# NON-STATE ACTOR REPORT ON SOCIAL PROTECTION

## Mapping social protection needs for the marginalized communities in Bangladesh

Social Security Policy Support (SSPS) Programme

Cabinet Division and General Economics Division (GED)

Australian Aid

UNDP

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# 2023

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# Abstract

The "Non-State Actors Report on Social Protection: Mapping Social Protection for Marginalized Communities in Bangladesh" offers a comprehensive examination of Bangladesh's social protection system in regard to marginalized communities. The report begins by providing an overview of the social protection landscape in Bangladesh, analyzing the legal and policy frameworks, institutional arrangements, and the array of social protection programs for marginalized communities implemented by various stakeholders, including the government, non-governmental organizations (NGOs), and other entities. The mapping exercise identified 11 major marginalized groups and their distinct challenges. Recognizing and addressing their unique social protection needs is an important aspect of good social protection policy. The report emphasizes the importance of a multifaceted approach to address the vulnerabilities and challenges faced by marginalized populations, including specific recommendations. The report highlights the need for an inclusive and comprehensive strategy for social protection targeted at marginalized communities considering the intersectionality of these vulnerabilities. It emphasizes the importance of refining targeting mechanisms and improving coordination among stakeholders to ensure efficient resource allocation and reaching the intended beneficiaries. Robust monitoring and evaluation systems are also advocated to assess the impact of social protection interventions and guide evidence-based policymaking. In addition, the report underscores the importance of strengthening institutional capacity and governance mechanisms to ensure the effective implementation of social protection programs. It calls for enhanced coordination and collaboration between government agencies, NGOs, and civil society organizations to leverage their respective expertise and resources.

**Keywords:** Non-State Actors, Social Protection, Marginalized Communities, Leave No One Behind (LNOB), Bangladesh.

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# Executive Summary

The "Non-State Actors Report on Social Protection: Mapping Social Protection for Marginalized Communities in Bangladesh" offers a comprehensive examination of Bangladesh's social protection system in regard to marginalized communities. It emphasizes the importance of a multifaceted approach to address the vulnerabilities and challenges faced by marginalized populations. Despite significant economic progress in recent years, marginalized groups, including women, children, ethnic groups, the disabled, and residents of remote areas, continue to experience a range of socio-economic disadvantages and vulnerabilities. Recognizing and addressing their unique social protection needs is an important aspect of good social protection policy. The aim of this research is to equip policymakers, development experts, and stakeholders with comprehensive insights into the critical social protection requirements of these marginalized communities while offering specific, actionable recommendations.

Despite Bangladesh's commendable economic growth in recent years, significant challenges persist in ensuring equitable access to social safety programs. Marginalized segments, including women, children, individuals with disabilities, those residing in remote areas, and ethnic minorities, continue to grapple with multiple vulnerabilities that exacerbate their socio-economic disadvantages. Understanding the distinctive needs of these groups is important in devising effective social protection strategies.

The report commences includes an overview of Bangladesh's social protection landscape, including an examination of the diverse social protection programs administered by government bodies, non-governmental organizations (NGOs), and other stakeholders. It reviews the existing legislative and policy frameworks and institutional structures around social protection policy. While commendable initiatives have been undertaken, such as the National Social Security Strategy (NSSS), gaps and challenges persist in ensuring comprehensive coverage and inclusivity.

Employing a multifaceted methodology, the research maps the social protection requirements of marginalized communities. The paper offers a range of actionable recommendations for enhancing social protection for marginalized people in Bangladesh based on the findings and analysis. The mapping exercise identified 11 major marginalized groups: 1) socio-economic status; 2) ethnicity; 3) religion/caste; 4) disability and disease; 5) age; 6) migrant and mobile; 7) occupation; 8) geographic location; 9) sexual orientation; 10) violence; and 11) climate and disaster. This report assesses the risks these communities face in accessing crucial services such as healthcare, education, housing, and employment, as well as their vulnerability to poverty. The report examines specific challenges encountered by certain groups, such as the discrimination faced by ethnic minorities and the prevalence of child labor. Emphasizing the need for an inclusive and comprehensive approach to social protection, the report underscores the importance of addressing the intersectionality of these vulnerabilities.

Furthermore, the report examines the coverage of existing social protection programs in meeting the needs of marginalized communities. It emphasizes the importance of refining targeting mechanisms and improving coordination among stakeholders to ensure efficient resource allocation and reaching

the intended beneficiaries. Robust monitoring and evaluation systems are also advocated to assess the impact of social protection interventions and guide evidence-based policymaking.

Recommendations aimed at enhancing social security for marginalized individuals in Bangladesh, informed by the empirical findings and analysis, are presented. These include calls for the expansion of social protection programs, particularly in areas such as health insurance, financial aid for education, and targeted cash transfer initiatives. Additionally, specialized initiatives are proposed to address the specific risks faced by certain marginalized groups, such as providing vocational training and job placement assistance to individuals with disabilities and establishing safe spaces for women and girls in public areas. In addition, the report underscores the critical importance of bolstering institutional capacity and governance mechanisms to ensure the effective implementation of social protection programs. It advocates for heightened coordination and collaboration among government agencies, NGOs, and civil society organizations, harnessing their respective expertise and resources. The report also highlights the need for increased investment in data collection and analysis to facilitate evidence-based decision-making and monitor the impact of social protection initiatives.

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# List of Abbreviations

| | |
|---|---|
| 8FYP | 8th Five Year Plan |
| ADB | Asian Development Bank |
| ADP | Annual Development Plan |
| BBS | Bangladesh Bureau of Statistics |
| CHT | Chittagong Hill Tracts |
| DFID | Department for International Development |
| DPO | Disabled Persons' Organization |
| GBV | Gender-based violence |
| GoB | Government of Bangladesh |
| ILO | International Labour Organization |
| LDC | Least Developed Country |
| MoLE | Ministry of Labour and Employment |
| MoSW | Ministry of Social Welfare |
| NSA | Non-State Actor |
| NSSS | National Social Security Strategy |
| OECD | Organisation for Economic Co-operation and Development |
| SDGs | Sustainable Development Goals |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNRISD | United Nations Research Institute for Social Development |

# Chapter 1: Introduction

Bangladesh is a country with a significant population of marginalized communities, including those who live in poverty, social exclusion, and lack access to basic services. While the Government of Bangladesh (GoB) has made efforts to address these issues, many marginalized communities still face significant challenges in accessing services and resources. In this context, Non-State Actors (NSAs), including civil society organizations, non-governmental organizations, community-based organizations, and private sector actors, have played a role in providing services to marginalized communities.

This report explores the role of NSAs in serving marginalized communities in Bangladesh. It identifies the different types of NSAs involved in service delivery, their roles and responsibilities, and the challenges they face in providing services to marginalized communities. The report also examines the impact of NSA interventions on the lives of marginalized communities and their contribution to achieving the Sustainable Development Goals (SDGs). By using a qualitative approach, including interviews with NSA representatives, government officials, and members of marginalized communities. The study also draws on existing literature and reports on NSA service delivery in Bangladesh.

The report aims to contribute to the understanding of the role of NSAs in serving marginalized communities in Bangladesh and to provide recommendations for improving NSA engagement in service delivery. The report suggests that NSAs should give priority to involving marginalized groups in social protection initiatives to provide them with the necessary resources and support to improve their social and economic conditions. The involvement of NSAs is important for providing social protection to vulnerable populations in Bangladesh. Collaboration NSAs and the GoB is also crucial to improve the effectiveness of social protection initiatives. To ensure inclusivity and address the needs of all segments of society, it is important to prioritize the participation of marginalized groups in the design, implementation, and monitoring of social protection programs.

## Objectives

1. Identify how NSAs support marginalized communities;
2. Mapping marginalized communities in Bangladesh and existing social protection programming targeted toward them;
3. Identify the needs and demands of the marginalized communities and challenges of NSAs in social protection;
4. Propose policy recommendations for responding to the needs and challenges of marginalized communities.

## Scope of the Study

**Analysis of the Social Protection Landscape**

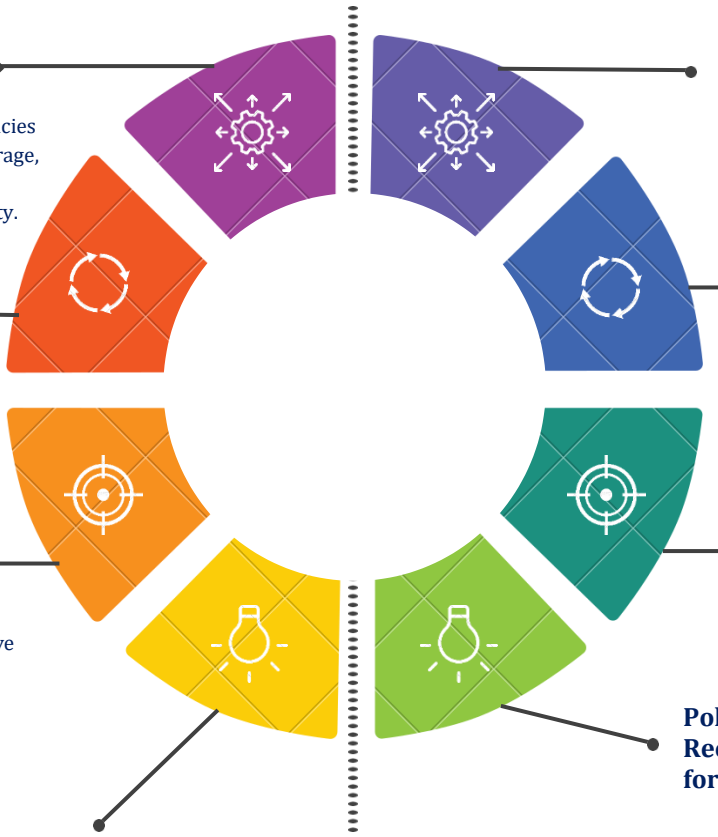
Provide an overview of the current social protection programs and policies in Bangladesh, including their coverage, adequacy, and effectiveness in addressing poverty and vulnerability.

**Identification of Non-state Actors in Social Protection**

Examine the role of NSAs in the provision of social protection services in Bangladesh. This could include assessing their contributions to service delivery, capacity-building, and advocacy.

**Innovative Practices and Models**

Identify innovative practices and models of social protection that have been implemented by NSAs in Bangladesh. This could include analysing their impact on poverty reduction and social inclusion, as well as their scalability and sustainability.



**Leave No One Behind (LNOB)**

**Challenges of Marginalized Communities**

**Identification of the Needs and Demands**

**Policy Recommendations for NSSS 2026+**

**Partnerships and Coordination**

Assessing the partnerships and coordination mechanisms among NSAs and with the GoB in the delivery of social protection services. This could include analysing the effectiveness of these partnerships in enhancing service delivery, avoiding duplication, and improving the targeting of beneficiaries.

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## Methodology

The research employs a qualitative approach, conducting interviews with representatives from NSAs, government officials, and marginalized communities. Additionally, it incorporates existing literature and reports on NSAs involvement in service delivery in Bangladesh. The report also conducted a comprehensive document review of Bangladesh's social protection programs and interventions for marginalized communities implemented over recent decades. This review focused on online program documentation, including project briefs, baseline/end-line reports, project documentation of interventions, and final evaluation reports. Activities involved in this review encompassed the identification of social protection programs in Bangladesh, considering factors such as life cycle, thematic cluster, budgetary allocations, geographical coverage, slums, poverty, social inclusivity, and the collection of pertinent programmatic information. Furthermore, the report analyzed selected programs targeting persons with disabilities, transgender individuals, women, climate-vulnerable populations, ethnic minorities, youth, and other marginalized groups or communities.

Primarily, the review relied on literature sourced through online searches of electronic databases such as Google and Google Scholar. Key search terms included "Non-State Actors in Social Protection in Bangladesh", "NGO role in Social Protection in Bangladesh", "Slum and squatter improvement projects", "Urban health services", and "Urban education projects". Additionally, research identified international and national NGOs involved in urban development-related projects in Bangladesh. The report was extended the search to encompass websites of government ministries, NGOs, and research organizations dedicated to integrated urban development and management issues.

The mapping exercise commenced with an extensive web-based review of the role of NSAs regarding social protection. This web-based desk review primarily identified major urban social protection programs categorized by thematic areas and exposures. Subsequently, following the desk review, the team organized a series of workshops in selected pocket areas and engaged with marginalized communities across different districts to delve deeper into social protection programs. These workshops targeted a diverse audience, including urban communities, marginalized populations, program/project management staff, government entities, and beneficiaries. The methodology workflow is presented in Figure 2.

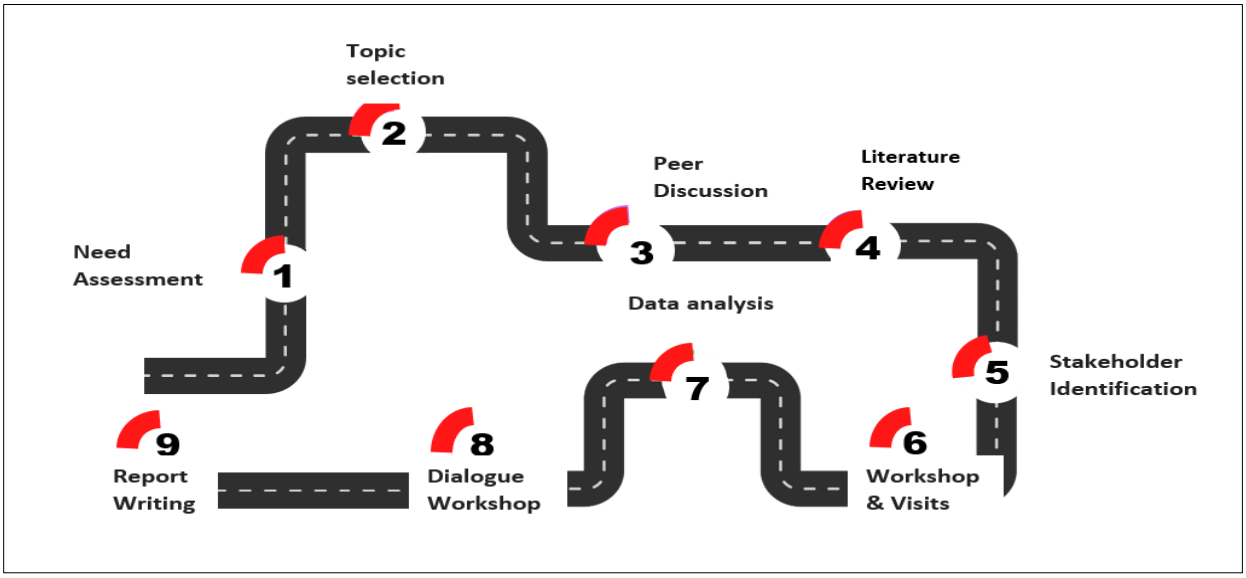



Figure 2. Methodology of the Study

# Chapter 2: Social Protection in Bangladesh

## Social Protection

Bangladesh formulated the National Social Security Strategy (NSSS) in 2015 for reforming the existing social protection system. At the same time, the Sustainable Development Goals (SDGs) were adopted by the United Nations (UN). Combined, these strategic efforts have brought the issue of social protection into a fresh spotlight with reinvigorated impetus and renewed implications for policymakers and implementers of the country. The political viewpoints and program designs of social protection in Bangladesh have gradually evolved from the poor-relief approach in the 70s to the safety net approach in the late 90s and finally to the lifecycle framework in 2015 with the adoption of the NSSS. The apparent shift in scopes and purposes of social protection over time created some misconceptions demanding more careful study of this subject which is multi-dimensional and cutting across many sectors and fields.

The initial source of confusion is the use of the two terms "social protection" and “social security” with varied meanings, though, in many countries and organizations, these are different. Some organizations consider social security simply as a part of social protection which includes also informal reciprocal support. However, many organizations such as the United Nations Development Programme (UNDP) and International Labour Organization (ILO) have recently come to view the two concepts as having the same connotations.

In Bangladesh, the term “social protection” was used in the initial drafting of the NSSS. Later on, to make it consistent with the National Constitution it was changed to “social security”, without altering connotation. Similarly, throughout this booklet, these terms have been used interchangeably. The definition of social protection varies in terms of approaches adopted by particular agencies and institutions and their way of dealing with it. A wider definition of social protection is a set of formal and informal interventions that aim to reduce social and economic risks, vulnerabilities, and deprivations for all people and facilitate equitable growth.

The NSSS and the European Report on Development define Social Protection as “A specific set of actions to address the vulnerability of people’s lives through social insurance, offering protection against risk and adversity throughout life; through social assistance, offering payments and in-kind transfers to support and enable the poor; and through inclusion efforts that enhance the capability of the marginalized to access social insurance and assistance”.

United Nations Research Institute for Social Development (UNRISD) sees social protection as consisting of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability, and old age. OECD views social protection as action to enhance the capacity of poor people to participate in, contribute to and benefit from the economic, social, and political life of their communities.

UN Social Protection Theme Group in Bangladesh has agreed to the following definition: "social protection" refers to a set of policies, programs, and services that over the lifecycle, protect against risks, shocks and stresses, also at the same time aim at reducing poverty, vulnerability, and marginalization. It creates opportunities for poor and vulnerable groups to escape from poverty by strengthening resilience to shocks, enhancing the capacity to manage economic risks, and removing barriers of exclusion, consistent with the fulfillment of social and economic rights. Department for International Development (DFID) considers social protection as encompassing a sub-set of public actions, carried out by the state or privately, that address risk, vulnerability, and chronic poverty.

Harvey *et al*., (2007) believe that social protection is concerned with protecting and helping those who are poor and vulnerable, such as children, women, older people, people living with disabilities, the displaced, the unemployed, and the sick. Despite some differences, the most common features of social protection are that these are programs or interventions to tackle the challenges of poverty, vulnerability, and social exclusion. However, there is often great confusion when practically distinguishing a program or project as that of social protection. One of the reasons for such confusion is that some non-social protection programs also aim to reduce poverty and vulnerability as their ultimate goals. On the other hand, beneficiaries of some social protection programs are not necessarily poor, as is the case with government pensions or freedom fighter's allowances. Another reason is that the perspectives of different ministries on social protection vary considerably. The Finance Division has a general policy of considering a program as social protection when it falls under social allowances for the poor, employment generation, food security, human development, etc. The Finance Division publishes a list of programs as those of social protection each fiscal year.

## Social Protection and Social Service

Social protection and social services have some components and activities in common while also there is certain distinctions in their operational aspects and usually falls under the wider purview of social service. Education and health are parts of social service but closely related to social protection. Social protection has three components such as social assistance, social insurance, and social justice. Social assistance includes cash transfers and access to social services; social insurance includes unemployment insurance and coverage for health hazards especially for working-age people; on the other hand, social justice ensures the issue of social rights and equality.

### Social Protection Functions

The objectives of social protection vary widely from reducing poverty and vulnerability, building human capital, empowering women and girls, improving livelihoods, and responding to economic and other shocks. There are several different conceptual approaches to analyzing social protection objectives and functions. Each conceptualizes potential impacts in different ways: transformation, human capital, vulnerability, and human rights. The first three functions (the 3Ps) were originally conceptualized by the World Bank. The addition of the transformative element positions social protection not just to alleviate poverty but to transform lives, through pursuing policies that rebalance the unequal power relations and reverse other barriers that cause vulnerabilities.

# Types of Social Protection

Social protection programs have been broadly divided into five types such as social allowance, social insurance, labor market intervention, informal social protection, and miscellaneous types, which will be describe as below:

### Social Assistance

One of the most common types of social protection is social assistance which is non-contributory, tax-financed, regular, and predictable cash or in-kind resources transfers to poor and vulnerable individuals or households. Cash and in-kind allowances, school feeding, and public works programs are usually included in this type of programs.

### Social Insurance

Social insurance is a crucial type of social protection typically involving contributory programs where participants make regular payments. In these programs, risks are collectively managed and pooled, often by government organizations. The program's details, such as benefits, eligibility criteria, and other key features are established by law. There's a clear mechanism for managing income and expenses, often through a trust fund and participation is usually mandatory for specific groups. This type of insurance is designed to help cover expenses associated with various life events including maternity, unemployment, or illness. Often, these costs are either matched or subsidized by the program provider. While social insurance is a common social protection method globally, it's still in the early stages of widespread implementation in Bangladesh. The country's NSSS is focused on creating an effective framework for social insurance. In line with this, the Bank and Financial Institutions Division is actively developing insurance programs to cater to diverse groups of people.

### Labor Market Interventions

Labor market interventions protect poor people who work and aim to ensure basic standards and rights. Interventions can be active or passive. Active labor market policies aim to help the unemployed and the most vulnerable find jobs through interventions such as job centers, training, and policies to promote small and medium-sized enterprises. Passive interventions include maternity benefits, injury compensation, and sickness benefits for those already in work, financed by the employer. Many poor people work within the informal sector, and some people with disabilities, the chronically ill and old may not be able to work at all, so labor market interventions cannot always reach them. This highlights a need for a more inclusive approach in labor market policies to address the diverse needs of the entire working population.

### Informal Social Protection

Informal social protection, also known as traditional social protection, has been around since the early days of human societies. Even in modern times, these informal measures continue to play a crucial role alongside formal social protection systems. Informal social protection includes community-based support systems, reciprocal aid, and various social networks that bond and bridge communities together.

In many cases, due to limited resources or operational challenges, formal social protection cannot reach everyone, leaving certain populations or areas underserved. This is where informal social protection steps in, filling the gaps left by formal systems. Managed predominantly by communities themselves, these measures often involve mobilizing collective resources, although sometimes they might also receive support from external sources like the government or donors. Traditional forms of charity, such as zakat and almsgiving are examples of such informal social protection. These community-driven initiatives are seen as powerful tools for combating poverty and vulnerability. As such, it's important that formal social protection strategies are thoughtfully designed to complement and not undermine the efficacy of informal social protection mechanisms.

### Other Types of Social Protection

Social care and support are highly complementary to social protection and are sometimes considered to be a form of social assistance. Government or private sector subsidies are sometimes classified as social protection if they act as safety nets. Subsidies can keep prices low for basic goods and services consumed by the poor. However, subsidies can sometimes be regressive, turning out to be more beneficial for the higher income groups than the actual poor.

## Social Protection as a Development Tool

There is an overwhelming and convincing argument for social protection as an effective social development tool, with many benefits for socioeconomic development, political stability, and sustainability. Social protection programs tackle multiple dimensions of poverty and deprivation such as decent work, education, health care, food security, and income security. They can therefore be a powerful tool in the battle against poverty and inequality. Social protection can play a fundamental role in creating more inclusive and sustainable development pathways. In the absence of social protection, people, especially the most vulnerable, are subjected to increased risks of sinking below the poverty line or remaining trapped in poverty for generations.

