

The impact of COVID-19 on Indigenous women in Bangladesh



Adivasi women once beauticians now work as farmhands to support their families in Madhupur upazila of Tangail Dhaka Tribune



Kapaeeng Foundation

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Introduction:

There are over 476 million indigenous peoples (IPs) living in the world now, both in rural and urban areas, embedded across 90 countries of the world and consisting of 6.2% of the global population¹. In Bangladesh, there are at least 50 indigenous and tribal populations (ITPs) living in different parts, including the plains and the hilly areas that constitute approximately 1-2% of the total population of the country. The deprivation of the indigenous community for socio-economic development is historical in Bangladesh. This challenging situation of the ITPs has been exacerbated by the global crisis brought by COVID-19².

The corona virus (COVID-19) pandemic has caused a severe health threat to the people all around the world. The impact is even heavier for the people who belong to the minority communities and living in hard to reach areas. According to United Nations Permanent Forum on Indigenous Issues (UNPFII), the indigenous communities already experience poor access to essential services like healthcare, significantly when it come downs to higher rates of communicable and non-communicable diseases, as well as sanitation, access to key preventive measures, such as clean water, soap, disinfectants, face masks etc. there are issues of the local health care facilities being under equipped and understaffed. Even when Indigenous peoples are able to access healthcare services, they can face stigma and discrimination. Often the issue of language and communication with indigenous population creates a significant barrier for local indigenous population to access dignified essential services³. The situation is graver for the indigenous women and girls.

In Bangladesh, historically the ITPs from both plains and the hills have been deprived from socio-economic development. Several socio-economic indicators such as health, education, household level income, food consumption, participation and women's empowerment remain below the national average for ITPs⁴. While the new coronavirus infection sparing no one, its socio-economic impact exposes the long-standing discrimination that indigenous women and girls face in the socio-economic spectrum including indigenous migrant and domestic workers. Disease outbreaks affect women and men differently. Indigenous women are largely involved within the informal economy in vulnerable and underpaid sectors, as daily wage earners, farmers, small business owners, domestic workers, cashiers, catering or hospitality service providers. Indigenous women are also likely to be the caretakers of children, elderly parents and extended family members. In many regions, indigenous women face disproportionately high rates of domestic and sexual violence. In an emergency context, the risks of violence against women and girls, especially domestic violence, rises due to increased tensions in the home. Furthermore, due to quarantine, social distancing or self-isolation in response to COVID-19, women, including indigenous women are at an increased risk

1 Anne Nuorgam. 2020. Statement by the Chair of the United Nations Permanent Forum on Indigenous Issues (UNPFII). Accessed from https://www.un.org/development/desa/indigenous-peoples-es/wp-content/uploads/sites/34/2020/04/UNPFII-Chair-statement_COVID_19.pdf

2 Trimita Chakma, Pallab Chakma, (2020) The impact of covid-19 on indigenous and tribal peoples of Bangladesh. Kapaeeng Foundation.

3 Anne Nuorgam. 2020. COVID-19 and indigenous population. Accessed from <https://www.un.org/development/desa/indigenouspeoples/covid-19.html>

4 Chakma, Trimita. 2020. A Rapid Assessment Report The impact of COVID-19 on Indigenous and Tribal Peoples in Bangladesh. Retrieved from https://www.iwgia.org/images/news/COVID-19/Bangladesh-Kapaeeng/COVID-19_Report_on_IPs_in_Bangladesh_KF.pdf

of danger as possibilities to escape domestic violence diminish (National Indigenous Women's Resource Centre, 2020).⁵

The paper will provide an inclusive scenario of the impact of COVID-19 in the socio-economic state of the indigenous women in Bangladesh. For this purpose, the paper will provide a secondary analysis of the existing studies drawing on impact of COVID-19 and risk analysis of the virus on the socio-economic state and livelihood of the indigenous women and girls in Bangladesh.

Impact analysis in Different sectors:

The section will highlight the secondary research findings about the current impact of COVID-19 on indigenous women and girls in Bangladesh in the socio-economic, health and discrimination/violence sector.

