**REGIONAL REPORT**

# THE AWARENESS WITH HUMAN ACTION (AHA!) SOUTH ASIA PROJECT: ACTIONS, TRENDS, AND CHALLENGES IN ADDRESSING SOCIAL COHESION & HATE SPEECH & MIS/DISINFORMATION

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# THE COVID-19 CHALLENGE IN THE SOUTH ASIA REGION

The disruptions resulting from the COVID-19 pandemic have challenged social cohesion across the world but with particular force across the South Asia Region. Heightened intergroup tensions are linked in historical factors and to inequalities but in the current crisis a major force has been the rapid circulation of misinformation and, still more, rising hate speech. This report explores these regional trends of hate speech and mis/disinformation as they relate to the COVID-19 emergencies, highlighting efforts to prevent conflict and build or rebuild social cohesion. The focus is on Pakistan, Sri Lanka, and Bangladesh, extrapolating trends to the broader South Asia region. The context is the European Union funded project: Awareness with Human Action (AHA!). The report also summarizes briefly major AHA! Project activities and achievements during the short span of its implementation life, from July 2020 to December 2021.

The report focuses on three communities: religious leaders, women, and youth leaders and the ways in which they have, in the focus countries, mobilized to enhance capacities and increase awareness on COVID-19 prevention and response. A project objective has been to enhance collaboration among different faiths and communities notably through purposeful conflict prevention-focused collaborative initiatives at national and regional levels. The longer-term context is the broad objective to strengthen inclusive communities. The report draws information and insight from townhalls organized through the AHA! project, data collected from the small grant recipients in Bangladesh, Sri Lanka, Pakistan, and Nepal, interviews with grantees, and secondary literature.

The COVID-19 pandemic of the last two years has stretched public health systems across the region and led to large-scale economic disruptions that hit marginalized communities the hardest. In combination with growing government scrutiny, this has led to discontent and divisions in society and communities. Geopolitical conflicts within and beyond the region accentuate the challenge. As a result of the pandemic, social cohesion was weakened significantly across the board. Assessing regional trends is complicated by the region's vast social diversity: religious, linguistic, ethnic, and class, both across country borders and within them. Caste and sectarianism are further complicating factors.[1]

Many effects of the COVID-19 emergency are similar to other regions of the world. Some countries have adapted remarkably well, building on advantages, such as having a comparatively young demography with fewer pre-existing conditions such as diabetes and obesity. But the converse is also true and in some respects the region has disadvantages. Among them are overall limitations in health infrastructure which was a major factor in the COVID-19 response. The region has one of the lowest numbers of physicians per capita ranging from 0.3 per 1000 in Afghanistan to 1 per 1000 in Maldives, Pakistan, and Sri Lanka[2], compared to 0.2 in Angola and Zimbabwe[3]. Other relevant health indicators are low levels of life expectancy, high rates of malnutrition, infant mortality, and incidence of tuberculosis and HIV/AIDS.[4] The challenges of poverty also exacerbated negative impacts. According to a 2019 study from the London School of Economics and Political Science, South Asia is home to almost half (48%) of the world's poor and illiteracy rates are similarly high.[5] Following a global trend, the COVID-19 pandemic is estimated to have led to 62-71 million new poor in 2020 and 48-59 million new poor in 2021 in South Asia, exacerbating the global earning gap.[6]

The rapid spread of the internet and social media over the past decade is a striking development across the South Asia region and it has had marked effects on responses to the COVID-19 emergency. The region saw an astronomical growth in internet usage between 2000 (.47% of the population) and 2020 (35.33%).[7] Most of the users access internet via a mobile device. Social media use has gained momentum through the crisis, in part fueled by lockdowns that accelerated use of virtual communications. This in turn has influenced social and political responses in the forms of introduction of restrictive measures. Facebook is the most popular social media in the region with

**1** Cohen, Stephen P. "Security Challenge in South Asia." Brookings (blog), November 30, 1AD. https://www.brookings.edu/opinions/security-challenge-in-south-asia/.

**2** Chalise, Hom Nath. "South Asia Is More Vulnerable to COVID-19 Pandemic." Archives of Psychiatry and Mental Health 4, no. 1 (May 5, 2020): 046–047. https://doi.org/10.29328/journal.apmh.1001018.

**3** "Physicians (per 1,000 People) - Sub-Saharan Africa | Data." Accessed March 7, 2022. https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=ZG.

**4** "Life Expectancy - an Overview | ScienceDirect Topics." Accessed February 14, 2022. https://www.sciencedirect.com/topics/earth-and-planetary-sciences/life-expectancy.

**5** South Asia@LSE. "Poverty in South Asia: The Long View," April 9, 2019. https://blogs.lse.ac.uk/southasia/2019/04/09/poverty-in-south-asia-the-long-view/ .

**6** "The Road toward Economic Recovery in South Asia." Accessed February 14, 2022. https://blogs.worldbank.org/endpovertyinsouthasia/road-toward-economic-recovery-south-asia.

**7** "Individuals Using the Internet (% of Population) - South Asia | Data." Accessed February 16, 2022. https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=8S.

nearly half a billion users of the platform in South Asia. India has the highest number of Facebook users in the world. Dhaka is the world's second largest city in terms of number of active Facebook users.[8] The user base increased by 40 million in South Asia between 2019 and 2020—a probable impact of the COVID-19 pandemic. Despite the growth, a rural-urban divide, discriminatory gender norms, a lack of literacy and skills, and high prices of electronic devices contribute to inequitable access and quality of the internet use. More positive effects include offering channels of communication when others were curtailed. But the negative consequences loom especially large: Social media platforms are often used to spread hate, intolerance, violence, and mis/disinformation and these saw a huge upsurge during the pandemic.

