

Report on **The Impact of COVID-19** on Linguistic Minorities in Bangladesh



July 2021

Council of Minorities

Dhaka, Bangladesh





Acknowledgement

Approximately four hundred thousand Bihari Urdu Speaking Bangladeshis live in 116 urban ‘refugee’ camps in Bangladesh. This community was deprived of nationality when Bangladesh won its independence from Pakistan and after that their citizenship granted through court rulings in 2003 and 2008. However, community members still face barriers in accessing documentation to establish their nationality. They endure endemic poverty and discrimination, and prejudice still colours their experience and enjoyment of rights and services.

The camps are densely populated urban spaces, in which social distancing is impossible. Further, as fewer people are able to work during lock-down, the camps are more congested during the daytime, with people spilling into narrow lanes to escape the heat. The healthcare risks are significant and there is a significant increase in cases of domestic and gender-based violence. When two COVID-19 positive patients were identified in the Geneva camp (the largest camp in Dhaka), they were not allowed to isolate in government quarantine centres. Community leaders believe this is due to discrimination against this minority group. Further, neighborhood hospitals refuse to admit COVID-19 patients. They have reportedly also denied healthcare to non-COVID-19 patients from the Geneva camp. Many members of the community earn their livelihoods in the informal sector, as barbers, butchers, rickshaw pullers, domestic workers, drivers and handicraft workers. They lost their jobs when the first cases were reported in the Geneva camp. Most live below the poverty line and face a real risk of starvation.

The exclusionary impact of these structures has been greatly aggravated by the COVID-19 pandemic, especially in healthcare services. The disproportionately severe impact on Urdu-speaking people’s livelihood during this pandemic is also due to the discriminatory social and legal structures that confine them to the informal work sector. Moreover, legal and administrative barriers to establishing citizenship remain for this population despite the judicial recognition of their citizenship.

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Introduction

COVID-19 has ravaged societies across the world, resulting in massive loss of life and damage to economic systems and social fabrics. While the pandemic's disastrous impact has certainly been felt across the globe, it has not fallen equally between and within societies. Following pre-existing fault-lines and deepening embedded inequalities, the costs of the COVID-19 crisis have fallen most heavily on those who are least able to bear it. This disparity in suffering is most acutely manifest in developing countries like Bangladesh, where the pandemic's impact has been almost paralytic given the shackles of high population density, extreme poverty, lack of water and sanitation, inadequate healthcare services and generally weak infrastructure.

Most efforts to map the pandemic's impact have been at the country-level, given the global scale of this crisis. Broad conclusions about the effects on livelihood, food security, healthcare and violence have been reached and the Bangladesh government has been assessed against standard metrics of State performance during the pandemic. Policy advocacy has centered on demands for more efficient governance and effective diplomacy. While these are commendable, and indeed, necessary initiatives, they tend to conceal the historical complexity of Bangladeshi society and the variegated faces of the State in its relations with its citizenry. COVID-19's novelty has thus only been limited to its biology; its economic, social and political impact have replicated historical patterns of marginalization, discrimination and injustice. This is the reality for Bangladesh's Urdu-speaking people, the victims of historical injustice since Bangladesh's independence.

The dissolution of the British Raj in 1947 resulted in the creation of two independent nation-States – India and Pakistan, where religious majority was conflated with national identity, establishing India as Hindu and Pakistan as Muslim. This compelled the religious minorities in both countries to elide their pasts and seek refuge in the country where their religious identity and community interests would be protected and allowed to prosper. Thus, it was amidst this turbulence of migratory flows across the region that the Urdu-speaking Muslim minority of Bihar, Uttar Pradesh, Orissa and West Bengal left India for the then East Pakistan.