Impact on economy and livelihood:

Humanitarian crisis impacts all, but it impacts the women and girls in every aspects. The economic impact faced by the women and girls during a crisis is even harder than others. Intersectional identity factors, such as belonging to an indigenous community cause more difficulties for the women and girls. Around the world, women generally earn less and save less, are the majority of single-parent households and disproportionately hold more insecure jobs in the informal economy or service sector with less access to social protections. This leaves them less able to absorb the economic shocks than men. The situation is worse in developing economies, where a larger share of people are employed in the informal economy in which there are far fewer social protections for health insurance, paid sick leave and more. Although globally informal employment is a greater source of employment for men (63 per cent) than for women (58 per cent), in low and lower-middle income countries a higher proportion of women are in informal employment than men. Women informal workers, migrants, youth and the world's poorest, among other vulnerable groups, are more susceptible to lay-offs and job cuts. For example, UN Women survey results from Asia and the Pacific are showing that women are losing their livelihoods faster than men and have fewer alternatives to generate income.⁶ The scenario is no different for the women and girls of the indigenous community of Bangladesh.

For instance, many Garo women migrate to the cities in search of employment and end up working as domestic help or in beauty salons. Even though they perform the same work, they receive a lower wage than their Bengali counterparts. A large number of indigenous women are also hired in the garment factories in the EPZs near Dhaka and Chittagong; however, they are not unionized and do not demand better wages or other benefits.

91.8% of workers in the informal sector in Bangladesh are women. Domestic workers (the great majority of whom are women) as well as day labourers, cleaners, etc. have lost their means of earning a living. In the formal sector, Covid-19 has also had adverse effects in the ready-made garments (RMG) sector in the face of cancelled and suspended orders to the tune of billions of dollars. According to a note by the World Trade Organization (WTO), as of August 2020, up to 1

5 As cited in United Nations. 2020. The Impact of COVID-19 on Indigenous Peoples. POLICY BRIEF NO70. Retrieved from https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_70.pdf

6. UNDP Bangladesh. August 31, 2020. Covid-19: A Step Back for Women's Empowerment in Bangladesh?. Retrieved from <https://www.bd.undp.org/content/bangladesh/en/home/presscenter/articles/2020/08/31/covid-19--a-step-back-for-womens-empowerment-in-bangladesh--.html>

million workers have already been dismissed or furloughed due to cancellation of future work orders and refusal to pay for current orders. With 80% of the RMG workforce being women, the downturn in the sector and the subsequent loss of jobs has affected women to a much greater extent.⁷

Also, a major cause of this huge impact on the livelihoods of plains IPs is the highly precarious nature of employment in which they are generally engaged. This includes the Ready Made Garments (RMG) sector, beauty parlors and domestic service (maids, caretakers and guards). The lack of employment protection and benefit also indicate that Indigenous Peoples have been highly vulnerable to this sudden and complete cessation of income as the economic impacts of the pandemic began to be felt in Bangladesh.⁸

Soon after the government declared a country-wide shutdown to prevent the spread of Covid-19, the immediate socioeconomic impacts of the pandemic hit the indigenous communities. According to a recent study of Kapaeeng Foundation, thousands of ready-made garment workers and beauty parlor workers have lost their jobs along with jobs in other formal and informal sectors. Most alarmingly, food scarcity and starvation has put the indigenous families in an extreme situation. For example, the Hajong families in Durgapur, Netrokona reported having to cut down on the number of meals eaten per day to only one. Many indigenous migrant workers who have returned home are now staying at their village without any income and are in desperate need of employment opportunities for their survival.⁹

The shutdown has also impacted the income of small enterprises. The same study also revealed that 28-year-old Chakma woman entrepreneur who runs a beauty parlour/salon and supports her family of five reported that due to the loss of income from her business she was not only struggling to pay the rent to sustain her small business, but also did not have enough food to feed her family. On the other hand, in Chittagong a 26-year-old Chakma woman garment factory worker reported she is continuing to go to work despite her exposure to the high risk of infection. She is deeply concerned about getting infected but at the same time does not know how she will survive without her job. Meanwhile, a large number of indigenous women who have been working in the informal sector and lacking social protection such as in the beauty industry, have lost their jobs during the pandemic. A few thousand Garo women working in the beauty industry had to return to their villages in Madhupur, Tangail and work as daily wage laborers to earn 200-250 BDT (US\$2.36-2.95) per day. A 27-year-old Tripura woman from Rangamati who works as a social worker reported that even though her workload increased due to the pandemic crisis, she has not been receiving her salary since the lockdown in March. As the breadwinner and the primary caregiver of her family of five members, she is anxious about the loss of income; her family had to cut down the number of meals from three to two meals per day. Hajong families in Durgapur also had no choice but to cut down on food intake. Out of the desperate situation caused by the COVID19 crisis, many poor indigenous communities are entering debt by taking loans at high interest-rate from local loan sharks. A 45-year-old Santal woman from Dinajpur who depends on subsistence farming to feed her family had to sell her harvest to pay back to the money-lender and now does not have enough rice to feed her family. Some community women are selling their ornaments in order to survive.¹⁰

7 Ibid

8 Indigenous Peoples Development Services (IPDS). June 2020. Written evidence concerning the impact of COVID-19 on Indigenous Peoples in the plain lands of Bangladesh. Pdf.

