



brac
institute of
governance &
development



The State of Governance in Bangladesh 2020–2021

Governing COVID-19 in Bangladesh Realities and Reflections to Build Forward Better

BIGD RESEARCH BRIEF

NO. 08 ■ JULY 2021 ■ GOVERNANCE AND POLITICS SERIES

The State of Governance in Bangladesh 2020–2021

Governing COVID-19 in Bangladesh

Realities and Reflections to Build Forward Better

BIGD Research Brief | No. 08 | July 2021

Governance and Politics Series

BRAC Institute of Governance and Development (BIGD), BRAC University
and

Accountability Research Center (ARC), American University

The State of Governance in Bangladesh 2020–2021
Governing COVID-19 in Bangladesh: Realities and Reflections to Build Forward Better

July 2021

Authors:

Dr Mirza Hassan, Dr Naomi Hossain, Sirajul Islam, Rafsanul Hoque, Insiya Khan, Syeda Salina Aziz, Avia Nahreen, Md. Mahan Ul Hoque, Dr S. R. Osmani, Dr M. S. H. Siddiquee, Maheen Sultan, Iffat Jahan Antara, Dr Shahaduz Zaman, Faruq Hossain, and Dr Imran Matin

Please cite as:

BRAC Institute of Governance and Development & Accountability Research Center. (2021). The state of governance in Bangladesh 2020–2021: Governing COVID-19 in Bangladesh: Realities and reflections to build forward better [Research brief]. Dhaka: BRAC University & Washington D.C.: American University.

This research brief summarizes the key findings and recommendations from The State of Governance in Bangladesh 2020–2021: Governing COVID-19 in Bangladesh: Realities and Reflections to Build Forward Better report. The full report with a complete list of references is available at bigd.bracu.ac.bd/publications/state-of-governance-in-bangladesh-2020-2021-managing-the-covid-19-pandemic/

Introduction

Why the Governance of COVID-19 Matters for Bangladesh

KEY MESSAGES



COVID-19 is an unprecedented crisis, one that endangers Bangladesh’s remarkable development achievements.



Worldwide, the nature of governance and politics has shaped national responses to COVID-19.



[The State of Governance in Bangladesh 2020–2021: Governing COVID-19 in Bangladesh: Realities and Reflections to Build Forward Better](#) report documents and analyzes responses from the first year of the pandemic to inform current responses and preparation for such shocks in the future.

COVID-19 has been an unprecedented stress test of health, social, economic, and political systems worldwide.ⁱ The State of Governance in Bangladesh 2020–2021 report documents and analyzes how COVID-19 has been governed in Bangladesh. It aims to evaluate and inform responses to the ongoing pandemic and also indicate how to “build forward better”—strengthen our capacities to tackle similar and other types of crises in future.

COVID-19 is a global shock (see Figure 1), but its impact has been particularly profound in countries like Bangladesh. A weak public health system and precarious economic state of the majority of citizens, combined with a growing yet underdeveloped social security system, have enabled the COVID-19 crisis to present a stark “life vs livelihood” challenge for policymakers.ⁱⁱ How the crisis is governed closely shapes both the health and the livelihood outcomes for Bangladeshi people.

Moving Beyond Resilience: Aiming for “Antifragility”

Dealing with a crisis like COVID-19 can also be an opportunity to improve governance if the right strategies are taken. With greater integration into a volatile global economy and at the sharp end of climate change, Bangladesh is likely to face crises of similar magnitude in the future. If Bangladesh wants to continue its remarkable development progress, mere resilience—capacity to cope with a crisis—is not enough. Bangladesh must govern each stressful episode of volatility in ways that help systems and institutions emerge stronger than before. In other words, **Bangladesh needs “antifragile”ⁱⁱⁱ governance practices and institutions.** This requires moving away from highly centralized decision-making to constructing decentralized public entities that are empowered, efficient, resourced, and motivated to innovate, experiment, and engage citizens in policymaking and implementation to learn and feed their learning back into better policies.

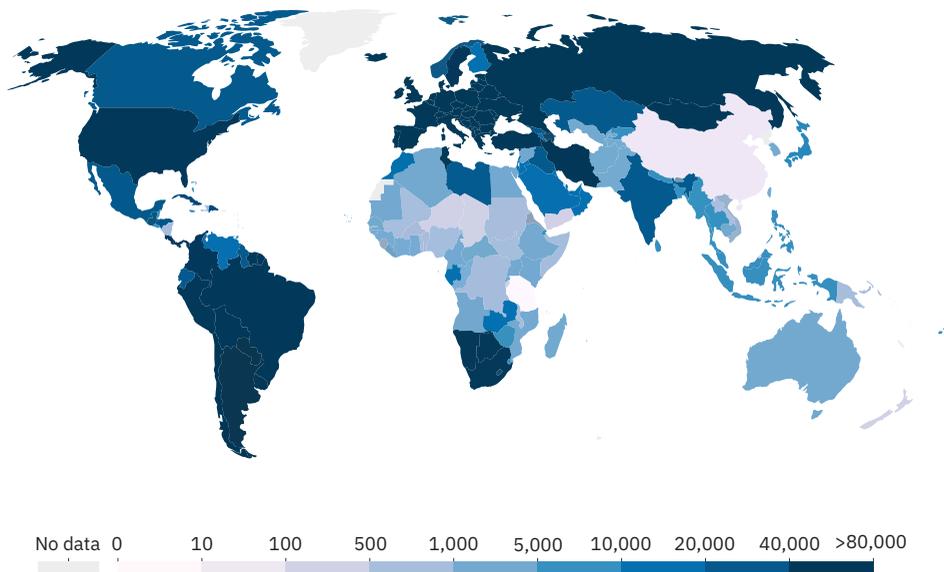


Figure 1.
Cumulative Confirmed COVID-19 Cases per Million People, 27 July 2021

Source: Johns Hopkins University CSSE COVID-19 data. <https://ourworldindata.org/COVID-cases#cumulative-confirmed-cases-per-million-people> [Accessed 28 July 2021].

COVID-19 continues to spread in Bangladesh in July 2021 (see Figure 2), and The State of Governance in Bangladesh 2020–2021 report analyzes a fast-changing scenario. It assesses the first year of the pandemic—analyzing how the government responded to the crisis and why, identifying challenges, and providing constructive recommendations at policy and programmatic levels. It focuses on the governance aspects of public health, lockdown management, and pandemic-related economic stimulus and relief programs. It takes a closer look at the governance dynamics of responses in the ready-made garments (RMG) industry. Through a case study of one low-income community in Dhaka, the report also explores how communities came together to manage their own responses in the face of vulnerability and inadequate support from the authorities.