The Post-2015 agenda emphasizes a comprehensive focus on poverty, inequality, income distribution, and social inclusion, advocating for fiscally sustainable social protection schemes as a core element of national development strategies for inclusive and equitable growth. Cichon (2006) posits that social protection is not only a right but also an affordable and potent tool for poverty reduction and social cohesion. He highlights its role in fostering sustainable economic and social development and in enhancing the ability to withstand global economic crises. Social protection functions as an economic, social, and political stabilizer and is instrumental in reducing vulnerability, particularly for the young and elderly, effectively combating poverty.

Cash transfers, particularly those improving children's health, nutrition, and education, can have long-term productivity and earnings benefits, breaking the cycle of intergenerational poverty. Legal measures supporting social transfers, such as combating discrimination in employment, education, healthcare, credit, inheritance, and land ownership, can amplify their impact on marginalized groups. Additionally, well-designed social transfer schemes can prevent the non-poor from descending into poverty due to economic or environmental shocks, making growth more equitable and sustainable. It is equally important to anchor the linkages between social justice and social protection in a system

of rights and corresponding obligations. This contributes to people's empowerment to participate in policymaking and hold accountable those who have to fulfill their obligations, thus ensuring ownership and sustainability of social protection schemes. These schemes should not only be aimed at reducing vulnerability in times of crisis but also at promoting equity, equality, participation, and enabling beneficiaries of social assistance to become active members of society. To ensure that the rights to social protection are attained, social goods and services have to meet the standards of availability, accessibility, acceptability, and the accountability of the duty bearer must be ensured.

The UN System Task Team on the Post-2015 UN Development Agenda has clearly stated that social protection systems, when implemented with broad coverage and at affordable and adequate benefit levels, are effective in reducing poverty and inequality. They also contribute significantly to economic and social development. The expansion of social protection in many middle and low-income countries, backed by quantitative analysis in developing nations, demonstrates that basic social protection levels are feasible and affordable. As a result, these measures are increasingly recognized as practical social policy tools. They achieve social and economic outcomes through income redistribution, transfers, and behavioral incentives that adapt to labor market changes. Furthermore, during financial and economic crises, social protection systems have proven effective in bolstering household resilience and mitigating the social and economic impacts of these crises.

Considering the varied roles social protection plays in social and economic development, it's essential for current development frameworks to include objectives that guarantee all groups are included in societal and developmental progress through extended, adequate social protection. There is a need for the development agenda to emphasize more on poverty, income distribution, and social inclusion. Social protection serves as the perfect channel to achieve these goals.

## Existing Programmes and Interventions for Marginalized Communities

The Ministry of Social Welfare (MoSW) in Bangladesh is actively engaged in various social initiatives. They manage hospital social services, an integrated education program for the blind, and schools for children with vision and hearing impairments, along with other programs aimed at supporting underserved populations. Additionally, the GoB runs training and rehabilitation centers for destitute children, offers stipends for disabled students, and provides vocational training and rehabilitation services for the physically disabled. Integrated Disability Service Centres (Protibondi Sheba-O-Sahajjo Kendro) are operational across 64 districts and 39 Upazilas in the country.

In its commitment to support individuals with autism, the government has established the Autism Resource Centre and set up 11 special schools catering specifically to autistic children. Furthermore, two hostels have been created for working individuals with disabilities, one each for men and women. Alongside these efforts, the government continues to implement social safety net programs aimed at reducing poverty and enhancing the socio-economic conditions of the extremely poor. To ensure the effectiveness of these programs, a life cycle approach has been adopted for their implementation.

The Fourth Primary Education Development Programme (PEDP4) covers the period 2018 to 2023 to offer quality primary education to all students of the target age. The Higher Education Quality

Enhancement Project is being implemented to support quality improvement initiatives at the tertiary level in both public and private universities to delineate strategies to accelerate reform in the education sector.

To address the issue of hazardous child labor in both formal and informal industrial sectors and to combat school dropout rates, several initiatives have been launched. These include the Primary Education Stipend Project and the Reaching Out-of-School Children (ROSC) program, which aim to increase school enrollment. In 2018, an impressive 35.43 crore textbooks were distributed to 4.37 crore students across the country. Additionally, to support the education of minority groups, 1.49 lakh books were distributed among 58.25 thousand students belonging to five ethnic communities in Bangladesh: Chakma, Marma, Tripura, Garo, and Sadri.

The GoB has taken significant steps to support education and gender equality. They have distributed 8,405 braille books to 963 visually impaired students, ensuring these students have access to vital learning materials. Additionally, there are stipend programs aimed at promoting gender equality and reducing dropout rates at secondary school levels. To further women's empowerment and their involvement in socio-economic activities, the GoB provides various forms of assistance to female students. This includes stipends, free studentship, financial aid for purchasing books, and covering examination fees for public exams. Moreover, the GoB has increased the amount allocated for general scholarships and for scholarships in technical and vocational education specifically for female students. These initiatives represent a concerted effort to enhance educational opportunities and gender parity in education.

The Health Nutrition and Population Strategic Investment Plan 2016-2021, which focuses on achieving Universal Health Coverage (UHC) in Bangladesh, has identified the Essential Service Package (ESP) as a key milestone. The Plan ensures service delivery through health centers and household visits, with Information and Communication Technologies (ICTs) being extensively used to enhance coverage. The curative programs under the Plan include Integrated Management of Childhood Illnesses (IMCI), maternal and neonatal health activities, demand-side financing programs with vouchers, emergency obstetric care, and comprehensive indoor and outdoor health services.

The Ministry of Health and Family Welfare's family planning directorate is actively involved in sexual and reproductive healthcare, beyond its family planning role. Health centers provide medicines free of charge, alleviating the financial burden on patients. The Expanded Programme on Immunization (EPI) offers vaccines against ten preventable diseases, including Tuberculosis, Diphtheria, Pertussis, Tetanus, Hepatitis B, Haemophilus influenzae type B, Pneumococcal pneumonia, Measles, and Rubella. Community Clinics (CCs) serve as the first-tier public health facilities, offering primary healthcare services, particularly in rural and hard-to-reach areas. Through these grassroots healthcare initiatives, Bangladesh has made notable progress in providing free healthcare services, leading to a reduction in maternal and neonatal mortality rates and an increase in average life expectancy.

The Ministry of Labour and Employment (MoLE) has launched several initiatives to support women's development and employment. Key projects include the Northern Areas Reduction of Poverty Initiative, which provides skill training to young women in five underdeveloped northern districts. Additionally, to facilitate a balanced work-life for working women, daycare centers have been established and 10-story hostels are being constructed in Chasara, Tongi, and Tejgaon for female RMG workers. Further efforts include development projects in the Chittagong Hill Tracts districts, aimed at enhancing the socio-economic conditions and preserving the cultural heritage of these communities.

The Ministry of Youth and Sports has several programs including leather goods production, a marketing and training center for underprivileged marginal youths, and training programs at the Upazila level for the creation of employment and self-employment. Also, the participation of women in sports has been encouraged in the Seventh Plan by constructing more sports centers in divisional cities to promote woman's participation in sports.

Table 1. Major Social Protection Programs in Bangladesh

| No | Program | Ministry/Division | Coverage | Benefit |
|---|---|---|---|---|
| 1 | Allowance Program (old age, FFs) | MoWCA, MoSW, MoPME | Widow, deserted, destitute children, freedom fighters, orphans, Elderly, acid burn victims, disabled (adult & children), non-bangles, lactating mothers | Fixed amount of allowance for each group |
| 2 | Food security & disaster assistance (VGF, OMS, TR, VGD) | MoPME/MoE, Disaster Management & RRelief (MoDMR) | CHT people, a vulnerable group | Relief for buying food, construction of housing, income generation, ultra-poor of the northern area |
| 3 | Employment generation (EFW, EGPP) | Line ministries, LGD, FD, MoLE | Char people, ultra-poor | Food for work, skill development training, employment in different institutions |
| 4 | Human development & social empowerment (primary & secondary stipend) | Line ministries, LGD, FD | Teenagers, dropout students, pregnant mothers, ultra-poor women, vulnerable women 19-59 years | Stipend for primary & secondary students, maternal voucher scheme, school feeding program, children less than 1-18 |
| 5 | Urban poverty reduction | LGD, FD | Working children | Provide basic education |

| No | Program | Ministry/Division | Coverage | Benefit |
|---|---|---|---|---|
| 6 | Pension for government employees | MoSW, bank & financial institutions, divisions | Provide pension scheme money after retirement | Elderly & retired person |

# Chapter 3: Non-State Actors in Social Protection

The term "Non-State Actor" encompasses institutions and organizations beyond the government, including political parties, private enterprises, cooperatives, and trade unions, all engaged in multidimensional development efforts to alleviate poverty among rural and urban populations. This study primarily focuses on NGOs as Non-State Actors within the social protection context. While these entities operate independently from government structures, they still adhere to the national legal framework. In Bangladesh, NGOs are commonly registered under two ordinances: the Voluntary Social Welfare Agencies (Registration and Control) Ordinance of 1961 and the Foreign Donation (Voluntary Activities) Regulation Ordinance of 1978. Currently, the country is home to over 20,000 organizations registered under the Societies Act, of which 438 are registered under the 1978 ordinance. Due to their diverse nature, categorizing these NSAs into specific types is a complex task. Nonetheless, they can be broadly classified based on their primary functions and areas of operation.

## Background of the NSAs in Bangladesh

Before independence in 1971, only a few NSAs operated in the then East Pakistan, now known as Bangladesh. After gaining independence, Bangladesh faced many challenges, especially in helping its people recover from the war's devastation. The government's resources were limited, so several NSAs emerged to help with relief and rehabilitation efforts.

At first, these NSAs focused on providing immediate aid and support to the people affected by the war. However, by 1974, they started to expand their efforts beyond relief work and began focusing on community development. They wanted to help people in rural areas become more self-sufficient and improve their lives. In 1976, some NSAs changed their approach. They started grouping together people who were facing similar economic challenges. These groups were made up of poor individuals, and the NSAs provided them with various services like training, credit, help in generating income, healthcare, and more. The goal was to empower these poor communities and help them become economically stable.

Bangladesh faces many social and economic challenges, especially in rural areas, where many people live in poverty and lack access to education and jobs. The government alone can't address all these problems due to limited resources. That's where NSAs can help.

Since becoming independent in 1971, Bangladesh has seen many NSAs, both local and international, getting involved in development work. Initially, they focused on providing immediate help after disasters and crises. However, as time passed, they shifted their focus to long-term development and became champions of sustainable development. Some NSAs have become large and now provide a wide range of services in Bangladesh. This has led to debates about their role in helping the poor, their involvement in business, and their relationship with the government. One well-known NGO in Bangladesh is BRAC, which started in 1972. BRAC has supported a lot of people in rural areas and has become one of the top NGOs in the country, and one of the largest in the world. BRAC provides loans and helps with development programs, not just in Bangladesh but also internationally.

Table 2. Legal Identity and Laws for Non-State Actors

| Legal Identity for NSAs | Laws regulating the relationship of the NSAs with GOB |
|---|---|
| The following laws provide a framework for NGOs to exist under a legal identity with a recognized governance structure. | The following laws and ordinances have been introduced to compel NGOs to register with government agencies. |
| i. The Societies Registration Act, 1861 | i. The Voluntary Social Welfare Agencies(Regulation and Control) (VSW) Ordinance,1961 |
| ii. The Societies Registration Act, 1861 | ii. The Foreign Donation(Voluntary Activities Regulation)(FDR))Ordinance,1978 |
| iii. The Trust Act, 1882 | iii. The Foreign Contribution (Regulation) Ordinance,1982, Ordinance No XXXI of 1982. |
| iv. The Cooperative Societies Act, 1925 | |
| v. The Companies Act, 1913 | |

# Classification of Non-State Actors in Social Protection

Based on certain factors such as size, class, life span, location, status of personnel, and characteristics of the beneficiaries, NGOs are divided into 3 particular types: i) Orientation based classification; ii) Spatial coverage & functions; and iii) Sectors based classification.

## Orientation Based Classification

### a) Charity-Oriented NGOs

Charity-focused NGOs engage in various philanthropic activities such as distributing food, clothing, medicine, and educational resources to disadvantaged communities. These organizations primarily operate on charitable contributions from individuals, corporations, and governments to support their initiatives. While they respond to immediate needs, like providing food and shelter during emergencies, they also tackle long-term systemic challenges, such as poverty and inequality. This involves initiatives like education programs, vocational training, and community development projects. The core principle guiding these NGOs is the spirit of charity, striving to alleviate suffering, uplift communities, and enhance the well-being of those in need through a blend of immediate relief efforts and sustained, transformative interventions. There are some prominent Charity Based NGOs in Bangladesh:

- BRAC
- Grameen Bank
- CARE Bangladesh
- Save the Children Bangladesh
- Oxfam Bangladesh
- ActionAid Bangladesh
- Friendship NGO
- JAAGO Foundation
- Acid Survivors Foundation Bangladesh
- Manusher Jonno Foundation (MJF)
- Bangladesh Centre for Advanced Studies (BCAS)
- Dhaka Ahsania Mission

### b) Development Service-Oriented NGOs

Development-oriented NGOs in Bangladesh, like RDRS, BRAC, and Oxfam are focus on healthcare, education, agriculture, and community development. They provide services like health treatment, family planning, and education which aim for long-term solutions to societal issues. Unlike charity-

oriented NGOs, which offer short-term relief, these organizations address root causes. They collaborate with local communities, governments, and stakeholders to implement their initiatives. Examples of such NGOs include RDRS, Dhaka Ahsania Mission, ASA, PKSF, Swisscontact Bangladesh, and more. These NGOs work towards sustainable development in various sectors, striving for lasting positive impact.

**c) Participatory NGOs**

Participatory NGOs in Bangladesh, like BNPS, ASA, and GUK promote self-help initiatives involving community donations of money, tools, materials, and labor. They empower communities to actively engage in decision-making and take ownership of development projects and emphasize a bottom-up approach. These NGOs operate in sectors such as healthcare, education, agribusiness, and community development. They collaborate closely with marginalized as well as vulnerable communities to identify and address their specific needs. Prominent examples include Bangladesh Nari Progati Sangha (BNPS), Grameen Bank, and Bangladesh Centre for Advanced Studies (BCAS), among others, working tirelessly to facilitate participatory development approaches in Bangladesh.

**d) Empowerment-Oriented NGOs**

Empowerment-oriented NGOs in Bangladesh, such as Naripokkho, ASK, and JNUS focus on empowering marginalized groups and individuals to take control of their lives, enhancing their social, economic, and political status. They provide opportunities, resources, and support to help them reach their full potential and create positive life changes. These NGOs operate in sectors like education, healthcare, agriculture, human rights, and governance, collaborating closely with communities and individuals to identify their needs and provide necessary support. Noteworthy examples of organizations involved in empowerment efforts in Bangladesh include Bangladesh Women's Health Coalition, Sajida Foundation, and Acid Survivors Foundation Bangladesh.

## Spatial Coverage & Functions

**a) Local NGOs**

Local NGOs in Bangladesh, like AID Foundation and JCF play a crucial role in addressing various social, economic, and environmental challenges at the village, Thana, or Union level. They secure funding from local, national, and international sources. These organizations focus on poverty reduction, education, health, human rights, disaster relief, and women's empowerment. They collaborate with foreign development entities to tackle issues like climate change, food security, and gender equality. Local NGOs also advocate for policy changes and raise awareness about community concerns. Prominent local NGOs playing a key role in social protection in Bangladesh are Development Wheel (DW), Sabalamby Unnayan Samity (SUS), Bangladesh Environmental Lawyers Association (BELA), Association for Rural Development (ARD), Center for Sustainable Development (CFSD), Mukti Cox's Bazar, and Shakti Foundation for disadvantaged women. These organizations are vital in driving grassroots development and social protection efforts.

**b) National NGOs**

These Non-Governmental Organizations (NGOs) operate in four or more geographical regions throughout the country and are primarily funded by foreign donors. National NGOs in Bangladesh

have a considerable presence and effect on the country's development scene. They have the resources, skills, and networks to make a significant difference in the communities they serve. They collaborate closely with the government, international organizations, funders, and other stakeholders to produce innovative and long-term solutions to the country's problems. One of the primary characteristics of national NGOs in Bangladesh is their capacity to use technology and innovation to advance development. They use digital tools, for example, to enhance education, health, and financial inclusion in rural and marginalized communities. They also employ technology to increase openness and accountability, as well as to improve service delivery across many sectors.

National NGOs in Bangladesh are pivotal in influencing policy through lobbying and participating in policy discussions. They conduct evidence-based research and apply their insights to impact various policy and practice areas. Additionally, these organizations play a crucial role in raising awareness about significant national issues and garnering support from diverse stakeholders to drive change. Key national NGOs contributing to social protection in Bangladesh include Friendship NGO, Bangladesh Rural Advancement Foundation (BRAF), Acid Survivors Foundation Bangladesh, Bangladesh Nari Progati Sangha (BNPS), Palli Karma-Sahayak Foundation (PKSF), RDRS Bangladesh (Rangpur Dinajpur Rural Service), UBINIG (Policy Research for Development Alternative), PROSHIKA, Caritas Bangladesh, Grameen Bank, and Manusher Jonno Foundation (MJF).

**c) International NGOs**

These NGOs operate in a variety of geographical regions with headquarters located outside of the country, and rely mostly on expertise. These organizations collaborate with local-National NGOs, the government, and other stakeholders to solve issues such as poverty, health, education, human rights, and environmental conservation. International NGOs in Bangladesh contribute a plethora of experience, resources, and networks to the country's development difficulties. They collaborate closely with local communities to plan and implement development initiatives that are specific to the needs and conditions of the community. They also work with local and national NGOs to create capacity and guarantee that actions are sustainable and have a long-term impact. International NGOs have a considerable impact on Bangladesh's development landscape. They give crucial assistance in disaster response, humanitarian relief, and crisis management. They also work to enhance health outcomes, provide educational opportunities, and advance gender equality and women's empowerment. Furthermore, they play an important role in tackling environmental issues such as climate change and natural resource management.

**d) Mixed NGOs**

These NGOs are non-profit groups that are organized locally but receive funding from international governments or organizations. Mixed NGOs are groups that work in multiple sectors and use a multifaceted approach to development. These organizations may include components of both local and international NGOs, as well as public and corporate sector groups. They frequently collaborate with governments, businesses, and communities to handle complicated development issues. Mixed NGOs may focus on a variety of issues, such as poverty alleviation, education, healthcare, human rights, and environmental conservation. They bring together diverse stakeholders to achieve long-term, scalable, and meaningful development solutions. They may collaborate with the private sector

to spur economic growth and job creation, while also collaborating with local communities to achieve inclusive and equitable development. They may also collaborate with governments to promote policy reforms and institutional strengthening, as well as with civil society to increase accountability and transparency. Mixed NGOs can also use technology and innovation to improve development outcomes. They may, for example, use digital tools to promote financial inclusion, improve healthcare service, or improve educational outcomes. Data and analytics may also be used to inform decision-making and generate evidence-based development solutions.

### Sectors Based Classification

**Relief and Welfare NGOs**

Relief and Welfare NGOs are vital during crises, offering essential services worldwide in response to disasters, conflicts, and emergencies. They provide humanitarian aid like food, shelter, water, and medical care. Collaborating with local communities and stakeholders to deliver timely assistance

**Networking/Coordinating NGOs**

Networking/Coordinating NGOs promote collaboration, knowledge sharing, and advocacy among NGOs and stakeholders thereby enhancing the development sector's collective impact. Ex: BCSM, NHSDP, BNNRC, CAMPE, COAST, NAHRO, NCCD, ADAB, and NGO Forum for Public Health.

**Development NGOs**

These NGOs operate to mobilize the poor through education and consciousness raising to develop their organizations

**Funding NGOs**

For their success and sustainability, these NGOs depend on diverse funding sources, such as government grants, private donations, and corporate social responsibility programs. Volatile funding streams, including changes in government funding and donor priorities, pose significant challenges. To address this, NGOs must diversify their funding and employ financial risk management strategies

**Consulting NGOs**

These NGOs provide consulting services to the govt. donor agencies and other actors in the completion of the programs

**Service NGOs**

Service NGOs or service-oriented nonprofits provide a range of services to underserved communities, covering healthcare, education, job training, and legal representation. They focus on addressing root causes of social issues and offer direct services tailored to identified needs. Operating where government services are lacking, they play a vital role in meeting the basic needs of vulnerable populations

Figure 3. Sectors Based Classification of Non-Government Organizations

## Functional Coverage of NSAs

**1. Credit/ micro finance:**

To reduce dependency on the usual moneylenders, NGOs arrange collateral-free credit for individual or collective enterprises. The model pioneered by Grameen Bank (GB) has established micro-credit as a widely replicated anti-poverty program. These MF-NGOs disbursed taka 164.26 billion with an outstanding loan amount of taka 25.88 billion. The outstanding amount of micro-finance extended

under the government program is taka 7.46 billion, the outstanding balance of Grameen Bank is taka 12.73 billion and that of other banks is taka 7.55 billion (Bangladesh Bank).

**2. Women development:**
To develop the socio-economic condition of the women, NGOs provide special training to them in apiculture, silk production, embroidery, fishnet making, poultry, livestock rearing, etc.

**3. Non-formal education:**
NGOs have concentrated their efforts on eradicating illiteracy through providing non-formal education for both men and women and they also take specific programs for the drop-out students and provide non-formal primary education to the target children where the majority are girls.

**4. Employment generation and income earning:**
NGOs expand the opportunity for employment generation through small trading, rickshaw pulling, mulberry plantation for women, social forestry, fish culture, weaving, poultry & livestock rearing, etc.

**5. Capacity building in planning and management:**
To enhance the organizing skills and managerial capabilities of the poor, NGOs undertake different activities at the grassroots level.

**6. Occupational skill training:**
NGOs arrange traditional and new skills training for men and women, including crop cultivation, silk cocoon rearing, operation of irrigation equipment, para-machines, etc.

**7. Political participation:**
NGOs influence to restructure of the existing power relations through the empowerment of the rural poor through a continuous process of education, awareness building, and resource mobilization to ensure they take part in “Salish”, local elections, etc.

**8. Health and nutritional knowledge:**
NGOs have directed their efforts towards reducing the incidence of infant, child, and maternal mortality and stunting through various programs and also provide nutritional knowledge.

**9. Family planning and development of children:**
Family planning is considered an integral part of health service and most of the NGOs are involved in motivational activities and distribution of contraceptives at the community levels. Some programs taken for underprivileged children include providing health care services, rehabilitation of orphan children, the establishment of child rights, etc.

**10. Environment:**
NGOs undertake different programs to combat deforestation and have also exhibited notable success in afforestation programs, improving sanitation facilities, and ensuring the supply of safe drinking water through the distribution of water-sealed latrines and tube-wells among the beneficiaries.

**11. Mobilization of target group and consciousness-raising:**
NGOs mobilize the target groups through village surveys, individual contacts, group meetings, motivational work participatory group discussions, and mass awareness campaigns.

**12. Leadership development:**
Cadres are trained at training centers on leadership within the group.

**13. Access to government services and activate local administration:**
NGOs give the poor access to the "Khas" land and health care facilities of the government. The NGOs can also activate the local administration by supporting the poor in accessing services.