9 Chakma, Trimita. 2020. A Rapid Assessment Report The impact of COVID-19 on Indigenous and Tribal Peoples in Bangladesh.

Retrieved from https://www.iwgia.org/images/news/COVID-19/Bangladesh-Kapaeeng/COVID-19_Report_on_IPs_in_Bangladesh_KF.pdf

10 As cited in Ibid.

Therefore, based on the data, it is apparent that the covid 19 had imperial impact on the economic state of indigenous women and a further impact on their livelihood in a developing country context like Bangladesh.

Impact on Social Spectrums of Indigenous People:

The world's economy and maintenance of our daily lives are built on the invisible and unpaid labour of women and girls. Before the crisis started, women did nearly three times as much unpaid care and domestic work as men. Social distancing measures, school closures and overburdened health precaution measures have put an increased demand on women and girls to cater to the basic survival needs of the family and care for the sick and the elderly. Discriminatory social norms are likely to increase the unpaid work load of COVID-19 on adolescent girls, especially those living in poverty or in rural, isolated locations. Evidence from past epidemics shows that adolescent girls are at particular risk of dropping out and not returning to school even after the crisis is over. Women's unpaid care work has long been recognized as a driver of inequality with direct links to wage inequality, lower income, and physical and mental health stressors. As countries rebuild economies, the crisis might offer an opportunity to recognize, reduce and redistribute unpaid care work once and for all.¹¹

Burden of Increased domestic work:

Specific intersectional impacts on Indigenous women include higher domestic labor burdens. Indigenous women generally bear a higher domestic burden than men, and are facing the brunt of the pressure to feed families in a period of acute financial crisis. Coping mechanisms include recourse to cultivating "famine foods" like yams.

Women also do the great majority of unpaid care work. According to the Bangladesh Bureau of Statistics (BBS), women did on average 3.43 times as much unpaid care work as men, and the closure of schools and having everyone staying at home has increased the amount of unpaid care work that has to be provided by women even more. The BBS reports women already spend as much as 6.2 hours a day in unpaid domestic work. A rapid assessment study by BRAC's Gender, Diversity, and Justice program found that of the women interviewed, 91% reported having to do higher amounts of unpaid care work during the covid-19 period, and 89% reported having no leisure time at all. The closure of school and children being at home all day impacts the load of house work too.

The adolescent girls also have to take the toll of this impact as it has been reported by UNICEF that girls are getting less time for studying or playing and spending most of their time helping in household works¹².

Increased domestic conflict and violence:

Prior to the pandemic, less than 40 per cent of the women who experienced violence sought help of any sort. Now, quarantine and movement restrictions further serve to isolate many women trapped with their abusers from friends, families and other support networks. Furthermore, due to quarantine, social distancing or self-isolation in response to COVID-19, women, including indigenous women is at an increased risk of danger as possibilities to escape domestic violence diminish (National Indigenous Women's Resource Centre, 2020).

11 As cited in United Nations. 2020. The Impact of COVID-19 on Indigenous Peoples. POLICY BRIEF N070. Retrieved from https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_70.pdf

12 <https://www.unicef.org/rosa/stories/coping-covid-19-pandemic-through-girls-eyes>

Lack of access to education:

