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STATE OF GOVERNANCE IN BANGLADESH 2020–2021

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

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List of Acronyms

a2i	-	Access to Information
AC	-	Assistant Commissioner
ANC	-	African National Congress
ACC	-	Anti-Corruption Commission
ADB	-	Asian Development Bank
AL	-	Awami League
AO	-	authorized official
AD	-	authorized dealer
BDRAL	-	Bangladesh Rating Agency Limited
BDT	-	Bangladeshi Taka
BMA	-	Bangladesh Medical Association
BEF	-	Bangladesh Employers Federation
BGMEA	-	Bangladesh Garment Manufacturers and Exporters Association
BIGD	-	BRAC Institute of Governance and Development
BRPD	-	Banking Regulation & Policy Department
BKMEA	-	Bangladesh Knitwear Manufacturers and Exporters' Association
BNP	-	Bangladesh Nationalist Party
BBS	-	Bangladesh Bureau of Statistics
BTMA	-	Bangladesh Textiles Mills Association
BIDS	-	Bangladesh Institute of Development Studies
BSMMU	-	Bangabandhu Sheikh Mujib Medical University
BTCL	-	Bangladesh Telecommunications Company Limited
CAMS	-	Central Aid Management System
CCC	-	Chattogram City Corporation
CCDR	-	Cabinet Committee on Disaster Response
CCP	-	convalescent plasma

CMC	-	crisis management committee
CHCP	-	community healthcare provider
CCM	-	Chama Cha Mapinduzi
CMSD	-	Central Medical Stores Depot
CMSME	-	cottage, micro, small, and medium enterprise
COVID-19	-	Coronavirus disease 2019
CPD	-	Centre for Policy Dialogue
CSO	-	civil society organization
CBO	-	community-based organization
CGD	-	Center for Global Development
DB	-	Detective Branch
DC	-	Deputy Commissioner
DDM	-	Department of Disaster Management
DGHS	-	Directorate General of Health Services
DIFE	-	Department of Inspection for Factories and Establishment
DMP	-	Dhaka Metropolitan Police
DNCC	-	Dhaka North City Corporation
DoL	-	Department of Labour
DRR	-	Disaster Risk Reduction
DSCC	-	Dhaka South City Corporation
DSK	-	Dushtho Shastho Kendro
EC	-	Election Commission
ECNEC	-	Executive Committee of the National Economic Council
EPR	-	Emergency Preparedness Response
ERM	-	Emergency Response Management
EGH	-	Exemplars in Global Health
EDF	-	Expansion of the Export Development Fund
EIU	-	Economist Intelligence Unit
EU	-	European Union

EWM	-	Edinburgh Woollen Mill
FBCCI	-	Federation of Bangladesh Chambers of Commerce and Industries
FGD	-	focus group discussion
GDP	-	gross domestic product
GHS	-	Global Health Security
GK	-	Gonoshasthaya Kendra
GoB	-	Government of Bangladesh
GSP	-	Generalized System of Preference
HHT	-	human-to-human transmission
HRW	-	Human Rights Watch
HSD	-	Health Service Division
icddr,b	-	International Centre for Diarrhoeal Disease Research, Bangladesh
ICU	-	intensive care unit
IRI	-	International Republican Institute
IGS	-	Institute of Governance Studies
IEDCR	-	Institute of Epidemiology Disease Control and Research
IHR	-	International Health Response
ILO	-	International Labour Organization
IMDMCC	-	Inter-Ministerial Disaster Management Coordination Committee
IMF	-	International Monetary Fund
IPH	-	Institute of Public Health
KII	-	key informant interview
LC	-	letter of credit
MCCI	-	Metropolitan Chambers of Commerce and Industry
MFA	-	Multi Fibre Agreement
MFS	-	mobile financial service
MiB	-	Mapped in Bangladesh
MJF	-	Manusher Jonno Foundation
MBBS	-	Bachelor of Medicine, Bachelor of Surgery

MoDMR	-	Ministry of Disaster Management and Relief
MoHFW	-	Ministry of Health and Family Welfare
MoLE	-	Ministry of Labour and Employment
MoRA	-	Ministry of Religious Affairs
MoRR	-	Ministry of Relief and Rehabilitation
MP	-	Member of Parliament
MFI	-	microfinance institution
MSME	-	micro, small, and medium enterprise
MoU	-	memorandum of understanding
NCC	-	Narayanganj City Corporation
NDMC	-	National Disaster Management Council
NDMP	-	National Disaster Management Plan
NEC	-	National Economic Council
NGO	-	non-governmental organization
NICVD	-	National Institute of Cardiovascular Diseases
NID	-	National Identity Card
NPRP	-	National Preparedness and Response Plan
NSSS	-	National Social Security Strategy
NTAC	-	National Technical Advisory Committee
NTP	-	National Tuberculosis Control Program
OMS	-	open market sale
PCR	-	polymerase chain reaction
PHEIC	-	public health emergency of international concern
PIN	-	personal identification number
PM	-	Prime Minister
PMO	-	Prime Minister's Office
PPE	-	personal protective equipment
PPP	-	purchasing power parity
PPRC	-	Power and Participation Research Centre

PESP	-	Primary Education Stipend Project
PRA	-	participatory rapid appraisal
PWD	-	Public Works Department
RAB	-	Rapid Action Battalion
RMG	-	ready-made garments
RT-PCR	-	reverse transcription polymerase chain reaction
SDG	-	Sustainable Development Goal
SIM	-	subscriber identification module
SME	-	small and medium enterprise
SANEM	-	South Asian Network on Economic Modeling
SOD	-	Standing Orders on Disaster
SOP	-	standard operating procedure
SSP	-	social security program
TIB	-	Transparency International Bangladesh
TB	-	tuberculosis
TAF	-	The Asia Foundation
TOR	-	terms of reference
TU	-	trade union
UHC	-	Upazila Health Complex
UK	-	United Kingdom
UNDP	-	United Nations Development Program
UNO	-	Upazila Nirbahi Officer
UN	-	United Nations
UP	-	Union Parishad
UNB	-	United News of Bangladesh
US	-	United States
USD	-	United States dollar
VGf	-	Vulnerable Group Feeding
VGD	-	Vulnerable Group Development

- WHO - World Health Organization
- WRC - Worker Rights Consortium

Chapter I: Introduction

Mirza Hassan and Naomi Hossain

1. Why the Governance of COVID-19 Matters for Bangladesh

As Bangladesh celebrates its 50th year of independence in 2021, it also faces an unprecedented health, social, and economic crisis in the form of the COVID-19 pandemic. A wave of the highly transmissible and deadly Delta variant of the Coronavirus swept through a population, of which less than 3% have been fully vaccinated. Infection rates rose sharply from mid-May to mid-July of 2021, but the 1.12 million recorded cases and 18,125 recorded deaths are very likely to be an underestimation.¹ After the first nationwide lockdown of 2021 was announced on 5 April, a second and officially far stricter lockdown was declared in July 2021; but restrictions were eased for the *Eid-ul-Adha* festival on 21 July. A large majority of the population continues to rely on daily wages, indicating the need for cash or food support to allow them to comply with the lockdown.

It is amid these dangerous conditions and urgent need for action that this **State of Governance in Bangladesh 2020–2021** report titled “Governing COVID-19 in Bangladesh: Realities and Reflections to Build Forward Better” documents how COVID-19 was managed in its first year. It aims to identify lessons for managing the current crisis and, in the longer term, for redesigning governance to be strengthened from its encounters with the crisis. The State of Governance 2020–2021 report by the BRAC Institute of Governance and Development (BIGD), BRAC University, and the Accountability Research Center, American University, assesses the governance of COVID-19 in Bangladesh to document how policies were made and delivered, analyse the responses of political and government institutions, and derive lessons from the ongoing pandemic to support stronger crisis responses in the future. COVID-19 is a global crisis of unprecedented scale and reach; the factors shaping how different countries have managed it are complex and many; and the crisis is ongoing, including in Bangladesh. While this means it is too early to conclude what kinds of governance responses worked best to protect people against COVID-19 or to mitigate its social and economic costs, it is not too soon to start learning from the first year of the pandemic.

This report provides evidence and raises questions about how the pandemic was governed in Bangladesh. It examines the health sector response, lockdown management, relief program,

¹ <https://ourworldindata.org/coronavirus/country/bangladesh> [Accessed: 20 July 2021].

economic stimulus program, the situation in the ready-made garments (RMG) sector, and community-level governance of the pandemic. It uses an analytical framework to highlight key areas of the pandemic governance in the context of specific governance arrangements in Bangladesh and identify areas for improvement.

A critical overarching lesson from this extensive study is that **Bangladesh needs institutions that are strengthened by their encounters with crises**: given the range of global crises that Bangladesh is exposed to—climate change, food security, health, economic—its governance must build back better each time it faces such stressors if it is to protect or ensure further progress for its people. Bangladeshi people are healthier, wealthier, and more resilient than ever, but it is increasingly clear that global shocks can easily wipe out these human development gains. Bangladesh’s continued development success depends on learning how to turn crises into opportunities, turning its much-cited resilience into something far more durable and potent—a state of “antifragility,” in which governmental and social forces get ever better at identifying, tackling, and recovering from the multiple shocks that they continually confront.

Antifragility is not limited to building more hospitals, training more doctors, and providing a more generous social safety net. It is a far broader concept, and more challenging transformations are necessary for Bangladesh to weather the many storms it will face. Economic growth alone will not achieve these changes. The **State of Governance in Bangladesh 2020–2021** report shows that the way forward for Bangladesh rests on a change in how power, in particular state power, is exercised. It calls for a form of governance that retains its high-level elite commitment to broad-based development. But it also demands governance that is open and decentralized, in which communities are partners in, rather than subject to, governance. Bangladesh needs to restore the space for plural voices in the policy process so that citizens do not fear holding public authorities accountable. The administration must be equipped and empowered to deal with fast-changing environments of great uncertainty at multiple levels. It must be able to partner with civil society, the media, and the private sector to innovate and learn from the many policy challenges it will face. **Building back better means enabling the roots of antifragility to take hold in public institutions and practices.**

Bangladesh seems to have withstood the first year of the pandemic crisis reasonably well, but **its impacts on major population groups—women, children, elderly or chronically ill people, and people living in poverty—are yet to be fully understood**. Citizens continue to display considerable trust in the government’s ability to deliver public goods and help them thrive in a growing economy. However, there are limits to this trust. A national citizen perceptions survey (presented in Chapter 2 of this report) found that they were more divided on how the government has performed on specific tasks of COVID-19 management, e.g., testing and quarantining, and did not generally trust the system to impartially deliver relief to protect them during lockdowns.

As this report documents, failures of governance reflect the sway of powerful political interests against those of the public—RMG industry elites pocketing much of the stimulus package intended to help workers, corruption in medical kit procurement, the politicization of relief distribution by local political bosses. Efforts have been made to muzzle the media and civil society, but these efforts could not stop the effective scrutiny of COVID-19 governance, which spotlights irregularities—bribery, fraud, violence, and corruption—in the management of lockdowns, testing, and relief programs. It is not clear how widespread the irregularities were, as citizens did not widely use the grievance redress mechanisms established to report them. It is clear, however, that **the government has struggled to hold itself accountable amidst this vast, complex crisis** and has not allowed others to shape, contribute to, or monitor its public policy performance. The effectiveness of the pandemic response in saving lives and livelihoods is very likely to affect the government’s popular legitimacy. Yet, experience indicates that **the government can manage the pandemic and future crises more effectively** if it reconfigures how to exercise its power, building a system across state and society that learns and improves and checks itself continuously.

1.1. About This Report

This report is organized around a broad theoretical approach to understanding pandemic governance, which focuses on examining the key indicators of **state capacity and political commitment towards protecting citizens against the virus and mitigating the social and economic costs of the pandemic**. The framework used to research and analyse the governance of the pandemic draws on broad insights into the political economy of the pandemic in Bangladesh: **the political dominance of the ruling Awami League party, the government’s imperatives to demonstrate “performance” as a source of legitimacy**, and **the limited capacity of the state to impose unpopular policies** despite having a relatively strong track record with crisis management.

The report comprises individual chapters, each of which was authored by a team using a range of research methods, including:

- extensive literature review on COVID-19, amounting to a library of over 1,000 items;
- process tracing and event cataloguing: documenting policies and public announcements, their implementation, and key political moments, including protests;
- a nationally representative telephone survey of citizens’ perceptions of the COVID-19 governance, described in Chapter 2;
- policy analysis, including the background and likely impact of different policies. Chapter 6 analyses the economic stimulus packages and their impact on different groups, while Chapter 7 examines policies for the RMG sector;
- an ethnographic study of community governance of COVID-19 in a low-income urban informal settlement in Dhaka, to provide a sense-check of the policy and political economy analysis in Chapter 8; and
- additional key informant interviews (KIIs) as relevant.

The report is organized as follows: Chapter 1 sets out the **background and rationale** for the report and summarizes **key findings**, drawing out the main **implications** and offering specific **recommendations**. Chapter 2 sets out the **conceptual framework** and assumptions guiding the analysis, and then presents findings from a survey of **citizens’ perspectives on the COVID-19 governance**. The second chapter concludes with a discussion of the implications of the research, emphasizing the need for a modern Bangladeshi state to develop capacities for “antifragility”—not only to withstand crises but also to become stronger with each new crisis. Chapter 3 examines the crucial **health sector governance**, while Chapter 4 assesses the experience with **lockdown governance**. Chapter 5 examines the experience with **disaster and relief governance**, focusing on capacities to deliver promised social safety net support. Chapter 6 examines the approach to **economic stimulus**, contrasting more protective approaches to the pro-growth strategy adopted in Bangladesh. Chapter 7 reviews the situation with respect to the **RMG sector**, whereas Chapter 8 is based on a study of **community responses to COVID-19**, providing an ethnographic analysis of the experiences of a low-income urban informal settlement in the heart of the elite Dhaka areas.

2. Background and Rationale

2.1. COVID-19 Stress-Tested the World’s Health, Social, Economic, and Political Systems

From early on, COVID-19 proved to be an extraordinary stress test of the world’s health, social, economic, and political systems (Tisdell, 2020). The United Nations (UN) framed it as a systemic shock of a global scale:

“The COVID-19 pandemic is more than a health crisis; it is an economic crisis, a humanitarian crisis, a security crisis, and a human rights crisis. This crisis has highlighted severe fragilities and inequalities within and among nations. Coming out of this crisis will require a whole-of-society, whole-of-government, and whole-of-the-world approach driven by compassion and solidarity.”²

COVID-19 is highly infectious and easily transmitted through air, and infected people can be asymptomatic. These characteristics enabled its rapid spread, requiring strict measures like lockdown and quarantining to contain, let alone eradicate, the virus (see Figure 1). These measures, in turn, have major implications for livelihoods and incomes, and social relations. The serious potential health, social, economic, and political consequences of the crisis were closely interconnected (Greer et al., 2020). Simultaneously dealing with national-level health and socioeconomic crises requires relevant public policies and programs to have the political

² <https://www.un.org/en/coronavirus/un-response> [Accessed: 26 March 2021].

will, resource allocation, capacity to enforce policies, and sufficient trust of citizens in their government.



Figure 1: A Public Safety Poster on COVID-19 by the World Health Organization (WHO)

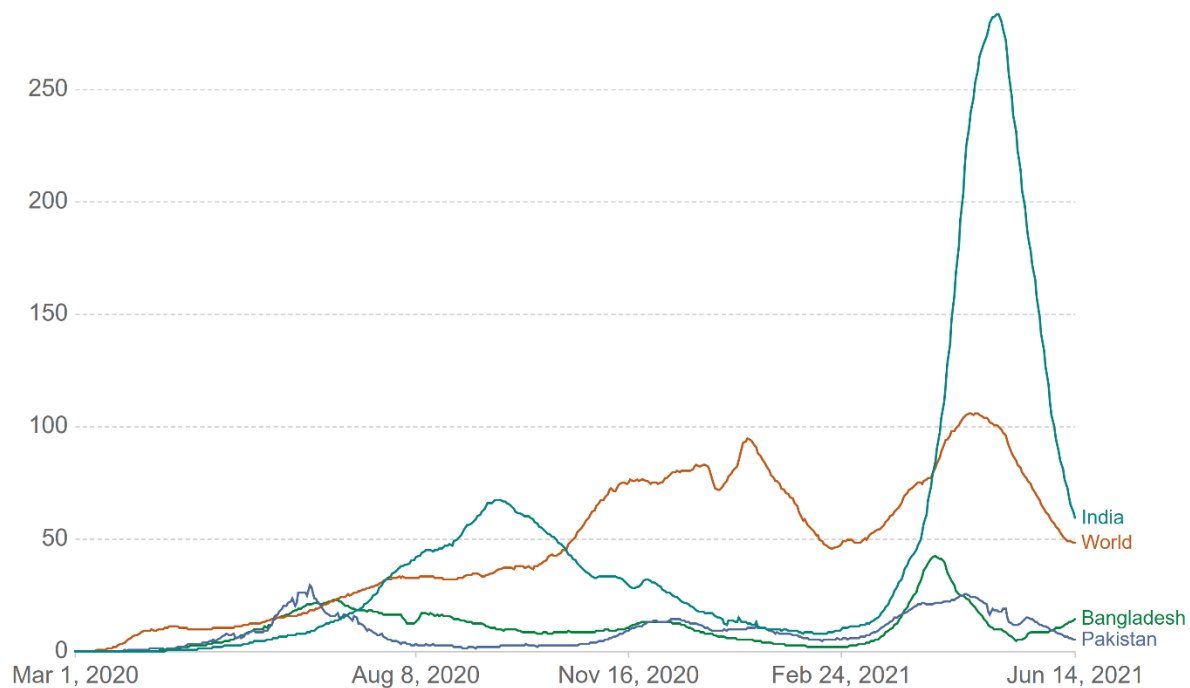
Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> [Accessed: 26 March 2021].

Early on, “flattening the curve” was the key concern: bringing infection rates down so that the number of infected people needing hospitalization is manageable. Up until January 2021, the rate of infection worldwide rose relentlessly (see Figure 2). Even rich countries in the Global North with advanced healthcare systems were stressed by overburdened hospitals and the inability to supply adequate personal protective equipment (PPE) to healthcare staff. Globally, some 17,000 healthcare workers died from COVID-19 over the last year (Melimopoulos, 2021). Health researchers scrambled to study the virus and its characteristics, while lessons from previous pandemics were reviewed for policy guidance, in a context of great uncertainty and accelerating risk (Lipsky, 2020). Vaccines were developed and ready for administering at an astonishing pace, within a year into the pandemic. As of 15 June 2021, 509 million people had been vaccinated worldwide, including 5.82 million (about 3.53%) Bangladeshis.³

³ <https://ourworldindata.org/covid-vaccinations> Note the figure has not been updated since 17 May 2021. [Accessed: 15 June 2021].

Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Figure 2: Daily New Confirmed COVID-19 Cases in Selected South Asian Countries and the World, March 2020–June 2021

Source: <https://ourworldindata.org/coronavirus> [Accessed: 15 June 2021].

Initially, it was feared that the developing world—specifically, countries with large poor populations, dense urban settlements, and weak health systems—would be worst affected by the pandemic. Bangladesh was considered a high-risk country because of its unusually high population density and cramped cities, uneven health service provisions, and the reliance of a high share of the population on daily wage incomes (Anwar et al., 2020). In the early stages of the pandemic, most countries had adopted the same types of containment policies, featuring extensive restrictions on mobility and economic and social activities. Soon, a debate emerged about the appropriate mix of policies in developing countries, specifically about whether welfare would be maximized with the same set of lockdown and social distancing policies adopted in more developed countries (Barnett-Howell & Mobarak, 2020; Ravallion, 2020; Ray & Subramanian, 2020).

By the third and fourth quarters of 2020, a new consensus emerged: because older people are more vulnerable to the virus, the demography in low- and lower-middle-income countries in Asia and Africa—characterized by predominantly young populations—protected these countries from the worst effects of COVID-19, unlike wealthier countries. However, as Figure 2 shows,

as of March 2021, COVID-19 infection rates were rising sharply around the world, and particularly in countries like Bangladesh, India, and Pakistan. Whatever might be the source of the earlier good fortune, it appeared to have run out. As the pandemic continues, it is increasingly clear that there is no simple or singular solution to the crisis, but that governments need to monitor the situation, prepare for surging infection rates, and focus on keeping citizens as protected as possible until rates of vaccination and recovery are high enough for the world population to achieve “herd immunity” (World Health Organization [WHO], 2020). As the catastrophe unfolding in India in April 2021 showed, governments that persuade themselves and their electorates that they have beaten the virus are likely to let their guard down. In India, COVID-19 has surged aggressively, in part because of the relaxations on mass gatherings, including election rallies (Bali & Taneja, 2021). India’s surge is just the latest in a series of examples showing how pandemic management is ultimately driven by political choices.



Figure 3: Women Waiting for Relief Aid at Shahjahanpur Area in Dhaka, Disregarding Social Distance Guidelines Amid the Coronavirus Pandemic, May 2020

Source: UN Women/Fahad Abdullah Kaizer. Used under Creative Commons license (CC BY-NC-ND 2.0). May 2020.

2.2. Governance Shapes COVID-19 Outcomes: The Global Evidence

There is a strong consensus about the central role of politics and governance in explaining different countries' COVID-19 management policies and, therefore, their outcomes. However, there is less agreement on precisely why or how governance and politics have mattered, in part because of the interaction between the many variables that make up a country's pandemic response. These include, at the minimum: the prevalence and spread of the virus; the porousness of the country's borders; existing health services and health status of the population; capacities to track, trace, test, and vaccinate; capacities to take effective and appropriate policy decisions, often unpopular or costly, and to enforce those decisions; resources and infrastructure to support populations through lockdowns, economic downturns, or illness and recovery; information and communication channels; and the level of citizens' trust in their governments.

All governments have struggled with the need to develop and implement timely, appropriate policies at high speed and with limited or no information, to include all relevant groups in their policy ambit or surveillance systems; and with imposing and enforcing unpopular policies, such as travel restrictions, lockdowns, closures of schools, offices, and non-essential services, and establishing workable test-and-trace systems to enable virus containment. The evidence indicates that the governance has not shaped COVID-19 outcomes in a simple or consistent way; administrative and political governance have interacted with political trust and the social and health systems to yield a multitude of outcomes across regions, levels of development, regime types, and cultural contexts (Boin et al., 2020; Cheibub et al., 2020; Flinders, 2020; Hale et al., 2021; Lipsky, 2020; Petersen, 2020; Rajan et al., 2020).

A recent review (Herbert & Marquette, 2021) found that the following elements of politics and governance have been profoundly important in shaping COVID-19 responses and outcomes:

- Whether states learn from the pandemic experience to strengthen their capacities to deal with it seems to depend on who holds power, how that power is wielded, and with what legitimacy.
- Whether and which citizens trust their state and what information they receive also seem to be powerful determinants of how COVID-19 policies are developed and implemented.
- Campaigns of disinformation have played a significant role in COVID-19 management; governments have struggled to quell the spread of disinformation through social media, but in several well-documented cases, such as the United States (US) and Brazil, top political leaders have themselves been the source of disinformation.
- Regime type did not seem to be an important determinant of how they manage COVID-19; there are examples of both successes and failures in both democratic and authoritarian regimes.

- Emergency politics and the suspension of civil and political rights have been a prominent feature of the policy response to the pandemic, indicating a further closing of the civic space in many countries.
- The quality and nature of leadership have also been shown to matter a great deal, although whether the impact is due to the nature of the coalitions around political leaders or other factors (for instance, the gender of political leaders) is less clear (Herbert & Marquette, 2021).

In addition, recent experience in managing pandemics tends to enhance strategic knowledge and capacity (Capano et al., 2020). These were initial endowments that only a few East Asian nations possessed, which they productively deployed to contain the spread of the virus significantly better than others. Dealing with a pandemic amid great uncertainty and a lack of information introduced other governance challenges, including the inability to make evidence-informed policy decisions and political choices. One study of 64 countries found that democratic polities were more likely to introduce effective policies because of the multiple ways information was processed and internalized into policymaking in a democracy; plural sources of information entering into public deliberation meant that errors were less likely, and decisions to protect citizens' health were taken faster (Shvetsova et al., 2020).

Performance also depended on factors such as the nature of the legitimacy of the regime and state capacity, specifically its capability to intervene competently in the relevant domains (for instance, health provisioning, testing, quarantine and lockdown enforcement, stimulus and relief management).



Figure 4: A Healthcare Worker Disinfecting the Sajida Foundation Hospital’s Isolation Centre in Narayanganj, Dhaka, Bangladesh During the COVID-19 Pandemic, 21 May 2020

Source: UN Women/Fahad Abdullah Kaizer. Used under Creative Commons license (CC BY-NC-ND 2.0).

