

**Working Paper
Volume 2022 Number 568**

Accountability and Responsiveness in Managing Covid-19 in Bangladesh

Shuvra Chowdhury and Naomi Hossain

May 2022

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Working Paper Volume 2022 Number 568
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First published by the Institute of Development Studies in May 2022

ISSN: 2040-0209 ISBN: 978-1-78118-985-6

DOI: [10.19088/IDS.2022.027](https://doi.org/10.19088/IDS.2022.027)

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Suggested citation: Chowdhury, S. and Hossain, N. (2022) *Accountability and Responsiveness in Managing Covid-19 in Bangladesh*, IDS Working Paper 568, Brighton: Institute of Development Studies, DOI:

[10.19088/IDS.2022.027](https://doi.org/10.19088/IDS.2022.027)

A catalogue record for this publication is available from the British Library

Supported by the UK Government's Foreign, Commonwealth & Development Office (FCDO) through the Covid-19 Learning, Evidence and Research Programme (CLEAR). CLEAR generates policy-relevant research and evidence to support Covid-19 recovery in Bangladesh.

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Charity Registration Number 306371

Charitable Company Number 877338

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Summary

This Working Paper, commissioned by the Covid-19 Learning, Evidence and Research Programme in Bangladesh (CLEAR), provides an overview of the mechanisms of accountability and responsiveness in operation during the Covid-19 pandemic in Bangladesh. It describes and assesses official and informal mechanisms and processes, including both political and administrative channels and civil society and the media, through which the government listened to citizens' concerns.

Keywords

Accountability; Bangladesh; Covid-19; governance; responsiveness; transparency

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Executive Summary

This Working Paper reports on a scoping study on the mechanisms and processes through which the Bangladeshi government listened to citizens' needs and citizens held government accountable for its policy responses to the Covid-19 pandemic. Based on an extensive review of selected literature; online and official data; and key informant interviews with 20 officials, media, and civil society actors, the paper explores the official and governmental mechanisms as well as non-state and informal mechanisms through which government listened to citizens' concerns and answered for its actions. The paper first explains the rationale for the scoping study, situating accountability and responsiveness within the broader assessment of the governance of the pandemic. It then sets out the political context within which accountability and responsiveness mechanisms have been operating in Bangladesh: the political dominance of the Awami League has narrowed the space for critique, dissent, and independent civil society and media for nearly 15 years, but strong pressures to earn 'performance legitimacy' to some extent counteract the closure of civic space.

Those pressures help to explain why the past decade has seen a range of governmental innovations with respect to citizen participation, transparency, and accountability. These mechanisms can be expected to have impacted on the quality and success of the government's Covid-19 response, but there is as yet little evidence of how these systems operated during the pandemic. Reportage, research, and advocacy by the independent media and civil society have been under pressure to conform to – or at least not to criticise – the government response, and there has been a dramatic rise in the criminalisation of critics of the regime – and worse. However, the study found that despite the official imperative to control the narrative on Covid-19, media coverage and technocratic and evidence-based analysis and advocacy played some role in influencing government action. Overall, the government has demonstrated some willingness to listen to citizens' concerns, because such information is seen as essential for improving the performance of public policies. Yet this willingness comes up against the limits of the government's tolerance for scrutiny and open critique of its policies.

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Acknowledgements

The authors are grateful to the 20 key informant interviewees and other participants at the CLEAR programme online workshop who gave their expertise and time to contribute to this scoping study. We are also grateful to Dr Anuradha Joshi for useful feedback on earlier versions of this paper. The authors thank the CLEAR programme team at IDS for their organisational support. All errors of fact or interpretation remain those of the authors alone.

Acronyms

a2i	Aspire to Innovate
ACC	Anti-Corruption Commission
ADB	Asian Development Bank
BIGD	BRAC Institute of Governance and Development
CPD	Centre for Policy and Dialogue
CSO	civil society organisation
GDP	gross domestic product
IEDCR	Institute of Epidemiology Disease Control and Research
NGO	Non-governmental organisation
NID	National Identity Card
PPE	personal protective equipment
RMG	ready-made garments
RTI	Right to Information
UDC	Union Digital Center
UNO	Upazila Nirbahi Officer – the Chief Executive Officer in the c. 500 sub-districts
WHO	World Health Organization

1. Introduction

1.1 Rationale

Governance has not shaped Covid-19 outcomes in a simple or consistent way: administrative and political governance have interacted with political trust and diverse social and health systems to yield a multitude of outcomes across regions, levels of development, regime types, and cultural contexts (Flinders 2020; Lipsky 2020; Rajan et al. 2020; Cheibub, Hong, and Przeworski 2020; Petersen 2020; Hale *et al.* 2021; Boin, Lodge, and Luesink 2020). Nevertheless, the overall quality of governance, including state capacity and qualities of trust and accountable institutions, has been identified as core determinants of effective responses (Fisher and Marquette 2014; Nabin, Chowdhury, and Bhattacharya 2021).

This paper provides an overview of the mechanisms of accountability and responsiveness in operation during the pandemic in Bangladesh. It describes and assesses official and informal mechanisms and processes, including political and administrative channels, civil society, and the media, through which the government listened to citizens' concerns. Where possible, we paid particular attention to how the government gathered information regarding public health, social protection, and violence against women. It is a scoping study, indicative rather than definitive about the state of knowledge of the mechanisms of accountability and responsiveness, intended to identify gaps meriting further analysis.

By an 'accountable' institution or actor, we mean that they are responsible for answering for their actions, and that that responsibility can be enforced through external sanctions (Schedler 1999). By 'responsiveness', we mean whether and to what extent the government responds to citizens' claims and needs in a timely and appropriate manner. Our discussion of 'information' refers broadly to all forms of evidence, analysis, reportage, and claim making that have the potential to influence decisions about the design or implementation of the Covid-19 response. This includes quantitative and qualitative data gathered by governmental or independent actors; civil society advocacy and individual petitions or collective requests on behalf of specific groups; analysis, and media commentary.

In relation to the Covid-19 pandemic, mechanisms of accountability and responsiveness matter because they help determine the effectiveness of public policy responses (whether they target the key issues and reach the people necessary), and shape trust in the government response. Under conditions of grave uncertainty, limited information, and public fear about a deadly virus,

accountability and responsiveness are crucial elements of public policy (BIGD 2021). This paper examines mechanisms of accountability and responsiveness which existed before the pandemic, such as parliamentary committees, anti-corruption and human rights commissions, and grievance redress mechanisms. It also looks at mechanisms established ad hoc during the pandemic, such as beneficiary selection committees, telephone hotlines, and online public meetings. We take into account the unofficial or informal means through which civil society was able to make itself heard or to bring issues and concerns to the attention of the government through research and evidence generation, monitoring of official programs and advocacy, and the role of the media in amplifying and framing debates about the nature of the Covid-19 response.

1.2 Framework and approach

The approach to the work was informed by the conceptual framework developed by the BRAC Institute of Governance and Development (BIGD) for their 2021 study of the governance of Covid-19 (BIGD 2021). The framework identifies state capacity and political commitment to protect citizens against the virus and mitigate its effects as the broad determining factors of the governance of the pandemic. In the BIGD framework, **state capacity** refers to:

- Policymaking capacities critical to Covid-19 management, including **information gathering, translation into appropriate and feasible action, and learning in real time from policy errors or gaps;**
- Resources including healthcare infrastructure, services, staff, and financing; social safety nets to protect against loss of income due to lockdown, economic downturn, illness, or recovery;
- Capacities for communication about Covid-19 including **credible channels and institutions for public health messaging; mechanisms for feedback to policymakers from citizens' experiences, and frontline implementing agents of government policy;** neutralising misinformation about the virus without blocking public discussion, which may reduce trust;
- Enforcement of Covid-19 policies, including institutions and commitment necessary to create a credible threat to enforce lockdown and quarantine rules; **the power of policymakers to discipline frontline agents or institutions that fail to deliver and implement policy decisions.**

Political commitment to manage and mitigate Covid-19 includes:

- The mix of priorities between controlling the virus and protecting livelihoods and the economy;
- The priority assigned to effective procurement of public health equipment, including **protecting the procurement from corruption;**

- The generosity and scale of income support and other welfare interventions;
- The extent of collaborations with non-state actors in the private sector and civil society, including local voluntary efforts;
- **Transparency and accuracy of public health information;**
- **Learning from and course-correction of policies through the pandemic period;**
- **Openness to consultation and monitoring with and by experts, civic organisations, and the independent media.**

These elements of the governance of Covid-19 contribute to varying degrees to the overall accountability of the government for its pandemic response, and for the degree to which it has been able to respond to citizens' needs in a timely and appropriate manner. In the list of variables supplied by the BIGD framework, the factors in bold above relate most directly to understanding the mechanisms of accountability and responsiveness in the pandemic response, and provided the focus for the scoping.