## REGIONAL TRENDS

### ACCESS TO SERVICES, AID, AND COVID-19 VACCINES

Despite early vaccine hesitancy, scarcity of doses, and prevalence of mis/disinformation, South Asian countries have made significant progress in vaccinating their populations.[9] Secluded and smaller nations have shown more success, led by Bhutan (at least two doses) 73%, Maldives 68%, and Sri Lanka 65%. More populous and countries facing political uncertainties show a slower inoculation rate (% of people with two doses): India 55%, Nepal 53%, Pakistan 42%, Bangladesh 36%, and Afghanistan 10%.[10]

South Asia's overall success with previous immunization programs against polio and measles contributed to the fast mobilization of resources during the COVID-19 pandemic. However, as in the rest of the world, vaccination drives have not proceeded smoothly in the region. Anti-vaccination propaganda was rife in almost all countries. An early Gallup poll found in early 2021 that only 39% of the respondents in Pakistan were willing to get a vaccine.[11] Along with mass pro-vaccine campaigns, the Pakistan government's stringent measures such as barring

access to state facilities for the unvaccinated helped to increase the national inoculation rates. Preference for Western vaccines such as Pfizer and Moderna among young populations of Sri Lanka stalled the vaccination process among youth there as Sri Lanka has received vaccines primarily from China.[12] Similar preference for Pfizer and Moderna vaccines was reported in other countries as well. Bangladesh offered Pfizer and Moderna vaccines primarily in larger cities, citing the storage requirement of below freezing temperature as the reason for the urban rural divide. The country's overall vaccination drive was severely jolted when India halted its promised vaccine supply due to an uptake of domestic demand when facing the rampant Delta variant in April and May 2021. Bangladesh turned to China and Russia to meet the demand for vaccines. Nepal had the world's highest positive interest in vaccination (97% of respondents wanted to get vaccinated).[13] However, political crisis and vaccine and resources shortages dampened delivery.

South Asia's vaccine rollout experience, similar to other parts of the world, shows geographic, socioeconomic and ethnoreligious divides. While there is a tendency to point to particular groups as being vaccine hesitant,[14] it is important to consider that hesitancy often indicates historical structural discrimination and social marginalization.[15] Anthropologist Elisa Sobo argues that "[vaccination-related practices […] are significantly social events,"[16] therefore, they "are as complex as other social, cultural, or identity-related process."[17] While mandates and punitive actions (as seen in South Asian and other countries around the world) may help to increase vaccine

**8** Kugelman, Michael. "Facebook Has a Blind Spot in South Asia." Foreign Policy (blog). Accessed February 16, 2022. https://foreignpolicy.com/2021/10/28/south-asia-india-facebook-files-hate-speech-violence/.

**9** "South Asia's Fight Against COVID-19 Gathers Momentum." Accessed February 16, 2022. https://thediplomat.com/2021/10/south-asias-fight-against-covid-19-gathers-momentum/.

**10** Ritchie, Hannah, Edouard Mathieu, Lucas Rodés-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Diana Beltekian, and Max Roser. "Coronavirus Pandemic (COVID-19)." Our World in Data, March 5, 2020. https://ourworldindata.org/covid-vaccinations.

**11** "Most Pakistanis Choose Not to Get Coronavirus Vaccine: Survey." Accessed February 16, 2022. https://www.geo.tv/latest/332107-most-pakistanis-choose-not-to-get-coronavirus-vaccine-survey.

**12** "South Asia's Fight Against COVID-19 Gathers Momentum." Accessed February 16, 2022. https://thediplomat.com/2021/10/south-asias-fight-against-covid-19-gathers-momentum/

**13** "Covid-19 Jab Acceptance Highest in Nepal, Study Finds." Accessed February 17, 2022. https://kathmandupost.com/health/2021/07/23/covid-19-jab-acceptance-highest-in-nepal-study-finds.

**14** Harapan, Harapan, Samsul Anwar, Amanda Yufika, Khan Sharun, Mahir Gachabayov, Marhami Fahriani, Milda Husnah, et al. "Vaccine Hesitancy among Communities in Ten Countries in Asia, Africa, and South America during the COVID-19 Pandemic." Pathogens and Global Health, December 20, 2021, 1–8. https://doi.org/10.1080/20477724.2021.2011580.

**15** Council on Foreign Relations. "The Dangers of Confusing Vaccine Hesitancy with Vaccine Access | Think Global Health." Accessed February 17, 2022. https://www.thinkglobalhealth.org/article/dangers-confusing-vaccine-hesitancy-vaccine-access.

**16** Sobo, Elisa J. "Theorizing (Vaccine) Refusal: Through the Looking Glass." Cultural Anthropology 31, no. 3 (August 9, 2016): 342–50. https://doi.org/10.14506/ca31.3.04.

**17** Council on Foreign Relations. "The Dangers of Confusing Vaccine Hesitancy with Vaccine Access | Think Global Health." Accessed February 17, 2022. https://www.thinkglobalhealth.org/article/dangers-confusing-vaccine-hesitancy-vaccine-access.

coverage, they do not tend to work long term. Public health scholars caution against scapegoating and highlight the need to "carefully consider how proposed vaccination efforts may do little to change barriers to vaccine uptake and to trust. They should remember that the category of unvaccinated people and the "vaccine hesitant" among them remain dynamic. To better address that dynamism, authorities need to develop robust and equity-focused public policy during this protracted global health crisis. Such policies should focus on processes for access—along the entire cascade from increasing supply to eliminating barriers. Such policies should refrain from mapping "vaccine hesitancy" onto imagined and often inaccurate categories of people."[18]

## VULNERABLE POPULATIONS

Historically, people with disabilities, terminal illnesses, as well as minorities of all kinds and marginalized communities are among those most affected during times of crises. Women and girls also tend to face particular challenges and vulnerabilities. South Asian countries have been markedly affected by deep pre-existing inequalities, and also by aggravated trends linked to effects of the COVID-19 pandemic.