2.3. Governing the Pandemic in Bangladesh

The first COVID-19 case was confirmed in Bangladesh on 8 March 2020. There had been 829,972 cases of infection, and 13,172 Bangladeshis had died from the disease as of 15 June 2021.⁴ Official initiatives to contain the virus started somewhat later—not until 23 March when a government-announced 10-day countrywide shutdown, termed as “general holiday” rather than a lockdown, came into effect. The general holiday continued in a reasonably strict manner for a few weeks and then relaxed considerably (Ali et al., 2020; Ali, Hassan, & Hossain, 2020). April and May also saw numerous social protests by low-income groups, predominantly in urban areas, against the shutdown. Pressures also came from industrial elites to allow factories to operate. The government yielded to these protests and pressures, and the shutdown was lifted on 31 May 2020.

COVID-19 has been an unparalleled, massive exogenous shock to the political, social, and economic order of the country. Similar to the 1971 War of Liberation, the COVID-19 shock has

⁴ <https://github.com/CSSEGISandData/COVID-19> [Accessed: 4 May 2021].

tested the resolve of the nation to fight a powerful but, this time, invisible adversary. The shock also stress-tested the governance of health, economic growth, social protection, and industrial relations. How did the system perform? Did it prove to be fragile and fail to cope? Or was it resilient—capable of recovering from failure to cope—or robust against these stressors? Or “antifragile,” gaining from responding to disorder?⁵ This report aims to assess how Bangladesh stood up to the stress test of COVID-19 in its first year in order to learn about what succeeded, what did not, and why. Such knowledge can inform policymakers in their efforts to reform and develop institutional capacities to better manage the ongoing and future pandemics.

The exhortation to “build back better” in the current global developmental discourse reflects the need for not only resilience but also antifragility, something of a higher order. But attaining such a state can prove to be a tall order for a country like Bangladesh, considering the configurations of its social, political, and economic dynamics. Therefore, it is necessary to frame this idea from a political-economic perspective. What are the incentives for the political and economic elites to build institutions that are antifragile? Would they be interested in maintaining the existing nature of governance or meta-level rules of the game if they continue to enjoy popular legitimacy? Addressing the questions requires a robust empirical assessment is about whether and to what extent the COVID-19 shock created a legitimacy crisis in the prevailing political, social, and economic order and whether such crises may reset the prevailing rules of politics. This report explores these critical questions by garnering citizens’ opinions through a nationally representative survey as well as utilizing in-depth qualitative methods.

We can begin to address the questions posed above by observing changes, if any, at the meta and meso levels. What have been the outcomes of the COVID-induced stress test? We have a year-long experience to reflect on this. As discussed below, the outcomes portray complex dynamics—continued general legitimacy and uneven state capacity, and varied levels of commitments of the leadership in managing different domain-specific crises resulting in differing levels of citizen trust in the state. Our empirical assessment indicates that in a few domains, the country’s socio-politico-economic order proved reasonably resilient and robust. For instance, as it has transpired so far, there are no significant crises in the economic sphere as apprehended by many authoritative sources. The country also did not experience any political or social crises. Moreover, the regime adopted a prudent strategy in acquiring vaccines and ran, so far, a reasonably efficient vaccination program which has bolstered its reputation as possessing far-sighted leadership as well as being an efficient manager of the COVID-19 crisis.⁶ In contrast, the fragility of the political governance was exhibited, to a considerable extent, in the inefficient and non-transparent governance of COVID-related health service delivery—e.g., procurement of logistics and testing and quarantine

⁵ This is a reference to the ideas in Nassim Nicholas Taleb’s *Antifragility: Things That Gain from Disorder* (Taleb, 2012).

⁶ More recently, in the context of India’s failure to supply vaccines, the government has been criticized for relying on one source only.

policies/practices—and relief operations. In the latter case, the state’s infrastructural power to deliver relief to the deserving poor effectively proved to be largely fragile, thanks to its capitulation to the local political machine, indicating the state’s weakness vis-à-vis society. Similarly, a lack of inclusiveness and the fragility of the industrial relations were demonstrated in the governance of the industry-specific stimulus package, where workers’ interests were largely compromised to provide maximum benefits to the industrial elites. The syndrome of increasing state capture by the business elites was starkly revealed in the ensuing process.

How did historically evolved state capacity help in managing COVID-19? As discussions in Chapter 3 on health governance and in Chapter 5 on the relief regime in this report show, due to past epidemics and natural disasters, the state accumulated certain capacities and saw some institutional developments. For instance, Bangladesh has experienced the spread of viruses in the past decades, which could have potentially prepared it for the efficacious management of pandemics, as proved by a few East Asian countries. But Bangladesh’s experience was limited to a few short-term epidemics of limited scale (like the Nipah virus). Thus, the state did not have sufficient experience to develop the relevant capacity to deal with pandemics like COVID-19.

Similarly, as it transpired, the state’s disaster management infrastructures, which evolved while dealing with episodic and localized natural disasters, were not robust enough to deal with the pandemic. While its bureaucratic capacity, in its reach and logistics, proved to be reasonably robust at the earlier stages of the relief operations, its political capacity turned out to be quite fragile in dealing with the local political machine, i.e., local political elites and organizations. As we discuss below, technical and institutional capacities or preparedness are surely important, but what proved to be critical is the nature of political governance—leaders’ political incentives, commitment, and ideology—which tends to determine the resolve or lack thereof of the leaders to deal with a crisis. These factors, as global experiences show, are also predicated on the extent to which a regime values the legitimacy of its rule and the level of citizens’ trust in it.

3. Findings

Chapter 1: Introduction: Why the Governance of COVID-19 Matters for Bangladesh

The State of Governance in Bangladesh 2020–2021 report titled “Governing COVID-19 in Bangladesh: Realities and Reflections to Build Forward Better” is the latest in the annual flagship series that BIGD, BRAC University, has been publishing since 2006. The rationale for an assessment of the governance of COVID-19 in Bangladesh is that the pandemic has stress-tested health, social, economic, and political systems worldwide. Governance—or how the pandemic has been managed by public authorities—has shaped the outcomes of the Coronavirus crisis, affecting rates and levels of infection, illness, and treatment, as well as the measures to mitigate its social and economic effects. How best to manage the pandemic is of

particular importance in Bangladesh, where health services are limited, most people depend on daily wage work, and where the pandemic threatens to reverse or stall decades of development progress. Chapter 1 summarizes the findings of the individual chapters of the report on health, lockdown management, relief program, economic stimulus, RMG industry, and urban low-income informal settlement-level governance. The broader implications of the study include that political dominance by a single party has shaped pandemic policymaking in Bangladesh, leading to highly centralized decision-making geared towards safeguarding the government’s “performance legitimacy” as an effective provider of development. However, political dominance has not meant the Bangladesh state has the capacity to deliver on its pandemic policies, nor has it ensured equity or accountability in the process. A second broad implication is that in the context of global and national crises, Bangladesh needs governance reforms that strengthen institutions when they face stress rather than leaving them weaker and struggling to recover. Building “antifragile” institutions means moving away from existing centralized structures to construct empowered, efficient, resourced, and decentralized public entities that are motivated to innovate and experiment and to engage citizens in policy and its implementation by possessing the necessary autonomy to do so. Chapter 1 concludes with three key recommendations that involve government, political, and civil society actors:

- 1) The government should build on the country’s strengths, making the most of Bangladesh’s robust capacities for disaster response and social protection and its enduring tradition of state-society partnerships and citizen participation.
- 2) 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.
- 3) The government should practice 21st-century statecraft in order to develop an open and inclusive policymaking process that is needed to build “antifragile” institutions.

Chapter 2: Governance of COVID-19 in Bangladesh: The Political Economy of Pandemic Management

To analyse how COVID-19 has been managed, the report develops a conceptual framework that combines emerging knowledge about the governance of COVID-19 with established knowledge about the political economy of Bangladesh. The framework draws attention to the state capacity and the political commitment to protect citizens from the virus and mitigate the economic and social costs of managing the crisis. Three features of Bangladesh’s governance arrangements have shaped its pandemic policies:

- 1) Bangladesh’s politics are dominated by a single party, which controls policymaking and lacks competitive pressures from a credible political opposition.
- 2) The dominant party pursues legitimacy mainly through demonstrating strong performance on economic and human development.

- 3) While stronger than ever in the past, the Bangladesh state remains comparatively weak and under-resourced, and it lacks the capacity to impose unpopular policies on its citizens.

This framework is grounded in findings from a national survey of citizens' perspectives on COVID-19 management. This survey found that as of January–February 2021, almost a year into the pandemic, citizens' general trust in the government and its development performance held steady, and the government enjoyed broad approval for its COVID-19 management. On more specific issues such as trust in official statistics, citizens were more divided. Most citizens were in favour of lockdowns if needed but stressed the need for relief to enable citizens to stay home. Most thought that loss of livelihood or employment was the major problem with the lockdown. Relief measures were widely noted, but there were also concerns about whether the right people were receiving the support. The survey situates critical questions about political commitment and state capacity to manage the pandemic, which are discussed further in relation to the incentives and institutional arrangements driving decisions and practices of pandemic management.

Chapter 3: Health Sector Governance During COVID-19: Capacity, Preparedness, and Response

Chapter 3 assesses the health sector governance, with specific attention to pandemic preparedness, policy responses, and health system capacities to govern the pandemic. It finds that epidemic or pandemic planning had never been a policy priority, despite the recurrence of smaller outbreaks of communicable diseases. While Bangladesh is prone to large-scale crises and emergencies, and emergency responses and risk communications have been previously identified as weaknesses in the public policy, these have been inadequately addressed. Like many countries, Bangladesh, therefore, lacked either the policy framework or the resource capacity to successfully respond to major health emergencies like COVID-19. Again, as in many other countries, strong, decisive leadership in managing the pandemic was absent—the response was slow and overly bureaucratic. In addition, the allocation and distribution of resources for health services, including emergency procurement, were also inadequate. The supply of PPE and testing kits was limited, the procurement process for the kits was slow, and the number of technologists available was insufficient. The testing rate in Bangladesh by population was low even by South Asian comparison. At the same time, the distribution was inequitable, directed towards the capital and urban centres. The public health scientific communities and civil society groups were unevenly incorporated into policy discussions, and health communication between the state agencies and the general public—though often effective—was not fully transparent. There were attempts to control information regarding infection spread, transmission levels, and resource availability, which resulted in some mistrust among the public, affecting their responses to public health regulations.

Chapter 4: COVID-19 Lockdown in Bangladesh: A Governance Perspective

By the time the first lockdown was announced in March 2020, the rising fear about the pandemic had meant it was expected by the general public. Yet, the unfamiliar term and confusion around its declaration drew mixed reactions from the citizens. Administrative directives, guidelines, and decision-making were less than clear and occasionally contradictory, influencing both the state of lockdown enforcement and its impact on virus spread. The lockdown of 2020 was eventually relaxed, as people were unable to sustain a loss of income over weeks or months and were leaving their homes for work. Officials were reluctant to enforce the lockdown strictly, recognizing that people needed to work and that the relief scheme would not cover everyone who needed support. The analysis indicates that although most citizens recognized the need to curb the infection, the lockdown policies featured a lack of preparedness, poor coordination and communication between public institutions, contradictory decisions regarding lockdown directives, delays in taking appropriate steps, and abrupt changes in plans. However, the government learned from the series of lockdowns imposed in 2020 and employed new mechanisms in the lockdowns imposed in 2021, including labelling the lockdowns by stricter and more accurate terms than the “general holiday” announced in 2020, specifying which institutions were to remain opened or closed during the lockdown, and introducing provisions such as the “movement pass” to permit limited essential travel.

With the Coronavirus no longer novel in 2021, people’s perceptions and behaviours regarding lockdowns have changed since the first one. When infections did not escalate during the winter as anticipated, both the people and the government became more complacent and gradually returned to normal life. As the vaccination drive began, some people began to feel safer about moving around without following advised health protocols. Many people wanted to abandon restrictions on their movement and social gatherings. And for many people on low incomes, the choice between public health safety and livelihoods had become untenable. Economic vulnerabilities were aggravated by the combined effect of the lockdown and an ineffective and inadequate subsistence support system. A prolonged lockdown was not feasible considering Bangladesh’s socioeconomic situation. Recognizing this, the government took a middle-of-the-road approach, in which it neither fully abandoned lockdown measures nor placed people under stringent and heavily enforced restrictions, as was the case in countries such as China.

Chapter 5: Achievements and Challenges in the COVID-19 Relief Program

The government attempted a substantial relief program for the poor and vulnerable people of the country throughout the first wave of the virus in 2020. Large-scale relief efforts were made by multiple groups, the majority of them coming from the government. The government guidelines indicated the involvement of five million people through its implementation committees reaching the grassroots of the country. However, the chapter finds that weak management capacity was a bigger issue than the allocation of relief throughout the program.

Issues such as lack of transparency and accountability, politicization, poor planning, and a sense of distrust among the public against political representatives were some of the governance issues that weakened the relief efforts.

Respondents complained that relatives and supporters of local political representatives were favoured with information and in the beneficiary selection processes. The general public struggled to find reliable information regarding relief distribution. The plan to implement over one million telephone helplines for seeking information or requesting relief was not implemented. Many citizens thought that the poorest suffered disproportionately due to their lack of social networks with political elites.

The distribution of relief was also marred by weak governance. Adding to the fact that there was not enough relief to provide for everyone in most communities, perceptions of corruption and nepotism created further distrust towards local political representatives. A lack of independent and transparent monitoring and weak accountability mechanisms further contributed to the perceived problems with the relief program. Digitization did not compensate for the governance problems. Due to the corruption in the beneficiary listing, the digital cash distribution process faced similar problems as the regular relief distribution.

Some non-governmental organizations (NGOs) and civil society organizations (CSOs) made their own relief efforts, but considering the scale of the efforts needed and the visibility of such organizations, the impact was widely considered to be very limited. Interviews with key personnel from large NGOs revealed that small contingency funds and a lack of flexibility in budget provisions were behind the failure of NGOs to contribute immediately and on a large scale. Lack of coordination between the government and non-state actors was also a concern, and no efforts were made by the government to draw on NGOs, community-based organizations (CBOs), or other civil society groups to support the government's relief effort.

Chapter 6: Economic Support in Response to COVID-19 and the Quest for Political Legitimacy

Chapter 6 examines the economic support package—its contents, characteristics, and rationale. It discusses the nature and characteristics of the support package and makes a distinction between protection orientation and growth orientation. Protection orientation refers to programs that intervene directly to protect poor households and individuals who faced the threat of hunger due to loss of livelihoods during the lockdown. Growth orientation refers to programs whose proximate impact would be on the revival of economic growth through enterprise support. In this orientation, any impact on the distressed households would be indirect—in so far as the revival of growth leads to the revival of livelihoods as well. The chapter finds that the economic support package designed and implemented by the Government of Bangladesh (GoB) was heavily biased towards growth orientation to the relative neglect of protection orientation. The authors demonstrate that the consequence of this bias

towards growth orientation has been deleterious for the people and that the rationale for this bias resides in the realm of the political economy of governance. Specifically, they argue that growth orientation was an act of deliberate choice dictated by what the present regime perceives to be the foundations of its political legitimacy.

Chapter 7: The Impact of COVID-19 on the Ready-Made Garments Sector

Chapter 7 examines the impact of COVID-19 on the RMG industry, which brought in 84% of export earnings in 2020, contributing 11% of gross domestic product (GDP) (Bangladesh Bank, 2020) and employing more than 2.4 million workers. COVID-19 highlighted how Bangladesh's dependence on a single export sector exposes it to the effects of global crises—apparel exports declined by 85% in April 2020 (Ovi, 2020). Drawing on secondary literature, media reports, and KIIs, the chapter explores how state-business-labour relations in the RMG sector have been affected by the pandemic and how these shaped the design, management, and implementation of the fiscal stimulus packages for the RMG sector.

The factory owners are a powerful interest group in national politics and decision-making, and political reliance on economic growth and foreign exchange earnings give the export sector considerable clout in their expectations of government resources and support. During COVID-19, business owners were able to mobilize effectively to ensure government support and resources. Although the government provided a financial stimulus package with the aim of protecting workers' wages, a lack of transparency and accountability in implementing the package meant it largely failed to serve its purpose. Moreover, the government was not fully successful in ensuring workers' health and safety following COVID-19 health guidelines and in stopping layoffs and retrenchments despite initiatives. RMG workers suffered uncertainty about employment, continued working under possibly unsafe conditions, and faced job losses without specific entitlements to any social protection. RMG workers and the trade unions have struggled to achieve basic rights, such as full wages or 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 the 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 illness, the stark realities of weak labour rights in global value chains are laid bare by the pandemic.

Chapter 8: Ethnography of Urban Governance from Below: A Case of COVID-19 Response of a Low-Income Urban Community in Bangladesh

How did citizens experience the governance of COVID-19? Chapter 8 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 community in North Dhaka. It had been claimed that the COVID-19 crisis was likely to be disproportionately harmful to people living in

low-income settlements, where cramped conditions and precarious livelihoods were predicted to cause higher transmissibility and fatalities. The Bangladeshi media reported that these people were uninformed about and not compliant with health directives, portraying low-income communities 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 such communities. A systematic COVID-19 test in Korail—the largest informal settlement in Bangladesh—found a lower infection rate than elsewhere in the city. While the epidemiological puzzle of the low incidence of COVID-19 in low-income communities remains unresolved, ethnographic research in Korail reveals how, in the context of indifference from the state, the members of such communities themselves initiated several robust medical and non-medical measures to tackle the pandemic. It is impossible to say whether these measures protected people against COVID-19. Nevertheless, it demonstrates their collective agency and the power of community governance from below through informal and adaptive responses to a crisis.



Figure 5: Sergeant Rajia Sultana of Dhaka Metropolitan Police, Rajarbagh Police Line, Dhaka

Source: UN Women/Fahad Abdullah Kaizer. Used under Creative Commons license (CC BY-NC-ND 2.0.).

4. Broader Implications

The report was prepared to inform and support effective pandemic governance in Bangladesh, both in the immediate term and the future. The catastrophic mismanagement and its consequences in India are expected to bring the attention of governments back to pandemic management. This section summarizes the main messages about the governance needs of pandemic management. The next section outlines recommendations for policy and practice about how to govern the ongoing COVID-19 crisis.

4.1. Beyond Resilience: Building Antifragile Institutions

Bangladesh has a strong track record of crisis coping and prevention, particularly on environmental disasters and food crises. Yet, the nature, scale, and frequency of the crises faced by the world in the 21st century clearly indicate the need for crisis governance to do more than merely cope. Bangladesh is highly exposed to climate change, global economic volatility, and mass life-and-death threats like pandemics. Crises are not predictable, but they are certain. Following Nassim Nicholas Taleb, Bangladesh should develop governance and institutions that are “antifragile,” strengthened by each stressful episode of volatility and change. Amid crises like COVID-19, embedding antifragility principles and mechanisms in the governance policy/process and institutions will provide us with a “broad guide to nonpredictive decision making under uncertainty” (Taleb, 2012, p. 4). If Bangladesh is to meet its Sustainable Development Goals (SDGs) and move to the upper-middle-income status, it will need to not only cope with crises like COVID-19 but also govern crises in ways that actually bolster systems and institutions, strengthening rather than depleting citizens’ capacities.

Building antifragile institutions in Bangladesh involves moving away from the existing centralized structure to constructing empowered, efficient, and financially capable decentralized public entities and creating conditions, e.g., autonomy, for these entities to constantly innovate and experiment (i.e., predisposed to trial and error) (“Trial and error is freedom” [Taleb, 2012, p. 246]). Antifragility must be embedded both in public institutions and local communities, implying a synergistic relationship between the two based on trust.

In the context of COVID-19, or similar crises with systemic and unpredictable impact and highly uncertain trajectories and evolution, antifragile institutions would be characterized by the capability of dynamic risk and vulnerability assessment and strong synergy with local communities—for efficient channelling of grassroots information that tends to change rapidly, boosting the joint surveillance capability and installing an efficient community-based feedback mechanism.

Procrustean and one-size-fits-all policies fundamentally contradict the idea of antifragility. Local states must have the operational freedom to customize their modalities of interventions based on local needs. Local state actors’ responsiveness and accountability will be required as

the minimum level of governance standard to sustain the antifragility of institutions. Also, nurturing proactive communities—a critical need for the antifragile system to function—will need the active involvement of NGOs and CBOs.

4.2. What Political Dominance Means for Pandemic Management

What governance challenges need to be addressed to build “antifragile” systems to face the onslaught of 21st-century crises? This report shows that for Bangladesh, how successfully pandemics (and other crises) are governed is closely shaped by how political power is distributed and exercised. In Bangladesh, power has been concentrated in the hands and institutions of a single dominant party, the ruling Awami League, for over a decade. That dominance shapes the state’s capacity and commitment to addressing the current crisis on behalf of its citizens and building the institutions and policies to prevent or more successfully manage similar future crises.

The ruling Awami League party not only dominates political power but also exercises significant control on the machinery of the state, including the civil administration, the military, and the police. Civil society groups and the media have some independence, but critical voices are frequently silenced or criminalized. The dominance of the Awami League is one of the critical facts of the governance of the pandemic, and as the analysis here shows, it closely shapes the ways citizens relate to their state. This, in turn, 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.

The obvious implication of the political dominance of the ruling Awami League is that the prospect of democratic electoral competition does not work as a pressure on the government to perform well in managing the pandemic. The government does not expect and has no immediate reason to expect removal from power through a popular mandate. Recent elections are widely understood to have been rigged, and the main opposition party, the Bangladesh Nationalist Party (BNP), is weak and fragmented, in part the result of ongoing efforts to criminalize and undermine its leaders. However, the Awami League government experiences internalized pressures to demonstrate its legitimacy as a ruling party through high-performing policies and programs. In particular, the political logic of the present government is that its popularity and legitimacy rest on its continuing ability to deliver high economic growth and real improvements in the living standards of citizens. “Performance legitimacy” is the main engine driving Bangladesh’s pandemic policies.

Bangladesh is not the only country with a dominant-party political system. There are no clear patterns with respect to how dominant-party politics has shaped pandemic management across countries. Some countries, most notably China and Vietnam, have used their strong coercive power to shut down transmission rapidly through strict lockdowns tightly enforced by the state’s law enforcement. But many dominant-party political systems lack a strong central

state or disciplined party system like the Chinese Communist Party (CCP). For instance, South Africa’s politics has long been dominated by the African National Congress (ANC), but this has not translated into a highly effective system of lockdowns and curbing virus transmission. Tanzania is a low-income country with a dominant party system whose political elites have, in essence, ignored the COVID-19 crisis. The ruling Chama Cha Mapinduzi (CCM) has declined to provide even basic policies to protect citizens against COVID-19 transmission.

Similarly, Bangladesh’s Awami League party structures lack the authority and discipline of the CCP; the government has not been successful in providing and enforcing coordinated and coherent policies driven by centralized policy logic. Instead, Bangladesh’s pandemic management has rested on the relationship between what remains a relatively weak state and a strong society. The state’s policies have been successful to the extent of citizen’s acceptance and support. Policies that “go with the grain” are essential to governance in Bangladesh, as the state simply lacks the capacity to force its citizens to do anything they do not want to do.

5. Recommendations

The State of Governance in Bangladesh 2020–2021 report recommends that the government should **build on the country’s strengths**, making the most of Bangladesh’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.

5.1. Build on the Country’s Strengths

How successfully the ongoing COVID-19 pandemic and future shocks are 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 of these disasters within the first 20 years of the 21st century. It

needs to be well-prepared to face these shocks and emerge from each crisis with a stronger political will and administrative capacity to protect its people in the future.

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 disasters 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 strong 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 as well as against losses in other areas of human development and wellbeing, such as keeping children in education and ensuring 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 target groups and amount of support, the social protection system in Bangladesh suffers 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, transfers should be sufficient to enable all people, including formal and informal sector workers, to weather the shock and not regress economically, which may undo years of progress in economic development. A bolder vision of social protection should also incorporate unemployment insurance/benefits for both formal and informal sectors as 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 has been 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 just supplementing each other’s roles but utilizing the unique advantages, for example, between government resource distribution mechanisms and NGO 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.

5.2. 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 the protection of 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 to be 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 be more proactive in improving the service quality. In addition, the health sector suffers from problems of weak regulation and the influence of powerful interest groups. With the pandemic as a persuasive impetus, the government should address the incentives of health system staff by improving working conditions and holding powerful interest groups within the government accountable about procurement, licensing, etc.

▪ 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 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 is short-sighted because if citizens face rising poverty and uncertainty, GDP growth cannot be sustained, nor can there be 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 to ensure that all vulnerable groups' concerns are properly represented. For example, representation of farmers, factory workers, informal sector workers, and women in the policymaking process would make the process more transparent and accountable to citizens.

5.3. 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*, 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, 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.

