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# Ensuring Healthy Environment for Workers' Safety amid Covid-19: A Guideline for RMG Sector

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**Submitted to**  
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## List of Acronyms

|           |  |
|-----------|--|
| BGMEA     | Bangladesh Garment Manufacturers and Exporters Association                 |
| BGWS      | Bangladesh Garment Workers' Solidarity                                     |
| BKMEA     | Bangladesh Knitwear Manufacturers and Exporters Association                |
| BRTC      | Bangladesh Road Transport Corporation                                      |
| BWB       | Better Work Bangladesh   |
| CNG       | Compressed Natural Gaz   |
| DCI       | Data collection Instrument   |
| DGHS      | Director General of Health Services  |
| DIFE      | Department of Inspection for Factories and Establishments                  |
| GBV       | Gender Based Violence  |
| GDP       | Gross Domestic Product   |
| IDI       | In-depth Interview   |
| ILO       | International Labour Organization  |
| KII       | Key Informant Interview  |
| MoHFW     | Ministry of Health and Family Welfare                                      |
| PA system | Public Address System  |
| PC        | Participatory Committee  |
| RMG       | Readymade Garments   |
| SNV       | Stichting Nederlandse Vrijwilligers (Foundation of Netherlands Volunteers) |
| WHO       | World Health Organization  |
| UN        | United Nations   |
| UNDP      | United Nations Development Programme                                       |
| USD       | United States Dollar   |

## Executive Summary

**Introduction:** Previous outbreaks in history such as Hong Kong Flu, Spanish Flu, SARS, H7N9, Ebola, Zika had devastating impact on health, economies as well as social security around the world. The COVID-19 pandemic, which began in late 2019 in Wuhan, China, has adversely been influencing the world, Bangladesh is not exception. Bangladesh, the world's second largest Readymade Garment (RMG) exporter after China, generates 84% of export earnings for the country. Order cancellation, delay in shipment due to export markets being closed for COVID-19 pandemic are posing threats to the survival of the sectors. Since this sector has a significant involvement of the female workers, their sufferings are insurmountable. The government has lifted the nationwide lockdown after May 31<sup>st</sup>; there is no restriction on opening the RMG factories. However, operating RMG factories during COVID-19 involves higher chance of infection (compared to shutdown) and closing means economy and people both will suffer. Therefore, a well-planned and balanced approach can be useful in mitigating this problem. This study was intended to understand the pre-conditions, preparedness necessary for opening the RMG factories and develop a comprehensive and workable model along with detailed action plans for the RMG workers of Bangladesh.

### **Methodology:**

To develop the guideline, we used both primary and secondary information. We reviewed published and unpublished reports, academic and newspaper articles, government reports, guidelines and other relevant documents at country level and global level to know the existing situation and impact of COVID-19 pandemic, especially on the RMG sector. The various secondary information regarding the impact of COVID-19 were synthesized and systematically reported. The primary data was collected through qualitative techniques such as consultative meetings, KIIs and IDIs with various stakeholders through phone/online platform (e.g. Skype/Google Meet/Zoom meeting). We conducted KIIs with participants from factory management level from Gazipur, Ashulia and Narayanganj. Furthermore, we carried out KIIs with experts of various fields including public health experts, epidemiologists, virologists, sociologists, economists, health economist, representative from Ministry of Health and Family Welfare, Ministry of Planning, DIFE, buyers, NGO, traffic police, industrial police, local government representatives, and house owners. We also conducted consultative meetings with international experts, National COVID-19 Advisory Group of Government of Bangladesh, and Shojag Coalition team. In addition, we conducted IDIs over phone with a total of 19 RMG workers from different factories in Ashulia, Gazipur and Narayanganj. This study analyzed the primary data in a few themes—economic and health impact on the RMG workers, factory preparedness and preparedness for transport and community. Furthermore, issues related to gender-based violence was also presented.

Finally, based on the existing situation and reviewing the existing guidelines for safety of the RMG workers, we have developed a workable guideline with an action plan for the RMG workers of Bangladesh.

## **Situation Analysis**

**Findings from Secondary Data:** Globally, the impact of COVID-19 on garment sector is devastating. ILO reported that the major garments exporting Asian countries like Bangladesh, Cambodia, India, Indonesia, Myanmar, Sri Lanka, Vietnam needed to make temporary closures or reduced production capacity of their industries, which affected their workers by temporary job cuts and reduction in working hours. These countries also experiencing reduced export earnings from garments sectors. Moreover, those who are working in factories during this crisis are at significantly higher risk as social distancing is nearly impossible during the environment and nature of work in the factories and employers may not be implementing proper healthy and safety measures. Most of the workers have few or no savings and extremely limited options for generating income other than working in the RMG sector. Therefore, any reduction income will adversely influence their wellbeing. In some countries such as Cambodia, Myanmar, Vietnam, governments have introduced various financial measures to support RMG sectors. While many governments are trying to implement schemes to support workers, these initiatives are not adequate. In addition, those who became sick are struggling to access healthcare services in countries with poor health systems. We also found from secondary sources that worldwide gender-based violence has been increasing rapidly since the COVID-19 outbreak.

In Bangladesh, the garments sector is struggling to survive. Most factories were closed from 14 April 2020 and their operations to prevent the spread of COVID-19 and until April 25 to prevent the spread of COVID-19. More than one million RMG workers in Bangladesh have already been fired or furloughed due to COVID-19. According to BGMEA, the garments industry is currently working with only 55 percent of its capacity. The BGMEA president also mentioned that many workers will be fired from June 2020. It is also reported that 262 confirmed COVID-19 cases were found among RMG workers. Few testing labs have been established by BGMEA for testing their workers. BGMEA signed contract with Common Health for providing telemedicine service to the workers. Consistent with global trend, Bangladesh is also facing increasing cases of gender-based violence due to COVID-19.

**Findings from Primary Data:** This study found that factories were operating mainly with workers who live nearby, however, paying 60% of the basic salary to the workers who were currently not working. The opportunity of overtime work had drastically reduced, thereby, workers were struggling to pay for basic necessities. At the same time, workers were perceiving themselves at a great risk of being infected with COVID-19. Those who had chronic illnesses and, took consultation services and medications regularly were facing difficulties.

Factories were trying to comply with the guidelines provided by BGMEA and ILO. Most of the factories were maintaining entrance protocol, disinfecting workers and temperature checking while entering into the factory, raising awareness among the workers regarding COVID-19. There was a COVID-management task force in each factory. It was found from the interviews of managers of factories and workers that all workers were wearing masks, washing hands,



disinfecting shoes when they were entering into the factories. PA system were announcing preventive measures and guidelines frequently. The factories were providing one poly bag each day for each worker to keep their personal belongings such as mobile phone and purse/wallets. Some factories were measuring temperature of the workers at entry point while managers from other factories claimed that introduction of temperature checking would take more time. Some of the factories were operating in two shifts such as 6:00AM – 2:00PM and 2:00PM – 10:00PM. However, it was not possible to maintain sufficient distance in setting the machines in sewing, cutting, and finishing sections due to the shortage of spaces in the factory as well as the nature of the production process. There were no proper isolation facilities in the factories.

This study found that most of the RMG workers were living in a walking distance from the factory. However, those lived far away, there was insufficient dedicated transport facilities for the workers. Therefore, it is highly likely that workers may get infected while traveling. Almost all the stakeholders opined that there is a dire need of enough dedicated transports for the workers who live far away from the factories. There is also high chance of infection of RMG workers from their community. Most of the workers live in shared rooms, and many of them shared toilets and kitchens with other workers. It is also difficult to get disinfected for the workers upon returning home due to lack of disinfectant items. The female workers mentioned that they did not face any violence due to COVID-19 till now. As their income level is decreasing due to COVID-19 and many are losing jobs, it is likely that gender-based violence may increase in the long run.

**Review of Existing Guidelines:** We reviewed the guidelines of DGHS, BGMEA, BWB and WHO. DGHS guideline is for general purpose with little focus on the safety of the RMG factories. Guidelines by BGMEA is designed for the safety of the RMG workers especially in factory with little focus on the safety at the transport and community. WHO guideline was developed for any type of workplace especially for official settings rather than focusing on the safety of vulnerable RMG workers. BWB guideline seems more comprehensive as it covers in detail about the safety measures at the factory, transport and community. However, this guideline has no clear instructions on some issues like what should be done if a worker is found with higher temperature at the entry gate, what steps should be taken if any worker display symptoms at home. Furthermore, BWB guideline suggested self-quarantine of the workers if get infected which is nearly impossible for the RMG workers. This guideline did not include any social support measures.

**National and International Good Practices:** This study found that some factories in Narayanganj were ensuring physical distance while entering into the factory, practicing hand sanitizing, checking temperature with thermal scanner, providing polythene for keeping personal belongings, spraying disinfectant for body and disinfecting shoes. In addition, vehicles with raw materials were being disinfected upon entry to the factory premise. This study also found some good initiatives taken by the RMG factories of different countries e.g., Cambodia, Kenya, Ethiopia, India to prevent COVID-19 from consultation with international experts. The good practices were wearing mask compulsorily, washing hand thoroughly before entering into the

factory, checking temperature of workers using thermal scanner. In Ethiopia, factories created barriers in front of the work table/ sewing machine of each worker using transparent polythene, and workers stay in the dormitory, and not allowed go outside of the factory areas to reduce the chance of infection. In India and Thailand, foot operated hand washing facilities and door opening opportunities are getting popular.

**Workable Guideline:** The proposed guideline provides specific instructions for the workers safety at workplace, transportation and community and gender-based violence. The guideline keeps all the relevant instructions from the BWB and other guidelines with suggested modifications. This guideline includes the initial preparedness required for implementing safety measures in factory, transportation and in the community. Also, this guideline includes some specific instruction related to GBV as it is evident from many countries that GBV may raise during the pandemic.

**Implementation and Action Plan:** Ensuring safety for the RMG workers amid COVID-19 requires integrated actions of all the stakeholders. Involvement of Factory owners, factory management bodies, BGMEA, BKMEA, local government, house owners, local elite, NGOs or donors, Ministry of Labour, owners of local respective community centers etc. are essential for implementation of this guideline.

**Advocacy Strategies:** Some initiatives need to be taken for obtaining the acceptance of the Ministry of Labor and BGMEA. This is important to submit the guideline with a forwarding letter to the Ministry of Labour requesting to take necessary actions for incorporating its elements in the guideline developing by National Occupational Safety and Health (OSH) Council.

# 1. Introduction

## 1.1 Background:

There have been various disease outbreaks and pandemics in history, including Hong Kong Flu, Spanish Flu, SARS, H7N9, Ebola, Zika (Qiu et al., 2017). The impact of these outbreaks was devastating considering the health, economics, as well as social security around the world. Recent years have seen some large-scale outbreaks like Hantavirus pulmonary syndrome, H1N1 influenza, severe acute respiratory syndrome (SARS), H5N1 influenza, Middle East respiratory syndrome (MERS), and Ebola virus epidemic (Gostin et al., 2016). The H1N1 influenza of 2009 was the first influenza pandemic of the 21<sup>st</sup> century (Qiu et al., 2017). It has affected many parts of the world causing more than 18,000 deaths (Rewar et al., 2015). Ebola outbreak, which started in 2014 in West Africa, caused more than 11,000 deaths leaving the world more than USD \$2 billion losses (Maurice, 2016). The Zika virus of 2015 spread and threatened the health of the people in 34 countries around the world (Troncoso, 2016).

The outbreak of COVID-19, which began in late 2019 in Wuhan, China, has spread rapidly to 216 countries, areas or territories and the world is experiencing an unprecedented tough time (WHO 2020). With numbers mounting daily, COVID-19 has been influencing the whole world adversely. As a prescription from the international organizations, and partly due to the ‘following the crowd’ effects, more than one third of the world has adopted and endured nationwide shutdown to contain the spread. As a result, businesses around the world are incurring enormous costs and the global economy has witnessed a sharp fall. Like most other countries, Bangladesh has also experienced countrywide lock-down for more than two months. Recently, lockdown had been relaxed to quite a large extent. However, economy has not been returned in its previous form. The infection curve is still going up. A country with 12 percent severe poverty and a significant number of people out of regular pay-rolls, this lockdown has been taking a great toll on livelihood of the people in general as well as mental health of the people of all walks of life. Moreover, there is a grim prediction about economy of the country—economy may shrink up to 3% as forecasted by Economist’s Intelligence Unit (The Economist, 2020).

Bangladesh, the world's second largest Readymade Garment (RMG) exporter, after China generates 84% of export earnings for the country (BGMEA, 2020). Due to this pandemic, the RMG sector is experiencing the greatest hit. On the one hand, RMG sectors followed lockdown in the country. On the other, order cancellation, delay shipment due to export markets being closed for COVID-19-19 pandemic are posing more risks to the survival of the sectors. Since this sector has a significant involvement of the female workers, their sufferings are insurmountable. There is some anecdotal evidence that gender violence has also seen an upsurge due to distress

resulting from the confined living style. A study<sup>1</sup> found some social effects (increase in divorce rates) in China.

As Bangladesh receive more than four-fifths of its export earnings form Ready Made Garments (RMG) sector, and so it was not possible for Bangladesh to shut off the factories for a long period. Many factories have purchase orders that need to be shipped soon. In addition, there is a new demand for PPE both locally and globally. Most importantly, shutting down the factories for longer period will leave a significant strain on the economy as well on the jobs. Women are likely to be disproportionately affected as the garments sector has provided young women with limited skills and education a first opportunity to transition into formal manufacturing jobs with regular wages, therefore, it will be difficult to look for other jobs (ILO, 2020). Moreover, Women workers are more likely to face violence and harassment due to confinement as well as the increased burden of care during pandemic situation. From April 26, many factories have reopened at a limited scale. Once government has lifted the lockdown (general leave) after May 31<sup>st</sup>, there is restriction on opening the RMG factories.

Opening RMG factories have double-edge problems -- opening means higher probability of infection (compared to shut-down) and closing means economy and people will suffer. A well-planned and balanced approach can be useful in mitigating this problem. Therefore, it is imperative to understand the pre-conditions, preparedness necessary for opening the RMG factories and develop a comprehensive and workable model along with detailed action plans for the RMG workers of Bangladesh.

## **1.2 Objectives**

The study aimed at developing a workable model for RMG sector so that the worker can secure their livelihood while eliminating health hazards to ensure worker health and safety in the face of Covid-19 and other similar endemics.

This report has been organized as follows: Section 2 explains the methods of the study, Section 3 presents the situation analysis which contains information from secondary sources and findings from the primary data. Section 4 reviewed the existing guidelines for RMG sectors. Section 5 discusses the national and international good practices in managing COVID-19, especially in the factory setting. Section 6 presents a workable guideline for RMG sector. Section 7 provides the implementation plans of the guideline.

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<sup>1</sup> <https://www.bloomberg.com/news/articles/2020-03-31/divorces-spike-in-china-after-coronavirus-quarantines>

## 2. Methodology

We used both primary and secondary information to develop the guideline. The secondary information was analyzed through desk review. The primary information was collected through consultative meetings, Key Informant Interviews (KIIs), and In-depth Interviews (IDIs).

**Desk research:** We reviewed published and unpublished reports, scientific articles, newspaper articles, government reports, and other relevant documents at country level and global level to sketch the existing situation and impact of COVID-19 pandemic, especially on the RMG sector. The various secondary information regarding the impact of COVID-19 were synthesized and systematically reported. We have reviewed and reported the international COVID-19 situation including impact on the global economy, impact on the RMG sectors, and gender-based violence. We also described the current status of the progress of vaccines for COVID-19 since any vaccine for treating COVID-19 patients would save the mounting tensions around the world as well as the tension of the RMG sector. Moreover, we reported the COVID-19 situation in Bangladesh including economic losses due to the nationwide shutdown, projection of the COVID-19 infection in Bangladesh, impact on the RMG sector, gender-based violence due to COVID-19 and steps taken by BGMEA to protect the workers. We also reviewed the existing national and international guidelines related to ensuring safety of the RMG workers.

**Primary information:** The primary information was collected through qualitative techniques such as consultative meetings, KIIs, and IDIs with various stakeholders. The KIIs, consultative meeting and IDIs were conducted over Phone, Skype, Google Meet and Zoom meeting. We conducted a total of 16 KIIs with participants from factory management level including factory manager HR & Compliance, welfare officer, participatory committee (PC) member, members of Factory Covid-19 Management Task Force, Safety Officer, and factory healthcare providers in Gazipur, Ashulia and Narayanganj. Furthermore, we carried out KIIs with experts of various fields including public health experts, epidemiologists, virologists, sociologists, economists, health economist, representative from Ministry of Health and Family Welfare, Ministry of Planning, Ministry of Labor and Employment, buyers, NGO, traffic police, industrial police, local government representatives, and house owners. We also conducted consultative meeting with international experts, National COVID-19 Advisory Group of Government of Bangladesh, and Shojag Coalition team.

In addition, we conducted IDIs over phone with a total of 19 RMG workers (16 female and 3 male) from different factories in Ashulia, Gazipur and Narayanganj.