Indeed, women and girls have borne the brunt of the COVID-19 emergencies across the region in numerous ways. An Asia Foundation report highlights "strong evidence" that "the economic impact of the pandemic is expected to be particularly significant for women" in Bangladesh, India, Nepal, and Pakistan.[19] Women wage earners in both formal and informal sectors have faced setbacks during the pandemic. A report by the Center for Sustainable Employment at Azim Premji University in India shows disparities in the rate of job retention during the first lockdown in India in 2020: while 7% of men lost their jobs, the number was as high as 47% for women.[20] However, the greatest fallout for women has been for those working in the informal and homebased economic sectors such as temporary wage-earning work, day labor, services, or domestic work. The World Bank estimates that "more than 80 percent of all South Asia's workers engage in informal activities, and more than 90 percent of the region's businesses

are informal."[21] The pandemic induced lockdowns have had a devastating impact on these economic sectors. Women-led small and medium enterprises also saw drop in income level, business contraction, financial losses and vulnerabilities, and loss in business. Many of them were not aware of government stimulus packages.[22]

Women, girls, and sexual minorities also suffered from higher rates of gender-based violence (GBV), especially intimate partner violence against women and girls. Rates of child marriage rose in the region during the pandemic. Global estimates indicate that 243 million women and girls between the ages of 15-49 have experienced sexual or physical violence perpetrated by an intimate partner in one year during the pandemic.[23] More than 37% of all women in this age group in South Asia suffered such violence (the percentage is below Southeast Asia's 40% and the Pacific region's 68%).[24] Due to shortages of services during lockdowns, timely and quality support to survivors are also being disrupted or made inaccessible. An UNFPA estimate suggests that "every 3 months of lockdown contributes to an additional 15 million cases of GBV worldwide."[25] Both girls and boys from urban slums and rural areas reported an increase in physical and mental punishment during the lockdown across South Asia. With increases in poverty and decreases in social safety net for young girls (school closures, for example), the incidence of child, early, and forced marriages increased during the pandemic. A recent study on Bangladesh found that, "the prevalence of child marriage has increased by at least 13% due to pandemic-enforced long-term school closure throughout the country, while many cases remain unreported."[26] The

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18 ibid

19 The Asia Foundation. "Covid-19 & The New Normal for Women in the Economy in South Asia." Accessed February 17, 2022. https://asiafoundation.org/publication/covid-19-the-new-normal-for-women-in-the-economy-in-south-asia/.

20 UN Women Asia Pacific. "Overview: In South Asia, COVID-19 Deepens Gender Disparities." Accessed February 17, 2022. https://asiapacific.unwomen.org/en/news-and-events/stories/2021/07/covid-19-deepens-gender-disparities.

21 "COVID-19 Has Worsened the Woes of South Asia's Informal Sector." Accessed February 17, 2022. https://blogs.worldbank.org/endpovertyinsouthasia/covid-19-has-worsened-woes-south-asias-informal-sector.

22 The Asia Foundation. "Covid-19 & The New Normal for Women in the Economy in South Asia." Accessed February 17, 2022. https://asiafoundation.org/publication/covid-19-the-new-normal-for-women-in-the-economy-in-south-asia/.

23 "BECAUSE WE MATTER: Addressing COVID-19 and Violence Against Girls in Asia-Pacific" Plan International and Save the Children. https://reliefweb.int/sites/reliefweb.int/files/resources/PI_STC_BecauseWeMatterPolicyBrief-FINAL.pdf

24 ibid

25 ReliefWeb. "Barriers to Gender Based Violence (GBV) Health Services in Humanitarian Settings during COVID-19: A Desk Review from Cox's Bazar (Bangladesh), Iraq & Northeast Nigeria - Bangladesh." Accessed February 17, 2022. https://reliefweb.int/report/bangladesh/barriers-gender-based-violence-gbv-health-services-humanitarian-settings-during.

26 Hossain, Md Jamal, Mahfuza Afroz Soma, Md Sazzadul Bari, Talha Bin Emran, and Md Rabiul Islam. "COVID-19 and Child Marriage in Bangladesh: Emergency Call to Action." BMJ Paediatrics Open 5, no. 1 (2021): e001328. https://doi.org/10.1136/bmjpo-2021-001328.

repercussions are long term: UNFPA predicts that COVID-19 could result in an additional 13 million child marriages between 2020 and 2030, which will then lead to "school dropouts, early pregnancies, maternal deaths, a life of domestic servitude for women, and truncated future growth."[27] Gender gaps may well widen: UNICEF estimates that 147 million children in South Asia do not have access to digital and remote learning,[28] with patriarchal social norms favoring boys having access to digital learning over girls.

Similar to the global trend, misogyny, hate speech, cyberbullying, and sexual exploitation against women and girls increased on the social media platforms during the pandemic, in South Asia and beyond. An analysis of social media from India, Sri Lanka, and Malaysia found that both the volume of misogynistic Facebook posts and tweets, as well as individuals' engagement with them, including likes, comments, and shares, spiked during COVID-related lockdowns in that period by 168%.[29] A Google search trend analysis in these countries showed a 25% increase in relative search volumes for misogynistic profanity, including derogatory and demeaning terms.[30] Various men's rights groups gathered both on and offline and spewed misogynistic comments such as "Men are the real victims of domestic violence during COVID-19,"[31] while cybersex trafficking increased by four times in the Philippines, amassing a staggering 280,000 cases between March 1 and May 24 in 2020.[32] A survey among 108 children from Bangladesh suggested that 30% of respondents faced abuse online of which 56% are girls. According to WeProtect Global Alliance's third Global Threat Assessment of child sexual exploitation, online sexual exploitation reporting from the public more than doubled in 2020 compared to 2019. Findings also suggest that if parents lack digital literacy, children are more at risk of online abuse.[33]

