



Report on

National Summit of Marginalised Groups in Bangladesh



Leave No One Behind Platform (LNOB)

Background:

On 13th November, Leave No One Behind platform organized a National Summit on Marginalised People having participants of 8 marginalised groups in Bangladesh. The primary objective of this event was to identify the current state and level of deprivation of various marginalised groups having representatives of each group to make their voices heard. Each organisation of the Bangladesh LNOB platform facilitated a structured focused group discussion of one marginalised group and come up with their major challenges in having access to basic services and resources, which are part of the SDG implementation. Each marginalised group comprised of four community representatives and two grassroots representatives of that particular group and facilitated by a partner organization. This paper has summarized the major discussion points and findings of each marginalised groups as follows:

Ethnic Minority Group:

Bangladesh has made remarkable progress in reducing extreme poverty. However, this success has not been shared partly with the ethnic minorities. Ethnic minorities can be categorized into two groups: plains land ethnic minorities and those in the Chittagong Hill Tracts regarded as Hilly land ethnic minorities. Ethnic minorities are located mainly in the border regions in the northwest (Rajshahi-Dinajpur), central north (Mymensingh - Tangail), northeast (Greater Sylhet), south and southeast (Chittagong, Cox's Bazar and Greater Barisal) (Nikhil at all, 2016). These groups of people have been struggling to establish their rights and to come over the deprivation they have been facing to have access of services and resources. According to the latest population survey, ethnic minorities represents 1.10 percent of the population of Bangladesh which is in other words a total of 1,586,141 citizens (Nikhil at all, 2016).

In the Summit we got representatives of both plain land and hill tracks who had shared their multi-dimensional challenges and also provided solutions that they think would work to solve the issue. The frequently faced challenge of the ethnic groups, is the dispossession of land. They are being forcibly displaced from their land in the name of tourism, forestation, eco-park, development project, creating military base etc. Protest for their rights often cost them big toll. Rape, false case, torture to the ethnic minorities are frequent occurrence which are not being documented and only few cases get media coverage. Govt has been failing to give them security and protection over decades.

The proposed solution from the FGD is, creating a land commission exclusively for the plain land and hill tracks which will deal with the land dispossession cases and securing the land of the ethnic people from leasing and illegally grabbing their land. Before taking any development initiative in their land, their consent should be taken into account. Policy makers and key Govt stakeholder's needs to have regular discussion with the community representatives of the ethnic group to solve the land issue. Throughout the discussion, it was apparent that access to resources such as land is the direst problem faced by this group which needs special consideration and immediate action.

Professionally Marginalised :

There is no disaggregated data available on the number of dalit population. However, it is estimated that out of a total population of approximately 160 million the number of Dalits in

Bangladesh range between 5.5 to 6.5 million (“SOCIAL, ECONOMIC AND CULTURAL STATUS OF DALIT COMMUNITY IN BANGLADESH”). Dalit people are traditionally involved in menial jobs such as a sweeper, cleaning, Shoemaker, Bamboo Cane Worker, Dustman, Dom, Behara, Weaver, Drummer, Barbers, scavenger and other considered low jobs. In our social context, due to the nature of their work and descent they are perceived as “untouchable” which has been limiting their socio-economic development for decades. In the summit, we have brought about 6 dalit community representatives to dig out their challenges and possible solutions.

To response the moderator’s question on access to health, the dalits said that they face acute discrimination in getting Government health services. The community clinics do not provide medical service when they know that the patient is a dalit. Even the health workers do not go to the Horizon Palli due to the stigma related to their status. They face difficulty getting into any govt schools. Some of them complained that even if they secure good score in the admission test, their application being tricked and get rejected. In some cases, after they get into schools they face different level of discrimination such as they are not allowed to sit in the first bench and teachers often neglect them in the class. In local tea stall there are separated cup for Dalit specially for Harizan; They are not allow to seat dining table for meal in hotel. They are always fear about eviction; In local transport the Dalits faced barrier to get in; They often are not allowed to purchase land or rent houses etc. Adding to that, there are constant fear of eviction. Due to professional marginalization this community feel hesitant and do not have any space to participate in any public talk. According to the participants, Government is providing some support to Dalit but real vulnerable people do not get this and there is huge gap of targeting for safety net.