After the government declared closure of all educational institutions on 17 March 2020 to curb the pandemic outbreak, the education of the children and youth from disadvantaged communities has been severely disrupted. This is also the same for poor indigenous children in the plain land. Many families in the remote areas, both in the hills and the plains, are struggling to manage food and therefore, TV, smartphone and internet facilities are considered luxury items. This increases the risk of increasing of such unpaid labour for indigenous girls who are unable to attend class at the moment.¹³ In remote areas, where smart phones and internet is not available, the children are being deprived of remote learning classes as well. There is a prediction that the current dropping out of girls from the school for such long time and the continued closure of educational institutions will undo year-long interventions of government and civil society to stop child marriage and ensuring child rights¹⁴. Furthermore, there has also been an increase in social racism amidst the pandemic. Several KILs of a study conducted by an indigenous peoples' organization Indigenous Peoples Development Services (IPDS) in the plain land revealed an increase in overt social racism directed against IPs. Adivasis with Tibeto-Burmese features report "Corona" as a new racial slur. In one instance, an IP female activist reports that local Muslim leaders have told their followers that Covid-19 will only impact "Christian" (Indigenous) communities.¹⁵

Impact on health and access to healthcare of indigenous women and girls:

Hygiene and sanitation is a critical element in preventing the spread of COVID-19. From the beginning of the pandemic it was seen that the government and civil organizations have taken initiatives to distribute hygiene kits to the marginalized families of Bangladesh. In a survey of IPDS, more than 60 percent indigenous respondents said they did not receive any relief or assistance including hygiene kits from the beginning of the epidemic from the government or NGOs¹⁶. Indigenous women and girls, who already faced health and safety implications in managing their sexual and reproductive health and menstrual hygiene without access to clean water and private toilets before the crisis, are particularly in danger. When healthcare systems are overburdened and resources are reallocated to respond to the pandemic, the health services are further disrupted affecting the well-being of women and girls. This includes pre- and post-natal healthcare, access to quality sexual and reproductive health services, and life-saving care and support for survivors of gender-based violence. The health impacts has been catastrophic, especially in rural, marginalized and low-literacy communities, where women are less likely to have access to quality, culturally-accessible health services, essential medicines or insurance coverage¹⁷.

13 Chakma, Trimita. 2020. A Rapid Assessment Report The impact of COVID-19 on Indigenous and Tribal Peoples in Bangladesh. Retrieved from https://www.iwgia.org/images/news/COVID-19/Bangladesh-Kapaeeng/COVID-19_Report_on_IPs_in_Bangladesh_KF.pdf

14 (Women, 2020), retrieved from https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/in_the_shadows_of_the_pandemic_gendered_impact_of_covid19_on_rohingya_and_host_communities_october2020_0.pdf

15 Indigenous Peoples Development Services (IPDS). June 2020. Written evidence concerning the impact of COVID-19 on Indigenous Peoples in the plain lands of Bangladesh.

16 <https://www.thedailystar.net/country/news/covid-19-has-pushed-62-ethnic-minority-plains-below-extreme-poverty-line-survey-1951897>

17 UNDP Bangladesh. August 31, 2020. Covid-19: A Step Back for Women's Empowerment in Bangladesh?. Retrieved from <https://www.bd.undp.org/content/bangladesh/en/home/presscenter/articles/2020/08/31/covid-19--a-step-back-for-womens-empowerment-in-bangladesh--.html>

Most of the Indigenous communities live in remote areas, especially in the CHT region, and do not have access to proper health care facilities within their vicinity. While the government is already struggling in the area of healthcare preparedness in combating COVID-19, the remoteness of the Indigenous villages makes them particularly vulnerable in accessing emergency healthcare for not only for treatment of coronavirus but also for other forms of healthcare needs, such as reproductive healthcare needs (e.g. pregnancy) of indigenous women. During the lockdown, those who are sick and need emergency treatment are helpless. For instance, the Khasi community in Moulvibazar reported they do not have access to health services for general sickness such as flu, cold, fever. In particular, the elderly sick people and pregnant women are suffering a lot due to the lack of access to hospitals due to the lockdown. Other communities living in remote areas who did not have access to hospitals in the vicinity are also unable to access health-care services due to lack of transport during the lockdown.¹⁸ In Cox's bazar, where a major number of NGOs are working for Rohingyas and host community, also work with the Rakhains and other indigenous population living in this region on GBV prevention and SRHR. As the works on GBV prevention and SRHR were deemed as non-essential by the government and not allowed to continue, women and girls are deprived on services like menstrual hygiene kits, family planning and GBV referral¹⁹. This is also a concerning issue that the GBV services are not deemed as essential by the government and important stakeholders. Also, the centers that were providing service for sex workers and transgender population has been forced to shut down depriving the gender diverse population from the services essential for them. In this pandemic situation, women are also being forced to give birth at home, risking maternal and infant health, and extra work can also potentially have a negative impact on women's mental health.

