A Rapid Assessment Report
The impact of COVID-19 on Indigenous and Tribal Peoples in Bangladesh

Kapaeeng Foundation
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Acknowledgement

The whole world is going through a critical time in the period of the COVID-19 outbreak. In Bangladesh too, vulnerable groups like indigenous peoples, are leading miserable lives in the ongoing pandemic situation at the face of food shortages, loss of livelihoods, unemployment, limited access to healthcare services, little or no government relief etc. Indigenous peoples both in the Chittagong Hill Tracts (CHT) and the plains, are bearing the brunt of this crisis due to the countrywide shutdown, closure of education institutions and offices, and movement restrictions, even though these measures could not stop the spread of the COVID-19 cases. Through this study we intended to explore the impacts of COVID-19 on the lives and livelihoods of the indigenous peoples in the country.

We would like to convey our heartfelt thanks to Trimita Chakma for her contribution in producing this report. We express our special gratitude and appreciation to our colleague Khokon Suiten Murmu and intern Krishna Khisa for helping us with conducting interviews with the respondents over the phone as well transcribing them with patience.

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Rabindranath Soren
Chairperson
Kapaeeng Foundation
## Acronyms

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<tr>
<td>ASUS</td>
<td>Anagrasar Samaj Unnayan Sangstha</td>
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<td>BIWN</td>
<td>Bangladesh Indigenous Women Network</td>
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<td>CBO</td>
<td>Community Based Organisations</td>
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<td>CHT</td>
<td>Chittagong Hill Tracts</td>
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<td>DC</td>
<td>Deputy Commissioner</td>
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<td>EC</td>
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<td>EPZ</td>
<td>Export Processing Zone</td>
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<td>EU</td>
<td>European Union</td>
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<td>FPIC</td>
<td>Free Prior Informed Consent</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IWGIA</td>
<td>International Work Group for Indigenous Affairs</td>
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<td>ITPs</td>
<td>Indigenous and Tribal Peoples</td>
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<td>KMKS</td>
<td>Khagrapur Mohila Kallyan Samiti</td>
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<td>PASKOP</td>
<td>Patra Sampradai Kollyan Porishad</td>
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<td>PCJSS</td>
<td>Parbattya Chattagram Jana Samhati Samiti</td>
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<td>PM</td>
<td>Prime Minister</td>
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<td>PMRF</td>
<td>Prime Minister Relief Fund</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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Introduction

Bangladesh is home to over 50\(^1\) indigenous and tribal peoples (ITPs) living in different parts of the country, which constitute approximately 1- 2\(^2\) of the total population. The ITPs have their district languages, cultures and heritage and primarily live in the delta region of the country or “the plains”, as well as in the South-Eastern part of the country known as the Chittagong Hill Tracts (CHT).

ITPs from both the plains and the hills have been deprived from socio-economic development for a long time. A recent study\(^3\) revealed that several socio-economic indicators such as health, education, household level income, food consumption, participation and women’s empowerment remain below the national average for ITPs. For instance, poverty rate among ITPs in Bangladesh is above 80 per cent\(^4\) in the plains and 65 per cent in the CHT, which is higher than the national average of 20.5 per cent. Compared to the national average, the average income of ITPs is 26 per cent less in CHT and 41 per cent less in the plains.\(^5\)

Traditionally, the livelihoods of rural indigenous communities mostly depended on subsistence farming. Due to the increasing dispossession of land and resources caused by conflict, land grabbing and climate change, their livelihoods have become highly vulnerable.\(^6\) The worsening economic conditions drove many of them to out-migrate in urban areas and take up seasonal or contractual work in precarious working conditions thus forcing them to live in perpetual marginalization and poverty.\(^7\) In addition, they are regularly subjected to identity-based discrimination and human rights violations. For instance, many Garo women migrate to the cities in search of employment and end up working as domestic help or in beauty parlours. Even though they perform the same work, they receive a lower wage than their Bengali

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1 As reported by IWGIA - International Work Group for Indigenous Affairs. https://www.iwgia.org/en/bangladesh
2 According to the estimation by Bangladesh Adivasi Forum (BIPF), known as the apex advocacy and networking organization of the Indigenous Peoples in Bangladesh
7 Ibid.
counterparts. A large number of indigenous women are also hired in the garment factories in the EPZs near Dhaka and Chittagong because they are not unionized and do not demand better wages or other benefits.  

The above described challenging situation of the ITPs has been exacerbated by the recent global crisis brought about by the COVID-19 pandemic. Soon after the government declared a country wide shutdown to prevent the spread of the COVID-19 on 26 March 2020, the ITPs living in rural areas started facing a crisis of food shortage. On 8 April 2020, the media reported some 30 families in Kapru Para area in Lama Upazila of Bandarban district in CHT had nothing but to eat wild potatoes from nearby jungle as they were forced to undergo self-isolation. This was followed by an unprecedented crisis of food insecurity spreading across other remote villages all over the country, impacting millions of vulnerable indigenous communities.