In terms of solving the challenges, the participants have suggested that rapid awareness and changing mindset for increasing their social acceptance through media and campaign needs to be run by the Govt and other NGOs’. Government should introduce an amendment to prevent any form of discrimination in govt offices and educational institutions so that Dalit will not face any obstacle for getting into a job or continuing their education. Government should allocate specific land for the Dalit community so that they won’t face eviction every now and then. Free of cost higher education, condition free stipend and quota for Dalit children in local jobs. Moreover, rigorous advocacy with relevant government stakeholder is needed to bring their problems forefront and create necessary policy or reforming policy to bring comprehensive development to this group.

Transgender Group:

Transgender people are one of the most marginalised and violated minority groups in Bangladesh. According to a survey by the Ministry of Social Welfare showed that, as of 2013, there are 10,000 registered hijras in the country. However, this number is debatable and there is no data of the transgender children. In the summit, a group of 5 people from south-eastern part of the country, Cox’s Bazar who were third gender, marginalized due to sexual orientation. The discrimination and marginalization begins at the very early age.

When they enter school, they accept children of opposite genders. However, they are not welcomed by their friends due to their behavior and gestures, even the teachers bully them and does not give proper attention while teaching. Then as they grow up, when their parents and relatives understand their uniqueness they are tortured and at times thrown out from the family. When they go to the government hospital, they are not allowed to stand in the male or female ticket counter lines. Therefore, in most of the occasions they cannot visit the doctor and even if they can, they are denied check-up by the doctors.

In their everyday life they are mostly not allowed to ride on public transport, which bounds them to ride on vehicles forcefully. One of the participants said “Once a CNG carrying 3 persons stopped to take us, but when we entered the vehicle all the other passengers got down; So what we did we paid for the tickets of those passengers and urged them to ride with us, just to make them feel that we are harmless.”

Another participant told “the local chairman does not allow us to use the same road for walking which others use as the civilians will be afraid. He asked them to use a remote lane by the hills.”

Participants of this group described some incidents when they went to the police station, but the police told them to come after 2-3 days. This happened for consecutive 3 rounds and later they were directly told that their complain would not be filed.

They are not allowed to participate in any social gathering .They cannot have access to any rations, and often told “the rations are for the poor, not for you”. They are denied land rights by their parents. Their identity is a curse for them due to not having proper policies to protect their rights.

The recommendation from this group to improve their access to services are as followed. Schools should introduce quota for transgender children and teachers should be made aware of the equal treatment to the transgender through teacher’s training. There should be an allocated time of a week for the transgender to avoid the hassle of roaming from male line to female line for getting health care services in community clininc centres and in govt medical centres. Proper public awareness in media and other social media platforms so that their decisions, opinions and presence are valued. Seats should be allocated in public transport especially and policy should be introduced and implemented by the ministry of roads and transport. Moreover, mass awareness campaign should be conducted for ensuring equal treatment in public and social sphere.

Drug Addicts, Sex worker, People with sexually transmitted disease:

This group consists of six participants who are sex workers, people with sexually transmitted disease and drug addicts. These people face many types of exclusion in their day to day life. There are approximately 7 million drug addicts in Bangladesh. However, the treatment facilities are available only for 10-15 thousand drug addicts both in govt and non govt hospitals. As opposed to the inadequate facilities for the drug addicts, the number of drug addicts has been increasing due to the easy access to drug. This number is acute in adolescents and young adults. If they are spotted as drug addicts even after getting away from drugs, they struggle to secure jobs as many employers do not want to recruit anyone having drug addiction records. As a result, this population becomes a burden to their family and the society. Not only that but also, their children get constant shame from the society for their parent which creates negative impact on those children. Addition to that, they face many obstacles to marry off their children. They

have to carry this shame and burden of unemployment in the rest of their life. To mitigate this problem, Government should create adequate health facilities for the drug addicts which will extend to Upazilla and community health centres and there should be a target of giving health care service to at least 1 lac drug addicts per year. To turn this huge number of people from becoming burden to productive human resource, along with proper medical care, skill training should be designed and given and there should also be a target of providing skill training to at least 50 thousand to 1 lac drug addicts and proper follow up is mandatory. Mass awareness through incorporating in curriculum and media on the danger of taking drugs and strict execution of law to eradicate drug dealers

There are approximately 1 lac sex workers in both rural and urban area. The participants said that one of the main reasons behind getting into sex work is extreme poverty. Most of the sex workers have the risk of getting HIV AIDS. There are only 18% of sex workers who are part of HIV prevention program. The risk of spreading HIV is higher if sex workers are not being prevented. There are about 5300 HIV positive patients who do not get necessary medical services. They have to travel to distant places to get the mental and physical treatment. Due to lack of sensitivity and social awareness the HIV positive people are being socially excluded. As most of the employers do not hire person with HIV positive, they remain unemployed and fall into the trap of poverty. The participants of this group recommended to establish Upazilla level HIV treatment center or increasing the facility for HIV patients in Upazilla or community level. The Govt and non-govt offices need to be sensitized and must provide equal opportunities for the persons with HIV positive.