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 should be put in place, such as public disclosure of information, e.g., on allocation and use of fiscal stimulus.

▪ 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 the future when needed and adapt based on the new situation. Antifragility requires empowering 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 processes 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, 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 and vulnerability assessment capability, strong synergy with local communities, and the existence of efficient community-based feedback mechanisms. Institutional reforms to attain such goals will help embed antifragile elements within state institutions, thus making it fit for future crises.

Chapter II: Governance of COVID-19 in Bangladesh: The Political Economy of Pandemic Management

Mirza Hassan and Naomi Hossain

1. Introduction

Chapter 2 sets out the conceptual framework for analysing the governance of COVID-19 in Bangladesh, focusing on state capacity and political commitment to protect citizens from the virus and mitigate the economic and social costs of managing the crisis. It draws attention to three features of Bangladesh’s governance arrangements that have shaped its pandemic policies: (i) political domination by a single party, resulting in the singular control of the dominant party in policymaking and the absence of competitive pressures from a credible political opposition; (ii) the dominant party strategy to pursue legitimacy mainly through demonstrating strong performance on economic and human development; and (iii) a comparatively weak and under-resourced government, which generally lacks the capacity to impose unpopular policies on its citizens. The third section of the chapter draws on the findings from a national survey of citizens’ perspectives on COVID-19 management. The fourth section presents some key conclusions about the incentives and institutional arrangements driving decisions and practices of pandemic management.

2. Governing COVID-19: A Framework for Analysis

From a review of the emerging literature on how governance and politics have affected COVID-19 management,⁷ two broad factors emerge as critical determinants—**state capacity** and **political commitment**—through the chosen policies to protect the population against COVID-19 and mitigate its social, economic, and other impacts on the citizens. This section specifies the dimensions of state capacity and political commitment that have determined COVID-19 management.

⁷ Boin et al. (2020), Cheibub et al. (2020), Flinders (2020), Hale et al. (2021), Herbert & Marquette (2021), Lipsky (2020), Petersen (2020), Rajan et al. (2020).

2.1. State Capacity in Relation to COVID-19 Management

State capacity here refers to (a) policymaking, (b) material and human resources, (c) communications, and (d) enforcement.

- **Policymaking capacities** critical to COVID-19 management include:
 - institutions and actors capable of gathering and processing multiple sources of information under conditions of acute uncertainty and limited knowledge of the virus;
 - systemic capabilities of turning technical information into viable, appropriate, and deliverable (given existing capacities) policies and actions; and
 - ability to learn in real-time from policy errors and gaps and to correct course.

- **Material and human resources** most relevant to COVID-19 management include:
 - (past) investments in public health infrastructure and clinical services, and the financing and infrastructure to scale up and widen access;
 - the availability of trained and equipped health and auxiliary personnel;
 - private provision of health services to supplement public provision, and the financing to improve access for those with less ability to pay;
 - collaborations with non-state actors in the voluntary or private sector, including local welfare or community groups and larger NGOs; and
 - income support or social safety nets to protect people against loss of income during the lockdown, economic downturn, illness, or recovery.

- **Capacities for communication** about COVID-19 include:
 - credible channels for public health messaging;
 - authoritative public health institutions and actors with acknowledged expertise;
 - mechanisms for feedback to policymakers from citizens' experiences and frontline implementing agents of government policy; and
 - neutralizing misinformation about the virus without blocking public discussion, which may reduce trust.

- **Enforcement of COVID-19 policies** has required:
 - the institutions and commitment necessary to create a credible threat to enforce lockdown and quarantine rules and regulations; most governments cannot and would not wish to force citizens to comply for practical and political reasons. Compliance must be largely voluntary but backed by the possibility of enforcement; and

- the power of policymakers to discipline frontline agents or institutions that fail to deliver and implement policy decisions.

2.2. Political Commitment to COVID-19 Management

Some of the differences observed across countries in how they have managed COVID-19 are related to how different goals and strategies have been prioritized. Some governments have prioritized immediate and total containment or eradication of the virus, as was seen in Taiwan, Vietnam, China, and New Zealand. Rapid, strict lockdowns were coupled with tightly managed testing, tracking, and tracing systems. In other countries, policymakers have recognized that, for reasons of geography, economic integration, or political organization, eradication was unlikely and that more realistic policy goals would be containment and limiting infection.

The stated purpose of policies of the latter group was to “flatten the curve” and avoid overburdening health services until treatments and vaccines were available. Several rich, big countries and blocs, such as in North America and Europe, committed to such policies, often after a delay during which the likely political and economic costs were weighed against the uncertainties of the spread of the virus and the disease burden, given the demographic and health profile of the population. Lockdowns and quarantines were understood to be financially feasible for the population, given state support and other welfare provisions and a more relaxed view of fiscal deficits. In countries where eradication was seen to be infeasible and material capacities to support containment policies were limited, COVID-19 management policies involved trade-offs between protecting citizens against possible mass infection and death and protecting already precarious livelihoods (Barnett-Howell & Mobarak, 2020; Center for Global Development [CGD], 2020; Jamison, 2020; Khatun, 2021; Piper, 2020).

Around the world, political commitment appears to have shaped COVID-19 governance by determining:

- a **mix of priorities** between controlling the virus and protecting livelihoods and economic growth;
- the **priority assigned to effective procurement** of public health equipment, PPE, medicines, and vaccines, as well as protecting procurement from corruption and delay;
- the **generosity and scale** of income support and other welfare interventions;
- the **extent of collaboration** 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; and
- **openness to consultation and monitoring** with and by experts, civic organizations, and the independent media.

2.3. The Political Economy of COVID-19 in Bangladesh

How state capacity and political commitment have played out in the management of COVID-19 in Bangladesh has depended on three salient aspects of the political economy of Bangladesh. First, Bangladesh now has an established **dominant party system**, which means political power is concentrated in a single group, which faces limited external threats or competitive pressure.

Second, for reasons of political history and the current lack of legitimacy (due to not winning free and fair elections), there are strong **performance legitimacy** pressures on the state and the ruling party—to demonstrate development success in the form of economic growth and rising living standards/declining poverty. Successful management of COVID-19 is among the areas of performance that Bangladeshi citizens seek from their current government.

The third aspect of the political economy of Bangladesh is that, while the Bangladeshi state has grown in its capacity to generate, invest and distribute resources and in its powers to implement and enforce its policies and programs, it remains relatively embedded in and inseparable from social concerns, what is sometimes termed as **a weak state in a strong society**. Broad coalitions of citizens have historically been able to make their preferences felt, and state policies and programs have tended to succeed to the extent that they “went with the grain” of society’s preferences. As some sections of society and the economy are stronger than the others, powerful elite group interests have typically predominated, although never to the total disregard of more popular concerns. However, it is not clear that popular concerns have prioritized the protection of lives against the Coronavirus as much as the protection of livelihoods that have been threatened by lockdowns, creating great precarity and (still) spreading poverty. The consequent, de facto, low prioritization of mass health concerns aligns with the government’s interest in maintaining economic growth at all costs, and it has structured COVID-19 management policies.

The following sections explain what these features of Bangladesh’s political economy have likely meant for COVID-19 management and the variables they indicate for closer analysis, as undertaken in Chapters 3–8. Insights from a nationally representative sample survey of Bangladeshi citizens are provided to highlight and support points made about how governance and politics have shaped pandemic management.

a) How a Dominant Party System Governs in a Pandemic

After almost a quarter-century of competitive multiparty democracy, in which two main political parties and coalitions alternated in power (1991–2014), Bangladesh’s politics is now dominated by a single party, the Awami League. Having won an unprecedented landslide in 2008 under a caretaker government backed by the army and the international community, the

Awami League remained in power after the 2014 and 2018 elections. 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 2006–2008 and has failed to recover its previous position as a serious competitor for political power (Institute of Governance Studies [IGS], 2008, 2009). Elections have become progressively less free and fair over the 2000s, and the 2018 election is widely recognized as having been rigged (International Republican Institute [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 & Raihan, 2017).

The dominant party system has shaped institutional incentives and practices of direct relevance to the governance of the pandemic and the policy and political choices made in the first 12 months of the pandemic. Political dominance has meant “partyarchal” control over all aspects of governance, in which the ruling party and its interests and organizations shape the institutions of governance. This includes:

- strong imperatives to satisfy party supporters, which compete with the need to discipline lower-level party functionaries to implement policies such as relief or health services;
- control of policymaking apparatus, including the politicization of the administrative system (recruiting party-affiliated civil servants, accountability to party leaders rather than to citizens); and
- control over civil society and restrictions on civic space, which have meant:
 - exclusion of independent experts and civic groups (those not aligned with the ruling Awami League) from policymaking, monitoring, or policy feedback;
 - restrictions on and censorship of the media and free speech; and
 - limited capacities and incentives to collaborate with organized civil society, including social movements, labour organizations, NGOs, or CBOs.

b) Performance Legitimacy and the Pandemic

As the dominant party is not widely seen to have been freely and fairly elected, it seeks legitimacy from other sources, in particular from demonstrating robust performance on economic and human development (Ali, T. O., Hassan, M., & Hossain, N., 2020). Such performance legitimacy is based on government capacities to deliver these outcomes (Zhu, 2011). In the context of the pandemic, preserving or enhancing such “performance legitimacy” is a reliable indicator of its success in passing the stress test, confirming (or not) the robustness of the existing socio-politico-economic order. A nationally representative survey was used to assess the nature and degree of performance legitimacy that the regime enjoyed while dealing with the first year of the pandemic.

Three aspects or types of legitimacy shape governance and politics: *input legitimacy*, *throughput legitimacy*, and *output legitimacy* (Bernauer, T., Mohrenberg, S., & Koubi, V., 2016; Boedeltje, M., & Cornips, J., 2004; Schmidt, V.A., 2013; Strebel, M. A., Kübler, D., & Marcinkowski, F., 2019). Input legitimacy involves participation (“government by the people”) and depends on citizens’ judgments about the mechanisms or procedures (direct votes and elected representation) through which peoples’ collective will is translated into state decisions and actions. For a government to have input legitimacy indicates that citizens expect the political process to adhere to democratic norms. Throughput legitimacy is contingent on the quality of the internal governance of state institutions and the policymaking and implementation processes, evaluated in terms of efficacy, accountability, and transparency, and to the extent that these processes are inclusive and open to consultation with the people. Output legitimacy (“government for the people”) depends on the success in satisfying basic functions of the state—promoting welfare, achieving goals that citizens collectively desire, and solving collective problems through effective policies. In output legitimacy, governance is judged on performance, and citizen participation is less relevant.

Neither input legitimacy nor throughput legitimacy helps explain the political incentives of the stable dominant party system in Bangladesh during the pandemic. Here, ruling elites have limited incentives to garner or preserve electoral legitimacy because of its limited relevance in the current political scenario; instead, they seek output legitimacy through performance (Ali et al., 2020). Perhaps for reasons of the economic and livelihoods crises that marked the early years of Bangladesh, its citizens appear to prioritize provisioning of basic needs as a core state function. Such provisioning is also considered a primary obligation of the state (Hassan, 2013; Hassan & Nazneen, 2017; Hossain, 2017). The critical question for Bangladesh is whether the absence of democratic or electoral pressures (input legitimacy) or of strong incentives to design and implement policies in open and consultative ways (throughput legitimacy) will adversely affect its performance legitimacy: effectively protecting citizens against COVID-19 and mitigating the social and economic costs.

c) (Still) a Weak State in a Strong Society: Government Capacity to Make and Enforce Policies

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; instead, it has strong incentives to install policies people can and will adhere to.

The capacity of the Bangladeshi state to govern has grown considerably since the fragility of the 1970s and 1980s; it is no longer aid-dependent, and its administrative machinery and policy reach have expanded greatly, as seen in the growth of mass public services, e.g., health and education. Yet, the state remains weak in relation to the Bangladeshi society (Blair, 1985; White, 1999), and attempts to govern the Bangladeshi society through institutional reforms

have been uneven. Progress on economic and social development gains—for instance, around gender equality—have emerged chiefly where the state followed, rather than led, changes in social attitudes and preferences (Hossain, 2017; Kabeer, 2001). The state has long struggled to tax its population and economy effectively, as evident from its weak revenue effort, and has consistently ranked as the worst performer in South Asia in terms of tax collection (Hassan & Prichard, 2016). Local councillors are reluctant to tax rural citizens because it is electorally unpopular (Ahmed, 2020; Yunus & Rahman, 2015).

For the governance of the pandemic, it is important to note that the Bangladeshi state may have struggled to exert its capacity in many spheres, but it has a strong track record with respect to a range of crises and disasters. Successive governments have tried to meet citizens' expectations for protection against disasters, crises, and life-threatening shocks to which Bangladeshis are vulnerable (Hossain, 2017, 2018). A powerful set of “moral economy” expectations about the rightful behaviour of ruling elites in times of crisis has shaped public policy historically and continues to frame the social contract in Bangladesh (Hassan, 2013; Hossain, 2017; Jahan & Hossain, 2017; Jahan & Shahan, 2016).

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 minimizing the social and economic costs they incurred. In a context of multiple crises, chiefly from the global system, the Bangladesh state also needs to develop the characteristics of “antifragility”—systems that learn and improve and are equipped to act fast and act well during crises, whether of climate change, financial volatility, recession, pandemic, or other causes.

3. Citizen Perspectives on the Governance of COVID-19: Findings from a National Survey in 2021

A nationally representative survey was conducted in January and February 2021 to ground these concepts and assumptions in the realities of Bangladeshi citizens living through the pandemic. The survey was designed to gather citizens' perceptions of a range of different aspects of COVID-19 governance, as indicated by the conceptual framework set out above, including:

- the general state of politics, the economy, and society;
- health services, including public health information;
- the management of COVID-19 relief operations;
- governance of the lockdown, including information and enforcement; and
- the management of the COVID-19 stimulus package for the RMG sector.

A 30-minute telephone survey was done with a sample of respondents identified through a previous survey (The Asia Foundation [TAF] & BIGD, 2020). The TAF-BIGD survey used a nationally representative sampling frame with 50:50 male-female and 70:30 rural-urban ratios in 64 sub-districts of 32 districts in Bangladesh. The citizens’ perception survey of COVID-19 governance was able to identify 3,856 respondents from the original survey and achieved a response rate of 72% after three attempts. Sixty per cent of the 2,750 adult Bangladeshis reached were men, and only 40% were women, owing to the lower response rate from women. Figure 6 provides a snapshot of the socio-demographic profile of the respondents.

Gender distribution



Age distribution



Regional distribution



Education



Figure 6: A Profile of the Respondents from BRAC Institute of Governance and Development (BIGD)’s Nationally Representative Citizens’ Perceptions of COVID-19 Governance Survey

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

3.1. Overall Performance

How has the COVID-19 shock affected the regime’s legitimacy or citizens’ trust in the regime? The survey found that in early 2021, most citizens approved of the overall performance (whether the country was going in the right direction) in relation to economic, social, and, to a lesser extent, political domains (see Figure 7). This majority approval marked continuity with the pre-COVID-19 situation (TAF & BIGD, 2020). Note, however, the relatively high rates of “no answer” on the question about politics, possibly indicating some hesitancy to reveal any views on politics at a time of restrictions on and criminalization of opponents and critics of the government. Regarding the overall performance in managing the COVID-19 crisis, the regime

seems to enjoy an even higher level of legitimacy and trust (see Figure 8). A further question on Bangladesh’s COVID-19 performance compared to that of other countries found that 82% of the respondents thought that Bangladesh had done better than elsewhere, and only 9% thought it was “less effective than many other countries” (see Figure 9).

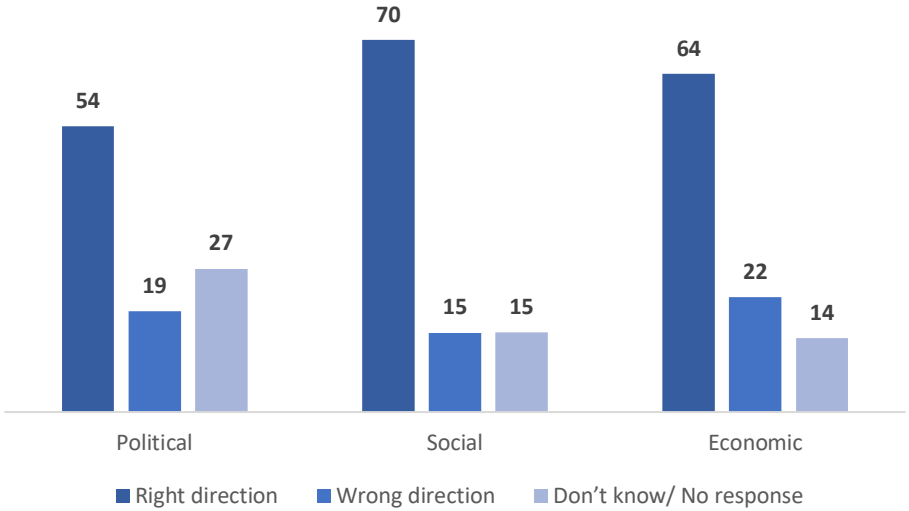


Figure 7: Citizens’ Views on the General Direction of the Country on Political, Social, and Economic Dimensions

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

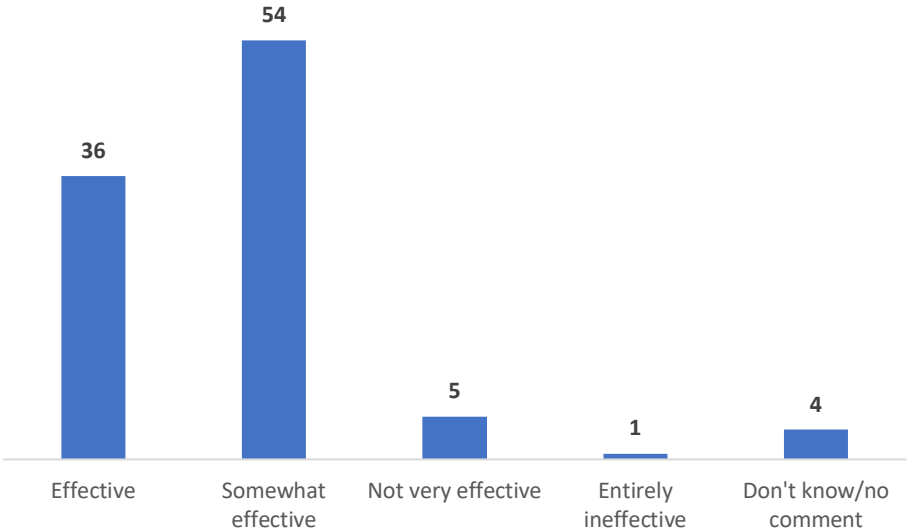


Figure 8: Citizens’ Evaluations of the Government Response to COVID-19

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

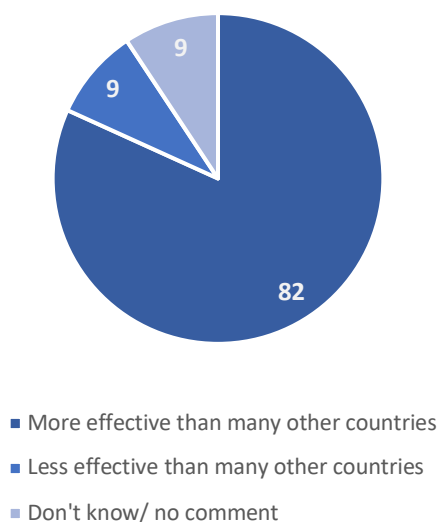


Figure 9: Bangladesh’s COVID-19 Response Compared to Other Countries’

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

These findings suggest that the government has enjoyed broad support and considerable public trust through the pandemic, including for how it has managed the crisis. This support and trust provided an important foundation for developing and delivering policies to protect the people from the virus and mitigate its social and economic costs.

3.2. Government Health Interventions

The survey shows that the government also performed well in raising awareness on how to protect against COVID-19 infection. Almost all respondents were aware of the two preventive measures—wearing masks and hand-washing—though fewer were aware of social distancing (see Figure 10). Ninety-one per cent of respondents said they would go to a government health service provider if they needed a Coronavirus test, and only 3% preferred to go to private institutions (see Figure 11). For most respondents, this was because public services were cheaper (according to 85% of respondents) or more trustworthy (60% of respondents) (see Figure 12).

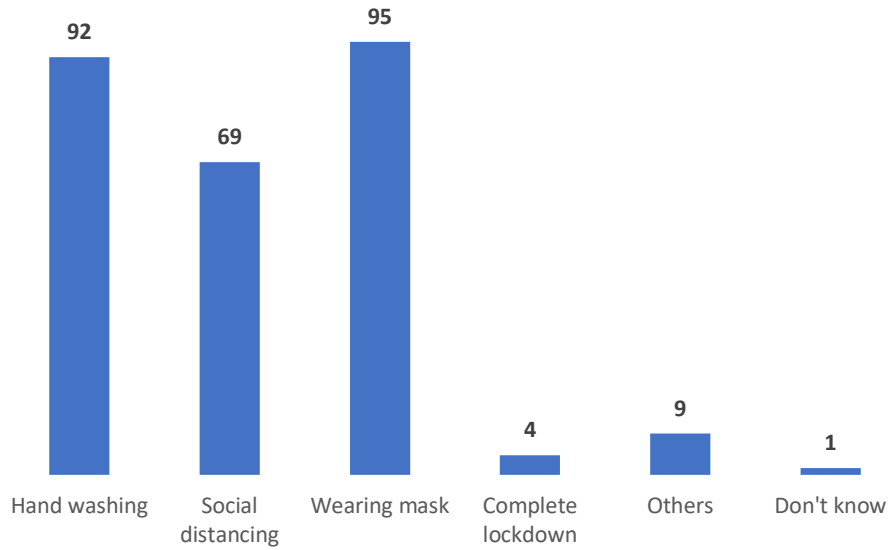


Figure 10: COVID-19 Prevention Measures Mentioned by Citizens

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

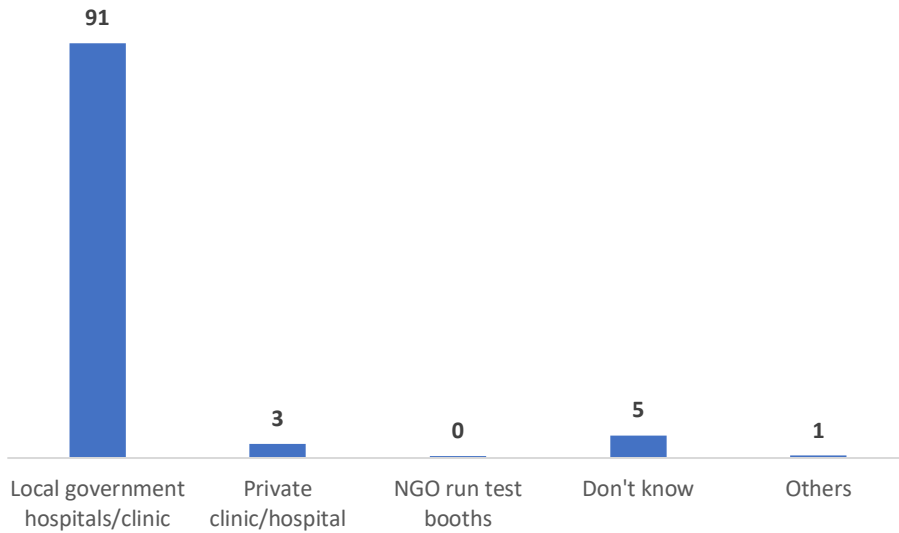


Figure 11: Citizens' Preferred Source of Coronavirus Testing

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

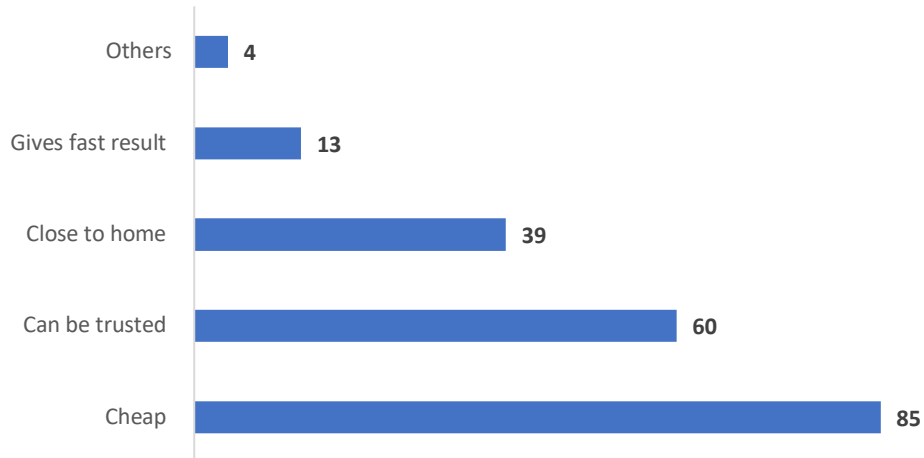


Figure 12: *Reasons for Citizens’ Preferred Source of COVID-19 Testing*

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

However, citizens were less inclined to trust official COVID-19 statistics on daily infections and deaths. Around half of the respondents thought that official infection and death rates were more or less accurate—51% and 49%, respectively. However, a significant proportion felt that official statistics underestimated infection and death rates, with some 40% believing that the real infection rate was higher and 34% believing that the death rate was higher than reported (see Figure 13). This suggests that while many citizens have considerable faith in the state’s governing capacities regarding COVID-19, this does not necessarily extend to official data collection or dissemination. While many believe that this is due or partly due to problems with testing (uptake, accuracy, etc.), over half (54%) of the respondents thought that the government deliberately “conceals information” (see Figure 14).