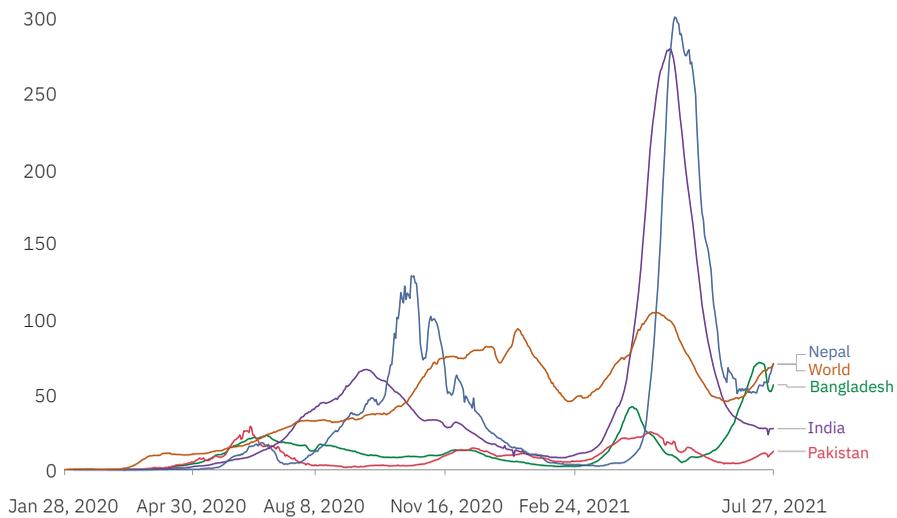


Figure 2.
Daily New Confirmed COVID-19 Cases (Seven-Day Average), 27 July 2021

Source: Johns Hopkins University CSSE COVID-19 data. <https://ourworldindata.org/COVID-cases> [Accessed 28 July 2021].



Sergeant
Rajia
Sultana
of Dhaka
Metropolitan
Police

The Political Economy of Pandemic Management in Bangladesh

KEY MESSAGES



The concentration of political power within the ruling Awami League party and its strong incentives to demonstrate development performance have shaped government capacity and political commitment to tackle COVID-19.



The Bangladeshi state is stronger than ever, but still has uneven power to enforce its policies.



A survey conducted in February 2021 on citizens' perceptions of COVID-19 governance found that the trust in the government's overall performance remained steady and its perceived performance in COVID-19 management remained positive among the citizens.



Citizens were more divided on specific policies and critical of the government's COVID-19 messaging, provision of testing, lockdown management, and relief measures.

The framework used to analyze the governance of COVID-19 in Bangladesh examines the **state capacity**—expertise in policymaking and effectiveness in implementation, including material and human resources and communication capabilities—and **political commitment**—demonstrated in the policy priorities; the extent of transparency, openness, and collaboration in their implementation; and the government's willingness to take feedback, learn, and change how it operates.^{iv}

What governance challenges need to be addressed to build the “antifragile” systems in Bangladesh? The report shows that how political power is distributed and exercised shapes how successfully crises are governed in Bangladesh. The dominance of the Awami League for over a decade is a critical factor. With significant control of the state machinery—the civil administration, military, and police—it has shaped the state's policy response to the pandemic, including lockdown and social distancing, use of testing, self-isolation and quarantine measures, and the relief and economic stimulus programs. Civil society groups and the media have some independence, but critical voices are frequently silenced or criminalized. The prospect of electoral competition does not work as a pressure on the Bangladesh Government to perform well in managing the pandemic. With a firm hold on power, however, the government is motivated

to demonstrate its legitimacy by delivering high economic growth and real improvements in the living standards of the citizens. “Performance legitimacy” turns out to be the main engine driving Bangladesh’s pandemic policies.⁹ Government policies, historically and currently, have been successful to the extent they have citizens’ acceptance and support. Policies that “go with the grain” tend to be more successful in Bangladesh: the state simply lacks the capacity to compel its citizens to do anything they do not want to do.

Three features of Bangladesh’s governance arrangements have shaped pandemic policies:

1. dominance by a single party, which controls policymaking and does not face immediate competitive pressures from a credible opposition;
2. pursuit of “performance legitimacy” mainly through demonstration of economic and human development; and
3. the current nature of the Bangladesh state, which, while stronger than ever, remains comparatively weak and under-resourced, and lacks the capacity to impose unpopular policies on its citizens.

A national survey of 2,750 citizens unearthed their perceptions of pandemic governance. Undertaken in February 2021, the survey found that a year into the pandemic, citizens’ trust in government was steady; the government also enjoyed a high level of general approval for its management of COVID-19. On more specific issues—for example, trust in official statistics—citizens were more divided. The positive perception recorded in February 2021 most likely reflects the fact that difficult and unpopular policies, such as lockdowns, were short-lived and lightly enforced while infection rates were still low. (The Delta variant did not surge until May 2021.)

The report addresses the question of what this high level of “performance legitimacy”—of stable and enduring economic growth and human development progress—means. How might it incentivize political elites to “build back better?” Will the state have learned the need to create more responsive and effective, or “antifragile,” institutions? The report offers answers to these questions in selected sectors.

Health Sector Governance During COVID-19: Capacity, Preparedness, and Response

KEY MESSAGES



Bangladesh had neither the policy framework nor the infrastructure and personnel needed to mount an effective pandemic response on the COVID-19 scale; the health system is grossly under-resourced, and faced shortages of staff and equipment.



Messaging from official public health agencies, such as the Institute of Epidemiology Disease Control and Research (IEDCR), was effective and trusted, but there was less trust in official statistics of COVID-19 infection and death rates.



Preparation for the pandemic was centralized, uncoordinated, and non-transparent; public procurement was slow and marred by allegations of corruption.



The COVID-19 pandemic has the potential to increase political commitment to health, as influential elites have been affected by the weakness of public health provisions.

While emergency responses and risk communications have been previously identified as weaknesses in Bangladesh—a country with a history of natural disasters, epidemics, and food crises—these governance weaknesses have been inadequately addressed. Disaster management in Bangladesh is guided by the official National Disaster Management Plan (NDMP), which mentions pandemics but provides no guidance for addressing them. The National Avian and Pandemic Influenza Preparedness and Response Plan has not been updated since 2011.

In terms of basic infrastructure and personnel, the health sector in Bangladesh is characterized by a severely inadequate supply of medical professionals, hospital beds, and equipment per capita. Allocation and distribution of resources for health services, including emergency procurement, have been inadequate; testing kits and personal protective equipment (PPE) were in short supply; and procurement was slow. Two months into the crisis, the government had secured only 1,267 ventilators for its 166 million citizens. As of 13 April 2020, only five oxygen cylinders were available for each upazila. At the same time, the distribution of resources has been inequitable, and mainly directed towards the capital and urban centres. Bangladesh, therefore, lacked both the policy framework and the resource capacity to successfully respond to major health emergencies like COVID-19.