**14. Development of appropriate irrigation technologies:**
Intending to respond to the needs of the small and marginal farmers and also promoting crop diversification, NGOs developed low-cost irrigation technologies through research and experiment. For example, Rangpur Dinajpur Rural Services (RDRS) developed the treadle pump and bamboo tube well.

**15. Urban & Rural Development:**
For urban and rural development, the NGOs expand their activities through infrastructure development, slum development, low-cost housing, FWP, construction of roads, bridges, etc.

**16. Humanitarian & Legal Aid:**
Different NGOs provide humanitarian and legal aid to distressed people by making them aware of different human and legal rights and also by providing necessary legal assistance.

**17. Relief & Rehabilitation:**
NGOs in Bangladesh have been playing a significant role in distributing relief among the distressed people, alongside GoB efforts.

## Strengths of NSAs

NSAs enjoy some comparative advantages over the public sector which demonstrate their capacity to reach the poor more effectively than government.

**1. Capacity to reach the poor and the remote areas:**

NGOs focus on the poorest segment of society where government programs are either limited, don't exist, or are ineffective.

**2. Capacity to promote local participation:**

The prime purpose of NGOs is to encourage and develop local potential and to enable disadvantaged groups to share the benefits of development.

**3. Capacity to operate on low costs:**

To use low-cost technologies and streamlined services enables them to operate efficiently on low budgets.

**4. Capacity to work with other agencies:**

Many NGOs are ready and able to assist governments, including local departments, and local voluntary agencies.

**5. Capacity to work with flexibility:**

Due to their small size, NGOs tend to be more flexible than government programs.

**6. Capacity to innovate and adapt:**

Being more flexible than government agencies, NGOs can transfer technologies developed elsewhere and adapt them to conditions as well as work out innovative responses to local needs.

**7. Advocacy capacity:**

NGOs can press the public sector and their successful initiatives make them able to influence national policies and give them the credibility in terms of advocacy and public opinion influence.

**8. Capacity to facilitate local resource mobilization and ensure**

NGOs have demonstrated their ability to facilitate resource mobilization by promoting local participation.

**9. Capacity to act quickly:**

Speed of action and a minimum of bureaucratic steps is one of the greatest assets of development NGOs so that they can take decisions rapidly.

**10. Capacity to take risks and experiments:**

NGOs normally undertake pilot projects to experiment or act as a catalyst and to attain their objectives they take risks much more readily than governmental agencies.

**11. Capacity of a unique understanding of local institutions and socio-cultural environment:**

NGOs tend to have accurate knowledge and understanding of local needs and capacities to undertake projects as well as find materials.

Figure 4. The Strengths of NSAs

## Challenges of NSAs

As opposed to the comparative advantages, the NGOs have some weaknesses.

**1. Limited replicability:**

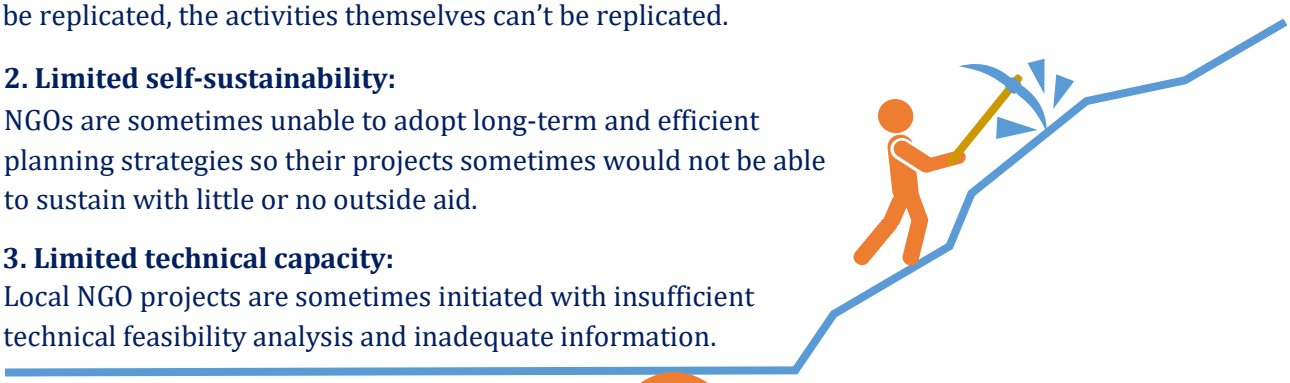
NGO activities depend on a highly motivated staff and where such a level of motivation can't be replicated, the activities themselves can't be replicated.

**2. Limited self-sustainability:**

NGOs are sometimes unable to adopt long-term and efficient planning strategies so their projects sometimes would not be able to sustain with little or no outside aid.

**3. Limited technical capacity:**

Local NGO projects are sometimes initiated with insufficient technical feasibility analysis and inadequate information.



**4. Lack of broad programming content:**

NGO programs often remain relatively isolated from other NGOs or programs and this tendency hinders the establishment of country-wide or regional programs.

**5. Limited ability to reach the poorest segment of society:**

NGOs often help the poor but may struggle to reach the most marginalized, like the floating population.

**6. Inability to scale-up activities:**

NGOs struggle to expand their activities due to small size, limited resources, administrative constraints, and concentration in select communities.

**7. Dependency on Donors:**

Donors frequent requirements, including staff, consultants, and resources, pose a significant constraint on NGOs. Critics argue that accepting funds can compromise NGOs independence and mission alignment with donors.

**8. Paternalistic Approach:**

NGOs tend to become "paternalistic" about their clients by continuously investing in the same beneficiaries.

**9. Centralized Operations:**

Large NGOs are often centralized and limiting local staff's initiative. According to a UNDP study (1988), heavy reliance on foreign funding, without proper accountability can lead to corruption, controversy, and bureaucracy.

**10. Legal Framework**

The government of Bangladesh employs statutory and administrative regulations to oversee and manage the operations and funding of NGOs in the country. This framework is essential for ensuring the proper use of foreign funding in the NGO sector.

## Role of Non-State Actors in Promoting Social Protection

Although the state is primarily responsible for providing social security systems, the support of civil society in implementing social protection programs is crucial. Civil society organizations and associations can contribute not only with their technical expertise but also by providing information and monitoring the process. Civil society organizations are natural agents of political will and natural advocates for the rights and empowerment of people and are often among the most effective and visible actors in society. This is why, they can play a key role in building capacities that help other organizations representing the most vulnerable populations become protagonists in the design and implementation of social protection.

NSAs help not only by providing direct support for these needs but also by influencing public policies that can bring about structural changes. NSAs can build alliances with other like-minded organizations. They can create early awareness and political sensitivity of policy makers and the public by taking a civil society stance as often as possible into existing political processes. NGOs can also invest in the analytical technical capacity of civil society representatives who will participate in the national awareness-raising and dialogue process. A working agenda coordinated by civil society could help give help give a voice and ability to the most vulnerable populations and reduce cultural gaps that cause exclusion, keeping in mind that exclusion is not only a question of economic nature. It can also help in gaining prominence within the public agenda to effectively influence the adoption of social protection and the implementation of policies aimed at the creation of decent work. Sustainable partnerships can be built over time, to monitor and maintain the integrity of adopted measures.

## Major Non-State Actors in Social Protection

Table 3. Major, National Non-State Actors in Social Protection

| **Children:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| ASHIQ (Website: ashic.org/en) | Medical, physical, and family support for childhood cancer |
| Sushilan (Website: shushilan.org) | Health, WASH, nutrition |
| Faith Bangladesh (Website: www.faithbangladesh.org) | Autism, disability |

| **Women:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Ain-o-Shalish Kendra (Website: www.askbd.org) | Legal support, advocacy, documentation, awareness |
| National Council of Disable Women (Website: www.ncdwbd.org) | Develop strong network |
| Association for prevention of septic abortion (Website: bapsa-bd.org) | Quality reproductive health |

| | |
|---|---|
| Association for women empowerment and child right (Website: www.srizonybd.org/women) | Health, HIV/AIDs, disability |

| **Women, Children, Adolescents, Ethnic Minorities, Disabled:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Manusher Jonno Foundation (MJF) (Website: www.manusherjonno.org) | Ensuring rights of the marginalized population, Health care services, education, skill development training, and income-generating activities |
| Dhaka Ahsania Mission (Website: www.ahsaniamission.org.bd) | Primary healthcare, WASH, Treatment and rehabilitation of drug users, ESP delivery, HIV prevention, family planning, nutrition, TB control, mental health, road traffic accident prevention, cancer |

| **Marginalized and Disadvantaged:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| D-Net (Website: dnet.org.bd) | Incorporate the information of all the available health facilities, livelihood, entrepreneurship programs, and capacity development program |

| **Extreme Poor/Ultra-Poor:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| BRAC (Website: www.brac.net) | Microfinance, health, nutrition, WASH, gender equity, integrated intervention to improve access to information and services, human rights, legal aids |
| Gono Shastho Kendra (GK) (Website: www.gonoshasthayakendra.com) | Micro health insurance, health service information, participatory/community-based health service delivery |
| Grameen Bank (Website: www.grameen.com) | Community micro health insurance scheme, Curative, maternity, and child health care |

| **Poor People:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Activities for reformation of basic needs (ARBAN) (Website: www.arban.org.bd) | Agriculture, education, computer training, disaster preparedness and management, handicraft, arsenic, and WASH |

| **Rural People, Poor, Women, Ethnic, Disabled, Adolescents:** | |
|---|---|
| **Name of Organization** | **Program Type** |

| | |
|---|---|
| Development Organization for the Rural Poor (DORP) (Website: www.dorpbd.org) | Health, Water & Sanitation, Education, Microcredit, HIV-AIDS Prevention, Resettlement & rehabilitation, Agriculture, Afforestation, Gender issue, Environment, Human rights, and rights |

| **Rural Poor/Ultra-Poor:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Gono Shastho Kendra (GK) (Website: www.gonoshasthayakendra.com) | Micro health insurance, health service information, participatory/community-based health service delivery |

| **Trauma Victims:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Bangladesh Rehabilitation Centre for Trauma Victims (Website: www.brct.org) | Medical care, counseling, therapy |

| **Disable:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| National Grass Roots Disable Organization (NGDO) (Website: www.ngdobd.org) | Strengthen capacity, enhance access to healthcare facilities |
| Centre for the Rehabilitation of the Paralyzed (CRP) (Website: www.crp-bangladesh.org) | Medical care, therapy, rehabilitation, vocational training, special school |

| **Sex Workers:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Sex Workers Network (SWN), Bangladesh (Website: tbinternet.ohchr.org) | Networking, situation analysis |

| **The Poor, Day Labor:** | |
|---|---|
| **Name of Organization** | **Program Type** |
| Society for privileged families (Website: www.sufbd.org) | ANC, PNC services, health camp, eye, diabetic, dental, blood group campaign |

Table 4. Major, International Non-State Actors in Social Protection

| No | Name of organization | Coverage | Programme Type |
|---|---|---|---|
| 1. | CARE, Bangladesh www.carebangladesh. org | Mothers, neonates, children; urban poor, HIV patients, female garments workers | Improve coverage of services, HIV prevention, improving maternal and infant health, and workers health; To recover from shock and stress, empowering, Community-based intervention; building resilience |

| No | Name of organization | Coverage | Programme Type |
|---|---|---|---|
| 2. | Help Age, Bangladesh http://www.helpage.org/tags/bangladesh | Elderly | Support in emergencies, action campaign |
| 3. | International Labour Organization (ILO) http://www.ilo.org/dhaka/ | Women, children, HIV plus, Ethnic, poor | Health, safety at work, discouraging child labour, disability, gender equity, maternity protection, social protection |
| 4. | UNAIDS http://www.unaids.org/en | HIV/AIDs patient, adolescent | HIV/AIDS education and prevention programmes |
| 5. | UN World Food Programme (WFP) https://www.wfp.org/content/wfp-bangladesh | Mother, children, ethnic | Nutrition |
| 6. | World Health Organization (WHO) http://www.who.int/country/bgd/en | Women, children, HIV patients | Maternal& child health, Tuberculosis, EPI, Non-communicable diseases |
| 7. | The United Nations Population Fund (UNFPA) http://bangladesh.un fpa.org/en | Women, children | Maternal and child health |
| 8. | United Nation Education, Scientific and Cultural Organization (UNESCO) www.unesco.org/new/dhaka | Children, refuge children | Education |
| 9. | United Nations Refugee Agency (UNHCR) www.unhcr.org/en-us /bangladesh.html | Refugee | Counselling, education, support on health and other issues |
| 10. | United Nations Development Programme (UNDP) www.bd.undp.org | Poor, women, ethnic | Strengthening women, Social protection policy support, CTH development, poverty reduction |
| 11. | World Bank www.worldbank.org/en/country/bangladesh | Poor, marginalized | Support in sector-wide approach, Health, HIV/AIDs, education |
| 12. | Action Aid Bangladesh www.actionaid.org/bangladesh | Poor, women, children, urban slum dwellers, drug addicts, sex workers, labours | Disability, health hazards, water-sanitation, hygiene, common diseases, health safety, sexual violence, malnutrition, safety net |

| No | Name of organization | Coverage | Programme Type |
|---|---|---|---|
| 13. | Handicap International www.hi-us.org/bangl adesh | Disable people, refugee | Disability rehabilitation, economic inclusion |
| 14. | Population Council www.popcouncil.org/ research/bangladesh | Women, children, adolescent | Improve access to healthcare, maternal, child, and adolescent healthcare services, preventive healthcare, reduce sexual violence |
| 15. | FHI 360 www.fhi360.org/cou ntries/bangladesh | Women, neonates, children, sex workers | Reproductive health, malnutrition, HIV/AIDs |
| 16. | Friendship https://friendship.ng o/about-us | Ultra-poor, people living in hard-to-reach areas | Satellite clinic, mobile-based diagnosis, the floating hospital on the ship, community-based service |
| 17. | HEED Bangladesh www.heed-banglades h.com | Marginalized, under privileged, women , children | Tuberculosis, Malaria, Arsenic control programme, nutrition programme, HIV/AIDs, WASH, hygiene, arsenic |
| 18. | Helen keller Bangladesh www.hki.org/ | Ethnic, extreme poor, women, children | Improve health |
| 19. | Marie Stopes Bangladesh https://mariestopes.o rg/where-we-work/ba ngladesh/ | Women | Reproductive health care |
| 20. | Save the children, Bangladesh https://bangladesh.sa vethechildren.net | Children, women | Health, nutrition, HIV/AIDs |
| 21. | SOS Children's Village www.sos-childrensvil lages.org/where-we-h elp/asia/bangladesh/ dhaka | Children without families | Advocating, family-based care |
| 22. | Water Aid www.wateraid.org/bd | People lacking basic drinking water and sanitation | WASH |

# Chapter 4: Marginalized Communities in Bangladesh

## Marginalisation

"Marginalisation" has can be defined in various ways. For example, DFID defined it as comprising those people who are socially excluded based on their age, race, ethnicity, gender, disability status, migration status, and geographical location, resulting in deprivation from receiving public services like health, education, and job including alienation from the mainstream of the society (DFID, 2005). On the other hand, Marshall (1998) described marginalization as a process by which a group or individual is denied access to important positions and symbols of economic, religious or political power within any society. Daniel & Linder (2002) goes a little deeper into the matter and consider it to be distanced from power and resources which is a pre-requisite for self-determination in economic, political, and social settings. Further, they termed the concept to be highly depending on the historical and socio-economical context of a society.

Sommers *et al*., (1999) stated that marginalization has also been seen from spatial perspectives such as "a condition of socio-spatial structure and process in which components of society and space in a territorial unit are observed to lag behind an expected level of performance in economic, political and social well-being compared with the average condition in the territory as a whole". More recently International Geographical Union, (2003) called it "temporary state of having been put aside of living in relative isolation, at the edge of a system (cultural, social, political or economic), in mind, when one excludes certain domains or phenomena from one's thinking because they do not correspond to the mainstream philosophy". From the above definitions, the following characteristics of "marginalization" become apparent: this is a process, originating from a lack of awareness or negative attitudes of the larger society, by which certain population groups are denied access to resources and services essential for living a decent life. For example, they are deprived of basic human rights like food, health, shelter, education, etc.

## Categories and Characteristics

Marginalized populations in Bangladesh experience social-economic exclusion in a variety of ways. Besides gender-based exclusions which is a cross-cutting issue, they also found other important categories to be based on ethnicity and religion, including extreme poverty, patron-client relationships, physical and mental disability, sexual orientation, occupation, etc. All of these groups are deprived of availing of their basic health care rights and needs, due to their marginalization status.

Table 5. Marginalized Communities in Bangladesh

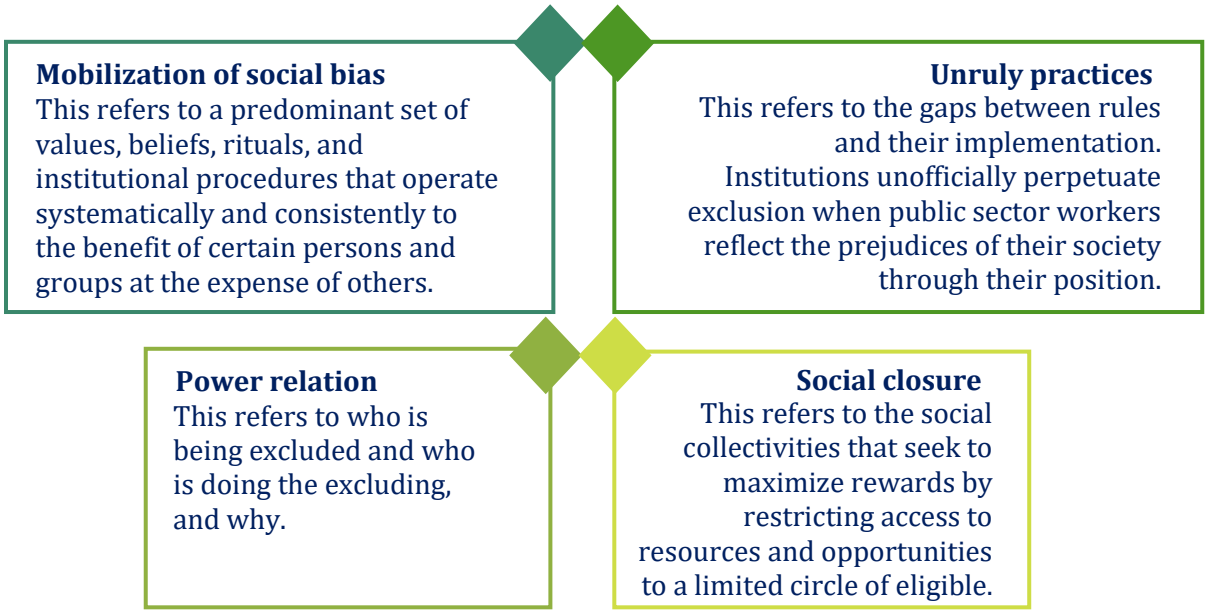
| Groups based on | Population | References |
|---|---|---|
| **Ethnicity** | Ethnic/indigenous people such as Hilly Adivasi /Local Ethnics- Chakma, Khyang (Rangamati), Khumi, BAWM (Bandarban), Marma, Tripura (Khagrachari) ii) Plain Land Adivasi (Local Ethnic)- Garo (Netrokona), Santal (Rajshahi), Oran (Rangpur) | Ahsania Mission, 2013; Arban 2017; Islam, 2011 |

| Groups based on | Population | References |
|---|---|---|
| **Socio-economic status (SES)** | Ultra-poor/people living under extreme poverty: Women headed households (widow, separated, divorced), people excluded from the NGO, education | Ahsania Mission 2013; Islam & Nath 2012, Islam, 2011 |
| **Religion/caste** | Cast-based dalit: Sweeper (Horizon-Hindu, in Khulna), Dhulee (Traditional drum player), Kulu (Traditional oil crusher), Jhola (Traditional weaver), Cobbler, Barbar, Abdal (laborer, bone seller), Mahali (bamboo & cane work), Traditional fisher-folk- in Magura, Gopalganj and Pabna, Rissi- in Jessore Kaiputra- in Satkhira, Khulna Religious minorities- in Chittagong, Gopalgank, Jessore | Islam & Nath 2012, Manusher Jonno Foundation (MJF) 2016; Islam, 2011 |
| **Migrant & mobile** | Cross-border migrants, internal migrants (rural-urban), refugee/displaces, river y gypsy(bede), landless, street dwellers, street children | Ahsania Mission, 2013; Islam, 2011; GSDRC, 2008 |
| **Geographical** | People living in hard-to-rich, coastal, haor areas, Char, hill areas | Ahsania Mission, 2013; Manusher Jonno Foundation (MJF) 2016; Islam, 2011 |
| **Disability & Disease** | Persons with disabilities, mental retardation Person with communicable diseases, HIV&AIDS, Leprosy, drug addicts, clustered people with neglected tropical diseases( NTD) like Kalaazar (visceral leishmaniasis), filariasis | Ahsania Mission, 2013; Arban, 2017; Islam, 2011; GSDRC, 2008 Ahsania Mission, 2013; Islam, 2011; GSDRC, 2008 |
| **Occupation** | Tea plantation workers, sweepers (pariah people), dom (person who deals with dead bodies), beggar, child laborer, unemployed, commercial sex workers | Ahsania Mission, 2013; Islam & Nath 2012; Islam, 2008 |
| **Sexual orientation / diversity** | Women, transgender/third gender (Hijra/, gay/lesbian (LGBT) | Ahsania Mission, 2013; Arban, 2015; Islam, 2011 |
| **Violence** | Trafficked survivors, acid survivors, sexually violated, raped victims | Ahsania Mission, 2013; Islam, 2011 |
| **Age** | Young people, adolescents, elderly/senior citizens | Exclusion and Marginalization, 2013; Arban, 2015; Islam, 2011 |
| **Disasters** | Victims of natural and man-made disaster | ADPC, 2015 |

Source: Nahitun Nahar, Roksana Hoque, Syed Masud Ahmed- BRAC James P Grant School of Public Health BRAC University.

## Causes of Marginalization

Though anyone may be potentially at risk of marginalization or social exclusion, certain characteristics or attributes increase the risk of marginalization which include but are not limited to different factors such as physical and mental disabilities, income-earning status, health status, educational achievements, housing conditions, the hierarchy of the political process, and governance mechanisms. (GSDRC, 2008). These act through the process of unequal access to resources, unequal participation, and denial of opportunities. Prevailing attitudes and practices in the society "conscious or unconscious, intended or unintended, explicit or informal", may also contribute to the process of marginalization and ultimately, exclusion from health care-seeking from the mainstream health systems (Kabeer, 2010).