In response to the crisis of food shortage, Bangladesh Adivasi Forum, Jatiya Adivasi Parishad and Kapaeeng Foundation – three organizations working for the rights of Indigenous Peoples of Bangladesh – issued a joint press release on 12 April 2020 urging the government and other welfare organisations to provide food assistance to the starving indigenous population. The press statement reported many indigenous communities across the country were facing severe food crisis due to the loss of livelihoods as a result of the shutdown, most of whom are daily wage earners; only a small proportion of the ITP population received any form of relief. These communities were: the Hajong and Banai community in Nalitabari, Dhubaura, Durgapur, Kolmakanda, Maddyanagar and Taherpur, nearly 1.5 million peoples from 38 indigenous communities living in 13 districts in Rajshahi and Rangpur, tea garden workers in Sylhet, indigenous communities in Cox’s Bazar as well as in the three districts of the Chittagong Hill Tracts.

It is crucial for the government of Bangladesh to explicitly address the needs of the ITPs who remain particularly vulnerable to the COVID-19 due to their historical socio-economic marginalization in the country. Between April and June 2020, Kapaeeng Foundation conducted a rapid assessment survey to document the ground realities of ITPs as a result of the policies and measures put in place by the government to prevent the spread of COVID-19. The assessment carried out with the funding support

from the European Commission through ILO. The major impact that stood out from this study are the loss of livelihoods and income sources of the indigenous people, and as a result, a severe crisis of food insecurity, as well as inadequate access to health services and exacerbation of poverty due to growing debt.

Methodology

The primary information for this study was collected through a rapid assessment survey conducted by 14 Community Based Organisations (CBOs) across 15 districts in the country with the help of 32 respondents (19 men, 13 women) representing over 16 indigenous communities (See Annex-A and Annex-B for questionnaire templates) in May-June 2020. The survey sought information on the respondents' awareness on COVID-19, community responses, the impact of the pandemic on their lives, and their access to different forms of relief or support. Secondary information and data have been taken from various sources, ranging from the government census, government circulars, reports produced by civil society organizations, human rights organizations, research organizations, UN agencies as well as local and national media. A full list of the respondents including information on district and ethnicity is available in Annex-C.

Findings

Community resilience towards COVID 19

According to the survey, most of the communities are fairly well aware of the outbreak of COVID-19. They came to know about the pandemic through public information, press, electronic media, TV advertisement and mic-announcements in their local area. Along with the traditional institutions, the Union Parishad and Upazila Parishad, many of the community-based organizations (CBOs) and local volunteers have been working to raise awareness on safety guidelines in tackling the pandemic in their respective communities.

Most communities are deeply concerned about the severity of this pandemic and its long-term impact on their social, cultural and economic situation. Most communities have reported that they are trying their best to follow the safety guidelines provided by the government such as staying at home, washing their hands with soap, wearing masks when going out, maintaining social distancing with other community members and 14 days quarantine for those returning to their homes from cities. The similar information has also been disseminated widely by traditional institutions and leaders by producing
video documentaries in local indigenous languages. For example, Chakma Circle\(^1\) prepared at least three video documentaries to make local people aware about the pandemic and how to maintain health related precautions. Schools have been closed and children have been staying at home.

Some communities are taking extra precautionary measures. For example, the Rakhines in Cox's Bazar are drinking hot water with ginger and honey and the Hodis in Mymensingh are regularly gargling with warm water. The Santal community is practicing Dobok Johar, the traditional greetings system that maintains physical distance while exchanging greetings with relatives. The Santals of Bagda Bazar, in Gobindaganj, Gaibandha are taking nippy vegetables and wild potatoes which are traditionally known to kill the germs in our bodies. They are also using Neem leaf paste to routinely clean their bodies. The Pangkhua people in Bilaichari, Rangamati are trying to eat more healthy fruits and vegetables containing vitamin C. The Mro community living in Baittapara, Bandarban has cancelled celebrating “Khang” which is an important Mro cultural festival that takes place twice a year.

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**Case Study: The indigenous traditional customs of lockdown in CHT\(^1\)**

The concept of lock down is not new to the indigenous communities of CHT. The Chakmas have their traditional customs of “Adam-Bon” or lockdown to deal with epidemics in the ancient time. In Chakma language “adam” means village and “bon” refers to lockdown. During the “Adam-bon” the Chakmas construct bamboo fences over the entrances and exits of the village to restrict mobility of people between villages.

Similarly, the Tripura community calls this practice “Para Khernai”, whereas the Mros call it “bon-kuya”. The Marma refer to it as “Ing-themah ning/ prang-mathoyak-rah”. In Marma language, “Ing-themah ning” means staying locked in the house and “prang-mathoyak-rah” means forbidden to go outside. There is also a special ceremony for commencing lock-down in Tripura indigenous community known as “kher puja”.

Most indigenous communities in CHT are using these tradition practices to manage the lockdown during the COVID-19 pandemic. As the indigenous workers

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\(^{1}\) Available video link: https://www.youtube.com/watch?v=b-ddZtzkk3g

continue to lose their jobs in the cities, they have no choice but to return to their villages. A large number of garment factory workers have been returning to their villages in the CHT who need to undergo 14 days of quarantine to prevent the spread of infection. To facilitate their isolation, the indigenous youths are collaborating to construct small isolation houses in the nearest forests.

However, many communities are struggling to follow the lockdown guidelines properly due to lack of access to safety kits such as masks and sanitizers, and to meet the needs of their families. For instance, Sri Gouranga Patra, a 45-year-old male social worker from Patro Samprodai Kollyan Porishad (PASKOP) in Khadimnagar, Sylhet reported that proper precautionary measures are impossible to undertake for many Patra families. Most of the community members are day-laborers and their livelihoods are lost due to the pandemic. To meet the needs of the families they have to go out risking their lives. Similarly, the Khasi people working in the tea gardens in Moulvibazar are reportedly having to work without any precautionary measures.

