

ACCESS TO HEALTHCARE

POLICY BRIEF

BACKGROUND

COVID-19 affected almost all countries in an enormous way. It has affected the economic and political spheres of most countries leaving devastating impacts at the local levels. While it is still escalating, there are growing concerns over its impact on people, especially the most marginalised and socio-economically vulnerable communities including the Dalits.

Many countries have taken preventive measures towards the spread and control of the pandemic through quarantining the affected, restricting movements of people, limiting public gatherings and engagements, setting up temporary hospitals and health centres, encouraging social distancing and promoting hand washing, other health and hygiene processes at the local levels. However, the front runners and a certain category of people are at higher risk because of the occupations they are engaged in during the times of the pandemic. This includes the health workers, who comprises of 70% women, and the socially marginalized population including the Dalit communities, migrants, women, and girls. The majority of the Dalit population who are at the bottom rung of the socio-economic pillar are less capable of protecting themselves against COVID-19 given their poor living conditions, confined houses in urban slums, poor water and sanitation facilities, etc. among others

DALITS IN ASIA

The Dalits in Asia are one amongst the most marginalized communities in Asia, especially in South Asia. Asia is home to an estimated 220 million Dalit communities from Bangladesh, India, Nepal, Pakistan, Sri Lanka and Malaysia. They are the most marginalised and excluded communities in the political, social and economic spheres. They are discriminated on the basis of their identity due to the work they are engaged in and the caste within the social structure they belong to. The Dalits faces social and structural exclusion from accessing developmental services and justice. Atrocities and violence have been prominently used by the dominant castes to curb their progress in the socio-economic and political ladder. Since caste affected people of South Asia were traditionally and systemically deprived of resources, the majority of them have been compelled to live in meagre daily wages without any savings. The majority of them belong to the category of daily wage earners mostly working as migrant workers, domestic workers, sanitation workers, farm workers and health workers. The pandemic has hit them hard and there are increasing cases of violence been reported against them with the least police protection and action.

HEALTHCARE AND DEVELOPMENT

Sustainable Development Goal3 of the 2030 Agenda for Sustainable Development “ensure healthy lives and promoting well-being for all at all ages”. The associated targets aim to reduce the global maternal mortality ratio; end preventable deaths of new-borns and children; end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases; reduce mortality from non-communicable diseases; strengthen the prevention and treatment of substance abuse; halve the number of deaths and injuries from road traffic accidents; ensure universal access to sexual and reproductive health-care services; achieve universal health coverage; and reduce the number of deaths and illnesses from hazardous chemicals and pollution. Bangladesh has approximately 6.6 million Dalit population who are commonly called Dalits and are socially excluded communities. . Less than 3% of Bangladesh’s GDP is used for healthcare which resulted in inaccessibility of the health services to the marginalised.



The health services remained inaccessible for the Dalit community members as 40-50 % Dalit persons did not receive food and sanitation materials from government or NGOs during the lockdown period. It was reported that sanitation workers were not provided with sanitation kits and PPE kits. Due to severe poverty, the Dalit persons were left stranded and faced hunger and starvation affecting their physical health, some received government's relief packages and rations. Reports also stated that due to financial sufferings many faced mental health disorders, anxiety, fear and other such problems. Many from the Dalit communities could not get access to health care facilities as they were suspected of being covid positive. The health sector mainly focused on covid and remained inaccessible for people from Dalit communities due to lockdown. Even the quarantine facility was not available to the Dalit communities as most of them live in closed space with 4-5 persons in a room. Nagrik Udyog and BDERM and other NGOs came forward to provide ration and health related kits but by large the measures were not sufficient. Even the government schemes and relief packages were not sufficient and by large did not reach the affected Dalit community members.

Plight of Dalits remained similar in India as well. The historical social exclusion and Covid-19 and subsequent lockdown has affected the Dalit communities drastically exposing them to hunger and starvation affecting their physical as well as mental health. NCDHR developed an app named 'WeClaim' and conducted a survey with 32251 participants. The reports stated that 13.65% of the respondents reported that they did not have access to soap and 9.62% did not have access to water. The report also reflected upon the NFHS-IV data stating only 51.9% Scheduled caste (SC) households and 38.4% Scheduled tribe (ST) households had availability of water soap for handwashing. The report also stated that 32.94% of the respondents had no access to sanitizers. The respondents were asked whether health workers visited them during the lockdown period and results stated that 10.79% respondents said no. 48.22 % of the respondents denied the regular sanitization of their settlements using disinfectant.