The scoping work involved the following:

- A review of the evidence of the Covid-19 policy response in Bangladesh;
- A review of government information about its pre-existing accountability mechanisms;
- Key informant interviews with 20 representatives of government, scholars, civil society, think tanks, and the media.

2. The political context for accountability and responsiveness

2.1 Political dominance

After a quarter of a century of competitive multiparty democracy in which two main political parties and coalitions alternated in power (1991–2014), Bangladesh's politics are (as of 2022) dominated by the Awami League (Hassan and Nazneen 2017). Having won an unprecedented landslide election in 2008, the Awami League remained in power after elections in 2014 and 2018. The main opposition party, the Bangladesh Nationalist Party (BNP), was weakened by the efforts at political reform that took place under the caretaker regime of 2006–8, and has not recovered its previous position as a serious competitor for political power (IGS 2008; Institute of Governance Studies 2009). Elections have become progressively less free and fair over the 2000s, and the 2018 election is widely recognised as having been rigged (IRI 2008; Riaz 2019). Bangladesh now has what political economists term a 'dominant party system', because political power is concentrated in one party, which faces limited threats of competition or removal from office (Hassan and Raihan 2017).

Political dominance has meant control over all aspects of governance, with the ruling party and its interests and organisations closely shaping the institutions of governance. This includes:

- Strong imperatives by the ruling party to satisfy party supporters, which compete with the need to discipline lower-level party functionaries and followers;
- Control of the policymaking apparatus, including politicisation of the administrative system;
- Control over civil society and restrictions on civic space, including co-optation and/or efforts to silence independent civil society groups; restrictions on and censorship of the media and free speech; and apparently limited capacities and incentives to collaborate with organised civil society, including social movements, labour organisations, non-governmental organisations (NGOs) or community-based organisations.

2.2 Performance legitimacy

The political context within which the government has been 'listening' to information about citizens' needs in this time of crisis is not only shaped by the dominance of the ruling Awami League party. The government is also seen to seek legitimacy, externally and domestically, in particular by demonstrating robust performance on economic and human development (Ali, Hassan, and Hossain 2020). 'Performance legitimacy' is earned by delivering desirable policy outcomes (Zhu 2011). In Bangladesh, performance legitimacy has been earned through sustained and (until the pandemic) rising gross domestic product (GDP) growth rates, which win the Bangladeshi government international plaudits for effective economic management and approbation from domestic constituencies, both popular and elite. Experts and insiders agree that performance, and in particular economic growth performance, are among the powerful drivers of public policy. For reasons of political history, livelihood protections and provisioning of basic needs are also widely considered primary obligations of the Bangladeshi state (Hassan and Nazneen 2017; Hassan 2013; Hossain 2017b).

Earning legitimacy through the delivery of high economic growth and public services is a form of 'output legitimacy' which is distinct from the 'input legitimacy' that comes with popular acceptance of the political process (such as a functioning democracy). Performance legitimacy is also different from 'throughput or process legitimacy', which rests on citizens' evaluation of how policies are made and implemented, including their own participation in those processes, and the degree to which they are accountable and responsive (BIGD 2021). Given that accountability and responsiveness are widely acknowledged as important determinants of citizen trust and effective public action in the current pandemic response, as well as widely recognised as vital elements of effective public service provision, this paper explores whether the current government has also invested in building its 'throughput legitimacy' through more participatory and open processes of policymaking and implementation, and how that has played out during the pandemic.

2.3 State capacity

The third feature of Bangladesh's political economy that profoundly shapes pandemic governance is that the state has limited capacity to enforce potentially unpopular policies on the population, and strong incentives to install policies people can and will adhere to. All public authorities, including those with strong state capacity, rely on voluntary compliance by the population to some extent.

For the pandemic, it is important to note that the Bangladeshi state may have struggled to exert its capacity in many spheres but has a strong track record with respect to a range of crises and disasters. Bangladesh already has a history of

politicised disasters and crises being treated as a test of the government. Successive governments have tried to meet citizens' expectations for protection against disasters, crises, and life-threatening shocks to which Bangladeshis are vulnerable (Hossain 2017a; 2017b).

A powerful set of expectations about the rightful behaviour of ruling elites in times of crisis, or 'moral economy', has shaped public policy historically, and continues to frame the social contract in Bangladesh (Jahan and Hossain 2017; Jahan and Shahan 2016; Hossain 2017b; Hassan 2013), including during the pandemic (Ali, Hassan, and Hossain 2021). Capacities to manage crises to prevent death and disaster are likely to be a key determinant of state legitimacy during Covid-19. How Bangladesh negotiates between citizens' livelihood and life-and-death concerns and how it deals with the broader questions of public policy and capacities to enforce the choices will be shaped by a powerful motivation to demonstrate effective performance in protecting citizens from infection and minimising the social and economic costs they incur.

In the context of multiple crises, chiefly from the global system, the Bangladeshi state also needs to develop the characteristics of 'anti-fragility': systems that learn and improve and are equipped to act fast and act well during crises, whether caused by climate change, financial volatility, recession, pandemic, or other causes (BIGD 2021).

2.4 Recent accountability reforms

Alongside the political dominance by the Awami League, the pressures of performance legitimacy, and uneven state capacity, the Bangladeshi state has seen a range of accountability reforms in the past decade that have also shaped the conditions for accountability and responsiveness in relation to the Covid-19 response. Top-down, traditional methods of public accountability – along with formal law enforcement agencies, such as the courts and police – have had limited success. Recognising the importance of people's participation, 'social accountability' mechanisms have emerged to enable citizens to participate more directly in holding government accountable. A range of 'social accountability' mechanisms have been institutionalised in government institutions in Bangladesh in the past decades in the form of participatory planning and budgeting processes, participation in public procurement processes, public hearings, the right to information, the application of a citizens' charter, and a whistleblower law, among others (Chowdhury and Panday 2018).

2.4.1 Participatory planning and budgeting

During the last three decades, the concept of participatory planning and budgeting has attracted attention as a mechanism for people's engagement in

the planning and budgeting decision-making process (Bartocci et al. 2022; Cabannes and Lipietz 2018; Chowdhury and Panday 2018; Wampler 2007). While ministerial accountability processes provide limited scope for formal direct civic engagement, participatory planning and budgeting processes (or open budget meetings) have been found to be potentially effective mechanisms for civic engagement, transparency, and ‘downward’ accountability (to citizens), implying an accountability relationship between the voters and their elected representatives (Panday and Chowdhury 2021). In these open meetings, people have a voice in the allocation of resources.

Bangladesh is a unitary state and shares power with a local government system. According to the constitution of Bangladesh, each administrative unit should be a local, self-governed body composed of administrative and elected officials, each with their own resource mobilisation sources and authority. Earlier initiatives to strengthen local government through civic engagement at the union *parishad*¹ level (the lowest unit of administrative governance) were frequently found to strengthen the power base of the military dictatorship at the time (1975–90).

Patron–client relationships between political leaders in the local power structure were the dominant factor shaping the service delivery process of those local institutions. However, later experiments were notably more successful. From 2000–5, the Sirajganj Local Governance Development Fund Project (SLGDFP) for participatory planning and budgeting was implemented in 82 union *parishads* in all nine *upazilas* (sub-districts) of Sirajganj district (Chowdhury 2018). The project demonstrated that stronger civic engagement could bring improvements through the creation of participatory spaces, improved financial and records management, and strategic planning. A donor-driven project named Local Government Support Project (LGSP), by the World Bank from 2007–11, drew on the lessons of the SLGDFP.