The second wave of tumultuous change came in 1971 with the 9-month war for East Pakistan's liberation, leading to the birth of Bangladesh on 16th December 1971. During this period, a faction within the Urdu-speaking community supported the Pakistan army and became marked as being anti-liberation. In the aftermath of war, this community thus found itself on the "wrong" side of history and thus lost their homes, livelihoods, and properties. The Urdu-speaking people of Bangladesh became internally displaced and had to take refuge in settlements built by the International Committee of the Red Cross. These settlements were made on public property and intended to provide for the basic needs of this community. Today, these number at around 116 and are colloquially referred to as Bihari camps, housing some four hundred thousand Urdu-speaking people. However, as a matter of legal fact, the community had been rendered stateless, with no identity documents to demonstrate citizenship of any country.

The Urdu-speaking people lived four decades beyond State protection and guarantees of even the most basic rights such as education, housing, work, water and sanitation. It was only in 2008 that the High Court of Bangladesh gave this community formal recognition as citizens of Bangladesh and directed the Election Commission to take enlist these citizens as voters and issue their National Identity Cards. This milestone marked tremendous progress in securing the rights of the Urdu-speaking people, but their struggles were far from over. Despite having gained voter status and national ID

cards, these people continued to be subjected to pervasive socioeconomic discrimination, marginalisation and other forms of injustice. Even the State, purportedly the guarantor of their rights, has been perpetually violating their human rights and depriving them of access to comprehensive social citizenship. Thus, the community is not formally recognised as linguistic minority of Bangladesh, and have limited access to passports, public service, trading licenses, employment opportunities and are even at risk of eviction.

The lack of pathways to integrate into Bangladesh's mainstream economy and society further signify the disparities that divide the camp-dwelling Urdu-speakers. These divisions have become sharper since the onset of the COVID-19 pandemic. For this community, there is little scope to implement even the most basic yet potentially life-saving measures against COVID-19. Within the densely populated urban camps, there is very limited scope for social distancing. Moreover, the imposition of lockdowns means that few people venture outside, and the camps are thus even more cramped than usual. The stifling heat makes it difficult to remain within closed quarters and thus some camp inhabitants are found to be gathering out in the narrow lanes. In addition to the dire health risks posed by COVID-19, the close confines of life in lockdown have resulted in a massive surge in cases of domestic and gender-based violence.

COVID-19 has also thrown into sharper relief the discriminatory barriers that prevent the Urdu-speaking people from fully realizing their status as Bangladeshi citizens. Thus, for instance, when two members of this community tested positive for COVID-19 in the Geneva camp (Dhaka's largest camp), they were barred from isolating in government quarantine centres. Leaders in the Urdu-speaking community point to this as evidence of the persistent discrimination on the part of the State. Discrimination in wider society has also surfaced during this period, with neighbourhood hospitals denying treatment to COVID-19 patients from this community. In fact, they have also refused to provide healthcare to non-COVID-19 patients from the camps.

The pandemic's impact on the lives and livelihoods of this community are complex and manifold, intertwined with deeper questions of identity, belonging and citizenship. Many members of the community are forced to earn their livelihoods in the informal sector, working as barbers, butchers, rickshaw pullers, domestic workers, drivers and handicraft workers. These jobs were lost with the emergence of the first cases of COVID-19 in the Geneva camp. Moreover, as the majority of this community lives below the poverty line, the risk of starvation is significant. The disproportionately severe impact on Urdu-speaking people's livelihood during this pandemic is also due to the discriminatory social and legal structures that confine them to the informal work sector.

The systemic barriers to the realisation of stateless persons' rights are structurally embedded in Bangladeshi society and within the legal system. Structural inequality and institutional barriers cause the sustained denial of socioeconomic human rights for the Urdu-speaking people and other similarly vulnerable populations. The exclusionary impact of these structures has been greatly aggravated by the COVID-19 pandemic, as demonstrated in healthcare services and impact on livelihood. Moreover, legal and administrative barriers to establishing citizenship remain for this population despite the judicial recognition of their citizenship. The Draft Citizenship Bill is a further example of the deeply rooted discrimination in the politico-legal system on questions of citizenship.