In the case of Bangladesh, the process of marginalization and social exclusion is approached in different ways by different authors. For example, Zohir *et al.,* (2008) conceptualized exclusion in terms of "space" and "attributes" or characteristics. Attributes are considered characteristics of individuals, households, or communities that lead to exclusion in one or more spaces. Individuals may be born with or acquire these attributes, e.g., through religion, ethnicity, or descent. Some of these attributes may be permanent (e.g., ethnicity, disability) or temporary (e.g., descent, occupation). Education and health services, land rights, housing facilities, employment status, financial services, and access to markets are some of the spaces where exclusion is more prominently practiced. Others point to the limitations arising out of the country's poor socio-economic and cultural environment (e.g., lack of social trust, the role played by local power structures, and the negative role of religious leaders), including those created by the government and donor agencies (e.g., donor dependency, inaccessible market and lack of government initiative, and challenges of knowledge transfer) (Islam & Nath, 2012).

Entitlement and governance failures are important for the marginalization process in Bangladesh. Marginalized people are deprived of accessing resources and treated unfairly due to the non-

targeting nature of existing programs. For example, people with disabilities are unable to access formal health care due to inaccessible facilities, stigma, lack of awareness, and existing informal care practices (Manusher Jonno Foundation, 2016).

## Processes leading to marginalization

Table 6. Processes of Marginalization

| Dimensions/process leading to marginalization in Bangladesh | Reference |
|---|---|
| Structural (e.g.; lack of education, employment, poor access to land, poor access to health care) | Wazed, 2012; Islam & Nath 2012 |
| Concept of patriarchy concept, particularly in rural areas of Bangladesh as a reason behind excluding women, especially in terms of seeking health care service | Islam & Sultana, 2006; Islam & Nath 2012 |
| Socio-economic (SES) condition (ultra-poor, hardcore poor, and poorest of the poor are unable to access formal health care) | Ali, 2013 |
| Occupation (hazardous occupation e.g., ship-breaking, medical waste handling- These peoples are at risk of developing disease, but they are ignoring their health issues due to poor SES) | Manusher Jonno Foundation 2016; Islam & Nath 2012; Ali, 2013 |
| Minority situation-religion, caste, or indigenous people (Unable to seek and access health care due to their cast based system) | |
| Geographical (remote, hard-to-reach areas- Unable to seek formal health care due to distance and cost) | Manusher Jonno Foundation, 2016 |
| Disease (with social stigma e.g., HIV/AIDS, TB, Leprosy. Not seeking health care due to stigma) | Manusher Jonno Foundation, 2016, Islam & Nath, 2012 |
| Disabilities (physical and mental. Not seeking health care due to inaccessible health care facility & stigma) | Manusher Jonno Foundation, 2016; Ali, 2013 |
| Sexual orientation (LGBT, transgender, CSWs- Not seeking health care due to existing social isolation ) | Manusher Jonno Foundation, 2016 |
| Migration (rural to urban; influx from neighbors e.g., Rohingyas. They are struggling to have their basic needs and health is not the immediate priority) | Mrshall & Rahman, 2013; Unicef 2013 |
| Urbanization (Slum and street dwellers. Not seeking health care due to poor SES, awareness) | Khan, 2009 |

Source: Nahitun Nahar, Roksana Hoque, Syed Masud Ahmed- BRAC James P Grant School of Public Health BRAC University.

## Marginalization and LNOB

In the context of Leave No One Behind (LNOB), inequalities of outcomes and inequalities of opportunities are interlinked and mutually reinforcing. Hence, the 8th Five Year Plan (8FYP) adopts a comprehensive policy framework to address both in Bangladesh. However, the mix of policies and

how they would be sequenced are context-dependent; and specific to the needs and requirements at the local level. The 8FYP LNOB policy framework entails four key pillars:

1. Moderate income inequality.
2. Reduce gaps in health, nutrition, and education.
3. Remove social and gender exclusion and discrimination.
4. Explicit budgeting for the marginalized people.

## Marginalization and LNOB agenda during the 8th Five Year Plan

Table 7. Marginalization and LNOB Agenda During the 8th Five Year Plan

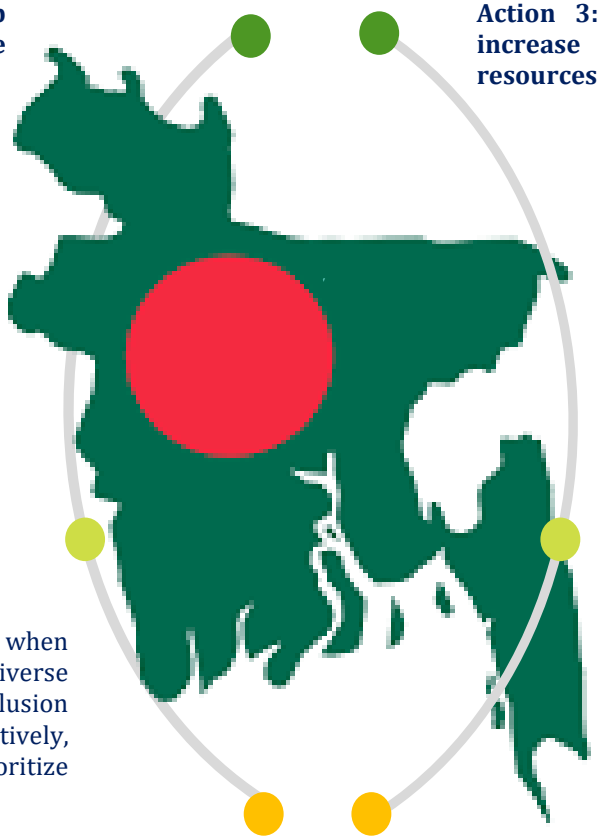
| Pillar | Core LNOB agenda |
|---|---|
| Moderate income inequality | • Strengthen inclusive growth<br>• Adopt effective redistribution policies<br>• Promote income opportunities for the low-income population groups and lagging regions |
| Reduce gaps in health, nutrition, and education | • Ensure better targeting and pro-poor composition of public expenditures<br>• Improve delivery channels of quality services<br>• Strengthen institutions and improve capacity for the provision of quality services<br>• Implement governance reforms for installing greater responsiveness to disadvantaged groups<br>• Expand access to un/underserved populations and regions |
| Reduce gaps in health, nutrition, and education | • Ensure better targeting and pro-poor composition of public expenditures and Improve delivery channels of quality services<br>• Strengthen institutions and improve capacity for the provision of quality services<br>• Implement governance reforms for installing greater responsiveness to disadvantaged groups<br>• Expand access to un/underserved populations and regions |
| Explicit budgeting for the marginalized/ lagged behind people | • Create a special LNOB fund for marginalized people which will support strategic actions for removing barriers that create hurdles in the progress of specific communities/regions.<br>• Develop a national database on community-specific disaggregated data on lagging behind communities/ regions and support effective monitoring of progress on LNOB status at disaggregated levels. |

# Marginalized Communities in 8th FYP

The following six specific LNOB action programs will be pursued during the 8FYP period:

**Action 1: Adopt an integrated strategy to develop a national database and specific funds for the marginalized groups.**

To advance the LNOB agenda in Bangladesh, a strategic LNOB Fund within the annual development program (ADP) is essential. However, the absence of community-specific disaggregated data on marginalized groups, including tribal people, tea garden workers, cleaners/sweepers, transgender individuals, sex workers, traditional fisher folk, and others, presents a significant challenge, hindering the design of effective programs to address exclusion and reduce inequalities.



**Action 3: Formulate target-specific action plans to increase income levels and access to productive resources of the lagged-behind communities.**

To enhance income levels and ensure income security for marginalized groups, customized employment guarantee schemes will be introduced alongside the expansion of national social security coverage. Discriminatory practices and barriers to asset access will also be tackled, with affirmative policies aimed at improving income opportunities, facilitating access to credit and microenterprise loans, and eliminating hindrances to productive employment.

**Action 2: Develop and implement region- and community-specific strategic actions to combat marginalities.**

A "One size fits all" approach is inadequate when addressing LNOB issues in Bangladesh, given the diverse range of marginalized groups with unique inclusion needs. To address these diverse priorities effectively, comprehensive strategies and action plans must prioritize communities based on their specific requirements.

**Action 4: Address limited access to education, health, and nutrition services in the lagging regions and marginalized communities on a priority basis.**

Improving access to healthcare, reducing out-of-pocket expenses, and enhancing the quality of education. Special attention will be given to reaching out-of-school children, including working children, disabled children, indigenous children, & those in remote areas or living in poverty.

**Action 5: Increase socio-political participation of marginalized communities through adopting integrated approaches.**

In addition to ensuring economic participation, efforts will be made to enhance socio-political involvement of marginalized communities in local institutions. The action plan will prioritize participatory decision-making, property rights, reducing domestic and community violence, and promoting non-discrimination as mandated by the constitution.

**Action 6: Ensure special focus on lagging behind regions/communities in all national development plans and strategies.**

Efforts would be undertaken to ensure that all national development plans and strategies recognize the LNOB issues and adopt specific policies and measures for these disadvantaged regions/communities within a time-bound framework.

# Existing Policies for Marginalised Communities in Bangladesh

**Poor living below the poverty line, ultra-poor, and other**

Health and population Sector program 1998-2003; Seventh Five Year Plan 2016-2020; National Social Security Strategy; National Health Protection Act 2014; Expanding social protection for health: towards universal health coverage 2012-2032; National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016; Framework for monitoring progress towards Universal Health Coverage in Bangladesh; Prospective Plan of Bangladesh 2010-2021: Making Vision 2021 a reality; The Constitution of Peoples Republic of Bangladesh.

**Vulnerable people, deprived, marginalized**

8th Five Year Plan; National Health Protection Act, 2014; National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016; Health, population, nutrition sector program implementation plan 2011-2016, Framework towards Universal Health Coverage in Bangladesh; Prospective Plan of Bangladesh 2010-2021: Making Vision 2021 a reality; The Constitution of Peoples Republic of Bangladesh.

**Urban poor**

National Health Protection Act, 2014; National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016, Framework for monitoring progress towards Universal Health Coverage in Bangladesh.

**Rural people**

7th Five Year Plan 2016-2020, National Health Protection Act 2014; National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016; Framework for monitoring progress Universal Health Coverage in Bangladesh.

**Elderly people**

7th Five Year Plan 2016-2020; National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016.

**Persons with disabilities**

National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016; Health, population, nutrition sector program implementation plan 2011-2016; Persons with Disabilities Rights and the Protection Act 2013; National Children Policy 2011; The Constitution of Peoples Republic of Bangladesh; The Right to Information Act, 2009; The National ICT Policy, 2009.

**Women**

Eradicating poverty and promoting prosperity in a changing world, Voluntary National Review (VNR), 2017; Seventh Five Year Plan 2016-2020; National Drug policy 2016; Comprehensive social & behavioral change communication strategy 2016; Health and population sector program 1998-2003, National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016; Gender Equity Strategy of LGED, 2014; Gender Policy 2016, MoE; National Women Development Policy 2011, Ministry of Women and Children's Affair; Domestic

Violence Protection Act 2010; The Constitution of Peoples Republic of Bangladesh; The Suppression of Violence against Women and Children Act 2000.

**Ethnic minorities**

Eradicating poverty and promoting prosperity in a changing world, Voluntary National Review (VNR), 2017; Seventh Five Year Plan 2016-2020; The tribal people plan 2015; National Health Policy 2011; Strategic plan for health, population, nutrition sector development plan 2011-2016; Health, population, nutrition sector program implementation plan 2011-201; Framework for monitoring progress towards Universal Health Coverage in Bangladesh; National Children Policy; The Constitution of Peoples Republic of Bangladesh.

**People with HIV/ AID/ TB, Leprosy and other communicable diseases**

National Drug Policy 2016; Comprehensive social & behavioral change communication strategy 2016; Health and population Sector program 1998-2003; Strategic plan for health, population, nutrition sector development plan 2011-2016; Health, population, nutrition sector program implementation plan 2011-2016; National Children Policy 2011.[1]

## Past Policies Reviews

- The 6th Five Year Plan (2010-2015) sought to tackle income inequality through several strategies and policies including increases in employment, labor productivity, and wages; development of human capital with better access to the poor; the expansion of microcredits and loans for MSMEs; increase in spending on social protection and improving its effectiveness; reform of public spending with greater emphasis on health, education, agriculture, rural development; and reform of taxes with emphasis on progressive personal income taxation
- For distributing Khas Land among the landless people and protecting the land rights of the ethnic minorities (Bandarban, Khagrachari, and Rangamati districts), the Agricultural Khas Land Management and Settlement Policy rewere enacted in 1972 that was revised in 1995. As a party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the National Women Development Policy was adopted in 2011.
- The National Education Policy 2010 aims to remove barriers to education, particularly for economically disadvantaged and street children. It offers free admission, educational materials, mid-day meals, and stipends to prevent dropouts. The policy also extends compulsory primary education up to grade eight, introduces vocational education at the primary level, and includes preschool in all government primary schools.
- The National Children Policy 2011 is guided by principles of non-discrimination, prioritizing the best interests of children, respecting their opinions, ensuring their active participation, and maintaining transparency and accountability in all actions related to child rights. The policy places particular emphasis on children's rights to health, education, cultural activities, birth registration, identity, protection, and special rights.
- The goal of the National Food Policy 2008 is to ensure a dependable food security system for all people of the country at all times by ensuring an adequate and stable supply of safe and nutritious

[1] Nahitun Nahar, Roksana Hoque, Syed Masud Ahmed- BRAC James P Grant School of Public Health BRAC University.

food; enhancing purchasing power of the people for increased food accessibility; and ensuring adequate nutrition for all (especially women and children).

- In the 7th Five Year Plan (2016-2020), Bangladesh adopted a pioneering approach to implement the Sustainable Development Goals (SDGs) by focusing on "whole society/ LNOB" principles. This approach aimed to address the prevailing disparities in assets and capabilities, which led to unequal benefits from economic growth, favoring those with more resources. To tackle long-term income inequality, the plan emphasized human development and equitable access, particularly for disadvantaged individuals. To further income equality, Bangladesh aimed to assist the poor in accumulating assets through improved credit access and the removal of social barriers. It recognized the pivotal role of public spending, especially in critical social sectors such as health, education, rural infrastructure, and social protection, in enhancing income distribution. The plan also advocated fiscal reforms, including the introduction of a capital gains tax on land transactions, to discourage speculation and generate funds for essential social services. Furthermore, the government focused on building the human capital of the poor, emphasizing health, education, and the establishment of a robust social protection system. Rural infrastructure development, including roads, electricity, irrigation, and flood control, was prioritized. Public spending in these areas was considered vital for helping the less privileged accumulate assets and safeguard their livelihoods. In line with these efforts, Bangladesh aimed to increase the allocation for social protection to 3-5 percent of GDP over the next five years, further underlining its commitment to improving income distribution and ensuring a more equitable society[2].

## Key Issues Addressed in the Policies

Table 8. Marginalization Issues in Policies

| Types of documents | Issues addressed | References |
|---|---|---|
| Constitution | No discrimination against any citizen on grounds of religion, race, caste, sex, place of birth, and disability; Gender equality | The Constitution of the People's Republic of Bangladesh |
| National health sector programs /plans/strategies | Primary healthcare; Reproductive, Neonate, Child, and Adolescent healthcare; Communicable/Non-com communicable disease care; Limited curative care; BCC; Gender equity; Geographical remoteness; Equity in health; | Health and population Sector program 1998-2003; Strategic plan for health, population, nutrition sector development plan 2011-2016; Health, population, nutrition sector program implementation plan 2011-2016; Expanding |

[2] Source: Leaving No One Behind (LNOB) in Bangladesh- General Economics Division, Bangladesh Planning Commission

| Types of documents | Issues addressed | References |
|---|---|---|
| | Universal health, coverage; Food safety; Occupational health; Climate change; Water and sanitation; Sectoral collaboration; Use of technology; Social health protection scheme; Access to services; Financial risk protection, Quality of care; Disaster management; Health education; Community empowerment; User-friendly service; Leave no one behind; Whole of a society; Data gap analysis | social protection for health: towards universal health coverage<br>2012-2032; Prospective Plan of Bangladesh<br>2010-2021: Making Vision 2021 a reality; Framework for monitoring progress towards Universal Health Coverage in Bangladesh, 2014, HEU, MoHFW;<br>National Social Security Strategy 2015; Comprehensive social & behavioral change communication strategy 2016; Seventh Five Year Plan 2016-2020; Eradicating poverty and promoting prosperity in a changing world, Voluntary National Review (VNR), 2017 |
| Health policy/Act | Health as a human right; equitable distribution of resources, marginalized groups health issues; Financial protection; Health Card | National Health Policy 2011; National Health<br>Protection Act 2014 |
| Drug Policy | Drug quality, price, rational use, ethical promotion, export, good manufacturing practice, pharmacovigilance, dispensing practice, adverse drug reaction, research & development of drugs | National Drug Policy 2016 |
| Women policy | Women empowerment, equity, health, nutrition, safety, occupation | National Women's Policy 2011 |
| Child Policy | Poverty elimination, elimination of child abuse, health, nutrition, child labor, girl child, ethnic child, increasing punishment for child marriage | National Children's Policy 2011; Child Marriage<br>Restraint Act 2017 |
| Population policy | Reproductive health, child health, malnutrition, RTI/STI, HIV/AIDS, elderly health, gender equity, disability | National Population Policy 2012 |

| Types of documents | Issues addressed | References |
|---|---|---|
| Disability Act | Autism, physical, psychological, speech, hearing intellectual disability, visual impaired, cerebral palsy, down syndrome, and multiple disabilities. | Persons with Disabilities Rights and the Protection Act 2013, National strategic plan for neuro-developmental disorder 2016-2021 |
| Gender strategy /policy | Gender empowerment; Women-friendly infrastructure, Gender disaggregated data; Understanding gender dimensions in community | Gender equity strategy of the LGED, 2014; Gender Policy 2016, MoE |
| Ethnic People Plan | Social safeguard issues, improve health services | The Tribal People Plan 2015 |
| Violence protection | Protecting women, and children from domestic and social violence | Domestic Violence (Prevention and Protection) Act, 2010; The Suppression of Violence against Women and Children Act 2000 |
| Information Act | Disability-friendly provisions of information | Right to Information Act, 2009 |
| ICT Policy | Access to technologies | National ICT Policy 2009 |

# Chapter 5: Mapping Social Protection Needs

## Persons With Disabilities

Bangladesh, a nation of 160 million, is home to an estimated 16 million individuals living with disabilities, accounting for approximately 10% of the country's population, with the exact number depending on how disability is defined and classifieds. As Bangladesh aims to transition from a Least Developed Country (LDC) to a middle-income country by 2024, it has identified "disability" as a central theme in its development agenda.

In alignment with the global commitment to the 2030 Agenda for Sustainable Development, Member States recognize the fundamental importance of individual dignity and the necessity of inclusive progress. The SDGs, including Goals 4, 8, 10, 11, and 17, specifically address the rights and development of persons with disabilities. Goal 4 of the SDGs concentrates on promoting inclusive and equitable quality education, extending lifelong learning opportunities to all individuals, including those with disabilities. SDG 8 seeks to foster sustained, inclusive, and sustainable economic growth while ensuring full and productive employment and decent work for all, encompassing individuals with disabilities. SDG 10 aims to enhance the social, economic, and political inclusion of persons with disabilities within society. SDG 11 underscores the significance of universal access to safe, inclusive, and accessible public spaces, particularly for persons with disabilities. Furthermore, SDG 17 emphasizes the importance of Member States ensuring the availability of high-quality, timely, and disaggregated data, including data related to disability.

Persons with disabilities encounter unique challenges when accessing education, healthcare, and public transport services, often incurring additional costs. Affordability remains a significant concern, particularly for the poor and vulnerable population, even though the private sector can provide the necessary services. In this context, SDG 8, which centers on Decent Work and Economic Growth for all, is of particular importance to individuals with disabilities. According to the Ministry of Social Welfare's 2018 disability detection survey, more than 1.7% of Bangladeshi nationals are identified as disabled, although other surveys place the figure higher. To address these challenges and promote inclusion, the GoB has formulated policies and action plans. These initiatives provide a platform for persons with disabilities to voice their opinions and work toward preventing their exclusion from societal progress.

1

### Impact of COVID-19 on Employment

- In the early days of the COVID-19 pandemic (Q2 2020), the labor market suffered significant job losses, and many people, including around 750,000 PWD, couldn't find replacement livelihoods.
- Larger companies fared better in terms of business continuity and recovery, while smaller companies, including micro-enterprises, faced difficulties accessing stimulus packages.
- Self-employment and day laboring accounted for most incremental jobs, leading to a shift toward informal sector employment.

2

### Government Priorities & Policies

- The Government's 8FYP prioritizes Cottage, Micro, Small, and Medium-Sized Enterprises (CMSMEs) for economic growth and job creation.
- Policy developments include tax incentives, the National Jobs Strategy, Employment Policy 2020, and SME Policy 2019.

3

## Future Work Trends

- Providing livelihood training and capacity building of OPDs.
- Linkage with government safety-net programs.
- Future work trends in Bangladesh are expected to be more digital, requiring support for job seekers with disabilities.

4

## Challenge Identified by OPDs

- Funding constraints and administrative hurdles impede the functionality of OPDs.
- Inadequate maintenance of essential services like water and sanitation, especially in vulnerable areas, raises health concerns.
- The absence of comprehensive, up-to-date data on individuals with disabilities hinders effective service delivery.
- Existing safety-net policies do not fully accommodate the needs of persons with disabilities, often leaving them marginalized in governmental aid during crises like COVID-19.
- Limited funding and challenges in selecting eligible beneficiaries are prevalent issues.
- Safety-net policies often fail to inclusively address the needs of PWDs.

5

## Challenge Mitigation Strategies of OPDs

- Donor funding should focus on both direct services and rights-based activities.
- Improvement of data collection on individuals with disabilities to inform policy & service delivery.
- Ensure disability inclusion in safety-net policies.
- Government should systematically include PWDs in planning, programs, and resource allocation.
- Encouraging inter-ministerial cooperation to address disability issues, with appropriate budget allocations.
- Establish a strong monitoring system for safety-net programs.

6

## Existing Programs for PWDs by OPDs and NGOs

- Several initiatives target community engagement, livelihood support, inclusive education, health, and advocacy also capacity-building, aiming for broader societal and systemic changes.
- Programs span from offering technical assistance and social protection measures (like cash transfers and asset transfers) to providing assistive devices and mental health support.

7

## COVID-19 Impact and New Elements

- COVID-19 necessitated a shift from some traditional advocacy activities to direct support, including food, cash, & essential supplies.
- Awareness-raising shifted to digital platforms, with online training & meetings becoming the norm.
- Emergency response programs were initiated offering in-kind support and basic cash assistance to address immediate needs during the pandemic.

8

## Future Scope of Work

- Provide livelihood training and support to PWDs.
- Engage local communities and stakeholders in beneficiary selection processes.
- Emphasis on community engagement and research to inform evidence-based practices and policies.
- Promote inclusive education and skills development.
- Increased advocacy for political participation of individuals with disabilities and more inclusive governmental policies and practices.