Following these successful experiments, the government enacted the Local Government (Union Parishad) Act 2009, the Local Government (Upazila Parishad) Act 2009, the Local Government (Pourashava) Act 2009, and the Local Government (City Corporation) Act 2009. According to the provisions of these Acts of both rural and urban local government, people have been granted a role in the planning and budgeting process. These processes have the potential to enhance trust, and are also regarded as a tool that can help tackle the legitimacy crisis of elected representative institutions. These participatory spaces enable citizens to deliberate on local economic and fiscal issues, including procurement and managing the redress of grievances. Evidence suggests that the outcomes of these participatory processes include improved public service delivery, scope for citizens to hold public authorities accountable,

¹ The other two units are at the sub-district (*upazila*) and district (*zila*) levels.

and social capital formation (Panday and Chowdhury 2020; Folscher 2007; Panday and Chowdhury 2021).

However, the effectiveness of citizen power, initiative, and voice-raising capacity in south Asian countries like Bangladesh in these participatory spaces is shaped by several factors: institutional design, availability of resources, the traditions of politics and administration, the legacies of past reforms, and the capacity of administrative officials and politicians. In Bangladesh, recent reforms designed to introduce participatory planning and budgeting are part of a broader effort to make local government more inclusive and responsive, and follow on from earlier local government reforms on decentralisation and gender-responsive budgeting. (Folscher 2007; Panday and Chowdhury, 2020; Panday and Chowdhury, 2021).

2.4.2 Citizens' Charter

Other accountability reforms include the establishment of a Citizens' Charter, which displays the list of government services with their fees, and which specifies that citizens are empowered to know their rights and to express their grievances through the Grievance Redressal Service. A donor-funded reform commission, the Public Administration Reform Commission (PARC), had recommended the introduction of a Citizens' Charter in the working procedures of government back in 2000, but it was not implemented until the military-backed caretaker government introduced it in all government offices in 2007. All government and private organizations, as well as NGOs and civil society organisations (CSOs), are obliged to implement the charter in their day-to-day activities (Ahsan and Huque 2016).

2.4.3 Right to information

Right to Information (RTI) laws aim to improve freedom of information and transparency by ensuring citizens have access to government documents, facts, and decisions, recognising that transparency is an important contribution towards achieving the responsiveness and accountability of duty bearers (Redford 1969; Norris and Moon 2005; Piotrowski and Van Ryzin 2007; Chowdhury 2018). The government of Bangladesh ratified the Right to Information Act in 2009, but its implementation and the use of the right to information remain a challenge (Panday and Rabbani 2017; World Bank 2020b).

The application of the Citizens' Charter and the right to information as tools of social accountability in Bangladesh have not yet been effective. Earlier research found that citizens had limited knowledge of the existence of the Charter in their municipalities and councils (Chowdhury 2015; Jamil 2011). The number of complaints received by the Information Commission (tasked with implementing the law) is low, and few complaints are sent to the Information Commission from

local government institutions for resolution (Chowdhury 2015). Lack of public awareness is an obstacle in application of the RTI by the citizens, since there has been a lack of initiative to popularise it among citizens (Baroi and Alam 2021; M. Chowdhury 2015), and it remains under-utilised in general, with limited evidence of consequences for failures to produce the requested information (World Bank 2020b).

From a policy implementation perspective, it was observed that a lack of understanding about policy objectives among implementers, resource constraints, lack of understanding about the Citizens' Charter among citizens, and the absence of mechanisms for controlling and coordinating the behaviour of implementers were some reasons for the failure to properly implement the Citizens' Charter (Ahsan and Huque 2016).

2.4.4 Public hearings

Public hearings are another space for direct engagement by citizens in processes of accountability. The public hearing process is a formal space in which citizens, local authorities, and other stakeholders can exchange information. Public hearings have the potential to resolve conflict among service recipients, and to empower citizens with information. In Bangladesh, there are two types of public hearing systems: state-centric public hearings and society-centric public hearings. Various government offices or agencies organise state-centric hearings, in which agencies of the state determine the agenda and who gets to speak. These are guided by law. In the society-centric public hearing systems, citizens arrange the hearing, with the aim of reaching the responsible persons in the government. A society-centric public hearing is a social accountability mechanism because it allows elected officials, administrative officials, and citizens to interact with each other, and enables citizens to question officials (Islam, Nasrullah, and Haq 2018).

The problems associated with implementation of social accountability mechanisms include unequal power relations, resource constraints, and failure to promote citizen engagement and formation of social capital. Citizen and civil society synergy and the personal motivations of elected officials tend to ensure better outcomes, for both local representatives and citizens holding agents accountable and for making governance processes more transparent. Impediments to this social accountability mechanism include central–local relations, budget allocations that fail to take into account the demands of participatory planning and budgeting, and the cost of social accountability (BIGD 2019; Chowdhury and Panday 2018; Panday and Chowdhury 2020).

3. Information flows and mechanisms for citizen feedback

The state's capacity to deliver a policy response that would earn it 'performance legitimacy' is shaped by the extent to which it is able to elicit and use the information coming from citizen feedback. In this section, we explore pre-pandemic conditions relevant to institutionalised state capacity for listening to citizens, and the role of civil society in amplifying citizen voice and evaluating government performance.

3.1 Official accountability institutions

This section examines the ways in which information flows from citizens to the state, and the mechanisms through which citizens are able to hold the state accountable for service provision. The mandate of a democratic government is to offer channels and mechanisms for participation of its citizens. It is important for increasing transparency in political and administrative procedures and ensuring accountability of the public officials (Cheema and Rondinelli 2007). In this process, if channels and mechanisms are the hardware of the accountability framework, the software is all about important information flows between citizens and government. The information in this digitalised world can be of various types, including social media, which plays an important role in the process of shaping people's opinion towards government, coexisting with traditional sources of public opinion like television, radio, newspaper, political parties, and popular discourse. Thus, government now has to be effective at tackling both the analogue and digital forms to tackle the needs of its citizen. A number of independent commissions and statutory bodies have a role to play in ensuring public accountability mechanisms.

3.1.1 The Anti-Corruption Commission

The Anti-Corruption Commission (ACC) is a statutory independent corruption prevention and corruption detective body of the state which operates under the Anti-Corruption Commission Act 2004. The prime objective of the commission is to create a strong anti-corruption culture throughout the whole society and relentlessly combat, control, and prevent corruption. To register a written complaint, anyone can make an application to the commissioner, divisional level officials, or 23 coordinated district offices, by channels such as email or a verified Facebook page. In addition to this, any case that falls under the jurisdiction of the ACC is handled according to the ACC rules and procedures. There are 3,715 corruption prevention committees at the division, district, *upazila*, and union

parishad levels that register and investigate complaints (ACC 2022). Registered complaints have averaged around 18,000 per year since 2017, and in recent years, specific ministries and departments have received around 3,000 complaints each year (*Daily Samakal* 2022). A toll-free hotline service, 106, was introduced in 2017 (BSS 2017), which makes it possible for complaints to be registered on the basis of the recommendations of a verification committee at national and local level. At the very first stage of decision-making, the commission either files the issue for inquiry or sends it to the concerned authorities.

3.1.2 The Information Commission

The Information Commission is a statutory independent body responsible for ensuring citizens have access to information, established under the Right To Information Act 2009. A comprehensive survey on the implementation of the RTI Act in 2019 found that citizen awareness and use of the RTI was low. However, the survey also found that of those who did succeed in demanding information, two-thirds received the requested information, in most cases within the stipulated timeframe (World Bank 2020b).

3.1.3 Human Rights Commission

The National Human Rights Commission of Bangladesh (NHRCB) was initiated in 2009 as a mechanism to uphold human rights, based on the National Human Rights Commission Act 2009, which has been promulgated in keeping with the Bangladeshi constitution and international human rights conventions and treaties to which Bangladesh is a signatory. As a safeguard of democratic order, dignity, and integrity of human rights, this institution is 'committed to the accomplishment of human rights in a broader sense, including dignity, worth and freedom of every human being', as enshrined in the Constitution and international human rights law (NHRCB 2022). During the pandemic, extreme violations of human rights, corruption in the distribution of social relief, and deprivation of health services, particularly in the case of marginalised people, were all evident. Yet the NHCRB was not active in addressing these violations (Odhikar 2021). This inaction is said to reflect the political 'subservience' and 'incompetence' of the Commission, which operates in a context of political dominance, official hostility to public criticism, and closing civic space (Odhikar 2021).

