

Operating buses at full capacity will be dangerous

Owners should exercise restraint as Covid-19 transmission rate increases

WE are concerned at the bus owners' wish to operate their vehicles at full capacity at a time when the number of new infections and deaths from Covid-19 is still on the rise in the country. Bangladesh Road Transport Owners Association (BRTOA) has made this demand to the government claiming that the Covid-19 situation is getting back to normal here. Since there have been allegations against the bus operators of charging extra fares from passengers, the owners are now saying that they would charge the passengers previous fares if they are allowed to run at full capacity. But allowing "full-scale" movement of public transport would further increase the transmission of the deadly virus, according to the health experts.

When the services of public transport resumed on June 1, after more than two months of suspension, the road transport and bridges ministry gave specific directives to the operators on how they should operate. The bus fare was increased by 60 percent on conditions that bus operators would carry passengers at half their capacity and that they would not carry any standing passengers. The ministry circular also mentioned that health safety guidelines would have to be maintained by all. Sadly, these directives were hardly followed by the bus operators.

Reportedly, many of them charged the passengers more than 60 percent of the previous fare and also did not keep the required number of seats vacant in a bus, meaning that physical distancing guidelines were not followed. Although BRTA took some steps against the non-compliant bus operators and fined them for charging extra fares, we wonder what has been done to make sure they follow the health safety guidelines. Clearly, public buses have played a big role in increasing the spread of the virus, particularly in the capital, as they have hardly followed any safety guidelines.

And now if the bus owners run their vehicles at full capacity, there is no doubt that the coronavirus situation in the country will get worse. No matter how many directives are issued by the government about maintaining health safety guidelines, those will be useless unless the government can ensure their proper implementation. Needless to say, the risk of spreading the virus will be high in overcrowded buses. Thus, we expect a well-thought-out decision from the government regarding the bus owners' demand.

Proportion of young people infected with coronavirus rising globally

Younger generations need to take extra precautions to protect vulnerable groups during the pandemic

WITH over 22 million people affected across the world, the global death toll nearing 800,000 and a surge in new cases in different countries leading to the re-imposition of lockdowns and other measures to curb the spread of coronavirus, it is safe to assume that we still have a long way to go in seeing the end of this pandemic. Recently, the World Health Organization (WHO) expressed its concern that the novel coronavirus spread was being driven by people in their 20s, 30s and 40s, many of whom were unaware they were infected, and warned that they could be putting vulnerable groups at greater risk of infection.

This warning should be taken extremely seriously in Bangladesh. According to IEDCR statistics, more than 50 percent of coronavirus patients in Bangladesh are aged between 21 and 40 years, although over 65 percent of deaths have occurred in the age group of 50 years and above (despite only 17 percent of infected people belonging to this age group). While rates of testing have dropped since the introduction of fees for coronavirus tests—around 18,000 tests were being conducted per day at the end of June, which has now dropped to around 10,000 to 12,000 tests a day—the positivity rate in Bangladesh has stayed constant at 22 to 23 percent over the last 30 days. A flat high positivity rate and low rates of testing should definitely cause us some concern, especially since the WHO criteria suggest that the positivity rate should be below five percent to indicate that the epidemic is under control in a country.

There are enough warning signs in Bangladesh for us to say with certainty that there is no space for complacency and response fatigue at this point in our battle against coronavirus. While we urge the government to expand testing, identify hotspots and properly implement zonal lockdowns and other measures to curb the spread of Covid-19, we also ask our younger citizens to take all precautions in their daily lives. While this demographic group may be at greater risk of exposure because they are responsible for earning livelihoods and supporting their families, they must also diligently wear masks, follow social distancing measures and remember their responsibility towards the more vulnerable groups, especially the elderly and sick people in densely populated areas with weak health services.

Legacy of Covid-19: The good, the bad and the messy



OF MAGIC & MADNESS

BADIUZZAMAN BAY

NO, the pandemic is not over—far from it, actually, despite what the ministers might tell you—although at times it does feel like we've reached the end. The end of our patience and strength, of our resolve to keep fighting, of any flickering hope that things would somehow go back to normal. Since March, it has been a journey without a map or direction. We no longer talk of "flattening the curve" because it's just not going to happen. But even if the end of the pandemic is not in sight and people are still looking for a miracle cure to lead them away from this protracted nightmare, it's possible to pin down the legacy of Covid-19 in Bangladesh through three adjectives that future researchers of the crisis may find useful: the good, the bad and the messy.

The second and third components of the legacy are easy to discern. Pick a newspaper from any random day and go through the front and back pages. You will have grim headlines glaring at you that basically thrust up a mirror on how our economic, social and political systems have operated during the pandemic: it's either the bad guys taking advantage of the crisis to fill up their coffers, or government officials messing up their chances to contain the outbreak and getting away with it. Their shameless display of incompetence or insincerity and lack of remorse for the consequences of their action, or lack thereof, are unmistakable highlights of this crisis.