**Recommendations**

1. Enhanced Support for CMSMEs: Given their critical role in employment, CMSMEs need more robust support through simplified access to stimulus packages, especially for enterprises operated by or employing persons with disabilities.
2. Inclusive Economic Policies: The government should ensure that economic recovery policies and programs, including the 8FYP, are disability-inclusive. This inclusivity involves direct input from PWDs and their representative organizations in policy formulation and implementation.
3. Strengthening OPDs and DPOs: Organizations of/for persons with disabilities (OPDs/DPOs) require stronger institutional and financial support to continue their services, expand capacity-building programs, and effectively advocate for disability rights. Enhanced collaboration with stakeholders is key to their operational success.
4. Data and Research: Conduct comprehensive, up-to-date research to understand the current state of PWDs in the labor market, the effectiveness of existing programs, and to identify specific needs and gaps. Accurate data is fundamental for informed policy-making.
5. Digital Skills and Remote Work Opportunities: Future employment strategies should emphasize digital literacy and remote work opportunities for PWDs, preparing them for a more technologically integrated labor market.
6. Inclusive Education and Training: Expand inclusive education programs, provide accessible learning materials, and offer vocational training tailored to market demands. These programs should specifically target women with disabilities to address their unique barriers to employment.
7. Healthcare and Essential Services: Ensure accessible healthcare, therapy, and essential services, including COVID-19 response measures. These services must be designed considering the specific needs of PWDs.
8. Awareness and Changing Perceptions: Launch awareness campaigns to change societal attitudes, employer perceptions, and self-confidence among PWDs. These efforts should emphasize the capabilities and contributions of PWDs, encouraging their acceptance in mainstream work environments.
9. Government Engagement and Collaboration: Establish clear, consistent communication and collaboration channels between OPDs, the government, and other stakeholders. Regular dialogues, feedback mechanisms, and inclusive decision-making processes are essential.
10. Safety Nets and Legal Rights: Revise safety-net policies to be disability-inclusive. Implement and enforce disability rights laws, ensuring PWDs receive their entitled benefits without harassment or undue bureaucracy.

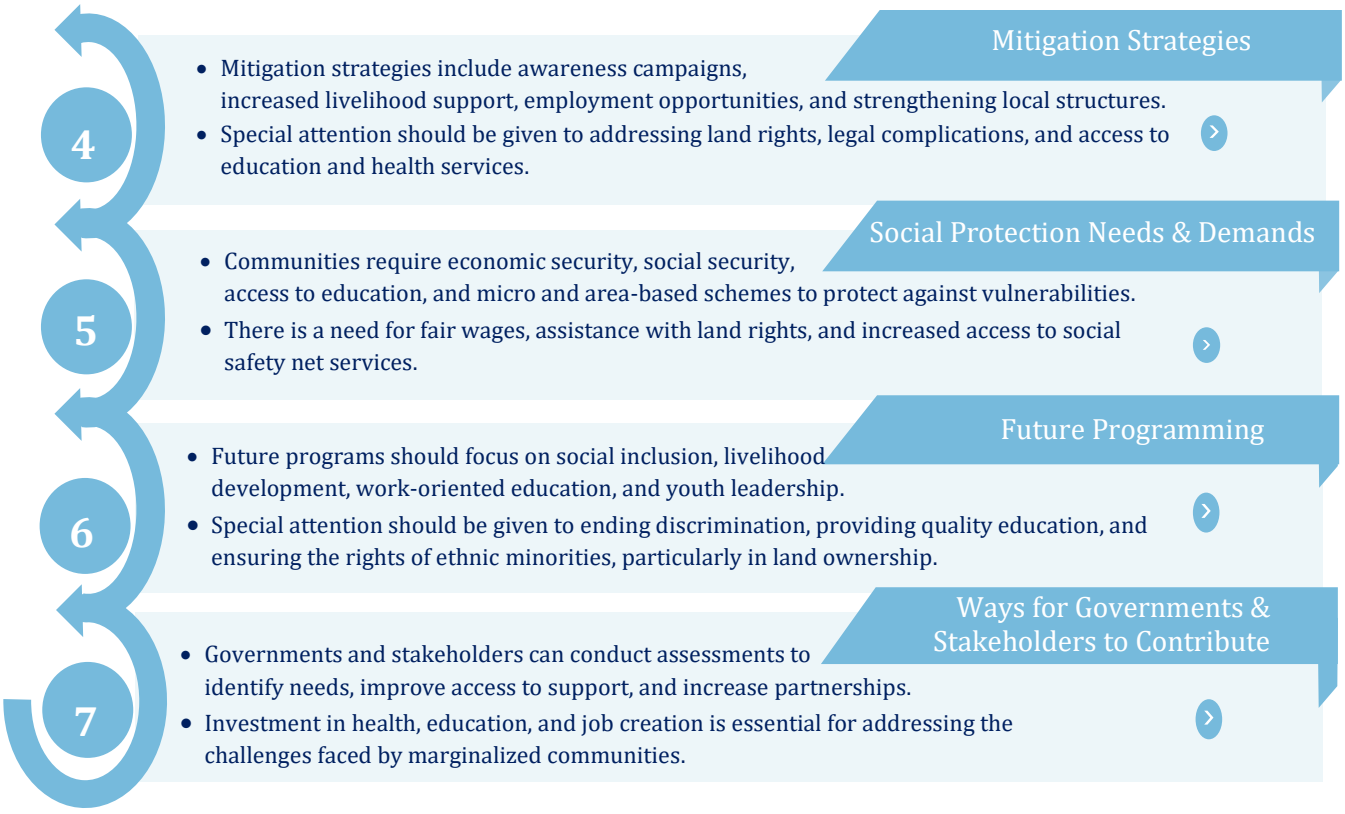
# Ethnic Minorities

Bangladesh has made significant progress in reducing extreme poverty, with a 20.5% poverty rate in 2019 (ADB, 2019). However, this progress has not been equally shared among ethnic minorities, and government data on ethnicity and poverty is limited. Research conducted by Barkat *et al*.. (2009 a, b) highlights a poverty gap between national efforts and the experiences of ethnic minorities in both the Chittagong Hill Tracts (CHT) and plain land regions. Poverty among ethnic minorities is driven by factors such as limited economic opportunities, geographic location, exclusion, deprivation, and land

dispossession (Barkat *et al.*, 2009 a. b.; Adnan, 2004; Kamal *et al.*, 2006). Non-income poverty, particularly in education and health indicators, is also prevalent in the CHT due to geographic conditions (Sen & Ali, 2015).

Using the Direct Calorie Intake (DCI) method, Barkat *et al.*, (2009a) discovered that among ten plain land ethnic communities in Greater Sylhet and Mymensingh, 60% of indigenous people lived in absolute poverty, compared to 39.5% of rural Bengalees. Hardcore poverty among plain land indigenous populations was also significantly higher (24.6%) than hardcore poverty (17.9%) in rural Bangladesh. Similarly, in the CHT, a significant portion (94%) of households lives below the poverty line and about 85% fell below the hardcore poverty line, with women being particularly affected (UNDP 2013:121). The UNDP report in 2013 revealed higher poverty rates in certain districts of the CHT (Khagrachari, 50.5%; Bandarban, 41.1%; and Rangamati, 33.2%) compared to the national average (31.5%). Poverty levels vary among ethnic groups with some plain land communities experiencing more severe poverty than others. Marginalized ethnic minorities in the CHT also face high poverty rates.

Using the Deprivation Index, Barkat *et al.*, (2009) assessed the well-being of plain land ethnic minorities. Patro ethnic minorities ranked as the most deprived, with a score of 3.7 points, followed by Santal (3.9 points), Pahan (4.2 points), Oraon (4.3 points), Dalu (4.4 points), Hajong (4.6 points), Khasia (4.7 points), Garo (5.4 points), Rakhain (5.1 points), and Mahato (5.6 points). In rural CHT, poverty rates are approximately 1.6 times higher than in other rural areas of Bangladesh, making it the most socially deprived region in the country (BBS, 2013). Bandarban, in particular, is the only district consistently scoring below the national average in numerous socio-economic indicators. Housing conditions are notably poor in Bandarban and Khagrachari, with a high proportion of people living in Kutcha houses and lacking access to sanitation and electricity. Additionally, using the composite deprivation index, six out of seven Upazilas in Bandarban and six out of ten Upazilas in Rangamati are considered deprived. Unfortunately, reliable data disaggregating poverty indicators by ethnic group is currently unavailable.




**Recommendations**

1. Bolstering social protection by financially empowering local bodies to launch social security programs. Collaboration across government, private sectors, NGOs, and international bodies is crucial for initiating diverse developmental projects tailored to these communities.
2. Access to healthcare must be expanded significantly, linking communities with health departments. In education, there is an urgent call for inclusive practices, particularly for children with disabilities and those from vulnerable communities. This approach demands corruption-free, quality educational opportunities, specific projects aimed at the unique needs of these groups, and broader access to higher education and vocational training.
3. Economic initiatives should focus on providing equitable job opportunities and fostering an environment that supports entrepreneurship, particularly following agricultural crises or disasters. These efforts need to be coupled with strong anti-discrimination policies and a solid foundation in good governance, free from corruption.
4. Land rights stand as a critical issue, with a push for the establishment of separate land commissions for Indigenous Peoples (IPs) and protective measures against violence and infringements on these rights. Additionally, there's an emphasis on stopping corruption across sectors and ensuring accountability, particularly in the stewardship of resources meant for ethnic minorities.
5. Increased access to government and non-governmental development projects is an imperative reform, alongside special schemes ensuring no individual is overlooked in improvement initiatives.

6. Leadership within these communities must be nurtured to foster self-reliance and empowerment. Awareness and adaptation to modern information technology are also vital, ensuring ethnic minorities are not left behind in the digital age.

## Hijra and Transgender Communities

The Hijra and transgender communities in the Asia-Pacific region face a unique set of challenges, marked by deep-seated stigma, systemic discrimination, and violence that starkly differentiates their experiences from other marginalized groups. These communities, despite certain cultural acceptance in specific contexts, are often deprived of fundamental human rights and social protections, including access to education, healthcare, employment, legal aid, and safe housing.

In contrast, some nations exhibit more progressive stances. Thailand, influenced by Buddhist principles and a non-interventionist state approach, acknowledges the existence of a third gender, known locally as "Kathoey" (Jackson, 1997). The country has made strides towards inclusivity, from introducing third-gender restrooms to initiating legislative efforts for legal sex change procedures (Cabrera, 2009). Nepal which called the transgender people as "Methis" is another exemplar of positive change, having decriminalized homosexuality and endorsed the rights of sexual minorities, including the recognition of a third gender in official documentation, following a historic Supreme Court mandate. In the Philippines, where transgendered people are referred to as "Bakla", there is no legal recognition to same-sex marriage, civil union, or domestic partnership benefits (International Gay and Lesbian Human Rights Commission, 1999). In Malaysia things are more difficult for transgendered people who are referred to as "Mak Nyah". Since cross-dressing is illegal over there, these people are often arrested and sent to prison for wearing female attire, impersonating women, or taking part in beauty pageants.

In Malaysia, Sharia law penalizes "Mak Nyahs" (male transsexuals) through enforcement actions like raids, underscoring the tension between religious laws and individual rights (Mak Nyahs In Malaysia: The Influence of Culture and Religion on Their Identity, 2001). Contrastingly, India shows more cultural acceptance, with measures such as financial aid for sex reassignment surgeries for "Aravani" in Tamil Nadu, though comprehensive human rights protections are still lacking (Sitapati, 2009). Pakistan presents a complex scenario where hijras, often impoverished and marginalized, face discrimination and exploitation. However, there are signs of progress, such as the landmark moment in 2013 when transgender individuals were permitted to run for election, exemplified by Sanam Fakir's, a 32- year-old hijra, ran as an independent candidate for Sukkur, Pakistan's general election in May (PinkNews, 2013). These contexts highlight the diverse cultural, religious, and legal landscapes shaping the lives of transgender communities in the region.

1

## Major Activities for the Transgender and Hijra Community

- Advocacy for rights, policy adaptation, and quota provisions.
- Legal, mental health, and family counseling support.
- Life and vocational skills training; leadership and human rights education.
- Social sensitization via cultural and religious institutions.
- Employment creation and job placements.
- Identity recognition initiatives and justice accessibility.
- Public awareness campaigns, including those against sex trafficking.

2

## Existing Social Security Programs

- Integration into government social programs (MoWCA, MoSW, DYD).
- Resource facilitation for livelihood (e.g., domestic animals, dairy farms).
- Linkages with external livelihood trainings and rehabilitation programs.
- Participation in government social safety nets and employment monitoring.
- Motivational programs for self-employment.
- Health initiatives, including COVID-19 vaccination.
- Official inclusion in national demographics and records.

3

## Knowledge and Engagement in Social Security Programs

- Reception of crisis aids from various governmental sources.
- Participation in state-offered livelihood trainings & allowances.
- Limited awareness and opaque communication regarding program details.
- Difficulties in obtaining consistent and clear support from service providers.

4

## Barriers in Engagement in Social Security Programs

- Lack of information and transparency in program processes.
- Unrealistic training periods and minimal allowances.
- Inadequate post-training financial support.
- Discrimination and stigmatization within government interactions.
- Stringent documentation requirements (NID/birth certificates).
- Unwelcoming environments and disrespectful treatment in offices.
- Absence of targeted provisions for Hijras and Transgender people in state programs.

5

## Expected Social Security Program from the Government

- Job creation in government sectors and government official training specifically for the community.
- Mass media campaigns for awareness and acceptance.
- Encouragement and support for community entrepreneurship.
- Expansion of social housing projects and needs-based assessments.
- Improved life quality through allowances and job security post-training.
- Social safety nets, healthcare, legal recognition & educational accessibility & disaster responsiveness.

6

## Skills or Expertise of the Organization

- Proficient in life skills and psycho-social support training
- Effective family counseling and influencer engagement
- Cultural engagement skills and entrepreneurship motivation
- Strong community networking and experience with targeted demographics
- Educational initiatives and identity documentation support
- Project implementation and understanding of community dynamics

7

## Social Protection in Areas of Basic Rights

- Educational policy inclusion and service provider guidelines.
- Educator and healthcare professional awareness programs.
- Workplace friendliness and inclusion in local social projects.
- Support for gender-affirmation procedures and SRHR provisions.
- Legal measures against harmful practices and positive societal representation.
- Formal directives for public and private sectors on community rights.

8

## Challenges in Implementing Programming

- Societal misconceptions and budget constraints.
- Local governmental non-cooperation and neglect in broader sectors.
- Resource misallocation and lack of coordinated planning.
- Political instability and internal community disputes.
- High attrition rates in programs due to various constraints.

9

## Changes to Tackle the Challenges

- Employment and access in the government sector or services.
- Accurate demographic data and effective social policies.
- Emphasizing sincerity, compassion, and understanding towards the community.
- Simplified access to fundamental rights and positive societal shift.
- Direct aid channels and community representation in program execution.
- Inclusive planning and the SMART approach in project management.

10

## Any Other Initiatives from the Organization

- Promotion of small businesses and partnerships for broader project implementation.
- Collaboration with various community-based organizations for enhanced reach and effectiveness.

Figure 5. Discussion on gender and sexual diversity
Figure 6. Discussion in small groups on social protection for transgender and hijra community

Figure 7. Gathering recommendations on social protection for transgender and hijra community
Figure 8. Transgender and hijra representatives sharing their social protection experiences

Table 9. Participant Organizations in the Mapping Workshop

| Organization Name | Location | Organization Name | Location |
|---|---|---|---|
| Bandhu Social Welfare Society | Dhaka | Shurjer Alo Hijra Shongho | Chattogram |
| Paddakuri Hijra Shongho | Dhaka | Hijra Jubo Kollyan Shongstha | Sylhet |
| Shustho Jibon | Dhaka | Shetu Bondhon Kollyan Shongho | Mymenshing |
| Shocheton Hijra Odhikar Shongho | Dhaka | Shiri Shomaj Kollyan Shongstha | Jamalpur |
| ShadaKalo | Dhaka | Nokkhotro Manob Kollyan Shongstha | Khulna |
| BLAST | Dhaka | Link-up Social Welfare Society | Barisal |
| Shopno Somaj Unnoyon Shongho | Rajbari | Bachar Asha Shanskritik Shongothon | Rajshahi |
| Diner Alo Hijra Shongho | Rajshahi | | |

**Recommendations**

1. Policy and Legal Reform:
   - Enact and enforce policies that recognize and protect the rights of Hijra and Transgender individuals.
   - Pass the Transgender and Hijra Person Protection Bill for legal recognition and enumeration.
   - Ensure anti-discrimination laws cover gender identity in education, employment, healthcare, and housing.
2. Healthcare Access and Services:
   - Increase access to healthcare, including gender-affirming surgeries and specialized SRHR services.
   - Provide training for healthcare providers to sensitize them to the specific needs of the Hijra and Transgender community.
   - Implement mental health and psychosocial counseling tailored to their unique experiences.
3. Education and Employment:
   - Eliminate barriers in education, ensuring safe, inclusive, and supportive learning environments.

- Promote entrepreneurship and self-employment opportunities within the community.

4. Social Security and Safety Nets:
   - Integrate Hijra and Transgender individuals into national social safety net programs.
   - Provide financial assistance and social security benefits for a quality life.
   - Develop survivor support systems specialized for the community.
5. Awareness and Social Acceptance:
   - Conduct mass media campaigns to raise awareness and change societal attitudes.
   - Celebrate significant days to increase visibility and acceptance.
   - Include positive representation in media, cultural programs, and entertainment.
6. Community Engagement and Empowerment:
   - Involve community representatives in policy design and program implementation.
   - Ensure transparent and accountable program execution.
   - Foster community networks and partnerships for effective project implementation.
7. Infrastructure and Accessibility:
   - Improve housing conditions and establish dedicated living spaces.
   - Ensure accessible public services and facilities.
   - Provide legal assistance in obtaining identity documents like NIDs and birth certificates.
8. Capacity Building:
   - Enhance skills through targeted training in life skills, leadership, and vocational areas.
   - Empower through education, awareness, and advocacy programs.
   - Encourage participation in decision-making processes at all levels.

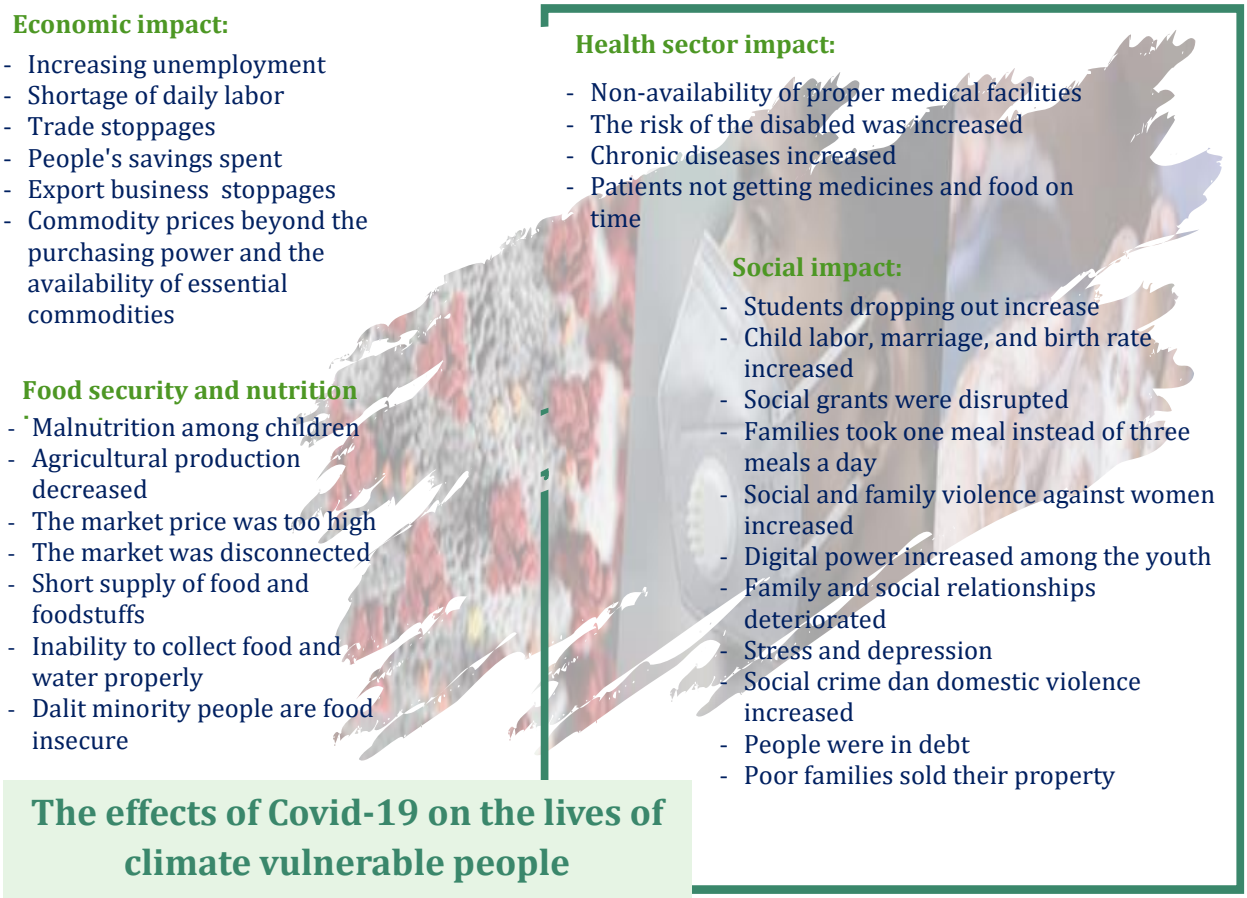
## Climate and Disaster Vulnerable People

Bangladesh is one of the largest deltas in the world, formed by a dense network of the distributaries of the rivers Ganges, Brahmaputra, and the Meghna, and more than 230 major rivers and their tributaries and distributaries. The total land area is 147,570 sq km and consists mostly of low, flat land. 80 percent of the land is a floodplain, and only in the extreme northwest do elevations exceed 30 meters above mean sea level, making the majority of Bangladesh (except for the highlands) prone to flooding at least part of the year, with the floodplains of the north western, central, south-central and north eastern regions subject to regular flooding. Between 30-70 percent of the country is normally flooded each year. The extent of flooding is exacerbated by the sediment loads brought by the three major Himalayan rivers, coupled with a negligible flow gradient, which increases congestion.

The country is predominantly agricultural with two-thirds of the population engaged in farming activities, although it should be noted that more than -three-quarters of Bangladesh's export earnings come from the garment industry. In terms of climate, Bangladesh is characterized by high temperatures, heavy rainfall, high humidity, and fairly marked seasonal variations. Although over half of Bangladesh is north of the Tropics, the climate is characterized as tropical for most of the year because of the effect of the Himalayan mountain chain, with a warm, almost uniformly humid climate throughout most of the year. There are three main seasons in Bangladesh.

**Climate change impacts**

Many of the projected impacts of climate change will reinforce the baseline environmental, socio-economic, and demographic stresses already faced by Bangladesh. Climate change is likely to result in: i) increased flooding, both in terms of extent and frequency, associated with sea level; ii) rise, greater monsoon precipitation, and increased glacial melt; iii) increased vulnerability to cyclones and storm surges; iv) increased moisture stress during dry periods leads to increased drought; v) increased salinity intrusion; and vi) greater temperature extremes.