3.1.4 Union Digital Centers (UDC)

Digital centres, previously known as Union Information and Service Centres, were set up at the union *parishad* level, the lowest administrative tier. The Local Government (Union Parishad) Act 2009 specifies that the union *parishad* should

disseminate information through its website, including the Citizens' Charter, budget and financial statements, development project lists, decisions, reports, and circulars of the union *parishad*. Digital access to information is still in its very initial stages, and civic engagement for ensuring accountability in digital centres in rural areas is still more rhetoric than reality (Chowdhury 2018; Chowdhury and Panday 2018). Very little evidence is available about the UDCs' functions, or the extent and nature of their usage; more research and basic data collection are necessary.

3.1.5 Call centres and hotlines

In Bangladesh, around 64 per cent of citizens still do not use/have internet connections and are unaware of online platforms (333 2022a). They are unable to take advantage of the benefits available through online platforms. Besides, there is no central complaint system for grievance redress. Analysis of data from a key informant shows that data about offline complaints are also not compiled or used. Owing to these issues, some hotline numbers were introduced early on in the pandemic so that a citizen could call from any mobile or landline to get information about services, including about how to register complaints.

National hotline number 333 was created as part of the Aspire to Innovate (a2i) Program. The helpline has offered telemedicine services to over 350,000 people through its Doctors' Pool of over 4,000 licensed experts. Non-Resident Bangladeshis can also use this helpline. In partnership with district-level local authorities, 333 has answered over 4.4 million calls, treated over 18,000 social problems, and prevented over 5,400 child marriages. As the pandemic spread across Bangladesh, the helpline evolved to meet the needs of the time, offering information on precautions, health guidelines, and directives for suspected Covid-19 infections. People in need of relief could call the national helpline 333. The helpline is critical in reacting quickly to people's needs, and it continues to assist individuals who are in need without difficulty or bureaucratic delays (333 2022b).

The telemedicine service centre Shasthyo Batayon has also played a key role, with the toll-free number, 16263, for people to call for health information, diagnosis, treatment, counselling, and support services for the Covid-19 pandemic. This high-demand service call centre went from receiving 1.2 million calls in 2019, to almost 11 million calls in 2020. Over 10 million calls were received between March and August 2020, the majority (83 per cent) of which were for Covid-19 related services. As of March 2022, some 14.7 million callers were served, the majority with doctors' advice (MIS 2022). Bangladesh Child Helpline-1098 is available for child support 24/7. During the pandemic, Child Helpline provided specific support: information on methods of preventing coronavirus from the World Health Organization (WHO), details of where to get

support and information, counselling, advice for parents on how to deal with their children during the lockdown, coordination with the local authority, and coordination for emergency ambulance support (DSS 2022).

3.1.6 Platforms for Dialogue

Platforms for Dialogue (2022a) is an EU-funded initiative that works with 63 partner CSOs and the Cabinet Division of Bangladesh to promote social accountability tools. Its key tools are: Right to Information, Citizens' Charter, Grievance Redress System, and National Integrity Strategy (Platforms for Dialogue 2022b). Platforms for Dialogue works to foster citizen participation at the union and district level, improve responsive governance at the local and national level, create inclusive dialogue between civil society and government, and encourage widespread use of social accountability tools. It has been working to improve public service delivery and installed a Citizens' Charter to strengthen transparency and accountability. Platforms for Dialogue has arranged training for involving citizens in decision making, a campaign for increasing women's representation, and seminars on the right to information (Platforms for Dialogue 2022c).

3.1.7 Data initiatives

Digital platforms and data initiatives have been an important element of the policy response in Bangladesh, including in the successful Surokkha vaccine rollout. The government's Aspire to Innovate (a2i) programme has been particularly important in stimulating demand for and creating data initiatives during the pandemic, as the 'flagship programme of the Digital Bangladesh agenda' situated within the Prime Minister's Office with the mandate of promoting public service innovation through 'examples, lessons, and knowledge' (a2i 2022).² a2i also appears to have been a key interlocutor between civil society and the government during the pandemic.

An important recent study by the Centre for Policy Dialogue (CPD) explored how statistics were gathered and used during the pandemic, identifying remaining gaps in the 'data eco-system' in an effort to inform the development and implementation of a data-driven policy response (Bhattacharya *et al.* 2022). The report notes the significant progress made in developing data systems that are timely and relevant for policymaking. However, it also finds that progress had been concentrated in the health sector, and that the distribution of social protection services was not successfully informed by robust data sources about which people needed support (*ibid.*).

² We were widely advised to speak to the a2i office but were unable to secure an interview by the time of completing the first draft of this scoping paper.

While there was a clear and significant effort to improve data collection for the pandemic response, the study concluded that data initiatives were 'overwhelming' in their numbers and organisation, and difficult to access, navigate, or use (Bhattacharya *et al.* 2022). It is not clear how effectively these data initiatives enabled government to listen to citizens' concerns and needs, requests for information or assistance, or grievances about public services. Although the CPD study was not focused on the use of data for accountability to citizens, two key conclusions can be drawn. First, proactive transparency about the data that the government is gathering and using is necessary for such initiatives to improve evidence-based policymaking. Currently, the data relevant to Covid-19 health and socioeconomic policymaking is dispersed, non-transparent, and user-unfriendly. For data to inform policy responses in an accountable way, it is necessary for potential users of data and civil society watchdogs to have regular and transparent access to data in usable forms. Second, data initiatives must be designed with openness and inclusion, actively engaging both state and non-state stakeholders so that the data produced can be both useful and usable to inform policy and practice.

3.2 Civic space

Organised civil society and the independent media have shaped the political context for accountability and responsiveness during the Covid-19 pandemic, but the space in which they can freely operate and hold public authorities accountable has changed owing to growing political dominance by the ruling party. In general, the ruling party attempts to control or limit speech and association in the public space, and a range of tools and techniques are used to silence, censor, criminalise, or threaten independent and critical perspectives. The overall space for civil society and the media to play a watchdog role with respect to governance is clearly constrained. However, in other respects, civic space has changed or grown in Bangladesh, in particular with the rise of digital public space in the past decade. In addition, pressures for performance legitimacy continue to create space for evidence and advocacy to influence public policy, including through civil society, think tank, and media roles in shaping the technocratic aspects of policy design and implementation (e.g., assessing impacts, identifying vulnerable groups, assessing policy options, and sequencing).

Bangladesh is known for its large, numerous, and effective development NGOs (World Bank 2006), but it also has a rich tradition of effective civil society organisation and social movements, a long history of struggles over cultural values and practices, and contests over the exercise of political power (Lewis 2004; White 1999; Hashemi and Hassan 1999; Hassan 2013). Since the 1990s, Bangladesh has experienced a flourishing of all parts of civil society, including the independent media and more recently, social media; human rights groups;

activist social movements around issues of gender, sexuality, labour rights, the environment, and agrarian rights, among others; and 'service plus' development NGOs, which combine advocacy with service provision in local communities. The opening of space in the 1990s also gave rise to uncivil society, including Islamist extremist and violent groups and the spread of disinformation in cyberspace.

On a number of indicators, civic space has narrowed in Bangladesh in the past five years, accompanying the increasing domination of political power by the ruling Awami League government (2009 to the present). The Foreign Donations (Voluntary Activities) Regulation Act (FDRA), enacted in October 2016 without parliamentary debate, requires 'foreign-funded NGOs', a category that describes development, human rights, and many other organisations, to submit virtually all activities for approval to a bureau under the prime minister's office, without clear criteria for grounds for rejection or a timeframe in which decisions should be rendered. Registration is similarly at the discretion of the bureau, and a late addition to the law makes it an offence for NGOs to criticise the government' (Human Rights Watch 2016). The Act also contains 'a punitive provision making it an offence for foreign-funded NGOs to make "inimical" and "derogatory" remarks on the constitution and constitutional bodies' (*Daily Star* 2016), on the grounds that only citizens (and not NGOs) have the right to free speech. Critics view the Act as intended to 'intimidate' human rights, anti-corruption and good governance civil society groups, whose role it is to scrutinise and critique government policy (Bergman 2016). At the same time, there is growing concern, including that expressed by participants at the workshop held to discuss the present paper in draft, that civil society organisations have been politicised and professionalised, and that there was comparatively little independent advocacy during the pandemic.