Together, these two groups of people and the corrupt system that enables them have created the great unknown that Covid-19 still is in Bangladesh, even after five months of its outbreak in the country. They are the ones responsible for creating a climate in which your existence is characterised by what you don't know: you don't know if your Covid-19 test result is accurate (even though you've paid for a service that few countries in the world have monetised), if you will get appropriate treatment if the test comes back positive, if your pregnant wife or diabetic father will be accepted in hospital, if you will have access to a vaccine when it finally emerges and is made available in Bangladesh, if you will be compensated for a pandemic-induced furlough or permanent layoff, if you will have your share of the cash benefits and stimulus packages offered by the government, if your academic journey will be impeded or cut short for lack of affordable internet access, if your exams will ever be held, if you will be

refunded for the grossly inflated electricity bills slapped on households during the lockdown, if you can voice your legitimate grievances without fear of reprisals, etc.

You also don't know if the many systemic problems plaguing the health sector will be really fixed, if those skirting their responsibilities or exploiting taxpayer's money to show insanely high prices of medical and non-medical essentials in vital public institutions will be punished, and if the government will ever treat Covid-19 not as a PR war but as a war for survival, which it is.

The sheer uncertainty created by these developments and other Covid-19 catastrophes, felt across our socio-political spectrum, can be overwhelming. It's tempting to see this period only through the prism of the bad and the messy.



File photo of the volunteers of Quantum Foundation in Pabna burying the body of a patient who died of Covid-19.

PHOTO: STAR

But the pandemic is not just about the systemic failures or the myriad changes—from personal adjustments to global shifts—that came in its wake. It's also about the overflow of selfless services and humanitarian efforts pushing, with equal force, against the tide of its corrupt influences. So while it's important to remember all the madness that has ensued since March, it's equally important to acknowledge the good that has come along with it.

I am not talking about just the doctors and other frontline workers who have been putting their lives on the line to save people's lives. Since the start of the pandemic, there has been also an upsurge in volunteering and community action led by ordinary people and pop-up social groups whose contributions are no less significant. Their acts of altruism, at a time when many people have reason to be anxious about their private circumstances, continue to restore our faith in humanity. Such activism, more like David Cameron's Big Society theory minus the devolution

of power that it entails, saw more people coming together for the common good, sometimes at great personal risks and without waiting for government interventions.

Let me share my pick of some of the initiatives covered by *The Daily Star*. First, let me highlight the most enduring of these initiatives, one that we inherited from a pre-pandemic culture of community service: blood donation. We have seen how volunteers of Facebook-based blood donation groups have ramped up their efforts since the start of the pandemic. Two such groups that recently made headlines are Roktodoran Opekkhay Bangladesh and Amra Roktosandhani. These groups, along with many other digital platforms, have been carrying out their lifesaving

The pandemic is not just about the systemic failures or the myriad changes—from personal adjustments to global shifts—that came in its wake. It's also about the overflow of selfless services and humanitarian efforts.

coordinator of one of the three teams of volunteers burying or cremating deceased Covid-19 patients in Mymensingh city. Ali, as per our report, also organises blood donation camps on a regular basis. For people like him, no voluntary work is negligible, be it collecting donations for marginalised communities, buying groceries for rickshaw-pullers or distributing free masks, soaps and sanitisers on the streets.

The humanitarian spirit of Quantum Foundation volunteers in Pabna also deserves a mention here. These volunteers believe that every one, irrespective of their religion, deserves to be buried with honour and dignity. And so a 12-member team of the foundation organises funerals for people dying with Covid-19 or similar symptoms. This is a particularly important work as there have been many instances where the families of the deceased have left their bodies by the roadside fearing contracting the virus. We have also seen how one hundred families in Aftabnagar have taken an exemplary initiative to address the food crisis: members of the community—most of whom had lost their jobs as construction workers, rickshaw pullers or day-wage workers—have undertaken the task of collecting, cooking and sharing their meals together.

Over the last five months, there have been many such instances of selfless and humanitarian activities covered by various newspapers and news platforms. As the Covid-19 crisis continues to shine a bright light both on ugliness and nobility in the nature of human beings, such services by ordinary people, social groups, and student bodies show that while there is a lot to grieve over—deaths, infections, lives destroyed or changed in unimaginable ways—there is also a lot to be hopeful about. Together, they constitute the "good" part of the legacy of Covid-19 and will hopefully go on to inspire millions of people in the future.

Badiuzzaman Bay is a member of the editorial team at *The Daily Star*. Email: badiuzzaman.bd@gmail.com

To address gender-based violence, we need creativity, collaboration and courage

BIJORN ANDERSSON

ONE glaring truth the ongoing Covid-19 pandemic has reinforced when it comes to gender-based violence is that it is a humanitarian, development and socioeconomic crisis—a persistent and daunting triple threat whose solutions must be grounded in gender equality and human rights.