**Table 2.1: List of stakeholders interviewed through KIIs, IDIs and consultative meeting**

| Stakeholder  | Data collection method | Number of participants |
|--|------------------------|------------------------|
| Factory managers   | KIIs                   | 4                      |
| Factory Covid-19 management task force                       | KIIs                   | 4                      |
| Participatory Committee members                              | KIIs                   | 3                      |
| Safety Officers  | KIIs                   | 2                      |
| Welfare Officer  | KII                    | 1                      |
| Factory medical staff  | KIIs                   | 2                      |
| Industrial Police  | KII                    | 1                      |
| Traffic Police   | KII                    | 1                      |
| Local public representatives (Ward Commissioners)            | KIIs                   | 2                      |
| RMG workers  | IDIs                   | 19                     |
| Buyers   | KIIs                   | 2                      |
| Public health experts  | KII                    | 1                      |
| Medicine Expert  | KIIs                   | 2                      |
| Epidemiologists  | KIIs                   | 2                      |
| Virologists  | KIIs                   | 1                      |
| Gender expert  | KII                    | 1                      |
| Economists and Health Economist                              | KIIs                   | 2                      |
| Sociologist  | KII                    | 1                      |
| Representative from Ministry of Health and Family Welfare    | KIIs                   | 2                      |
| Ministry of Planning   | KII                    | 1                      |
| Ministry of Labor and Employment                             | KII                    | 1                      |
| DIFE   | KII                    | 1                      |
| RMG experts  | IDIs                   | 2                      |
| NGO and Shojag Coalition team                                | Consultative Meeting   | 5                      |
| International Experts  | Consultative Meeting   | 6                      |
| National COVID-19 Advisory Group of Government of Bangladesh | Consultative Meeting   | 4                      |

The data collection instruments (DCIs) were finalized by incorporating the feedbacks given by Shojag team. The research team conducted the Consultative Meetings, KIIs and IDIs during 10 May to 10 June 2020. The DCIs were prepared under some broad headings like, factory preparedness, safety in the transportation, safety in the community, impact of COVID-19 on the RMG workers, gender based violence and the extent to which the alternative approaches fit in RMG sector in the socioeconomic, cultural and political economy contexts of Bangladesh. The checklist for international experts included the measures and practices for safety of the RMG workers in different parts of the world.

Informed consent was taken from the participants prior to enrollment into the study and interviews. The confidentiality and anonymity of the study participants was strictly maintained throughout the study.

After data collection, we analyzed the qualitative data with different themes such as the existing practices for safety in the workplace, safety in the community, safety with the transportation facility as well as the extent to which the alternative approaches fit in RMG sector in the socioeconomic, cultural and political economy contexts of Bangladesh. Furthermore, issues pertaining to gender-based violence was also presented. The report was finalized after incorporating the suggestions obtained from a national validation workshop with relevant stakeholders (see Annex Table 1). Based on the findings, a workable guideline has been prepared with detailed action plans for the safety of RMG workers of Bangladesh.

### 3. Situation Analysis

The situation analysis was conducted based on both secondary and primary information.

#### 3.1 Secondary Information

The situation analysis of secondary information was based on both international and country contexts.

##### 3.1.1 International COVID-19 situation

A total of 8,796,469 cases of COVID-19 including 464,294 deaths, as of 21 June 2020, have been reported worldwide, (EU, 2020). Table 3.1 is showing the continent-wise number of COVID-19 infected and death cases. The COVID-19 outbreak has distorted the political, social, economic, religious and financial structures of the whole world. World's leading economies including the US, China, UK, Germany, France, Italy, Japan are at the verge of breakdown (Modern Diplomacy, 2020). Moreover, Stock Markets around the world have been adversely affected and oil prices have plummeted.

Table 3.1: Continent-wise infected cases and deaths using data from European Union (as of 21 June, 2020)

| Continent     | Number of infection cases | Number of deaths |
|---------------|---------------------------|------------------|
| Africa        | 296,553                   | 7,920            |
| Asia          | 1,831,296                 | 46,878           |
| America       | 4,374,446                 | 221,783          |
| Europe        | 2,284,522                 | 187,575          |
| Oceania       | 8,956                     | 131              |
| Other regions | 696                       | 7                |

Source: European Union, 2020.

According to International Labor Organization (ILO), workers and businesses are facing catastrophe all over the world and about 25 million employments were threatened by the COVID-19 situation (ILO, 2020a). Previous evidences also indicate that that the health, social and economic impacts of COVID-19 situation are being borne disproportionately by poorer segment of the population (UN, 2020a). People without access to improved accommodation facilities, running water, toilet facilities, working conditions are likely to suffer more both from the direct pandemic and its aftermath. Therefore, if not properly addressed through proper policies, the crisis led by the COVID-19 pandemic may also upsurge exclusion, inequality, discrimination as well as global unemployment in the short, medium and long terms.



## **Impact on the RMG Sectors**

According to ILO (2016), about 60 million people were employed in the textile, clothing and footwear sector worldwide and about three-quarters of garment workers worldwide are female. The industry is seen as a stepping stone for many developing countries. The garments sector has provided young women and workers with limited skills and education a first opportunity to transition into formal manufacturing jobs with regular wages. Though wages in the sector are low, they are critical to the livelihoods of the workers and their families. A reduction in working hours or layoffs could therefore potentially have devastating effects on millions of workers and their families. Workers will have a difficult time to cover their basic needs and will find themselves in a highly precarious situation (ILO, 2020). Women working in the garment sector are represented in the most vulnerable, marginalized, low paid and impoverished forms of work (Care International, 2020). Women in the RMG sector usually carry out ‘low-skilled’ tasks like sewing, embroidery, cutting and finishing of garments. Many women garment workers also experience poor working conditions, poor maternity protection and insecure employment opportunity (ILO, 2020).

The COVID-19 led pandemic situation is having a significant impact on global supply chains of garments. Different buyers and retailers are cancelling orders from their supplier factories as well as many countries are imposing restrictions on both travel and gatherings. As consumers are staying at home and many stores being closed, European and US-based buyers began cancelling and suspending orders from suppliers from March, 2020, thereby, Asian garment manufacturers such as Bangladesh, Cambodia, India, Sri Lanka, Myanmar, Vietnam etc. started to face the economic impact of the virus (ILO, 2020a). Therefore, many garment factories from different parts of the world are suspending production and, in some cases, firing or temporarily suspending their workers. A survey between March 21 and March 25, 2020 found that over a million workers have already been laid off or temporarily been suspended from work and the numbers is expected to increase (Anner, 2020).

The impact on garment workers is expected to be devastating. ILO (2020a) reported that the major garments exporting Asian countries like Bangladesh, Cambodia, India, Indonesia, Myanmar, Sri Lanka, Vietnam needed to make temporary closures of their industries which impacted their workers by temporary job cuts and reduction in working hours. A survey in Egypt found that about two thirds of factories have reduced their production capacity due to cancellations of orders (Better work, 2020a). Vietnam Textile and Apparel Association mentioned on 4 May that the total export earnings from textile and garments in Vietnam dropped by 6.6 percent in the first four months of this year to 10.64 billion USD<sup>2</sup>.

Moreover, those who are working in factories during this crisis are at significantly higher risk as social distancing is nearly impossible during the environment and nature of work in the factories

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<sup>2</sup> <https://en.vietnamplus.vn/garment-exports-fall-66-percent-in-four-months/172848.vnp>

and employers may not be implementing proper healthy and safety measures (ILO, 2020a). In addition, those who became sick may not have proper health care and will struggle to access services in countries with poor health systems structure.

And the cancellation of orders may increase the likelihood of months without pay to support themselves and their families. Most of the workers have few or no savings and extremely limited options for generating income other than working in the RMG sector.

### **Support Programs:**

In some countries, governments have introduced various financial measures, for example in Cambodia, the government announced a plan for garment workers to receive 60 percent of the minimum wage if their factories close (40% from the factory owners and 20% from the government (Clean Clothes Campaign, 2020). The government of Myanmar has announced a US \$70 million support package for factories (Abdulla, 2020). The government of Vietnam has passed a US\$2.6 billion financial support package including a monthly allowance for individuals and businesses affected by COVID-19; authorities also approved a plan to delay the collection of taxes and land rent worth of US\$7.6 billion to help industries affected by COVID-19 (Betterwork, 2020). While many governments are trying to implement schemes to support workers, these initiatives are not adequate and, in some cases, inconsistent (ILO, 2020a).

### **Gender Based Violence**

It is likely that during the crisis times, women and girls are impacted most heavily in terms of their education, food security, livelihood, food, health and nutrition (ILO, 2020a). Millions of women face an increased burden of unpaid care work, added barriers to accessing sexual and reproductive health care services as well as increased risk of gender-based violence (UN, 2020b). A report by Action Aid showed that due to COVID-19 crisis, Myanmar's garment workers are at greater risk of domestic violence as many lost their jobs overnight (ActionAid, 2020a). Furthermore, women searching for alternative jobs into other sectors may increase other harassments.

Women and girls have special health needs like maternal and reproductive health care. Provision of sexual and reproductive health services, gender-based violence related services, are key to health, rights and well-being of women and girls. UN policy brief on the impact of COVID-19 on women mentioned that the diversion of attention and critical resources away from these provisions due to the pandemic may result in exacerbated maternal mortality and morbidity, increased rates of pregnancies, HIV and other sexually transmitted diseases (UN, 2020b).

According to UN Women (2020), domestic violence has increased by around 30% in France since the lockdown on March 17. Increased cases of domestic violence for women and demand

for emergency shelter have also been reported in Argentina, Cyprus, Singapore, Canada, Germany, Spain, the United States and the United Kingdom (UN Women, 2020). Reports from China also mentioned that the coronavirus has already caused a threefold increase in domestic violence cases in February compared with the previous year, 90% of the causes of violence were related to the Covid-19 epidemic ([Mahdawi, 2020](#)). With increasing evidence of domestic violence, different countries are undertaking various initiatives to combat the crisis. In China, the hashtag #AntiDomesticViolenceDuringEpidemic has been trending in the social media platform and in neighboring country India, police in the state of Uttar Pradesh launched a new helpline for domestic violence (BIGD, 2020<sup>3</sup>).

### **Progress of vaccines for COVID-19:**

It would be easy for the world to tackle the COVID-19 situation if any vaccine could be made available. It would also reduce the burden to the RMG sectors all over the world. Scientists all over the world are trying and research is happening at breakneck speed. About 80 groups around the world are conducting research for introducing vaccines for COVID-19 and some of these are now entering clinical trials (Gallagher, 2020). Early results from Moderna coronavirus vaccine trial show eight participants developed antibodies against the virus according to the biotech company which partnered with the National Institutes of Health in USA to develop the vaccine for COVID-19 (Cohen, 2020). According to Gallagher (2020), the following progress has also been made:

- The first human trial for a vaccine was announced last month by scientists in Seattle. Unusually, they are skipping any animal research to test its safety or effectiveness
- In Oxford, the first human trial in Europe has started with more than 800 recruits - half will receive the Covid-19 vaccine and the rest a control vaccine which protects against meningitis but not coronavirus
- Pharmaceutical giants Sanofi and GlaxoSmithKline (GSK) have teamed up on 14 April to develop a vaccine for COVID-19.
- Australian scientists have begun injecting ferrets with two potential vaccines. It is the first comprehensive pre-clinical trial involving animals, and the researchers hope to test humans by the end of April

Though scientists all over the world are trying to develop vaccines for fighting COVID-19 and some of these are successful primarily, it is expected that vaccine will be developed. However, it will take time to find any effective vaccine since various clinical trials are required.

### **3.1.2 COVID-19 situation in Bangladesh**

The first confirmed positive case of COVID-19 was reported in Bangladesh on 8 March 2020 and as of 21 June 2020, the total number of confirmed cases has reached to 1,12, 306 (DGHS,

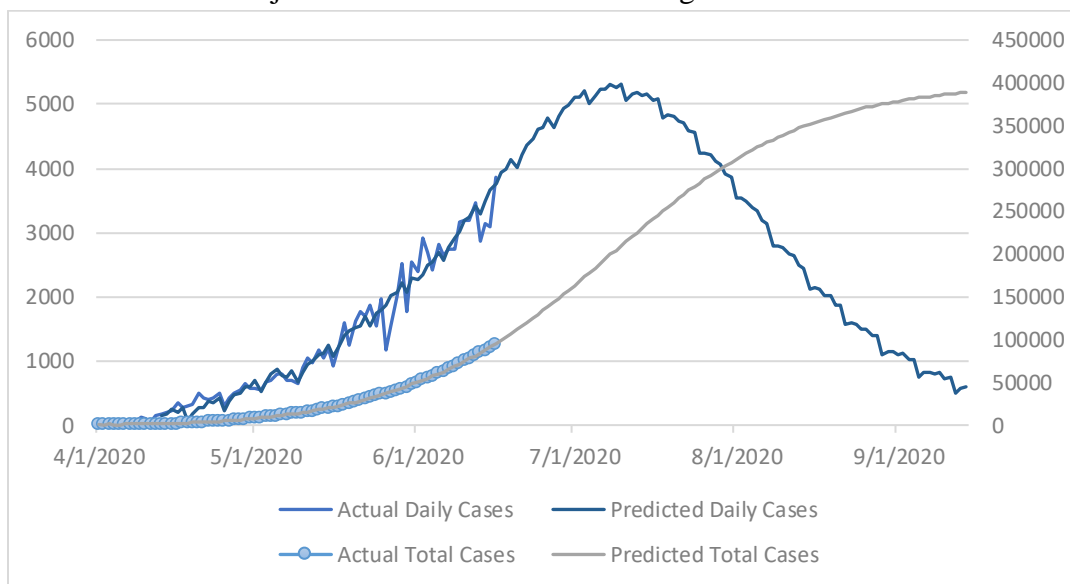
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<sup>3</sup> BRAC Institute of Governance and Development. Blog link: <https://bigd.bracu.ac.bd/quarantine-in-home-or-prison-domestic-violence-in-the-time-of-covid-19-and-what-it-holds-for-bangladesh/>

2020). Bangladesh, COVID-19 cases were found with 1,464 death cases. The country announced a shutdown of offices and public transport from March 26 to May 30, 2020. Bangladesh's economy has been significantly influenced by the COVID-19 pandemic since its outbreak on 8th March, 2020. A study by Hamid (2020) found that the national shutdown causes an estimated loss of BDT 33 billion per day to the economy, of which 10 billion is from the manufacturing sector. The decline in global demand for manufactured goods, particularly in the RMG sector, increased the risks of unemployment and deepening poverty (World Bank, 2020).

A projection by Shimul (2020) showed that if the current rate continues, the infection in Bangladesh will grow until of the mid of July, then will be stable (grow but at a lower rate) for about three weeks and then will be slowed down (according to SIR model). Using district level data from the website of IEDCR, Shimul (2020) showed that the cases in Cumilla and Dhaka City are growing exponentially. Dhaka city, Cumilla, Chattogram, Cox's Bazar, and Sylhet are having more growth recently. Moreover, Narayanganj, and Gazipur are already in the list of high-affected districts which poses more the risks to the RMG sectors since majority of the garment factories are located in these high-affected areas (Shimul, 2020).

Figure 3.1<sup>4</sup>: Actual and Projected COVID-19 cases for Bangladesh



### Impact on the RMG Sector:

Readymade Garment (RMG) Industry is the most important sector that has been strengthening the economy of Bangladesh for the last couple of decades by fetching billions of dollars as export earnings. According to BGMEA (2020), the total RMG exports in the year 2018-19 was USD 34,133.27, which was 84.21 percent of total exports. At the same time by opening a new door of employment for the rural marginal people, this industry has been acting as a catalyst for

<sup>4</sup> The right axis shows total numbers and left axis shows new cases

the development of our country. The RMG sector has more potential than any other sector to contribute to the reduction of poverty by employing a large number of female workers who otherwise might have been unemployed. RMGs of Bangladesh are powered by more than 4 million young, urbanizing workers where majority of them are women of 14-35 years of age (Hamid et al, 2017).

Since the COVID 19 outbreak in China, Bangladeshi RMG sector has been facing challenges as it heavily relies on China for raw materials and capital machinery. Covid-19 emerged in US and Europe by February 2020, which are the Bangladesh's major RMG export destinations adding more challenges to the sector. By the third week of March, many buyers started canceling or delaying order shipments though materials were already in house (UNDP, 2020). As of 29 April, 2020, more than 982 million pieces order were canceled by buyers (USD. 3.18 billion) affecting 1,136 factories (BGMEA, 2020a). This drop in demand is affecting about 2.28 million workers (BGMEA, 2020a).

Table 3.2: Comparison of day-wise RMG exports (in million US\$) for the first week of April 2019 and 2020.

| <b>Date</b>    | <b>RMG exports in 2019 (million US\$)</b> | <b>RMG exports in 2020 (million US\$)</b> |
|----------------|---|---|
| <b>1 April</b> | 120.63                                    | 17.33                                     |
| <b>2 April</b> | 91.43                                     | 23.11                                     |
| <b>3 April</b> | 89.14                                     | 12.34                                     |
| <b>4 April</b> | 94.35                                     | 19.98                                     |
| <b>5 April</b> | 61.91                                     | 14.53                                     |
| <b>6 April</b> | 66.10                                     | 18.22                                     |
| <b>7 April</b> | 58.37                                     | 23.89                                     |

Source: UNDP, 2020

In Bangladesh, most factories were closed from 14 April, 2020 and their operations to prevent the spread of COVID-19 and until April 25 to prevent the spread of COVID-19 (ILO, 2020a). Exceptions were made in some factories that had orders or that were producing Personal Protective Equipment (PPE) (Better Work, 2020). More than one million RMG workers in Bangladesh have already been fired or furloughed (ILO, 2020a). Around tens of thousands of workers have negotiated through their unions to ensure they receive wages during factory closures, and proper PPE while at work (Connell, 2020). Due to reduction in demand of RMG products, workers will be laid off from June 2020 as BGMEA president mentioned on 4 June

2020<sup>5</sup>. A press release on 6 June 2020 from BGMEA<sup>6</sup> mentioned that the garments industry is currently working with only 55 percent of its capacity.