Against this backdrop, this project intends to understand the impact of COVID-19 on the Urdu-speaking minority community, setting up a rights advocate system to help these individuals' access government services and address community and domestic issues. Based on the findings of this study, a human rights advocacy system will be established to address the basic needs and realise the rights of this community.

Methodology

This study was conducted to provide baseline findings on the state of human rights awareness and fulfilment among the Urdu-speaking people of Bangladesh in the present COVID-19 context and to assess the impact of the pandemic on this vulnerable community.



The baseline will inform the design and administration of a human rights advocacy system within this community, ascertaining gaps in human rights awareness and protection and establishing mechanisms for both empowering this marginalized community and ensuring that their efforts towards enjoying their rights are strengthened and facilitated, building on their claims to national identity documents.

The data collection for this study was conducted through an extensive survey conducted by 13 data collectors who were trained for interview data collection and research ethics. The geographical scope of tcv cvhe study spanned Dhaka, Khulna and Saidpur where the Bihari camps are situated, having varying population sizes among them. A total of 196 interviews were conducted and the number conducted in a given area was proportionate to the number of families in that region. The survey questionnaire is attached in the Annex and covered issues



including levels of awareness and responses to COVID-19, impact of the pandemic, role of the government and broader issues of identity and citizenship. The study also uses secondary data collected from government census, circulars, and reports, and documents produced by human rights organizations, civil society organizations, academic institutions, UN agencies and various media outlets.

Findings

1. Community Resilience to COVID-19

The survey found that many respondents were not confident about their knowledge regarding COVID-19, with only a few asserting that they are fully assured of their awareness and some expressing disregard for possible harms in the future. The responses also indicate low levels of preparedness and very limited resources to address any contraction of the infection within their families. They identified their lack of financial resources as a main barrier to taking preventive measures against COVID-19, especially those that require the purchase of protective items like face masks. Among the preventive measures that are being taken, common ones are hand washing and less frequent outings. Some are also using facemasks and sanitizers.

Their sources of information on COVID-19 are loudspeaker broadcasts, television and mobile phones and they do not verify the information they receive through these platforms. Some even responded that seeking to verify would be pointless. They also reported limited awareness and few preventive measures against COVID-19 in their community.

On the issue of vaccination, there was low awareness of the vaccine rollout, reports of limited access to vaccination and mixed views on whether the community would not be interested in seeking vaccination, with some suggesting that the community would only seek vaccines if

these were offered free of cost. In terms of their concerns relating to the government's rollout scheme, they stated that the community has limited facility with the internet, and they would prefer a door-to-door approach for information on vaccination and vaccination centres within camps, as mobile registration is not accessible to most community members.



Their recommendations for mitigating the COVID-19 crisis were that the government and society at large should be more proactive in including the Urdu-speaking people in their mitigation and recovery plans. They also called for the equitable distribution of relief and assistance, prioritising those who are most vulnerable, and the establishment of government healthcare facilities for their community. Some also call for instituting services by other actors such as the Red Cross.

2. COVID-19 Impact on Food Security

The respondents reported severe food scarcity in the camps, with many families not having food reserves or access to nutritional information. The sources of nutritional information a few respondents did mention, were children's books and NGO workers, but their main concern was not having adequate and filling meals. They felt that nutritional balance was something of a luxury in their current situation of chronic hunger.

domestic workers had received some food from their employers and NGOs had also been a source of sporadic support for some. The process of obtaining food support was described by the respondents as being harsh and severely humiliating, with respondents having had to wait in line on the streets to receive the food packages. For some the experience was so upsetting, they were subsequently deterred from seeking for



They stated that they had not had any food support prior to the pandemic. Currently, during the pandemic, there is severe shortage of food, with poor support, few means of obtaining food from any source and little information on how to seek support. In some cases, small factions did report receiving food support and among them, some stated that the food was dirty and of bad quality while others reported that they had received such support on only one or two occasions, and it was extremely difficult to obtain. A few of those who were professionally

assistance or even telling others that they were suffering from food shortages. Some respondents also mentioned that they have participated in several census and interviews, with people seeking to know their condition during the pandemic, but there is seldom any follow-up intervention to help them. The respondents are in many cases being forced to burn through their family savings to meet the minimum need for food in the household.