**Recommendations:**

1. Social Security and Welfare Enhancements:

- Introduction of special social security program for coastal areas.
- Increase in allowance coverage.

- Provision of agricultural inputs and technology to the agricultural sector, introduction of farmers pension allowance and fisheries insurance.
- Gender Balance in family planning service delivery.
- Activation of national helplines.
- Taking into account the grievances of the underprivileged people and making them visible.
- To increase the amount of social security and facilities and finance in coastal areas.

2. Infrastructure and Environmental Management:
- Setting up a separate department for dam maintenance and allocating resources to this sector.
- Taking special sustainable management for coastal zone infrastructure and ensuring sustainable embankment.
- Regular drainage of major rivers, creating river effects, and creating reservoirs.
- Stop the use of agricultural land for non-agricultural purposes.
- Arrangement of opening and excavation of canals.
- Ensuring access to education and land for tribals.

3. Research, Policy, and Governance:
- Launching and developing research institutes in coastal areas (Climate/Disaster University Courses).
- Formation of a separate Ministry for Coastal Region.
- Confirmation of coastal areas as areas most vulnerable to climate change and prioritizing projects in that area.
- Adoption of policies to protect the Sundarbans taking into account environmental climate change.
- Determining the appropriate policy of the law.
- Ensuring good governance.
- Pre-formation of policies considering the issues of marginalized communities affected by disasters.

4. Resource Allocation and Access:
- Ensuring emergency special allocation for volunteer teams.
- Ensuring clean and safe water at home in coastal areas and providing water at low cost through pipelines.
- Provision of disaster-resilient houses.

5. Development and Employment:
- Development of an industrial city considering Sundarbans and local agriculture, fish, and water resources.
- Creating opportunities for foreign aid.
- To create employment opportunities on a fair basis.

6. Cultural and Educational Development:
- To inspire creative imagery, entertainment, and sports regularly.
- Establishment of Coastal Research Centers (especially South West Region).
- Train line up to Sundarbans.

7. Disaster Preparedness and Response:
- Involving local governments in sustainable dam construction and monitoring.

## Dalits/ Lower Caste and Religious Minorities

In Bangladesh, the Dalit population, colloquially and historically referred to as “untouchables”, faces entrenched discrimination and exclusion. Despite being approximately 1.5 million strong, Dalits have remained one of the most vulnerable groups since Bangladesh's independence in 1971. Although the nation's constitution promises equality and affirmative action measures have been instituted, these communities continue to encounter barriers in social, economic, and political spheres.

Dalits in Bangladesh, known by various names including Harijan, Adidasi, or Matua, endure a legacy of oppression. Traditionally seen as outside the caste system, they've been ostracized, deprived of access to education, gainful employment, and religious participation. The Dalits were also forced to engage in menial and degrading occupations such as cleaning sewers, tanning leather, and disposing of animal carcasses. They are predominantly landless and are therefore forced to work as agricultural laborers. They are often paid low wages and are subjected to exploitation by their employers. The Dalits are also denied access to credit and other financial services, which makes it difficult for them to improve their economic conditions.

Financial exclusion further impedes their progress, as access to credit remains out of reach. Violence and harassment are other grim realities for Dalits, with upper-caste aggression forcing some to abandon their homes. Despite legal protections, the enforcement of policies intended to uplift Dalits is inadequate. Moreover, a lack of political representation stifles their ability to advocate for their rights. In recent times, steps have been taken to alleviate their plight. The government has rolled out initiatives for education, health care, and housing, while NGOs and civil society movements strive to increase awareness and offer support. Despite these efforts, Dalits still face persistent social, economic, and political marginalization.

**Challenges of Dalits in Bangladesh**

1. Social Exclusion: The Dalits in Bangladesh are often excluded from social and religious events and are not allowed to enter temples or other religious places. They are also not allowed to participate in cultural events and are often subjected to verbal abuse and physical violence by members of the upper castes.
2. Economic Exploitation: The Dalits in Bangladesh are predominantly landless and are forced to work as agricultural laborers. They are often paid low wages and are subjected to exploitation by their employers. The Dalits are also denied access to credit and other financial services, which makes it difficult for them to improve their economic conditions.

3. Lack of Access to Education and Healthcare: The Dalits in Bangladesh have limited access to education and healthcare services. Many Dalit children drop out of school due to poverty and discrimination. The Dalits also lack access to basic healthcare services and are often unable to afford medical treatment when they fall ill.
4. Discrimination and Violence: The Dalits in Bangladesh are often subjected to discrimination in the form of verbal and physical abuse. They are also victims of violence and harassment by members of the upper castes. In some cases, the Dalits have been forced to flee their homes due to violence and discrimination.
5. Lack of Political Representation: The Dalits in Bangladesh lack political representation and are therefore unable to voice their concerns and demand their rights. This makes it difficult for them to influence policies and programs that affect their lives.

### Dalit Women in Bangladesh

1

- Subjected to social exclusion based on both their caste and gender. Dalit women are also not allowed to marry outside their caste, which limits their social mobility.
- Employed as domestic workers or in other low-paying jobs. Subjected to sexual harassment and other forms of exploitation. Dalit women are also denied access to credit and other financial services.
- Limited access to education and healthcare services, makes them often unable to afford medical treatment when they fall ill. Many Dalit girls drop out of school due to poverty and discrimination.
- Higher risk of gender-based violence. They are often subjected to domestic violence, sexual harassment, and rape. The perpetrators of these crimes are often members of the upper castes who use their power and influence to silence the victims.
- Facing discrimination in the form of verbal, physical abuse, and subjected to derogatory remarks and are discriminated against in the workplace and public spaces. Dalit women are also denied access to legal aid and justice, which makes it difficult for them to seek redress for their grievances.

### Dalit Children in Bangladesh

2

- Facing discrimination (from fellow students and teachers in schools) based on their caste, which can lead to exclusion from social and educational opportunities. Discrimination can also lead to physical and verbal abuse (bullying). This can lead to lower academic performance and a lack of opportunities for future advancement.
- Most Dalit families in Bangladesh are poor and cannot afford to send their children to school. This financial constraint often forces Dalit children to drop out of school and seek employment to support their families. Poverty make them difficult to access necessities such as food, shelter, and healthcare. Poverty can also lead to child labor, as families may rely on their children to help support the household.
- Lack protection from abuse, exploitation, and trafficking. They may be vulnerable to sexual abuse or may be trafficked for forced labor or sex work.
- High risk of early marriage, which can prevent them from completing their education and limit their opportunities for future advancement.
- Suffer from malnutrition due to limited access to nutritious food. This can lead to stunted growth and other health problems.

There are also several important sectors facing the Dalit community in Bangladesh: Education, Health, Rights, and social protection.

## Education

1. Caste-based Discrimination: makes Dalits difficult to get jobs or advance in their careers.
2. Social Exclusion: Dalit students not allowed to participate in cultural events and social gatherings. This exclusion can lead to feelings of isolation and low self-esteem.
3. Discrimination: in the form of verbal and physical abuse. Subjected to derogatory remarks which can negatively impact their academic performance.
4. Lack of Access to Quality Education: some schools has inadequate facilities (books, computers, or other learning materials) and resources (quality teachers), which can hinder their academic progress.
5. Poverty: low-income families may struggle to afford the costs of school, food and clothing, which can impact their ability to focus on Dalit student's studies.
6. Inadequate Representation: Dalit students lack adequate representation in the education system, often underrepresented in leadership positions and decision-making processes. This can lead to a lack of empathy for their struggles and a failure to address their needs effectively.
7. Economic Barriers: Poverty make them can't afford to pay for their children's education. This financial constraint often forces Dalit children to drop out of school and seek employment to support their families.

## Health

1. Malnutrition: due to poverty and lack of access to nutritious food can lead to stunted growth, developmental delays, increased susceptibility to infectious diseases, and high prevalence of malnutrition.
2. Infectious Diseases: living in a poor conditions, limited access to clean water and sanitation facilities makes them more vulnerable to infectious diseases (diarrhea, cholera, and typhoid). Also, higher risk of tuberculosis, malaria. These diseases can have serious health consequences also life-threatening.
3. Chronic Illnesses and Non-Communicable Diseases: Diabetes and hypertension often untreated due to a lack of access to healthcare services, lead to serious complications and increased mortality.
4. Discrimination in Healthcare: can lead to reduced access to care and poorer health outcomes.
5. Lack of Access to Healthcare Services: due to poverty and geographic isolation can result in delayed or inadequate care.
6. Maternal and Child Health: maternal mortality and morbidity due to a lack of access to maternal health services. Dalit children are also more likely to die before their fifth birthday due to malnutrition and preventable illnesses.
7. Mental Health: Discrimination and social exclusion faced by Dalits can lead depression and anxiety.

## Rights

1. Anti-Discrimination Laws: The Bangladesh Constitution prohibits discrimination based on religion, race, caste, and gender. The Anti-Discrimination Act of 2017 provides additional protections against discrimination on these grounds, including caste-based discrimination.
2. Reservations in Education and Employment: The Bangladesh government has implemented affirmative action policies to promote the education and employment of disadvantaged groups, including Dalits. These policies include reserved quotas in government jobs, educational institutions, and other public services.
3. Land Rights: Dalits have the right to own and inherit land under Bangladeshi law. The Vested Property Return Act of 2001 provides a mechanism for the return of land previously confiscated from minority groups, including Dalits.
4. Political Representation: Dalits have the right to participate in political activities and to vote in elections. The Bangladesh government has reserved seats in Parliament for women and minority groups, including Dalits.
5. Social Protection: The Bangladesh government provides various forms of social protection, including food and cash transfers, to vulnerable and marginalized groups, including Dalits.

## Social Protection

1. Microfinance: Microfinance programs provide credit and financial services to low-income households, including Dalits, to support their livelihoods. However, these programs have also been criticized for high-interest rates and limited impact.
2. Health Insurance: The government of Bangladesh has implemented a health insurance scheme, known as the Shasthya Shurokkha Karmasuchi (SSK), to provide health coverage to vulnerable and marginalized groups. However, Dalits may face barriers to accessing these services due to discrimination and social exclusion.
3. Education: The Bangladesh government provides scholarships and other forms of support to promote education for disadvantaged groups, including Dalits. However, access to quality education is still limited for many Dalit children, particularly those living in rural areas.
4. Expansion of existing Services: Efforts are needed to strengthen social protection programs in Bangladesh and ensure that they reach and benefit the most vulnerable and marginalized groups, including Dalits. This can include measures such as expanding coverage, improving targeting mechanisms, and addressing discrimination and social exclusion to ensure that all individuals have equal access to social protection services.

**Recommendations**

1. Food Security: Many Dalit households in Bangladesh struggle with food insecurity due to poverty and limited access to resources. Social protection measures such as food assistance and nutrition programs can help to improve food security and reduce malnutrition among Dalit communities.
2. Income Support: Many Dalit families in Bangladesh rely on low-wage and informal sector work, which can be unstable and unpredictable. Social protection measures such as cash transfers and microfinance programs can provide income support and improve livelihoods for Dalit households.
3. Access to Healthcare: Dalits in Bangladesh often face barriers to accessing healthcare due to poverty, discrimination, and limited availability of health services. Social protection measures such as health insurance and subsidized healthcare can improve access to healthcare for Dalits.
4. Education: Many Dalit children in Bangladesh face barriers to accessing quality education due to poverty, discrimination, and limited availability of educational resources. Social protection

measures such as scholarships, free textbooks, and school meals can support education for Dalit children and improve their prospects.

5. Access to basic services: Dalits in Bangladesh often lack access to basic services such as healthcare, education, and clean water. Social protection programs should ensure that Dalits have access to these services, regardless of their socio-economic status.
6. Social Inclusion: Dalits in Bangladesh often face discrimination and exclusion in social and economic life. Social protection measures that promote social inclusion, such as anti-discrimination policies and community development programs, can help to reduce barriers and increase opportunities for Dalits.
7. Poverty alleviation: Poverty is a major issue for Dalits in Bangladesh, and social protection programs should focus on poverty alleviation by providing income support, job training, and other forms of support.
8. Protection from discrimination: Dalits in Bangladesh face discrimination based on their caste, which can lead to exclusion from social and educational opportunities. Social protection programs should address discrimination and ensure that Dalits have equal access to opportunities.
9. Protection from violence and exploitation: Dalits in Bangladesh are often vulnerable to violence and exploitation, including forced labour and trafficking. Social protection programs should include measures to protect Dalits from these forms of abuse.
10. Political empowerment: Dalits in Bangladesh often lack political representation and voice. Social protection programs should include measures to empower Dalits politically and increase their participation in decision-making processes.

**NSAs Participated in the Workshop**

1. Dalit, Khulna
2. Mukti
3. Protiva
4. Dhrubo
5. Palli Dalit Sanstha
6. Bhumija Foundation
7. Parittran, Tala, Satkhira
8. Meda, Kaliganj, Satkhira
9. Voice Of South Bangladesh
10. Disaster Management Foundation
11. Dalit Horijon Bende Unnayon Sangstha

## Marginalized and Underprivileged Women

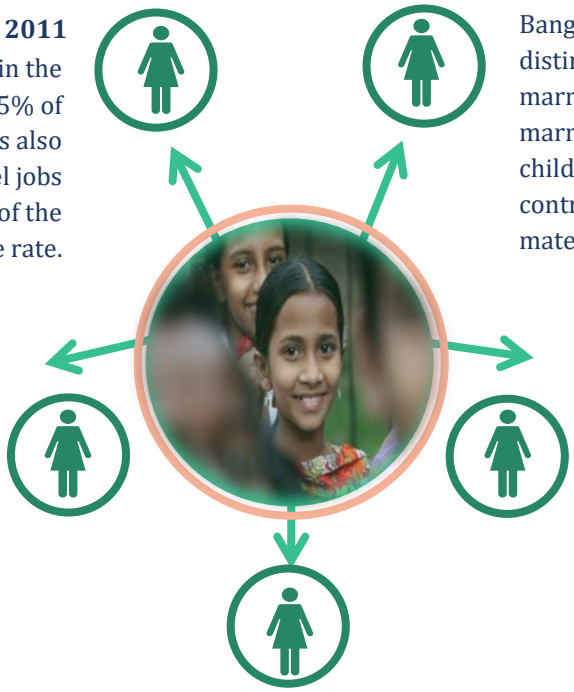
Feminist researchers indicates that social security programs have not fully harnessed their transformative potential for women and girls, who continue to face systemic inequalities. With women constituting a majority of the impoverished and facing unique vulnerabilities, gender considerations in social security are essential for their equality as citizens.

A diagnostic study on social security programs identified that besides gender-based discrimination and deprivation, women's vulnerabilities and risks are different even if they live in the same situation. Social norms enforce the subordination of women and girls leading to women's low educational and economic accomplishment, weak bargaining capacity, discriminatory legal provisions, and low participation in public sphere and polities and thus intensify the nature of disadvantages faced by women and girls.

Discriminatory social norms, educational and economic disparities, legal biases, and limited public engagement exacerbate the disadvantages for women and girls. Factors such as gender roles, restricted mobility, early marriage, violence, and unpaid household work further entrench their subordination. For comprehensive human and economic development, women require improved access to services, resources, protection from violence, and a greater voice in decision-making. This necessitates explicit actions in the Action Plans of various ministries to address social norms and foster gender equality. Girls are often considered a burden, especially for poor households, where they are at risk of marriage at an early age and where the practice of dowries though illegal continues and is burdensome. Despite societal and legal discrimination limiting their rights and decision-making influence, Bangladeshi women have made strides in establishing their rights. Girls, often viewed as burdens and subjected to illegal dowries, face early marriages, contributing to the 30% chronic malnutrition rate among women. Yet, significant progress has been seen in girls' school enrollment, outpacing boys at primary and secondary levels. Women's participation in local government and the labor force, especially in the garment industry, which makes up over 90% of its workforce, has bolstered Bangladesh's economic growth, averaging over 5% GDP growth annually (World Vision Bangladesh).

**Human Development Index, 2011**
58.7% of women participate in the labor force compared to 82.5% of male. Female participation is also concentrated in lower-level jobs and wages are about half of the male wage rate.

**Gender Assessment USAID/Bangladesh, April 2010**
The maternal mortality rate is comparatively still high, 194 per 100,000 live births, and only 24% of births are attended by skilled health personnel. An estimated 30% of adult women in Bangladesh are malnourished.



Though gender parity has been achieved in primary and secondary education enrollment, drop-out rates are higher for girls than boys.

Bangladesh has the unfortunate distinction of persistent early marriage (the average age of marriage is 16.4 years) and early childbearing which often contributes to high fertility and maternal mortality.

Some laws exist to prevent violence against women but the enforcement of those laws remains a major challenge. The Bangladesh Cabinet recently approved The Domestic Violence (resistance and Protection) Act, of 2010.

## Challenges

1. Health

- Maternal Mortality: Bangladesh has one of the highest maternal mortality rates in the world. According to the World Health Organization (WHO), approximately 196 women die per

100,000 live births in Bangladesh. This is due to a lack of access to maternal healthcare services, including skilled birth attendants, emergency obstetric care, and family planning services.

- Reproductive Health: Women in Bangladesh face some reproductive health challenges, including high rates of adolescent pregnancy, limited access to family planning services, and a lack of comprehensive sexuality education. These issues contribute to high rates of maternal mortality, as well as other negative health outcomes.
- Gender-Based Violence: Gender-based violence is a significant problem in Bangladesh, and women are particularly vulnerable. Domestic violence, sexual harassment, and rape are all common forms of gender-based violence in the country.
- Malnutrition: Malnutrition is a major problem in Bangladesh, particularly among women and children. According to the World Food Program, 20% of women of reproductive age in Bangladesh are underweight, and 36% suffer from anaemia.
- Access to Healthcare: Women are often unable to access basic healthcare services due to a lack of transportation, financial resources, and cultural barriers.
- Limited Education: Education is a key factor in improving women's health outcomes, but many women in Bangladesh have limited access to education.
- Early Marriage: Early marriage is a common practice in Bangladesh, particularly in rural areas. According to UNICEF, approximately 59% of girls in Bangladesh are married before the age of 18. Early marriage can lead to negative health outcomes for adolescent girls, including a higher risk of maternal mortality, complications during pregnancy and childbirth, and limited educational and economic opportunities.

2. Education

- Poverty: Many families cannot afford to send their children to school, and girls are often the first to be excluded from education if resources are limited.
- Limited infrastructure: Many schools in Bangladesh lack basic infrastructure, such as proper sanitation facilities, safe transportation, and qualified teachers. These conditions disproportionately affect girls, who may be at risk of violence, harassment, and sexual exploitation.
- Lack of safety: Girls in Bangladesh often face safety concerns when traveling to and from school or attending classes. The lack of safe transportation and the risk of gender-based violence can discourage parents from sending their daughters to school.

3. Economic Empowerment

- Access To Finance & Financial Institutions
- Lack Of Knowledge
- Lack Of Training
- Lack Of Entrepreneurial Training
- Family Responsibilities
- Government's Taxing Policy
- Lack Of Skilled/Trained Manpower

4. Lack of Access

- To Marketing Facility
- To Marketing Information & Network
- To Policymakers
- To Infrastructure
- To Technology

**Recommendations**

- Improve maternal health care services.
- Reproductive health education and service by expanding access to skilled birth attendants and emergency obstetric care, particularly in rural areas. As well as increase funding and support for local clinics to provide comprehensive maternal healthcare.
- Combating gender-based violence.
- Addressing malnutrition by implementing nutritional programs targeted at women and children, providing supplements and fortified foods. Also educate families on the importance of nutrition for women, especially during pregnancy and breastfeeding.
- Enhancing access to healthcare.
- Promote female education.
- Prevent early marriage.
- Economic empowerment by supporting initiatives that provide vocational training and microfinance opportunities for women and promote women's entrepreneurship through access to credit and business training programs.
- Policy advocacy by encourage women's participation in political processes and decision-making at all levels.

## Deserted/ Widow, Destitute and Poor Women

The study reveals that most of the deserted women had grown up in landless and wage-earning families. The economic vulnerability of their natal family compelled them to engage in child labor from their early childhood rather than go to school or continue their study. That is why most of the studied deserted women were illiterate, and a few of them were found who studied up to the primary level. Only those who can write a signature learned it as a condition for taking micro-credit after the desertion of the husband. Besides economic vulnerability, parents unconsciousness about the importance of education also played a significant role in their low education level.

Deserted women were found hurriedly married without knowing enough information about the groom. Some of them were married to their boyfriend informally without any marriage registration- a legal protection of marriage. Dowry was a major influencing factor in the process of their marriage. As dowry demand is lower for child wives, most of their parents arranged marriage for them at an early age. Some goods like cloth, furniture, watches, household utensils, and rickshaws were given to husbands families during their marriage from their parental families as a gift. Parents had to arrange those for the expectation a of safe future and peaceful conjugal life for their girls. But most of the women were found to be unhappy in their conjugal life. Almost all of them have experienced severe torture and discrimination by their husbands and in-laws. Despite learning about a husband's extramarital relationship, they could not protest it, fearing conflict and disruption of marriage and always trying to maintain good relationships with their husbands[3].

[3] Neaz Ahmed, Faisal Ahmmed - Problems and Challenges of Deserted Women in Bangladesh: An Observational Study

**Recommendations**

1. Financing: Enhance access to finance by:
   - Encouraging the SME Foundation (SMEF) to develop targeted programs that meet the unique financing needs of women entrepreneurs.
   - Lobbying for the government to provide more accessible financing through state-owned banks with lower interest rates and to introduce specialized financial packages that cater to women entrepreneurs, particularly in rural areas.
2. Policy and Regulation: Develop supportive government policies by:
   - Proposing that the National Board of Revenue (NBR) extend tax-holiday facilities specifically for women entrepreneurs. This could include tax rebates or exemptions for new businesses established by women to alleviate initial financial burdens.
   - Advocating for stable government policies that consider the growth of women's entrepreneurship and do not frequently change in a manner that could negatively impact their businesses.

3. Education and Training: Improve entrepreneurial skills through:
    - Collaborating with educational institutions to include entrepreneurship as a part of both formal and informal curricula, thereby fostering a mindset of self-sufficiency and business leadership among underprivileged women.
    - Utilizing platforms like SMEF and the Bangladesh Women Chamber of Commerce and Industry (BWCCI) to provide practical, hands-on training programs that focus on real-world business management and risk assessment.
4. Marketing and Technology: Enhance marketing capabilities and technological know-how by:
    - Partnering with NGOs, the Micro Industries Development Assistance and Services (MIDAS), and SMEF to facilitate marketing knowledge and strategy development for women entrepreneurs.
    - Establishing channels for these entrepreneurs to receive up-to-date information about domestic and international market trends, and to learn about leveraging technology for business expansion.
5. Product Development: Foster innovation and quality improvement by:
    - Encouraging women entrepreneurs to engage in research and development, potentially through incentives or partnerships with academic institutions, to enhance the quality and range of their products.
6. Infrastructure and Utilities: Improve business infrastructure by:
    - Pressuring the government to ensure that infrastructure such as roads, electricity, and utilities are provided to areas where women entrepreneurs operate, addressing one of the critical barriers to the establishment and expansion of their businesses.