The weaknesses of Bangladesh’s health sector response to COVID-19 are reflected in the country’s low testing and vaccine rates compared to those in other South Asian countries (see Figure 3 and Figure 4).

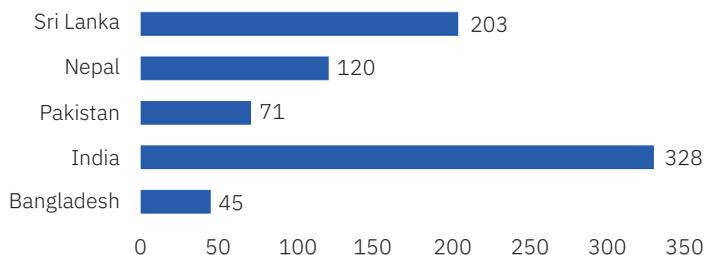


Figure 3. COVID-19 Testing Rates in South Asia, Total per 1,000 Population, 23 July 2021

Source: <https://ourworldindata.org/coronavirus-testing> [Accessed 23 July 2021].

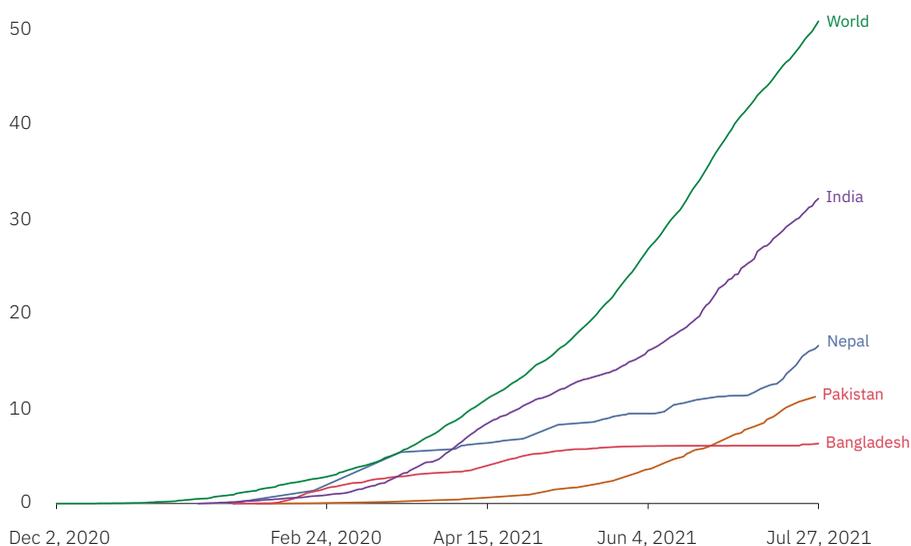


Figure 4. COVID-19 Vaccine Doses Administered per 100 People, 27 July 2021

Source: <https://ourworldindata.org/COVID-cases> [Accessed 28 July 2021].

With 27 members and the health minister as the head of the committee, the National Committee for Prevention and Control of COVID-19 was formed on 1 March 2020 as the highest body for pandemic management. However, accountability measures were not in place to ensure that the committee

functioned properly. During peak COVID-19 transmission from March till July 2020, the committee only met three times. It appears that many important pandemic-related policy decisions taken in 2020—for example, regarding factory reopening and resuming prayers at mosques—were not discussed and debated in the committee.

Public health scientific communities and civil society groups reported having limited substantive participation in policy discussions. Health communication between state agencies and the public, while often effective, was widely seen as non-transparent. Attempts were made to control information regarding the spread of the infection, transmission levels, and resource availability. Some 88 people, including journalists and cartoonists, were arrested in 79 incidents on charges of spreading “rumours” and “false information about COVID-19.” This resulted in mistrust among the public, affecting their responses to public health regulations. This explains why about a third of the respondents in the citizens’ perceptions survey believed that the actual COVID-19 statistics were higher than the official figures (see Figure 5).

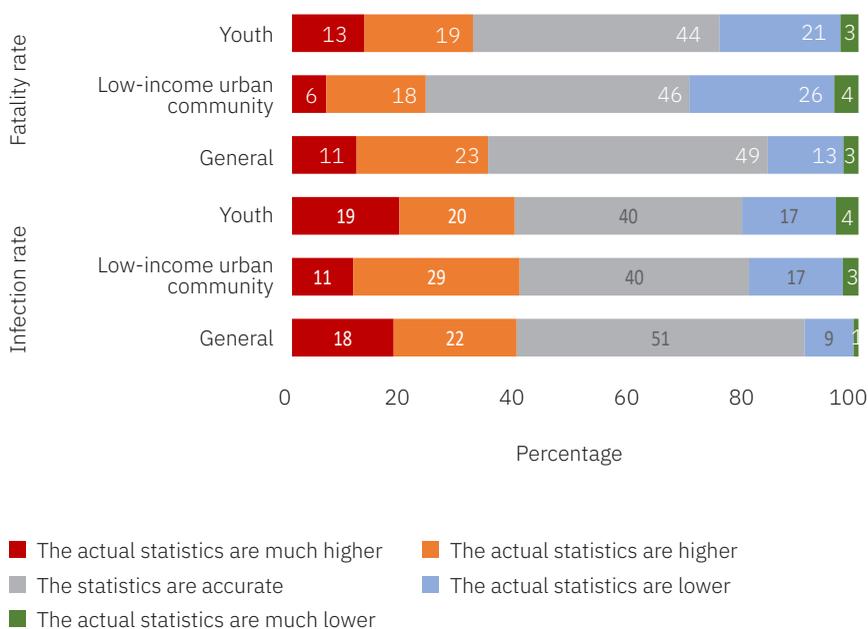


Figure 5. Citizens’ Level of Trust in Government Statistics—How Accurate Are the Official Statistics About Infection and Fatality Rates

Source: BIGD Citizens’ Perceptions of COVID-19 Governance survey, 2021.

During the second wave in 2021, the government seems to have incorporated some learning from the first year of the pandemic. The Directorate General of Health Services (DGHS) instructed all hospitals across the country to prepare for a fresh wave of infections. Civil surgeons and medical colleges were asked to prepare intensive care units (ICUs) for impending COVID-19 patients. More coordination was apparent. The director-general of DGHS consulted with the directors of all hospitals in Dhaka and divisional cities for an update on hospital capacity. A number of public and private hospitals created central oxygen supply systems to support their COVID-19 wards. By March 2021, the number of general beds for COVID-19 patients at government hospitals in the city rose to 5,539 from 3,329. At the same time, however, faith in the governance of health was undermined by investigative reportage, particularly by *Prothom Alo*, into corruption in the ministry, which gained international visibility when a prominent journalist was arrested in relation to the scandal.