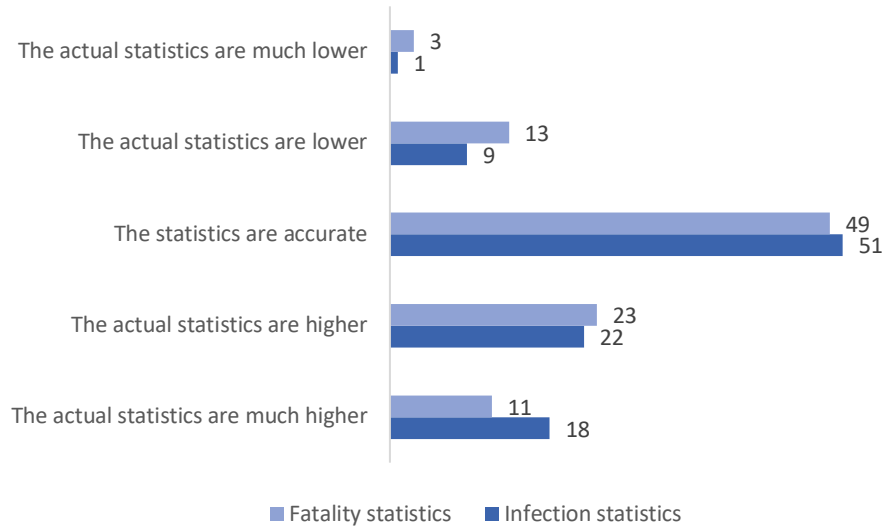


Figure 13: Citizens' Beliefs About Official COVID-19 Statistics

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

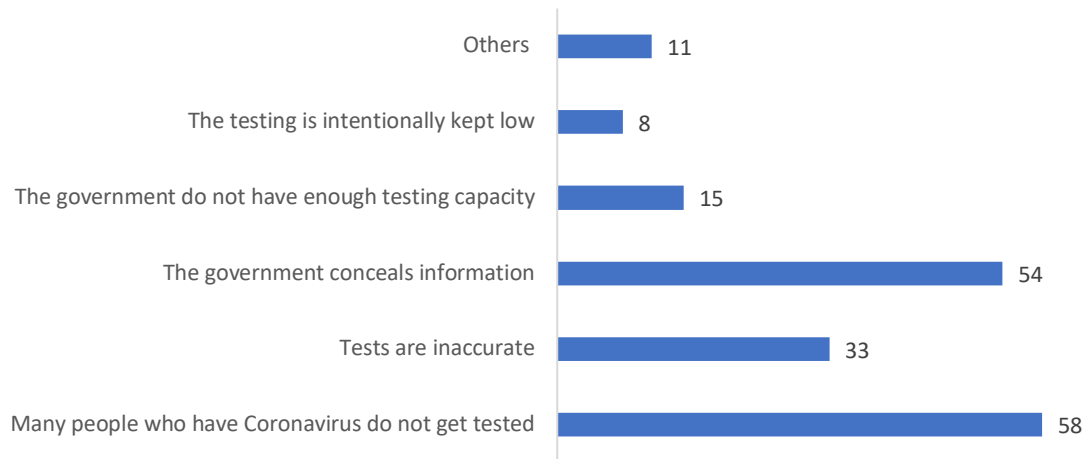


Figure 14: Views on Why Official Infection Rates Are Inaccurately Low

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

3.3. Enforcing Public Health Measures: The Experience of Lockdown

When asked whether the lockdown was enforced strictly in their localities, a majority of the respondents (57%) thought that lockdown had been strictly enforced, while most of the rest thought it was enforced in a relaxed or partially relaxed manner (see Figure 15).

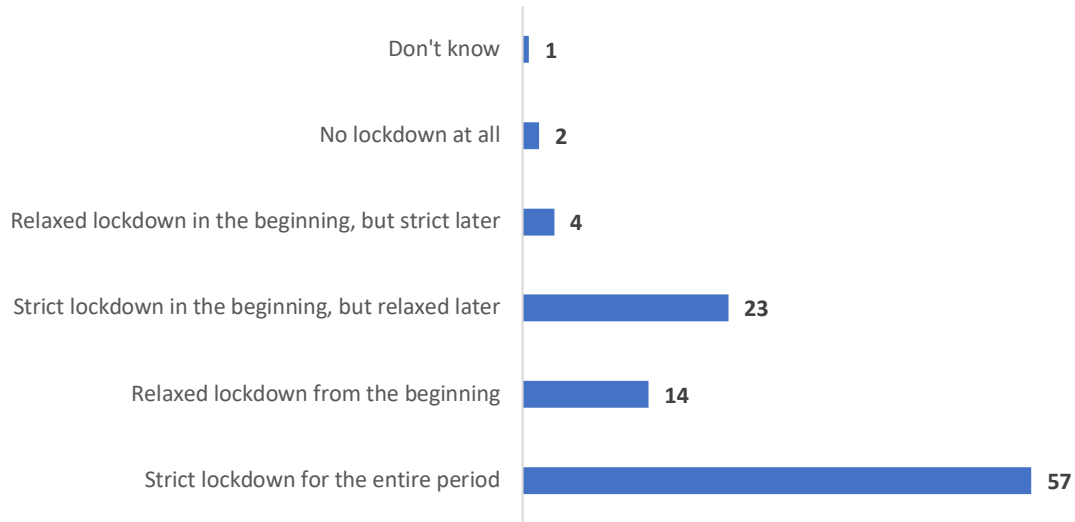


Figure 15: Citizens' Local Lockdown Experiences

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

A large majority of the respondents (71%) who thought that the lockdown was enforced in a relaxed or partially relaxed manner believed that this was due to the government's realization that the lockdown was creating livelihood pressure on the citizens. Other reasons mentioned were: (a) people do not like social distancing or believe lockdown was unnecessary, (b) the duration of lockdown was too long for people to comply, and (c) appropriate law enforcement agencies failed to enforce the lockdown. When asked about problems with the government's lockdown measures, a majority (about 60%) pointed out that no livelihood support was provided to people forced to forego paid work (see Figure 16). Other problems mentioned were timing (the sudden declaration of the lockdown), unclear communication of the directives, and repeated changes in lockdown policies and strategies.

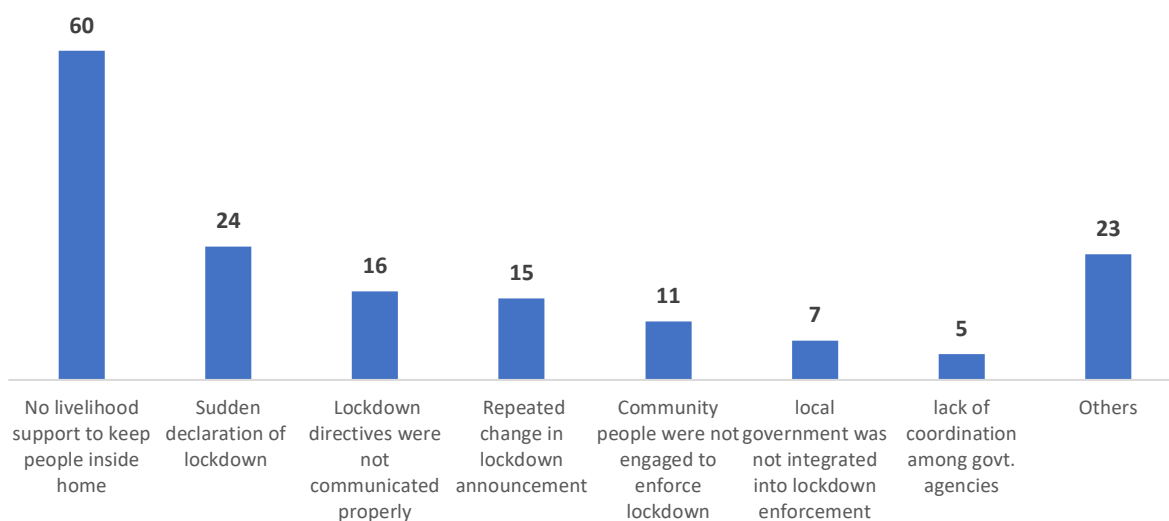


Figure 16: Citizens on the Problems with Lockdown Policies

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

What was the impact of lockdown? Almost all respondents (94%) reported a decline in income, followed by a loss of employment (73%). Other major impacts mentioned were people suffering from mental health problems (41%) and educational loss (44%) (see Figure 17). However necessary it may have been, the lockdown was evidently a costly prevention strategy for the majority of Bangladeshis. There was strong and widespread satisfaction when the lockdown was withdrawn (see Figure 18).

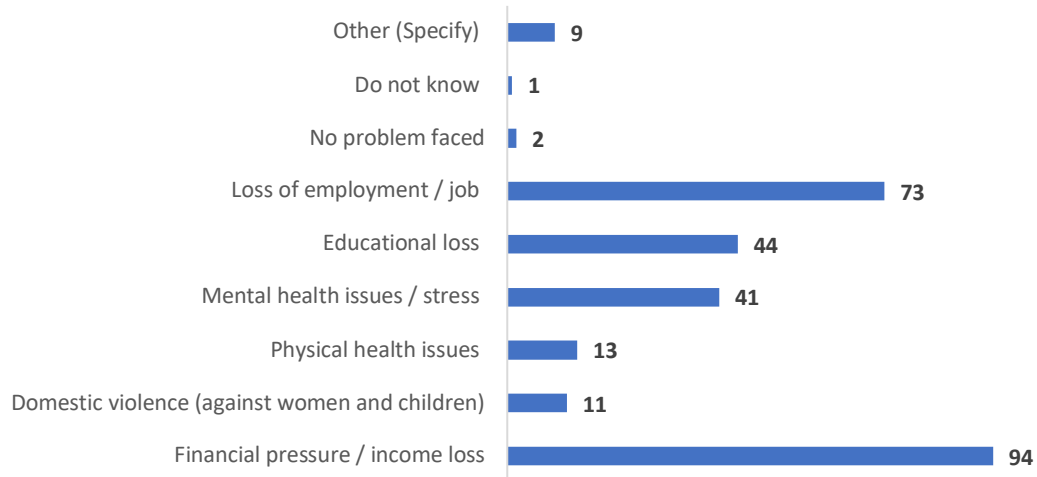


Figure 17: Impacts of Lockdown Described by Citizens

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

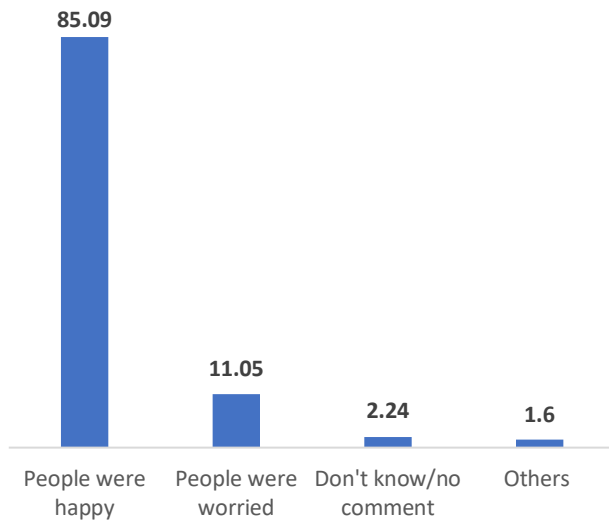


Figure 18: How Local People Felt When the Lockdown Ended

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

3.4. Protecting Livelihoods: The Relief Program

Who provided the critically needed relief to the rural and urban poor during the pandemic? Although 60% of respondents thought that the lack of relief had been a major problem with the lockdown, the available support was widely seen to have come from the government, with an

overwhelming majority (about 92%) reporting that relief in their areas had been supplied by the government. Other providers that were mentioned include private individuals (mentioned by about 46%) and community initiatives (about 30%). Given their usual prominence in development and relief measures, it is notable that only 12% of respondents reported knowing about relief efforts from NGOs (see Figure 19).

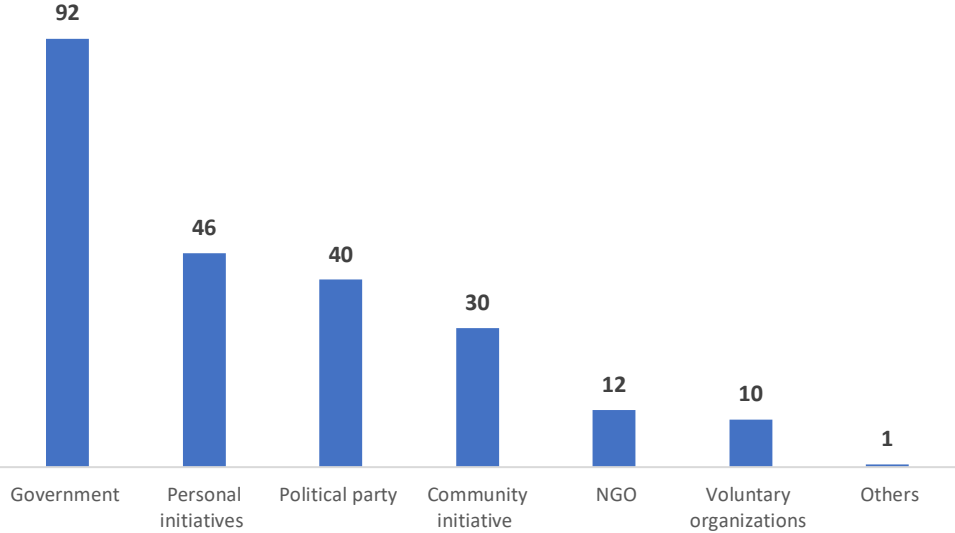


Figure 19: Sources of Relief Reported by Citizens

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

The respondents who had witnessed government relief in their areas were asked to assess the management, timeliness, adequacy, and targeting of the official relief operation (see Figure 20). About 57% thought that eligible people “mostly” or “entirely” received the relief, whereas 43% thought that the relief “mostly” or “entirely” went to ineligible people. In terms of adequacy, about 57% said it was adequate, and about 44% disagreed. When asked if the community received it when they needed it, about 79% said they received it either timely or mostly on time; about 20% disagreed. When asked about the overall quality of the management of relief operation (“Do you think it was properly done?”), about 65% thought that it was more or less properly implemented, and 35% disagreed. This assessment indicates a relatively high degree of support for the overall management of the program and its timeliness, but a smaller majority (57% in each case) believing that the support was sufficiently generous and that the right people received it.

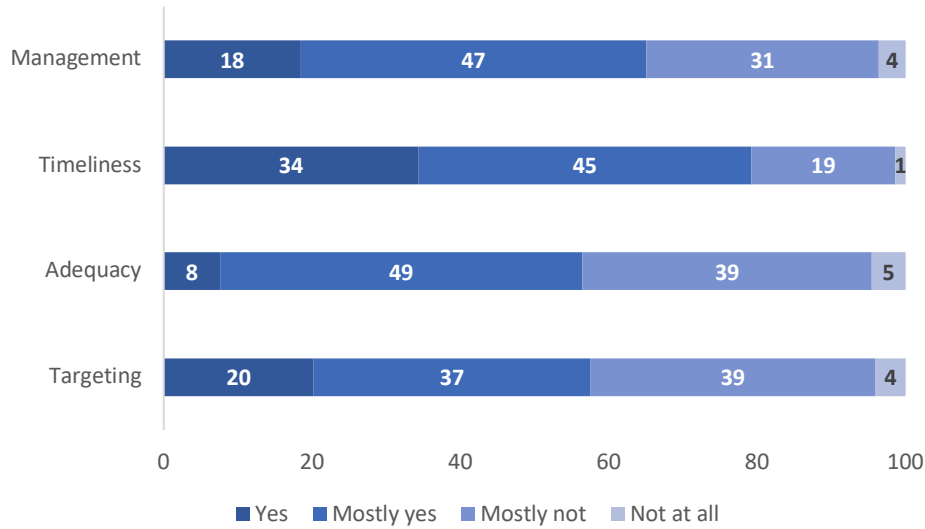


Figure 20: Citizens' Views on the Relief Program

Source: Perceptions of COVID-19 Governance Survey by BIGD, 2021.

Note: Respondents were asked whether the relief distribution (a) was properly managed (management), (b) reached communities when needed (timeliness), (c) was adequate in terms of amounts (adequacy), and (d) reached the right people.

Although more respondents felt that the relief program reached the right people than not, there was also widespread suspicion that relief was likely to attract corruption. While 14% of respondents believed the relief was distributed entirely without corruption, more than two-thirds (67%) believed that some irregularities had taken place, and 11% viewed the relief distribution as entirely corrupt (see Figure 21).

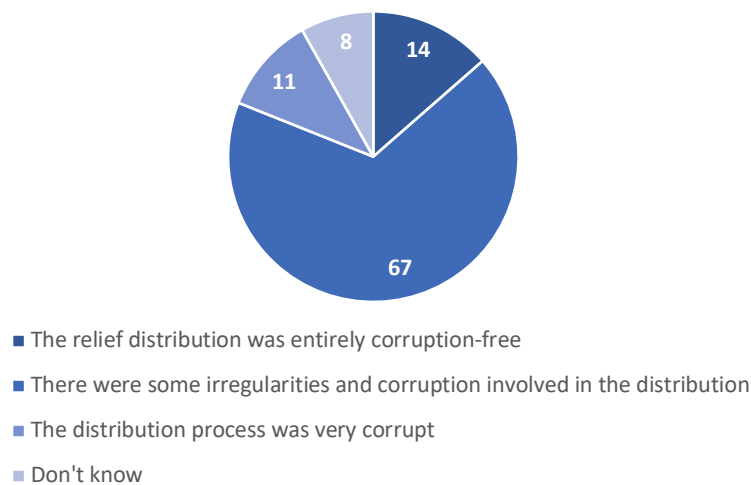


Figure 21: Citizens' Perceptions of Corruption in the Relief Program

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

Who should be responsible for the welfare of workers in the all-important RMG sector? Respondents felt that, given the pandemic-related crisis, the responsibility to ensure the employment and financial security of the workers first and foremost lay with industry owners (75%), followed by the government (60%). Interestingly, a tiny percentage of respondents (about 2%) thought that international brands and buyers bore some responsibility for workers' welfare.

4. Assessing the Political Economy of COVID-19

Governance in Bangladesh

The concepts outlined above help situate and explain these findings of citizens' perceptions of the governance of the COVID-19 pandemic, highlighting the interaction of state capacity and political commitment to protecting citizens from and mitigating the social and economic effects of the virus.

Three broad features stand out:

- 1) The government has been enjoying a high degree of legitimacy before the pandemic** in terms of its perceived performance in social, economic, and political domains. High growth rates, rapid investment in infrastructure, and a flourishing domestic economy—all largely without the political unrest that was routine in the past during more democratic and politically competitive eras—have largely satisfied citizens' concerns about economic security. Almost a year into the pandemic (the survey was conducted in January–February 2021), that legitimacy has remained mostly intact compared to what it was before the crisis (TAF & BIGD, 2020).
- 2) The government's enduring “performance legitimacy” most likely reflects the fact that the government also enjoys a high degree of support for its broader management of the COVID-19 crisis** (at least during 2020). As this report shows, this more than likely reflects the fact that difficult and unpopular policies, such as lockdowns, were short-lived and lightly enforced, while infection rates (as of May 2021) appeared to have remained fairly low, apart from a spike in April 2021 (after the survey).
- 3) Despite this overall majority approval on general performance, more people expressed mixed or negative opinions about government performance at the level of specific strategies and implementation processes**, with regard to, for instance, lockdown design and enforcement, health-related data generation and dissemination, and relief management.

How can these apparently contradictory perceptions be reconciled? An understanding of state-society relations helps to make sense of political elites' incentives. Despite their fears about the virus and the limited health services available to combat it, most citizens were satisfied

that the authorities ended the lockdown, allowing people to fend for themselves. This is because people were initially hopeful that the government would provide relief (Ali, Hassan, and Hossain., 2020), but when lockdown came, the relief program proved inadequate and unreliable. With the government showing it was incapable of a massive and rapid expansion of the social safety net, citizens wanted to be able to return to work and public life. This is why the most prominent protests in the first half of 2020 demanded the termination of the lockdown. By contrast, there was no collective demand for a more generous or widespread relief program, reflecting the absence of large-scale organizations to push for stronger social protection for people living with poverty or vulnerability.

While citizens seem to have been broadly satisfied with the outcomes of pandemic management in 2020, they reported less support for the internal governance of public institutions, especially regarding the processes of policymaking and implementation. For instance, while citizens overall approved of COVID-19 policies and thought Bangladesh had performed better than many other countries, opinions regarding more concrete questions, such as the provision of testing and relief, were mixed. These more negative views reflect the inadequacies of the actual policies and programs that were intended to help combat the crisis and its economic effects, as Chapter 3 on health sector governance and Chapter 4 on lockdown governance in this report discuss in more detail.

What are the implications of such perceptions of the citizens? Given the high level of output legitimacy of the regime (the socio-politico-economic order being robust), what would incentivize political elites to build back better, creating more responsive and effective—in other words, antifragile—institutions? As Chapter 3 of this report shows, Bangladesh experienced epidemics in the past decades, which could have provided the basis for policy learning and preparedness, as was the case for a few East Asian countries. However, short-term epidemics of limited scale (like the Nipah virus, which recurs periodically) have not to date provided the state with sufficient experience or incentive to develop the capacity to address a pandemic like COVID-19. As Chapter 3 documents, when the pandemic struck, the state was caught off-guard without any robust policy framework or standard operating procedure (SOP). Historically, the health sector has weak institutional capacity due to logistical, resource, and governance deficit—lack of transparency and accountability; managerial inefficiency; insufficient funding; low health emergency preparedness; marginalization of the scientific community within statecraft; and severely inadequate numbers of hospitals, health personnel, medical and safety apparatus, and PPE.

Despite Bangladesh's vaunted success with natural disaster management, the process of managing the COVID-19 disaster has been characterized by weak leadership and poor coordination, as well as cronyism and bureaucratic malfeasance. This dysfunctional approach to COVID-19 crisis management meant that intervention by the Prime Minister's Office (PMO) became inevitable, and the leadership became overly centralized. Such high-powered stewardship, however, still did not result in optimal performance. The coordination failures also indicated the fragility of the existing administrative arrangements. Other manifestations of

such fragility include the marginalization of experts and limited participation by the private sector and civil society in COVID-19 policymaking. The characteristic features of a “limited access order,” or a closed political system (Hassan, M., 2013; North, D. C., Wallis, J. J., & Weingast, B. R., 2009), were on full display during the pandemic.

Survey results show that awareness campaigns (washing hands, wearing masks, social distancing) by the government were successful. However, the government was not enthusiastic about proactive transparency about public health, and this affected public authorities’ responsiveness and accountability to citizens. For instance, critical information about the number of infections and testing and sample collection was controlled, and media access to the information was restricted. Draconian laws, such as the Digital Security Act 2018, were used to penalize and discourage media from seeking and disseminating information in these areas. As the survey findings indicate, citizens did not enjoy a high level of trust in relevant authorities as reliable providers of information.

The low institutional capacity of the state to govern health was evident in the testing regime. This vital function of the state during a pandemic was severely affected by institutional and logistical deficiencies (low numbers of testing centres and kits), urban bias, cost policies that effectively priced out the poor, and a lack of transparency and accountability. While low state capacity in terms of technical preparedness was a problem, governance and political decisions played a greater role in determining the quality of COVID-19 health management. In June 2020, for instance, the health authorities stopped free testing and imposed fees, ostensibly to “avoid unnecessary tests and ensure better management” of the testing process (Cousins, 2020; Hasan, 2020). These actions were criticized by former health officials and experts on the grounds of discrimination against the poor and for creating disincentives for the people to take tests (Cousins, 2020). The testing regime also suffered from serious integrity problems, ranging from non-transparent procurement of medical kits to widespread fraudulence. Corruption in Coronavirus testing came under the regulator’s scrutiny only after Italy threatened to stop Bangladeshi migrants from entering upon finding doctored test results at the port of entry. External pressures provided stronger incentives for action than the imperatives of internal accountability—despite exposure by the domestic media and vigorous protests by national civil society watchdogs against non-transparent procurement practices, no official action was taken to improve health-related procurement practices.