“Can’t go out of the house because of corona. If you don’t go out, again it is very difficult to feed the family. They are more concerned with saving their families than coping with the coronavirus.”

- Tarun Munda, a male Munda social worker, Anagrasar Samaj Unnayan Sangstha (ASUS), Rajshahi
In response, many of the CBOs and volunteer groups, including youth, are taking initiatives to raise funds for distribution of relief and safety kits to the needy families in their respective communities.

**Inadequate government measures to support the ITPs**

At the end of March, the Prime Minister directed all District Commissioner offices under the Ministry of Social Welfare, to ensure food support to poor and marginalized groups including tea stall owners and the third gender community. This effort was complemented by setting up for the Prime Minister's Relief Fund (PMRF), seeking voluntary contributions from individuals, organizations, trusts, companies and institutions. The Trading Corporation of Bangladesh was also directed by the government to sell essential commodities such as edible oil, lentil and sugar, at low prices across the country during the COVID-19 period.  

By the end of April, the government announced an additional stimulus package of BDT 677.5bn (approx. USD 8bn) that included plans for widening social safety net coverage, a refinance scheme BDT 50bn (approx. USD 595m) for the agriculture sector, direct cash assistance of BDT 7.6bn (approx. USD 91m) to support informal sector workers as well as a refinance scheme of BDT 30bn (approx. USD 357m) for low income professionals, farmers and micro businessmen.

Despite the above policy measures taken by the government to support the low-income and marginalized groups in the country, most ITPs have reported they received little or no support from these programs. For instance, in Cox's Bazar only 2 per cent of the Rakhine community was enlisted in the government ration card system and received relief. Similarly, in Natore, only 10 per cent of the Maal Pahari community received relief. The Hodi and Banai peoples living in Mymensingh and Sherpur,

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14 Retrieved from https://www.dhakatribune.com/bangladesh/2020/04/05/coronavirus-pm-addresses-nation-on-govt-s-work-plan
Mushors of Chakla, Dinajpur and the Patra people living Sylhet have received no relief or very little relief.

“There are hundreds of families who are eligible for relief, but no one is providing relief. The non-governmental organization PASKOP does not have the funds to provide relief to them. So, the people of the Patra community are currently living their lives with great difficulty.”

- Sri Gouranga Patra, 45-year-old male social worker, Patro Sampradai Kollayan Porishad (PASKOP), Khadimnagar, Sylhet

Similarly, according to an indigenous youth leader in Naogaon, there were 800 indigenous families in his area but only two families received government relief assistance.

“The Santal community of Sahebganj Bagda Farm received emergency relief once from the UNDP but only 300 families got relief out of 2000. However, the aid is like the rain drop in the ocean.”

- Philimon Baskey, A 50-year-old male Paramedic doctor from Gobindaganj, Gaibandha

According to the survey respondents, Hajongs in Durgapur, Chakmas and Pankhuas in Rangamati, Mros in Bandarban and the Garos in Tangail reportedly received some relief through initiatives by government or non-government agencies/organizations but it’s insufficient compared to the needs of the people. Also, due to the unequal distribution there is constant shortage of relief.

Compared to the above, some indigenous communities have received slightly better assistance. 150 Khasi/Garo families have received relief from the Upazila fund while more families are in the process of being enlisted. Some Mushor villagers from Poravita villages received 5kg of rice per family once from the government. In Satkhira, out of 460 Munda families in Syamanagar, 215 families received relief until 20 April 2020. Tripuras in Khagrachari have received relief through various channels including the Prime Minister’s Relief Fund, Union Parishad, as well as non-government agencies/organizations such as KMKS, BRAC, and local volunteer groups.

“The majority of the community members are day-laborers, drivers and helpers. They do not have enough income. Even though they have received some relief support it is only enough for a few days, but the shutdown has continued over 2 months.”

- Jugantor Bikash Tripura, 41-year-old male NGO worker, Khagrapur Mohila Kallyan Samiti (KMKS), Khagrapur, Khagrachari
Loss of livelihoods and income

The livelihoods of the majority of the reporting communities depend on their daily wages earned through labour work and farming. Due to the COVID-19 shutdown, many community members have lost their jobs. The communities are anxious about their survival during the lockdown as their lives depend on daily wages.

“Many families are in crisis due to rising prices of daily necessities. There is no income and the price of things is on the rise. Indigenous families say, ‘either give work or give food.’”

- Tarun Munda, a Male Social Worker, Anagrasar Samaj Unnayan Sangstha (ASUS), Rajshahi

The activities for agricultural crop production are also hampered due to the imposed restriction on mobility, lack of access to fertilizers and closure of local markets to sell the produce. For example, the Mro community living in Baittapara, Bandarban used to depend on Jhum cultivation (shifting cultivation) to produce rice and other local crops. Due to the lack of access to land, they have shifted their livelihoods to farming mangoes and other fruits and vegetables. Due to the lockdown, they are now having to sell their produce at a much lower price but having to buy rice at twice the price. Moreover, the recent Super Cyclone Amphan caused widespread damage in their mango farms. Therefore, they are currently facing food shortage. In addition, because of the lockdown, they could not access fertilizers which is essential for continuing their agricultural work. The community anticipates a severe food crisis if they cannot start their agricultural work soon.