The Prime Minister of Bangladesh initially announced an emergency stimulus package of \$600 million (equivalent to 0.2% of GDP) on 25 March, later on 4 April the package has been increased significantly to \$8.5 billion (equivalent to 2.5% of GDP) for export-oriented industries. Garment factories can avail funds from the \$600 million in loans at 2% interest rate to pay their workers' salaries up to 3 months<sup>7</sup>. While the numbers appear to be significant considering the affordability of Bangladesh, the way it would be spent will also remain a concern. Of the total package, only USD 495 million will be available for the garments sector which is slightly higher than one month's wages (USD 423 million) that the garments sector pays to its workers (UNDP, 2020).

On 29 April, 2020, the Guardian reported that garments workers perceive their lives are being put at risk since they are forced to return to work in conditions where mask-wearing and physical distancing are not enforced. By consulting with some workers of garment factories in the industrial areas of Gazipur and Ashulia, this report mentioned that only new measure taken at workplace was hand-washing at the entrance, but no physical distancing measures was enforced inside the factories (The Guardian, 29 April 2020). In addition, the report also mentioned that they are using overcrowded buses for coming into work. The Guardian also reported that workers were worried about returning to the factories, but had no choice, as they might lose their jobs.

A news published on Dhaka Tribune on 05 May reported that in Savar Upazila, a total of 44 RMG workers were found positive with COVID-19 (Dhaka Tribune, 2020a). Another news published in Dhaka Tribune on 06 May showed that four workers of a readymade garment (RMG) factory in Gazipur had been going to work for the last few days before knowing that they were diagnosed with the coronavirus (Dhaka Tribune, 2020b). According to Bangladesh Garment Workers' Solidarity (BGWS) a total of 97 RMG workers were confirmed as COVID-19 infected in Bangladesh from 9 April to 7 May (Financial Express, 2020). As of 4 June 2020, BGMEA found 264 confirmed cases of COVID-19 infected workers (Kaler Kantho, 4 June 2020).

The Business Standard on 12 May, 2020 reported that most of the garment workers in Gazipur are using masks and washing their hands while entering into the factories. The report also mentioned that tis not a common scene that the coronavirus pandemic has made possible. The garment factories have made available thermal scanners (to measure temperature), masks, hand

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<sup>5</sup> [https://www.kalerkantho.com/online/national/2020/06/04/919115?fbclid=IwAR3ZOcOMGf7-4ZXJD2OcaeJL9NUz8I\\_HLzEBE7Pe3Br8BLpbbpyGa3rrjQlg](https://www.kalerkantho.com/online/national/2020/06/04/919115?fbclid=IwAR3ZOcOMGf7-4ZXJD2OcaeJL9NUz8I_HLzEBE7Pe3Br8BLpbbpyGa3rrjQlg)

<sup>6</sup> [https://www.bgmea.com.bd/home/activity/Press\\_Release](https://www.bgmea.com.bd/home/activity/Press_Release)

<sup>7</sup> <https://www.bb.org.bd/openpdf.php>

washing facilities and sanitizers for workers to control the spread of the virus in readymade garment (RMG) factories (The Business Standard, 2020). In addition, the Business Standard found that factories are also distributing leaflets and running awareness campaigns through hourly announcements.

A summary brief<sup>8</sup> published on 22 May, 2020 by BRAC Institute of Governance and Development mentioned that Trade Union leaders observed low awareness level among workers and there is a lack of responsible behavior among factory owners regarding occupational safety and health measures for the workers. The study also mentioned that the risk of the workers is high due to their crowded and unhygienic housing conditions without basic utilities. The workers are also likely to be infected while travelling to workplace.

### **Steps taken by BGMEA:**

BGMEA published a factory opening guideline on 22 April 2020. According to the guideline, they advised the garments factories to start operations with 30 percent of their workforce. From 02 May, they suggested to invite an additional 20 percent of their workforce, bring the total to 50 percent of the workforce (BGMEA, 2020a). All factories were advised to open following the safety guidelines for the workers. The BGMEA guidelines seems well designed to protect workers in the factory. However, there is no guideline related to quarantine of the COVID-19 suspected workers. Moreover, workers safety from COVID-19 is related to proper safety measures of the transports they are using and the community they live. But BGMEA did not provide any detailed guideline in this regard.

Due to the COVID-19 outbreak, testing is of utmost importance for detecting suspected patients and take necessary steps for treatment. BGMEA appointed two technicians at the Ashulia Health Center of BGMEA to collect samples from suspected employees and workers of garment factories (BGMEA, 2020b). BGMEA requested all members to contact the technicians if any workers or employees are suspected with COVID-19 symptoms. On 04 June 2020, BGMEA inaugurated Polymerase Chain Reaction (PCR) labs in collaboration with Diabetic Association of Bangladesh (BADAS) at Chandra, Tongi and Narayanganj to conduct Covid-19 tests of garment workers.

On 8 May, 2020, BGMEA and Common Health signed a collaborative agreement for providing free telemedicine (doctor consultations) for RMG workers in this pandemic situation (BGMEA, 2020c). Common Health is a purpose driven business that uses digital and mobile technology to advance universal health coverage and improve health.

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<sup>8</sup> [https://bigd.bracu.ac.bd/wp-content/uploads/2020/05/Final\\_Merged\\_summary\\_Bangla-English\\_TU\\_with-all-feedback.pdf](https://bigd.bracu.ac.bd/wp-content/uploads/2020/05/Final_Merged_summary_Bangla-English_TU_with-all-feedback.pdf)

According to the agreement, Common Health will carry out the following activities:

- Provide 100, 000 free telemedicine doctor consultations to BGMEA workers (working in Gazipur and Savar) covering issues related to COVID-19, primary health care, and mental health,
- Report suspected cases of COVID-19 to BGMEA and to employers to support disease prevention and control efforts, within the bounds of doctor-patient confidentiality,
- Work together with BGMEA and its members on a phased approach to promote worker awareness of the program and use of the telemedicine consultations, and
- Ensure appropriate resourcing for high quality delivery of the above components, including doctor onboarding and management (e.g. gradually scaling to 20 or more doctors, as required)
- If the doctor suspects that the patient may have COVID-19 or be highly at risk for the disease, the case is reported to the BGMEA and the relevant factory.

### **Gender Based Violence:**

Violence against women has been a serious economic, social, and cultural problem in Bangladesh, where about 49.6% women experienced physical violence in their lifetime, 27.3% women experienced sexual violence in lifetime according to violence against women survey 2015 (BBS, 2018<sup>9</sup>). In 2019, a report found that 80 percent of garment workers in Bangladesh have experienced or witnessed sexual violence and harassment at work (ActionAid, 2020b). Women in garments are subjected to discrimination on many fronts such as sexual harassment, denial of maternity leave or benefits (SNV, 2020). Because of the countrywide general lockdown situation, vulnerable women are trapped within the confines of their homes with their abusers which they might have avoided while they were out of home for work or the abusers were away for work (Jahid, 2020). Due to COVID-19, income of many garments workers has also reduced in Bangladesh (UNDP, 2020), which may increase the violence further. Therefore, it is crucial to take immediate actions to handle the increasing risk of gender-based violence caused by the COVID-19 to the RMG workers.

### **3.2 Findings from the Primary Sources**

As mentioned before, we interviewed workers, factory owners/managers, experts, and other stakeholders. To be consistent with the sequence of this guideline, findings based on the primary data are categorized by a few themes — economic and health impact on the RMG workers, factory preparedness, preparedness for transport, and community and gender based violence.

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<sup>9</sup>[http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4\\_956b\\_45ca\\_872f\\_4cf9b2f1a6e0/Gender%20Statistric%20of%20Bangladesh%202018.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/Gender%20Statistric%20of%20Bangladesh%202018.pdf)



### 3.2.1 Economic Impact on the RMG Workers

This study found that factories were prioritizing the workers who live nearby. The factories are also discouraging sick, pregnant, and aged workers to attend in workstation, and those who are not joining are supposed to receive 60% of their basic salary. In this case, factory managers perceived that there is a possibility of lack of willingness to attend in the workstation by the workers as there is a paid leave policy. Basic salaries of the RMG workers ranges from BDT 5,000 to 12,000 per month. However, they managed to earn more by working overtime in the pre-COVID situation. Due to COVID-19 and lockdown situation in April, they received 60% of their basic salary. Almost all of the workers reported that around 70-80% of their income was chopped down due to COVID-19 outbreak. Rozina begum (shadow name), an RMG worker quoted as follows,

*“My basic salary is TK 9000, however, I could earn around TK 15000 per month by working overtime before COVID-19 crisis. In the last month, I received only TK 5,400. Therefore, it is tough for me to survive with this limited income.”*

Most of the workers mentioned that they could not pay their room rent on time with their limited income. Those who went to their permanent residence and could not come back to their work station, claimed that the house owners frequently pressured them over the phone to pay their house rent. But it is quite impossible for them to pay this with only 60% of their basic salary. Some of them also reported that they could not pay their installment against their credit. Though the factories are in production now, some of the workers mentioned that scope of overtime is very limited compared to pre-COVID situation as factory owners are producing less.

### 3.2.2 Impact on health Status of RMG Workers

All of the RMG workers participated in the interview mentioned that they were very anxious about their health due to COVID -19 as they had higher chances of getting infected with COVID-19. Major portion of their basic salary goes for paying house rent with gas and electricity. Therefore, they have to rely on the earnings from overtime work for food, clothing and treatment. However, due to the outbreak, scope of overtime work has drastically decreased. As their overall income decreases, they are not able to take sufficient amount of nutritious food, which might have an adverse impact on their health.

The workers also mentioned that if they have fever, cold, cough, they cannot share with anyone like before. This is because his/her coworker or roommate may think he/she is a corona patient and hence may report to the management. Consequently they are more likely to be at health risk. Mahinur (shadow name), a female RMG worker stated

*“Fever, cold, and cough were common illnesses for us. Like before, many of us have fever, cold and cough. However, we can't share it with our roommates or colleagues fearing that they might think I am a corona patient.”*

A worker reported that she was suffering from a chronic disease and due to reduction of income she was struggling to continue her medication. She mentioned,

*“I have to spend around TK 2000 per month for my treatment including medicine purposes. As my income has fallen, now I cannot afford paying for my health care. Moreover, I cannot take regular treatment as the doctor's chambers are closed now due to COVID-19.”*

Though we did not find any COVID-19 infected case among the workers who participated in the interview, we found that they were anxious about getting infected. Those who had other diseases were also struggling to receive treatment due to their reduced income and doctors were not available like before.

### **3.2.3 Factory Preparedness**

It is possible to maintain many of the suggestions on factory preparedness provided by BGMEA and ILO, as mentioned by the factory management level. Most of the factories are maintaining entrance protocol, disinfecting workers while entering into the factory, raising awareness among the workers regarding COVID-19. There is a COVID-19 Management Task Force in each factory which includes manager, welfare officer, medical staff, PC member, and safety officer. It was found from the interviews of managers of factories and workers that all workers were wearing masks, washing hands, disinfecting shoes when they were entering into the factories. PA system announces preventive measures and guidelines frequently. The factory provides one poly bag each day for each worker to keep their personal belongings such as mobile phone and purse/wallets. Some factories are measuring temperature of the workers at entry point while managers from other factories claimed that introduction of temperature checking will take more time. Some of the factories were operating in two shifts such as 6:00AM – 2:00PM and 2:00PM – 10:00PM.

However, it is not possible to maintain 3 feet distance in setting the machines in sewing, cutting, and finishing sections due to the shortage of spaces in the factory. The only way to do this is to work with interval of one machine. Still there is a possibility of violating social distancing manner as most of the workers in RMG factories are interconnected due to nature of the production process. Therefore, due to nature and type of work, it is not possible to wear hand gloves.

Health care providers of the factories raise awareness among the workers about prevention and control measures of Covid-19, however, they did not receive any formal training on this. Health

care providers received personal protective equipment (PPE). There is no special contract of the factories with hospitals to ensure treatment for their workers in case workers get infected with Covid-19. Only one factory has contract with a private hospital for treatment of Covid-19 infected workers. There was no isolation center for workers in case anyone gets infected as mentioned by the managers of factories from which data was collected.

Most of the stakeholders mentioned that it is important to open the RMG factories with maintaining proper safety measures to reduce the loss to the economy. However, medicine experts and gender experts opined that opening RMG factories is like a disastrous decision for the health and safety of both RMG workers and others. A physician stated,

*“Reopening RMG factories was injudicious and premature decision as the chance of spreading COVID 19 is very high among the workers and they will act as a source of spreading.”*

**Suggestions to increase safety at workplace:** To ensure safety at the factory, this study found the following suggestions by various stakeholders:

- Increasing entry gate and ensuring physical distancing at the entry level
- Introducing shift wise entry time like 6:30 am; 7:00 am; 7:30; 8:00 am, 8:30 am
- Making it compulsory to wear mask all the time at the workplace
- Disinfecting hands and foots before entering into factory
- Ensuring sufficient number of guards at entry gate for temperature checking and providing them adequate training on what should be done if temperature is higher than normal
- Creating disinfection canal/ reservoir at the entry point of the factory which needs to pass mandatorily by the workers to enter into the factory as means of disinfecting their feet
- Using card punch system or auto face detection technology to maintain attendance system
- Reducing contract by standing opposite of table inside the factory
- Announcing preventive measures frequently using announcing system of the factory
- Providing awareness raising messages by the floor manager
- Providing message at a periodic interval (e.g., at the morning, before lunch, before closing hour)
- Using plastic board/ carton in front of the table to reduce contract
- Ensure enough supplies of required items (e.g., soap) for washing hands
- Keeping separate isolation unit and making sample collection facility from the factory premises
- Providing disinfectant items and masks to the workers from the factories

### 3.2.4 Transportation Preparedness

Almost 60-80% workers live in a walking distance from factory premises while 20-40% workers use auto-rickshaw/ van to join in the work. Most of the factories from which data was collected mentioned that they do not have any dedicated transportation for the workers, though, they have some arrangements of transportation for the officers. Therefore, it is not possible to ensure that workers sit in a zigzag manner while coming to the factories and there is a high possibility of getting infected by Covid-19 from the public transports.

Almost all the respondents opined that there is a dire need of enough dedicated transports for the workers who live far away from the factories. They also mentioned that all vehicles needed to be disinfected before each trip. Drivers and helpers always need to wear mask during duty as they added. However, physicians opined that the best option is to create cycle lane in main road and provision of cycles to RMG workers.

**Suggestions for ensuring safety at the transport:** The suggestions provided by the respondents on ensuring safety of workers while travelling to work and home are as follows:

- Need dedicated transport for the workers during COVID situation and the seat arrangement should have to be crisscross manner.
- Factory itself can manage transport where government can provide subsidy.
- Factory can submit their requirement to BGMEA/ BKMEA. Then BGMEA/ BKMEA can convince government to allocate the transports of BRTC for the factories as per requirement with a subsidize price.
- Factories will divide the workers as cluster of their living area and all workers in a cluster will gather in one fixed spot, and will be picked up. This system can run as a shuttle service.
- After finishing one trip the same bus can go for another trip. Then there will be no crowding at the entry point of the factory, less likely to transmit the virus.
- One trained worker in the bus will act as supervisor in the bus to guide and monitor the prevention measures.

### 3.2.5 Home or Community Preparedness

The study finds that bachelor workers usually share their room with other RMG workers. Workers who are living with their family share their room with other family members. Most of them have to pay BDT 3,000 to 4,500 as house rent including gas and electricity bill per month, which is almost half of their basic salary.

More than one fourth of the RMG worker's households share toilet facilities with around 2 to 8 households. A very small number of them use common kitchen. It is burdensome for the RMG workers to wash their clothing daily due to lack of affordability of purchasing detergent. Most of the RMG workers also cannot wash their clothing and take shower immediately upon returning home due to not having adequate washroom facilities. It is also not feasible to disinfect personal belongings including mobile phone due to lack of affordability of disinfectants (e.g., sanitizer).

The workers working in different companies are not receiving consistent awareness message. As a result everybody does not take the preventive measures equally. This leads to grow squabble among the fellows.