Women make up the largest percentage of health workers who led the fight against COVID-19 from the frontlines in South Asia, but their presence in health policymaking is still limited. Female physicians outnumbered their male peers in Bangladesh between 2006-2015. However, 94% of nurses are female in the Bangladeshi health sector. Women make up almost 70% of private health and 62% of all health and social workers in Sri Lanka.[34] Similarly, more than 66% of Nepal's health workers are women, while a whopping 99% of nurses in Nepal are women. Despite a resounding majority in the health care sector, representation of women and other gendered minorities in policymaking is rare. Global data shows that only 31% of top leadership and 30% of managerial positions in public administration are occupied by women.[35] The trend is similar in South Asia with Sri Lanka having the best women representation rate in public administration (45% as of 2016) and Pakistan the lowest (6%, according to 2018 data).[36] The following Figure 1 shows the disproportionate distribution of women's presence in decision-making positions in health ministries in particular. South Asian countries rank low among the 15 countries selected in the most recent global report on Gender Equality in Public Administration 2021.
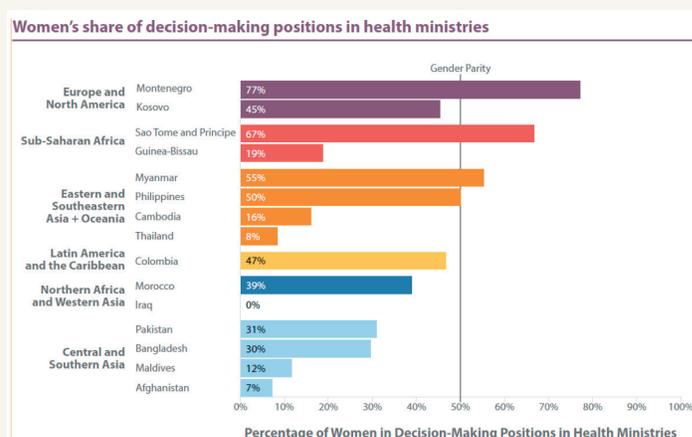


*Figure 1*

27 Zaman, Sarah. "Asia Pacific Regional Civil Society Engagement Mechanism - Women's Constituency Statement." Women's Action Forum, Karachi, Pakistan 8th APFSD, 23rd March 2021. https://www.unescap.org/sites/default/d8files/2021-03/APFSD8_Item2_Womens%20Action%20Forum.pdf

28 "Gender Equality." Accessed February 23, 2022. https://www.unicef.org/rosa/what-we-do/gender-equality.

29 UN Women Asia Pacific. "Social Media Monitoring on COVID-19 and Misogyny in Asia and the Pacific." Accessed February 17, 2022. https://asiapacific.unwomen.org/en/digital-library/publications/2020/10/ap-social-media-monitoring-on-covid-19-and-misogyny-in-asia-and-the-pacific.

30 ibid

31 ibid

32 "BECAUSE WE MATTER: Addressing COVID-19 and Violence Against Girls in Asia-Pacific" Plan International and Save the Children. https://reliefweb.int/sites/reliefweb.int/files/resources/PI_STC_BecauseWeMatterPolicyBrief-FINAL.pdf

33 ibid

34 "Call for Greater Support for Sri Lanka's Female Healthcare Workers | Daily FT." Accessed February 23, 2022. https://www.ft.lk/front-page/Call-for-greater-support-for-Sri-Lanka-s-female-healthcare-workers/44-705334.

35 UNDP. "Women Shine as Leaders, yet Their Absence at Top Levels of Public Service Threatens Pandemic Recovery | United Nations Development Programme." Accessed February 23, 2022. https://www.undp.org/press-releases/women-shine-leaders-yet-their-absence-top-levels-public-service-threatens-pandemic.

36 Gender Equality in Public Administration Report by the United Nations Development Programme (UNDP) and the Gender Inequality Research Lab (GIRL) at the University of Pittsburgh. Available at: https://girl.pitt.edu/sites/default/files/undp-upitt-2021-gender-equality-in-public-administration-en3.pdf

*Figure 1 Disproportional distribution of women's presence in decision-making positions*

Note: Country data collected between 2015-2022. Reproduced from: Gender Equality in Public Administration Report by the United Nations Development Programme (UNDP) and the Gender Inequality Research Lab (GIRL) at the University of Pittsburgh. Available at: https://girl.pitt.edu/sites/default/files/undp-upitt-2021-gender-equality-in-public-administration-en3.pdf

The lack of proportional representation of women, girls and sexual minorities in decision making positions in the health care sectors has likely distorting and other negative effects on the COVID-19 response in South Asia and beyond. Global data highlights the exclusion of women in decision making and expert task forces (3.5% of 115) all around the world.[37] In South Asia, Bangladesh's National Committee for Prevention and Control of Covid-19 has 12%, India's COVID-19 Task Force has 12.5%, and Sri Lanka's Presidential Task Force on economic revival and poverty eradication has 3.2% women representation.[38] It is reasonable to argue that an ethical, diverse, and gender inclusive decision-making process would benefit the region's overall response to the COVID-19 pandemic. Gizem Yarbil Gurol and Gretchen Luchsinger, experts at the UN Women suggests, "It is possible to recover and build back better from the crisis in South Asia, but it will take investment in policies that value and redistribute domestic and care work, create pathways of education and employment for women, reduce the gender wage gap and address gender-based violence."[39]

## FREEDOM OF RELIGION OR BELIEF AND HATE SPEECH IN THE CONTEXT OF COVID-19 IN SOUTH ASIA

South Asian nations followed suit with their global counterparts in announcing and enacting COVID-19 related restrictions to curtail the spread of the virus. These restrictions limited various rights, notably to freedom of movement and assembly. The right to freedom of religion or belief has presented significant challenges, balancing community public health needs (and rights) and those specifically related to religious practice. A US Commission on International Religious Freedom report[40] and another one by the Organization for Security and Co-operation in Europe (OSCE)[41], raised questions about how far responses such as lockdowns and shutdown of public spaces unduly impacted the freedom of religion or belief, and specifically whether religious minorities globally were made to suffer disproportionally.