3. COVID-19 Impact on Livelihood and Income

COVID-19 has had disastrous effects on livelihoods and overall household incomes in the community, with the inflow of money coming to a standstill for many families, with many respondents stating that they have been dismissed from their posts of employment due to the pandemic. There are few opportunities for continuing employment during COVID-19, leaving working members of these families incapacitated in their homes. With transport systems being halted, there is also limited

scope for seeking work. For those who do continue to work amidst the pandemic, many reported having to continue under unsafe work conditions, where they are at high risk of contracting COVID-19. Many also report having had to accept massive reductions in their salaries. Those engaged in entrepreneurial work are also suffering due to the increased poverty in the community that has resulted in lower levels of demand and hence, greatly reduced profits.



4. COVID-19 Impact on Health and Access to Health Services

The main source of medical care is government hospitals although some also reported having recourse to healthcare through NGOs. For some, the more accessible option is to purchase necessary medicines from local pharmacies. Many stated that COVID-19 decreased the community's access to healthcare. The respondents tend not to maintain any resources or reserve for medical care as they do not earn enough to maintain household food supply and few families seek regular health check-ups. The few that reported previously having maintained some funds stated that the COVID-19 crisis had forced them to exhaust these funds to meet other basic needs. The pandemic has resulted in severe financial crises for some, due to the increased need for medical care.

While for some, the pandemic has not affected the quality or frequency of medical care they received, other respondents reported that they had not received any governmental or community support for healthcare during the pandemic which has left them feeling helpless, neglected and fearful for their families. These respondents also shared that they had not received even general healthcare (unrelated to COVID-19) from government medical facilities. They reported that previously, doctors used to visit the camps to provide medical care but due to the risks of contracting COVID-19, this practice has been discontinued. This has significantly limited access to healthcare. Moreover, stigmatization due to possible COVID-19 infection has also deterred some from acknowledging their ailments to others or seeking care.

5. COVID-19 Impact on Violence and Access to Justice

COVID-19 has resulted in increased domestic unrest and instability, according to many respondents in this study. Several respondents report having experienced disputes with neighbours and other forms of unrest in familial and communal life. Having to live in close confined and share congested spaces has also led to some resentment and deterioration in the quality of social relationships. Marital disputes have occurred over family finances. In many cases of domestic dispute, the parties have resolved it through mediation and consultation without needing any form of justice intervention. Some have also faced opposition to their economic activities during the COVID-19 period, leading to confrontations and altercations. In some cases, these forms of violence and disputes resulted in physical and mental suffering. However, an alternative view that COVID-19 has led to a general reduction in such disputes also emerged from some respondents.

Some experiences of injustice related to human rights and equal treatment. For instance, one respondent shared that their son could not avail a government job due to discrimination against the Urdu-speaking community.

There is generally very low level of awareness regarding the range of justice mechanisms available to address violence and victimhood, how to access these mechanisms, and similarly low levels of interaction with these mechanisms and associated victim support services. The study also found that there is generally low level of victim support available to the respondents, whether from the government or other sources.

Some identified the local commissioner as offering the most accessible avenue for justice but also claimed that justice is often meted out face-value without genuine determination of the merits of claims and counterclaims. In some cases, justice was also sought at the local police station. Some respondents reported that during COVID-19, all forms of justice mechanisms were suspended and there was no access to justice for the community.

Respondents stated that they were not well aware of the levels and forms of violence in their community. Some stated that COVID-19 had not affected their access to justice mechanisms or victim support.