Similarly, the Pangkhua community living in Bilaichari, Rangamati is also facing economic difficulty as they cannot sell their agricultural produce such as turmeric, beans, bananas, papaya etc. The community is unable to sell their vegetables as the markets have been closed due to the lockdown. Currently it is

Indigenous farmers selling agricultural crops on the street instead of in the market. The photo was taken in Rangamati in June 2020. Photo: Pallab Chakma
the season for planting rice, therefore, the community does not have enough supply of rice. Usually rice is harvested around September. They are having to buy rice to survive which they cannot afford anymore due to the loss of income.

The shutdown has also impacted the income of small enterprises. A 28-year-old Chakma woman entrepreneur who runs a beauty parlour/salon and supports her family of five reported that due to the loss of income from her business she was not only struggling to pay the rent to sustain her small business, but also did not have enough food to feed her family.

"The major concern under this situation is the food, as we are not getting enough food. The lockdown has decreased my earning capacity. The risk of corona infection is also another concern since I have old parents at home. Again, I have to pay rent for my parlor every month. Since my income has reduced it has become tough for me to pay the rent. Under this situation we are passing our days in uncertainties."

On the other hand, in Chittagong a 26-year-old Chakma woman garment factory worker reported she is continuing to go to work despite her exposure to the high risk of infection. She is deeply concerned about getting infected but at the same time does not know how she will survive without her job.

Meanwhile, a large number of indigenous women who have been working in the informal sector and lacking social protection such as in the beauty industry, have lost their jobs during the pandemic. A few thousand Garo women working in the beauty industry had to return to their villages in Madhupur, Tangail and work as daily wage laborers to earn 200-250 BDT (US$2.36-2.95) per day. Rights activists from Bangladesh Indigenous Women’s Network (BIWN) put forward nine recommendations to address the plight of the beauticians from indigenous communities. These recommendations are: formally recognising beauty salon sector as an industry by publishing the announcement in the government gazette, enforcing labour law, providing incentive to the beauticians, make a list of all the sacked beauticians and ensure their employment, ensure health benefits for the beauticians, ensure a dignified working environment, ensure their reproductive health rights, ensure housing facilities and including day-care facilities in the beauty parlors.

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18 Channel 24 (2020, June 17). পার্লার বন্ধ থাকায় নিন্যায় কাজ করতে হচ্ছে বিউটিপিয়ান্স। Retrieved from https://www.channel24bd.tv/desh24/article/147724/%E0%A6%AA%E0%A6%B0%E0%A6%B2%E0%9D%E0%9F%87%E0%9C%81%E0%9F%87%E0%9F%82%E0%9C%88%E0%95%8D%E0%9C%81%E0%95%81
Increased food insecurity and starvation

Due to the sudden lack of income, restriction on movement, and closure of weekly markets, most of the poor indigenous families are faced with food insecurity.20 21

“The indigenous Mushor community is more afraid of starvation during the lockdown period than being infected with the virus.”
- Kalu Ram Rish, 42-year-old Mushor male labourer from Parbatipur, Dinajpur

*Mushor* villagers in Chakla and Khorakhai area in Dinajpur have reported to run out of food stock and are now starving. They are also unable to go fishing in the nearby marsh and water reservoir due to the lockdown.

A 27-year-old *Tripura* woman from Rangamati who works as a social worker reported that even though her workload increased due to the pandemic crisis, she has not been receiving her salary since the lockdown in March. As the breadwinner and the primary caregiver of her family of five members, she is anxious about the loss of income; her family had to cut down the number of meals from three to two meals per day. *Hajong* families in Durgapur also had no choice but to cut down on food intake:

“There are some families who are now taking their meal once instead of thrice. They are anxious about the severe food crisis. The poor Hajong people did not get Government relief yet. As a result, thousands of Hajong from 103 families are facing food crisis, this could be worse”
- Liton Hajong, 30-year-old male, Bangladesh Jatiyo Hajong Shanghatan Baheratali, Durgapur

Similarly, the *Orao* community living in Chapainawabganj and Naogaon - who are known to be extremely poor and marginalized, have lost their livelihoods and do not have sufficient food to stay at home for a month or two.

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Debt and exacerbation of poverty

Out of the desperate situation caused by the COVID19 crisis, many poor indigenous communities are entering debt by taking loans at high interest-rate from local loan sharks. A 45-year-old Santal woman from Dinajpur who depends on subsistence farming to feed her family had to sell her harvest to pay back to the money-lender and now does not have enough rice to feed her family:

“We have harvested almost 3-quintal rice in this IRRI season. After repaying the loans to the money-lender now we have only one-quintal rice left. This amount of rice is not enough to continue our days for the next 4-months until harvesting the Amon season.”

Another case is of the Mushor community living in Parbatipur, Dinajpur - who are poor, landless and marginalized. They depend on their daily income from working in other people's farms. They lost their livelihoods due to the lockdown, and as a result now entering debt by taking loans from lenders with double interest.