The influence of local political elites and organizations and consequent clientelistic practices and governance deficits similarly explain why pandemic-related relief management is believed to have suffered from targeting failures (or politicized targeting), leakages, and underutilization of allocated funds, despite its relatively high capacity to deliver social protection. In the context of the pandemic, such power was further boosted through innovative implementation mechanisms, including establishing grassroots committees for better targeting, a hotline number for feedback from the local community, and scrutiny and digitization of beneficiary lists. Here, too, it transpired that technical preparedness was not enough to overcome the governance and political obstacles to effective implementation. In most locations, the

formidable local political machine took charge of the distribution process, sidelining the civil administration. Containing “leakages” when elected local officials were found to be involved also became a challenge for the government. Hotlines were not used by citizens, indicating their own understanding of the local political power that governs relief distribution—it is more logical to remain loyal to local patrons and rely on their support to access reliefs than to voice grievances to a distant and impersonal state.

A stimulus package for the RMG industries to bail out the owners as well as to ensure the livelihood of the workers also ended up largely benefiting the former (see Chapter 7). This was due to the meta-level governance dynamics, the contingent nature of the state-business relations characterized by policy/regulatory capture by RMG owners. In addition, the owners’ influence over the regime is boosted by their central role in the maintenance of the regime’s growth narrative—deemed as a critical factor in maintaining the latter’s performance legitimacy. RMG factory owners framed themselves as the principal victim of the industrial crisis due to the pandemic and attributed the workers’ plight to the global buyers, who had reneged on their contracts. This helped them influence the design of the stimulus package that largely favoured their interests. Policymakers did try to ensure the welfare of the workers, but their efforts were met with partial success. The workers had little say in the design of the stimulus package because of their weak bargaining and collective action capacity and the marginal status of their trade unions in the broader power matrix informing industrial relations. Workers could secure some of the rights (full wage, job security), only on an ad-hoc basis, through spontaneous protests at the factory gates.

The power and influence of the industrial elites and their lack of accountability became apparent during an infamous episode, which revealed their attitude about the lives and dignity of their workers. In the middle of the lockdown in early 2020, thousands of workers were asked to return to their factories to collect wages and restart work. Thousands of workers, panicking about job security and desperate to collect their due wages so they could ride out the lockdown period in the safety of their villages, walked hundreds of kilometres to return to the factories. They were forced to spend the meagre savings they had on transportation and expose themselves to the virus. The lack of coordination soon became apparent between the owners, Bangladesh Garment Manufacturers and Exporters Association (BGMEA), and the government as to whether factories should remain open. Facing criticism from the health authority and labour rights groups, the government eventually weighed in, and workers were told to leave the factories immediately. Such behaviour exemplifies what has been called the politics of disposability, in which poor and weak citizens are considered expendable, and the imperative of the market comes at the expense of public life (Giroux, 2008).

The government’s strong political incentive to project a narrative of strong economic growth to maintain and enhance its performance legitimacy is also largely evident in the design of the economic stimulus policies to deal with the pandemic. As Chapter 6 in this report clearly points out, the economic stimulus package heavily prioritized growth-oriented strategies (about 80% of the allocations) over social protection strategies (about 20% of the allocations). The former

emphasizes programs that would have an immediate impact on economic growth, while the latter focuses on programmatic interventions to protect the vulnerable members of the community who may lack the material resources to cope with the lockdown. Although the bias towards growth-oriented stimulus had harmful effects on citizens' welfare, as Chapter 6 shows, it was adopted as the preferred strategy to boost performance legitimacy. A strategy of maintaining economic growth at all costs also helps explain why the regime was reluctant to enforce strict lockdown and eager to keep the economy open. Given such strong incentives of the political elites, dealing with the stark choice of lives versus livelihoods did not prove to be too much of a difficulty for the regime in the end. Here, too, the politics of disposability seems to have informed the design of the stimulus package as well as the broader framing of the public policies in managing the pandemic.

A key reason governmental performance was positively evaluated by citizens is its perceived success in protecting basic economic security. A majority of the citizens were satisfied because their demand for freedom to access means of livelihood was met through the early withdrawal of the first lockdown. This decision boosted the performance legitimacy of the authority since it conformed to citizens' expectations that the regime should act as a benevolent patron and be responsive to the life-sustaining demands of the poor. By imposing a strict lockdown, the regime actually violated the de facto "social contract" with the citizens, that their positive liberty will always be upheld. This was quickly reversed by the authority by relaxing and then withdrawing the lockdown entirely. As it transpired, in the regime's strategic thinking, upholding positive liberty will always get the priority that matches the preference of the citizen.

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

Syeda Salina Aziz and Avia Nahreen

1. Introduction

Public health in Bangladesh remains neglected, underfunded, and ill-served. Resources going to the health sector are the lowest among the South Asian neighbours, with an allocation as low as 2% of GDP and an out-of-pocket expenditure as high as 74% (Global Health Expenditure Database, 2018). The pandemic, as in many other countries, has posed serious challenges for the health system in Bangladesh. As of 17 May 2021, the total number of infected people in the country was 780,857, and the total number of reported deaths owing to COVID-19 was 12,181 (see Figure 22 and Figure 23).

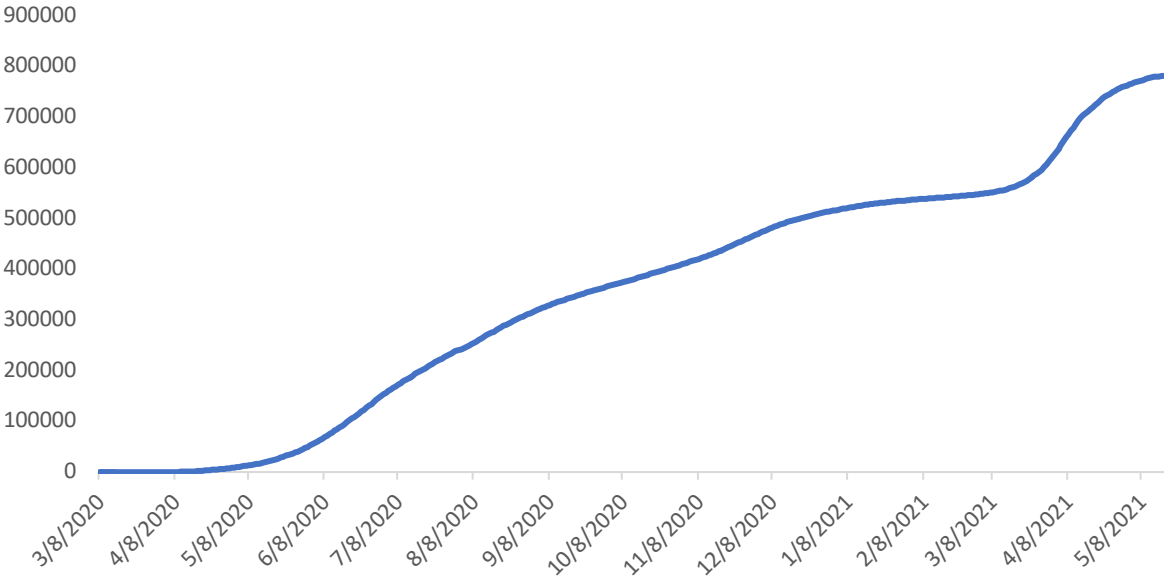


Figure 22: Total Identified COVID-19 Cases, by Day

Source: Our World in Data, n.d. <https://ourworldindata.org/coronavirus-data> [Accessed: 19 May 2021].

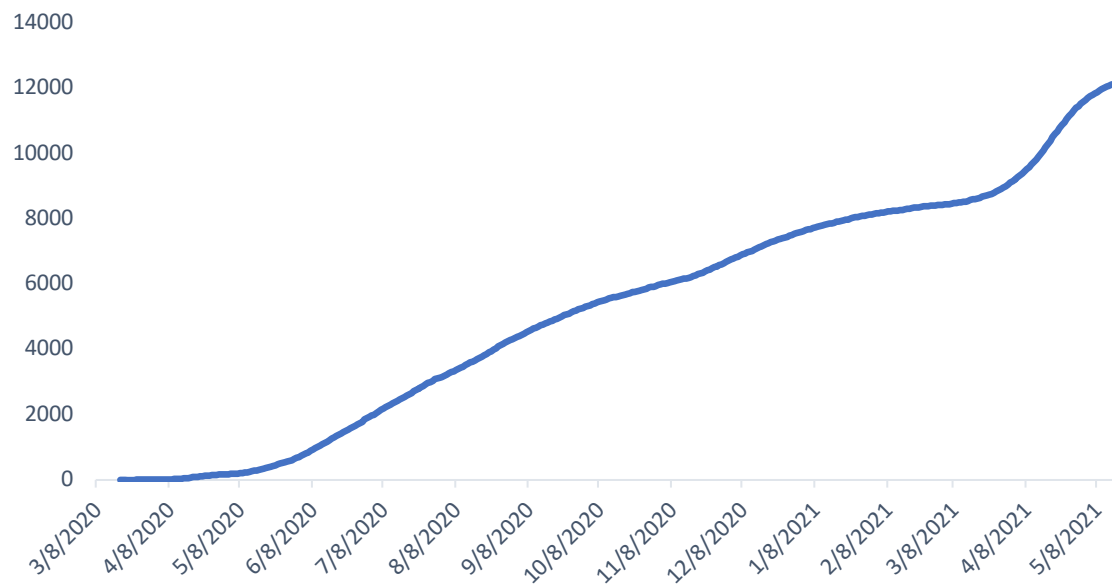


Figure 23: Total Deaths Reported Due to COVID-19, by Day

Source: Our World in Data, n.d. <https://ourworldindata.org/coronavirus-data> [Accessed: 19 May 2021].

These rates are relatively low compared to many Western countries and were till now explained by demographic, environmental, and physiological factors and lower detection due to limited testing facilities (Ahmed & Rahman, 2020; The Financial Express, 2021a; The Financial Express, 2021b). It is, however, unclear if the low infection and fatality rates could be attributed to the governance of the country's health system during COVID-19, despite the government's repeated claims of successful management of the pandemic (DD News, 2021; Dhaka Tribune, 2021).

Country cases and reviews demonstrate that the health strategies of some of the countries that performed better in pandemic management were characterized by readiness and prompt policy response, strict enforcement of lockdown, rapid and widespread testing and isolation, and effective health communications (Partridge-Hicks, 2020). Countries that succeeded in good pandemic management had better access to universal healthcare and robust hospital infrastructure. For example, Vietnam, among the developing countries, has set a remarkably efficient example in COVID-19 management, owing primarily to a well-developed public health system, a strong central government, and a proactive containment strategy based on comprehensive testing, tracing, and quarantining, along with a transparent communication strategy that was trusted by its people (Dabla-Norris et al., n.d.; Exemplars in Global Health [EGH], 2020; Jones, 2020). Similar measures were undertaken by other successful East Asian

nations like South Korea and Taiwan (Bodrud-Doza et al., 2020). Despite having differences in their forms of government and democratic practices, the East Asian nations enforced strict governance measures and had strong community solidarity, which made a significant difference (Shaw et al., 2020). These cases highlight the importance of early intervention; strong government control; transparent and strong decision-making; clear roles and responsibilities; united efforts; involvement of multiple sectors; inclusion of medical, scientific, economic, political, and social experts in decision-making and policy formulation; proactive preventive action at the local level; community governance; widespread use of technologies; and rapid testing.

This chapter reviews the governance policies and mechanisms of Bangladesh's health sector during the COVID-19 outbreak and analyses the following within the purview of the pandemic:

- pre-existing policy preparedness towards an impending pandemic;
- policy responses at the time of the outbreak;
- the current and pre-existing capacity of the government to handle the pandemic;
- health resources allocation and distribution;
- health procurement corruption;
- decision-making procedure before and during the outbreak;
- level of coordination and unification of efforts at different fronts;
- involvement of the scientific community, private sector, and civil society; and
- transparency in decision-making and health communication.

The findings suggest that the possibility of an epidemic or pandemic was never seriously considered by the government before the outbreak of COVID-19. Despite having a recurrent incidence of communicable disease outbreaks, albeit, at smaller scales, the country lacked the policy framework and resource capacity to respond to long-term health emergencies successfully. Previous assessments regarding health preparedness identified the weaknesses in emergency response planning and operation, along with poor communication of risk, which went unaddressed at the policy level. Along with this, the under-funded health sector in the country had limited human resources, infrastructure, and health supplies to deal with the pandemic.

The policy response during the pandemic was slow and ineffective. Strong, decisive leadership in managing the pandemic was absent; rather, the policy response was slow, marred by overly bureaucratic procedures and incoordination among actors and committees. The voice of the scientific community was not adequately incorporated into health actions.

The health communication was somewhat effective in disseminating COVID-related information and building awareness about the pandemic among the public. But when it comes to communicating transparently, there were serious limitations. There were attempts to control information regarding infection spread, transmission levels, and resource availability which resulted in some mistrust among the public.

The supply of testing kits and PPE was limited, the procurement process for stocking up the kits was slow, and the number of technologists available was insufficient. The testing rate by population was low in Bangladesh, even by South Asian comparison. At the same time, the distribution was inequitable, directed towards the capital and urban centres. Intensive care unit (ICU) beds with ventilator facilities were initially scarce; though ICU facilities have increased slowly over the months since the start of the pandemic, the supply remains inadequate given the size of the population.

2. Pre-existing Pandemic Response Capacities

2.1. Governance of Infectious Disease in Bangladesh

Legally, control of communicable diseases in Bangladesh is directed by the Infectious Diseases (Prevention, Control and Eradication) Act which came into force in 2018. As per the Act, the term “infectious disease” has no fixed definition, and the government is allowed to declare any emerging or re-emerging health issue/symptom as infectious through a notification in an official gazette. On 23 March 2020, the Ministry of Health and Family Welfare (MoHFW) issued a gazette and listed the novel COVID-19 as an “infectious disease,” thereby authorizing itself, enabled by the Act, to take action against people not following government directives regarding the disease. With regards to testing, if a person is suspected of carrying the virus and having the disease, government officials, through the Directorate General of Health Services (DGHS), are instructed to collect that person’s sample to carry out a pathological examination. If the individual is found to have the disease after testing, the authorized official (AO) is obligated to inform the civil surgeon in their jurisdiction on this matter (Siraj et al., 2020).

The Institute of Epidemiology, Disease Control and Research (IEDCR) is the mandated institute of the MoHFW to conduct outbreak investigations and responses all over the country, and DGHS is one of MoHFW’s 10 implementing authorities. Within the DGHS, the Director for Disease Control is designated to take charge of any pandemic outbreak in the country. The DGHS has a Communicable Diseases Program, the general objective of which is to control/eliminate communicable diseases in Bangladesh. One of the specific goals of the program is to respond timely to public health emergencies of international concern (PHEIC). The IEDCR, under DGHS, is the focal institute for conducting disease surveillance and outbreak investigations in Bangladesh (GoB, 2019).

In terms of disease surveillance capacity, at the upazila (sub-district) and district levels, weekly and monthly reporting systems exist, which are supposed to be maintained through the Upazila Health Complex (UHC)’s monthly disease profile. These reports are supposed to be sent to the district level at weekly and monthly intervals. However, these reports are not properly validated. The DGHS Control Room is responsible for collecting the reports from the

districts, while the Civil Surgeons' Control Room in the district is responsible for the reports from the upazilas (MoHFW, 2010).

The not-for-profit sector in Bangladesh has earlier been involved in communicable disease prevention and control (WHO, 2004). The public-NGO collaboration has been very successful in the case of the National Tuberculosis Control Program (NTP). BRAC's tuberculosis (TB) control program initiated in 1984 through a memorandum of understanding (MoU) with the government became a pioneering initiative, where BRAC played a pivotal role as a non-government entity in curbing TB outbreaks in rural areas of Bangladesh. Outside of the government, the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), an international public health research organization, plays a crucial role in disease outbreak investigations and control. icddr,b regularly collaborates with the IEDCR to investigate outbreaks (icddr,b, 2021).

On 18 March 2020, the GoB adopted the National Preparedness and Response Plan (NPRP) for COVID-19 with a total cost of USD 29.6 million. As per the plan for COVID-19, Bangladesh followed the WHO-prepared interim guidance for laboratory testing for the 2019 novel Coronavirus (WHO, 2020c). In the plan, it was mentioned that initially, all suspected cases would be tested, but in Country Level 2—imported cases and limited human-to-human transmission (HHT)—and Country Level 3—a cluster of cases—sample would be collected only from selected cases “depending upon the situation.” The plan, however, did not specify how these selected cases would be determined and what it meant by “special situation.”

2.2. Current Policy Framework

Bangladesh, given its proximity to the Bay of Bengal and its low-lying topography, has always been exposed to seasonal flooding, periodic cyclones, land erosion, and communicable and waterborne diseases. As a result, the country has established a reasonably robust disaster management response system guided by national disaster management plans and ministries and agencies dedicated to disaster management. This section will look into how health emergencies feature in the broader disaster management policy and what preparedness actions the government had taken before COVID-19 to tackle any impending national-level health emergency.

Disaster management in Bangladesh is officially guided by the National Disaster Management Plan (NDMP) 2016–2020. Built on NDMP 2010–2015, NDMP 2016–2020 takes into account the lessons learned over the years through the government's experiences in managing disasters and through special consultations and workshops on the NDMP 2010–2015.

a) NDMP 2016–2020

- Health hazard has been listed as one of the main hazards for Bangladesh.

- Health has also been separately highlighted as a hazard that has the potential for assuming significance because of emerging risks.
- There is no mention or elaboration of any contingency plan for health emergencies like an epidemic.
- The plan contains more details on government actions related to climate-induced hazards, like rising sea levels, coastal flooding, earthquake, waterlogging, etc. (GoB, 2017).
- Though health hazards from microorganisms and vector diseases are mentioned, the possibility of an epidemic as imminent disaster risk is not elaborated on.

b) 2009–2011 2nd National Avian and Pandemic Influenza Preparedness and Response Plan

- The Plan has clear directions on what is to be done if a human-to-human communicable disease outbreak spreads and results in a pandemic (GoB, 2009).
- There are clear directives on what government agencies must do during both a pandemic alert period and an ongoing pandemic period. In the directives, MoHFW takes the lead during a pandemic alert period, and the PMO leads during the pandemic period itself. Strong community mobilization is to be put in place to create social movement through enhanced participation.

c) Standing Orders on Disaster 2019

- Bangladesh's Standing Orders on Disaster (SOD) 2019 (Ministry of Disaster Management and Relief [MoDMR], 2019) have no directions on what is to be done in case of an epidemic or pandemic.
- In the SOD, epidemic management and first-level health response are only mentioned as the aftermath of a natural or human-induced disaster, such as cyclone, flood, earthquake, building collapse, or fire.
- The responsibilities of high- and field-level officers of the DGHS are mentioned in the SOD, but only pertaining to their duties in the aftermath of a major natural disaster.
- There is an SOP for avian influenza in humans, but the document is completely technical and clinical in nature and provides no guidance on policy formulation or agency response mechanism in the event of an influenza pandemic.

2.3. Health Emergency Preparedness Capacity

The Global Health Security (GHS) Index (The Economist Intelligence Unit [EIU], 2019) assesses a country's prevention mechanism, detection and reporting, rapid response, health system, and compliance with international norms in containing outbreaks. Bangladesh gets a

GHS Index score of 35 out of 100 and ranks 113th among 195 countries in terms of outbreak management. In comparison, India scored 46.5, Bhutan 40.3, and Pakistan 35.5—all of them higher than Bangladesh overall. For detection and reporting, Bangladesh scored high at 50.9, compared to the average of 41.9. But it scored low on emergency response operation, exercising response plans, risk communication, access to communication infrastructure, emergency preparedness and response planning, as well as infection control and practices. The country scored an outstanding 100 in the laboratory system, which, however, did not effectively translate into testing success during COVID-19 (EIU, 2019).

The Joint External Evaluation of International Health Response (IHR) Core Capacities conducted by the WHO in May 2016 (WHO, 2016) also lauded Bangladesh’s success in setting up laboratory capacity that meets international standards to track and manage emerging communicable diseases. As per the report, Bangladesh scored extremely high in the national laboratory system and was appreciated for having functioning and robust laboratory testing for detecting priority diseases, specimen referral and transport system, and effective modern point-of-care and laboratory-based diagnostics. Bangladesh also scored high on real-time disease surveillance and reporting. However, it scored extremely low (1/5) on preparedness capacity.

Table 1 presents details on Bangladesh’s disease detection, surveillance, and health emergency preparedness capacity, as well as gaps in the capacity, as per WHO’s 2016 evaluation:

Table 1: Health Emergency Preparedness Capacity and Gaps of Bangladesh

	Capacity	Gaps
Resources	<ul style="list-style-type: none"> • Public sector: laboratories in 36 government medical colleges, 64 district hospitals, 489 primary hospitals, and 43 specialized institutes • Private sector: 4,458 laboratories • Polymerase chain reaction (PCR) testing for influenza virus at IEDCR/icddr,b • Well-established diagnostic capabilities at IEDCR for Nipah, Japanese encephalitis, Middle East respiratory syndrome-related Coronavirus (MERS-CoV), Ebola, and Zika • The defence sector has 17 laboratories for the armed forces, but during emergencies, can provide surge testing capacity and logistical support • PPE available at the national level and some regional laboratories • Specimens can be transported safely and quickly from 95% or more intermediate levels/districts 	<ul style="list-style-type: none"> • Risks and resources were inadequately mapped and utilized • Inadequate public health response at border points of entry • Need more training and creation of more posts for laboratory medicine specialists

	<ul style="list-style-type: none"> • IEDCR and icddr,b trained staff at surveillance sites to facilitate sample collections in emergency/outbreak situations 	
Surveillance	<ul style="list-style-type: none"> • Indicator- and event-based surveillance system for human health is functioning well • All disease outbreaks reported have been responded to appropriately, both locally and centrally • The real-time disease surveillance and reporting system was established in 2009, which is now down to the sub-district (upazila) level countrywide • For mass gatherings, IEDCR targets specific flights from the Haj; they meet with airport authorities and circulate informational yellow cards to passengers with phone numbers for symptomatic people to call • Event-based surveillance exists for rumour detection and verification • Hospitals, even at peripheral levels, share reports on suspected cases using 24/7 call centre 	<ul style="list-style-type: none"> • No formal specimen referral system from district/sub-district to national level. Needs courier service and/or dedicated staffing assigned for transport • No regular, national budget for ongoing surveillance (including ongoing sample transport)
Communication & information	<ul style="list-style-type: none"> • Three levels of rapid response teams exist with good collaboration and information sharing mechanisms between surveillance and rapid response teams • Timely dissemination of surveillance reports through websites • 24/7 hotline used to capture any informal report or event • Mobile phone surveillance piloted in Dhaka in 2012 	<ul style="list-style-type: none"> • Web-based disease surveillance system needs to be expanded to cover all private hospitals and large clinics
Regulation & monitoring		<ul style="list-style-type: none"> • Public health emergency preparedness and response plan not yet prepared • There is a licensing process for private laboratories under DGHS, but no checks for quality standards • Directors of hospitals and clinics in charge of laboratory inspection, but no regular quality audit and only occasional monitoring and inspection • No overall laboratory focal point at DGHS to drive quality agenda. At the facility level, directors of hospitals may be empowered but do not control public health laboratories

Hospital and Health Workforce Capacity

Effective health response to the COVID-19 pandemic required medical resources, such as PPE, and hospital resources to provide care and cure. This section looks into the availability of health equipment before the pandemic. As can be seen from Table 2, population health resources are extremely low for the country's roughly 166 million people.

Table 2: Status of Health Facilities and Workforce in Bangladesh

Hospital and primary care facilities	Health workforce
Total number of government facilities under the DGHS: 2,258 Facilities per 10,000 population: 0.14	Number of doctors: 25,594 (27,002) ⁸ Per 10,000 population: 1.54
Total number of primary-level facilities (except community clinics): 2,003 Facilities per 10,000 people: 0.12	Number of medical technologists: Total 5,208 (8,146); Lab technicians: 1,581
Total number of secondary and tertiary level facilities: 255 Facilities per 10,000 people: 0.015	Total number of primary-level facilities (except community clinics): 2,003 Per 10,000 population: 0.31
Number of hospital beds under the DGHS: 54,660 Beds per 10,000 people: 3.29	Number of community healthcare providers (CHCPs) for community clinics: 13,907 Per 10,000 population: 0.83
Number of hospital beds in private hospitals registered by the DGHS: 91,537 Beds per 10,000 people: 5.51	Total number of government facilities under the DGHS: 2,258 Per 10,000 population: 0.14
Population-health workforce ratio: DGHS 2019	
Population per registered physician: 1,487	Number of registered physicians per 10,000 population: 6.73
Number of doctors working under the DGHS per 10,000 people: 1.55	Number of medical technologists working under the DGHS per 10,000 population: 0.60
Number of community and domiciliary health workers working under the DGHS per 10,000 people: 2.26	Number of beds in DGHS-run public hospitals per 10,000 population: 3.30
Number of beds in private hospitals (registered by the DGHS) per 10,000 population: 5.53	

Source: GoB (2019).