## Youth

The youth population in Bangladesh, comprising individuals aged 15-29, stands at 45.9 million, representing a quarter of the national populace. Despite this significant demographic, utilization of the youth potential remains questionable, with a high unemployment rate among university graduates noted in the 2016 Bangladesh Bureau of Statistics (BBS) labour force survey.

Definitions of “youth” is vary, with Bangladesh officially recognizing the 18-35 age group, while the UN and ADB define it as 15-24 years, and the Commonwealth at 15-29 years. The youth constituted 52 million or over 33% of the population in 2016, but Bangladesh's position in the Global Youth Development Index was low, ranking 146 out of 183, showing no improvement in its score from 2010-2015. The country is ranked among the ten lowest countries in the Employment and Opportunity domain compared to its overall YDI score.

The government's response to youth issues began with the establishment of the Ministry of Youth Development in 1978, now renamed the Ministry of Youth and Sports. The Department of Youth Development (DYD), formed in 1981, focuses on vocational training and micro-credit for youth employment and involvement in national development. The National Youth Policy (NYP), initially formulated in 2003 and revised in 2017, serves as the primary legal youth framework. It emphasizes empowerment, employment, entrepreneurship, and volunteerism. The NYP 2017 is inclusive, with action plans for various youth segments, including special needs, unemployed, illiterates, homeless,

entrepreneurs, rural categories, and promotes gender sensitivity by encouraging women's participation in development and decision-making.

**Recommendations**

1. Education and Skill Development:
    - Provide scholarships and stipends to promote higher education among youth.
    - Ensure equal access to educational materials, including books adapted for disabled persons.
    - Employ initiatives to educate youth, especially in employing technology for better education and socioeconomic quality.

2. Employment and Economic Empowerment:
    - Create employment opportunities by strengthening the garment industry and improving the agricultural system.
    - Provide vocational training and rehabilitation for juveniles in contact with the law.
    - Facilitate loans and financial assistance for youth entrepreneurship, especially in agriculture.
    - Develop programs aimed at economic emancipation, such as government lending to the unemployed and poor.
3. Social Equity and Inclusion:
    - Awaken awareness of women's rights at all levels in society.
    - Advocate for and support the enactment and enforcement of equality laws.
    - Develop infrastructure and policies to ensure the safety and inclusion of girls and disabled individuals in all spheres.
4. Health and Well-being:
    - Advocate for the reduction of medical costs and make treatment accessible to all.
    - Provide free medical treatment to underprivileged groups.
    - Promote awareness and prevention of drug use among the youth.
5. Infrastructure and Basic Needs:
    - Support the development of physical infrastructure in compliance with the National Building Code, including accessible public transport and footpaths.
    - Help construct shelters and ensure the provision of electricity to every household.
    - Enhance the transportation system to facilitate movement and contribute to socioeconomic development.
6. Safety and Protection:
    - Contribute to securing educational institutions and public spaces for girls and women.
    - Offer training to tour guides to assist persons with disabilities in public and private tourist places.
7. Civic Engagement and Rights:
    - Facilitate forums for youth to express and discuss their demands, ensuring their freedom of movement and expression.
    - Support measures against child marriage and dowry, and promote legal reforms to ensure fair trials for all citizens.

## Floating People

The urban poor in Bangladesh can be categorized into two distinct groups: slum dwellers and the floating population. While both groups face significant challenges, the condition of the floating population is particularly dire. Unlike slum dwellers who have some form of shelter, the floating population lacks permanent accommodation. Unfortunately, existing studies on urban poverty in Bangladesh have primarily focused on slum dwellers, leaving the concerns and issues of the floating population largely unexplored in both research and policy discussions.

The floating population plays a crucial role in the discourse on urban poverty, yet its definition and understanding remain ambiguous. The term "floating population" often evokes images of individuals without a permanent residence, but it lacks a clear and universally accepted definition. Some studies equate floating condition with homelessness, which refers to individuals without a regular dwelling. The limited definition fails to capture the full extent of the hardships faced by the homeless. This group experiences a multidimensional deprivation that spans physical, emotional, and spiritual aspects, not just homelessness. While research in Bangladesh has shed light on the survival strategies and socioeconomic characteristics of these individuals, particularly in Dhaka, there remains a lack of clarity in definitions and policy directions to support them effectively. Homelessness and capability deprivation have been categorized into three types: floating (floating people), situated (squatters), and potential (slum dwellers).

Governmental policies primarily focus on the situated and potential homeless, effectively excluding institutional support for the floating homeless population. Various studies in Bangladesh have explored specific challenges faced by the floating population. Some have examined the survival strategies of pavement dwellers in Dhaka, utilizing the Sen-Lewis framework. Others have presented the socioeconomic characteristics of street dwellers in Dhaka without delving into the theoretical foundations of their floating condition. A recent study focused on the healthcare-seeking behavior of Dhaka's floating population and the potential for achieving universal health coverage for this marginalized community.

According to Bangladesh Bureau of Statistics (BBS), floating populations refer to individuals who lack permanent shelter and are found sleeping in various public spaces such as streets, railway terminals and platforms, bus stations, parks, open areas, religious centers, construction sites, and near graveyards. These individuals are characterized as mobile and vagrant, belonging to a rootless category of people. The "floating people" of Bangladesh sometimes also refer to the millions of individuals who live in communities built on boats or floating platforms in the country's many waterways. These communities are known as "Char" or "Chapor" and are often made up of marginalized and impoverished people who lack access to land or proper housing. The floating people of Bangladesh, with a history dating back to the pre-colonial era, have adapted to a semi-nomadic life on water due to political and economic pressures, relying on fishing and water-based livelihoods. They have a unique culture, closely tied to the water, but face challenges like limited access to education and healthcare. Recent efforts aim to improve their living conditions.

The floating population totals 22,119, with 16,784 men and 5,335 women, according to the BBS preliminary report for the Population and Housing Census 2022. The highest concentration is in Dhaka division (9,439), and the lowest is in Mymensingh division (692). Other divisions have the following floating populations: Chittagong - 5,216, Barisal - 2,177, Khulna - 1,325, Rajshahi - 1,303, Rangpur - 1,074, and Sylhet - 893.

## Existing Services/ Programmes available

**"Amrao Manush" by SAJIDA Foundation**
This project focuses on poverty alleviation, health support, and education for the floating population. It provides assistance in setting up small businesses, vocational training, and access to healthcare services.

**BRAC Urban Development Program**
One of the largest NGOs in Bangladesh , targeting the urban poor, including the floating population. These programs provide livelihood support, healthcare services, and education for children.

**"Shelter for Urban Homeless" by Centre for Urban Studies (CUS)**
Provide temporary shelters and support services for homeless individuals, including the floating population. It aims to address their immediate needs and help them reintegrate into society.

**"Urban Social Mobilization for Poverty Reduction" by CARE Bangladesh**
Focuses on mobilizing urban communities, including the floating population, to participate in poverty reduction efforts. It aims to empower individuals and promote sustainable livelihoods.

**"Dak Diye Jai" by Nagorik Uddyog**
Provide healthcare, education, and social support to vulnerable communities, including the floating population. It aims to improve their living conditions and enhance their well-being.

**"Slum Dwellers Advancement Initiative" by UCEP Bangladesh**
Empower slum and floating population communities through vocational training, skill development, and access to education. It aims to enhance their employability and income-generating opportunities.

**"Urban Poverty Alleviation Program" by Dhaka Ahsania Mission**
Focuses on poverty reduction and social empowerment of urban communities, including the floating population. It provides various services such as healthcare, education, skill training, and microfinance support.

**"Sustainable Livelihoods for the Urban Poor" by Friendship**
Improve the livelihoods of vulnerable urban populations, including the floating population. It provides vocational training, healthcare services, and assistance in income-generating activities.

**"Urban Partnership for Poverty Reduction" by Concern Worldwide**
Address urban poverty and improve the living conditions of vulnerable communities, including the floating population. It focuses on enhancing access to basic services, livelihood support, and disaster resilience.

**"Street to School" by Dhaka Ahsania Mission**
Targets street children, including the floating population, and aims to provide them with education, shelter, healthcare, and rehabilitation support. It helps reintegrate these children into formal education systems.

**Vulnerable Group Development (VGD) & Vulnerable Group Feeding (VGF) program**
Implemented by the Ministry of Women and Children Affairs, provides support to vulnerable women, including the floating population, through income-generating activities, skill training, and social safety nets also food assistance

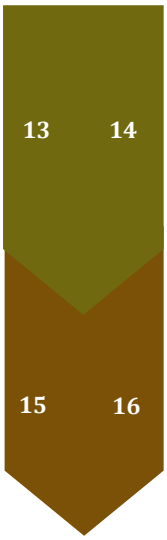
**Old Age Allowance program**
The Ministry of Social Welfare implements this program, which provides a monthly allowance to elderly citizens who meet specific criteria. Some floating individuals, particularly the elderly, may be eligible for this allowance.

**Social Safety Net Programs**

The government of Bangladesh implements various social safety net programs to support vulnerable populations, including the floating population. These programs include cash transfer programs, food assistance, and other social

**Health services and clinics**

The government operates healthcare facilities and clinics that provide medical services to the general population, including the floating population. These services may include primary healthcare, immunizations, maternal care, and emergency medical support.




**National Urban Sector Policy**

The government has formulated policies to address urban issues, including the challenges faced by the floating population. These policies aim to promote sustainable urban development and may include provisions for social support and poverty reduction.

**Urban Community Development Program**

The Ministry of Local Government, Rural Development, and Co-operatives implements this program to address urban poverty and improve living conditions in urban areas. It may include infrastructure development, social services, and livelihood support for vulnerable urban populations, including the floating population.

## Challenges

**Poverty and Lack of Employment Opportunities**

Poverty and limited job prospects are significant challenges for floating people, makes them migrated from rural regions of Bangladesh to Dhaka in search of better livelihoods.

**Natural Calamities**

Floating people are forced to move to Dhaka due to the loss of their assets caused by natural calamities such as river erosion or floods, make it difficult for them to sustain in their native villages.

**Seasonal Unemployment**

Floating people challenges in finding stable employment throughout the year in their native villages, leading to a temporary floating situation in Dhaka.

**Physical Challenges**

A portion of the respondents were disabled, including individuals who were blind, crippled, or elderly and feeble. Disabilities and physical limitations can make it harder for them to find employment or engage in various activities, adding to their vulnerability.

**Limited Access to Livelihood Assets**

a. Education and literacy: a majority of the respondents were illiterate, which hindered their access to formal sector jobs
b. Health status and healthcare-seeking behavior: high percentage of illnesses, limited knowledge about diseases and reliance on informal healthcare sources.
c. Food security and nutrition: having at least two meals a day, the quality of their food in terms of nutrition and hygiene was considered unsatisfactory.

**Limited Social Capital**

a. Surrounding neighborhood
b. Internal community: floating people formed an internal community within the broader community, providing mutual support during emergencies.

**Limited Physical Capital**

a. Housing provision and visible assets
b. Access to electricity
c. Water supply and sanitation

**Limited Communication Technology and Entertainment**

Floating people had limited access to communication technology and entertainment facilities. While some had mobile phones, they had little access to other sources of entertainment.

**Property in Native Villages**

Despite living in a floating condition in Dhaka, some respondents still possessed assets in their native villages. This indicates that they are not entirely homeless but face housing challenges specifically in the city.

**Occupation, Income, and Expenditure**

- The floating population primarily engages in low-income informal sector jobs for their livelihood. Due to their limited education and lack of professional skills, they have no access to formal employment opportunities.
- The elderly commonly relies on begging for their livelihood.
- Work an average of 6 days a week and hard to do saving.

**Savings Pattern**

A significant percentage of the floating population (57.5%) does not save money, while 42.5% have some savings. Limited income is cited as the main reason for the inability to save money.

**Loan Facility and Debt**

The floating population faces challenges in accessing formal financial services, such as banking, insurance, and microcredit programs. They often find themselves in debt, primarily due to medical expenses.

**Citizenship & Decision-Making**

Political participation is limited for the floating population even they have Identification (NID) card as citizens, they rarely participate in national or local elections.

**Role of NGOs and Philanthropic Organizations**

Some NGOs run short-term projects focused on poverty alleviation, health support, and education for the floating population, but this is not a long-term solutions.

**Natural Capital**

Lack access to significant natural resources in urban areas, unsanitary living conditions, lack of garbage disposal leading to the practice of throwing rubbish in the vicinity. The overall environment is filthy and has a foul odor.

**Role of the Government**

While there are some Social Safety Net Programs (SSNPs) available, such as the VGD and VGF program, and Old Age Allowance program, the floating population remains neglected in terms of access and coverage. The selection process for SSNP beneficiaries is perceived as politically motivated.

### Lack of Proper Sanitation

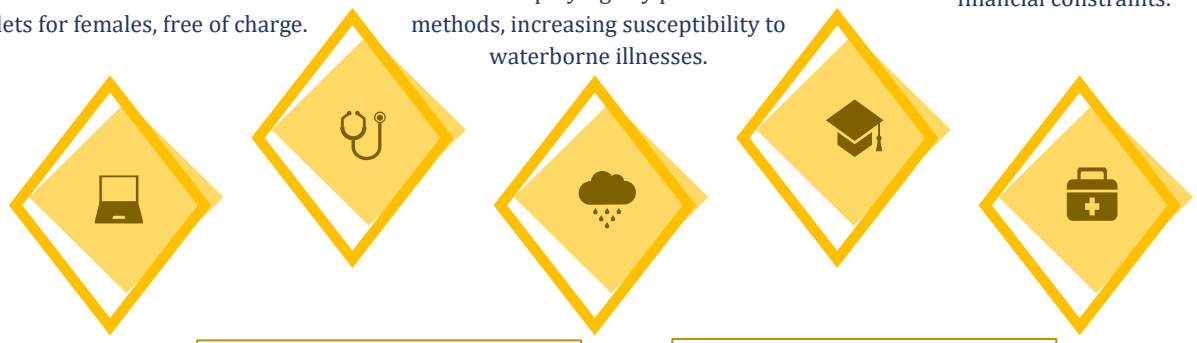
The floating population residing in Dhaka city relied on various locations for their toilet needs. Some individuals resorted to relieving themselves while bathing in the river to avoid the costs associated with using a toilet. in specific areas, certain NGO centers provided exclusive access to toilets for females, free of charge.

### Lack of Clean Water

Individuals residing near the high court mazar premises collected and utilized water from the mazar and mosque. Those in the Kamlapur area relied on the water supply from the station, while respondents from the Sadarghat area accessed water from the launch or the river. Most participants directly consumed water without employing any purification methods, increasing susceptibility to waterborne illnesses.

### Personal Hygiene

Maintaining personal hygiene was a challenge they faced on a regular basis. They struggled to uphold cleanliness of their bodies and clothing, which significantly impacted their health and well-being because of inability to purchase soap due to financial constraints.



### Substance and Drug Abuse

The prevalence of drug use was alarmingly high among the floating population and street dwellers in three distinct study areas, which high court mazar premises use was significantly greater compared to other locations. "Biri", "Yaba", or "Gaza" (marijuana), and heroin are the common drugs they use. The primary motivations for drug use included numbing physical and emotional pain, alleviating depression, and replacing the need for food.

### Livelihood Strategies

The floating population relies heavily on informal economic involvement as a key livelihood strategy to ensure minimum survival. Diversification of income sources is common to overcome the limitations of earning from a single source. They also depend on social relationships and community support for survival.

1

## Social Protection Needs and Demands

- Health and Well-being
  - Accessible Healthcare: Affordable health services, medical check-ups, and treatments.
  - Nutritional Support: Nutritious food programs and supplements to combat malnutrition.
  - Health and Hygiene Education: Health, hygiene, and disease prevention campaigns.
  - Mental Health Support: Mental health services and counseling support.
  - Reproductive Health Services: Family planning and maternal healthcare access.
- Water, Sanitation, and Hygiene (WASH)
  - Sanitation Facilities: Clean toilets, washing facilities, and waste management systems.
  - Safe Drinking Water: Clean drinking water sources and water quality measures.
- Economic Empowerment
  - Livelihood Support: Skill development, vocational training, and job opportunities.
  - Financial Inclusion: Microcredit, savings programs, and economic stability initiatives.
  - Social Safety Nets: Cash transfers, food assistance, and subsidies.
- Education and Literacy:
  - Education and Literacy Programs: Quality education access and adult literacy initiatives.
  - Child Protection: Protection of children from exploitation and abuse.

Social Protection Needs and Demands

- Shelter and Infrastructure
  - Housing and Shelter: Affordable housing options and improved living conditions.
  - Disaster Preparedness: Resilience building and early warning systems for emergencies.
  - Access to Information: Information and communication technologies for connectivity.
  - Disability Support: Programs catering to the needs of persons with disabilities.
- Legal and Social Framework
  - Access to Legal Aid: Legal support and advocacy services.
  - Gender Equality: Initiatives to promote gender equality and combat gender-based violence.
  - Social Integration: Programs to enhance social inclusion and community cohesion.
  - Advocacy and Representation: Platforms for representation and participation in decision-making.

**Recommendations**

1. Redefining the Concept of Homelessness: Recognize that the floating population may be "houseless" but not "homeless," as they often have connections or physical assets in their native villages. This perspective should be considered when designing policies and interventions.
2. Addressing Livelihood Insecurity: Develop strategies to address the lack of secure jobs and income among the floating population. This can include creating opportunities for formal employment, vocational training, and skill development to enhance their income-generating capabilities.
3. Improving Access to Livelihood Assets: Provide support to improve the access of the floating population to essential livelihood assets such as education, skills, health services, and financial resources. This can be achieved through partnerships with NGOs and implementing programs that focus on building human capital.
4. Enhancing Institutional Support: Establish institutional support mechanisms specifically tailored to the needs of the floating population. This can include targeted government programs, social safety nets, and initiatives to ensure their inclusion in the formal sector.
5. Tracing and Rehabilitation Programs: Develop comprehensive strategies to trace and identify the floating population for better inclusion in social protection programs. Implement rehabilitation programs that address their unique vulnerabilities and facilitate their return to their native villages if desired.
6. Strengthening Mental Capital: Recognize the importance of "mental capital" as a livelihood strategy for the floating population. Promote mental health support and resilience-building initiatives to enhance their overall well-being and livelihood sustainability.
7. Conduct Baseline Studies: Conduct comprehensive baseline studies to understand the characteristics, needs, and living conditions of the floating population. This will provide a solid foundation for evidence-based policy development and targeted interventions.
8. Promoting Financial Inclusion: Facilitate financial inclusion by providing access to formal financial services, promoting savings programs, and establishing interest-free microfinance initiatives in collaboration with NGOs and the government.

9. Revision of Social Safety Net Programs: Revise and scale up urban social safety net programs to effectively target the floating population. Prioritize rehabilitation programs and explore alternative social protection strategies beyond existing programs.
10. Inclusive Policy Approach: Adopt an inclusive approach in national policies that addresses the specific needs and challenges of the floating population. Avoid sporadic evictions and focus on long-term, sustainable solutions.

## People affected by HIV/ AIDS, TB, and Leprosy

In Bangladesh, the Directorate General of Health Services (DGHS) reports a total of 8,761 HIV cases with a mortality rate of 18.13%, resulting in 1,588 deaths. Government efforts are expected to bring 95% of HIV patients under treatment by 2030, with calls for expanding testing and targeting high-risk groups, including migrants and the Rohingya population. UNAIDS data shows over 14,000 registered AIDS cases in Bangladesh, but only around 8,000 are receiving treatment. The annual increase in treatment coverage and awareness is notable, with awareness rising from 52% to 63% from 2019 to 2021, and treatment from 65% to 77%. Dhaka reports the highest HIV incidence, with significant numbers among expatriates and returnee migrants, who constitute 35% of Dhaka's HIV cases and sometimes inadvertently spread the virus within families.

A concerning 50% of HIV cases remain undiagnosed, risking further transmission. This statistic emerged at a workshop aimed at reducing stigma towards HIV/AIDS patients, coinciding with World AIDS Day 2020. The workshop, organized by the Tuberculosis-Leprosy and AIDS STD Programme of the DGHS, underlined the role of media in combatting misconceptions about AIDS. Furthermore, the presentation emphasized that HIV prevalence is 0.01% among the general population and 3.99% for the key populations, including female sex workers, transgender individuals, and injecting drug users. The highest number of HIV-positive people resides in Dhaka, followed by Chattogram, Sylhet, Khulna, Rajshahi, Barishal, Mymensingh, and Rangpur.

Analysis of new HIV cases by age in Bangladesh shows that 12.24% are over 50 years old, 74.20% fall within the 25 to 49 age bracket, 8.5% are aged 19 to 24, and 2.07% are between 10 and 18 years old. Dhaka has the highest concentration of HIV-positive people, accounting for more than one-third of cases across 23 high-risk districts. In Dhaka, 35% of the 2,572 individuals with HIV are migrants returning home, who may inadvertently transmit the virus to family members. Among these returnee migrants and non-resident Bangladeshis, the HIV positivity rate stands at 20%, while 24% of injecting drug users are HIV-positive. UNICEF has highlighted the necessity for increased HIV prevention and treatment investment to prevent adolescent AIDS-related deaths, which could reach 360,000 by 2030 without intervention. The UN aims to bring 95% of people living with AIDS under treatment within the next four years.

Bangladesh recorded its first HIV case in 1989, and new cases have risen steadily, with 869 new cases reported in 2018 alone. The country offers AIDS treatment through 27 detection and 11 medical service centers. While most patients are treated at home, hospitalization is required for complications. Awareness remains below optimal levels, with half of HIV-positive individuals unaware of their status and a third of those aware not receiving treatment. To mitigate the spread of

HIV/AIDS, increasing awareness and testing is crucial, alongside sustained government initiatives for treatment and support.

## Existing Services/ Programmes available

**National AIDS/STD Program**
Under the Ministry of Health and Family Welfare, Bangladesh, is responsible for coordinating and implementing programs related to HIV/AIDS prevention, control, and treatment. Provide services: testing, counseling, antiretroviral therapy (ART), and support for affected individuals

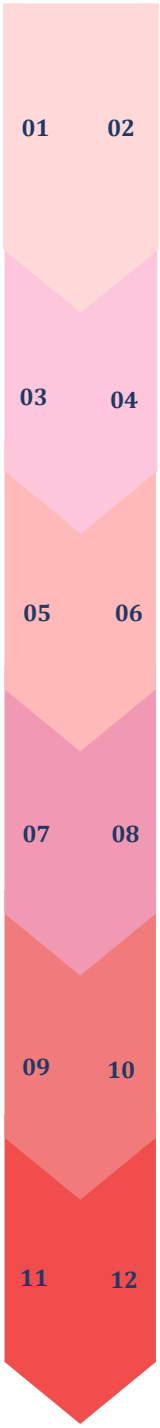
**National Leprosy Control Program**
Directorate General of Health Services, works to control leprosy in Bangladesh. They provide free diagnosis, treatment, and rehabilitation services for individuals affected by leprosy.