Case Study: The impact of COVID-19 on Maal Pahari community in Gokulnagar, Natore

About 95 per cent of the Maal Pahari community in Gokulnagar are day-laborers living from hand-to-mouth, meaning, if they do not work every day, they could not eat. Due to the COVID19 shutdown, they cannot work and have no income. Many poor indigenous families are living with no food or have very little food to eat. In particular, the elderly, the children and the sick people have become vulnerable to the situation. Only 10 per cent of the Maal Pahari community received some relief, which is not enough. Many have sold all their cattle and poultries out of desperation. Some have no choice but to take loans with high interest-rate from local loan sharks. Some community women are selling their ornaments in order to survive.

Source: Survey response, Santosh Pahari, 65-year-old male farmer from Gokulnagar
Lack of access to health services

Most of the Indigenous communities live in remote areas, especially in the CHT region, and do not have access to proper health facilities within their vicinity. While the government is already struggling in the area of healthcare preparedness in combating COVID-19, the remoteness of the Indigenous villages makes them particularly vulnerable in accessing emergency healthcare for not only for treatment of coronavirus but also for other forms of healthcare needs, such as reproductive healthcare needs (e.g. pregnancy) of indigenous women.

During the lockdown, those who are sick and need emergency treatment are helpless. For instance, the Khasi community in Moulvibazar reported they do not have access to health services for general sickness such as flu, cold, fever. In particular, the elderly sick people and pregnant women are suffering a lot due to the lack of access to hospitals due to the lockdown. Other communities living in remote areas who did not have access to hospitals in the vicinity are also unable to access health-care services due to lack of transport during the lockdown.

“Community has no hospital in the area, which means they have to travel to Bandarban to access healthcare. Community is also unable to visit each other - the sick children are suffering the most.”

- Yangan Mro, Male, Baittapara, Bandarban

In addition, many of those that lost their jobs in the city now returned to the village and living without income or proper access to health services:

“Those who used to earn from the city have moved to the village with their families. Their income is off. Among them, those who are sick and need to go to distant cities for emergency or advanced treatment are also becoming helpless.”

- Tarun Munda, a Male Social Worker, Anagrasar Samaj Unnayan Sangstha (ASUS), Rajshahi

A 27-year-old Chakma woman from Rangamati who lost her job due to the crisis described how she failed to receive treatment for her sick parents:

“My mother and father are suffering from back pain and also suffered from diarrhea. Because of the lockdown we couldn’t approach the doctor but if anyhow we managed to reach the hospital there was no medicine and no doctors were available for the treatment.”
Disruptions to education

After the government declared closure of all educational institutions on 17 March 2020 to curb the pandemic outbreak, the education of the children and youth from disadvantaged communities has been severely disrupted. In order to maintain the continuity of school during the lockdown, the government took the initiative to broadcast classes through a public television channel (Sangsad TV). The class contents were also uploaded on YouTube to help continue the curriculum amid the closure. However, due to the existing digital divide, many children and youth living in remote areas of the CHT are deprived of accessing remote learning initiatives of the government. This is also the same for poor indigenous children in the plain land. Many families in the remote areas, both in the hills and the plains, are struggling to manage food and therefore, TV, smartphone and internet facilities are considered luxury items. In fact, most of the children or guardians are unaware of online classes in the CHT region. In Bandarban, only 35 per cent of the 35,000 students attending some 64 secondary and higher secondary schools have access to online classes. In Khagrachari, 37 per cent of the 1,27,000 students in 594 primary schools in Khagrachari are participating in online classes. In Rangamati, most of the 90,000 students studying in 707 primary schools do not participate in online classes for various reasons including poverty and remoteness with no internet facility available.

Human rights violations

Intimidation and harassment

Amid the ongoing pandemic crisis, there have been allegations of human rights violations against indigenous leaders, activists and prisoners in CHT by the security forces, the police and vigilante groups. The rights violations included cases of harassment, intimidation, arbitrary house searches, attack on religious places of worship, sexual assault, abduction and threats. According to the reports of two leading political parties in CHT, the vigilante groups have abducted at least 29 people from January to May 2020. Just within the span of four months from March to June 2020, there were 63 reported incidents of human rights violations in CHT which include extra-judicial killings of 1 persons, arbitrary arrest of 15 persons, detention of 8 persons, physical torture and harassment of 29 persons, and...
unwarranted searching of 46 houses.\textsuperscript{26} There are also allegations that the obstruction by security forces is hindering the locals from accessing medical facilities and aggravating the situation during the time of crisis.

**Land grabbing amid Covid-19**

Amidst the ongoing crisis of the pandemic, individual land grabbers, private companies and security forces are continuing to occupy territories of indigenous communities throughout the country. It is believed that perpetrators are taking the advantage of lockdown and absence of active media. On the other hand, they might think at this crisis time nobody will come to protest against land grabbing in this critical time. According to Kapaeeng Foundation’s own documentation, between March and June 2020, at least 6,504 acres of land belonging to indigenous peoples were either occupied or undergoing the process of occupation. In the plains, despite the ongoing COVID 19 crisis, indigenous peoples in Chapainawabgonj were compelled to stage a protest rally against forceful grabbing of their arable land, homes, ponds, graveyards, cremation ground and land belonging to a temple by criminal groups.\textsuperscript{27} Similar land grabbing cases were also reported in Sherpur, Sirajgonj, Rajshahi and Dinajpur district. In CHT, land grabbing is a regular phenomena. Within the assessment period (March to June 2020), there are several incidents of attacks on the land owners and destroying agricultural garden belonging to indigenous peoples.\textsuperscript{28} There are allegations that security forces are setting up their establishments on indigenous peoples’ land without their free prior and informed consent.\textsuperscript{29} As a result of the ongoing land grabbing processes many indigenous families are living under the threat of eviction from their ancestral territories.