Impact on violence against indigenous women:

Economic and social stresses combined with movement restrictions and cramped homes are driving a surge in gender-based violence. Prior to the pandemic, it was estimated that one in three women will experience violence during their lifetimes, a human rights violation that also bears an economic cost of USD 1.5 trillion. Many of these women are now trapped at home with their abusers and are at increased risk of other forms of violence as overloaded healthcare systems and disrupted justice services struggle to respond²⁰. Violence against women (VAW) has also been on the rise in Bangladesh amidst the pandemic (similar to what has been happening in other countries). According to Ain O Salish Kendra (ASK), from January to June 2020, there were 601 cases of rape (increasing from 76 in April to 94 in May and 174 in June), 107 deaths of women due to domestic abuse, and 103 sexual abuse cases leading to 9 suicides. It is also very likely that the number of cases is actually much higher owing to women's restricted mobility in the lockdown, which means many women may not be able to report such cases of violence. Another study by Bangladesh Peace Observatory in Dhaka University showed a 10 percent increase in dowry and domestic-related violence between March 26 and May 31 (72 days) compared to the previous 72 days. Data from BRAC (table 1) also corroborates the issue of increased violence against women. According to data from BRAC's 408 legal aid clinics in the same period last year, the number of violent incidents against women has

18 Chakma, Trimita. 2020. A Rapid Assessment Report The impact of COVID-19 on Indigenous and Tribal Peoples in Bangladesh. Retrieved from https://www.iwgia.org/images/news/COVID-19/Bangladesh-Kapaeeng/COVID-19_Report_on_IPs_in_Bangladesh_KF.pdf
19 (Women, 2020), retrieved from https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/in_the_shadows_of_the_pandemic_gendered_impact_of_covid19_on_rohingya_and_host_communities_october2020_0.pdf

20 As cited in United Nations. 2020. The Impact of COVID-19 on Indigenous Peoples. POLICY BRIEF N070. Retrieved from https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_70.pdf

increased by 69 percent. Table 1 below shows the percentage changes in different types of violence (including against women).²¹

Again reports show that Indigenous women have faced a number of additional human rights challenges²²:

- In at least one case, adivasi women have faced sexual harassment and assault from landlords in lieu of rent they are unable to pay, as reported in the national media²³.
- One adivasi gender activist reported a case of rape in Kalapara during the lockdown period.
- Beauticians who have been laid off or “furloughed” are turning to day labour as a coping mechanism, which makes them more vulnerable to sexual harassment and assault.
- Indigenous women generally bear a higher domestic burden than men, and are facing the brunt of the pressure to feed families in a period of acute financial crisis. Coping mechanisms include recourse to cultivating “famine foods” like yams.

Furthermore, another report also shows violence against indigenous women and girls remain rampant despite the pandemic outbreak and the lockdown. According to the documentation of Kapaeeng Foundation and Bangladesh Indigenous Women Network (BIWN) 30, a total of 13 cases of violence against indigenous women, including rape, abduction, murder and physical attack were reported from January 2020 to June 2020. Out of 13 such cases, 10 were reported in the plains and the rest 4 in the Chittagong Hill Tracts (CHT). The following report Violence against women and girls from March to June 2020³⁰ were reported in a study²⁴

Types of violence	Number of incidents	Geographical locations of the incidents		Number of victims
		CHT	Plain Land	
Rape	03	01	02	03
Gang rape	01	-	01	01
Abduction/kidnapping	02	-	02	02
Attempted rape	02	02	-	03
Killing/killing after rape	01	01	-	01
Physical attack	01	-	01	03
Sexual harassment	-	-	-	-
Attacks related to Land grabbing	03	-	03	03
Total	13	04	09	16

21 UNDP Bangladesh. August 31, 2020. Covid-19: A Step Back for Women's Empowerment in Bangladesh?. Retrieved from <https://www.bd.undp.org/content/bangladesh/en/home/presscenter/articles/2020/08/31/covid-19--a-step-back-for-womens-empowerment-in-bangladesh--.html>

22 Indigenous Peoples Development Services (IPDS). June 2020. Written evidence concerning the impact of COVID-19 on Indigenous Peoples in the plain lands of Bangladesh.

23 Staff correspondent, 'Mother, daughters assaulted by landlord 'over rent', The Daily Star (19th May 2020) <https://www.thedailystar.net/city/news/mother-daughters-assaulted-landlord-over-rent-1903915>, (last accessed 18th June 2020).