Another related issue is the mechanism through which governments and communities have responded to a surge of scapegoating, stigmatization, and hate crime against religious and ethnic minorities, both in the digital spaces and in physical life. The United Nations defines hate speech as "any kind of communication in speech, writing or behaviour, that attacks or uses pejorative or discriminatory language" based on an "identity factor" such as ethnicity, religion, gender, or nationality.[42] Furthermore, the UN identifies hate speech as both a precursor to and a product of violence and abuse, linking it to many of the world's worst crimes and atrocities.[43] Hate speech has been the precursor to ethnic cleansing, terrorist acts, and gender-based violence. With rising use of social media, hate speech now travels faster and further than more traditional forms. Religious minorities are often socioeconomically marginalized groups across societies, making them more vulnerable to intersectional oppression. South Asia, one of the world's most ethnoreligious and linguistically diverse and complex regions, has witnessed these

**37** Daalen, Kim Robin van, Csongor Bajnoczki, Maisoon Chowdhury, Sara Dada, Parnian Khorsand, Anna Socha, Arush Lal, et al. "Symptoms of a Broken System: The Gender Gaps in COVID-19 Decision-Making." BMJ Global Health 5, no. 10 (October 1, 2020): e003549. https://doi.org/10.1136/bmjgh-2020-003549.

**38** Daalen, Kim Robin van, Csongor Bajnoczki, Maisoon Chowdhury, Sara Dada, Parnian Khorsand, Anna Socha, Arush Lal, et al. "Symptoms of a Broken System: The Gender Gaps in COVID-19 Decision-Making." BMJ Global Health 5, no. 10 (October 1, 2020): e003549. https://doi.org/10.1136/bmjgh-2020-003549.

**39** UN Women Asia Pacific. "Overview: In South Asia, COVID-19 Deepens Gender Disparities." Accessed February 17, 2022. https://asiapacific.unwomen.org/en/news-and-events/stories/2021/07/covid-19-deepens-gender-disparities.

**40** United States Commission on International Religious Freedom Annual Report 2021. Available at: https://www.uscirf.gov/sites/default/files/2021-04/2021%20Annual%20Report_0.pdf

**41** Organisation for Security and Co-operation in Europe (OSCE). 2020. "OSCE Human Dimension Commitments and State Responses to the Covid-19 Pandemic." https://www.osce.org/files/f/documents/e/c/457567_0.pdf

**42** https://www.un.org/en/genocideprevention/documents/UN%20Strategy%20and%20Plan%20of%20Action%20on%20Hate%20Speech%202018%20June%20SYNOPSIS.pdf, p. 2.

**43** Ibid.

trends during the pandemic where longstanding sectarian and majoritarian tensions found new grounds.

Since the early days of the COVID-19 crisis, Pakistan has seen a rise in multiple forms of hate speech. In early 2020, officials placed Shia Hazara neighborhoods under quarantine, citing the risk of COVID-19 spread by pilgrims returning from Iran. The hashtag #ShiaVirus and related slogans—dangerously linking the coronavirus to a specific religious and ethnic identity—trended on Twitter. These events came amid a surge in virulent anti-Shia rhetoric across Pakistan. A few months later, mass rallies by hardline Sunni parties denounced Shias as "unbelievers" and "blasphemers" worthy of beheading. In the spring of 2020, monitoring organizations also documented a spike in anti-Ahmadi digital hate speech following rumors that the new National Minority Commission would include an Ahmadi representative. Several fatal violent mob attacks took place in Pakistan against the minorities following the social media tensions.[44]

Stereotypes, dehumanizing language, and hatred have been specifically directed towards the minorities on social media pages since the beginning of the pandemic in Sri Lanka. A study conducted by the National Christian Evangelical Alliance of Sri Lanka (NCEASL) between March and June 2020 found 103 instances of hate speech on social media platforms such as Facebook.[45] Among these cases, 58% of them were targeted towards Muslims, 30% towards Christians, 5.1% attacked Tamils/Hindus, and the rest (7%) towards others.[46] The study also found linguistic diversity among hate speech use, which highlights the complexity of inter and intra ethnic tensions. For example, most of the Sinhala language posts were targeted towards Muslims, whereas Tamil posts equally targeted Muslims and Tamil Christians. Muslims were particularly blamed in the initial phase of the pandemic for "prioritizing cultural practices and habits over public health concerns."[47] Muslims who live at the margin of the society in congested spaces have been criticized for not maintaining social distancing and spreading

the virus. They are often called outright liars by some news media.[48] Racial profiling by state officials in Muslim majority areas became prevalent during the pandemic. When Muslims protested against the forced cremation policy (a practice opposed to Islamic teachings), they are called traitors, anti-nationalists, and selfish.

The last decade has seen a troubling rise in hate speech and violent attacks in Bangladesh, notably by Islamic extremists, and the rising trends have been exacerbated by the COVID-19 crisis. Outbreaks of mass sectarian violence have occurred periodically: during the 2021 Hindu Durga Puja festival, for instance, social media rumors and incitement led to deadly mob violence against the Hindu community. Ethnic, religious, and gender minorities endure scapegoating and hostile rhetoric. The COVID-19 crisis has aggravated such problems, which had showed worrying signs of increase in pre-crisis years. Muslims in India and Nepal faced blame, violent attacks, and stigma since the beginning of the COVID-19 pandemic.[49]

More positively, religious leaders such as Imams have been actively engaged in social development projects in Bangladesh for decades.[50] They have broad and interconnected networks and are highly regarded across the country by their respective communities. They often play crucial roles in shaping opinions regarding social issues and norms. Leveraging their strong networking and communication skills, many Bangladeshi religious leaders have played active roles in working to combat misinformation against COVID-19 and deliver critical information among their followers.[51] A study in Sri Lanka identified at least at least eight different roles that religious leaders play during the pandemic: promote hope, kindness, altruism, and calmness; advance public health measures by complying with government directives; provide psychological support; offer compassion; provide for social services; mobilize community; spread messages of peace; and advocate for betterment of their communities.

44 Akhter, Asad Hashim, Saadullah. "Pakistani Hazara Families Refuse to Bury Dead after Attack." Accessed March 7, 2022. https://www.aljazeera.com/news/2021/1/4/pakistani-hazara-families-refuse-to-bury-dead-after-attack.