Despite a whole year of experience in dealing with COVID-19, the policy responses remained “reactive” during the second and third waves. The government failed to act in a timely and coherent way to implement a lockdown, impose a travel ban, and close the border. Though the possibility of the spread of the Delta variant in the border districts was common knowledge, emergency health supplies were not made available, and the procurement was slow. Also, the policy decisions regarding infrastructure deployment were unwise; for instance, 12 COVID-19 facilities were shut down by the DGHS due to the poor turnaround of patients during this phase. After the initial success, the vaccination became slow; only about 2.4% of the population were fully vaccinated and 3.7% had the first dose by 24 July 2021 (see Figure 4).

A
rickshaw
puller in
Dhaka
during the
COVID-19
pandemic



COVID-19 Lockdown in Bangladesh: A Governance Perspective

KEY MESSAGES



Bangladeshis welcomed the first lockdown in 2020, fearful of the virus and knowing the weaknesses of the health system; many thought it should have started sooner.



Official communications were confusing and inconsistent, creating uncertainty and enabling further viral infection as citizens travelled to and from their district homes.



The public consensus was that lockdown could only work if people received relief; officials did not enforce lockdown strictly knowing that people needed to work to eat.



The announcements and provisions for the 2021 lockdown showed that the government had learned its lessons; yet, the challenge of providing relief for those who need it remains unresolved.

The use of lockdown, one of the primary tools for containment, was closely shaped by politics and governance. The World Health Organization (WHO) declared a global public health emergency on 30 January 2020, but in Bangladesh, restrictions were only announced after the first COVID-19 case was recorded on 8 March 2020. Initially, all educational institutions were closed, and a local lockdown was imposed in Shibchar Upazila of Madaripur where several cases of infection were found. The government then announced a 10-day countrywide shutdown from 26 March 2020. Local lockdowns increased in number, and by the end of April, 60 out of 64 districts in Bangladesh were under complete or partial lockdown. However, the countrywide shutdown was announced as a “general holiday,” which initially created confusion about the nature of restrictions and encouraged people’s movement.

The lockdown officially lasted 66 days and was lifted on 31 May 2020. Public transportation remained restricted, and public gatherings were banned. Public opinion and expert reactions to the lockdown were mixed, as people debated the trade-off between the risks of the loss of livelihood and income and the possibilities of containing transmission. How appropriate was the lockdown in the socioeconomic context of Bangladesh? How successfully was the lockdown declared, enforced, and withdrawn? And why was it eased at a time of rising COVID-19 infection rates? Analysis indicates that the government not only lacked the capacity but also the political will to enforce the lockdown because of broad public sympathy with the millions who were suffering economically due to the lockdown. The military and the police were visible, but force was used on rare occasions, reflecting the authority's understanding of the dire economic situation of the citizens.

The second lockdown in July 2021, however, was characterized by more specific directives and initiatives; it seems that at least some learning from 2020 lockdowns was used in devising new mechanisms in 2021. A more accurate term was used by the government, replacing the confusing “general holiday” used in 2020. The 2021 lockdown directives have also been more specific and stricter, specifying which institutions were to remain closed and introducing provisions such as the “movement pass” for essential travel. Yet, many lessons seem to remain unused, as evident from Figure 6.

After living with the pandemic for almost a year, citizens' perceptions of and responses to the lockdown had also changed by 2021. When infection rates did not escalate during winter, contrary to what was anticipated, people and the government seemed to become relatively complacent. Social distancing and precautionary measures were not strictly followed. As the vaccination drive began in January 2021, people's movement increased, and health protocols were not followed as strictly. Many people wanted to abandon restrictions on movement and social gatherings. And for low-income people, the choice between public health safety and livelihoods had become untenable.

Lockdown measures were never fully abandoned, nor were people placed under strict restrictions, as was the case in countries like China. But the escalating caseload with the surge of the Delta variant since May 2021 has left no choice for the government but to enforce a strict lockdown. How long this can last depends on the government's desire to maintain its “performance legitimacy” through proper management of the pandemic—saving both lives and livelihoods. This will require providing immediate relief support during the lockdown for the tens of millions of people who depend on daily wages. As the report shows, performance has often been compromised by limited public spending; a lack of state capacity to govern social protection measures effectively and transparently, especially relief; and by the unequal distribution of political power among different groups of citizens, which means that some lives and livelihoods carry more political weight than others.

