

Policy Brief

Delegating Authority in Bangladesh to Manage the Covid-19 Pandemic

Summary

Bangladesh, like most countries, grappled with the harsh conditions of Covid-19, with little infrastructure and set up of institutions to deal with the consequences of the pandemic. A country with a large informal economy, and an even larger export manufacturing sector it is highly dependent on, the Bangladesh government had tough decisions to make when it came to saving and protecting the lives of millions, as well as ensuring continued economic activity to save livelihoods. To strike a balance between protecting both these important factors, the central government adopted a unique approach of mobilising and enabling the local government to implement a lot of measures. Their approach was area-centric, in that the local government recognised the needs of their districts, and that looked different for different areas of the country, whether rural or urban, agricultural or industrial focused. This policy brief outlines some of the local measures and responses that worked in minimising the impact of Covid-19 on the dense Bangladeshi population.

Key messages

- **Governments should utilise its network of local government** and local important stakeholders when it comes to dealing with crisis like the Covid Pandemic.
- **Delegation of implementation-related responsibilities to local government bodies** while allowing them to exercise autonomy shows promise in a time of crisis management.
- In a largely informal economy like Bangladesh, with a big differentiation between its rural and urban areas, **policies and measures need to be multidimensional and specific to each area**, rather than adopting a unilateral approach.

The contexts for managing the Covid-19 pandemic across the world were very different from one another. Low- and lower-middle-income countries, in particular, faced radically different sets of circumstances to those faced by high- and upper-middle-income countries, and had radically different capacities with which to address the pandemic. Bangladesh's response to the varied circumstances and capacities of its districts was to delegate responsibility for implementing policy decisions and Covid-19-related guidelines to government officials working at local level. Delegation of implementation-related authority to competent local government authorities makes sense in such a crisis, and lessons can be learnt from Bangladesh's experience.

Despite sensible approaches to pandemic management, Bangladesh experienced over 100,000 'excess' deaths during 2020 and 2021, compared with 29,000 reported officially. A study in Dhaka found that mortality was 1.5 times the historical average (Hossain *et al.* 2022). However, Bangladesh was one of the few countries that did not go into negative economic growth during the pandemic (gross domestic product grew by 3% in 2020 and 7% in 2021), and socioeconomic progress was held up less than in many countries (Bangladesh Bank 2022; BIGD & ARC 2021).

The process of managing the pandemic

The first Covid-19 case in Bangladesh was detected on 8 March 2020, followed by the first death on 18 March. The government initially decided to close schools, markets, offices and factories, to reduce the spread of the virus. Lockdown measures during the first wave continued until May 2020, after which factories and other economic activities were directed to resume. The second wave was handled differently than the first in April 2021, when attempts were made to restrict mobility and follow health guidelines, whilst still keeping the economy running.

Although the length and intensity of the lockdowns were decided by the central government, the implementation of it was down to the local

“I was told that within the broad guidelines set by the national government, I can do whatever I want. It is completely my call. When the virus was spreading at an alarming rate, I thought that it would be better to isolate the district from rest of the country. But it was a sensitive decision, and I was not sure whether I have the authority to do so. So, I decided to inform the Cabinet Secretary. I was told that it was up to me. If I think that would be helpful, I should do that.”

– Deputy Commissioner (DC)

government officials. They had the autonomy to decide how to communicate key messages to citizens, how they intended to strike a balance between protecting lives and facilitating local economic activities, and how they would collaborate with local-level actors in implementing the policy decisions.

Delegating authority to implement policy decisions to local-level government officials meant essentially, local authorities succeeded in developing and designing flexible, adaptive and sometimes innovative implementation plans, while following the central government's guidelines and policy initiatives.

The implementation process – Bangladesh's experience

At district level, the top government administrative officers – deputy commissioners (DCs) – had the authority to decide how they would strike a balance between protecting lives and promoting local economies, and how they would work with different actors. Essentially, the DCs decided whether to isolate a district from the rest of the country or not, how strictly they would enforce restrictions on movement, while ensuring support reached local citizens.

However, it is important to note that although the DCs were able to exercise their discretionary power, the decision-making process was not arbitrary. Instead, these top government officials at the local level took their cue from the directives the central government issued. At the same time, while taking decisions, the DCs sought the opinions of all relevant stakeholders. For instance, they held regular online meetings with upazila (sub-district)-level officers in departmental government agencies (e.g. law enforcement officers, the upazila nirbahi officer (UNO), health officials, social workers, agriculture officers, women’s development officers, etc.), the elected representatives within the district – the chairs and members of the union

“To me the directive was, you need to keep the people off the street. Do whatever you need to do for that.”

– Police Super (SP)

parishad (the lowest tier of local government in Bangladesh), and chairs and vice-chairs of the upazila parishad (sub district-level government offices) – and other local political leaders and representatives of various civil society organisations. Through a participatory approach, an implementation plan was devised, which these stakeholders owned.