**Suggestions to Improve Safety in the Community:** The suggestions given by the respondents are as follows:

- Factories should orient the workers regarding safety measures to be followed in the community, such as
  - ✓ do not touch anything or anyone after entering into house
  - ✓ do not seat anywhere
  - ✓ put your belongings in a separate area
  - ✓ immediately and directly go to bathroom
  - ✓ bath with soap
  - ✓ wash your cloths with disinfecting powder
- Disinfect mobile, ID card, key, bags, eyeglass and other things
- Factory should provide in-kind disinfectant items such as sanitizers, detergents for the workers so that they can disinfect them upon returning home
- Provide a clear instruction on what should be done if found someone COVID-19 positive in the community
- Local government, local administration and house owners should be included in the process of increasing safety by raising awareness at the communities where RMG workers reside.
- Allow and cooperate to convert the local educational institutions and community centers into quarantine centers, if necessary, for the time being
- Workers should avoid using common toilets and kitchens, if possible
- Ensure that the community people do not stigmatize the workers with COVID positive

### **3.2.5 Gender Based Violence**

The survey did not find any evidence of increasing gender-based violence (GBV) among the RMG workers amid COVID-19. However, some female workers reported that they felt insecure for the following reasons. Firstly, there is likelihood of facing violence from the house owners due to not paying the house rents at due time. Secondly, there is an increasing risk of the female bachelor workers to face GVB who are living alone due not coming back of her housemates. On the other hand, there is possibility of being involved in prostitution due to declining income.

Some respondents mentioned that the reduction in income due to COVID-19 might augment the violence against women as they may get victimized by their partners or other family members due to job lose or declining income. Therefore, it is necessary to take actions including effective enforcement of law and surveillance.

From primary data, we did not find any integrated approaches for ensuring safety for the RMG workers. Along with other stakeholders, engagement of community and local government is crucial for safety of the workers in factory, transport, and their community. Moreover, all the stakeholders should work in a collaborative way to maintain workers safety amid COVID-19.

## 4. Review of Existing Guidelines

A number of organizations (e.g. DGHS<sup>10</sup>, BGMEA<sup>11</sup>, WHO<sup>12</sup>, BWB<sup>13</sup>) have developed guidelines to ensure workplace safety of the RMG workers amid COVID-19. We have reviewed those guidelines in perspective of three major dimensions of preparedness (factory, transport and community) with special focus on their suitability and effectiveness under Bangladesh context. A detailed review of these guidelines is depicted below. Also see Table 4.1 for summary of the review.

### 4.1 DGHS guideline

Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MOHFW) has developed a guideline for house and apartment, office space, bank, shopping mall, health care facilities, transport; garments, leather and textile factories; educational institution, police, driver, cleaner, security guards, and other different institutions, factories, infrastructure and occupations to prevent and control COVID-19 and to reopen economic activities gradually. The guideline has been developed by the public health experts of MoHFW drawing on the suggestions of similar guidelines developed in China and other countries. For the factory level preparedness, the guideline suggest making it compulsory to wear masks, disinfecting the entrance and common place, installing hand washing facilities at the main entrance and inside the factory and educating the workers, checking temperature using non-contact thermometer, disallowing any workers having symptoms of COVID-19, avoiding hugs and hand shake, and spraying disinfectant items on table, chair, machine after certain time.

Though the guideline covers most of necessary actions to be taken in the factory, it pays little attention to the changes of management policy required in the factory. For instance, this guideline does not provide any instruction for paid sick leave to ill individuals if someone shows symptoms and returns home to self-isolate. It also misses the instruction on what to be done in case of household members of workers also show some symptoms. In addition, it does not provide any instruction on frequency, and quality of cleaning required and disinfecting commonly used surfaces including doorknobs, handrails, toilet seats, work surfaces, and common areas where transmission of the virus may occur fast. Workers receive information and instruction usually from the PA systems and this system is already in place in all factories, however, this guideline does not provide any instruction of its use in awareness building.

This guideline provides some overall guidelines (including ensuring mask in the transport, not using tickets for fare, disinfect terminal if any COVID-19 positive passengers found in the

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<sup>10</sup> <https://dghs.gov.bd/index.php/en/home/5410-technical-guidelines-for-prevention-and-control-of-covid-19-social-and-institutional-infections>

<sup>11</sup> <http://www.ccifb.com.bd/wp-content/uploads/2020/04/BGMEA-Factory-Opening-Guidelines.pdf>

<sup>12</sup> <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?ua=1>

<sup>13</sup> <https://betterwork.org/portfolio/covid-19-management-guidance-for-factories-in-bangladesh/>

terminal) for transport sector in general but not specifically keeping transport need of the garment workers. Their need is little different from general public such as most the workers live nearby the factory, they would transport support only for short trip.

At the community level, this guideline mainly suggest avoiding unnecessary outgoing, disallowing guest at home, taking nutrient food, ensuring sufficient ventilation, washing hands after returning home from outside, reducing the unnecessary gathering in the community, ensuring cleanliness in the community level using local govt force, restricting the exit and entry if any COVID-19 positive case is found in an area of a community. Though this guideline slightly touches the activities to be taken upon returning to home from the workplace, this guideline lacks some detailing. This guideline serves only general purposes, as it does not provide specific guidelines focusing on the living condition of RMG workers. Again, it did not provide any guideline regarding social support to a COVID-19 positive worker.

As DGHS has to focus overall prevention and control of COVID-19 in Bangladesh, it could not provide detailed guidelines for the RMG sectors. These drawbacks of the guidelines create scope to develop more detailed guidelines focusing only on the RMG sector.

#### **4.2 BGMEA Guideline**

Another guideline developed by BGMEA, focusing only on the RMG sector, is more comprehensive than DGHS guideline. Though the guideline provides detailed factory level, transport and community level preparedness is less focused. But without detailed transport and community level preparedness, factory level preparedness may not generate expected outcome for prevention and control of COVID-19 outbreak.

However, for the factory level preparedness, this guideline mainly proposes to introduce shift work where possible, ensure wearing mask and carrying handkerchief by the workers, ensure hand wash by the workers before entry, spray bottom of shoes of the workers with disinfectant, check temperature of everyone using thermometer gun and send the workers to home if any one of them found more than 37 degrees of temperature , restrict unnecessary movement within the premise during work hours, and discourage to use of disinfection chambers or tunnel. The guideline suggests sending the workers home if any one of them found more than 37 degrees of temperature at the entry gate. However, it may not be effective enough for prevention of COVID-19 as the workers live in a community where it is very difficult to maintain quarantine and isolation. In addition, the guideline does not cover what steps to be taken if a suspected case is found at the factory premises.

Whenever it comes to transport, this guideline provides some suggestions such as to disinfect car upon entry, ensure that riders sit in a zigzag manner and maintain distance, and advise the drivers of delivery trucks/ busses to remain in their vehicle, but these are not exhaustive.



Avoiding unnecessary outgoing, not allowing visitors at home, staying in a well-ventilated room, cleaning the toilet thoroughly after each use if a dedicated toilet is not available for an isolated workers, using separate towels, eating utensils, drinking glasses, bedding or any other household item commonly shared in the family settings are suggestions for community level preparedness. The steps need to be taken by the worker after returning home, is completely missing. Again, the guideline suggests self-isolation at home if someone exhibits symptoms of COVID-19. However, it would not be effective enough for prevention and control of COVID-19 as a large group of workers are sharing their living space with other workers. In addition, like DGHS and other guidelines, it also does not provide guidelines related to the social support for the COVID-19 positive worker.

### **4.3 WHO Guideline**

The World Health Organization has also developed a guideline to make the workplace ready for COVID-19. It mainly recommends to ensure workplace cleanliness and hygiene, promote regular and thorough hand washing, promote good respiratory hygiene in the workplace, keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19, display posters with this message in the workplaces, to take necessary steps while organizing a meeting in the workplace (before meeting, during meeting and after meeting). This is a guideline for any types of workplace, not focusing on the RMG sector. Moreover, it is not a country specific, rather a common guideline for all countries. But for effective control and prevention of COVID-19, sector specific guidelines considering the country context is needed. Otherwise, it will not generate the expected outcome for preventing the infectious.

The community level preparedness of the guideline mainly encourages to develop a contingency and business continuity plan by the organization/ workplace for the outbreak in the communities where business operates. The plan will help prepare the organizations for COVID-19 outbreak in its workplaces or community. While these types of suggestions are more applicable for the high-income categories, not equally applicable for the RMG workers. The living conditions of the garment's workers should also be taken into consideration.

### **4.4 BWB guideline**

We also reviewed another guideline developed by the Better Work Bangladesh (BWB) with the support from International Labor Organization (ILO) and International Finance Corporation (IFC). This is more comprehensive and workable and it provides more detailed guidelines in all the dimensions of preparedness like factory, community and transport.

The factory level preparedness of the guideline recommends to develop a COVID-19 task force in the workplace consisting of members from the participation committee, safety committees,

safety officers, and the medical staff of the factory, check workers' temperature during entry, and to provide flexible paid leave. Moreover, this section suggests establishing hand-washing facilities at the main gate to ensure hand wash for all the visitors and the workers.

In addition, this guideline advises to adjust the layout of the sewing machine to ensure at least 3 feet distance; spray disinfectant throughout factory; routine to disinfect stairs' handrail, lift button, inside of lift, exit doors' handle, fire doors' handle, photocopy machines, first aid boxes, dining tables, pantry etc. Again, it advises to post awareness poster, distribute leaflets on COVID-19, use social media, social media, SMS, apps, if possible, for awareness building among the workers; to ensure preventive measures for child care facilities. If any confirmed case is found, the guideline suggests the factory to provide leave to the workers and proper counselling for self-quarantine.

Clearly, the guideline is very detailed but it misses some practical constraints of our garments industry. While BWB guideline can be considered an 'idealistic' one, practicality of some of the recommendation of this guideline still remains a concern. For example, it does not clearly indicate what step to be taken if a suspected case is found at the entry gate by the factory medical team. The suggestion of adjusting layout of the sewing machine to maintain 3 feet distance is ideal but it turns out it is feasible in Bangladesh context. The suggested awareness building campaigns such as using social media, SMS, apps may do little given the socio-economic background of RMG workers. In addition, the guideline proposes to send the COVID-19 confirmed cases to home for self-quarantine. As most of the workers live in overcrowded areas and have to share their common space with their workmate, it is not possible to maintain ideal isolation and quarantine in the community they live.

For transport, the guideline advises to sterilize all incoming and outgoing vehicles by using detergents and disinfectant sprays; inform the Medical Team immediately if any health symptom appears on the driver in order to attend to necessary medical tests; and to distribute awareness brochures on COVID-19 virus to all drivers. In addition, it recommends not allowing more than 50% passengers of the vehicle capacity, sterilizing vehicles every day, follow hand-cleaning measures while using transport etc. It also proposes to use a special log to document daily information about vehicle numbers and trips of all vehicles designated for workers' transport from home to factory and backward. The log must include the number of trips, times, and number of passengers of each trip. Most of these recommendations are implementable.

The guideline advises the workers to wash their work clothes and dirty clothe-bag with detergent or soap after returning home. However, the primary results suggest that it would be difficult to do so regularly unless they receive some in kind supports (of say detergent).

The guideline also recommends workers to take shower immediately after arriving home. But it is very difficult for the workers to take shower immediately after returning to home as a good number of them have to share their toilets with around 2-8 households.

Again, this guideline did not provide information on the steps to be taken if any worker displays symptoms of COVID-19 at home. The role of community leader like councilor or mayor, and the local administration to prevent COVID-19 among the RMG workers' community are also missing here. In addition, it did not provide any guideline regarding social support to a COVID positive worker.

With these backdrops, it is imperative to prepare a comprehensive, implementable and workable guideline considering the context of Bangladesh.

Table 4.1: Summary of the Review of the Existing Guidelines

| Existing Guidelines | Purpose  | Dimensions covered            | Focused areas  | Identified gap  |
|---------------------|--|-------------------------------|--|---|
| 1. DGHS             | General: different institutions, factories including RMG, infrastructure and occupations | Factory level preparedness    | <ul style="list-style-type: none"> <li>Wearing mask compulsorily</li> <li>Disinfection of entrance and common place</li> <li>Installing hand washing points at the main entrance and inside the factory</li> <li>Checking temperature</li> <li>Not allowing any workers having symptoms of COVID-19</li> <li>Spraying disinfectant items on table, chair, machine after certain time</li> </ul>  | <ul style="list-style-type: none"> <li>Does not provide any instruction for paid sick leave</li> <li>Limited instruction on frequency and quality of cleaning and disinfecting of highly used surfaces</li> <li>Did not provide any instruction for awareness building using current infrastructure such as announcing preventive measures using PA systems</li> <li>No instructions regarding GBV</li> </ul> |
|                     |  | Transport                     | <ul style="list-style-type: none"> <li>Provided overall guidelines (including ensuring mask in the transport, not using tickets for fare, disinfect terminal if any COVID-19 positive passengers found in the terminal) for general people while using transport, especially focusing on long travel, bus /launch/train terminals</li> </ul>   | <ul style="list-style-type: none"> <li>Does not provide any instruction focusing RMG workers</li> <li>No instructions regarding GBV</li> </ul>  |
|                     |  | Community and Social supports | <ul style="list-style-type: none"> <li>Avoiding unnecessary outgoing</li> <li>Not allowing guest at home,</li> <li>Ensuring sufficient ventilation</li> <li>Washing hand after returning home from out</li> <li>Reducing unnecessary gathering in the community</li> <li>Ensuring cleanliness in the community level using local govt. force</li> <li>Restricting exit and entry if any COVID-19 positive case is found in an area of a community</li> </ul> | <ul style="list-style-type: none"> <li>No specific guideline keeping the living condition of RMG workers under consideration</li> <li>No instruction on what step to be taken after returning home from workplace</li> <li>Noes not provide any guideline regarding social support</li> <li>No instructions regarding GBV</li> </ul>  |
| 2. BCGRMG           |  | Workplace                     | <ul style="list-style-type: none"> <li>Introducing shift work where possible</li> <li>Ensuring wearing mask</li> </ul>   | <ul style="list-style-type: none"> <li>Sending suspected workers to home may not be effective for prevention of COVID-19, as</li> </ul>   |

|              |               |                              |  |   |
|--------------|---------------|------------------------------|--|---|
|              |               |                              | <ul style="list-style-type: none"> <li>• Washing hand before entry</li> <li>• Spraying bottom of shoes with disinfectant</li> <li>• Checking temperature</li> <li>• Restricting unnecessary movement within the premise</li> <li>• Putting posters, or markings on the floor visually demonstrating a 6 feet distance</li> <li>• Announcing preventive measures using PA systems</li> <li>• Taking full responsibility to transport suspected patients back to their home/hospital</li> <li>• Considering paid sick leave to ill individuals</li> <li>• Consider paid leave for the most vulnerable workers</li> <li>• Ensuring frequent, and quality cleaning and disinfecting of highly used surfaces</li> </ul> | <p>the workers live in a community where it is very difficult to maintain quarantine and isolation</p> <ul style="list-style-type: none"> <li>• Does not cover well what steps to be taken if a suspected COVID-19 case is found at the factory premises</li> <li>• No instructions regarding GBV</li> </ul>  |
|              |               | Transport                    | <ul style="list-style-type: none"> <li>• Advise the drivers of delivery trucks/buses to remain in their vehicle</li> <li>• Disinfect cars upon entry</li> <li>• Ensure that riders sit in a zig zag manner and maintain distance</li> </ul>  | <ul style="list-style-type: none"> <li>• Not detailed enough to ensure proper safety in the transport</li> <li>• No instructions regarding GBV</li> </ul>   |
|              |               | Community and social support | <ul style="list-style-type: none"> <li>• Avoiding unnecessary outgoing</li> <li>• Not allowing visitors</li> <li>• Staying in a well-ventilated room</li> <li>• Cleaning the toilet thoroughly after each use, if a dedicated toilet is not available for an isolated person</li> <li>• Use separate towels, eating utensils, drinking glasses, bedding or any other household item commonly shared in the family setting</li> </ul>   | <ul style="list-style-type: none"> <li>• No instruction on what step to be taken after returning home from workplace</li> <li>• Sending suspected workers to home may not be effective enough for prevention of COVID-19, as the workers live in a community where it is very difficult to maintain quarantine and isolation</li> <li>• Social support is missing</li> <li>• No instructions regarding GBV</li> </ul> |
| <b>3.WHO</b> | Any workplace | Workplace prepared           | <ul style="list-style-type: none"> <li>• Ensuring cleanliness and hygiene of workplace</li> <li>• Disinfect surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) regularly</li> <li>• Promote regular and thorough hand-washing by</li> </ul>   | <ul style="list-style-type: none"> <li>• It was developed for any type of workplace especially for official settings rather than focusing on the RMG sector</li> <li>• This is not country specific, rather it is a</li> </ul>  |

|       |     |                              |  |   |
|-------|-----|------------------------------|--|---|
|       |     |                              | <p>employees, contractors and customers</p> <ul style="list-style-type: none"> <li>• Ensure that face masks and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them</li> <li>• Keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19. Display posters with this message in your workplaces</li> <li>• Take preventive measure while organizing a meeting in the workplace (before meeting, during meeting and after meeting)</li> </ul>   | <p>common guideline for all countries.</p>  |
|       |     | Transport level preparedness | <ul style="list-style-type: none"> <li>• Focuses only long travel case</li> </ul>  | <ul style="list-style-type: none"> <li>• Does not provide any guideline for short travel which is common for RMG workers</li> <li>• No instructions regarding GBV</li> </ul>  |
| 4.BWB | RMG | Factory level preparedness   | <ul style="list-style-type: none"> <li>• Check workers' temperature</li> <li>• Ensure flexible paid leave</li> <li>• Develop a COVID-19 task</li> <li>• Adjust the layout of the sewing machine to ensure 3 feet distance</li> <li>• Establish hand wash facilities at the main gate to ensure hand wash</li> <li>• Spray disinfectant throughout factory</li> <li>• Posting awareness poster</li> <li>• Distributing leaflets on COVID-19</li> <li>• Provision of using social media, SMS, apps for sharing awareness information with workers</li> <li>• Ensure preventive measure for child care facility</li> <li>• Provide leave and proper counselling for self-quarantine if any confirmed case found in the factory</li> </ul> | <ul style="list-style-type: none"> <li>• Does not clearly indicate what step to be taken immediately if body temperature is higher than normal at entry gate</li> <li>• Not feasible to adjust layout of the sewing machine at least in short run</li> <li>• Sharing awareness information with workers using social media, SMS, apps is likely to be effective</li> <li>• Self-quarantine by the worker would not be effective to prevent and control COVID-19</li> <li>• No instructions regarding GBV</li> </ul> |

|  |  |   |   |  |
|--|--|---|---|--|
|  |  | <p style="text-align: center;">Transport level<br/>preparedness</p> | <ul style="list-style-type: none"> <li>• Sterilize all incoming and outgoing vehicles</li> <li>• Inform the Medical Team immediately if any health symptom appears on the driver</li> <li>• Distribute awareness brochures to all drivers</li> <li>• Passengers in the vehicle should not exceed 50% of its capacity</li> <li>• Sterilizing vehicles everyday</li> <li>• Follow hand cleaning measure while using transport</li> <li>• Using a special log to document daily information</li> </ul> | <ul style="list-style-type: none"> <li>• No major gap identified</li> <li>• Recommends disinfecting drivers only. But not only drivers but others staff need to be disinfected</li> <li>• No instructions regarding GBV</li> </ul>   |
|  |  | <p style="text-align: center;">Community</p>                        | <ul style="list-style-type: none"> <li>• Don't carry unnecessary things</li> <li>• Wash work clothes when you get home</li> <li>• Disinfect phone and other personal belongings</li> <li>• Take shower immediately after arriving home</li> <li>• Avoid unnecessary outgoing</li> <li>• Avoid social gathering</li> </ul>   | <ul style="list-style-type: none"> <li>• Workers may not comply with washing dirty cloth with detergent or soap everyday if the workers do not get any support from factories</li> <li>• Does not provide what steps to be taken if any worker display symptoms at home</li> <li>• Does not include what steps to be taken by the community leader to prevent COVID-19</li> <li>• Does not include social support measures</li> <li>• No instructions regarding GBV</li> </ul> |