Disability:

The estimated number of people with disability is 10% of total population. There were 8 participants having different type of disability in the summit. From the FGD, many forms of exclusion towards this group of people has come to light. The challenges that are often being faced by this group of people are quite similar with each other. In terms of getting education, these people lack access to the mainstream education due to lack of disable friendly materials, trained instructor and proper evaluation process. Many hospitals have shortage of equipment to provide proper treatment to the persons with disability. Especially disable girls and women often do not get proper medical service for their reproductive health. The treatment available for the people with disability in many private hospitals is very expensive which is why most of them cannot avail it. There is very limited opportunity of jobs for the disable people since many firms do not hire people having any form of disability. The opportunity of doing business is also narrow for them as there are restrictions of borrowing from bank for the disable people. Most of the vocational and skill training aren't designed considering the need of the disable people. Owing to inaccessible infrastructure in market place, terminals and transports, they cannot commute alone which hinders their potential in so many level.

To solve these issues, the participants gave some recommendation. To bring them to the mainstream education, all the materials should be printed in braille and every classroom of government school needs to have adequate sign language interpreter. The transports should introduce digital stoppage indication and the platform of the terminals should be made disability friendly so that any disable person can travel without anyone's support. Government should

introduce suitable and decent job opportunities designed for the people with disability and need basis skill training should be provided and monitored. Ministry of labor, ministry of social welfare and planning ministry along with the collaboration of NGOs' can take graduation based approach for the disable people to bring them to the mainstream.

Hard to reach area:

In the summit, we brought about at least 6 people from Haor and Char area to have reflect on their major challenges and probable solution. There are approximately 20 million people in Haor areas and 10 million in Char Area. According to a study of Care Bangladesh, about 28% people in Haor areas are under poverty level (Gillingham, 2016). 77 percent of Char dwellers are considered hardcore poor and 9 percent moderate poor. In the FGD, the participants of Haor and Char have shared their obstacles in getting access to services and access to resources. There is an acute scarcity of primary and secondary schools in both Haor and Char Area. The participants of Haor said that the schools remain close up to six months during monsoon. Likewise, the dropout rates of char children is also very high due to extreme poverty, lack of nearby schools and lack of communication facilities. Dropout is a regular phenomenon among girls in both the areas. Availability of doctors in the government hospitals of the hard-to reach haor and Char areas is much limited. It was mentioned that 3 or 4 doctors in general whereas, officially 21 doctors of different specialties should be present. Also, the doctors are interested to do private practices outside of the hospital hours as they get paid much higher during that time. Apart from the inadequacy in number, patients cannot reach to distant medicals due to poor transport and communication facilities. The facilities within the hospitals are also quite low. In most haor areas there are no facilities for x-ray, caesarian, tests etc. and the people have to go to town for basic tests and treatments. Transportation issues make it even more difficult for the Haor communities as it take quite long to go to town hospitals. Pregnant mothers do not get proper health care services in time which increase the risk of maternal mortality. Because of lack of postnatal care, the mother and the baby often face malnutrition. In haor area local elites and fisheries, take the lease in the name of general fishermen but do not provide them the access to do fishing in those. Non-transparent leasing system leaves the haor fishermen with no or limited open water body to do fishing and earn living. Adding to that, the farmers do not get prices of their crops (Haor) as local and other influential exploit the helpless farmers. Because of this system they cannot come out of poverty and remain excluded from most of the basic services.

In order to improve the access to water resources, the Beel leasing system must be reviewed and reformed so the marginalized fishermen/ actual fishermen get a chance to take part in the leasing system. To ensure the education of the students of Haor and Char, monsoon friendly infrastructure needs to be developed. Provide incentive to health professionals so they serve the communities of hard-to reach areas. The hospitals that at present are mostly structure-based, should include facilities, modern machinery, test equipment etc. For both Haor and char areas water ambulance services should start to address emergencies. In the remote areas,

farmers and fishermen should also be brought under social safety-net structure. Moreover, access to information also needs to be ensured.