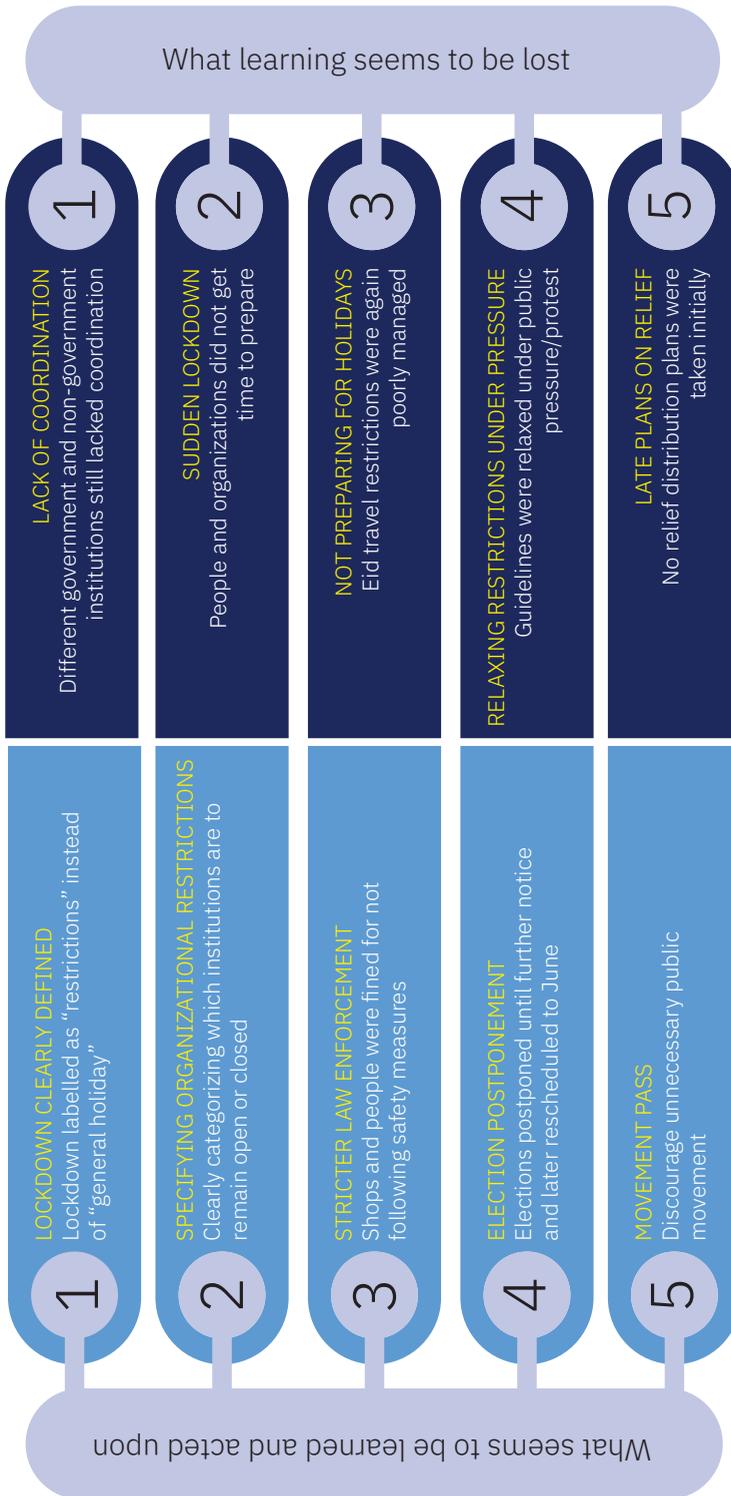


Figure 6.
 Lessons From the First Lockdown
 Source: Chapter authors’ analysis



A woman taking a packet from each section of essential food items during a relief aid distribution program

Achievements and Challenges in the COVID-19 Relief Program

KEY MESSAGES



The government committed to a major relief initiative during the 2020 lockdown, establishing implementation committees and experimenting with digital cash transfers and hotlines for feedback.



Ninety-two per cent of the citizens surveyed knew of government relief in their area; private and community initiatives were also common, but relief from non-governmental organizations (NGOs) was only noted by 12% of respondents.



Public information about the relief program was limited; beneficiary selection and relief delivery processes were opaque and unaccountable to citizens, often managed by local political party people.



Citizens were divided on whether relief went to the right people, with many believing that nepotism and corruption left many deserving people out of the beneficiary lists.



The COVID-19 pandemic is an opportunity for reforming the social protection system to cover all those who need protection during crises, in ways that protect and advance Bangladesh's human and economic development achievements.

COVID-19 has also put Bangladesh's disaster and relief management experience to the test. The report draws on qualitative and quantitative data to explore the nature and performance of the relief regime and to assess whether and how the government met citizens' expectations of relief. A massive effort was made to deliver relief to those who needed it, ultimately involving some half a million actors in relief distribution. Local political representatives were the most important link in the system, but widespread failure to ensure a transparent and fair beneficiary selection and distribution undermined the effort.

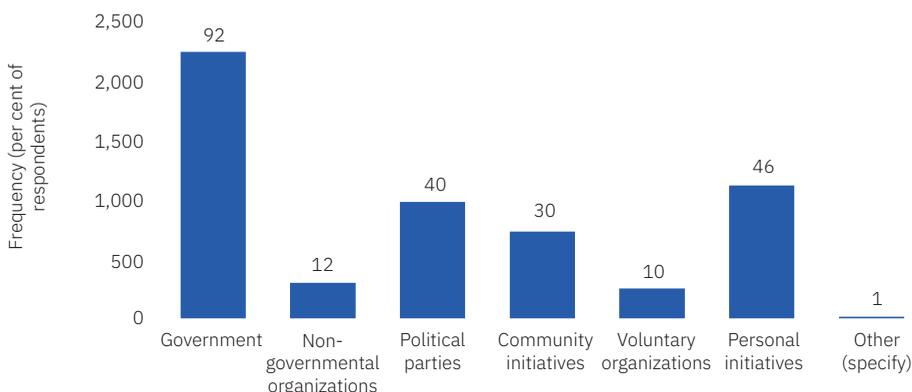


Figure 7.
Perceived Relief Support Providers: Who Provided Relief in Your Area?

Source: BIGD Citizens' Perceptions of COVID-19 Governance survey, 2021.

While the scale of the relief effort was considerable, the relief program, from design to implementation, was troubled by weak governance—a lack of transparency and accountability. Perceptions of corruption and lack of trust in political representatives created further obstacles. Partnerships and coordination between the government, NGOs, and civil society were limited and weakly organized. Hopes that digital databases would resolve the problem of beneficiary selection have not been met.

Respondents complained that relatives and supporters of local political representatives were favoured with information and in beneficiary selection processes. The respondents struggled to find reliable information related to relief distribution. Moreover, the plan to implement over 100,000 helpline numbers to seek information or request relief was not carried out. Many citizens thought that the poorest suffered disproportionately from a lack of connection to political elites.

“It is better to say that I had to ‘earn’ the relief; it was not ‘provided’ by anybody. When I could not operate my van during the lockdown, first I went to the Union Parishad (UP) members for relief. They told me that relief was exhausted. So, I went to the UP chairman, who was also unhelpful. I then went to the Upazila chairman, who put his signature on the back of my National Identity Card (NID) copy and sent me back to my local member. I finally received only 7.5 kgs of rice by the grace of the chairman’s recommendation.”

—A van driver in a peri-urban area

Only about 14% of the respondents believed that the relief distribution was entirely corruption-free (see Figure 8).

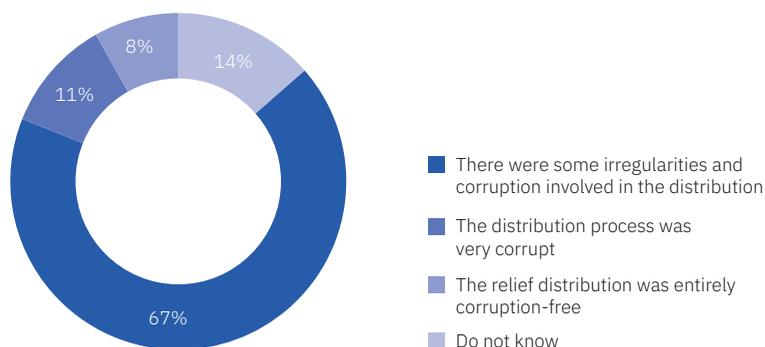


Figure 8. Views on the Governance of the Relief Program: Among the Following Statements, Which is Closest to Your Opinion?

Source: BIGD Citizens' Perceptions of COVID-19 Governance survey, 2021.