6. COVID-19 Impact on Social Cohesion

COVID-19 has resulted in greater friction between classes and greater resource competition within the community, as reported by the respondents. Social bonds within the community have weakened as everyone is in despair and is suffering from basic deprivations. There is little scope to offer support and assistance to one another within the community.

Levels of discrimination from the wider society have also risen during the pandemic, with particular difficulty in gaining access to food. Limitations to accessing government services have also exacerbated during the pandemic. Discrimination is rife in government relief efforts, as some have reported, government has distributed ample financial support and relief to members of the majority Bengali ethnic

community, but not to the Urdu-speaking community. Despite showing their NID cards to the relevant authorities, some respondents were unable to secure relief. Relief distribution efforts within the camps were also not well managed, resulting in the deprivation of some families, as a few respondents stated. Some have reported that social stigmas surrounding the community have resulted in their loss of employment during this time of crisis.

The respondents look to the future with the hope that the Bangladesh government will view them as equal citizens of this country and they will be included in mainstream society. They call for their access to education, jobs and housing on a par with other citizens of Bangladesh.

7. COVID-19 and Government Response

The respondents had low awareness of government services available during the pandemic. They have experienced barriers in attempting to avail government services. They also shared their community had been largely neglected in government service delivery initiatives during the pandemic. They have heard of government food distribution initiatives but were unable to avail their share. They further asserted that the authorities only distributed food to those they were acquainted with and excluded others. Those who have availed government services during the pandemic found these to be of average quality.

Their recommendation is that government services should be made equally and readily accessible to all. They also recommended that COVID-19 testing services should be made available free of charge. Further recommendations included financial support for the community as most are living on low food supply and with no source of income. Convenient and accessible healthcare for the community was another recommendation, especially during COVID-19, as hospital visits are associated with high risks of COVID-19 infection. They also recommended resettlement and better housing arrangements for their community. Some were unwilling to suggest recommendations as they felt that their recommendations would not be accorded any significance by decision-making authorities.

8. Identity and Citizenship: Broader Implications

The respondents felt that the 2008 High Court judgment was a landmark in their struggle to be recognised as Bangladeshi citizens. They now receive many public services and have better access to education and employment. However, despite the verdict, they continue to experience discrimination and marginalisation by various State organs and agencies. There are still numerous hurdles in attempting to get identification and citizenship documents. The respondents stated that the government has not taken adequate steps to establish a functional and efficient system for managing the issuance of their citizenship papers and other official documentation. While some do have NID cards and birth certificates, they have not yet been able to obtain other papers. The community as a whole continues to experience various deprivations including basic public services such as water and gas supply.

The respondents further asserted that as citizens, they should be able to enjoy the full range of rights and services that citizens are entitled to, but in reality, they continue to experience discrimination and marginalisation. Moreover, they are not aware, in categorical terms, what their rights are and what entitlements they deserve as citizens of Bangladesh. In wider society, they continue to face discrimination, prejudice and exclusion. There is low level of awareness regarding the impending Citizenship Bill and a sense of nonchalance about its possible implications for the community.



Recommendations

The COVID-19 pandemic has revealed systemic discrimination and structural barriers faced by the Urdu-speaking community in Bangladesh. During this perilous time, this study signifies the importance of advancing rights advocacy and fostering social cohesion so that this community can access the rights, protections and services it is entitled to as part of the citizenry of Bangladesh. Based on the findings of this study, the following recommendations are made to advance the rights of the Urdu-speaking people in Bangladesh, ensure their social inclusion and realise their citizenship:

1 .

Interactive platforms for obtaining information on COVID-19 and preventive measures can be established. This can take the form of toll-free call centres operated by the government and staffed by civil servants and volunteers. This would be technologically accessible for the Urdu-speaking people and would enable them to seek specific information on how preventive measures can be adapted to their conditions of living and finance and raise their concerns and queries regarding vaccination. Also, a standard set of health guidelines should be issued that is specifically contextualised for living conditions in the settlement camps of the Urdu-speaking community.

2 .