24 Chakma, Trimita. 2020. A Rapid Assessment Report The impact of COVID-19 on Indigenous and Tribal Peoples in Bangladesh. Retrieved from https://www.iwgia.org/images/news/COVID-19/Bangladesh-Kapaeeng/COVID-19_Report_on_IPs_in_Bangladesh_KF.pdf

Lack of access to awareness messages and communication materials:

Covid-19 awareness messages are widely being provided around the country, both by the government and civil society organizations. Mostly the mediums are TV, posters and announcement through hand mikes. The indigenous women and girls have mostly been out of these services due to lack of access to TV. The announcement and posters that are being disseminated are also mostly in market areas or crowded places where women and girls have less mobility. There is also an issue of language as most mediums are using Bengali and thus such communication is not appropriate for indigenous population. The right to information is not being exercised for indigenous women and girls. A number of indigenous women and girls in Cox's Bazar have said that they would prefer face to face communication messages, which is not being available at this moment²⁵.

Other potential issues related to indigenous women and girls –

- Need huge amount of water for family members for washing hands in this pandemic time. Indigenous women need to collect this water. Sometimes they need to cross long distances to fetch water for the family. This is also an extra burden for them.
- Change of occupation
- Involving in the non-traditional occupation; e commerce, digital marketing, online business etc. But they have challenges, such as, lack of skills, lack of capital etc.

Recommendation:

Based on the analysis given above, some recommendations are being provided below to reduce the current vulnerabilities inflicted upon the indigenous women and girls.

- Ensure timely distribution of information materials in indigenous languages in appropriate and dignified manner.
- Ensure adequate food, economic support, safety kit assistance for the marginalized indigenous women and girls.
- The maternal health and SRHR services need to be prioritized for indigenous women and girls.
- Ensure intersectional approach in selection of prioritizing aid receivers.
- Respect indigenous culture and values and design aid services according to the context rather than having a generalized approach.
- Ensure visible engagement of CHT Regional Council, Hill District Council and Traditional Institutions in the processes of all kinds of COVID 19 responses
- Mapping and listing of indigenous women and girls who have lost their jobs during this pandemic and in need of livelihood and food assistance.
- Mapping and listing of adolescent girls who are in the risk of dropping down from educational institutes and in threat of child marriage.
- Increase of surveillance on trafficking of women and girls due to loss of jobs and economic recession.

25 (Women, 2020), retrieved from https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/in_the_shadows_of_the_pandemic_gendered_impact_of_covid19_on_rohingya_and_host_communities_october2020_0.pdf

- Provide free devices and internet for the informal indigenous women and girls entrepreneurs for accessing the alternative market platform, such as online platform for the artisan boutique shops.
- Establish corporate market linkage with the local indigenous women and girls among marginalized indigenous communities
- Establish a special fund to support and protect the employment of indigenous women working in the informal sectors such as beauty parlors and garment factories.
- Include Indigenous women and girls representatives to participate in designing, implementing and evaluating these government responses to the pandemic.
- Dissemination of the learning on the experience of the pandemic and using them as a reference for future policies relevant to the life of indigenous population.
- Immediate establishment of GBV services and referral for indigenous women and girls that are context specific.
- Establish mental health services in hard to reach areas with appropriate staffing for indigenous women and girls.
- Provide sustained, long-term economic relief for the marginalized Indigenous Peoples of Bangladesh such as universal access to public services and universal social protection through specialized programs.
- Develop policies to protect the labor rights of the indigenous women workers in the informal sectors.
- Arrange special economy recovery package for indigenous women entrepreneurs
- Promote indigenous women's empowerment, including through access to jobs, entrepreneurship support, and access to land and credit, protection against violence and harassment, and develop culturally sensitive policies that address care needs amongst indigenous groups

Conclusion:

The global COVID-19 impact has been severe for the women and girls of indigenous community. Looking at the impact mentioned above, it is clear that the historical discrimination faced by the indigenous population and the gendered deprivation have only been widened during this pandemic. Still, there is also an opportunity of identifying and locating the contribution of women and girls in the society through unpaid works as well as the contribution through subsistent economic contribution. The government of Bangladesh needs to relocate the funds for the empowerment of indigenous women and girls, consider the recommendations as well as effectively include them in the decision making process.



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