Some NGOs and civil society organizations (CSOs) carried out their own relief efforts, but this was deemed vastly inadequate considering what was needed. Interviews with key personnel from large NGOs revealed that a lack of flexibility in budget provisions and small contingency funds prevented NGOs from contributing immediately and on a large scale.

Lack of coordination between the government and non-state actors was also a concern. In executing the national relief effort, the government failed to draw on the immense social capital of the NGOs, CSOs, and community-based organizations (CBOs) in Bangladesh. During the second wave of the pandemic in 2021, the government announced large provisions through relief programs and open market sales (OMS). Realizing its limited capacity in beneficiary selection from the last time, the government promised digital cash transfer to the same 3.6 million verified recipients from 2020. It also used its existing hotline number 333 to receive requests for aid. Despite attaining some new lessons, relief efforts were slow and only confirmed a while after the lockdowns began, showing a lack of preparedness and coordination between government entities. The absence of an authentic database of beneficiaries was a crucial deficit and will affect adversely in future disasters.



Raja Mia, Mrs
Beauty, and their
seven-year-old
son Bishal in
their home in
Dhaka during
the COVID-19
pandemic

Economic Support in Response to COVID-19 and the Quest for Political Legitimacy

KEY MESSAGES



Analysis indicates that the economic stimulus package was oriented to “growth sectors” at the expense of protecting vulnerable groups from the shock.



The overall package allocated medium and large businesses with sizeable stimulus packages, while social protection coverage and provisions were kept low.



This bias towards “growth sectors” reflects the absence of popular or electoral pressures and the prominence of business interests in political decision-making.



The bet on businesses has not paid off—utilization rates for business stimulus packages are low; the resources could have been better allocated directly to pro-poor social protection.

Analysis of the government’s stimulus package—to mitigate the economic stress of COVID-19 and provide relief to affected communities—reveals its strong bias towards growth orientation and relative neglect of the protection of vulnerable groups. Findings demonstrate that the consequence of this bias has been deleterious for the people and that the rationale for this bias resides in the realm of the political economy of governance. Specifically, the report argues that growth orientation was a deliberate choice dictated by what the present regime perceives to be the foundations of its political legitimacy. Additionally, poor utilization even months after package distribution, disproportionate emphasis on large scale enterprises, and relative neglect of small enterprises deepened the divide between growth-oriented vs protection-oriented COVID-19 stimulus package targeting.

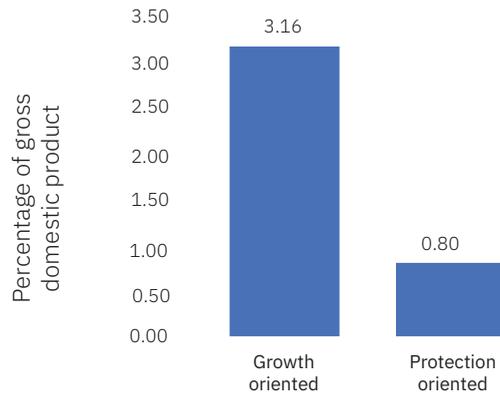


Figure 9.
The Size of Growth-Oriented vs Protection-Oriented Stimulus Package as a Percentage of Gross Domestic Product (GDP)

Source: Chapter authors' analysis, based on data from the Ministry of Finance.

The impact of this lopsided orientation was seen largely on the livelihoods of poor workers who have been left with little social protection. There was no emphasis on employment generation in the plan, which left little space for substantial indirect support through the revival of livelihoods.



An apparel
worker
applies her
trade while
adhering to
COVID-19
health
guidelines

Photo | UN Women/Fahad Abdullah Kaizer, licensed under CC BY-ND 2.0

A Closer Look at the Ready-Made Garments Industry: Uncertainty, Joblessness, and Vulnerability Due to COVID-19

KEY MESSAGES



The pandemic highlighted Bangladesh's over-dependence on RMG exports.



It has also shown that international brands continue to treat Bangladeshi workers as disposable, jettisoning completed orders without compensation.



Garment factory owners enjoy close relations with political power and benefited from a rapidly announced stimulus package, in theory, to pay workers' wages.



Directives and public health provisions for RMG workers were unclear, inadequate, and unenforced, as were regulations on wages and layoffs.



Workers continue to struggle for their most basic rights; trade unions continue to face obstacles and violence when they try to organize workers. The pandemic laid bare the vulnerabilities of workers who lack voice and organizational strength.

COVID-19 has highlighted how Bangladesh's dependence on a single export sector makes it extremely vulnerable to the effects of global crises: apparel exports declined by 85% in April 2020,^{vi} creating havoc on an industry that brought in 84% of export earnings, contributed 20% of gross domestic product (GDP), and employed more than 2.4 million workers in 2020.

Factory owners are a powerful interest group in national politics and decision-making. RMG's contribution in employment creation and national growth, as well as foreign exchange earnings, renders considerable clout to the sector over state resources and support. Business owners were able to mobilize the state effectively to ensure government support and resources during the COVID-19

pandemic. Although the government provided a financial stimulus package aimed to protect workers' wages, the most vulnerable workers could not be supported. One-third of RMG factories were eligible but had not applied for the stimulus loan, some did not need it, while others withheld it due to the complicated procedure.^{vii} Besides, the conditions of the stimulus package—for example, 80% export requirement—systematically excluded small and non-exporting firms and their workers. In addition, there was a lack of transparency and accountability in implementing the package.

The government was also not entirely successful in ensuring health and safety following the COVID-19 health guidelines or in stopping layoffs and retrenchments. RMG workers suffered from uncertainties about employment, continued working under possibly unsafe conditions, and faced job losses without entitlements to any social protection. RMG workers and trade unions struggled to achieve basic rights such as full wages and safety at work. They are not united or strong enough to negotiate better outcomes for workers from the employers or the government in the face of the overwhelming strength of RMG business interests and their relationship with political and state actors. As many workers struggle to cope with the effects of cancelled orders, layoffs, lockdowns, and illnesses, the stark realities of weak labour rights in global value chains lay bare by the pandemic.

Urban Governance From Below: A Case of COVID-19 Response of A Low- Income Urban Community in Bangladesh

KEY MESSAGES



Initially, there were fears that people living in low-income urban settlements were more vulnerable to COVID-19 due to the high population density.



In-depth ethnographic research in Korail, an informal urban settlement in Dhaka North, shows how communities deployed their own resources and authority to govern the pandemic locally.



While the state was seen as indifferent to their vulnerability, residents themselves initiated several robust medical and non-medical measures to tackle the pandemic.