Information on the misinformation and disinformation surrounding COVID-19 infection, prevention and vaccination must be widely disseminated throughout the camps, along with basic training on techniques for detecting false information and alerting community members.

3 .

Internal camp management systems should be established that can represent the camp residents before the government and secure relief, financial support and other forms of government aid allotted during COVID-19. This can then be efficiently and equitably distributed within the camp without subjecting residents to the indignity of waiting in lines for aid and also ensure that all members of the community, especially those in most dire need, receive their just shares.

4 .

Dedicated medical care centres should be established near camp premises, staffed by government doctors, who can provide general healthcare services, nutritional information on diets, test patients for COVID-19 and arrange their safe transportation to hospitals equipped to treat COVID-19 infection. Like other governmental medical facilities, these centres should offer healthcare free of charge and should also be funded to provide free medication for common illnesses and injuries.

5 .

NGOs and civil society organisations should be encouraged to give financial support to those members of this community who are on the brink of destitution due to the pandemic. They can also offer some skills retraining for remote work or aid these workers in negotiating fairer pay during and beyond the pandemic.

6 . There must be greater awareness-raising and accessibility to justice mechanisms. Existing mechanisms that community members mistrust should be subjected to independent review and reforms should be introduced to ameliorate transparency, accountability and public access to information. Extensive awareness-raising, training and education programs and resources must be made available to the Urdu-speaking community so that they can become fully aware of their rights and entitlements as Bangladeshi citizens and gain empowerment through legal consciousness.

7 . The government should introduce social and cultural programs to foster social cohesion between the Urdu-speaking community and the wider, Bengali-majority society. National reconciliation requires memorialization, collective narrative-building and other transitional justice efforts. Social cohesion and inclusion efforts should also include physical integration efforts on the part of the government, through the establishment of affordable housing arrangements and resettlement into wider society. The camps should gradually be dismantled, and the Urdu-speaking people should have full freedom of movement and right to housing. Government officials should be retrained in citizenship, history and rights-based public administration. Their deep-seated prejudices towards the Urdu-speaking people (and other minorities) must be eliminated.

8 . The Bangladesh government should establish a dedicated office to process and issue citizenship documents for Urdu-speaking people and take all other measures necessary to give full effect to the 2008 verdict that recognised this community as citizens of Bangladesh. The draft Citizenship Bill is a retrograde step and it must be prevented from proceeding further. Broad-based policy advocacy is necessary, from the grassroots level to the national civil society. The international community also has a critical role to play in producing such transformative change, through the exertion of pressure on the Bangladesh government, offering funding support and opening public platforms for this community to have its voice heard by a global audience.

Conclusion:

There is great scope and dire need for a human rights advocacy system to address the sufferings of the Urdu-speaking people during this pandemic and support this community in becoming legally empowered citizens of Bangladesh. The findings from this study point to serious lapses on the part of the government and deep fissures in society that continue to segregate this community from the general citizenry. Activism, advocacy and research are all critical components of a comprehensive framework for realizing the rights and upholding the status of the Urdu-speaking people as citizens of Bangladesh. The human rights advocacy system to be established under this project is a promising step in this direction.

With the baseline findings of this study, the Council of Minorities and Safety and Rights Society will establish a Human Rights Advocacy system within the camps to assist individuals of the Urdu-speaking community to facilitate their access government services and address community and domestic issues. This study has determined the baseline level of awareness, protection, and services that the community has received during the pandemic and has made an overall assessment of the pandemic on their lives, livelihoods and lifestyles. The project can now recruit, train, and assign rights advocates to the camps who will facilitate the use of identity documents, assist in rights' fulfilment and availing justice mechanisms for the minority community. Furthermore, this will lead to collaboration with legal organizations in Bangladesh, the creation of awareness raising materials and national advocacy initiatives. The combined effect of these efforts can lead to the Urdu-speaking community being fully recognised as citizens of Bangladesh and their social lives can become cohesively weaved into the social fabric of Bangladeshi society.

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