**Institute of Epidemiology, Disease Control and Research (IEDCR)**
a government research institute that conducts studies, surveillance, and monitoring related to communicable diseases, including HIV/AIDS, TB, and other infectious diseases. They contribute to the formulation of policies and guidelines for prevention and control.

**National AIDS/STD Program (NASP)**
under the Ministry of Health and Family Welfare, works to prevent and control HIV/AIDS in Bangladesh. Collaborate with various stakeholders to implement prevention strategies, provide treatment, and care services, and raise awareness about HIV/AIDS.

**The Leprosy Mission Bangladesh (TLMB)**
TLMB works towards the eradication of leprosy and provides comprehensive services to people affected by leprosy, including diagnosis, treatment, rehabilitation, and livelihood support.

**Bangladesh Rural Advancement Committee**
One of the largest NGOs in Bangladesh, implements various programs related to health, well-being, nutrition, and population program, including initiatives for HIV/AIDS prevention and control, tuberculosis (TB) treatment, and support for affected individuals.




**National Tuberculosis Control Program**
Under the Ministry of Health and Family Welfare, focuses on tuberculosis prevention, diagnosis, and treatment. They offer free diagnostic services, treatment, and support for individuals affected by TB.

**Directorate General of Health Services (DGHS)**
The government body that responsible for overseeing and implementing various health programs in Bangladesh. Work in collaboration with other stakeholders to address public health challenges, including HIV/AIDS, TB, and leprosy.

**Bangladesh National Tuberculosis Association (BNTA)**
a national-level organization, works closely with the government to support TB control efforts. They implement awareness campaigns, facilitate access to treatment, and advocate for the rights of TB-affected individuals.

**National Leprosy and TB Elimination Program (NLTEP)**
Focuses on the elimination of leprosy and tuberculosis in Bangladesh. They work towards early detection, diagnosis, and treatment of these diseases and provide support for affected individuals.

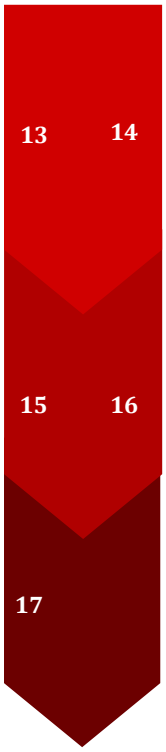
**CARE Bangladesh**
focused on HIV/AIDS prevention and control, including awareness campaigns, behavior change communication, and support for affected individuals and their families.

**Save the Children Bangladesh**
Save the Children Bangladesh implements programs aimed at preventing and controlling HIV/AIDS, providing support for affected children and their families, and advocating for the rights of affected individuals.

**The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)**
conducts research and implements programs related to various health issues, including HIV/AIDS and TB. They provide testing, treatment, and counseling services, as well as research and capacity-building initiatives.

**Friends in Village Development Bangladesh (FIVDB)**
focuses on community-based initiatives for HIV/AIDS prevention, control, and support. They work with affected individuals, provide counseling, facilitate testing, and promote awareness in rural areas.

**Bangladesh National Women Lawyers Association (BNWLA)**
focuses on providing legal aid and support to women affected by HIV/AIDS, including advocacy for their rights, awareness campaigns, and access to healthcare services.




**Bangladesh Medical Association (BMA)**
collaboration with other organizations, runs programs to provide care, support, and treatment to people living with HIV/AIDS. They also conduct awareness campaigns and advocacy activities.

**Health and Education for All (HAEFA)**
HAEFA implements programs to address HIV/AIDS and TB in Bangladesh. They offer testing, treatment, counseling, and support services to affected individuals and work towards reducing stigma and discrimination.

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## Challenges

- Health Access and Quality
  - Limited Access to Healthcare: Barriers to accessing quality healthcare services, including diagnostics and specialized treatment.
  - High Treatment Costs: Prohibitive costs of treatment leading to inadequate access.
  - Limited Availability of Medications: Challenges in accessing essential medications due to supply and affordability issues.
  - Co-infections and Comorbidities: Increased susceptibility to additional health conditions.
  - Lack of Integrated Services: Fragmented care due to a lack of coordinated services.
  - Nutritional Challenges: Difficulties in accessing nutritious food for those affected.
  - Mental Health Issues: Psychological challenges stemming from living with these diseases
  - Weak Healthcare Infrastructure: Inadequate facilities and lack of trained healthcare professionals.
  - Limited Research and Innovation: A need for more research in prevention, treatment, and management.
- Social and Economic Challenges
  - Stigma and Discrimination: Social exclusion and limited opportunities due to stigma.
  - Lack of Awareness: Misconceptions and fear leading to discrimination.
  - Limited Employment Opportunities: Restricted job prospects due to health and discrimination.
  - Lack of Social Support Systems: Insufficient family and community support.
  - Limited Access to Education: Reduced educational opportunities due to health and stigma.
  - Migration and Mobility: Disruptions in healthcare access due to population movements.
  - Legal and Human Rights Issues: Compromised rights affecting access to services and justice.

## Challenges

- Prevention and Support Systems:
  - Inadequate Prevention Programs: Need for more robust awareness campaigns and preventive measures.
  - Lack of Data and Surveillance: Insufficient data for effective monitoring and intervention planning.
  - Limited Funding and Resources: Need for more funding for comprehensive care and treatment programs.

## 2 Social Protection Needs and Demands

- Healthcare Access and Quality
  - Access to Affordable Healthcare: Ensuring comprehensive healthcare services at low cost.
  - Accessible Testing and Diagnosis: Providing widespread testing and early diagnosis facilities.
  - Mental Health Services: Incorporating mental health care into standard health services.
  - Nutritional Support: Providing necessary nutrition to support health and recovery.
- Social and Economic Support
  - Livelihood Support: Offering vocational training and employment opportunities.
  - Health Insurance and Financial Assistance: Creating insurance and financial aid programs.
  - Transport and Mobility Support: Assisting with transportation to health facilities.
- Education and Awareness
  - Education and Awareness: Conducting education programs to reduce stigma and promote prevention.
  - Targeted Prevention Programs: Implementing specific prevention initiatives for high-risk groups.
- Legal and Human Rights
  - Legal Protection and Human Rights: Advocating for legal rights and protections against discrimination.
  - Advocacy and Policy Development: Pushing for policies that protect affected individuals' rights.
- Community and Family Support
  - Social Support and Rehabilitation: Providing psychosocial rehabilitation services.
  - Community-Based Care and Support: Enhancing community care systems, including peer support.
  - Family Support: Offering assistance to families of affected individuals.
  - Women-Specific Support: Tailoring support to address the unique challenges faced by women.
  - Peer Counseling and Support Groups: Facilitating peer-led counseling and support networks.
- Specialized Services
  - Children and Youth Services: Specialized services for young people, including healthcare and education.
  - Elderly Care: Catering to the healthcare and social needs of the elderly affected by these diseases.
  - Support for Orphans and Vulnerable Children: Programs for orphans and children particularly vulnerable due to these conditions.
- Structural Support
  - Advocacy and Representation: Providing platforms for affected individuals to advocate for their needs and participate in policymaking processes.

**Recommendations**

1. Strengthening Healthcare Systems: Allocate adequate resources to strengthen healthcare systems, ensuring availability of quality healthcare services, diagnostics, and treatment for HIV/AIDS, TB, and Leprosy across the country. This includes increasing the number of healthcare facilities, trained healthcare professionals, and essential medications.
2. Comprehensive Prevention Programs: Implement comprehensive prevention programs that focus on awareness, education, and behavior change. These programs should address key populations at higher risk, such as sex workers, injecting drug users, and transgender individuals, through targeted interventions, access to condoms, harm reduction services, and needle/syringe exchange programs.
3. Integrated Approach: Integrate HIV/AIDS, TB, and Leprosy services within the existing healthcare system to ensure comprehensive care, including early detection, diagnosis, treatment, and ongoing support. This can be achieved through training healthcare providers, establishing referral mechanisms, and strengthening coordination among different healthcare sectors.
4. Reduction of Stigma and Discrimination: Develop and implement initiatives to reduce stigma and discrimination associated with HIV/AIDS, TB, and Leprosy. This can include awareness campaigns, sensitization training for healthcare providers and communities, and legal protections against discrimination.
5. Access to Medications and Treatment: Ensure affordable and uninterrupted access to antiretroviral therapy (ART) for HIV/AIDS, tuberculosis medications, and leprosy treatment. Collaborate with pharmaceutical companies to negotiate affordable pricing, establish robust supply chains, and strengthen monitoring systems to prevent stockouts.
6. Community Engagement and Support: Involve affected communities, support groups, and civil society organizations in planning, implementing, and monitoring HIV/AIDS, TB, and Leprosy programs. Foster community-led initiatives that provide counseling, peer support, and assistance with adherence to treatment regimens.
7. Strengthened Surveillance and Reporting: Enhance surveillance systems to accurately track the prevalence, incidence, and geographic distribution of HIV/AIDS, TB, and Leprosy cases. This data should inform evidence-based decision-making, resource allocation, and program planning.
8. Research and Innovation: Promote research and innovation to develop new diagnostic tools, treatment regimens, and preventive strategies for HIV/AIDS, TB, and Leprosy. Encourage partnerships between academic institutions, research organizations, and healthcare providers to drive advancements in the field.
9. Empowerment and Socioeconomic Support: Provide socioeconomic support and empowerment opportunities to affected individuals and their families. This can include vocational training, income-generating activities, access to education, and financial assistance to improve their overall well-being and reduce the burden of these diseases.
10. Policy Advocacy and Legal Reforms: Advocate for policy reforms that prioritize the rights and needs of HIV/AIDS, TB, and Leprosy-affected individuals. This includes ensuring legal protections, access to healthcare, and social inclusion within national policies and legislation.

## Sex Workers

In addition to the sex workers found in brothels, there are numerous private sex workers whose identities remain hidden. Considering all forms of sex work, including brothel, street, and private, the estimated sex worker population in Bangladesh was approximately 140,000 according to the 2016 UNAIDS report. Sex workers face significant stigma and marginalization, despite the legal status of sex work in Bangladesh. Poverty is the primary factor that drives women into sex work, although other factors such as family pressure, abuse, illegal trafficking, debt bondage, and loss of identity also play prominent roles.

In addition to economic and social disadvantages that compel women to enter the industry, sex workers experience heightened levels of violence and stigma. Society perceives their presence and work as a violation of social and moral norms. This stigma pervades healthcare providers, law enforcement agencies, as well as familial and village social structures. As a result of fear of discrimination and exposure, female sex workers often avoid seeking external healthcare services, particularly when healthcare providers inquire about their sexual history. Law enforcement conducts heavy monitoring and frequent raids, further deepening the fear and distrust within sex worker communities. The stigma and violence experienced by sex workers significantly impact their mental and physical health, leaving them in a compromised state.

Law enforcement's constant surveillance and raids significantly heighten fear and mistrust within sex worker communities. Adolescent sex workers particularly struggle with unmet sexual and reproductive health care needs, including access to contraceptives, abortion, menstrual regulation, maternal health care, and STI treatment. This is largely due to service inadequacies, with a notably high unmet contraceptive need among both street-based (25%) and hotel-based (36%) sex workers. Their vulnerability to pregnancy and STIs is exacerbated by limited power in negotiating condom use with clients, as well as the high volume of clients they encounter (Katz *et. a.l*, 2015).

Gender-based violence (GBV) is another prevalent issue in the lives of sex workers. Often, they rely on services from NGOs (15%), pharmacies (16.8%), and unqualified healthcare providers (16.8%). For instance, the lack of pathology services hinders proper diagnosis and monitoring of STI recovery. Financial constraints, lack of knowledge, and negative attitudes from healthcare providers are significant barriers to seeking external healthcare. Consequently, many sex workers avoid healthcare services altogether; 51% face difficulties in accessing formal healthcare facilities. The primary reasons for not seeking healthcare include financial problems (72%), shame in seeking care (52.3%), the attitude and behavior of providers (24.4%), and the distance (16.9%) to healthcare facilities (Nahar *et.al*., 2018).

## Existing Services/ Programmes available

**Durjoy Nari Shongothon (DNS)**
An organization that works to empower sex workers and promote their rights. They provide a range of services including health clinics, HIV/AIDS prevention and treatment, counseling, legal support, and vocational training.

**Naripokkho**
A women's organization that focuses on the rights and welfare of marginalized women, including sex workers. They provide support through health clinics, counseling, legal aid, and vocational training.

**Bangladesh Women's Health Coalition (BWHC)**
An organization that works to improve the health and well-being of marginalized women, including sex workers. They provide comprehensive health services, including reproductive health care, STI/HIV/AIDS prevention, counseling, and advocacy.

**Durbar Mahila Samanwaya Committee (DMSC)**
Based in India, they also work with sex workers in Bangladesh along the border areas. They provide health services, counseling, skill development programs, and advocacy for sex workers rights.

**Legal Aid Services**
Free legal aid and advice access. The Department of Legal Aid Services and the Bangladesh Legal Aid and Services Trust (BLAST) are two key organizations involved in providing legal support to marginalized populations.

**Health Services**
Offer services to sex workers, include general healthcare, reproductive health services, STI testing and treatment, and counseling. The Directorate General of Health Services (DGHS) oversees the provision of healthcare services in Bangladesh.

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**Bangladesh Sex Workers Network (BSWN)**
An organization that aims to protect the rights and dignity of sex workers in Bangladesh. They offer various services such as healthcare, skill development, literacy programs, advocacy, and awareness campaigns.

**Ashar Alo Society**
Provide health services, including HIV/AIDS prevention, awareness, and treatment. They also offer vocational training and support for income generation activities for sex wokers

**Ain o Salish Kendra (ASK)**
ASK is a legal aid and human rights organization that provides support to vulnerable populations, including sex workers. They offer legal assistance, counseling, and advocacy for the rights of sex workers.

**Prevention and Control of HIV/AIDS Among Sex Workers (PCSW) Program**
This government program aims to prevent and control HIV/AIDS among sex workers in Bangladesh. It includes initiatives such as outreach programs, condom distribution, STI testing and treatment, and HIV counseling and education.

**Integrated Rehabilitation Program for Addicted Women (IRPAW)**
Implemented by the Department of Narcotics Control under the Ministry of Home Affairs. Providing rehabilitation and support services for women and sex workers who are affected by drug addiction. The program offers detoxification, counseling, vocational training, and reintegration support.

**Social Protection Programs**
Vulnerable Group Development (VGD) program, which provides cash transfers and livelihood support, and the Employment Generation Program for the Poorest (EGPP), which offers training and employment opportunities, can benefit sex workers.

## 1 Challenges

- Health and Wellbeing
  - High risk of HIV/AIDS and STIs: Increased vulnerability to infections due to unprotected sex and limited preventive measures.
  - Limited access to healthcare: Discrimination and inadequate health provisions obstructing healthcare access.
  - Substance abuse and addiction: The prevalence of substance use as a coping mechanism for professional trauma.
- Legal and Social Framework
  - Lack of legal protection: The criminalization of sex work leading to lack of legal recourse against exploitation.
  - Police harassment and abuse: Frequent harassment and arbitrary arrests by law enforcement.
  - Limited access to legal aid: Challenges in obtaining legal representation and understanding legal rights.
- Social Support and Living Conditions
  - Stigmatization: Facing social exclusion and marginalization due to societal stigma.
  - Lack of social support: Isolation from social networks, increasing vulnerability to abuse.
  - Inadequate housing and living conditions: Poor living environments exacerbating health risks.
  - Lack of childcare services: Difficulty in obtaining childcare, impacting work and income.
- Economic and Employment Opportunities
  - Financial insecurity: Unstable earnings leading to economic difficulties.
  - Discrimination in employment: Challenges in securing employment outside of the sex trade.
  - Limited opportunities for exiting the profession: A lack of exit strategies and alternative livelihoods.
- Safety and Security
  - Violence and harassment: Vulnerability to physical and sexual violence.
  - Vulnerability to trafficking: Increased risk of exploitation and trafficking.
- Access to Services and Rights
  - Limited access to contraceptives: Difficulties in obtaining contraception and family planning services.
  - Lack of social protection: Exclusion from social safety nets and protection programs.
  - Limited access to banking and financial services: Barriers in utilizing financial services due to stigma and documentation issues.
  - Limited access to education and skill development: Restricted opportunities for educational and vocational training.
- Representation and Advocacy
  - Lack of representation and voice: Limited participation in decision-making affecting their livelihoods and well-being.
  - Livelihood Support: Need for programs that offer vocational training and income-generating activities.

## 2 Social Protection Needs and Demands

- Economic Empowerment and Security
  - Financial inclusion: Facilitating access to banking, microfinance, and credit facilities.
  - Social security benefits: Granting access to pensions, disability allowances, and healthcare coverage.
  - Vocational training and employment opportunities: Providing skill development and alternative job options.

- Legal Rights and Social Justice
  - Legal recognition and decriminalization: Advocating for the decriminalization of sex work to ensure legal rights and protections.
  - Access to justice: Ensuring fair treatment within the justice system and access to legal aid.
  - Safety and security: Protection from violence and abuse, and safe working conditions.
  - Non-discrimination and equal treatment: Promoting equal access to services without discrimination.
  - Anti-trafficking measures: Implementing strong anti-trafficking laws and support for survivors.
  - Representation and participation: Involving sex workers in policymaking and decision-making processes.
- Health and Well-being
  - Comprehensive healthcare services: Providing access to health services tailored to sex worker's needs.
  - Access to contraceptives and family planning: Ensuring availability of reproductive health services.
  - Rehabilitation and substance abuse treatment: Offering services for addiction and substance abuse issues.
  - Mental health services: Providing counseling and mental health support.
- Social Support and Living Conditions
  - Stigmatization: Facing social exclusion and marginalization due to societal stigma.
  - Lack of social support: Isolation from social networks, increasing vulnerability to abuse.
  - Inadequate housing and living conditions: Poor living environments exacerbating health risks.
  - Lack of childcare services: Difficulty in obtaining childcare, impacting work and income.
- Living Conditions and Community Integration
  - Housing and living conditions: Improving access to safe and affordable housing.
  - Social integration and community support: Fostering acceptance and social cohesion for sex workers.
  - Cultural and entertainment opportunities: Encouraging participation in social and cultural activities.
- Family and Child Support
  - Childcare support: Ensuring availability of affordable childcare services for sex worker parents.
- Awareness, Advocacy, and Data
  - Awareness and sensitization programs: campaigns to reduce stigma and discrimination.
  - Social dialogue and advocacy platforms: Creating spaces for collective organizing and advocacy.
  - Research and data collection: Gathering accurate data to inform effective policies and interventions.

**Recommendations**

1. Based on the research findings, a significant number of sex workers have highlighted that a major portion of their limited earnings is allocated towards essential items in their line of work, such as condoms and emergency contraceptives. Recognizing the crucial role these provisions play in ensuring the safety and well-being of both the sex workers and the general public, it is imperative

for the government, NGOs, or other organizations to provide suitable accommodations for such necessities to the sex workers.

2. The government and NGOs should prioritize exploring alternative avenues of financial support for sex workers, including options such as providing small business loans, offering temporary rent assistance, granting utility fee waivers, and implementing a "food stamp" system to enable sex workers to access essential groceries free of charge. By considering sex workers as beneficiaries of these initiatives, they would have the opportunity to pursue small businesses as a secondary profession, allowing them to sustain themselves during times of emergency, such as the ongoing COVID-19 pandemic.
3. To ensure efficient and direct financial support, it is recommended to utilize cash payments or mobile banking methods when aiding directly to sex workers.
4. Brothel residents often rely on midwives for childbirth due to local hospital mistreatment, leading to distressing experiences including abortions and maternal and infant fatalities. Immediate action is needed to provide adequate pregnancy care and safe delivery options, ensuring the availability of trained nurses during childbirth. Policies must also be established to ensure doctors attend to these mothers. Additionally, proper medical care should be extended to the elderly in these communities. Improving access to healthcare for pregnant women and seniors among sex workers is essential, with the government considering transportation arrangements for hospital access.
5. Some sex workers report feeling mentally at peace during interactions with NGO representatives or counselors. Therefore, it's important for the government, NGOs, and other organizations to prioritize psychosocial and mental well-being counseling services tailored for sex workers, helping them cope with depression and anxiety.
6. The participants have repeatedly highlighted the issue of harassment and violence inflicted upon them by the police, emphasizing the urgent need for its cessation. It is imperative for the government and other stakeholders to take proactive measures to sensitize law enforcement agencies, including the police, about the importance of ensuring the safety of sex workers. These interventions should aim to reduce harassment and promote a supportive environment that respects the rights and dignity of sex workers.

# Conclusion

With an emphasis on disadvantaged populations specifically, the "Non-State Actors Report on Social Protection: Mapping of Social Protection for Marginalized Communities in Bangladesh" offers a thorough overview of the social protection landscape in Bangladesh. This report has brought attention to the pressing necessity to meet these communities social protection requirements through a multifaceted strategy that takes into account their interconnected vulnerabilities. These include persons with disabilities, ethnic minorities, the Hijra and transgender communities, those vulnerable to climate change and disasters, Dalits/ lower caste and religious minorities, marginalized and underprivileged women, deserted/ widow and poor women, youth, floating people, individuals affected by HIV/ AIDS, TB, and leprosy, also sex workers. Each of these communities faces unique challenges and requires targeted interventions for social protection and inclusion.

The findings of this study highlight the significance of social protection programs that are both effective and inclusive and address the particular needs of underprivileged populations. Although Bangladesh has achieved remarkable strides in its economic development, it is essential to make sure that these gains are shared fairly and leave no one behind.

The "Non-State Actors Report on Social Protection: Mapping of Social Protection for Marginalized Communities in Bangladesh" effectively maps out the vulnerabilities of marginalized groups, shedding light on their significant challenges in accessing healthcare, education, nutrition, housing, and employment. The report particularly highlights the distinct hurdles faced by ethnic minorities, women, children, and people with disabilities. To tackle these issues, it calls for targeted interventions and customized solutions catering to the varied needs of these groups. The recommendations in the report offer valuable insights for Bangladeshi policymakers, development practitioners, and stakeholders, particularly in areas like health insurance, education grants, and targeted cash transfer programs. The development and enhancement of social protection programs, as suggested, can significantly reduce poverty and improve the welfare of vulnerable populations.

Effective implementation and evaluation of these social protection efforts also hinge on strengthening institutional capacity, coordination, and monitoring systems. Collaboration between governmental agencies, non-governmental organizations (NGOs), and civil society is crucial in crafting a more equal and inclusive social protection system. Enhanced funding for data collection and analysis can inform policy-making and decision-making with factual evidence.

Conclusively, the report underscores the urgency of prioritizing social protection needs for marginalized populations in efforts to create a fairer and more inclusive society. By adopting these recommendations, Bangladesh can make meaningful strides toward ensuring all citizens, regardless of their socioeconomic status, have access to essential support and protection.