With a focus on citizen's experience of COVID-19 policies and state directives, the report provides an in-depth analysis of how communities sought to provide local governance of the crisis, through an ethnographic study of Korail, a low-income urban neighbourhood in Dhaka North.

It had initially been claimed that the COVID-19 crisis was likely to be disproportionately harmful to residents of low-income urban areas, where cramped conditions and precarious livelihoods could cause higher transmissibility and fatalities. The Bangladeshi media reported that low-income communities were uninformed about and not compliant with health directives, portraying them as potential vectors of the disease for the entire city. However, though COVID-19 cases and deaths in different clusters of Bangladesh increased rapidly through 2020, surprisingly few cases were reported in the informal settlements. A systematic COVID-19 test in Korail—the largest informal settlement in Bangladesh—found a lower infection rate than elsewhere in the city.^{viii}

A range of initiatives was taken by the Korail residents to keep themselves safe from the virus, at personal, household, and community levels. Though some measures did not have a scientific foundation—for example, having *thankuni pata* (*Centella asiatica*), a herb, for preventing the disease, they took many robust measures, like hand-washing, washing clothes every time after returning home, and restricting movement from outside and within the community. But eventually,

the residents of Korail had to make the hard choice to pursue their livelihoods as they could not afford to stay at home. Besides, low rates of infection through 2020 gradually made the residents more confident to relax their measures. While the epidemiological puzzle of the low incidence of COVID-19 in low-income urban communities remains unresolved, ethnographic research in Korail reveals how, in the context of indifference from the state, the residents themselves initiated several robust medical and non-medical measures to tackle the pandemic. It demonstrates their collective agency and the power of community governance from below, through informal and adaptive responses to a crisis.

Recommendations

The State of Governance in Bangladesh 2020–2021 report recommends that the government should build on Bangladesh’s strengths, making the most of the nation’s robust capacities for disaster response and social protection, and its enduring tradition of state-society partnerships and citizen participation. It also needs to act fast to plug the gaps by investing in health systems and their governance, and reorienting economic policies to protect people, rather than GDP growth rates. The government also needs to practice 21st century statecraft in order to develop an open and inclusive policymaking process that is needed to build “antifragile” institutions.

1. Build on Bangladesh’s Strengths

How successfully the ongoing COVID-19 pandemic and future shocks can be governed will depend on how successfully Bangladesh is able to maximize its existing strengths.

Tried and tested disaster management response

Bangladesh has tried and tested capacities for managing natural disasters. The government should build on what it has learned from previous successful disaster management experiences to develop broader capacities to prepare for, detect, develop, and deliver policies that protect people from other kinds of disasters—global financial crises, climate change-related disasters, migration and refugee crises, food price shocks—as well as pandemics. Bangladesh has faced all these disasters just within the first 20 years of the 21st century. The country needs to be well-prepared to face these shocks and emerge from each fresh crisis with a stronger political will and administrative capacity to protect its people.

RECOMMENDED ACTION

The Bangladesh Government should resource, empower, and incentivize relevant government agencies and actors to build broader crisis management capacities and institutions, oriented towards action on a broader range of potential shocks. The government should undertake a learning approach to assess why and how it has succeeded with natural disaster and food crisis management and apply that learning to prepare for future crises.

Functioning system of social protection

A crisis like COVID-19 can push many millions into poverty, and all Bangladeshis are at risk. However, Bangladesh has an increasingly stronger and coherent system of social safety nets. The administrative and logistical capacities to deliver relief during crises are functional. The government should be able to rely on the social protection system to keep people from regressing into poverty when they face livelihood shocks. Social protection can protect against poverty and hunger, but also against losses in other areas of human development and wellbeing, such as keeping children in education and ensuring citizen's access to healthcare. Reliable and predictable access to cash or food support helps people manage crises better and builds trust between citizens and their state.

However, apart from inadequate coverage, both in terms of population groups and amount of support, the social protection system in Bangladesh suffers from a number of issues, including widespread perceptions of corruption due to the perceived politicization of beneficiary selection and distribution mechanisms. In addition, data management has been a major problem in the system that prevented the government from creating a correct beneficiary list during the pandemic.

RECOMMENDED ACTION

The Bangladesh Government should prioritize social protection for all Bangladeshis. It is time for Bangladesh to consider universal social protection. Particularly during mass livelihood shocks such as the pandemic, transportation should be sufficient to enable all people, including formal and informal sector workers, to weather the shock and not regress economically. A bolder vision of social protection should also incorporate unemployment insurance/benefits for both formal and informal sectors, as a part of the National Social Security Strategy (NSSS).

The best way of tackling the problem of corruption, perceived or otherwise, is to improve the transparency and the accountability of social protection systems—for example, by enabling independent monitoring and scrutiny of decision-making with implementation and

establishing grievance redress mechanisms that citizens can use. During the COVID-19 pandemic, the government has experimented with a range of alternative social protection models; now is the time to identify strategies for scaling up with full accountability. Technical solutions, e.g., digitization, have failed to overcome the problem, indicating that governance problems—lack of coordination among agencies and accountability failure—must be addressed first. Progress towards reformed social protection, as envisaged above, can hardly be made without governance reform.

State-society partnerships and citizen participation

Historically, Bangladesh is rich in social capital; it has innovative civic and social organizations with the capacity and mandate for advancing human welfare, ranging from internationally recognized NGOs to tens of thousands of local NGOs, community groups, labour organizations, and sector-specific clubs and associations. The government has a history of successful collaborations and partnerships with such non-state actors for providing a range of public goods and engaging citizens in nation-building and crisis management.

During the pandemic, at local levels across the country, non-state actors and citizens partnered with the government in facilitating and providing relief, combating misinformation, and supporting compliance with public health measures. Yet, more could have been achieved with a stronger and more collaborative framework for partnerships between state and non-state actors—not supplementing each other’s roles but utilizing the unique advantages, such as government resource and distribution mechanism and NGOs’ grassroots mobilization networks—to achieve goals not achievable by any actor on its own. With greater freedom and more official support to work with communities and members, non-state actors could create synergy with government efforts. This will be of crucial importance in the vaccination drive, which the government is capable of delivering efficiently, building on its well-known successes with child immunization in partnership with non-governmental partners.

RECOMMENDED ACTION

The government should build on Bangladesh’s long and successful history of state-society partnerships and revise its approach to non-state actors. Leveraging these major assets in social capital will require the government to provide more space, freedom, and active support to the non-state actors, as necessary. The government should review how laws restrict freedoms of speech and association for non-state actors, thereby limiting their ability to deliver and advocate for social reform. The government should also realize that scrutiny and criticism are necessary for improving performance. Relevant civic groups and subject-matter experts should be empowered to monitor and shape public policies, ensuring representation as well as accountability.