The Digital Security Act 2018 sought to further increase restrictions on digital space imposed by 2013 amendments to the Information and Communication Technology (ICT) Act, 2006 (ICNL 2017). Journalists have faced harassment, including through the use of defamation lawsuits, in addition to the media facing wider restrictions through the ICT Act, among other legislative instruments (Riaz 2021). In 2021, the Law Minister, Anisul Huq, admitted that the Digital Security Act had been misused and abused. Hundreds of people were estimated to have been jailed under the provisions of the Digital Security Act, chiefly on allegations of publishing false and offensive information online. The Act and its implementation came under broader scrutiny and criticism when the Bangladeshi writer Mushtaq Ahmed, who was detained under the Digital Security Act for allegedly posting criticism of the government's response to Covid-19 on Facebook, died in police custody in February 2021. In March 2021, the Law Minister reported that the government was taking steps to identify and resolve problems with the Digital Security Act and its enforcement (ICNL 2022). However, it is not clear that much progress has been made, as journalists have

realistic grounds to fear being detained by the authorities without recourse to the law (Dhawan, 2022).

Freedom of association continues to be a concern for workers in the country's flagship ready-made garments (RMG) industry. Wage strikes and violent protests have marked workers' struggles to increase their wages since the early 2000s (Hossain and Jahan 2014). Bangladeshi RMG wages remain the lowest in Asia (Moazzem and Raz 2014), but they have increased several-fold in the past decade alone, chiefly in response to pitched battles between law enforcers and protestors that blocked production and transport over days and weeks over the past decade. After 1,134 workers were killed in the Rana Plaza factory collapse in 2013, efforts to reform the governance of the sector have resulted in various compacts and accords on labour standards and safety at work; however, 'core labour standards' have still not been adhered to (ILO 2015), and workers continue to lack an effective voice. Labour activists have been detained and killed in recent years (Abrams and Sattar 2017). Strong claims are being voiced for trade unions to participate in wage-setting processes such as the Minimum Wage Board in order to bring about a satisfactory living standard for workers in the RMG industry (BILS 2015). RMG workers remain weakly organised, and the labour movement is fragmented; these factors help to explain why wage and public health protections for workers were limited and unevenly implemented in the garments industry during the pandemic (BIGD 2021).

While the current government displays little acceptance of independent scrutiny or critique broadcast in the public space, ministries, sectors, and agencies within the government are known to create some space for engagement by civil society groups and think tanks within policymaking processes. Under-resourcing and a lack of capacity to gather and process evidence for policymaking has led to some reliance on NGO and think tanks, including their data and analysis, in the design and delivery of policies and programmes across a wide range of sectors and issues (Aminuzzaman 2013; Dodd *et al.* 2019). Well-known examples include issues of poverty, social protection and food security; gender equality and women's rights; disaster management and climate change adaptation; and health and education. Research programmes intended to influence policy are often supported by international aid donors as part of sectoral, rather than 'good governance'-related programmes. Overall, there is little reason to believe that the Covid-19 pandemic has reversed the tendency towards shrinking civic space in Bangladesh. There are also some signs that actors such as the media and investigative journalists face new and more serious threats to their ability to gather and disseminate public opinion and citizens' perspectives or to hold government accountable.

4. Information and policymaking during the pandemic

The pandemic brought unprecedented challenges and uncertainty, and information about the nature of the virus and appropriate policy responses emerged in real time. In this section, we examine what it was possible to learn about the interaction between state capacities to respond and the political pressures to demonstrate performance in a) the nature of the decision-making process, b) how pre-existing political and administrative accountability institutions functioned during the crisis, and c) in the roles of different sections of civil society and the media in amplifying citizen voice and evaluating governmental performance. Figure 4.1 provides an overview of the initial policy responses to the pandemic in 2020.

Figure 4.1 A timeline of initial policy responses to the Covid-19 pandemic, March–June 2020



Source: BIGD (2021: 83). Reproduced with permission.

4.1 Overview of the policymaking process

In key respects, Covid-19 has revealed that policymaking in Bangladesh has reversed from the relatively open and inclusive processes of the 1990s and early 2000s. Key public-health policy decisions were reportedly taken in mostly closed spaces, with the authority to take and implement decisions increasingly concentrated in the first year of the pandemic within the political leadership in the Prime Minister's Office. One key informant noted that 'even senior people in government were having a hard time getting heard by the decision-makers'. The BIGD assessed the state of governance of the pandemic in 2021, concluding that:

A systematic approach to enable citizen participation in policymaking was lacking, and non-state actors—such as trade unions, NGOs, and CSOs, including groups with expertise on public health or social protection—were inadequately involved in policymaking. News media and advocacy groups expressed fear of being criminalized when reports on mismanagement and irregularities in Covid-19 governance were attempted. (BIGD 2021, 25–6).

With respect to health-sector policymaking, a number of shifts that occurred prior to the pandemic were accelerated during the crisis:

- The rising importance of private-sector interests in healthcare, with two-thirds of health spending now private (Rahman 2020), has seen trade associations and interest groups playing a growing role in defending their group interests against public policy reforms they oppose.
- Health-sector policymaking processes were previously broader and more inclusive by design, involving substantial and structured inputs from a range of stakeholders and experts. Bangladesh's progress towards the Millennium Development Goals was acknowledged to be the result of partnerships and broad participation of organised civic actors in policy design (Nisbett *et al.* 2017; Mahmud 2020). The space for non-governmental groups in policymaking, including independent research, policy monitoring and advocacy, has shrunk notably in the past decade.
- During the pandemic, groups like Bangladesh Health Watch brought together high-level panels of respected experts and scholars to comment on Covid-19 policies, while organisations such as the Centre for Policy Dialogue and BIGD similarly published reports and convened events around Covid-19 governance-related issues. However, there were multiple arrests under the Digital Security Act of individuals because of critical social media posts, and

the journalist Rozina Akhter of *Prothom Alo* newspaper was arrested on charges of ‘terrorism’ after uncovering evidence of corruption in the Ministry of Health and Family Welfare. Civic space for discussion of health policy is uneven, and does not permit overt criticism (BIGD 2021).

- Even politically aligned groups such as the Awami League-affiliated doctors’ association SWACHIP now enjoy less access to policymakers than in the past.
- Centralisation and politicisation of key policy decisions (e.g. regarding the recruitment of health-sector staff), in part it seems with the aim of reducing reduce bureaucratic obstacles to mounting an effective Covid-19 policy response. Some critical decisions about public health measures and procurement were reported by health sector insiders to have been taken within a very small circle of powerful politicians.

Nevertheless, evidence suggests that while high-profile public critique or scrutiny of health policy is not allowed, at the local level the environment for civic engagement in local health-sector governance is more enabling, and includes cooperation between local governments and NGOs, and community-based organisations. Evidence suggests a significant degree of local cooperation and support for the official response, although it is not clear how successfully local concerns and priorities are transmitted upwards.

The role of international aid donors has also shifted in recent years, with aid providing a declining proportion of expenditure on health-sector programmes. Large, new Covid-19 response and vaccine loans from the Asian Development Bank (ADB 2021), World Bank (2020a; 2021), and Asian Infrastructure Investment Bank (AIIB 2021) mean that multilateral funders continue to play a prominent role in health policy and governance. Donor requirements to enable citizen participation in programme processes may create new channels for citizen voice to shape policymaking (for instance, through World Bank citizen engagement processes). However, the loans were developed under emergency conditions, and it seems unlikely that citizen-led accountability mechanisms are fully functional for these loans. Non-traditional partners such as China and Saudi Arabia are also emerging as more prominent stakeholders in health, but neither country’s investors are likely to push for more transparent or responsive public policies.