## 5. National and International Good Practices to prevent COVID-19

### 5.1 National Good practices

This study explored potential good practices for ensuring safety of the workers of RMG factories in Bangladesh from the secondary information. A video published on May 18, 2020 on [bdnews24.com](https://www.bdnews24.com)<sup>14</sup> showed that some garments factories in Narayanganj district are maintaining physical distance while entering into the factory, practicing hand sanitizing, checking temperature with thermal scanner, and providing polythene for keeping personal belongings, spraying disinfectant for body and disinfecting shoes. In addition, vehicles with raw materials were disinfected upon entry to the factory premise. Furthermore, there are trained doctors who are wearing PPEs, providing treatment to the workers in the factory. They built a team consisting of doctors and nurses whose roles are to create awareness regarding COVID-19 among the workers and their family members and providing treatment to them by going to the communities where the workers of the factory live. They are also providing workers with disinfectant items such as soap and hand sanitizers to make sure that workers use them in their home. The factory is producing quality PPE for doctors and nurses in Narayanganj district.

A report published on The Business Standard<sup>15</sup> on 12 May 2020 mentioned that most of the garment workers in Gazipur are using masks and washing their hands while entering into the factories. The garment factories have made available thermal scanners (to measure temperature), masks, hand washing facilities and sanitizers for workers to control the spread of the virus in readymade garment (RMG) factories. In addition, the Business Standard found that factories are also distributing leaflets and running awareness campaigns through hourly announcements.

Moreover, from the primary data collected through IDIs and KIIs with RMG workers, factory managers and other relevant stakeholders of the factories, we found some good practices as follows:

- Wearing mask compulsorily
- Distributing mask compulsorily
- Carrying handkerchief
- Measuring temperature using thermal scanner
- Washing hands thoroughly before entering into the factory
- Announcing preventive measures 3-4 times in a day through factory PA system
- Holding weekly health meeting with workers
- Making circle in front of entry gate to ensure proper physical distance while entering into factories
- Providing polythene to keep workers belongings
- Disinfecting car /truck upon entry

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<sup>14</sup> <https://www.facebook.com/bdnews24/videos/3580697288612078/?t=205>

<sup>15</sup> <https://tbsnews.net/economy/rmg-factories-operating-precautionary-measures-60022>



## 5.2 International Good Practices

This study also attempted to identify the good initiatives taken by the RMG factories of different countries e.g., Cambodia, Kenya, Ethiopia, India to prevent COVID-19. For this purpose, we arranged a Consultative meeting/ Zoom meeting with the experts of various countries. From the consultation with them, we found some good practices, such as

- Wearing mask compulsorily
- Washing hand thoroughly before entering into the factory
- Checking temperature of workers using thermal scanner

In Ethiopia, factories create barriers in front of the worktable/ sewing machine of each worker using *transparent polythene*. The **workers usually live in the dormitory** provided by the garment's factory. Therefore, there is no risk of being infected while travelling.

From the secondary data, we found that in India, a group of employees of a railway station (Thiruvananthapuram Central railway station's Coaching Depot) has made a *unique foot-operated hand washing kiosk* as part of the "Break the Chain" campaign to reduce the contact<sup>16,17</sup>. This contactless hand washing system is very helpful to curb the spread of COVID-10. The kiosk is attached to two separate pedals to dispense hand wash and water. Workers have to keep their foot on the pedal to get water and, once they release the pedal, water will stop. The other pedal is attached to the hand wash dispenser. This hand washing system helps the worker to wash their hands properly to keep one hand busy to operate it like a conventional tap. It is also very helpful to save water.

Again, Coronavirus can be transmitted while touching doors to open. To reduce the risk of transmission of COVID-19 from doors, a mall (Bangkok's Seacon Square) in Thailand installed foot pedals both inside and outside of elevators<sup>18</sup>. This new idea works well in crowded places as it ensures safety of people. Apart from foot pedals in lifts, people have been coming up with other ideas on how to safely enter a building or washroom without touching the doors by hands. Some have created a tool named Rad-Step that is attached to the bottom of the door by which people can just step on it and pull the door open. This hygienic *foot operated door opener* can drastically reduce the chance of transmitting the virus through reducing touching doors by hand<sup>19</sup>.

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<sup>16</sup> <https://www.newindianexpress.com/cities/thiruvananthapuram/2020/mar/30/foot-operated-handwashing-kiosk-unveiled-at-tpuram-central-station-2123188.html>

<sup>17</sup> <https://www.india.com/viral/beating-covid-19-one-foot-pedal-at-a-time-thailand-mall-praised-for-zero-contact-idea-4037003/>

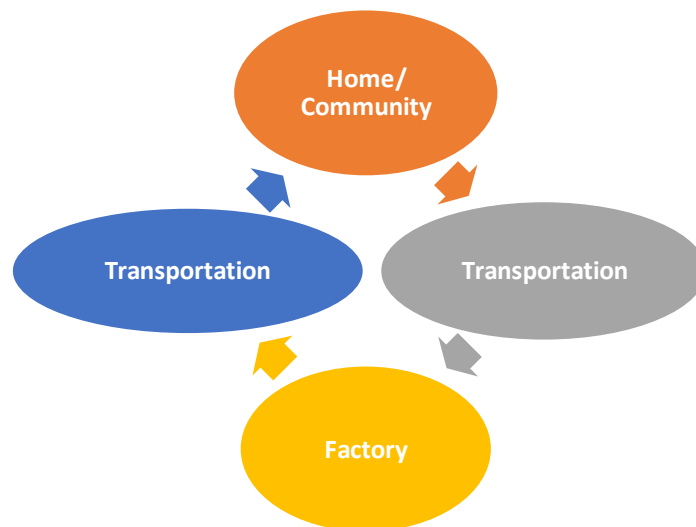
<sup>18</sup> <https://efactory.missouristate.edu/blog/2020/03/16/stepnpull-front-line-fight-against-coronavirus/>

<sup>19</sup> <https://www.controlsdrivesautomation.com/door-opener-combats-COVID19-spread>

## 6. Workable Guideline

To ensure worker health and safety in the wake of various epidemics, in general, and in particular COVID-19, a comprehensive approach is needed. While the safety precaution inside the factory is paramount, precautionary measures are also crucial for places where infection may occur such as during transportation and in the community. If a standard guideline comprising these three components is not followed, the factory cannot prevent COVID-19 infection among its workers, which will severely affect the production, profit margin, employment opportunities, and other socio-economic factors.

Figure 1: Dimensions of preparedness



Therefore, we have developed a comprehensive and workable guideline to ensure safety in factory, transport and community. It has been developed by reviewing already existing guidelines, drawing on the experience of both national and international good practices, consultation and interviewing (as required) with experts of various fields (e.g., public health experts, epidemiologists, virologists, international experts, National COVID-19 Advisory Group of GoB, factory managers, factory COVID-19 management task force, workers, trade union).

The current guideline provides specific instructions for the workers safety at workplace, transportation and community. In addition, the guideline includes the initial preparedness required for implementing safety measures in factory, transportation and in the community. Also, this guideline includes some specific instruction related to GBV as it is evident from many

countries that GBV may raise during the pandemic. It is worth noting that this guideline keeps most of the relevant instructions from the BWB guidelines with suggested modification. This guideline provides an account of policy and procedure required for combating COVID 19 by RMG factories through carrying out a pragmatic and comprehensive set of activities that emphasizes the joint collaboration of workers and management. The detailed contents as well as schematic presentations on how to implement the guideline are illustrated below.

Table-5: Guidelines for ensuring safety of the RMG workers amid COVID-19

## **1. Response Plan and Factory Preparedness**

To control COVID-19 outbreak, an utmost preparedness in the factory is crucial. The most effective control measure involves a comprehensive preparedness including a systematic and comprehensive entrance protocols, engineering controls, awareness building, emergency response plan, and establishment of identification system.

### **1.1 Initial preparedness and overall actions**

- i. Outline a detail plan for each of the stages (e.g., factory, transport and community) for preparedness and actions
- ii. Develop a COVID-19 Task Force in the workplace, so this task force can lead protective actions against COVID-19. Members of the participation committee, safety committees, safety officers, and the medical staff of the factory should be in the committee
- iii. Clearly define the accountability and responsibility of committee members in writing so everyone knows their responsibility (who is In-charge, who does what?) in cases like prevention, controlling mechanism and suspected COVID 19 cases in the workplace, and setting up a proper monitoring mechanism
- iv. Communicate and implement the COVID-19 related policies and procedures with relevant parties in the factory through worker training relevant to assigned tasks including induction training, training of safety and participation committee or Trade Union, and posting names of COVID- 19 committee members

- v. Review, coordinate and update the plan regularly as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts become available
- vi. Prepare Standard Operating Procedure (SOP) related to receipt of raw materials, accessories, machines, tools, and any other goods into factory premises, including what is imported from outside the country. This policy should include quarantine and checking areas for what is brought into the factory premises

### **1.2 Develop, implement, and communicate about workplace flexibilities and protections**

- i. Ensure that leave policies are flexible and consistent with public health guidance of the Ministry of Health and Family Welfare (MoHFW) (<https://dghs.gov.bd/index.php/bd/publication/guideline>) and that floor level staff like supervisor, line chief and production manager are aware of these policies
- ii. Assure workers about the paid leave, health care facility from factory medical staff and non-retaliation for taking sick leave for showing COVID 19 related symptoms
- iii. Do not obligate a doctor's prescription or leave certificate for workers who are sick with COVID 19 symptoms to validate their illness. Educate HR to practice flexible leave policy strictly. If a worker remains absent for two-three days consecutively with COVID-19 symptoms, then the factory needs to make sure that the workers undergoes COVID-19 testing procedure.
- iv. Maintain flexible policies that permit employees to stay home for 14 days and/ or any standard set by the government with consultation with the HR of the factories if a family member or any person or family with whom they share spaces is infected with COVID 19.

### **1.3 Administrative initiatives to reduce risk of Covid-19**

- i. Identify and procure/establish all the relevant equipment and supplies required for COVID-19 management including thermal scanner, PPE, disinfection reservoir, foot operated door opener device, biosafety bag/ poly bag, auto face detection technology
- ii. Allow all employees to visit in-house doctors for any COVID-19 symptom, sending away to the designated quarantine center (with leave) if the body temperature is higher

than normal

- iii. Establish adequate number of foot operated hand washing stations (at least two meters distance from one to another) with soap in the factory premise including toilets
- iv. Disinfect stairs' handrail, lift button, inside of lift, exit doors' handle, fire doors' handle, photocopy machines, first aid boxes, dining tables, pantry, trolleys, WIP storage shelves, baskets etc. routinely
- v. Ensure sufficient number of waste bins for proper waste disposal and management
- vi. Divide the lunch/prayer break into several shifts to avoid the large number of workers who gather at a time and place simultaneously
- vii. Encourage the workers to bring their lunch to reduce contact and the risk of infection when they go out
- viii. Reduce the contact in the dining area through ensuring physical distance by rearranging the sitting pattern or by making barriers

#### **1.4 Entrance protocol**

- i. Ensure wearing masks
- ii. Ensure 6 feet physical distance of the workers while entering the factory
- iii. Ensure hand wash/sanitization for all the employees and visitors while entering into the factory
- iv. Ensure soaking the bottom of shoes with disinfectant
- v. Check workers' temperature by using infrared thermometer/thermal scanning/ necessary health check-up of every employee who is entering into the factory by the security guard of the factory
- vi. Develop a mechanism to manage Covid-19 suspected workers for quarantine or isolation
- vii. Provide a biosafety bag/ poly bag to each worker at the entry gate to put their personal belongings
- viii. Introduce card punch system or auto face detection technology to record attendance

#### **1.5 Engineering Controls**

- i. Create a barrier by installing a shield (with transparent polythene or plastic or board)

between two tables/machines, where possible, to reduce the contacts

- ii. Install high-efficiency air purifiers especially in areas that are enclosed or air conditioned
- iii. Increase ventilation in the work environment
- iv. Install barriers or windows for providing equipment, raw material from the store
- v. Install foot operated door opener, especially in the toilets

### **1.6 Prepare factory medical staff with resources on Covid-19**

- i. Consult with the medical staff to identify the gap of primary screening facility in the factory clinic; and procure the missing equipment, supplies or PPE if any
- ii. Make it compulsory for the factory medical staff to attend the online course on COVID-19 approved by the Ministry of Health and Family Welfare (<https://bit.ly/2VoYiMz>) or WHO (<https://bit.ly/2xCDyII>)
- iii. Ensure following PPE for factory medical staff:

- Disposable surgical face masks
- Goggles
- Disposable Gloves
- Medical Gown
- Shoe cover

### **1.7 Awareness building and responding to the emergency matters**

- i. Establish a mechanism to
  - a. encourage the task force for working proactively to prevent COVID-19; and trained them properly with all the related issues
  - b. create awareness on COVID-19 preventive actions and symptoms by PA system or audio clip in every two hours and encourage them to self-report in case of sick and/or experiencing COVID-19 symptoms
- ii. Form an Emergency Response Team to
  - a. monitor whether the workers are maintaining all the preventive measures

- b. deal with any emergency related to COVID-19

### **1.8 Identification and isolation of potential and confirmed cases of Covid-19**

- i. Establish a screening system by the factory for prompt identification of suspected case of COVID-19
- ii. Prepare a separate room (factory isolation point) for suspected workers and keep provision to consult with in house medical staff
- iii. Establish a mechanism to send the suspected COVID 19 cases (after consultation with in house medical staff) to a designated quarantine center (which may be established in a local community center or educational institution with the cooperation from government, BGMEA/BKMEA, and other relevant stakeholders) with adequate skilled personnel as per the WHO guideline
- iv. Install walk-in sample collection booths (Kiosk) unique for RMG workers in the factory areas and establish a mechanism to transfer those samples to designated testing labs
- v. Send the workers detected as COVID-19 positive to the hospitals with ICU facilities contracted by the factory and/or BGMEA/BKMEA, or isolation center as per the requirement

### **1.9 Preventive measure for child care facility inside the factory**

- i. Provide a hand washing point in front of or convenient place of child care facility to ensure proper hand washing before entering the child care room
- ii. Provide hand sanitizers/adequate soap in the washroom of the childcare room and ensure frequent hand washing
- iii. Instruction to change clothes the children wear from their resident and provide washed dress to wear in the child care room to reduce the risk of infection
- iv. Instruction to wash clothes with detergent and dry on sunlight/dryer properly. Encourage mothers to bring at least 2 dresses with them if the factory does not provide dress to the children
- v. Check the temperature of children and attendants using a thermal scanner
- vi. If mothers/children are feeling uncomfortable/feverish/cold could be discouraged to

- attend office/child care to avoid more infection. Ensure paid leave for those days
- vii. If possible, the factory could arrange a temporary separate room for isolation
  - viii. Awareness training to the childcare attendant (by the in house trained doctor, and welfare officer) about BF and nutritious food intake etc.
  - ix. Ensure proper hand washing, using spray to clean up clothes and sandals/shoes for the parents/attendants who bring the children from home for breastfeeding
  - x. Ensure frequent cleaning of bed sets (bed sheet, pillow cover, towels etc.) and toys in the room

## **2. Preparedness in Transportation**

Transportation of goods, and workers and the staff are imperative for smooth operation of the factory. However, it represents a threat, as they are potential transmitters of the virus. In order to avoid the spread of the virus via transport and supply means, the following precautionary measures must be taken.