The respondents from Dalit communities enrolled under schemes such as ICDS stated that only 27.11% SC and 26.11% ST claimed to have raw food material home delivered by anganwadi workers. It is also to be noted that as per the NFHS-IV (2015-16) data SC and ST children are most prone to malnutrition, with 42% stunting, 19% severe stunting, 15% and 18% SC and ST children wasted, and 32.7% SC and 36.7% ST children being underweight and 10.8% and 13.0% being severely wasted, as compared to other social groups. 66% SC respondents reported food scarcity. The National Family and Health Survey (NFHS) data shows the life expectancy of the Dalit and Adivasis is lower in comparison to other group women. Dalit's women live 39.5 years whereas other group women live up to 54.1 years of life.

Nepal is a home to 13.8% Dalit population in the country who are discriminated based on work and descent. A survey conducted by Dalit CSOs National Campaign against Covid-19 pandemic in coordination with Dalit NGO Federation (DNF), Nepal to study the effects of pandemic on the Dalit communities. The report stated that 30% of Dalits had no awareness of Covid-19 related measures as compared to 6% non-Dalits. 49% Dalit of the respondents were not aware of the symptoms of the disease. 26% of the Dalit respondents had no access to quarantine facilities and a significant 32% said they didn't know about it. 54% Dalit community members stated that no hygienic materials were distributed to them. 73% of Dalit respondents stated that no such hygienic materials were distributed related to gender needs. 18% of Dalit respondents had access to sanitary materials at their household levels. A large number of the Dalit community was reported to be vulnerable to the virus and suffered physical and mental health issues due to lockdown and subsequently growing unemployment.

In Pakistan, the Dalit community mostly consists of Dalit Hindus (5,20,000) and Christians (3.3 million) who are one of the most marginalized as per the 2017 census. The Dalit communities live in abject poverty in Pakistan and faced adverse effects during lockdown. Food security remained a big challenge and some NGOs came forward and started distributing ration to doorsteps in major cities. The effects of lockdown included hospitals shutting down their Outpatient Departments leaving the Dalit communities deprived to access health services.

RESPONSE FROM THE CSOS

- 1. Creating awareness:** Civil Society Organisations have been very active from the first day of COVID-19 infection in Bangladesh, India and Nepal. The CSOs with the support of international organisations extend support to the jobless CDWD. The CSO also provided hygiene materials and awareness support to CDWD. Furthermore, CSO representatives provided continuous support physically and virtually to the government to tackle the situation. The CSO leaders took part in the virtual meetings, talk showed and gave critical opinions of government decisions and mismanagement.
- 2. Relief and rehabilitation measures:** The Civil Society Organization, with the support of international organisations, provided relief materials to the CDWD in Asia. All the Dalit organizations has been involved in the relief and rehabilitation including NCDHR in India reaching out almost 22,000 families, Nagorik Uddyog reaching more than 10,000 in Bangladesh, and Dalit NGO Federation with help of other Dalit organization reaching 15000 Dalit families in Nepal.
- 3. Networking systems and remedial mechanism for liaison with state mechanisms:** In line with the state mechanism for addressing COVID-19 situation, Civil Society Organizations have been working simultaneously to reduce the spread of this virus. The CSOs in their respective areas work to raise awareness on the preventive measures, limiting mass gathering and mass mobility in public places and supporting the government in relief work. The CSOs also provide support to the government through consultations and giving necessary suggestions wherever required.
- 4. Research, documentation and advocacy plans:** The research institutions, along with relevant government and non-government organisations, have been working together to find out effective ways to reduce the impact of COVID-19 infection. It is to be mentioned that Bangladeshi doctors have found plasma therapy as an effective way to treat COVID-19 patients, and so far, many infected have recovered due to this plasma therapy. The researchers in Bangladesh are collecting information on the success cases of COVID-19 treatment from different countries so that they can save more lives. .