The number of commodities per population required during a pandemic at the Central Medical Stores Depot (CMSD) was also found to be low (CMSD & DGHS; "DGHS Press Release," 2020). Table 3 depicts the number of available commodities per population the government had at its

⁸ No. of sanctioned posts are given in parentheses

medical storage facilities on 23 March 2020, two weeks after the first COVID-19 case was detected on 8 March 2020.

Table 3: Medical Supplies Inventory at the Central Medical Stores Depot (CMSD), as of 23 March 2020

Name of commodities	Total quantity received	Total disbursement	Present stock	Current stock per 10,000 population
Examination and surgical gloves	372,800	297,830	74,970	45
Hand sanitizer/rub	45,080	32,770	12,310	0.74
Non-woven and personal protective face masks	105,100	56,100	49,000	2.95
Protective cover all and surgical face masks	25,102	19,000	6,002	3.62
Combo surgical protection dress	840	500	340	0.02
Gowns	16,000	12,660	3,340	0.20

Source: GoB (2020).

3. Assessment of Governance During COVID-19

3.1. Effectiveness of COVID-19 Management

Transmission Level Identification and Response Plan

To facilitate planning and identify response levels, four country levels of COVID-19 infection status were identified according to the NPRP for COVID-19 (see Table 4). Under each level, a risk assessment should be conducted to determine the response level. It is crucial to get the levels right to identify the correct and timely response to minimize the rate of infection.

Table 4: Levels of Coronavirus Transmission in Bangladesh⁹

	Date reported by WHO (based on the publication date of WHO situation report)	Date reported in national media	Local sources
Level 1: No case identified in the country		Till 7 March 2020	
Level 2: High risk of imported cases	28 February 2020		
Level 3: Imported cases	12 March 2020	8 March	(The Daily Star, 2020b)
Level 4: Local transmission/cluster cases	30 March 2020	5 April	(Fuad, 2020)
Level 5: Community- level transmission	1 June 2020	14 April	(The Daily Star, n.d.)

Source: WHO (2020a, 2020b, 2020d, 2020e).

The transmission level identification by the government differs from the WHO situation reports, which has affected the credibility of the government sources (see Table 4). For instance, the initial risk assessment by the government on 18 March (that the country was at Level 1) differed from that of the WHO (which assessed Bangladesh as a country belonging to Level 2)

⁹ Table 4 shows five comparable levels of transmission, as per the WHO strategic plan. The national plan, on the other hand, mentioned only four levels, including no case, high risk of imported cases, cluster contamination, and community-level transmission.

(MoHFW, 2020). This mismatch between government statements and WHO situation reports has also been visible at other stages, as summarized in Table 4.

Prioritization and Overall Preparedness

During the initial stages, starting from January 2020 till March 2020, the policy response towards COVID-19 was slow, similar to other countries in South Asia. For any imported disease, the first step is to prevent the spread through border controls. Countries with strong border management were found to be more successful in COVID-19 management (Shaw et al., 2020; Wang et al., 2020). Despite having two months of preparation time, no consistent border control was put in place. When migrants were returning from abroad in the early days of the crisis, there was a lack of adequate screening mechanisms at the airports to detect patients with COVID-19 and contain transmission. The same lack of preparedness was also reflected in the government-arranged quarantine (The Daily Star, 2020a). Consequently, the government also allowed travellers to enter the country on the condition of a 14-day isolation/home quarantine without ensuring any strict supervision of their movement. During that time, the IEDCR, on behalf of the government, claimed that adequate safety measures were taken, including the cancellation of on-arrival visas for passengers from China and some European countries.

The government also arranged for setting up thermal scanners at air and land ports, but they were insufficient given the large numbers of incoming passengers. For instance, in early February 2020, there were three thermal scanners and five handheld infrared thermometers at Hazrat Shahjalal International Airport in Dhaka for an average of 10,000 passengers; at Chattogram Airport, there were four thermometers for an average of 800 international passengers; and five at the Sylhet International Airport. Many of the other land and seaports in the country could not avail of scanners during that time (Sujan & Habib, 2020). Moreover, despite making at least five official orders to mandate wearing face masks and social distancing, not much compliance was visible (Kamol, 2020).

Enforcing Social Distancing and Lockdown

From the first week of March, though not enforced strictly, Bangladesh started to postpone all mass gatherings. Educational institutions were closed on 18 March 2020 and remained closed as of May 2021. Followed by the closure, the government declared a “general holiday” from 26 March, which was extended seven times in two months, officially ending on 30 May. No strict enforcement of lockdown was visible throughout the period (see Chapter 4 for a more detailed discussion) (Islam et al., 2021). Bangladesh was one of the 10 countries that withdrew lockdown too early, despite knowing the serious risks of a second wave of infection (Gutiérrez et al., 2020). The WHO outlined a guideline for governments wanting to lift lockdown or restriction under which six criteria were identified; none of these was fulfilled in Bangladesh at

the time the lockdown was withdrawn. In Bangladesh, withdrawal of lockdown amidst the rapid spread of infection was often labelled as a battle between health and economy or between lives and livelihoods.

Leadership and Coordination

For COVID-19 health management, the MoHFW formulated high-level national committees and also several layers of sub-national committees to handle the situation (see Table 5). The March NPRP discusses the terms of reference (TOR) of the National Committee, National Coordination Committee, and National Technical Committee, along with divisional-, district-, and upazila-level committees. Later, in the July version of the plan, new committees, such as the National Coordination Group, Municipality Coordination Committee, City Corporation Coordination Committee, and Union Coordination Committee, were further added. Within the DGHS, 10 other committees were formed to carry out different roles and responsibilities.

Table 5: COVID-19 Management Committees

National-level committees	Name of the committee	Date of Formation	Terms of reference
	National Committee for Prevention and Control of COVID-19	1 March 2020	<ol style="list-style-type: none"> 1. Endorsement of the national plan for prevention of COVID-19 inside the country 2. Logistics or financial support to prevent COVID-19 3. Providing direction to local committees 4. Providing direction in any other related matter
	National Coordination Committee for Prevention and Control of COVID-19	March 2020	<ol style="list-style-type: none"> 1. Review and decision on evolving issues of COVID-19 2. The committee will be functioning 24/7 through selected members of the committee and, when necessary, through the full committee 3. Sending documents to the national technical committee or multisectoral task force or technical advisory group as and when necessary for approval or further action 4. May instruct coordination committees of different levels as and when necessary

	National Technical Committee for Prevention and Control of COVID-19	March 2020	<ol style="list-style-type: none"> 1. Review the national plan 2. Implementation of the national plan 3. Review communication materials 4. Review and recommend resource mobilization 5. Review, adopt, and implement proposals at the directorate level 6. Coordinate with other directorates involved in the plan 7. Monitor and evaluate the activities of the plan 8. Develop, review, and adoption of SOPs 9. Coordinate activities of relevant stakeholders 10. Meet monthly and when the country situation requires
	National Technical Advisory Committee	18 April 2020	To advise the government on identifying the key strategies, priority interventions, and measures that need to be taken to implement the government response, based on emerging findings and recommendations, including WHO guidance, global evidence. In addition, the committee members will participate in the various operational-level core committees and communicate progress and raise issues discussed in the core committees
	National Public Health Coordination Group	June 2020	An eight-member national-level public health coordination group, i.e., one member for each of the eight divisions of Bangladesh, has been formed by the MoHFW for coordinating the COVID-19 containment activities at the division level. The group also provides necessary public health advice to the DGHS/MoHFW
	COVID-19 Management Committee	30 June 2020	Implement the Prime Minister's directives to control the outbreak, handle any new situation, and take steps to expand the COVID-19 treatment facilities to private hospitals
Local-level committees	Committee in Division Level for Prevention and Control of COVID-19	March 2020	Implement orders from the national committee. Logistic and financial support to raise awareness in mass population and quarantine when necessary. Any information regarding COVID-19 to be acted upon in
	Committee in District Level for Prevention and Control of COVID-19	March 2020	

	Committee in Upazila Level for Prevention and Control of COVID-19	March 2020	coordination with district and national committee
	Committee in City Corporation/Municipality Level for Prevention and Control of COVID-19	March 2020	
	Committee in Union Level for Prevention and Control of COVID-19	March 2020	

Source: MoHFW (2020a) (2020b)

The proliferation of committees could be seen as ritualistic compliance with public health norms and procedures and not necessarily conducive to effective outcomes. For instance, there were criticisms of the focus of discussions in COVID-19 committees and of their coordination; some may have not even met with other committees (Habib & Adhikary, 2020; Sujan, 2020a).

Strong, decisive leadership was viewed as crucial to contain the pandemic, but this was absent in the early days. The core implementing authorities, the DGHS and IEDCR, made public statements that were flawed or contradicted each other (Ahmed & Liton, 2020; New Age, 2020e). The IEDCR was put in charge of coordination for testing, but later, the role was transferred to DGHS in the middle of the COVID-19 crisis (New Age, 2020b). Controversies regarding imposing fees for COVID-19 tests at government facilities, a scam regarding approving N95 masks and unusable PPE, and later on with the false testing report produced by a private hospital, the credibility of the DHGS was highly questioned. As a result, the administrative leaders in the Cabinet Division and PMO silently took over the control of decision-making with the support of the Prime Minister (PM) (Alam, 2020). Such decisive control was much needed for effective decision-making in the early days of the pandemic, as mentioned in the National Influenza Plan, which stated that in the event of an epidemic or pandemic, the PMO is to take charge from the very beginning. An additional COVID-19 management committee was formed on 30 June under the Health Service Division (HSD), which operated independently of the DGHS and followed the PM’s directives.

3.2. Government Capacity

Inadequacy of Testing Centres

As of 5 June 2021, a total of 6,034,260 tests have been conducted in a population of roughly 166 million (corona.gov.bd, 2021). Table 6 compares Bangladesh’s testing rate per million population with neighbouring countries:

Table 6: COVID-19 Testing Rates in South Asia, as of May 2021

Country	Testing rate per million population
Bangladesh	22,797
Afghanistan	6,810
Nepal	71,453
Bhutan	631,401
Pakistan	37,085

Source: “Coronavirus Update,” 2021.

As seen from Table 6, Bangladesh fell significantly below most other South Asian nations despite having a higher GDP per capita in the last decade than these countries (Worldometer, 2021).

At first, only IEDCR was mandated to conduct tests on suspected cases, vulnerable groups, and people who had been exposed to the virus (Tithila, 2020). Over time, testing facilities were expanded; by April 2020, 17 more government hospitals were allowed to do the polymerase chain reaction (PCR) test free of cost (United News of Bangladesh [UNB], 2020). IEDCR officials cited the possibility of faulty results and the risk of biological hazards as prime concerns for keeping a centralized, singular testing centre.

Quality of Testing

By April 2020, 18 more laboratories in Bangladesh were allowed to conduct testing, 10 of which were in Dhaka. The combined capacity of the total 19 labs was 5,000 samples per day, an extremely low figure for a country of 166 million people (Sakib, 2020). The lack of real-time PCR machines and backlogs at the laboratories created testing delays. Most government-run labs had only one real-time PCR machine. Each PCR machine was capable of testing 94 samples at once and took 8–10 hours to get the results of a batch. Only a small number of medical technologists were trained through short video conference sessions to collect swabs. No technologist was appointed in the state-run hospitals in the last 11 years. In 2018, the DGHS had reported that out of the total 7,920 posts for technologists at medical college hospitals, 2,736 remained vacant (The Daily Star, 2020e).

Lack of Testing Kits

The government initially faced a severe lack of testing kits, with only around 1,500 testing kits available in March 2020. In the first few months, the district-level hospitals continued to sporadically halt testing facilities for days due to testing kit shortages (Molla, 2020b).

According to the former Regional Adviser of WHO's South-East Asia region, having known of the emergence of the pandemic since January 2020, Bangladesh failed to utilize the three months' lead time effectively to procure required materials, like testing kits and PPE (Molla, 2020a). On 3 April 2020, the World Bank approved a fast-track loan of USD 100 million to help Bangladesh prevent, detect, and respond to the crisis. An indicative amount of USD 85 million was set up to support the enhancement of disease detection capacities through the provision of technical expertise and laboratory equipment (World Bank, 2020). On 25 March 2020, the Chinese Government sent 10,000 Coronavirus testing kits to the Bangladesh Government as a goodwill gesture (bdnews24.com, 2020). The Government of India donated a further 30,000 testing kits on 7 May 2020 (The New Indian Express, 2020).

The Difference in Urban-Rural Access to Testing

In the first few months, testing centres were highly spatially skewed. In March 2020, only Dhaka-based labs were equipped to conduct testing. Meanwhile, the lack of trained manpower and technology prevented testing from being made available for citizens outside of Dhaka, despite expatriates travelling outside of Dhaka to their villages in the month of March and threatening the risk of community spread. After a while, the GoB instructed all public hospitals outside of Dhaka to have a "flu corner" for sample collection to be sent to laboratories in Dhaka (Chandan, 2020).

The divisional cities and rural areas conducted far lower numbers of tests compared to Dhaka. The daily testing rates remained below 400 per day up to 6 July 2020 in the Barishal, Rangpur, and Sylhet divisions, while those of the testing facilities in the Chattogram and Dhaka divisions were more than 2,000 and 10,000, respectively. Most of the testing centres were located in district-level hospitals and laboratories. Therefore, it was difficult for rural and remotely located people to get tested. By July 2020, all districts in Bangladesh had reported COVID-19 cases, but only 30 districts had testing facilities. Areas with significant non-Bengali, ethnic minority populations, like Bandarban, Rangamati, and Khagrachari, had no testing facilities at all, despite having significant numbers of confirmed cases (Rahaman et al., 2020).

The centralized nature of testing created delays for rural patients, as it took more than 24 hours for samples to be transported to the city or district-level hospitals. This created reporting delay, but those with connections to local government representatives or hospital officials and those with social capital and influence were found to receive their results earlier through the use of money and social connections (Rahaman et al., 2020). Disparities in access to testing services thus disadvantaged the rural population, those outside of Dhaka or major cities, and marginalized populations.

Pricing

On 28 June 2020, three months into the crisis, the MoHFW decided to cease free-of-cost testing at all public hospitals and impose a fee of BDT 200 (USD 2.36) for testing at collection booths and BDT 500 (USD 6) if collected from home. The private sector charged BDT 3,500 (USD 42) per test. The ministry cited avoidance of unnecessary tests and better management as reasons for imposing this fee (Hasan, 2020). The fees were considered high for Bangladesh, a developing country with 14% of its population living below USD 1.90 per day.¹⁰ By August 2020, government-run facilities had halved the prices of testing, and fees for testing at collection booths came down to BDT 100 (USD 1.18) and BDT 300 (USD 3.54) if collected from home (Dhaka Tribune, 2020c). While the Bangladesh Government was charging for tests, other South Asian countries made reverse transcription-polymerase chain reaction (RT-PCR) testing at the government facilities completely free (Shovon, 2020).

Private Sector Involvement

On 23 April 2020, three private hospitals were allowed to run COVID-19 tests at government-fixed charges. These hospitals were allowed to run tests for in-patient departments at the cost of BDT 3,500 (USD 41), which included the cost of the kit (New Age, 2020a). Unable to grapple with the increasing testing demands, the government allowed eight private-run hospitals and diagnostic centres to conduct testing for outdoor patients from 21 May 2020 at a charge of BDT 3,500 (USD 41) for outdoor patients and BDT 4,500 (USD 53) for home collection. All the eight private-run facilities were based in the capital (New Age, 2020c). To enforce regulatory measures and avoid price discrimination in the private sector, DGHS released a testing requirement guideline for private facilities mentioning that prices to be charged by private facilities were to be determined by the director of the respective hospital (DGHS, 2020).

Lack of Personal Protective Equipment

The highly communicable nature of the COVID-19 virus required the use of quality PPE for both health professionals and the general population, which created a mass demand and shortage for PPE materials all over the world. Bangladesh fared no better and failed to procure adequate and quality PPE in time.

In the 19 March 2020 press release on COVID-19 from the DGHS, the government claimed to have 6,000 PPE kits in the store at CMSD, and 6,940 PPE kits were said to have been distributed to hospitals. As per the 24 March press release, 8,539 beds were prepared by the

¹⁰ Poverty headcount ratio at USD 1.90 a day, 2011 purchasing power parity (PPP).

government for isolation, of which 1,050 were in Dhaka. Private hospitals in Dhaka had 29 ICU beds prepared and, 16 more were in preparation.

One year into the COVID-19 crisis, CMSD pandemic essentials stock stood as seen in Table 7 (DGHS, 2021). It must be noted that the availability of masks, sanitizers, and PPE kits has increased manifold and can be purchased from medical equipment stores all over the country.

Table 7: Medical Supplies Inventory at the Central Medical Stores Depot (CMSD), as of 4 March 2021

Name of commodities	Stock	Stock per 10,000 population
Aprons/gowns	87,814	5.29
Masks	7,189,962	433
PPE kits	793,172	48
Sanitizer	249,249	15

Source: DGHS (2021).

On a press release on 3 April 2020, the government announced having a stock of 64,410 PPE kits and claimed to have distributed 366,650 PPE kits. The low stocks of PPE, given the country’s vast population, attracted media scrutiny following the detection of the first COVID-19 case on 8 March 2020.

Ventilators became crucial for saving the lives of COVID-19 patients with breathing difficulties, but there was an acute shortage. Two months into the crisis, by the end of April 2020, newspaper reports mentioned that the government was able to secure only 1,267 ventilators for its 166 million citizens—520 in public hospitals and 737 in private hospitals—of which 926 were in Dhaka and 341 in other districts (Anik, 2020). As of 13 April 2020, only five oxygen cylinders were available for each upazila (“WHO Situation Report,” 2020). In April 2020, the health minister announced that Bangladesh was looking to import 400–500 more ventilators, but none was imported even two months after the announcement. An order for 200 ventilators from the United Kingdom (UK) was placed using World Bank funds, but the order placement was halted due to bureaucratic processes. Some observers believed the delays were due to corruption (Mamun, 2020b).

According to one study, which assessed the hospital emergency resource capacities of Asian countries, among the low- and lower-middle-income countries, Bangladesh scored the lowest, with only 0.7 critical care beds per 100,000 population, compared to Nepal having 2.8 critical care beds and Pakistan having 1.5 per 100,000 population (Phua et al., 2020).

ICU beds with ventilator facilities were scarce in developed as well as developing countries. But the shortages were particularly severe in Bangladesh. As per one study, hospitals in

Bangladesh had 1,169 ICU beds as of May 2020. Out of these, 432 were in government hospitals (with only 110 outside the capital Dhaka), and 737 were in private hospitals (Khan et al., 2020). As the infection rate declined from September 2020, the government discontinued the operations of the three COVID-19 hospitals—Dhaka Mohanagar General Hospital, Lalkuthi Hospital, and Bashundhara COVID-19 Hospital—even though experts advised the government to keep them running to help ward off a second wave in the future (Anik, 2020).

Through the pandemic period, the number of ICU beds increased slowly. By December 2020, Dhaka city still only had 316 ICU beds, with only 113 in government hospitals. The PM's 8 October order for equipping all district-level hospitals with central oxygen supply systems had not been implemented even by the end of 2020 (Maswood, 2020). However, capacities started to increase gradually, and by the end of May 2021, there were 1,132 dedicated ICU beds in the country; 824 of them were in Dhaka (WHO, 2021).

4. Accountability and Governance of COVID-19 Policies

4.1. Accountability

Decision-Making of the Committees

As per the roles and responsibilities discussed in the preparedness plan, the National Committee is the highest body with 27 committee members headed by the health minister and consisting of secretaries and senior secretaries. However, accountability measures were not in place to ensure proper functioning. For instance, during the peak of COVID-19 transmission from March till July 2020, the committee only met three times (Habib & Adhikary, 2020). Being the highest committee, they are responsible for reviewing and implementing strategies and issuing new directives, but it appears that important policy decisions taken in 2020 were not discussed and debated in the committee; rather, the decisions were made bypassing the committee. The committee had no involvement over two of the most important policy decisions regarding COVID-19 management: factories reopening and resumption of prayers at mosques (Habib & Adhikary, 2020).

Limited Private Sector Involvement

The health-related national-level committees were constituted with representation from various health-related government agencies but had no representation from the private sector. Many feared that due to this strict government-dominated decision-making, independent thinking and the vast private sector expertise would remain untapped. In response to the growing criticism, the government formulated the National Technical Advisory Committee (NTAC) on 19 April 2020, after 40 days of the first COVID-19 case detection (Alam, 2020; The Daily Star, 2020c), which allowed representation of health experts from both government and

private sectors.¹¹ The committee convened 25 times till January 2021 (bdnews24.com, 2021); however, how effective they were in terms of influencing policy decisions remains in question. For instance, the NTAC advised the government on 10 June 2020 to impose an urgent lockdown given the context of the high infection rate, but the government adopted a zonal lockdown policy which was implemented incoherently. In July, prior to Eid-ul-Adha, the NTAC advised against setting up cattle markets in four districts, including Dhaka, Narayanganj, Gazipur, and Chattogram. Against this advice, the Bangladesh Government allowed cattle markets in Dhaka and issued health guidance accordingly (Dhaka Tribune, 2020b). The NTAC also advised the government to use rapid testing kits, but the approval process took three months (Sujan, 2020b).

By August 2020, experts were calling for other testing methods besides RT-PCR, such as antibody and antigen testing. Concerns were also raised regarding the lack of re-testing to confirm negative once a patient was positively tested. Experts were also calling for drastically increasing the daily testing rate from 10,000 to at least 25,000 to effectively manage the spread of infection. A member of NTAC suggested that the ideal daily testing rate should be 50,000, considering the country's population and infection rate. The government cited seasonal floods, which claimed 222 lives, and the Eid-ul-Adha festival vacation as deterrents towards increased testing (Sakib, 2020). While government-run facilities were conducting laboratory tests at the early onset of the pandemic, a team of Bangladeshi scientists developed an antibody testing kit from Gonoshasthaya Kendra (GK), a community-based voluntary non-public health organization (The Daily Star, 2020d). The kit failed to get government approval for testing but was recommended for sero-surveillance, COVID-19 convalescent plasma (CCP) therapy, and research (bdnews24.com, 2020).

Health Communication and Transparency

Effective pandemic governance depends on credible and trustworthy sources of public information. Communication is also important to build trust among citizens so that they comply with the regulations set by the government. The government attempted to use technology and took some important initiatives, including the launching of a smartphone application called Corona Tracer to provide the latest information on COVID-19 testing facilities, statistics, and government announcements. Several web-based portals also provided daily updates about the COVID-19 situation.

¹¹ Consists of retired health professionals who formerly worked at public hospitals and are currently engaged in private practices.

Dissemination of Information on Outbreak and Prevention

When it comes to awareness regarding the COVID-19 outbreak, studies and surveys show that people have been well aware of the outbreak since the beginning, and the majority knew about practices to prevent the infection (Karim et al., 2020; Rahman et al., 2021). In the nationwide BIGD survey conducted in early 2021, virtually all respondents were aware of the COVID-19 outbreak, and an overwhelming majority could identify the right steps to prevent COVID-19 infection (see Figure 24). This almost universal awareness of the outbreak and of practices to prevent its spread can be attributed to the government’s widespread media campaign, as 88% of respondents identified television as the main source of information, and public television broadcasts remain the main source of television news in Bangladesh. The electronic media, including private and public television channels, followed government instructions while circulating information on the virus outbreak and preventive measures based on local health ministry/IEDCR guidelines.