### **2.1 Transportation of goods**

- i. Ensure the disinfection of goods containers prior to arrival to the loading area.
- ii. Disinfect all incoming and outgoing vehicles by using detergents and disinfectant sprays
- iii. Raise awareness and precautionary measures among drivers and helpers of vehicles on COVID 19
- iv. Inform the factory medical staff immediately if any COVID-19 symptom appears on the drivers and the helpers
- v. Hang awareness flyers, which must contain pictorial representation of safety measures for COVID-19, in the decontamination zone
- vi. Make it compulsory to wear face masks by the drivers and helpers during their stay in the factory premise

### **2.2 Transportation of workers/staff**

- i. Arrange more dedicated transports by the factories to ensure the adequate physical distance of the workers who commute by the factory transports and the number of passengers in the vehicle should not exceed 50% of its capacity
- ii. Categorize the workers as a cluster of their living area and all workers in a cluster will



gather in one fixed spot, and will be picked up; and make this system of transportation as shuttle service

- iii. Assign a staff to coordinate all the things to be done related to transportation and to monitor all safety procedures during transportation
- iv. Disinfect the vehicles every shift, in particular doors and windows, handles and all points of contact from inside and outside for each trip (before and after)
- v. DO NOT disinfect when passenger is in the vehicle
- vi. Ensure hand-cleaning measures for each passenger while using transport
- vii. Ensure that the drivers and the helpers disinfect themselves prior to each trip
- viii. Make it compulsory to wear face masks by the workers, drivers and helpers

### **3. Home or Community Preparedness and Social Inclusion**

Due to higher rents and low earnings, most of the workers live in shared accommodation, which poses a greater risk of being infected by COVID-19. Therefore, factories should aware the workers on how to protect themselves and their family members or the people with whom they live from COVID 19. In addition, it needs to create awareness among the community people on how to respond, and what should not to do, when someone is affected with Covid-19 in the community.

#### **3.1 Responsibilities of the workers:**

##### **3.1.1 While going from home to factory**

- i. Leave what is not necessary at work
- ii. Use mask when go out of home
- iii. Avoid social gathering and face to face meeting in the neighborhood
- iv. Use simple social distancing tactics like replacing hugs and handshakes with alternatives like wave or smile

##### **3.1.2. Upon returning home from the factory**

- i. Wash hands from common hand wash point in the community. If common hand washing point is not available in your community, wash hand immediately after returning home
- ii. Leave shoes outside the home
- iii. Handle possibly contaminated items (shoes, work bag, work clothes) with care

- iv. Throw your mask in the dustbin if it is disposable. If it is reusable wash immediately upon returning home
- v. Do not touch anything or anyone (even the children) after entering the house
- vi. Do not seat anywhere
- vii. Put belongings in a separate area
- viii. Disinfect phone, name tag or ID card, eyeglasses and keys when entering home
- ix. Immediately and directly go to bathroom
- x. Take shower with soap and take time, and wash clothes with disinfectant powder
- xi. Place work clothes in bin or directly wash them with detergents or soap when entering home

### **3.1.3. While at home**

- i. Keep home clothes and shoes in a clean and washable bag, separate from work clothes
- ii. Do not leave the house if not emergency
- iii. Use handkerchief or tissue or elbow while sneezing
- iv. Take sufficient nutritious food specially the food that contains Vitamin C like lemon, seasonal fruits etc.
- v. If you have any COVID-19 symptom,
  - consult with your factory medical team over the telephone and follow his/ her advice
  - inform your factory manager HR compliance

### **3.2 Responsibilities of the Factories**

- i. During the last working hour, repeatedly announce the responsibilities of the workers when they go out of factory and what steps to be taken immediately after returning home
- ii. Educate the workers on disinfecting phone, name tag or ID card, eyeglasses and keys
- iii. Provide detergents, soap and other disinfecting items like hexasol to the workers to be used at home
- iv. Establish a mechanism to send to the designated quarantine center, if any worker suspects of COVID-19 in the home
- v. Establish a mechanism to send positive cases from home, if found, to the designated

isolation center or hospital as per the requirement

- vi. Keep arrangement of ambulance/ vehicle services to transport the workers and staff to the designated quarantine center, isolation center or hospital from home or factory in the cases of emergencies

### **3.3 Responsibilities of the community**

- i. Establish and maintain foot operated hand washing points in the common points of the community by the local government
- ii. Allow and cooperate to convert the local educational institutions and community centers into quarantine centers, if necessary, for the time being

#### **iii. If someone affected with Covid-19 in the community (see Also Table 1):**

##### **DO'S:**

- a. Communicate the patients or their housemates regularly via phone call or SMS to give him/her mental support
- b. Provide necessary food, groceries, and medicines in a disposable packet, if needed
- c. Show fellow feelings to the patients and their family
- d. Be kind, supportive, and respectful to the patients and their family

##### **DON'TS:**

- a. Don't decry the affected persons or their family
- b. Don't harass the persons who want to provide necessary food, groceries or medicines for the patients in their home
- c. Don't be stigmatized to the patients or their family
- d. Don't try to express or prove that being affected is a fault of the patients
- e. Don't try to extrude the patients and their family from their home or the community
- f. Don't be non-responsive at the time of their emergencies

### **4. Response related to GBV**

Numerous studies around the world show that woman and children are disproportionately impacted by the pandemic condition. According to UN Women (2020), domestic violence has increased by around 30% in France since the lockdown. Increased cases of domestic violence for women and demand for emergency shelter have also been reported in Argentina, Cyprus, Singapore, Canada, Germany, Spain, the United States and the United Kingdom (UN Women, 2020). Reports from China also mentioned that the corona virus has already caused a threefold

increase in domestic violence cases in February compared with the previous year, 90% of the causes of violence were related to the Covid-19 epidemic (Mahdawi, 2020). With increasing evidence of domestic violence, different countries are undertaking various initiatives to combat the crisis. There is no strong evidence of increasing GBV in Bangladesh among RMG workers during COVID-19. There is also limited evidence of job lost during COVID-19 due to the gender factor. However, there is a chance of firing the female workers with pregnancy and/or chronic illness. The global evidence suggests that unless some actions are taken, Bangladesh may also experience GBV. For handling GBV issues, which may arise due to COVID-19 crisis, this guideline prescribes to follow the suggestions given below along with the government protocol:

- i. Make sure that there is no gender discrimination if the factories need to retrench the workers
- ii. Ensure that no pregnant workers are discriminated in downsizing workforce
- iii. Ensure maternity leave as well as benefits for pregnant workers
- iv. Make arrangement for the pregnant workers to ensure social distance and keep them safe from possible health risk
- v. Form a grievance committee or strengthen the existing one so that the female worker can complain if she faces any sexual harassment or mental torture. Also, inform the female workers about the grievance committee
- vi. Ensure proper counselling for the female workers regarding their health protection
- vii. Make awareness among the female workers regarding GBV and inform them about complaining mechanism
- viii. Form a team consisting of both male and female workers to educate the workers about signs, type and nature of gender-based violence, and how to report to the National Emergency Service (999) and the National Helpline Centre for Violence against Women and Children (109)
- ix. Establish a hotline by individual factory so that the workers can get immediate supports for any GBV issue
- x. Establish a mechanism so that the team can facilitate to receive One Stop Crisis support including legal support if any GBV case occurs

- xi. Adopt zero tolerance policy by the factory against GBV issues as per high court directive
- xii. As an immediate and post COVID plan, factory management, BGMEA, labor ministry and other stakeholders should provide need-based support to the female workers who are more vulnerable (e.g. widow, single women, separated, divorced, disabled and pregnant)
- xiii. As a post COVID and long-term plan, factory management and DIFE can make a sex disaggregated database for each factory about their socio-economic status and other essentials
- xiv. Ensure safe sanitation and hygiene for female workers to prevent COVID -19 and SRH (sexual and reproductive health) related public health concerns
- xv. Arrange transport for the female workers
- xvi. Form a committee comprising the workers commuted with vehicles provided by the factories to prevent GBV in the transports; and ask them to report factories if they notice any GBV issues
- xvii. Establish a surveillance system by the local government in the community to prevent GBV

## **5. Additional things to remember**

### **5.1 Arrangements of PPE and other supports for factory staff**

- i. Supply face masks for all workers, and supervisory and managerial staff
- ii. Ensure appropriate PPE for all service providers in the factory like health care provider, security guard, sweeper, cleaner, childcare giver etc. Provide training on put on, use, take off and dispose of PPE properly;
- iii. Establish a mechanism to collect all used PPE in a separate waste bin
- iv. Keep provision of counselling sessions with psychologists for mental health supports for workers and staff

### **5.2 How to use PPE correctly**

- i. Before putting on a PPE, wash hands with alcohol-based hand rub or soap water
- ii. Cover mouth and nose with mask and make sure there are no gaps between face and the mask

- iii. Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water
- iv. Replace the mask with a new one as soon as it is damp and do not reuse single-use masks/PPEs.
- v. To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; wash hands with alcohol-based hand rub or soap and water

### **5.3 How to wash hands properly:**

- i. Wet hands with safe running water
- ii. Apply enough soap to cover wet hands
- iii. Scrub all surfaces of the hands – including backs of hands, between fingers and under nails – for at least 20 seconds
- iv. Rinse thoroughly with running water
- v. Dry hands with a clean, dry cloth, single-use towel or hand drier as available. Wash your hands often, especially before and after eating; after blowing your nose, coughing, or sneezing; going to the bathroom/ toilets/latrines and whenever your hands are visibly dirty. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water, if your hands are visibly dirty.

A schematic presentation of the guideline is depicted below:

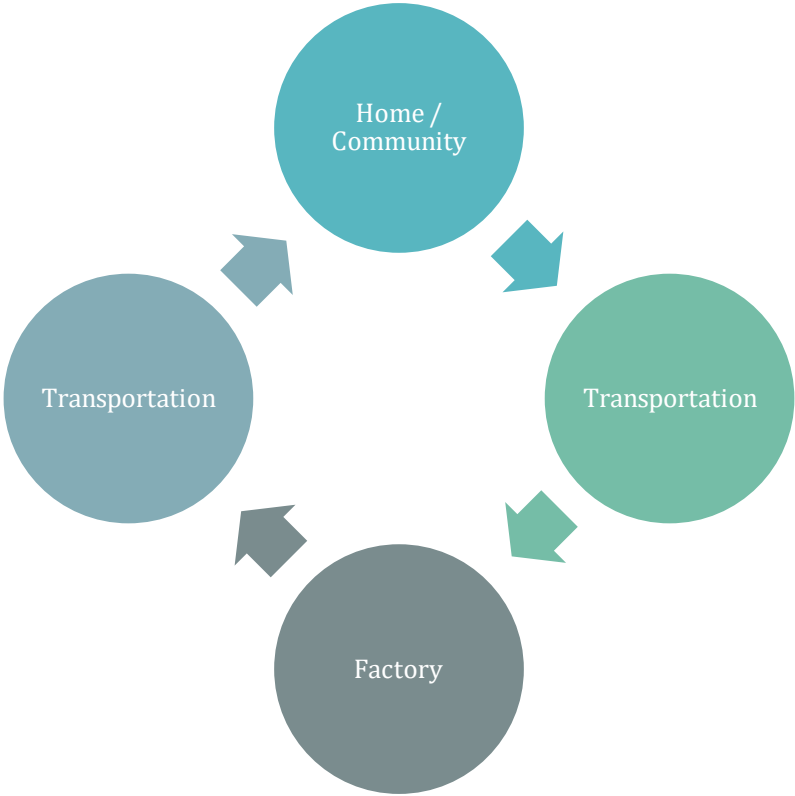
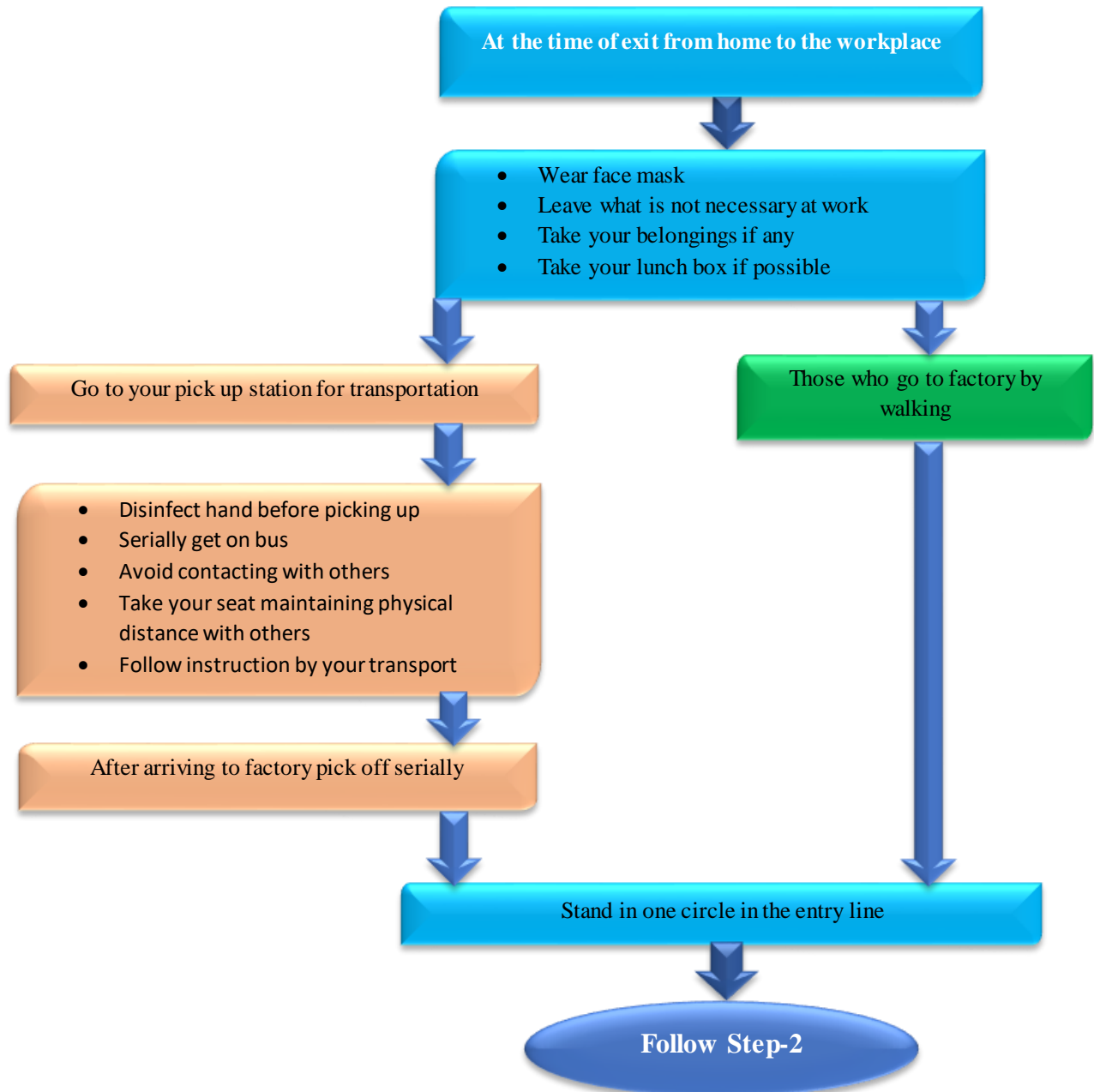


