much as possible, which is not easy for me. To ensure safety, I wrap the used dress in polythene and throw it in the dustbin before coming home and take a bath as soon as I enter the house so that the virus does not spread in my family from me. “

Ripan Sikder, Senior Staff Nurse (Nursing Officer) at NICVD (National Institute of Cardiovascular Diseases)

“As a member of the Bangladesh Police, it is my prime responsibility to ensure the safety of the people of my country during this pandemic. As part of a team of Shahbagh Police Station, I participated in various awareness campaigns to raise awareness among people about the danger of coronavirus and also distributed food to slum dwellers in different parts of the city. Through the awareness campaigns, I realized peoples' ignorance about the coronavirus. They believe that one day everyone has to die, so there is no point of being scared. When people have this kind of belief, it is really difficult to make them aware. Apart from working as a team member, I have talked to the landlord to ensure adequate security in my building, closing off external access and ensuring that no one leaves the house unless necessary. Besides, I have arranged water, soap, and hand sanitizer on the ground floor so that the residents enter the house with complete hygiene.”

Abul Kalam Azad, Sub Inspector (SI) at Bangladesh Police, Shahbagh Branch, Dhaka.

“I work for the public. I am not afraid of the virus, but I worry for my family members as they might be infected through me. We go for work ensuring our safety by maintaining the social distancing and other guidelines among us. Every day with the police and army, we raid six times a day for monitoring if the public is maintaining the health guidelines. In the beginning, we fined many people for not wearing masks. However, in this coronavirus situation, people do not have much money so they cannot pay the fine. Then we came up with the idea of forcing a person to buy a mask on the spot and make him/her wear it, instead of fining. Our manpower is not enough in proportionate to the population. So, we build a chain with the responsible elderly and young people in the community level work. They ensure the maintenance of social distancing in relief delivery. We are trying to work in an organized way amid many limitations by connecting people from every level.”

**Abu Nawshad Khan, Assistant Commissioner and Executive Magistrate,
Jashore**

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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