45 Hate Speech in Sri Lanka During the Pandemic, 2020, MinorMaters. Available at https://www.minormatters.org/storage/app/uploads/public/5f-c/76b/014/5fc76b014d43f554793096.pdf

46 ibid

47 PREJUDICE AND PATRONAGE An Analysis of Incidents of Violence against Christians, Muslims, and Hindus in Sri Lanka. The National Christian Evangelical Alliance of Sri Lanka (NCEASL). https://www.minormatters.org/storage/app/uploads/public/607/01e/fc8/60701efc8a925043964741.pdf

48 ibid

49 Sijapati, Alisha. "Nepal's Muslims Face Stigma after COVID-19 Tests." Accessed February 23, 2022. https://www.nepalitimes.com/banner/nepals-muslims-face-stigma-after-covid-19-tests/.

50 https://www.unicef.org/bangladesh/en/stories/religious-leaders-play-key-role-battle-against-covid-19

51 ibid

## SOUTH ASIA'S YOUNG POPULATION: ADVANTAGES AND RISKS EXACERBATED BY THE COVID-19 PANDEMIC

Half of South Asia's 1.9 billion people fall under the age of 24. A UNICEF estimate suggests that "South Asia will have the largest youth labor force in the world until 2040."[52] The same source finds that 54% of these youth will lack necessary job skills by 2030, particularly in the science and technology sectors. A large number of South Asian youth live with HIV (320,000 between age 15-24), making them even more vulnerable to the COVID-19 virus. While health, education, and work facilities have improved over the last decades, South Asia's youth is still sharply divided between urban and rural youth (broad categories). Around 70% of South Asia's youth live in rural areas and generally have limited access to quality secondary and tertiary education, career opportunities, reliable digital communication technologies, quality health care, and favorable social capitals such as professional networks and mentors.[53]

The COVID-19 impacts on youth have been massive, largely in the education and employment sectors (services and sales sector as well as the informal economy).[54] Mental health is another area where youth populations around the world have lacked adequate and appropriate care and support. Young people globally have been highly susceptible to the "infodemic[55]" from the beginning of the pandemic. Existing digital divides and lack of digital literacy remain two major challenges that lead to mis/disinformation, denial, and violence.

Youth (between the ages of 15-24 years) in Bangladesh comprises about 20% of the total population of 160 million. The psychosocial, educational, and economic impacts of the pandemic have negatively affected many of them.[56] Young girls are more vulnerable to child marriage (which can also affect young boys), teenage pregnancy, gender-biased sex selection, and violence.[57] Since schools remained closed for the longest period of time in Bangladesh (compared to other countries), the already existing learning crisis is deepening further in the country. In addition, the availability of quality learning and teaching materials, teacher trainings, as well as gaps in digital connectivity are major challenges.

Youth are central to the issue of online hate speech in Pakistan (about one-third of Pakistanis are between the ages of 15 and 24).[58] Rapid digital integration has created a large and engaged youth culture on social media, with young Pakistanis active on Facebook, Twitter, YouTube, Instagram, TikTok, and other platforms. Pakistan's younger generation is also at the forefront of political and civil society trends, ranging from leadership of nonviolent activist organizations like the Pashtun Tahafuz Movement (PTM)— demanding justice for the ethnic Pashtun community—to the ranks of fundamentalist parties like Tehreek-e-Labbaik (TLP), agitating for stricter enforcement of blasphemy laws. Surrounded by fierce debates and struggles to reshape society, Pakistani youth thus are affected by online hate speech—as victims or as potential subscribers to divisive and violent ideologies.

More than 6.4 million active internet users use social media in Sri Lanka. A large number of these users are young and vulnerable to the infodemic during the pandemic. Mis and disinformation regarding the virus and its remedies were abundant in the early days of the pandemic, which continued to gain momentum during the more recent Omicron case hike. Youth groups with political and religious affiliations were in the forefronts to spread violent and hate-filled messages towards competing political parties and other religious groups.

**52** "More than Half of South Asian Youth Are Not on Track to Have the Education and Skills Necessary for Employment in 2030." Accessed February 24, 2022. https://www.unicef.org/rosa/press-releases/more-half-south-asian-youth-are-not-track-have-education-and-skills-necessary.

**53** South Asia@LSE. "Opportunities and Challenges for South Asia's Young People," November 22, 2013. https://blogs.lse.ac.uk/southasia/2013/11/22/opportunities-and-challenges-for-south-asias-young-people/.

**54** "The Impact of COVID-19 on Young People." Accessed February 24, 2022. https://www.generationunlimited.org/stories/impact-covid-19-young-people.

**55** According to World Health Organization, an infodemic is "too much information including false or misleading information in digital and physical environments during a disease outbreak."

**56** Md. Abdullah Saeed Khan, Sourav Debnath, Md. Shahnoor Islam, Susmita Zaman, Noor-E- Ambia, Anindita Das Barshan, Mohammad Sorowar Hossain, Tamanna Tabassum, Monjur Rahman, Mohammad Jahid Hasan, Mental health of young people amidst COVID-19 pandemic in Bangladesh, Heliyon, Volume 7, Issue 6, 2021, e07173, ISSN 2405-8440, https://doi.org/10.1016/j.heliyon.2021.e07173.

**57** https://www.generationunlimited.org/stories/impact-covid-19-young-people

**58** http://hdr.undp.org/en/content/unleashing-potential-young-pakistan

Radicalism, hyper-nationalism, and violent extremism have been on the rise in South Asia for many decades and young men and women often fall prey. Some of the main causes behind such turbulence are "perpetration by tyrannical and aggressive regimes and rebel groups, social injustice, ideological contradictions, religious beliefs and foreign interference" along with "deteriorating socio-economic conditions, government policies and outside interference."[59] The long-term effects of the pandemic are predicted to be fueling these preconditions even more in the coming years,[60] which may then cause destabilization and hamper the region's already fragile social cohesion.