**Violence against indigenous women and girls**

Violence against indigenous women and girls remain rampant despite the pandemic outbreak and the lockdown. According to the documentation of Kapaeeng Foundation and Bangladesh Indigenous Women Network (BWIN)\textsuperscript{30}, a total of 13 cases of violence against indigenous women, including rape, abduction, murder and physical attack were reported from January 2020 to June 2020. Out of 13 such cases, 10 were reported in the plains and the rest 4 in the Chittagong Hill Tracts (CHT).

\textsuperscript{29} BWIN is a network of indigenous women of Bangladesh who documents cases of violence against indigenous women and girls.
Recommended actions

"COVID-19 has shown us that atomized societies which put individualism and profit-making as the pinnacle of modern civilization will further lead us to more disasters and crises. If people love and have more compassion, empathy and solidarity for and with other human beings and nature, our world will not be in this state."

- Victoria Tauli-Corpuz, UN Special Rapporteur on the Rights of Indigenous Peoples, Statement on COVID 19 and Indigenous Peoples, 15 April 2020

The response needs of the vulnerable population during a pandemic crisis such as the coronavirus cannot be discussed in a vacuum without addressing the existing systemic and structural human rights issues that continue to marginalize the indigenous communities in Bangladesh and worldwide.
The government needs to take appropriate measures to remove economic, social and political barriers to truly empower its indigenous population.

In particular, the government of Bangladesh needs to put forth some unique local responses to the impact of the COVID-19 crisis to address the needs of the vulnerable indigenous communities at the face of a severe food crisis such as:

**Short-term:**
- Ensure timely distribution of adequate food, economic, safety kit assistance for the marginalized indigenous peoples of Bangladesh;
- Provide free electronic devices and internet access/packages for indigenous children on priority basis during this crisis time to avail educational opportunities;
- Establish an emergency fund for the ITPs to address the crisis of food insecurity among marginalized indigenous communities;
- Set up a transparent mechanism in channeling resources of the ITPs fund to the appropriate marginalized indigenous communities;
- Establish a special fund to support and protect the employment of indigenous women working in the informal sectors such as beauty parlors and garment factories;
- Include Indigenous Peoples including youth to participate in designing, implementing and evaluating these government responses to the pandemic;
- Ensure visible engagement of CHT Regional Council and Traditional Institutions in the processes of all kinds of COVID 19 responses; and
- Ensure access to healthcare services for marginalized indigenous communities during the lockdown.

**Long-term:**
- Provide sustained, long-term economic relief for the marginalized Indigenous Peoples of Bangladesh such as universal access to public services and universal social protection through specialized programs;
- Develop policies to protect the labor rights of the indigenous women workers in the informal sectors;
- Promote indigenous women’s empowerment, including through access to jobs, entrepreneurship support, and access to land and credit, protection against violence and harassment, and develop culturally sensitive policies that address care needs amongst indigenous groups;
- Implement ILO Convention No.107 and ratify ILO Convention No.169;
Conclusion

Indigenous Peoples of Bangladesh are among those who are highly vulnerable to COVID-19 because of several socio-economic factors. Therefore, the COVID-19 lockdown is disproportionately impacting the economic situation of the Indigenous population, who have already been suffering from severe poverty and further exacerbating the poverty rate as they lose their livelihoods and enter debts.

According to the findings above, we can note that the measures taken by the government to raise awareness regarding the COVID19 pandemic has been successful but the initiative for relief distribution is lagging behind. We may also conclude that the government’s response to the crises regarding food shortage, healthcare preparedness and overall social protection of the vulnerable indigenous communities has been inadequate.

The Government of Bangladesh has continuously failed to provide social protection to its indigenous population. With regards to implementation of the Sustainable Development Goals (SDGs) Bangladesh has been following a “whole of the society” approach, which is failing to address the specialized needs of the marginalized indigenous population. In its 7th (2016-2020) and 8th (2020-2024) Five-Year Plans, in an effort to integrate the Agenda 2030 and the goal of SDGs - “leave no one behind”, the Bangladesh Government has emphasized and pledged to “empower ethnic minorities”. However, although the government took special measures to serve the needs of hard-core poor families via its Social Safety-net projects in 2019-20 accounting for 14.21 per cent of the total budget\(^{32}\), hardly any of these projects were specialized to serve the indigenous communities.\(^{33}\)

It is also noteworthy that Bangladesh is yet to implement the UN Declaration on the Rights of Indigenous Peoples, ratify and implement of the ILO Convention 169, and the socio-economic and political rights of the country’s Indigenous Peoples remain ignored.

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Annex-A: Questionnaire templates

বাংলাদেশের আদিবাসী জাতিসমূহের উপর কোভিড-১৯ এর প্রভাব সম্পর্কিত একটি প্রশ্নমালা

1. নাম : ............................................................................................................................................ পুরুষ/মহিলা : ........................................
   জাতি/সম্প্রদায় : .................................................................................................................
   বয়স : .................................................................................................................................
   এলাকা/গ্রাম : ..................................................................................................................... পেশা : ........................................................