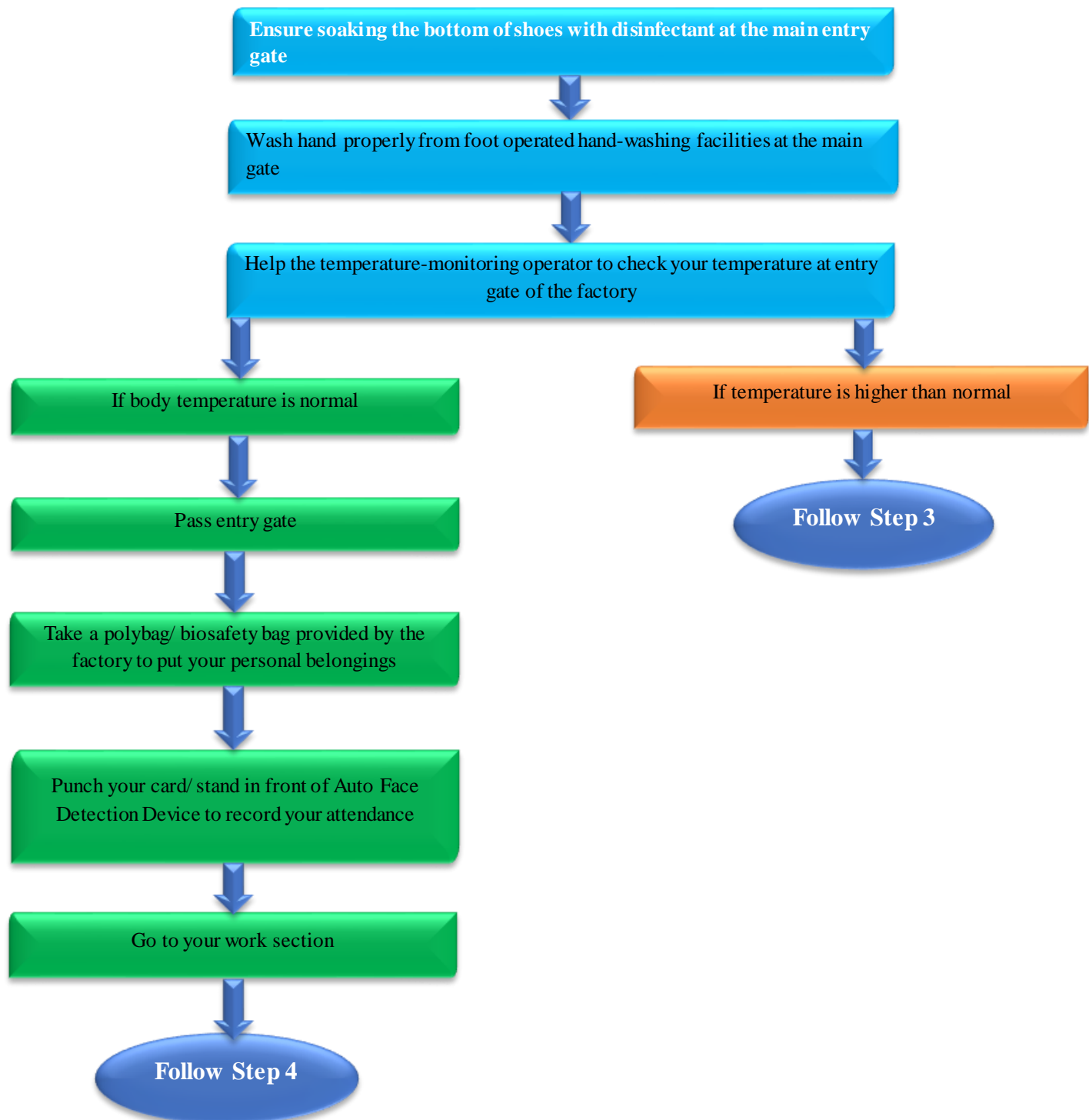
Diagram -1: Activities Flow

## Step-1: Home to Factory

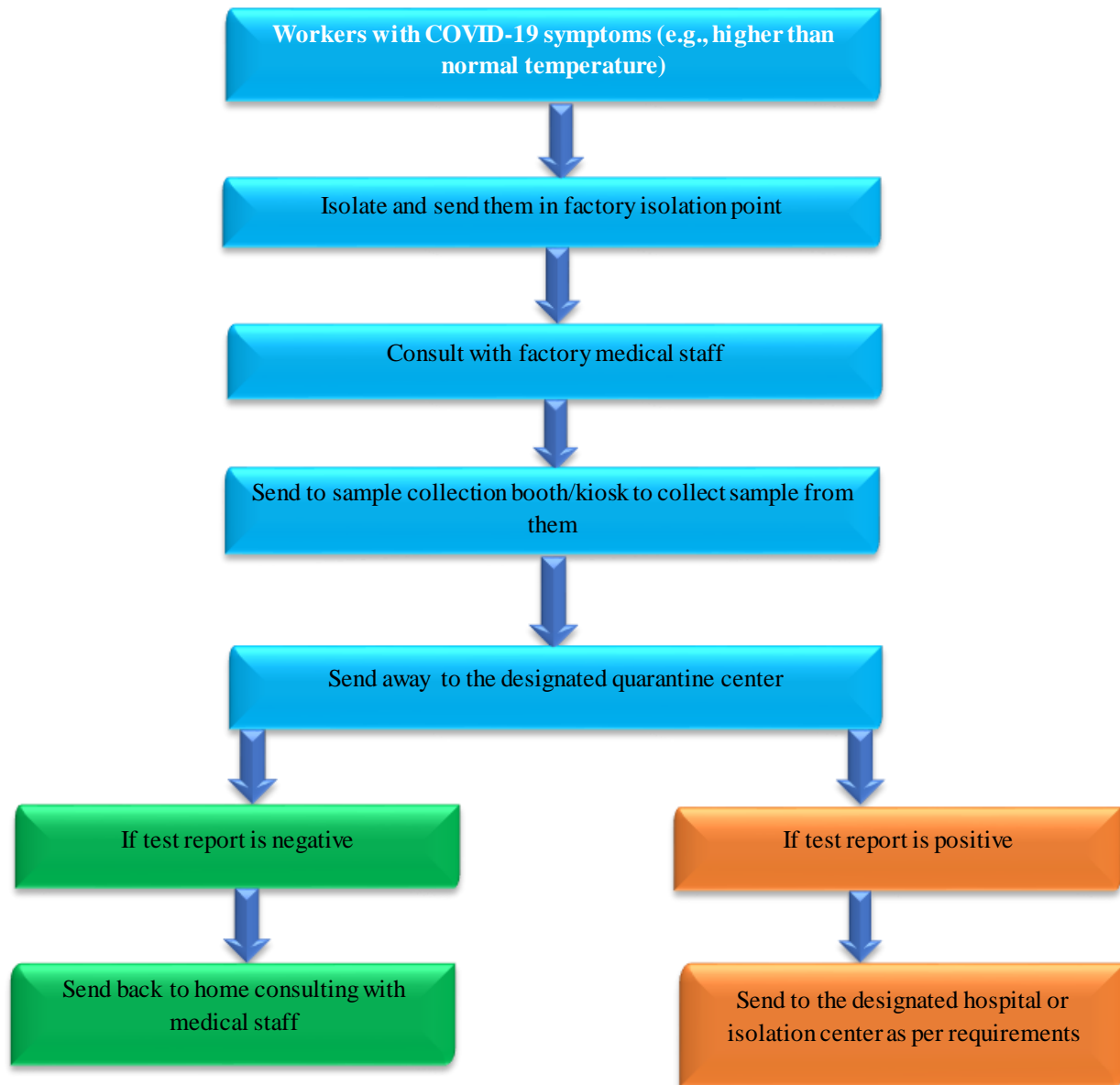




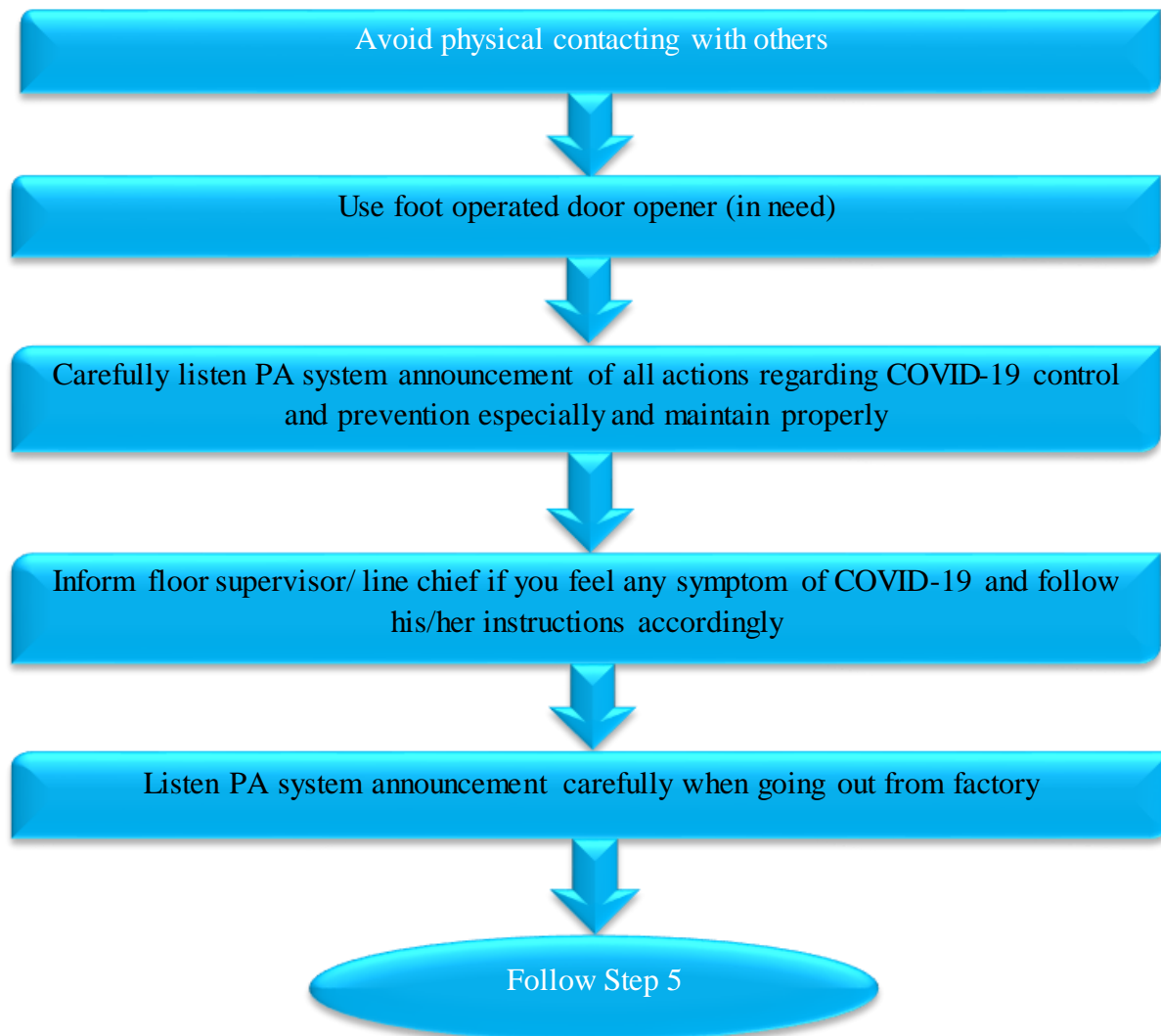
## Step -2: Entrance in the factory



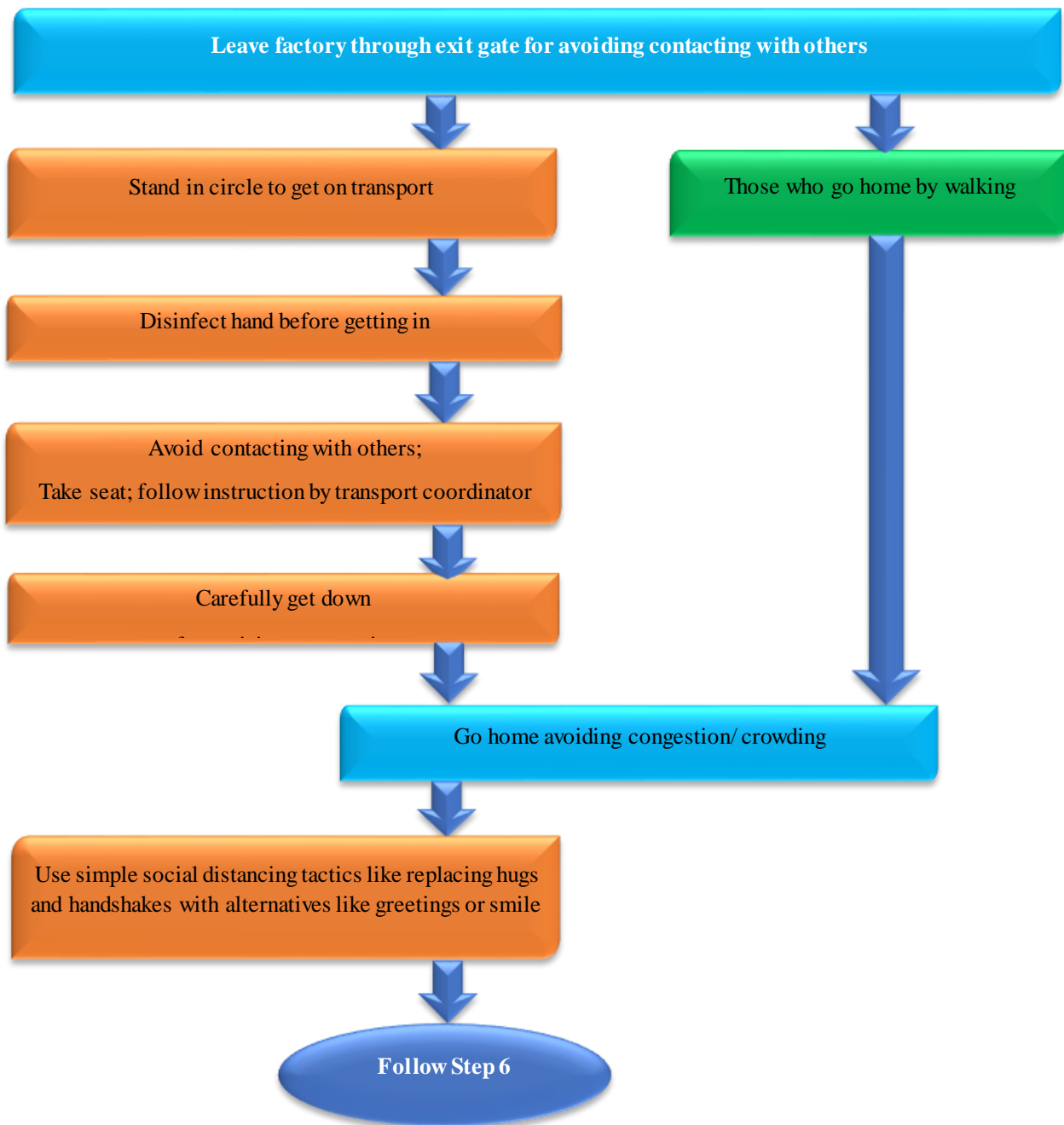
**Step 3: If temperature of any worker found higher than normal at the entrance and/or during working hour**



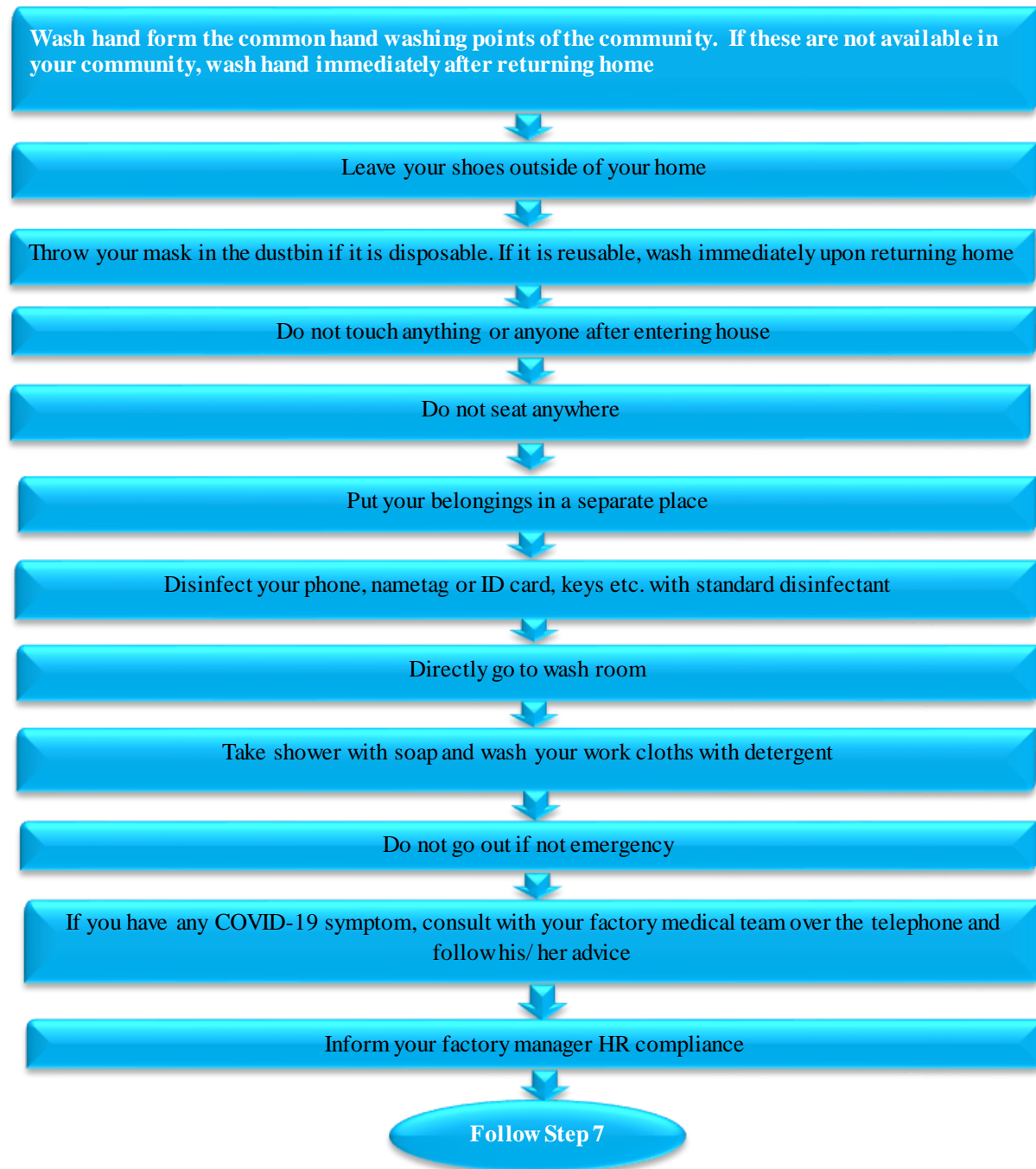
**Step-4: Preventive measure while you are at your factory**