The centralised nature of political power and decision-making prevented governmental agencies and local authorities from acting with sufficient authority, autonomy, and speed during Covid-19. Public health directives have often been shaped by political considerations rather than independent expert guidance – a feature of pandemic policymaking that has by no means been limited to Bangladesh. Agencies such as the Institute of Epidemiology Disease Control and

Research (IEDCR) enjoyed considerable public trust at the outset of the crisis, and can be credited with broadly effective messaging and communications. But epidemic planning had not been a political priority for the government, and technical advice such as to establish independent capacities to monitor and manage epidemics was not implemented. Local government similarly lacked either the resources or the authority to respond to localised outbreaks or problems. Many local authorities nevertheless developed localised responses that were tailored to their contexts, including community-based relief programs and lockdown regimes to keep their members safe. However, they were often left to face citizens without information, medical equipment, or test kits, and without the relief they had been led to expect.

Policymaking with respect to other sectors or areas of public policy affected by the pandemic is similarly seen to have been relatively centralised and secretive. Although there is analysis of how the response packages were formulated (Osmani and Siddiquee 2021), little is known of how pandemic social protection and stimulus package resources have been distributed, and to whom. It seems clear that powerful and well-organised interest groups such as apparel manufacturers were successful in conveying their interests and concerns to policymakers, and support to protect their interests was rapidly and generously forthcoming (CPD 2020; Osmani and Siddiquee 2021). Civil society organisations and think tanks noted that their own policy recommendations based on the cost of living were ignored in the decision to provide selected citizens with 2,500 Bangladeshi takas (BDT) on a one-off basis, instead of the more generous cash transfers that had been proposed. Yet when invited to provide recommendations to a Ministry of Finance group preparing the stimulus package, independent research groups were able to persuade the government of the need for support for small- and medium-sized enterprises. The general absence of a role for civil society in pandemic policymaking was itself part of the public discussion about how to respond to the novel coronavirus pandemic, in a context of grave uncertainty, rapid change, and significant information needs.

4.2 Functioning of political and administrative system accountability institutions

In the parliamentary form of democracy in Bangladesh, the prime minister is responsible for many duties, while the cabinet division is assigned to all the tasks necessary for the development of the country. The ministers in the cabinet division take important decisions. This is also true in an emergency. At the start of the pandemic, there was little information about the novel and life-threatening virus. To tackle the situation, the prime minister arranged video conferences with the district commissioner of 64 districts and elected representatives on 31 March 2020. This was a transparent process and an example of the party manifesto on

digitalisation of 2008. Awareness building through announcements and the distribution of information leaflets were among the 31 guidelines issued by the prime minister, including maintaining law and order, zero tolerance for the negligence of official duties, maintaining WHO guidelines, preparing beneficiary lists for social safety nets at the ward level, goods and services delivery (e.g. daily necessities, such as rice), the best use of land, and preventing the spread of rumours.

Three committees were formed:

1. At the *upazila* level – a committee composed of ten officials with police administration under the headship of the Upazila Nirbahi Officer (UNO) – the Chief Executive Officer at sub-district level;
2. At the district level – a committee with the district commissioner, civil surgeon (head of health services), and police superintendent;
3. Under the leadership of the health minister – a high-powered committee composed of 31 members, including high-ranking government officials from the prime minister's office, the senior secretaries of other ministries, representatives of the World Bank, WHO, ADB, the United Nations Children's Fund (UNICEF), and the U.S. Agency for International Development. These committees have been performing their role from time to time since the pandemic outbreak in Bangladesh, including advising the Cabinet on the closure of educational institutions, restrictions for mass gatherings, economic policy, and vaccination plans.

4.2.1 Committee system within central and local government

Until 1997, ministers headed different standing committees in their own ministries, leaving parliamentary bodies limited scope to hold ministries accountable. The seventh Parliament (1996–2001) amended the rules, replacing ministers as the chairs of standing committees with backbenchers. There are 39 Standing Committees in the 11th Parliament (2018–23), but few are executing their duty of checking up on the operation of the ministry and investigating corruption within their committee. In several instances, standing committees stand accused of trying to gain unethical advantages from ministries through their power of oversight, while many fail to arrange monthly meetings as required by the regulations.

Transparency International Bangladesh reported that the lack of clear delineated timeframes or obligations to implement the recommendations of these committees is one reason they are ineffective. Another obstacle is the fact that many committee members have conflicts of interest that mean they cannot effectively regulate the ministries they nominally oversee. An expert on parliamentary affairs, Professor Nizam Uddin Ahmed, noted that since the highly

effective parliamentary committees of the 7th Parliament, committees have been declining in effectiveness because of an absence of a viable political opposition, and because politicians may take advantage of their membership on a parliamentary committee to extract benefits from the ministry in question (Karim 2020).

There are committee systems in each administrative unit of local government, but evidence suggests that these are ineffective from central to local level. There are many differences in rules and practices and in many instances, citizen engagement is on paper only. Elected representatives are not consulted, and standing committees may lack the resources necessary to function (Chowdhury and Panday 2018). According to one union *parishad* Chair, during the first phase of lockdown in 2020, formal meetings of the Union Development Coordination Committee were not held. Interview data regarding information flow revealed that the grievance redress management system during Covid-19 was not effective. The government offices remained closed and worked on a limited scale. When opened, they worked in a very restricted environment. People did not come with their claims and complaints, and officials did not encourage them to do so.

4.2.2 Frontline administration

The frontline officials – the police, doctors, and administrators – performed their duties during Covid-19. There is a total of 486 UNOs (of whom 140 are women). They performed a range of duties, including their regular administrative activities, performing funeral ceremonies, as well as an awareness-building campaign to distribute sanitisation products and making lists of government allocated foodstuffs at the union level (Masum 2022). During this time, problems related to violence against women and child marriage increased tremendously. Financial pressures on households meant that demands for dowry payments rose, which in turn led to violence against women and girls.³

According to one senior official of the police administration, the Infectious Diseases (Prevention, Control and Elimination) Act 2018 did not empower the police administration to enforce lockdown policies. A decision by the police force to issue a pass to permit citizens to use to leave their homes in cases of emergency was later reversed by the Cabinet. The power to sanction and impose penalties on lockdown offenders was in the hands of the executive magistrates and UNO. Enforcement of lockdown policies appears to have been to some extent discretionary, and shaped by personal humanitarian feeling for people who were unable to feed their families during closures (Ali, Hassan and Hossain 2021).

³ KII with Upazila Women Affairs Officer

Problems resulting from a lack of alignment between policy aims and regulatory powers were also seen in the process of distributing direct cash transfers, which proved difficult to resolve. Registration required National Identity Cards (NID) to purchase SIM cards, requirements which many could not successfully meet. The transfer process was uncertain, and dissatisfied citizens complained to the district commissioner or UNO. Although the UNO was on the Upazila Committee, there was little coordination with the district level, making communication slow and erratic. One key informant proposed the need for a central committee to deal with emergencies, which would likely function faster and more effectively.⁴ Lack of monitoring and coordination among actors are a persistent problem of Bangladeshi local government institutions, hampering the responsiveness and accountability of the responsible persons (Panday and Chowdhury 2020).

4.2.3 Party politicians and administrative officials

There are many forums for elected officials' involvement in the decision-making process; however, the disjointed planning process from central-level planning does not motivate the local politicians to participate in those forums (Panday and Chowdhury 2020). The interview data revealed that the performance of the administrative officials has made the local elected representatives less important in the decision-making process. Administrative officials worked according to the instructions of the health ministry, for example:

- Distributing leaflets and sanitiser as a part of a Covid-19 awareness programme;
- arranging hand-washing facilities in populous areas;
- maintaining religious sentiments while praying at mosques was not permissible.

Regarding direct cash transfers, local politicians attempted to resolve grievances, such as when people found that others had used their NID to purchase SIM cards (which meant that they could not register for the scheme). Errors such as several people holding the same NID were blamed on procedural failures by local government officials. Although citizens registered complaints, local politicians were not authorised to resolve them.

The ruling party members, along with those of other parties, including the Bangladesh Nationalist Party, Socialist Party of Bangladesh, and Jatiya Party, were restricted to the responsibility for the delivery of foodstuffs, ambulance services, and sanitisation programs on a limited scale. The activities of the Socialist Party of Bangladesh in Barisal District were visible on social media: they continued a foodstuff delivery service in an open place called Manobatar Bazar during strict lockdown, providing for daily labourers and needy people.