2. কোভিড হেমটেল বিষয়ে আপনার এলাকা কতটুকু ওয়ার্ডিংলাগ?‌

3. কোভিড ১৯ প্রাদুর্ভাব বিষয়কে আপনি/আপনার সমাজ কিভাবে দেখেছে?

4. কোভিড আপনার সমাজের কতটুকু সচেতন?

5. কোভিড আপনার প্রভাব আপনার সমাজের কতটুকু পড়েছে? কী কী অসুবিধায় পড়েছেন?

6. কোভিড আপনার প্রাদুর্ভাবে আপনি/আপনার এলাকায় সরকারি-বেসরকারি ত্রাণ-সহায়তা পেয়েছে কি?

7. আপনি/আপনার সমাজ কিভাবে করোনা পরিশ্রমিত মোকাবেলা করছে?

8. আপনার সমাজে করোনা পরিশ্রমিত মোকাবেলায় সুনির্দিষ্ট পদ্ধতি থাকলে বিভাগিত উদ্ধোধন করুন।

9. কোভিড মোকাবেলায় আপনার সুপারিশগুলো প্রাদান করুন।

সাফক্তকার/প্রশ্নসম্পাদক আদিবাসী

নাম : ............................................................................................................................................

সাফক্তকারের তথ্যাত্মক তথ্য : ..............................................................................................

签名: .............................................................................................................................................
Annex-B: Questionnaire templates

Annex B - Survey on Women during lock-down for COVID-19

**Personal status**

1. Name: ..................................................................................................................................  
2. Age: .............  
3. Marital Status: ...........................................

4. Family members: ...........................................  
5. Total family members: ............................................

6. Present address: ..................................................................................................................  
7. District: ...............................................................................................................................  
8. Profession: ........................................................................

9. Working status: ..................................................................................................................  
10. Salary status: ..........................................................  
11. Return to work: .............................................................

**Household status**

12. Types of work: ..........................................................  
13. Working partner at home: ..........................................................

14. Household work status: .....................................................................................................

**Food status**

15. Food reserve: ....................................................................................................................

16. Food support: ....................................................................................................................

**Health status**

17. Health problem (Personal/Family): ....................................................................................

18. Medicare problem: .............................................................................................................

19. Family reserve for Medicare: ............................................................................................
Domestic-violence status

20. Torture (Why and where): ..................................................................................................................................................................................................

21. Victim support center: ..................................................................................................................................................................................................

22. Victim of torture (during COVID-19): ............................................................................................................................................................................

23. Volunteers support during COVID-19: .............................................................................................................................................................................

Others problem

24. Present Thinking: ..................................................................................................................................................................................................

25. Do you need help? (Purpose): ....................................................................................................................................................................................

26. Do you get support from others/Please mention: ......................................................................................................................................................
## Annex C: List of Respondents