Youth Group:

A third of Bangladeshi population consist of Youth. Yet, youths have been facing marginalization in many aspects of life. Though Bangladesh has been going through the demographic dividend with more people in the working age population, Government has been failing to properly invest in youth to prepare them for becoming competent human resource which shatters the potential of many youth. In the focused group discussion with the youth group, many dimensions of marginalization has come to light. One of the major concerns of this group is, most of the young people get very little financial support in higher studies from family and have very few fields to do jobs besides studies to support themselves to continue education. And most of the government educational institutes do not provide the learners with the practical opportunity to develop skills in ICT and career. These factors become the cause for poor results, drop out and poorly skilled manpower in the job market. Moreover, the lack of social safety, abuse, and harassment inside and outside of educational institutes stop their formal education life early. Young people often feel shy and confused to go to hospitals with their reproductive health problems as there is no specialized doctor or a corner in this concern. Moreover, it is very common that services and medicines are not available as mentioned in the citizen charter. Young people who are outside of Dhaka do not get the public transport student card facilities. Addition to that, young women, teenagers, children do not feel safe in public transport. For people with special needs of any age, public transport is not accessible. Young people think that they often have a gap in communication with the elders of the family that affects their lifestyle. Lack of adequate fields, parks or community public libraries communities leads to the lack of healthy entertainment scopes for the young people. Young people, because of their age and political, religious and cultural intolerances, get little importance and scope in expressing their opinion in public, personal or national space. Young people also reported that the current sanitation condition in public places and institutes are in extremely bad condition due to mismanagement and lack of supervision. Public toilets are almost unusable and have zero facilities for the females. Family land and properties are no matter of concern for the young people as they have no control and access to it until they are older enough. The social safety net is absent for the youths.

The participants proposed some solutions to their existing obstacles. To secure education and reduce drop out, student loan and mandatory insurance on a child's education from the primary level of the study is highly recommended by the youths .A skill development center with skilled instructors in every Government University and national college is needed to make the students proficient in different skills for a good career and livelihood.Children's and women's safety and protection must be ensured by the state by implementing laws without delay. Mass education on morals and ethics, GBV and equality are needed. Opening adolescent and reproductive health corners in every govt. hospital and strict monitoring system in the health care sector for reducing corruption and mismanagement. The number of female doctors in community hospitals needs to be increased to address female reproductive health conditions. The government initiative is

required to ensure adequate fields or public park and libraries in cities and keeping them out of the political influence. Open public programs and dialogue on national issues, like- budget, five year plan etc should be arranged and youths should be incorporated to express their opinion and recommendation about the country and system.

Economically Marginalised:

According to the HIES data 2016, 12.9 percent of the population live in extreme poverty in Bangladesh. This group is identified as economically marginalised group. To represent this group, we brought about three ultra-poor person, one who was a slum dweller and one who was a street children. Since the group was formatted with the people from economically marginalised group, the main concern of the group is about access to education and healthcare services. According to them, after primary school education, most of the children coming from extreme poor families discontinue their studies due to lack of money, in some cases those who continue their study till higher secondary school, couldn't continue further study for the high expenditure. Due to lack of certificate, proper skill and job opportunity they cannot come around from the destitute and trapped into the never ending poverty cycle.

Also, these extreme poor people do not have much access to healthcare services, as most of them stays in hard to reach areas and adequate healthcare services are not available there. Sometimes they are not aware of these kinds of services. Even though government health care services are free, these people need to give bribe to get most of the services, e.g. treatment, ambulance facility, medicines etc. Due to poverty these people automatically get excluded from accessing basic services. Addition to that, the government blankets fail to target these economically marginalised people such as street dwellers.

According to their recommendation Government should offer scholarship/full free education for the meritorious students especially who come from extreme poor families for higher education. Skill based education should be introduced and scaled up so that it reaches to the students of furthest area which will help comparatively poorer students to support themselves by earning money from part time jobs.

To have better access in government healthcare services, the participants emphasized on transparency, they believe strong monitoring system will help them to get better services. Doctors should stop doing unnecessary diagnostic tests, and these tests should be done in government hospitals as private hospitals are very expensive and the economically hard to reach people are unable to afford them. The hospitals should provide some sort of identity cards to the poorer people so that the doctors can identify them and give treatment accordingly. In addition to that, more doctors should be appointed in hard to reach area so that vulnerable people (old age, pregnant women etc.) living in extreme poverty get proper healthcare services. Data should be generated on the number of total street children in Bangladesh and a focused project should be taken to build potential human resource

Work Cited

Chakma, Nikhil. *How Ethnic Minorities Became Poor and Stay Poor in Bangladesh: a Qualitative Enquiry*. 2016