2. Plug the Gaps

Despite significant efforts in managing the pandemic, key deficiencies or gaps can be observed in the effort, particularly in the health sector and protection of the vulnerable people.

Health sector investment and governance

As public health institutions in Bangladesh improved in performance and logistics over the years, citizens broadly trusted public health messaging and information—a vital resource during a crisis like COVID-19. However, these improvements proved vastly inadequate in managing the pandemic. Efforts to decentralize testing, treatment, and vaccination have been under-resourced and weakly regulated. Shortages of trained health workers, hospital beds, equipment, and therapeutics—all point to gross underinvestment in the nation’s health sector. While elite support for investments in public health has to date been marginal, the forced reliance of the elites on domestic health services during the pandemic will, one can hope, encourage them to reconsider this neglect.

RECOMMENDED ACTION

The government must invest more heavily in health to reduce the vulnerability to future pandemics. A system should be in place to learn about citizen’s needs, expectations, and complaints about health services and it should be more proactive in improving the service quality. In addition, the health sector suffers from problems of weak regulation and influence of powerful interest groups. With the pandemic as a persuasive impetus, the government should address the incentives of the health system staff, including improving working conditions and holding powerful interest groups within the government accountable for procurement, licensing, and so on.

Economic policies for people, not just GDP growth

The government acted swiftly to develop a stimulus package for cushioning the country from the economic shocks of COVID-19. However, the policy prioritized the protection of aggregate growth and growth-producing sectors; the stimulus package was directed towards large, export-oriented industries and their owners. Vulnerable citizens, like the urban poor and micro and small enterprises, seemed to be neglected in the package. This was short-sighted, because if citizens face rising poverty and uncertainty, GDP growth cannot be sustained, nor can progress on human development.

RECOMMENDED ACTION

The government should work with CSOs, non-state actors, and other relevant stakeholders, including subject-matter experts, to establish principles and practices for inclusive and sustainable economic stimulus packages during crises. The creation of committees that are diverse, representative, and inclusive, representing a variety of perspectives and expertise, is essential to identify and design appropriate responses and ensure that all vulnerable groups' concerns are taken into account. For example, the representation of farmers, factory workers, informal sector workers, and women in the policymaking process would make the process more transparent and accountable to citizens.

3. Practice 21st Century Statecraft to Strengthen Institutions

“Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.”

—Arundhati Roy, “The Pandemic Is a Portal” in *Azadi: Freedom. Fascism. Fiction.*, Penguin Random House India, 2020 (p. 214)

The crises that Bangladesh has faced during the 21st century, particularly the COVID-19 pandemic, signal the dire need for statecraft that builds towards “antifragility”—enabling institutions and actors to be more prepared, innovative, and responsive in the face of crises.

Open and inclusive policymaking

In key respects, COVID-19 has revealed Bangladesh’s deviation from the more open and inclusive policy processes of the 1990s and early 2000s. The report highlights how, in key sectors, policymaking was not always inclusive, leaving decision-making power concentrated within specific sections of the government, particularly the top leadership, in the first year of the pandemic. A systematic approach to enable citizen participation in policymaking was lacking and non-state actors, such as trade unions, CSOs, and NGOs, 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.

RECOMMENDED ACTION

The government must establish effective, meaningful channels for organized citizen participation in policymaking, monitoring, and feedback. As mentioned earlier, the government must also recognize and acknowledge the value of informed critics in improving their performance, rather than criminalizing their critics. Various transparency and accountability mechanisms, such as public disclosure of information on allocation and use of financial stimulus, should be put in place.

Antifragile institutions

An “antifragile” state must constantly innovate and adapt based on first-hand experience and feedback on the ground. It must also be able to institutionalize and use the learning in future, when needed, and adapt based on the new situation. Antifragility requires empowering implementing and downstream agencies and promoting a culture of learning and improvement.

RECOMMENDED ACTION

Decentralizing power

There is a need to empower local governments, independent agencies, and ministries. Local states must have the operational freedom to customize interventions based on local needs. To cope with future crises, the government must eschew the strategy of one-size-fits-all. Adaptive governance process and decentralized authority can cope with contingent and local needs.

RECOMMENDED ACTION

Learning and improving state capacity

A functional system of feedback, civil servants equipped to tackle crises with flexibility and authority, and politicians informed and enabled to support—a learning and improving state possessing such characteristics can successfully cope with the effects of a systemic crisis like COVID-19, by following an adaptive governance strategy. Such strategy is predicated on the state’s dynamic risk/vulnerability assessment capability, strong synergy with the local communities, and the existence of efficient community-based feedback mechanisms. Institutional reforms to attain such goals will help embed antifragile elements within the state institutions, thus making it fit for future crises.

Endnotes

- i <https://www.un.org/en/coronavirus/un-response> [Accessed 26 March 2021].
- ii Barnett-Howell, Z., & Mobarak, A. M. (2020). The value of social distancing is not equally distributed. Vox. <https://voxeu.org/article/value-social-distancing-not-equally-distributed>
- iii Taleb, N. N. (2012). *Antifragile: Things that gain from disorder*. Random House.
- iv This is a “political settlements” framework for analyzing the political economy of inclusive development. See Sam, H., Sen, K., & Bukenya, B. (2015). Exploring the politics of inclusive development: Towards a new conceptual approach. In *The politics of inclusive development: Interrogating the evidence* (pp. 3–34). Oxford: Oxford University Press.
- v Hassan, M. (2013). Political settlement dynamics in a limited-access order: The case of Bangladesh. Effective States and Inclusive Development Research Centre. https://www.effective-states.org/wp-content/uploads/working_papers/final-pdfs/esid_wp_23_hassan.pdf
- vi Ovi, I. H. (2020, May 7). Exports shrink 83% in April. Dhaka Tribune. <https://www.dhakatribune.com/business/economy/2020/05/07/exports-shrink-83-last-month>
- vii Moazzem, K. G. (2021, May 8). Corporate accountability practices in the RMG sector could ensure workers’ well-being during the COVID pandemic period. Centre for Policy Dialogue. <https://cpd.org.bd/corporate-accountability-practices-in-the-rmg-sector-could-ensure-workers-well-being-during-the-COVID-pandemic-period/>
- viii International Center for Diarrhoeal Disease Research, Bangladesh. (2020). The IEDCR and partners share insights on the prevalence, seroprevalence and genomic epidemiology of COVID-19 in Dhaka city. <https://www.icddr.org/quick-links/press-releases?id=97&task=view>



brac
institute of
governance &
development

bigd.bracu.ac.bd | info@bigd.bracu.ac.bd



ACCOUNTABILITY RESEARCH CENTER

accountabilityresearch.org | arc@american.edu