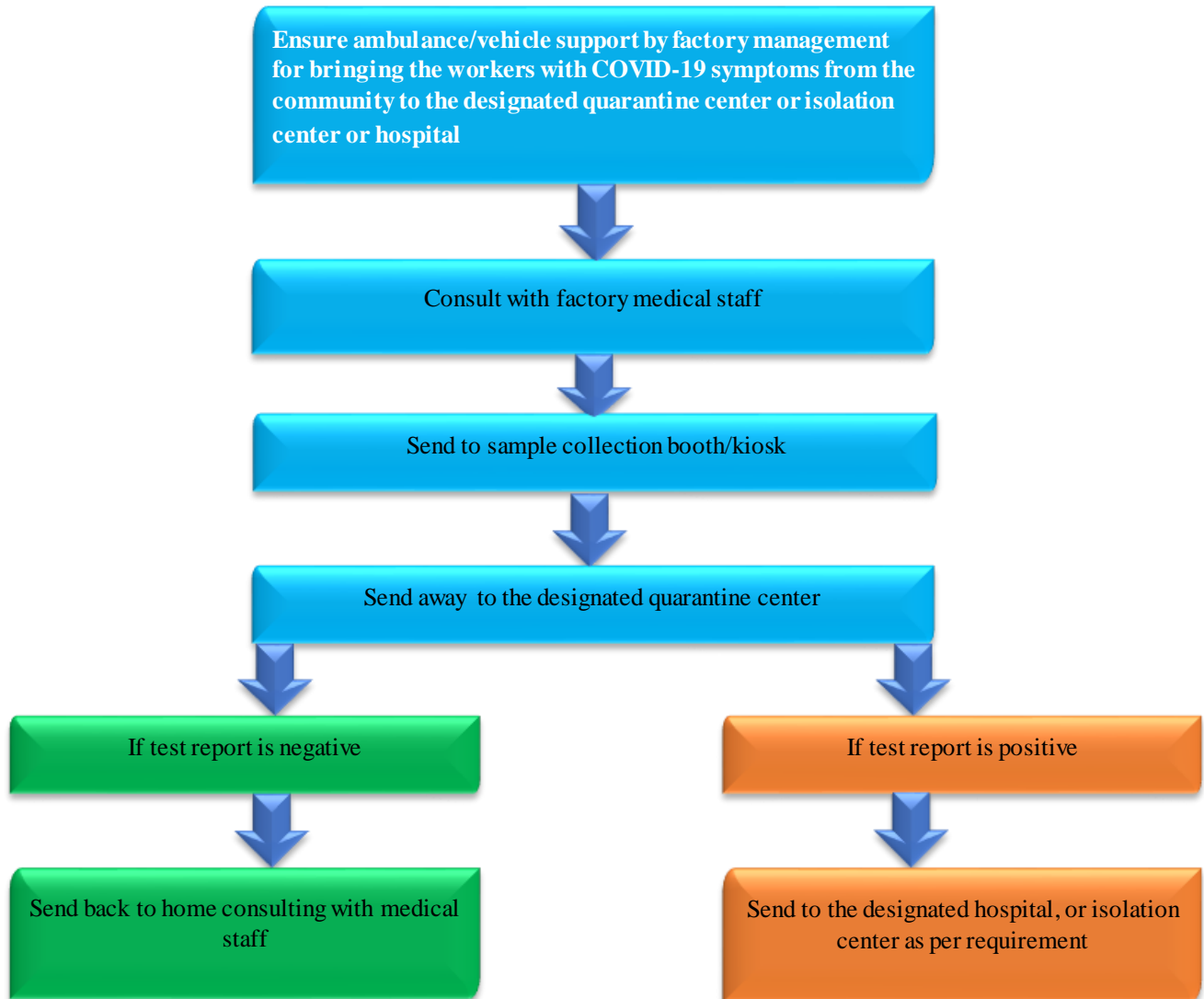
## Step 5: Preventive measures while returning home from factory



## Step 6: Preventive measures at community



Step 7: If any worker suspects COVID-19 at home or community



**Table 5: DO's and DON'T's if someone is affected with COVID-19 at home/ community**

| <b>Do's</b>   | <b>Don't's</b>   |
|---|--|
| Communicate the patients or their housemates regularly via phone call or SMS to give him/her mental support | Don't decry the affected persons of their family   |
| Provide necessary food, groceries, and medicines in a disposable packet, if needed                          | Don't harass the persons who want to provide necessary food, groceries or medicines for the patients in their home |
| Show fellow feelings to the patients and their family   | Don't be stigmatized to the patients or their family   |
| Be kind, supportive, and respectful to the patients and their family  | Don't try to express or prove that being affected is a fault of the patients                                       |
|   | Don't try to extrude the patients and their family from their home or the community                                |
|   | Don't be non-responsive at the time of their emergencies   |

## 8. Action Plan

A detailed action plan has been developed to explain how to implement the guideline (see Tables 8.1-8.5). This clearly explains who will accomplish each individual component of the guideline and how it will be implemented. The integrated efforts of all the major stakeholders including factory owners, BGMEA, BKMEA, and government bodies are needed to implement the guideline.

Table 8.1: Action Plan Associated with the Initial preparedness and overall actions

| Elements of the Guideline  | Who will accomplish?  | Methods of accomplishment  | Remarks   |
|--|---|--|---|
| Outline detail planning for each stage of preparedness and actions   | Top management of the factory including manager HR & Compliance | Prepare a checklist for every suggested steps, actions, and materials to check readiness and implementation status   | <ul style="list-style-type: none"> <li>• Accomplishing before factory reopening</li> <li>• The factories that already have started production, should revise their plans to match up with this guideline, if needed.</li> </ul> |
| Develop a COVID-19 Task Force in the workplace, so this task force can lead protective actions against COVID-19 (members of the participation committee, safety committees, safety officers, and the medical staff of the factory should be in the committee)  | Top management of the factory including manager HR& Compliance  | Follow this guideline, and prepare a checklist for every suggested steps, actions, and materials to check readiness and implementation status.                                 | <ul style="list-style-type: none"> <li>• Accomplishing before factory reopening</li> <li>• The factories that already have started production, should revise their plans to match up with this guideline, if needed.</li> </ul> |
| Clearly define the accountability and responsibility of committee members in writing so everyone knows their responsibility (who is In-charge, who does what?) in cases like prevention, controlling mechanism and suspected COVID 19 cases in the workplace, and setting up a proper monitoring mechanism | Top management of the factory including manager HR& Compliance  | Prepare a checklist incorporating all the actions recommended in this guideline to define and monitor accountability, responsible persons, type of works, and status of works. | <ul style="list-style-type: none"> <li>• Factory manager HR &amp; Compliance will be responsible for effective implementation of the checklist prepared and periodical reporting</li> </ul>                                     |



| Elements of the Guideline  | Who will accomplish?   | Methods of accomplishment  | Remarks |
|--|--|--|---------|
| Communicating and implementing COVID-19 related policies and procedures with relevant parties in the factory through worker training, including induction training, training of safety and participation committee or Trade union, posting names of COVID- 19 committee members                    | Top management of the factory                                  | <ul style="list-style-type: none"> <li>• Preparing training module incorporating information related to Covid-19 symptoms, proper prevention and control measures including social distancing, sneezing manners, proper hand washing process, correctly wearing PPE, ways of building Covid-19 related awareness among the workers.</li> <li>• Introducing all the members of relevant committees by names with the relevant workers and their responsibilities</li> </ul> |         |
| Review, coordinate and update the plan regularly as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts become available  | Top management of the factory including manager HR& Compliance | Updating checklist and information, and instructions in the training module, if needed   | --      |
| Prepare SOP related to receipt of raw materials, accessories, machines, tools, accessories and any other goods into factory premises, including what is imported from outside the country. This policy should include quarantine and checking areas for what is brought into the factory premises. | Factory manager HR & Compliance                                | Prepare and maintain checklist   | ---     |

Note: The management body of the factory needs to ensure accountability of the responsible persons through following up the activities suggested in the guideline based on a standard checklist.

Table 8.2: Action Plan Associated with Administrative initiatives to reduce risk of Covid-19

| Elements of the Guideline   | Who will accomplish?                               | Methods of accomplishment   | Remarks |
|---|--|---|---------|
| Identify and procure/establish all the relevant equipment and supplies required for COVID-19 management including thermal scanner, PPE, disinfection reservoir, foot operated door opener device, biosafety bag/ poly bag, auto face detection technology | Factory owner, top management, and factory manager | List all the relevant equipment and supplies required for Covid-19 management as per this guideline | ---     |
| Allow all employees to visit in-house doctors for any COVID-19 symptom, sending away to the designated quarantine center (with leave) if the body temperature is higher than normal   | Factory manager HR & Compliance                    | Self explanatory  | ----    |
| Establish adequate number of foot operated hand washing facilities (at least two meters distance from one tap to another) in the factory premise including toilets  | Factory owner, top management, and factory manager | Self explanatory  | ---     |

Note: The management body of the factory needs to ensure accountability of the responsible persons through following up the activities suggested in the guideline based on a standard checklist.

Table 8.3: Action Plan Associated with Entrance Protocol

| Elements of the Guideline  | Who will accomplish?                                | Methods of accomplishment  | Remarks  |
|--|---|--|--|
| Everyone needs to wear a mask  | Security guard and supervisory staff of the factory | Self explanatory   | Factory should provide necessary mask          |
| Ensure 6 feet physical distance of the workers while entering the factory  | Security guard of the factory                       | Circling with 3 feet interval from each at the entry side of the factory | Increase number of entry gate in the factory   |
| Check workers' temperature by using infrared thermometer/thermal scanning/ necessary health check-up of every employee who is entering into the factory by the security guard of the factory | Security guard of the factory                       | Self explanatory   | ---  |
| Develop a mechanism to manage Covid-19 suspected workers for quarantine or isolation   | Top management, factory manager HR & Compliance     | Provide training on how to measure, when to separate                     | ---  |
| Provide a biosafety bag/ poly bag to each worker at the entry gate to put their personal belongings  | Self-collection or Security Guard                   | Establish a poly bag stand   | Factory should provide poly bag to each worker |
| Introduce card punch system or auto-face detection technology to record attendance   | Factory owner, top management                       | Self explanatory   | ---  |

Note: The management body of the factory needs to ensure accountability of the responsible persons through following up the activities suggested in the guideline based on a standard checklist.

Table 8.4: Action Plan Associated with Identification and isolation of potential and confirmed cases of Covid-19

| Elements of the Guideline   | Who will accomplish?  | Methods of accomplishment                     | Remarks  |
|---|---|---|--|
| Establish a screening system by each factory for prompt identification of COVID 19  | Factory owner and top management,   | By checking temperature using thermal scanner | ---  |
| Prepare a separate room (factory isolation point) for suspected workers and keep provision to consult with in house medical staff   | Factory owner, management   | Self explanatory                              | ---  |
| Establish a mechanism to send the suspected COVID 19 cases (after consultation with in house medical staff) to a designated quarantine center (which may be established in a local community center or educational institution with the cooperation from government, BGMEA/BKMEA, and other relevant stakeholders) with adequate skilled personnel as per the WHO guideline | Factory owner, factory management, BGMEA, BKMEA, Local government representative, Ministry of education, Ministry of Labor, Ministry of Health and Family Welfare | Self explanatory                              | ----   |
| Install walk-in sample collection booths (Kiosk) unique for RMG workers in the factory areas and establish a mechanism to transfer  | RMG factories, BGMEA and BKMEA  | Self explanatory                              | BGMEA/ BKMEA can take an initiative to seek cooperation from different relevant NGOs/donor |

|  |                                 |                  |  |
|--|---------------------------------|------------------|--|
| those samples to designated testing labs   |                                 |                  | agencies to cooperate in this process  |
| Send the workers detected as COVID-19 positive to the hospitals with ICU facilities contracted by the factory and/or BGMEA/BKMEA, or isolation center as per the requirement | BGMEA, BKMEA, and RMG Factories | Self explanatory | Prepare BGMEA hospital as isolation centre cum hospitals dedicated for COvid-19 management/ Sign MoU with nearby private hospitals to provide Covid-19 related services including isolation services for the RMG workers |

Note: The management body of the factory needs to ensure accountability of the responsible persons through following up the activities suggested in the guideline based on a standard checklist

Table 8.5: Action Plan Associated with Preparedness in Transportation

| Contents of the Guideline  | Who will accomplish?                           | Methods of accomplishment | Remarks  |
|--|--|---------------------------|--|
| Arrange more dedicated transports by the factories to ensure the adequate physical distance of the workers who commute by the factory transports and the number of passengers in the vehicle should not exceed 50% of its capacity | BGMEA, BKMEA, Factory owner, Ministry of Labor | Self explanatory          | Make contract with BRTC authority / private bus owners to hire their buses for the RMG workers |

Note: Note: The management body and/or BGMEA/BKMEA of the factory will follow up the activities suggested in the guideline based on a standard checklist.

Table 8.6: Action Plan Associated with Home/ Community Preparedness

| Elements of the Guideline   | Responsibility (Who will perform)  | Ways  | Remarks |
|---|--|---|---------|
| During the last working hour, repeatedly announce the responsibilities of the workers when they go out of factory and what steps to be taken immediately after returning home | Factory manager HR & Compliance  | PA system   | ---     |
| Establish and maintain foot operated hand washing points in the common points of the community by the local government  | Local government, house owners, local elite, NGOs or donors if available   | Factories can communicate with and motivate the local government in this regard | ---     |
| Allow and cooperate to convert the local educational institutions and community centers into quarantine centers, if necessary, for the time being                             | BGMEA, BKMEA, Factory owner, factory management, Local government, Ministry of education, owner of local respective community centers, local elite | Factories can communicate with and motivate the relevant stakeholders           | ---     |

Note: The management body and/or BGMEA/BKMEA of the factory will follow up the activities suggested in the guideline based on a standard checklist.

## 9. Advocacy Strategies

Implementation of the guideline will depend on its acceptance by Ministry of Labour, Government of Bangladesh, as well as BGMEA and BKMEA. Thus, some initiatives need to be taken for obtaining the acceptance of these organizations. First, sending the guideline with a forwarding letter to the Ministry of Labour, Government of Bangladesh, requesting to take necessary actions for incorporating its elements in the guideline developing by National Occupational Safety and Health (OSH) Council. Second, sending the guideline with a forwarding letter to BGMEA and BKMEA requesting to take necessary actions for implementing the guideline in the RMG factories. A dissemination workshop can be organized by ensuring the participation of the top policy makers of the Ministry of Labour, Ministry of Industry and Ministry of Commerce, and top representatives of BGMEA/BKMEA to expedite the process. Finally, Shojag Coalition also meets the top policy makers of the Ministry of Labour, and the President and Secretary of BGMEA/BKMEA to make them better understanding regarding the importance of implementing the guideline.

## Annex A

**Table 1: List of participants of National Validation Workshop**

| <b>Name</b>                  | <b>Designation</b>   | <b>Organization</b>  |
|------------------------------|--|--|
| Abu Jamil Faisal             | Member   | Public Health Expert Advisor Group   |
| Mr. Matiur Rahaman           | Deputy Inspector General & Projector Director  | DIFE, Ministry of Labor and Employment   |
| Dr. Md. Rezaul Haque         | Additional Secretary   | Labour Wing, Ministry of Labor and Employment  |
| Professor Shah Monir         | Member   | Public Health Expert Advisor Group   |
| Md. Abdullah                 |  | Former Joint chief, Planning commission  |
| Dr. Syed Abdul Hamid         | Professor  | Institute of Health Economics, University of Dhaka                                   |
| Dr. A E Md. Muhiuddin Osmani | Project Director Feasibility Study for Establishment of Six Medical College and Hospitals project & Joint Chief (Planning) | Health Services Division Ministry of Health and Family Welfare                       |
| Nur ahmed                    | Deputy secretary, IMED   | Ministry of Planning   |
| Mohammad Abdus Salam Khan    | Deputy Chief   | Medical Education and Family Welfare Division, Ministry of Health and Family Welfare |
| Prof. Robed Amin             | Medicine Specialist  | Dhaka Medical College Hospital   |
| Maheen Sultan                | Team leader, Shojag  | Naripokkho   |
| Tamanna Khan Popy            | Member   | Naripokkho   |
| Abdul Mottaleb               | Exporter   | GSCS International Ltd.  |
| Nuhu Amin                    | Epidemiologist/ Infectious disease specialist  | Assistant Scientist, ICDDRB  |
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