Table 1: Components of the decision-making process at the local level of government

Framing the problem	Facilitating economic activities	Problem-solving activities	Providing food and cash support	Coordination	Monitoring
Explaining the importance of the Covid-19-related restrictions to the local population, and why and how they needed to follow guidelines. In raising awareness and ensuring compliance, the local administration worked collaboratively with political leaders and law enforcement agencies.	The empowered administration worked with industry owners and industrial workers to make sure that industries and other economic activities reopened or remained open, while following specific health guidelines.	Worked with relevant stakeholders on solving crises related to access to food and facilitating economic activities. For example, in one case, when industrial workers found it difficult to travel to their workplace, the administration contacted actors in the transportation sector to resolve the situation.	To support the most vulnerable population groups, they not only relied on the social protection programs of the government, but also reached out to powerful and influential local actors (e.g. industry owners), mobilised resources, and distributed food and cash support.	The local chiefs understood that undertaking such a huge multi-dimensional problem at a time critical time required the support and mobilisation of multiple actors. there was one common goal, thus everyone ensured there was constant communication and coordination of an action plan.	A decentralised monitoring plan was adopted. Local-level elected representatives interacted with people constantly, and ensured isolation in cases of infection. Heads of all 17 local government offices were responsible for monitoring activities in their respective areas.

Source: Authors’ own

Enabling factors

In Bangladesh, the enabling factors that facilitated the delegation of authority to the local-level government officers can be categorised in two groups: – political, and administrative or institutional.

From a political perspective, over the past decade in Bangladesh, the government had taken different measures to empower the bureaucracy, while often sacrificing the power and authority of the local elected representatives. This made the government reliant on the local-level bureaucracy to implement policy. This reliance essentially encouraged the government to allow the bureaucracy to use its inherent discretionary power to resolve Covid-19-related issues. Initially, the GOB tried to provide support to citizens through the local-level elected representatives. However, after several allegations of corruption and mismanagement were raised against elected officials, it became easier for the government to delegate authority to administrative officials.

It is important to note that even though decision-making authority at the local level was delegated to administrative officials, elected officials understood the political reality and supported the local bureaucracy. For example, when one local administration was struggling to provide sufficient personal protective equipment for health workers and oxygen for patients, the political actors intervened and arranged the supply of resources by using their networks.

From an administrative perspective, the local administration used its expertise and capacity to support people. In the case of Bangladesh, in successful instances, the bureaucracy actually managed to reflect these competencies: it engaged stakeholders, and through them managed to reach out to citizens with a clear message. The bureaucracy managed to work with the political actors, using their strength to their advantage.

Finally, it developed a collaborative organisational structure, with participation from various organisations. This was the case in Chapainawabganj, where key local government officials (DCs and UNOs) developed a structure that included all the departments within the upazila parishad and the elected officials, bearing specific responsibilities. More importantly, as corroborated by interviewees, these officials and the elected representatives held daily online meetings, keeping accountability. The discretion of the central government allowed local government officials to come up with an effective and efficient coordinated response, which they invested time and effort into developing.

“It is important to know how to use political support as resources. In my area, we were badly suffering due to lack of oxygen cylinders. However, the whole country was suffering from a shortage and we failed to receive any additional supply. The local leader of the ruling party was working with us. When he heard about the situation, he told me not to worry and contacted the central leader of the party. And pretty quickly, we received more oxygen cylinders.”

– Civil Surgeon

Policy recommendations

Firstly, Bangladesh's experience shows that it is important to identify, engage and work with various stakeholders. Essentially, government agencies cannot solve every problem on their own – they need to work with various non-governmental actors.

Secondly, in a time of crisis, a hierarchical managerial structure often does not work – at this stage, it is important to work through collaborative networks where the participation and engagement of various stakeholders is essential.

Thirdly, in designing and implementing action plans, it is important to take the local socioeconomic context into consideration. Even within a country, a single uniform plan may not work – implementation plans need to be tailored to the local context and that is where bureaucratic discretion will be essential.

“I think the key to our success is that we all work together. There are 17 departments in an upazila (sub-district) and each of the officials of these departments oversaw 2/3 unions. They monitored the situation and tried to solve problems. Every night these officials participated in online meetings with the DC where the situation of the whole district was discussed. This collaborative and integrated approach helped us a lot.”

Further reading

Bangladesh Bank (2020) *Covid-19 Crisis and Fiscal Space for Bangladesh Economy: A Comparative Analysis with South Asian Countries*, Dhaka

BIGD & ARC (2021) *State of Governance in Bangladesh 2020–2021: Governing Covid19 in Bangladesh: Realities and Reflections to Build Forward Better*, State of Governance Report Series, BRAC Institute of Governance and Development (BIGD) and Accountability Research Center (ARC).

Hossain, M.S. *et al.* (2022) 'Excess Mortality Associated with the Covid-19 Pandemic (2020–2021) in an Urban Community of Bangladesh: Evidence from Cemetery-based Death Registration', *medRxiv*, 11

LNOB (2021) *Covid-19 Wreaking Havoc on Bangladesh's Poor: A Story of Food, Cash, and Health Crises*, 31 August, Leave No One Behind (LNOB) Network Guest Commentary, International Institute for Sustainable Development

Van der Wal, Z. (2020) 'Being a Public Manager in Times of Crisis: The Art of Managing Stakeholders, Political Masters, and Collaborative Networks', *Public Administration Review*, 80.5: 759–64

Authorship

This policy brief was developed from key informant interviews at central government level and in two local governments (Narayanganj and Chapainawabganj). These were carried out during the preparation of the Chronic Poverty Report on Pandemic Poverty (2023).

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