⁴ Key informant interview with CEO of Zilla Parishad

4.3 Civil society and the media

4.3.1 Mass media and social media

The government relied on the mass media and on social media platforms to spread and amplify their messages, but also made concerted efforts to steer public discussion of the pandemic response away from critical scrutiny. This ambivalence regarding the expression of public opinion and independent perspectives is a thread running throughout the pandemic response. It is unclear to what extent government listens and responds to the media as a framer and source of public opinion, but there are signs that favourable media coverage remains important to the government, presumably as part of its efforts to earn 'performance legitimacy'. Although the media has to undertake a complex navigation of the limits of free speech, it has evidently played some collective role in exerting pressure on public policy and reflecting public opinion back to those in power.

Social media, and in particular Facebook, appears to have played a significant role in circulating information – often misinformation – about the pandemic.⁵ Social media also provided a platform for politicians and others to demonstrate their efforts to support citizens in their time of need. It is evident that the use of social media platforms has dramatically altered the nature of the relationship between citizens, politicians, and the state, but not yet clear whether or how this deepens and strengthens accountability and responsiveness.

In relation to the pandemic, the Government of Bangladesh viewed the role of the mass media as limited to informing the public about Covid-19 by amplifying official messaging (Bakebillah *et al.* 2021). It is clear that print and broadcast media, as well as social media platforms, played a major role in public information – as well as for social media, considerable amounts of misinformation – about the pandemic (Al-Zaman 2021; Tune *et al.* 2021; Md. S. Islam, Mahmud, and Ahmed 2021). The mass media and social media also provided an independent (of government) source of real-time information both domestic and international: this provided Bangladeshis with some scope for comparative assessment of their own country's prospects for managing the pandemic compared to wealthier countries with better health systems (Ali, Hassan, and Hossain 2021).

Government pushed back, sometimes aggressively, against efforts by the mass media or social media users to criticise or hold the government accountable for its Covid-19 response. Writer Mushtaq Ahmed died in custody after being

⁵ Facebook is the most popular social media platform in Bangladesh, with some 47 million users. See Staff Correspondent 2021.

arrested for a post critical of the pandemic response, and other journalists, cartoonists, and writers were also arrested and threatened (HRW 2021).

Criminalisation and campaigns of de-legitimation and silencing of independent speech through the mass media and online platforms gathered pace during the pandemic (IFJ 2021; Riaz 2020; Al Jazeera 2021; HRW 2020; Deutsche Welle 2020; Amnesty International 2020; Deutsche Welle 2021). Even in this 'chilling' context, the print and broadcast media continued to report with a degree of independence, but with modest impact on public policy. One senior journalist reported seeing:

very little evidence that any news story in any news media in any way impacted government policy during the pandemic. Indeed, the government seemed to go out of its way to ignore the directives and information in newspapers or on TV. Examples are its keeping schools closed for so long, indifference to difficulties of schoolchildren and working women ... inter-district travel, especially [during] Eid
(KII with a journalist, 7 March 2022).

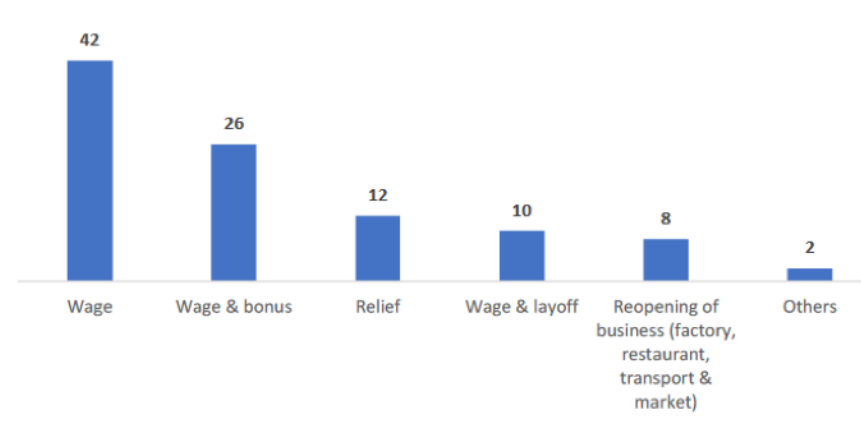
One exception may have been the mass-media consensus on the need to close the border with India during the Delta wave, to which the government appears to have responded in line with public opinion, fearful of the news of mass deaths and chaos as the wave unfolded in 2021.

Scrutiny of official Covid-19 infection and death statistics was discouraged by the government, although it had a mixed response to reports of corruption. A lack of transparency about the production of official Covid-19 figures may have engendered scepticism among the general public about the accuracy of statistics specifically, a scepticism which contrasted with broader levels of trust in the official pandemic response (BIGD 2021). The mass media did report on numerous instances of corruption in the relief effort, for instance, finding bags of rice that were intended for needy citizens being sold or delivered to people with political connections who did not need the support. It seems that it was acceptable to report on these localised instances of corruption; it is probable that the watchdog role of the media helped the government identify areas and issues on which corruption was derailing relief efforts and the overall drive to demonstrate 'performance'. By contrast, media investigations into high-level corruption led to the arrest of prominent *Prothom Alo* journalist Rozina Islam on charges of terrorism in 2021 (Deepto 2021). Criminalising an intrepid journalist who had uncovered grand corruption in the all-important health ministry during a pandemic may have been intended to silence the media on this issue, but instead it drew attention at home and internationally to the problem of corruption in health-sector procurement (Hossain 2021).

4.3.2 Protest

The media also played a more indirect role in reporting on and amplifying the views of civil society, ranging from popular protests about Covid-19 policies to more organised civil society advocacy, technical research, and analytical work. With respect to popular protests, it is unclear what influence these had on public policy, but they are likely to have served as something of a barometer of public opinion. The ACLED (n.d.) dataset identified reports of 900 protest events in Bangladesh in the two years after the start of the pandemic (March 2020–February 2022), but these events were not predominantly related to Covid-19 policy responses, even indirectly. They included protests against actual or potential job losses, quarantine and lockdown restrictions, the visit of India’s premier Modi, political governance (in particular the electoral commission), the Digital Security Act, violence against women and girls (notably in October 2020, after a high-profile rape and murder case), violence and discrimination against minority groups, price rises of essentials (usually organised by some of the small leftist political parties), as well as the usual protests by well-organised groups seeking preferential treatment or reforms of public-service appointments and benefits.

Figure 4.2 Protests March–May 2020, by cause (%; n=251)



Source: BIGD (2021: 100). Reproduced with permission.

Protests specifically demanding support or protection during lockdown were concentrated in the early part of the pandemic, with some 250 protest events identified between March and May 2020 (BIGD 2021). The vast majority of these were urban contentions, and most centred on workers’ wages and employment protections during the crisis (see Figure 4.2). We have no way of ascertaining whether these protests had any impact on policymaking, but they do suggest that the government is kept aware of public opinion on key issues relating to the pandemic.

4.3.3 NGOs, civil society groups, and think tanks

In other national crises such as natural disasters, Bangladeshi governments have adopted a pluralist and inclusionary approach to crisis management. As noted above, however, Covid-19 policymaking was conducted in small, closed circles, with limited formal participation by civil society, independent think tanks or academia. Despite talk of a ‘whole of government’ and ‘whole of society’ approach to the crisis, one long-term observer noted that there was little effort to include non-state actors in the design or delivery of the pandemic response. Several key informants from civil society and think tanks noted that the public research institutions mandated to provide data and evidence for policy, including the Bangladesh Bureau of Statistics, the Bangladesh Institute of Development Studies, the IEDCR, as well as the public universities, had ‘miserably failed’ or ‘utterly failed’ (in the words of two respondents) to rise to the challenge of rapid or real-time data relevant to infection spread, social and economic impact, or policy response. One expert observer noted that formerly relatively strong capacities for the generation and uptake of official statistics had been declining, and that ‘the appetite for listening [to non-governmental perspectives] has faded or disappeared’ during Covid-19. The weakness of official research institutions (which are presumably also under pressure to produce results that do not contradict the official policy line), and the resistance to creating policy space for non-state actors, meant that ‘policies were made in a vacuum of data’, according to one leading policy researcher. Experts thought that the quality of official data and statistics had declined over time and noted that a lack of transparency about their production led to scepticism about the accuracy of figures on GDP growth, consumer price inflation, and Covid-19 deaths and infections.