## STATE RESPONSES TO COVID-19 IN SOUTH ASIA

The unprecedented global crisis caused by the COVID-19 pandemic has cast new light on what have been longstanding issues of governance. Scholars argue that "South Asian countries have more or less similar objectives, structures, value systems, cultures, and standards of governance despite different forms of government. The colonial legacy of British administrative system had its impact on centralization. Secrecy, elitism, rigidity, and social isolation is common to all South Asian countries."[61] However, an interesting successive argument is that good governance concepts such as "decentralization, citizen engagement, lean public service, privatization, autonomy, public-private partnership may work well in developed countries but may not produce the same results in the [South Asia] region where the majority of poor people expect their government to fulfill their basic needs."[62]

South Asian states tend to suffer from contested sources of legitimacy of state, lack of inclusivity in governance and politics, weak rule of law, and the existence of neo-patrimonialism.[63] Backsliding in democratic processes and rising political polarization along regional, ethnic, and religious lines have taken place in South Asia over the past decade.[64] In most of the South Asian countries, civic spaces have shrunk significantly because of new and increased state surveillance, arrests, abductions, humiliation, and other civil rights violations, under the veil of protecting national security.[65] Taking full advantage of the exponential growth in the internet coverage and social media use in the region, populist governments have bolstered anti-minority agendas through state-sponsored sectarianism, polarization, and identity politics. In most cases, legal restrictions on online misinformation and disinformation are either weak or used against the minority populations.[66]

The COVID-19 pandemic is exacerbating many governance issues worldwide, particularly in illiberal democracies and autocratic states. A global Freedom House study argues that the health of democracy and human rights has waned in 80 countries since the beginning of the pandemic.[67] Governments have used restrictive measures such as lockdowns, curfews, fines, incarceration, and public humiliation to silence their opposition and critics. Governments have also struggled to provide clear, consistent, and credible public health information during the pandemic, and this has contributed to chaos and distrust. Many of these trends are echoed in the South Asia region. An additional factor is resource constraints. South Asian countries have faced the crisis with many resource limitations, of which reliable vaccine supplies is one. In short, governance issues have been a major factor in the unfolding COVID-19 crisis, with both immediate effects and likely longer-term repercussions.

## CIVIL SOCIETY EFFORTS TO ADDRESS COVID-19 CHALLENGES IN SOUTH ASIA

Most state responses to COVID-19 vacillated between short-term and uncoordinated, insufficient, and even discriminatory, leaving many gaps in service delivery. Local civil society organizations and individuals have also been instrumental in providing services. These have ranged from distributing

59 UNESCO / Keizo Obuchi Research Fellowships Programme. "The Rise of Extremism in South Asia: A Comparative Analysis," September 28, 2015. https://en.unesco.org/fellowships/keizo-obuchi/summary-research-carried-out/rise-extremism-south-asia-comparative-analysis.

60 "Update on the Impact of the COVID-19 Pandemic on Terrorism, Counter-Terrorism and Countering Violent Extremism | Security Council." Accessed February 24, 2022. https://www.un.org/securitycouncil/ctc/content/update-impact-covid-19-pandemic-terrorism-counter-terrorism-and-countering-violent-extremism.

61 Raju, Adluri Subramanyam. Understanding Governance in South Asia. Manohar, 2020.

62 ibid

63 Riaz, Ali. "Four Challenges to Governance in South Asia." The Daily Star, July 26, 2019. https://www.thedailystar.net/star-weekend/longform/news/four-challenges-governance-south-asia-1776415.

64 Council on Foreign Relations. "Addressing the Effect of COVID-19 on Democracy in South and Southeast Asia." Accessed February 25, 2022. https://www.cfr.org/report/addressing-effect-covid-19-democracy-south-and-southeast-asia.

65 "The South Asia Collective." Accessed February 25, 2022. https://thesouthasiacollective.org/annual-reports/.

66 ibid

67 Freedom House. "Democracy under Lockdown." Accessed February 25, 2022. https://freedomhouse.org/report/special-report/2020/democracy-under-lockdown.

hand sanitizers[68] to respectful burial of dead bodies[69]. Assessments of overall size and impact are, however, difficult. What is clear is that many such efforts have been creative and reflect inspirational leadership in the face of unprecedented challenges posed above all by COVID-19 related restrictions. A central AHA! Project objective has been to support the very diverse and often promising efforts of civil society.

The large social media platforms have failed to act quickly against the spread of hate speech and misleading information. Combating mis/disinformation during the pandemic was primarily led by non-state actors, either in collaboration with government bodies, or independently. Most of these organizations hurried to prioritize COVID-19 response measures through emergency response activities such as supporting vulnerable and marginalized populations who have historically fallen through the cracks of government safety nets—minority groups, rural and poorer households, the elderly and disabled.[70] Research and policy organizations have pioneered efforts to counter mis and disinformation by disseminating authentic and timely information from credible authorities to local communities through social media platforms, radio, TV, and offline networks.[71] Other civil society initiatives have done important work by chronicling and documenting hate speech, mis/disinformation incidents as well as offering free fact-checking services to avoid misuse of information and avoid violence. BD Fact Check in Bangladesh, Bytes for All in Pakistan, and Hashtag Generation in Sri Lanka are some notable names.[72] However, the South Asia Collective, a group of human rights activists and organizations, observes that "the space for fight-back by civil society against the politics of hate in South Asia is limited and constrained."[73]

**68** "PCP:: Covid-19 Emergency." Accessed February 25, 2022. https://pcp.org.pk/ELetter/E-Letter-May2020-2/index.htm.

**69** "Bangladesh: Helping Families in Dignified Management of the Dead during COVID-19," April 22, 2020. https://www.icrc.org/en/document/covid-19-helping-families-dignified-management-dead.

**70** The Asia Foundation. September 2020. "Civil society in Southeast Asia during COVID-19: Responding and evolving under pressure." https://asiafoundation.org/wp-content/uploads/2020/09/GovAsia-1.1-Civil-society-in-Southeast-Asia-during-the-COVID-19-pandemic.pdf

**71** "COVID-19: Let's Spread Awareness, Not Fear." Accessed February 25, 2022. https://www.brac.net/covid19/.

**72** The South Asia Collective. "South Asia State of Minorities Report 2021 - Hate Speech against Minorities," January 24, 2022. https://minorityrights.org/publications/sac-report-2021/.