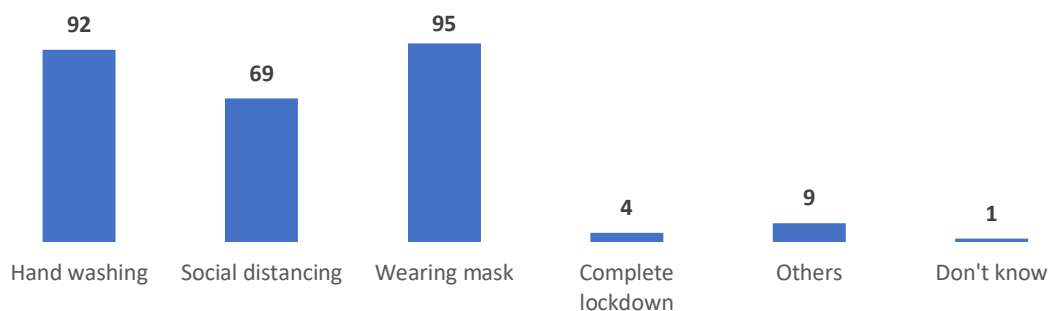


Figure 24: Measures to Prevent COVID-19, as Identified by Respondents

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

Quality and Consistency of the Information

Despite these successes in information dissemination regarding preventive measures, the government in other domains failed to communicate honestly and unambiguously to the public and attempted to control the narrative. For instance, the information regarding community transmission was communicated differently by the health ministry and the IEDCR (The Daily Star, 2020), which created confusion in the public domain. When the government imposed a nationwide lockdown during the most critical phase of infection, it was labelled as a “general holiday,” which created an impression among the public sphere that the regulations could be taken lightly, with many subsequently travelling for leisure or visiting family in the countryside, further increasing the likelihood of “knock-on” community transmission (Adhikary & Hasan, 2020). The misleading statements given by the health minister regarding factory reopening, the confusion regarding COVID-zoning, and the declaration of area-based lockdowns created confusion. Imposing zonal lockdowns after the withdrawal of the national lockdown was

communicated differently by different agencies, and the directives kept changing frequently, making it difficult for the public to follow the instructions.

Curtailing Information

The DGHS was also blamed for changing its media engagement policy, as reflected when the journalists were prevented from asking questions during the briefing sessions. The DGHS converted the usually interactive “media briefings” into sessions where “health bulletins” were read out in the presence of the press during early April 2020 (Bay, 2020a). At a later stage, the information was trimmed in a way so that the testing kit statistics were not truly reported. From 24 April onwards, information on daily sample collection in each testing laboratory in the country (there were 31 as of June 2020) was also discontinued (Bay, 2020a). Around the same time, the government restricted public officials from making public statements. For instance, the Director-General of the Department of Nursing and Midwifery issued an office order during mid-April, declaring that officials and staff members could not speak publicly without permission from the authorities (The Daily Star, 2021).

In addition, the intention to restrict the speech of people who questioned the overall governance of COVID-19 was evident. Sixty-seven cases were lodged under the Digital Security Act 2018 during that period, 37 of which were against journalists. A total of 88 people, including journalists and cartoonists, were arrested in 79 incidents on charges of spreading “rumours” and “false information” about COVID-19 (Maswood, 2020; New Age, 2020d). A very recent incident during the wake of the second wave of virus transmission includes the arrest at the health ministry of an investigative journalist of the country’s highest-circulation daily newspaper *Prothom Alo*. She claimed to be harassed and assaulted during her five-hour-long detention and was later arrested for theft and taking photographs of sensitive state information regarding COVID-19 vaccination. She was later arrested, and a case was filed under the Penal Code of 180 and the Official Secrets Act of 1923, charging her with stealing information and removing secret state documents (UNB News, 2021). The journalist community of the country reacted strongly against the arrest and arranged nationwide protests demanding the immediate release of the journalist, alongside international media expressing deep concerns regarding the matter. Against this backdrop, the government arranged her release on bail after seven days of imprisonment on 23 May 2021 (Dhaka Tribune, 2021b).

Trust in Infection and Fatality Statistics

For several reasons, many people doubt that the Coronavirus statistics published by the government reflect the true situation. Due to the low number of tests, it is believed that most people with COVID-19 were left undetected (Islam et al., 2020). At the same time, the fatality numbers are also low since only people who died after testing positive for COVID-19 are included in the count (Maswood, 2020b).

In the Citizens’ Perceptions of COVID-19 Governance Survey conducted by BIGD in 2021,¹² when asked to rate the accuracy of test statistics provided by the government, only about 51% of the respondents viewed the information to be correct (see Figure 25). Meanwhile, alarmingly, about 40% of the general respondents (from a nationally representative sample) believed that the actual number of infections was either higher or far higher than the reported statistics. It is worth noting that the percentage of people doubting the statistics goes up with education and income. When asked the same about the published fatality statistics, the survey shows even greater scepticism among the public, with about 34% of the respondents believing that actual fatalities were higher or much higher than the reported statistics.

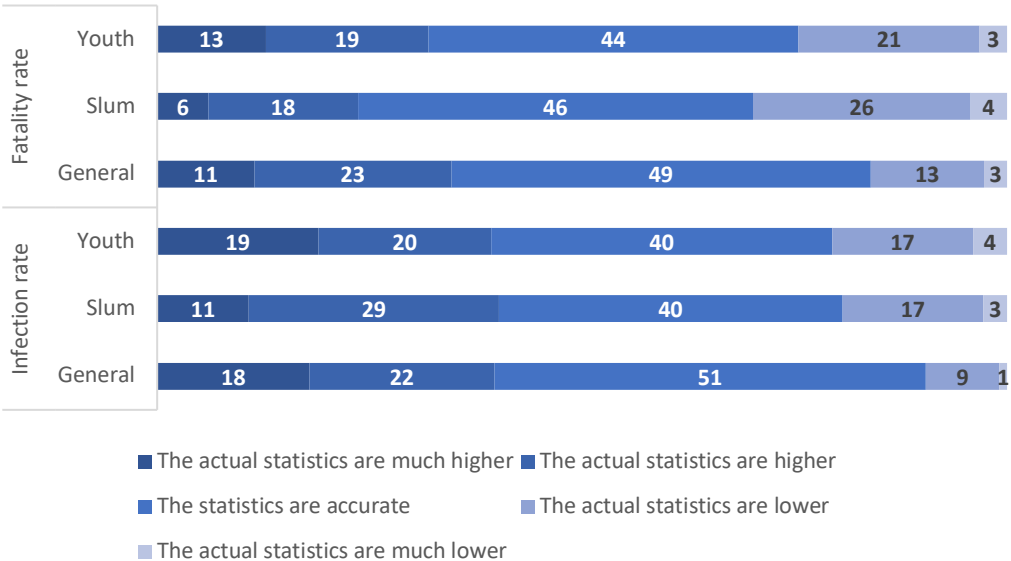


Figure 25: Perceptions on Accuracy of Government Infection and Fatality Statistics Among Respondents

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

When asked about the reason behind not trusting infection statistics (see Figure 26), the majority of respondents (about 58%) felt that people affected by the virus do not get tested, followed by 54% who thought that the government has intentionally concealed information. Moreover, 33% believed that the tests themselves were inaccurate, followed by 23% who

¹² Along with a nationally representative sample of 2,750, the survey also included two small samples (500 and 398, respectively) on youth and members of informal low-income communities using previous BIGD surveys. The youth samples were drawn from the 2017 BIGD Youth Survey conducted among 4,200 respondents of the 15–35 age group. The low-income community samples were taken from the BRAC Urban Development Program census conducted among 24,283 low-income households.

viewed the national testing capacities to be either genuinely poor or were kept low intentionally.

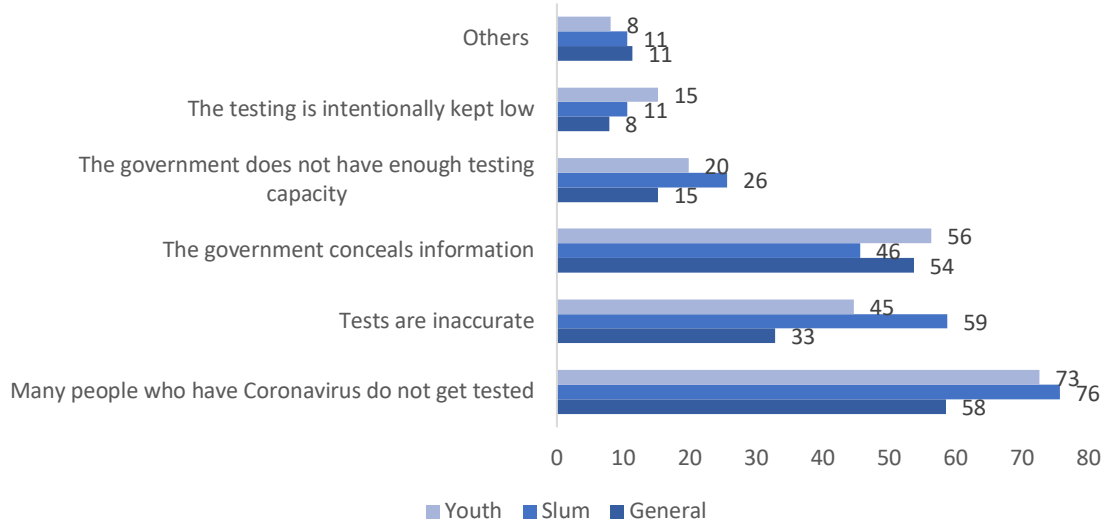


Figure 26: Reasons Behind Respondents Believing the Actual Infection Statistics to Be Higher Than the Reported Statistics

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

Similarly, when asked about the reason behind not trusting the official fatality statistics, 65% of general respondents believed that this misreporting happened because testing facilities were limited. A further 55% of respondents felt the fatality statistics were low because the government concealed information (see Figure 27). Another 37% felt that the fatality statistics were not collected properly.

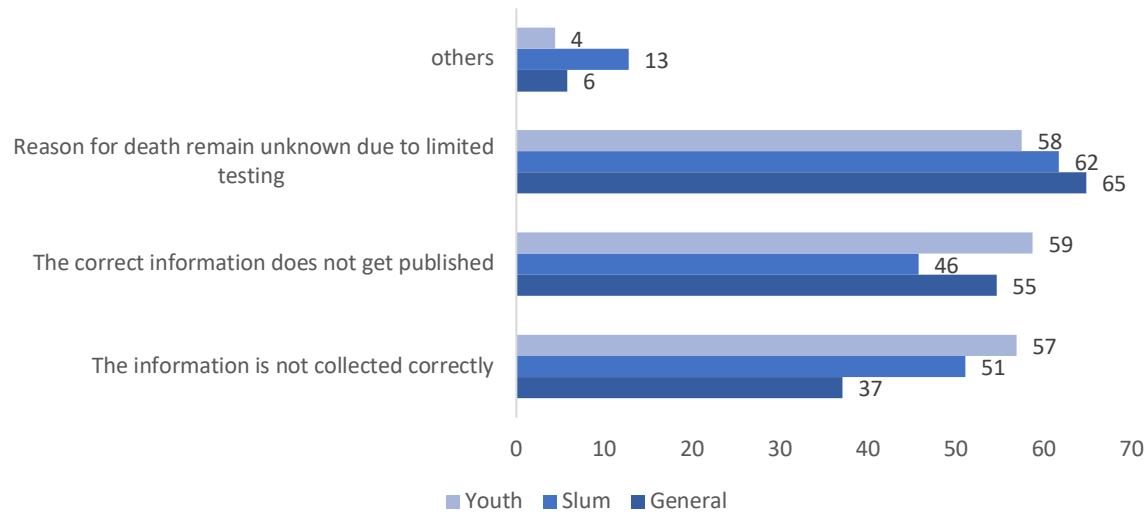


Figure 27: Reasons Behind Respondents Believing the Actual Fatality Rates to be Higher Than the Reported Rates

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

4.2. Corruption

Even before COVID-19 put the health sector under heightened public scrutiny, numerous national and international media and survey reports exposed several incidents of corruption and mismanagement in the sector (Jahan, 2003; Maswood, 2020a; Prothom Alo, 2020; ReliefWeb, 2013). Corruption continued to plague the entire health ecosystem even after COVID-19 hit the nation. During the COVID-19 emergency, health management became a public priority and came to the national forefront. COVID-19-related emergency procurements and immediate health actions that had to be taken were mired in corrupt practices, most of which were featured prominently in popular news media outlets. Corruption was mostly undertaken in testing, procurement, and licensing. While fake and unreliable COVID-19 testing emerged as new forms of corruption, those related to licensing, regulation, mismanagement, bribery, and procurement are endemic to the sector and can be labelled as systemic corruption that has plagued the sector for decades (Ahmed, 2015; Jonathan et al., 2014; Maswood, 2020a; Reza, 2020).

Fake and Unreliable Testing

Lack of regulatory oversight created a series of testing-related scandals, where several lesser-known and some established diagnostics centres were found to have produced fake and dubious test reports. One private hospital issued 10,000 false COVID-19 tests and issued certificates based on those tests that were later certified by the Institute of Public Health (IPH)

as fake. Of the 10,000 samples collected by the hospital, 4,200 were tested in different government-run laboratories, while the rest were discarded, and certificates were issued without any testing being done. Accused of the crime, the chairman of the group that owned the hospital was arrested on 16 July 2020 (The Daily Star, 2020e). Prior to his exposure, several of the arrested chairman's social media posts showed him meeting with key ministers and other powerful government representatives and attending talk shows in national media. This gave rise to the public suspicion that his liaison with government personnel may have given him the connections to get licensing to conduct testing and issue certificates even without having any proven record or capacity for conducting credible testing (Liton, 2020).

In a similar case, another private-run health centre was exposed for releasing fake COVID-19 certificates. The health centre was being run by a government physician as its chairwoman, who was suspended from her post as a registrar at the National Institute of Cardiovascular Diseases (NICVD) (The Daily Star, 2020). Being a government employee, it is a punishable offence to hold the post of a head in a private institution without the permission of the government. The accused had been holding the post of chairwoman of the private clinic while working at NICVD. She was suspended from her post after the case was made public, and later a case was filed against her, and she was taken into police custody.

Licensing

Corruption related to licensing and oversight of private medical facilities also came under the radar. Two-thirds of the country's private clinics and diagnostic centres (over 15,000) have been running without any valid license since 2018. DGHS did nothing but send notices to these facilities and make public announcements in newspapers. Renewal of licenses has been slow since 2018 when DGHS began "digitalizing" the process. DGHS has no powers to do anything except declare these clinics illegal. Lack of regulatory personnel is also one of the reasons why regulation is slow. Three officials look after the licenses of around 5,000 clinics and diagnostic centres in Dhaka (Molla, 2020).

Following reports of unlicensed hospitals amidst the COVID-19 crisis, the health ministry gave the private hospitals a month, hurriedly setting 23 August 2020 as the deadline to apply for license renewal. According to owners of private clinics, such a short timeframe was not sufficient to prepare documentation. Many private hospitals reported applying for license renewal, pursuing the health directorate for years but to no avail. DGHS only had nine officials designated to carry out the renewal procedures. Corruption is associated with every step of the license renewal. Complicated application forms, extremely high fees, long waiting periods were some of the reasons why even established, big hospitals remained unlicensed for years, giving leeway to non-functioning, corrupt, and lesser quality hospitals and clinics to operate without a license (Islam, 2020a).

A 500-bed private medical college hospital in Gazipur, owned by a ruling political party's Member of Parliament (MP) and former home minister, was found to be running for the past six years without legal approval and without the minimum facilities for medical treatment. A 500-bed hospital requires 150 physicians and 300 nurses. This hospital only had 40 temporary doctors and 15 nurses. In spite of this, the hospital opened a 100-bed unit for Coronavirus treatment. The COVID-19 unit had no ICUs, ventilators, high-flow oxygen meters, or central oxygen facilities. It hardly even had physicians or trained nurses. It had no PCR labs, but announcements had been made that COVID-19 testing was being carried out there. The last inspection of the medical college took place in 2018 (Rana & Sharifuzzaman, 2020).

Procurement of Protective Materials

Corruption in the MoHFW also extended to the sourcing of faulty masks, including about 20,000 wrongly labelled N95 masks that were distributed to 10 government hospitals. A private company supplied the CMSD with 9,600 pieces of "N95 face masks" on 27 March and 11,010 pieces of more "N95 masks" on 31 March in big and small boxes. "JMI Face Mask" was written on the big boxes, and "N95 Face Masks" on the small boxes. However, in the delivery slips, all masks were described as "Face Mask (adult) N95." The masks did not contain any seal from any authorized medical organization. A survey committee usually receives products after examining their authenticity, but no checking was done in this case (Khan, 2020). After the scam, a new CMSD Director was appointed in May 2020 (The Financial Express, 2020). The Anti-Corruption Commission (ACC) summoned the owner of the establishment that provided the masks for allegedly misusing their power to buy and sell low-quality masks and PPE during the pandemic. It has been alleged that this scam involved officers and employees of DGHS (The Daily Star, 2020g). Auto parts, garments, and electronic items traders—not medical equipment suppliers—secured contracts with the DGHS for delivering medical supplies (Maswood, 2020a).

As per the health experts in the country, transfers and stringent measures against fake testing and masks were not sufficient to curb corruption. Five months into the crisis, the pace of public testing slowed, and testing results were not produced in time. The Bangladesh Medical Association (BMA) and physicians working as front liners have time and again voiced dissatisfaction with the health ministry's performance. Health sector personnel were sceptical of how much corruption could be curbed through transfers, as the sector is run by a few syndicates whose heads must be brought under the law, according to officials, if corruption is to be stopped (Islam, 2020b).

5. The Second Wave: 2021

Bangladesh entered the second phase of heightened COVID-19 infection rate from mid-March 2021, which could be termed as the “second wave.” After peaking in July 2020, the daily number of infections began to increase again from mid-March 2021, reaching close to the country’s record of 4000 cases in a day, recorded on 2 July 2020 (Xinhua, 2021). Due to an increased number of infections, the country went into a second lockdown from 5 April 2021, which was extended till 5 May. The restrictions included a shutdown of inter-district buses, trains, and ferry services (Baibhawi, 2021). New COVID-19 variants were detected on 23 April 2021 (Sujan, 2021).

On 14 March 2021, anticipating a second wave, the DGHS instructed all the hospitals across the country to prepare for a fresh wave of infections. The civil surgeons and medical colleges were asked to prepare ICUs for impending COVID-19 patients. DGHS director-general consulted with directors of all hospitals in Dhaka and divisional cities for an update on hospital capacity. Experts were of the opinion that the declaration of “early success” against COVID-19 may have given the public a false sense that the pandemic was over and that they could relax preventive measures (Maswood, 2021).

Hospitals were better prepared to face a second surge compared to the first wave. A number of public and private hospitals created central oxygen supply systems to support their COVID-19 wards (Lohani, 2021). 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 (Masum, 2021). The government prepared health facilities and resources between 8 March 2020, when the first case was detected, and the end of 2020. Between March 2020 and November 2020, testing labs increased from 1 to 117. COVID-dedicated hospitals increased from 1 to 128, and isolation beds increased from 5,293 to 29,349 (Mamun, 2020).

Corruption, particularly with the procurement of emergency medical equipment, continued to plague the country. Regarding the stock of current medical supplies, contradictory statements were given by DGHS and CMSD, demonstrating a lack of coordination between the two agencies. Life-saving medical equipment and items worth USD 10.02 million (BDT 102 crore) laid idle at Dhaka airport for 10 months, only to be released seven days after the publication of a media report on the matter on 13 April 2021. During the second wave, CMSD did not receive any future procurement plan in advance from HSD as part of preparations to deal with the epidemic by monitoring the nature of the pandemic (Islam, 2021b). In the progress review of two emergency projects funded by the Asian Development Bank (ADB) and the World Bank, it was found that some work that was supposed to be initiated under these two emergency projects had been stalled after allegations of corruption surfaced. To address irregularities, the director of the project under ADB has been changed three times, and the director of the World Bank project was changed twice (Islam & Moral, 2021).

Purchases by CMSD for emergency medical equipment and PPE were undertaken without following official rules and regulations. In many instances, proper contracts were not drawn up with suppliers. During purchases, negotiations were not conducted with suppliers to ensure fair prices. Regarding irregularities in emergency purchases conducted before June 2020, the CMSD director sent a letter on 9 February to HSD, under the health ministry, informing the authorities about the irregularities. Despite the large finances involved, public procurement rules were not followed in taking the approval of the concerned authorities. No security deposit was taken, and no supply agreement was signed. There was no specific deadline for delivery mentioned in the supply order. While the quantity of the equipment was specified, no per unit price or total cost was mentioned. An inquiry committee had been formed at the time to investigate details of the procurement. The committee found that the purchases were made under emergency circumstances, and public procurement rules were not followed during purchase (Islam, 2021a).

Chapter IV: COVID-19 Lockdown in Bangladesh: A Governance Perspective

Sirajul Islam, Rafsanul Hoque, and Insiya Khan

1. Introduction: Context, Study Questions, and Methodology

On 23 January 2020, the world followed the news of the first-ever lockdown announced due to the COVID-19 outbreak in China. The city of Wuhan, where the first cases of the Coronavirus were detected, began several lockdown procedures, closely followed by neighbouring Huanggang (“Coronavirus Outbreak in China,” 2020). The WHO declared the situation as a global public health emergency on 30 January, leading to a worldwide effort to reduce the spread of the virus—starting from banning travel from China to quickly issuing a multitude of local steps to restrict movement and contact (Neilson & Woodward, 2020).

In Bangladesh, preparations to handle the pandemic took some time to commence. Several restrictions started being announced after the first COVID-19 positive case was revealed on 8 March, including the closure of all educational institutions from 16 March and the first local lockdown imposed at Shibchar, Madaripur on 19 March (Bay, 2020b; “Coronavirus Scare,” 2020). Then, the government announced a 10-day countrywide shutdown, except for certain emergency and health services, from 26 March in the name of a “general holiday” (Kamruzzaman & Sakib, 2020). The severity of such restrictions kept increasing, and by the end of April, 45 districts were completely under lockdown, while 15 others were restricted partially (Jahid, 2020). After 66 days of lockdown, it was finally lifted on 31 May (Bodrud-Doza et al., 2020). From 31 May 2020, all government and private offices were announced to be opened following the 13-point instructions of the HSD. Public transports were restricted, and all public gatherings were banned (“Govt Decides Not to Extend General Holidays Further,” 2020). Ironically, the lockdown was withdrawn at a time when Bangladesh saw the highest number of deaths and infection cases due to Coronavirus in 24 hours till that time (Shovon & Talukder, 2020).

At the onset of the pandemic, most of the world took lockdown as a standard measure to contain the outbreak. For Bangladesh, the lockdown declaration came as expected by the general public. However, it brought mixed reactions from its people as they were unfamiliar

with the term “lockdown”¹³ and its implications. Citizens, experts, and policymakers differed on the scale, measures, withdrawal, and effectiveness of a lockdown in addressing the COVID-19 crisis. Some experts criticized a universal lockdown as a one-size-fits-all policy and argued that lockdown in resource-poor countries was actually counterproductive, causing reduced accessibility to essential healthcare, which led to more deaths (Cash & Patel, 2020). On the contrary, a group of 343 local citizens, including university teachers, students, lawyers, journalists, and activists, called upon the government to impose an effective nationwide lockdown immediately by closing all offices, courts, and labour-intensive factories, except for urgent economic and public service activities, and to ensure food and cash supply to all unemployed people (“Ensure Food, Cash, Then Impose Lockdown,” 2020). Global health experts stressed physical distancing through a shutdown, despite understanding the livelihood challenges that Bangladesh would face because of it (Haque, 2020). A senior official of the ADB in Bangladesh argued for a carefully crafted exit strategy around May 2020, bringing balance between normalizing socioeconomic activities and controlling the spread of the virus in Bangladesh (“Shutdown Needs to Be Lifted Cautiously in Phases,” 2020).

This chapter examines the governance of the COVID-19 lockdown in Bangladesh by addressing the following questions:

- a) Was the scale of the lockdown appropriate in the socioeconomic context of Bangladesh?
- b) How was the lockdown managed in terms of declaration, enforcement, and withdrawal?
- c) Why was the lockdown withdrawn, despite the rising trend of COVID-19 infection in the country?
- d) What has been learned from the country’s past experiences of lockdown to tackle the second wave of virus spread in 2021?

The analysis draws on primary and secondary data, including a nationwide survey conducted by BIGD around January and February 2021 depicting people’s perceptions of COVID-19, as well as in-depth qualitative case studies of selected groups in selected locations during and after the first lockdown in 2020. The chapter also draws on media coverage and published academic research on the lockdown.

2. The Scale of the Lockdown and Its Appropriateness in Bangladesh

Bangladesh has been widely praised for efficiently handling epidemics, such as cholera, and disasters in the past (Kumaresan et al., 1998; McNeil, 2017; Zaman et al., 2020). However, the use of lockdown measures to contain a virus was a novel experience for the country, as it was

¹³ In government announcements made in 2020, the term “general holiday” was used; in 2021, it was changed to “restrictions on overall activities/movement.”

for many other countries. Based on the scale of restrictions and geographical coverage, the COVID-19 lockdowns in Bangladesh can be classified into three broad categories: nationwide shutdown, spot and zonal lockdown, and relaxed movement with safety measures. This section presents the scale of these types of lockdowns, followed by an analysis of what the government's lockdown policy change meant in the Bangladesh context.