1. List of male respondents

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the respondent</th>
<th>Ethnic group</th>
<th>Respondent Organization</th>
<th>District</th>
<th>Age</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mong Thoai Hla</td>
<td>Rakhaine</td>
<td>Bangladesh Adivasi Forum</td>
<td>Cox's Bazar</td>
<td>38</td>
<td>Social worker</td>
</tr>
<tr>
<td>2</td>
<td>Santosh Pahari</td>
<td>Maal Pahari</td>
<td>Anagrasar Samaj Unnayan Sangstha (ASUS)</td>
<td>Natore</td>
<td>65</td>
<td>Agriculture/farmer</td>
</tr>
<tr>
<td>3</td>
<td>Prashanta Kumar Singha</td>
<td>Hodi</td>
<td>Bangladesh Hodi Adibashi Kallyan Parishad</td>
<td>Mymensingh</td>
<td>33</td>
<td>Social worker</td>
</tr>
<tr>
<td>4</td>
<td>Dhuburaj Banai</td>
<td>Banai</td>
<td>Bangladesh Banai Unnayan Shangathan</td>
<td>Mymensingh</td>
<td>19</td>
<td>Student</td>
</tr>
<tr>
<td>5</td>
<td>Ripan Chandra Banai</td>
<td>Banai</td>
<td>Bangladesh Banai Unnayan Shangathan</td>
<td>Mymensingh</td>
<td>35</td>
<td>Indigenous social activist</td>
</tr>
<tr>
<td>6</td>
<td>Liton Devesen</td>
<td>Hodi</td>
<td>Bangladesh Hodi (Khotriyo) Kollan Porishad</td>
<td>Sherpur</td>
<td>51</td>
<td>Small business/ social worker</td>
</tr>
<tr>
<td>7</td>
<td>Krishnapada Munda</td>
<td>Munda</td>
<td>Shundarban Adibashi Munda Sangastha</td>
<td>Satkhira</td>
<td>36</td>
<td>Social development worker</td>
</tr>
<tr>
<td>8</td>
<td>Liton Hajong</td>
<td>Hajong</td>
<td>Bangladesh Jatiyo Hajong Shangathan</td>
<td>Durgapur</td>
<td>30</td>
<td>Service holder</td>
</tr>
<tr>
<td>9</td>
<td>Sri Gouranga Patra</td>
<td>Patra</td>
<td>Patro Samprodai Kollayan Porishad (PASKOP)</td>
<td>Sylhet</td>
<td>45</td>
<td>Social worker</td>
</tr>
<tr>
<td>10</td>
<td>Jugantor Bikash Tripura</td>
<td>Tripura</td>
<td>Khagrapur Mohila Kallayan Samiti</td>
<td>Khagrachari</td>
<td>41</td>
<td>NGO worker</td>
</tr>
<tr>
<td>11</td>
<td>Arijan Khongla</td>
<td>Khasi</td>
<td>KUBRAJ anto punji unnoyson songhoton</td>
<td>Moulobhibazar</td>
<td>38</td>
<td>Service holder and KUBRAJ member</td>
</tr>
<tr>
<td>12</td>
<td>Kalayan Chakma</td>
<td>Chakma</td>
<td>Commissioner</td>
<td>Rangamati</td>
<td>47</td>
<td>Commissioner</td>
</tr>
<tr>
<td>13</td>
<td>Rabindra Chandra Blswas</td>
<td>Hodi</td>
<td>Bangladesh Hodi Adibashi Kallyan Parishad</td>
<td>Mymensingh</td>
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<td>Social worker</td>
</tr>
<tr>
<td>14</td>
<td>Yangan Mro</td>
<td>Mro</td>
<td>Bangladesh Adivasi Forum, Bandarban</td>
<td>Bandarban</td>
<td>38</td>
<td>Agriculture/ farmer</td>
</tr>
<tr>
<td>15</td>
<td>Kalu Ram Rishi</td>
<td>Mushor</td>
<td>Adivasi Nari O Shishu Kallyan Sangstha (ANSKS)</td>
<td>Dinajpur</td>
<td>42</td>
<td>Labourer</td>
</tr>
<tr>
<td>No.</td>
<td>Name of the respondent</td>
<td>Ethnic group</td>
<td>Occupation</td>
<td>District</td>
<td>Age</td>
<td>Occupation</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>----------</td>
<td>-----</td>
<td>------------</td>
</tr>
<tr>
<td>16</td>
<td>Taun Munda</td>
<td>Orao/Pahari/Santal/Mahato/Singh</td>
<td>Social worker</td>
<td>Rajshahi</td>
<td>Unknown</td>
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<tr>
<td>17</td>
<td>Philimon Baskey</td>
<td>Santal</td>
<td>Paramedic doctor</td>
<td>Gaibandha</td>
<td>50</td>
<td></td>
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<tr>
<td>18</td>
<td>Eugene Novarak</td>
<td>Garo</td>
<td>Agriculture/Farmer</td>
<td>Tangail</td>
<td>55</td>
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<td>19</td>
<td>Laltanil Panghaura</td>
<td>Panghaura</td>
<td>Student</td>
<td>Rangamati</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Annex C: List of Respondents

1. List of male respondents
### Annex C: List of Respondents

**2. List of female respondents**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>District</th>
<th>Ethnic group</th>
<th>Age</th>
<th>Occupation</th>
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<tbody>
<tr>
<td>1</td>
<td>Januma Devi</td>
<td>Netrokona</td>
<td>Hajong</td>
<td>34</td>
<td>School teacher</td>
</tr>
<tr>
<td>2</td>
<td>Rita Talukder</td>
<td>Chittagong</td>
<td>Chakma</td>
<td>46</td>
<td>Small business</td>
</tr>
<tr>
<td>3</td>
<td>Sonabi Chakma</td>
<td>Chittagong</td>
<td>Chakma</td>
<td>26</td>
<td>Garment worker</td>
</tr>
<tr>
<td>4</td>
<td>Minaki Chakma</td>
<td>Chakma</td>
<td>Chakma</td>
<td>28</td>
<td>Beautician, The breadwinner.</td>
</tr>
<tr>
<td>5</td>
<td>Heli Chakma</td>
<td>Chakma</td>
<td>Chakma</td>
<td>27</td>
<td>Job holder</td>
</tr>
<tr>
<td>6</td>
<td>Christina Sku</td>
<td>Dhaka</td>
<td>Garo</td>
<td>29</td>
<td>Works at a parlour</td>
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<tr>
<td>7</td>
<td>Anamika Chakma</td>
<td>Chittagong</td>
<td>Chakma</td>
<td>58</td>
<td>Handloom weaver</td>
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<tr>
<td>8</td>
<td>Bhanseli Parkhua</td>
<td>Rangamati</td>
<td>Pankhua</td>
<td>45</td>
<td>Low income job</td>
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<tr>
<td>9</td>
<td>Sangvethar Parkhua</td>
<td>Rangamati</td>
<td>Parkhua</td>
<td>44</td>
<td>Seasonal jhum farmer and daily wage earner</td>
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<tr>
<td>10</td>
<td>Chandra Tripura</td>
<td>Tripura</td>
<td>Tripura</td>
<td>27</td>
<td>Social worker</td>
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<tr>
<td>11</td>
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<td>Dinajpur</td>
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<td>Beggar</td>
</tr>
<tr>
<td>12</td>
<td>Minoti Mardi</td>
<td>Dinajpur</td>
<td>Santal</td>
<td>45</td>
<td>Housewife (subsistence farmer) and part time NGO worker</td>
</tr>
<tr>
<td>13</td>
<td>Swapna Mardi</td>
<td>Dinajpur</td>
<td>Santal</td>
<td>34</td>
<td>Primary school teacher</td>
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</table>