**73** ibid

## AWARENESS WITH HUMAN ACTION (AHA!) PROJECT'S INTERVENTIONS IN SOUTH ASIA

AHA!, the European Union funded project, was launched in July 2020, with the aim of contributing to efforts by a range of actors to respond to the COVID-19 pandemic. It has focused above all on the effort to prevent conflict and build social cohesion in Pakistan, Sri Lanka, Bangladesh, and the broader South Asia region. The 18 months long project built a consortium with partners from national, regional, and international organizations to promote awareness of COVID-19 and constructive narratives that reduce discrimination, hate speech, and stigmatization against specific communities, working with religious leaders, women, and youth leaders as community influencers. The project had two main outputs: developing outreach and communication materials and activities for the target populations, and supporting local organizations and individuals through small grants and capacity building trainings, above all to combat mis/disinformation and hate speech. It also included a small action research component. Five local nonprofit organizations from the selected countries joined the consortium to create and promote positive messaging and credible communication campaigns in Bangladesh, Pakistan, and Sri Lanka. Fifty small grants were given to selected small organizations and individuals from these countries. Some of the specific outputs are described below.

## VIRTUAL TOPICAL TOWNHALLS

Over the project period, several regional and country-specific townhall meetings were organized to exchange learning and experience on how to combat hate speech and address intergroup tensions including scapegoating. Strengthening conflict prevention in the context of the COVID-19 pandemic was a further area of focus. Regional townhall discussion topics included Role of Women as Peacemakers, and the Gendered Aspect of Peacebuilding during COVID-19, Communications for Peacebuilding Organizations during COVID-19, and Creative Content Creation for Peacebuilders. Representatives from national and international organizations, women, youth, and faith leaders joined these online discussion forums that focused on regional trends, local variations, and reflections on action items. AHA! townhall meetings were well attended and helped to build specific communication skills among the participants.

## COMMUNICATION AND OUTREACH ACTIVITIES

AHA!'s country level consortium partners led the communication and outreach activities in target countries. Centre for Peace and Justice (CPJ) at BRAC University, Islamic Relief Worldwide (IRW), and Centre for Communication and Development Bangladesh (CCD) organized national townhalls, developed digital and radio-based communication materials, and helped to disseminate these materials among the target populations in Bangladesh. The Youth Development Foundation (YDF) launched electronic media-based campaigns, engaged with key individuals including major faith leaders from different sects, celebrities, politicians, and community influencers to promote peace and counter sectarian hate in Pakistan. In collaboration with the Ministry of Human Rights, and Minorities Affairs Government of Punjab, YDF also installed billboards in prominent places in the different cities of Punjab, aired audio and video messages on radio and TV, and shared informative posts on Facebook, Twitter, and Instagram, to raise awareness and remove misconceptions regarding COVID19 outbreak among communities. In Sri Lanka, Sarvodaya led the communication and outreach activities by organizing townhall and other meetings with participants from academia, the development sector, local research and women's rights groups, interfaith actors, youth leaders, banking and private sector partners, and health professionals. In addition, a regional campaign was conducted across the target countries called "Hygiene Heroines." Through video storytelling, this activity showcased the tremendous impact of women in supporting COVID-19 response and recovery in South Asia, despite the many barriers.[74]



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[74] Peacemakers. "Women in South Asia Support Covid 19 Response and Recovery." Accessed February 25, 2022. https://www.peacemakersnetwork.org/women-in-south-asia-support-covid-19-response-and-recovery/.

## KEY TAKEAWAYS FROM THE SMALL GRANT-FUNDED INITIATIVES

The AHA! project funded 50 grassroots level innovative and diverse initiatives from Bangladesh, Pakistan, and Sri Lanka (15 from each country and 5 with a regional focus). All initiatives responded to AHA! project theme: how to promote awareness of COVID-19 and develop constructive narratives that reduce discrimination, hate speech, and stigmatization by working with women, youth, and faith leaders. [75]

Most of the initiatives included components focused on education and training, either virtual or in person, notably on public health guidance, digital literacy, how to identify and prevent mis/disinformation, and inter and intra-faith harmony. Most of these education and training sessions were well attended by community members. Similar education and training programs across the region indicate a great hunger for relevant information as well as potential for longer term engagement.

Most of the small grant funded initiatives leveraged social media platforms to run their awareness raising and positive messaging campaigns. Grantees either created dedicated social media pages or utilized existing platforms to counter mis/disinformation and promote social cohesion. Since social media platforms are used to spread sectarian and communal violence, rumors, and mis/disinformation in the region, targeted social media campaigns by grassroots organizations and individuals were an effective means to work to counter negative and false messages.

Small grantees all saw religious leaders as indispensable stakeholders in the COVID-19 response in South Asia. There was also a consensus that the religious communities are often neglected in the existing development discourses, and that this needs to change.

Small grantees were generally able to utilize their local identities and knowledge to build trust, bring together a diverse group of people for the education and training programs, and form lasting forums and action groups. Funding small nonprofits and individuals from diverse backgrounds and locations has helped the AHA! project to reach a wide range of people in a short period of time.

The small grantees applied several innovative and effective approaches to raise awareness and promote peace in digital platforms. Their efforts highlight the need and potential for novel and creative approaches as powerful tools for change and a practical peacebuilding during a global pandemic.

### ACTION RESEARCH

The AHA! Project was designed as an urgent and short-term intervention but the need to set actions in a broader context and to promote action learning was recognized from the outset. Thus, a series of briefs on critical issues, notably related to vaccination programs and hesitancy and specific impacts on women were prepared. Eight case reviews drew on the experience of several small grant recipients, again to draw lessons from the experience. This report is a further learning output, designed to link broad trends during the COVID-19 emergencies to project activities, and to serve as an overview of project achievements and challenges.

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75 Peacemakers. "AHA! Grant Stories - Intro Page." Accessed February 25, 2022. https://www.peacemakersnetwork.org/aha-grant-stories-intro-page/.