Even before the pandemic, gender-based violence was a debilitating challenge globally, with on average one out of three women experiencing some form of violence in her lifetime. In Asia and the Pacific, the percentage of women disclosing experience of physical or sexual violence, or both, by an intimate partner ranged widely across different countries, from 15 percent in places like Lao PDR and Japan to 64 percent in several Pacific countries like Solomon Islands and Fiji. Not long after WHO declared a Covid-19 pandemic in March, UNFPA forecast that an estimated 31 million additional incidents of gender-based violence could be expected globally, if lockdowns last for at least six months, with women confined indoors with their abusers. For every three months such restrictions continue, an additional 15 million incidents could be expected.

We've already seen huge spikes in the numbers of women seeking support, including through calls to dedicated helplines. Resources to address gender-based violence, already stretched thin in many places before the pandemic, are all the more challenged now. And we know that this escalating violence will have long-term and damaging socioeconomic consequences on women's health, safety, security and economic participation.

Another truth that's also been revealed is that responding to gender-based violence in the context of unprecedented challenge requires creativity, collaboration and courage—as displayed by the humanitarian heroes supporting survivors in so many different ways in country after country, no matter how difficult the circumstances.

In Nepal, teams of community psychosocial workers already present

in remote far-western and eastern rural districts before the pandemic are being provided with additional air-time on their mobile phones to step up psychological first aid and referral support to survivors, connecting them to locally available services. Saraswati Rai Chaudhury and her colleagues roam far and wide to also reach migrant workers in quarantine centres, mothers' groups and their children, relatives of Covid-19 patients and elderly people. Since Nepal's lockdown began, more than 4,500 women have been assisted.

For Rohingya refugees in the sprawling camps of Cox's Bazar, Bangladesh, service providers have expanded the support available in women-friendly spaces

society and UN partners came together to boost helplines by training responders to provide immediate remote psychological first aid, as well as directing callers to women support centres which are safe spaces, linking up women to various types of assistance. Also, many health actors have been trained and mobilised to support survivors.

After earthquakes struck the Philippine province of North Cotabato last year, local organisations established evacuation centres that included timely and quality care gender-based violence response services, helping women navigate the local system to seek lifesaving support. Availing of this extended support into the pandemic,

to the PSCA. As soon as the message with location coordinates is received, designated teams are mobilised for an immediate response, heading to the caller's precise location.

We've learnt useful lessons—and promising practices—from the numerous critical interventions led by humanitarian heroes like Saraswati, Tania and so many others.

Firstly, services to support survivors of gender-based violence are truly lifesaving and more crucial than ever. Governments cannot and must not compromise or sacrifice this support when funding the pandemic response. It's quite literally a matter of life and death for thousands upon thousands of women and girls.

Second, national governments must invest much more in gender-based violence prevention and response resources, including a skilled and empowered workforce of frontline service providers. This will build on a regional and global evidence base of what works to create a strong foundation, so that this lifesaving work can be quickly expanded during emergencies like Covid-19.

Third, necessity is indeed the mother of invention. Some of the most effective interventions we've seen embrace creative thinking despite Covid-19-related restrictions, as well as adapt user-friendly technology to reach gender-based violence survivors safely. In this, partnerships between government, civil society and the private sector are key to ensure we innovate to reach the most vulnerable and marginalised.

Fourth, but not least, countries can and should learn from one another by sharing what works.

We've heard a lot about the post-Covid-19 need to build back better to ensure no one is left behind.

To convert rhetoric into reality, we must all prioritise the health and wellbeing of women and girls—from achieving optimal sexual and reproductive health to ending gender-based violence and harmful practices—beginning now.

Bjorn Andersson is the Asia-Pacific Regional Director for the United Nations Population Fund (UNFPA).



PHOTO: COLLECTED

to include midwives like Tania Akter alongside psychosocial counsellors, integrating essential gender-based violence and sexual and reproductive health services under one roof. A huge proportion of those contracting Covid-19 worldwide have been frontline health workers like Tania who put themselves at risk, working long, gruelling hours to meet demand and needs, and sacrificing time away from their loved ones for months on end.

In Myanmar, realising the crucial need to scale-up services, government, civil

dozens of Filipino women are now benefitting through these centres from a new initiative called Cash for Protection, which provides 10,000 PHP (USD 200) as part of a wider social safety net for survivors.

In Rawalpindi, Pakistan, the Women Safety smartphone app, introduced two years ago, was urgently upgraded by the Punjab Safe Cities Authority (PSCA) earlier this year as pandemic lockdowns intensified. Women who install the app can alert the police on an emergency helpline or send a text via WhatsApp