Although non-state actors with expertise and capacities for evidence-generation reported being in general excluded from policy committees and consultations in the early part of the pandemic, there were some routes to influencing policy that allowed important exceptions to this rule. Interviews with civil society actors and researchers found a range of issues on which information or evidence about citizens’ needs was successfully conveyed to policymakers and appeared to have influenced their policy choices. Instances in which civil society/think tank evidence-generation and advocacy was perceived to have had an impact covered a range of issues, including:

- Addressing violence against women and girls;
- the allocation of stimulus package funds to small- and medium-sized enterprises (SMEs), and their distribution through microfinance institutions;
- the poverty impacts of the economic crisis, in particular the emergence of the ‘new poor’;
- the procurement of personal protective equipment (PPE) by health sector staff;
- quarantine practices, including handling stigma and fear.

The challenge of gathering and processing high-quality, real-time data was a significant drag on policymaking, in particular in the first year of the pandemic. Organisations such as the Power and Participation Research Centre and BIGD had an early impact on policymaking by issuing phone-based survey data at a time when no other impact data were available. However, that was not always positive, for example, when a survey of the impact of Covid-19 on the agricultural sector – a highly sensitive issue – was challenged by government on grounds of methodology and accuracy. The data in this rapid survey, conducted at the start of the pandemic, were based on perception surveys, rather than more objective measures of yield.

Yet any kinds of data were at a premium early on in the pandemic. As one senior think tank staffer explained:

Economic and social data was largely missing, particularly because our national data sets (HIES, Labour survey, etc) are quite outdated. The most urgent data required at that time was to identify and reach people who needed cash and food support. Ideally data and records from social safety net programs should have given reasonable lists and cash should have been distributed digitally.... Ultimately the government had to resort to the age-old mechanism of involving local leaders and local government to make manual lists of people in their area and distribute aid locally. This was obviously not the most transparent and fair process (KII, 2 March 2022).

Some examples of the positive influence of research institutions are included below. These are non-exhaustive, and it is as yet unclear why these were issues on which influencing was possible. BIGD ran an online course for senior civil servants to bring them into contact with experts and ideas regarding pandemics and public policy, in which open and critical discussions among government officials about Bangladesh’s pandemic policy were possible. The course was so successful that BIGD was invited to repeat the course, suggesting that there is some appetite for independent expertise and information sources from within the government.

CPD's research and evidence on the macroeconomic policy responses required were in line with governmental plans and met with no resistance. As the country's leading think tank, the CPD also contributed to the design of stimulus policies, including through highlighting the needs of SMEs, and the scope for distribution of funds through microfinance institutions as opposed to the slow and bureaucratic banking system.

One of the most successful instances of policy influencing during the pandemic involved a collaboration between scholars at Yale University, BIGD, and Innovations for Poverty Action, which generated 'gold-standard' evidence from randomised control trial research into masking behaviour. This then translated into concrete efforts to adopt the policy model of No-cost masks, Offering information, Reinforcement and Modeling (NORM) to encourage correct mask-wearing across the country as the single-best intermediate solution.⁶

The Manusher Jonno Foundation, which has funded and supported human rights and community-based organisations across Bangladesh for 20 years, drew on its strong grassroots base to survey organisational partners and women facing violence in selected districts. This evidence was produced for six months between April and September 2020, helping to push violence against women and girls up the political and policy agenda. This evidence encouraged government to prioritise violence against women and girls at the local level, and to establish local government service links for organisational partners and survivors to access.

Bangladesh Health Watch, a multi-stakeholder civil society advocacy and monitoring network dedicated to improving the health system in Bangladesh, convened a series of webinars and related research and informational activities oriented towards debunking Covid-19 myths and advocating for more equitable and effective Covid-19 responses (BHW n.d.). Bangladesh Health Watch research uncovered the poor quality of PPE procured for Bangladesh's health workers, which elicited strong pushback from the government. More positively, its research and advocacy has been supportive in efforts to roll out vaccines, and helped inform policy guidelines on issues relating to quarantine and avoiding stigmatisation of Covid-19 patients.

Across these examples, several key points emerge:

- Think tanks and civil society organisations that had some influence on government were highly credible organisations, with a good reputation for the standards of their scholarship or for their connections to grassroots communities.

⁶ For more about the NORM initiative, see https://www.youtube.com/watch?v=_v_uo7IY2Qw&t=141s. The health directorate (DGHS) posted details of the research and its implications on Facebook here: <https://www.facebook.com/dghsbd/posts/281382444092759>.

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- All interviewees were at pains to note that any influence they had achieved was not solely due to their own organisations' efforts: it was in combination with other actors similarly making claims and sharing information that such impacts on policy were achieved.
 - Where influence was achieved, it was not through public events designed to 'name and shame' or to hold government accountable. Instead, information was shared through pre-existing relationships between actors in government and society.
 - Government responded chiefly to information about highly politically sensitive matters that might be seen to have impinged upon its 'performance legitimacy'.
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5. Conclusions and knowledge gaps on accountability and responsiveness during Covid-19

This scoping study has reviewed the conditions for accountability and responsiveness in the Covid-19 pandemic response by exploring how the government listened to and gathered information about citizens' needs during the pandemic. The study has situated these findings in the context of the rising political dominance of the ruling Awami League party and increasing restrictions on political and civic space, but also in the light of the pressures on government to earn 'performance legitimacy' through effective policy responses, and growing state capacity, particularly in relation to digital platforms and information technology, to inform and listen to citizens.

Key conclusions from the scoping study include the following:

- Like most governments during the pandemic, the Government of Bangladesh has attempted to be, or be seen to be, in control of the virus, of the directions of the policy response, and of the narrative about both. As has been seen in many countries, heavy-handed efforts to silence critics or rig official statistics have had the opposite effect, by engendering scepticism about the official policy response.
- In Bangladesh, pressures on the government to demonstrate performance are crucial for its political legitimacy, in a context in which it lacks the legitimacy of fairly won elections. In relation to the pandemic, the government appears to have been pulled between wanting to protect the population against viral spread in the new crisis, and older pushes to allow economic activity to proceed, because livelihoods depend on the pace of economic growth. Onerous and unpopular measures to restrict activity and movement were often subordinate to the easier policies of allowing the return of economic activity and free movement.
- Rising political dominance has been reflected in growing control of the policy process. In previous crises, government has shared its policymaking spaces with civil society and other groups in ways that were absent during Covid-19.
- The government has also invested substantially in mechanisms and institutions designed to hear and respond to citizen voice. These include a range of formal systems for citizen participation, feedback, and grievance redress, established under law. Very little information is publicly available about how successfully (or not) these operated during Covid-19.

- Despite the overall closure of the policy space, there were nonetheless specific instances in which the media and independent civil society produced information or evidence that directly challenged or informed the government's response.

Key issues on which knowledge gaps remain as follows:

1. To what extent did the reliance on traditional systems of identifying social protection beneficiaries through tiers of local committees hold up in the covariate crisis engendered by Covid-19? What are the prospects for digital beneficiary databases to reduce (perceived) corruption and leakage and to improve transparency about social protection programmes?
2. How effectively did the official complaints systems, including in-person, hotlines, and online mechanisms, function to gather, assess, and respond to citizens' needs? How did other institutions of accountability function, such as the Anti-Corruption and Information Commissions?
3. There appears to remain a significant unevenness regarding the extent to which ministries and agencies have sought and used data to inform policies. To what extent has an evidence basis for policymaking been mainstreamed across government?
4. Social media has evidently played a far more significant role in shaping the information ecosystem during the pandemic than in previous crises. How have politicians and the administration been using social media platforms, and to what effect? To what extent are these transmitting rather than listening platforms?
5. How has the government evaluated its own policy response, and what learning has been absorbed by key actors within the government? How have citizens and civil society evaluated the official Covid-19 response? To what extent has a2i been able to institutionalise its innovations so that it is in a position to help Bangladesh manage the next crisis?

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