Reports also mentioned that with physical health issues the Dalit communities also faced mental health issues as prolonged lockdown caused unemployment and many of the members of the community faced insecurity, panic fear and stress with other mental issues. Many national and international NGOs initiated support mechanisms with the help of the government to tackle the situation of mental health issues. Even the quarantine facility was not available at large for the Dalit communities due to poverty and the poor health sector of Pakistan. The localities of Dalit communities are already devoid of basic services like water supply and sanitation and due to covid and subsequent lockdown it became worse. The government announced relief packages and schemes but a large portion of Dalit community members could not avail them due to numerable reasons such discrimination, non-enrolment in formal sectors etc.

Sri Lankan Dalit communities consist of plantation workers who are of Indian origin (Tamilians) brought to work in plantations and others are engaged in menial jobs and daily wage work. The poverty stricken and socially excluded Dalit communities faced high rates of hunger, starvation, malnutrition, inaccessibility to health services. Mental health issues among the Dalit community were also reported such as depression and anxiety due to nervousness, fear of contamination, panic attacks, sleep disturbances, potential job loss, financial burden, uncertain future, fear of running out of food. Lack of information in the native language of the Dalit communities remained a major cause of lack of awareness related to Covid-19. Due to their social exclusion the accessibility of quarantine facilities, social distancing was deprived to the Dalit communities and forced to live in overcrowded spaces. Hygienic materials remained inaccessible to the marginalised. Unwanted pregnancy or young pregnancy which is a health issue for women were also reported as contraceptives were not available. Most of the Dalit community members live in rural areas which deprived them of health services or advice. The schemes and relief packages of the government remained by far inaccessible to the Dalit community members due to lack of awareness, non-enrolment and social exclusion

In addition to that, a ten-member expert team from China was invited to Bangladesh to observe the situation and provide practical suggestions to tackle the problem. The government has maintained steady communication with the countries having business links with Bangladesh so that the business relationship can be on track. Few CSOs have started collecting data on the situation of minority communities during COVID-19 situation and advocating with the local government institutions, government and non-government agencies to ensure social, financial and psychological security of minority groups. But it is felt that comprehensive research on the situation of the CDWD is urgently required so that their needs can be identified and future advocacy plans can be developed accordingly. In Nepal DNF, Samata Foundation and FEDO came up with exploratory research on impact of COVID19 on Dalit communities from various indicators. In India, NCDHR has conducted a large scale app based survey, in which they looked at various schemes and programmes which are supported by the state. This report gave a comprehensive look at the importance of the access to services of Dalit communities. The findings has been disseminated to government officials, parliamentarians and other key stakeholders.

5. **Engaging in governmental, Judiciary & media advocacy efforts:** Civil society has been playing an essential role by supplementing government initiatives in addressing the COVID-19 situation. The CSOs have been monitoring the status regularly and supporting the government with the necessary information and data. The CSOs have been engaged in online discussions, virtual conferences, writing articles in the newspaper on their observations and suggestions so that it may help the government makes the right decision on time. CSO's advocacy has reflected in the budget where we have observed the maximum allocation in the health and livelihood sectors.

RECOMMENDATIONS AND THE WAY FORWARD

1. Universal coverage of Dalit households in all social protection schemes on a mission mode.
2. Enhance budgetary allocations under social security schemes, especially the flagship schemes based on SECC data.
3. Spread awareness of Covid-19 pandemic and symptoms of the disease in native languages.
4. Access to clean quarantine facilities and hygiene materials.
5. Access to be made for sanitary materials for women at household level.
6. The Dalit communities should be provided special financial support amid increasing rates of unemployment and shrinking livelihood opportunities.
7. All Dalit community families must be registered and the provincial governments should ensure that each family has received the special Covid-19 relief packages and ration.
8. The government should provide basic health facilities in localities of Dalit communities.
9. Regular distribution of sanitation kits and PPE kits to the sanitation workers and they must be treated as frontline workers.

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Asia Dalit Rights Forum