The complete shutdown across the country was announced on 23 March and began on 26 March 2020. By this time, 39 positive cases were detected, and five people were recorded dead from the virus. Educational institutions had already been closed from 17 March 2020, anticipating the wider lockdown. In the announcement, the government banned passenger travel via water, rail, and domestic air routes from 24 March, while all public transport on roads and trains were suspended from 26 March (Kamruzzaman & Sakib, 2020). The local administration, with the assistance of the Bangladesh Army, advised people to stay home unless seeking food, medicine, or medical treatment ("Govt Shuts Down Offices from Mar 26," 2020). However, certain services, including hospitals, medical centres, fire service, police stations, civil defence, groceries, and pharmaceuticals, were exempted (Mamun, 2020a). On 6 April, the Ministry of Religious Affairs (MoRA) issued an order not to allow anyone, except those employed by mosques, to offer daily or *Jumma* prayers at mosques across the country. On 23 April 2020, it further banned all forms of congregations related to *iftar*, including at homes and private spaces (Islam, 2020; "Offer Namaz at Home," 2020).

However, infection rates did not decrease fast enough, and to contain the spread of the virus, the government extended the shutdown seven times (see Figure 28) till 30 May 2020. In these later phases of the lockdown, restrictions were modified to allow people's movement, congregational *Ramadan* prayers, and other "essential" activities to resume, while educational institutions were not reopened physically. On the third extension up to 25 April 2020, the government instructed people not to leave home unless it was urgent, and particularly not to leave home after 6:00 p.m. ("Don't Go Out After 6 pm," 2020). The announcement spelt out penalties for defiance of the government order. The fourth lockdown extension announcement exempted factory operations and made provisions for the health and safety of workers (Adhikary & Hasan, 2020c). Efforts to reopen up the economy took a large step on 5 May 2020 with the announcement that businesses could reopen on a limited scale from 10 May. Shops and markets were allowed to operate from 10:00 a.m. to 4:00 p.m. for the upcoming *Eid-ul-Fitr* ("Businesses to Reopen May 10," 2020). The government policy of relaxing or withdrawing lockdown was largely a reaction to people's protests due to their sufferings from the lockdown, which grew with the duration of the lockdown in place. People protested mainly for wage payment, relief, withdrawal of the transport ban, and reopening of factories. These policy changes arguably showed the government as more responsive to popular demands than to experts' concerns. A detailed description of the protests is given in Section 4.

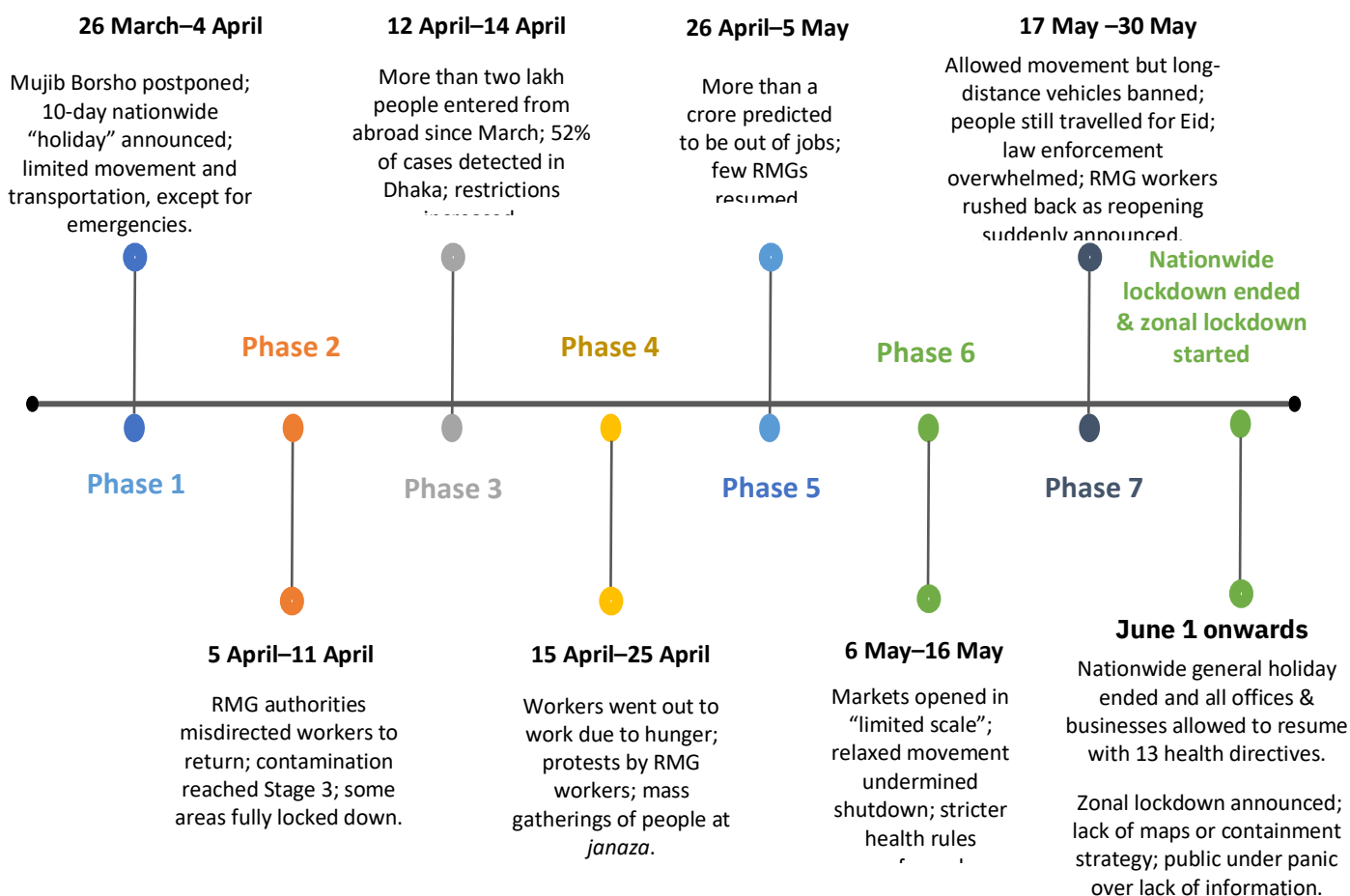


Figure 28: Phases of COVID-19 Lockdown in Bangladesh in 2020

The nationwide survey conducted by BIGD reveals how the public perceived the strictness of the lockdown in their communities. Of the surveyed respondents, the majority (57%) reported experiencing a strict lockdown for the entire period in their locality, compared to 14% of respondents experiencing a relaxed lockdown from the beginning (see Figure 29). Nearly one-fourth of the respondents observed strict lockdown at the beginning, which was relaxed over time. The survey further reveals that at least 42% of respondents observed either a loosened or no lockdown during this period.

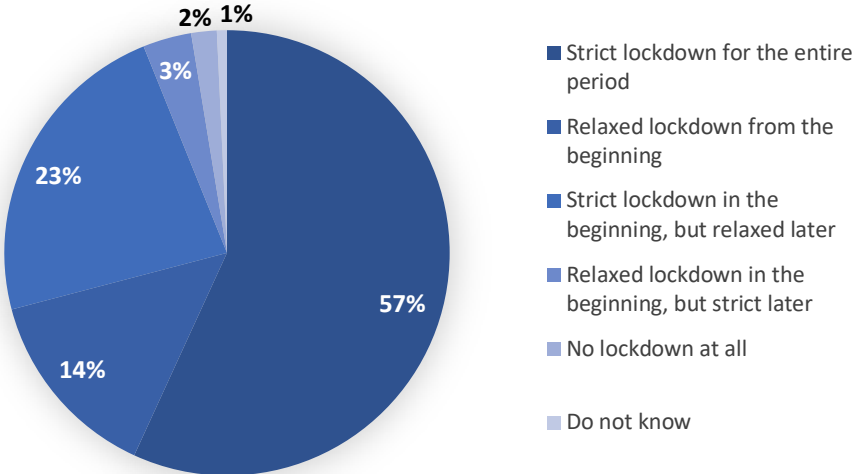


Figure 29: Lockdown Situation in Bangladesh from 26 March to 30 May 2020, Reported by Respondents in % (n = 2,750)

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

Respondents were asked why the lockdown was, or became, relaxed in their localities. Some 71% of respondents identified “livelihood pressure” as the main reason, reflecting the fact that many people live in or near poverty and cannot afford to stay home without earning. The respondents hardly mentioned any job they were engaged in that would allow working remotely. This was followed by 39% mentioning people’s dislike of social distancing. Nearly one-third of the respondents stated that people did not believe that a lockdown was necessary or that it could prevent the spread of the virus. However, very few respondents blamed the relaxed lockdown on the enforcement agencies (see Figure 30).

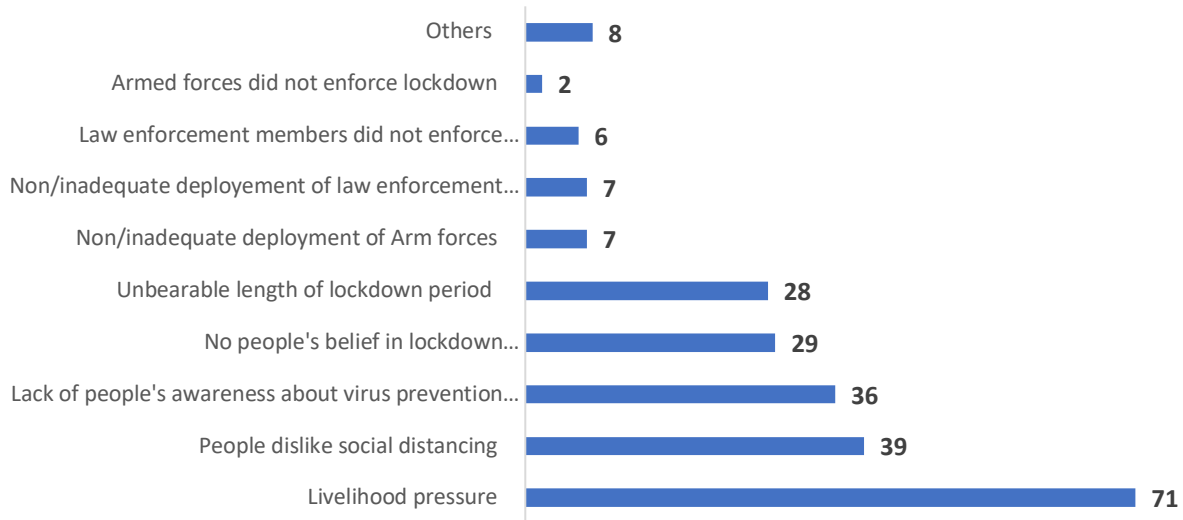


Figure 30: Reasons Behind Relaxed Lockdown in Bangladesh, Identified by Respondents in % (n = 1,167) (Multiple Responses)

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

BIGD's qualitative case studies revealed a similar picture. People started going out mostly because they did not have food on their plates. Their economic situation forced them to break lockdown measures. According to a local school teacher from Chattogram in May 2020,

"The lockdown currently exists on paper, and the practice has mostly subsided. People are out of their houses because they need to earn and eat. The Police, Army, Rapid Action Battalion (RAB), all are there but are dormant. The lockdown strictness is not anywhere near what it was last month. The only change that can be observed is that more people are wearing masks these days."

Some public representatives, however, said that the local government and law enforcement agencies made numerous attempts to ensure lockdown and raise awareness, but the citizens kept acting irresponsibly. One commissioner from Bogra added,

"Law enforcement officials made constant efforts to get people off the streets, but nobody listens! Some are going to work; some are giving 'adda' every now and then. When they are inside the slums, it becomes hard to see who is doing what. We cannot look after them 24 hours a day."

Another form of lockdown, which took place during the nationwide shutdown, was the isolation of particular areas from the rest of the country called "spot lockdown." On 20 March 2020, the

local administration cut off four neighbourhoods in Madaripur's Shibchar Upazila by restricting the entrance and departure of the people and suspending public transport in the entire upazila ("Restrictions Tightened in Shibchar," 2020). On 6 April, the PM asked officials to isolate COVID-19 hotspots, such as Dhaka, Narayanganj, Madaripur, and Gaibandha districts, to slow the spread of the Coronavirus (Bhattacharjee, 2020). These localized lockdowns were mainly based on the detection of COVID-19 infections and deaths. For instance, after the death of two residents of Uttar Tolerbagh in Mirpur, Dhaka, due to COVID-19, the police locked down the area with stringent restrictions, preventing people from leaving the neighbourhood or praying in mosques ("Tolerbagh Goes into Isolation," 2020). Only one person from each family was allowed to leave the neighbourhood for groceries or medicine, and they were required to sanitize their hands and feet on leaving the area. Moreover, on 2 April 2020, the local authorities ordered nearly 100 families in Bandar Upazila of Narayanganj to self-isolate after the death of a COVID-19 patient ("100 N'ganj Families Put in Self-Isolation," 2020). Apart from the government-announced shutdown, the local community, including building owners and community leaders, locked streets and buildings on their own without waiting for the police and administration to prevent the spread of the virus. This was seen in Dhaka in areas like Mohammadpur, Mirpur, Banasree, Niketan, Shantinagar, Dhanmondi, and some parts of Old Dhaka (Saad, 2020). Similar interventions by local leaders were observed in several other parts of the country in BIGD's qualitative case studies (Ali et al., 2020). These spot lockdowns seemed to be more appropriate than the nationwide shutdown in the Bangladesh context, which might have influenced the government to strategize the zonal lockdown system.

After lifting the nationwide lockdown on 31 May 2020, the government categorized areas into red, yellow, and green zones with implications of complete, partial, and no lockdown, respectively. As such, on 13 June 2020, the Central Technical Group on COVID-19 led by the Director-General of DGHS identified 45 areas in Dhaka City—17 areas in Dhaka North City Corporation (DNCC) and 28 in Dhaka South City Corporation (DSCC)—as red zones for Coronavirus infections ("45 Dhaka Areas Marked Red," 2020). The maiden experimental localized lockdowns for two to three weeks were imposed in two red spots of Dhaka—East Rajabazar and Wari. In East Rajabazar, only one entrance out of its eight entry/exit points was kept open during the lockdown, and residents having emergency duties, like doctors, nurses, and journalists, or those with personal emergencies, such as pregnant women, could go outside after interrogation ("Lockdown in East Rajabazar," 2020). A similar stringent lockdown was imposed in Wari from 4 to 25 July 2021 by DSCC. According to DSCC, the infection rate at the end of the lockdown had reduced compared to the first two weeks of the lockdown ("DSCC Lifts Wari Lockdown," 2020). However, the lockdown duration in these two areas was neither extended nor were any other red zones in Dhaka brought under localized lockdown.

The nationwide lockdown was (a) gradually relaxed and then (b) withdrawn, and (c) there were no attempts to replicate the experimental lockdowns imposed in East Rajabazar, Wari, and other red zones. All the decisions raise questions about the appropriateness and effectiveness of the government approach to lockdowns. It may be argued that had no lockdown been imposed, the fragile health system would have been overwhelmed much earlier; in other

words, this strategy may have helped to “flatten the curve” and keep COVID-19 hospitalization rates manageable. The aim of the lockdown was to focus government capacities to manage the crisis and to regulate people’s behaviour to decelerate the virus spread. However, the countrywide lockdown was untenable in the absence of people’s ability to afford to stay home without earning and lack of strategic deployment of state capacities to handle the virus.

The questionable nature of lockdown policies becomes clearer through an examination of the effectiveness of the lockdown policy and discussion of the policy choices involved in declaring national lockdowns, as opposed to more targeted localized zonal lockdowns, in Bangladesh context.

A nationwide lockdown is helpful only when it is properly enforced. As Eid-ul-Fitr 2020 approached in May, lax enforcement of the nationwide shutdown and its extensions with relaxed restrictions resulted in people roaming on streets and passageways in cities and other urban areas (Adhikary & Hasan, 2020c). As a result of relaxed restrictions, private transportation generated heavy traffic, even without public vehicles, as people barely adhered to social distancing measures (Karim, 2020). Fearing virus transmission, many large shops and malls decided to stay closed during the Eid holidays, despite the green signal from the government, due to the difficulty in forcing customers to follow safety regulations (Hasan, 2020). Even several members of the government-formed expert committee expressed grave concerns and shared warnings of a prolonged virus transmission period due to the government's decision to prematurely resume economic activities. An interviewee in Narayanganj City Corporation (NCC) said that people’s restraint had disappeared due to the reopening of garment factories from the 10th of Ramadan, around the beginning of May. A local leader argued, “If the strict lockdown continued till Eid, we could have avoided a huge crisis.”

Furthermore, in contrast, the extended lockdown had made numerous people dependent on government support. On 2 April 2020, the PM’s 31-point directive included the implementation of a transparent and efficient relief program. Directions included orders to help the poor and vulnerable keep afloat (“Relief Distribution,” 2020). As such, the government conducted an extensive relief distribution program across the country, including open market sales (OMS) and cash aid transfers of BDT 2,500 per person to 3.6 million people (Islam, 2021). The PM also declared to increase the number of government ration card beneficiaries who get rice at BDT 10 per kilogram (kg) from five million to 10 million people (“Ration Cards for 50 Lakh More,” 2020). But these government efforts fell short of the requirement, were less coordinated, and were also marred by complaints of corruption and poor governance (Parvez, 2020). Some 60% of the respondents in BIGD’s nationwide survey said that there was no livelihood support to keep people inside home during the nationwide lockdown. Poor relief management led to a crisis among the extreme poor who had no option but to look for work in the absence of relief, which contributed to the public’s breach of lockdown measures. One *rickshawala* from Dhaka explained,

“The government gave a lockdown but could not implement it. The general public cannot maintain it, especially the middle class and those who live hand to mouth. The government has not given the support they need to survive without working. So, they go out every once in a while to earn something.”

Yet, even if the government’s rations were arguably distributed in a proper manner, it would still only cover roughly 6% of the population, compared to 42% poor of the country during the same time (Rahman & Matin, 2020). The government also announced the provision of stimulus packages to protect businesses and the welfare of workers. The governance of the government relief program has been analysed in Chapter 5 of this report, and the stimulus packages for the RMGs have been discussed in Chapter 7.

Furthermore, the nationwide shutdown did not consider local dynamics that created a food crisis for the locals, neither did it evaluate the state lockdown enforcement capacity needed for such a lockdown. Inhabitants of hilly areas in Bangladesh generally face a food shortage during April and May due to poor harvests of *jhum* cultivation (slash-and-burn agriculture). The shutdown aggravated the usual food crisis for the inhabitants living in different areas of Bandarban, such as Lama, Thanchi, Alikadom, Ruma, and Rowangchhari. It was also difficult for the authorities to reach out to these people and monitor their movement because of the remoteness of the locations (Barua, 2020). Kazla Union under Bogura’s Sariakandi, for example, was physically detached from the upazila mainland by large water bodies. Hence the police and the Bangladesh Army had to patrol the area through waterways communication.

What could be feasible in the Bangladesh context was locating the infection hotspots and bringing those areas under strict lockdown. According to the government, community transmission of COVID-19 was limited to five clusters across the country by 5 April 2020 (Molla, 2020). Hence, leading economists, civil society leaders, and public health professionals emphasized the identification and lockdown of COVID-19 hotspots, testing all suspected cases, and broader communication campaigns in those areas to contain the spread of the virus (“Identify Covid-19 Hotspots,” 2020; Molla, 2020).

The survey also reveals sharp divisions among the people regarding how the lockdown should have been handled by the government. Figure 31 shows that 31% of people were in favour of strict enforcement of lockdown, compared to 32% of respondents not supporting the shutdown. Support for strict enforcement was higher in low-income urban communities (56%) and among the youth (57%). BIGD found wide acceptance of lockdown among the local citizens during the early stage of the lockdown (Ali et al., 2020). Most of the respondents in Narayanganj and Mirpur from the qualitative case studies acknowledged the necessity of stricter lockdown in the beginning to prevent virus spread. However, participants in NCC opined that people would adhere to the government lockdown had they received sufficient relief support.

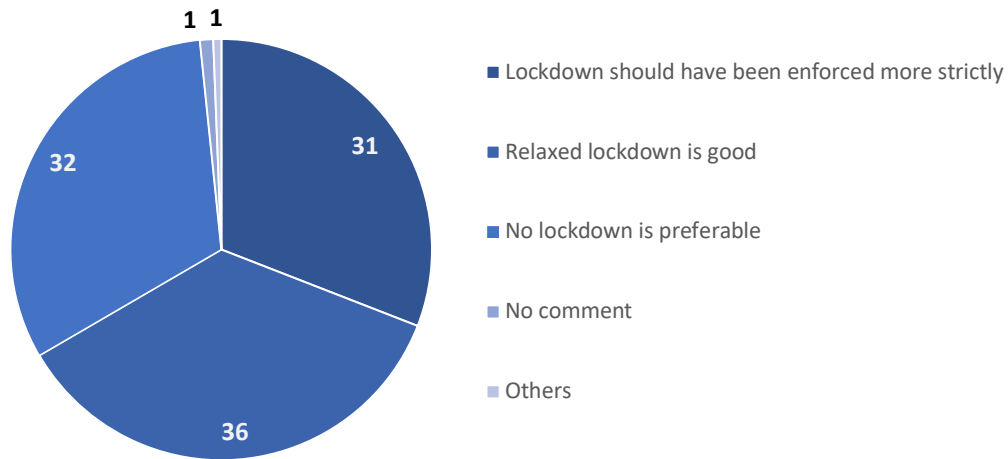


Figure 31: Respondents' Opinions Regarding Lockdown (in %)

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

Moving from strict enforcement to relaxed restrictions over time might have been intentional. It is possible that the government had recognized the scale of the relief program that would be required to support such a large population and had concluded that this was infeasible. From the above analysis, it can be said that neither people, particularly the working class, could afford to stay at home for very long nor the government could feed such a large population and enforce the nationwide lockdown efficiently, which led to the feasibility of short-lived and relaxed lockdown in Bangladesh.

3. Lockdown Management: Declaration, Enforcement, and Withdrawal

The effectiveness of lockdown in slowing down the virus spread required strict public health measures during the lockdown period. WHO's senior emergency expert observed, "The danger right now with the lockdowns...if we don't put in place the strong public health measures now, when movement restrictions and lockdowns are lifted, the danger is the disease will jump back up" ("Lockdowns Not Enough," 2020). In reality, the lockdown was strictly enforced in the beginning, and then restrictions were gradually relaxed in phases (see Figure 28). More specifically, the lockdown enforcement regime was more breached than followed; it was characterized by incoherent and inconsistent policymaking, poor implementation of policies and guidelines, flawed rationale over decisions, poor communication that created more panic

than awareness, uncoordinated announcements related to RMG, lack of intention or motivation over enforcing lockdown, and lack of coordination among agencies.

People in BIGD's nationwide survey observed various problems in government lockdown measures. As mentioned in the earlier section, the majority of respondents identified the lack of livelihood support as a crucial issue. Nearly one-fourth of respondents (24%) cited "sudden declaration of lockdown" as another key problem in government lockdown measures. "No proper communication of lockdown directives" and "repeated change in lockdown announcements" were cited by 16% and 15% respondents, respectively.

3.1. Lockdown Policies and Decisions

Administrative directives, guidelines, and decisions were the essential tools to regulate people's behaviour during the lockdown. However, they lacked clarity, and there were contradictions that profoundly influenced the state of lockdown enforcement and its impact on the virus spread.

First, inappropriate and poor phrasing of lockdown communication triggered people's massive movement before the lockdown even began. For instance, the definition of shutdown as a "general holiday" in its first announcement induced people to leave the capital city for their village homes in hordes (Habib & Sujon, 2020). The closure of educational institutions from 17 to 31 March as a preventive measure of checking the virus spread resulted in a large number of people leaving Dhaka ("Coronavirus Scare," 2020), who risked transmitting the virus in their villages (Adhikary & Hasan, 2020c). The shutdown should have been declared as a "medical emergency," observed the experts. The government-formed committee of experts argued that they had suggested imposing a "curfew" before and after the Eid holidays when public movement was likely to increase. They further warned of the "dire consequences" of the relaxed measures (Hasan & Adhikary, 2020). The fact that the government did not hear the words of the expert committees that it formed itself shows a clear priority of values within the government, who put the economy over public health. One reason for terming the lockdown as a holiday could be that the government may have wanted employers to keep paying their employees on holidays. Under different circumstances, employers could seek excuses for not paying their employees. There is no way to prove the government's intentions, but it did reduce the seriousness of the restrictions.

Second, decisions and strategies were not timely laid out for implementation right away. Three weeks from the first announcement of the zonal lockdown on 1 June, no information was available on which areas were to be locked down in Dhaka, Narayanganj, Narsingdi, or Gazipur. Mayors of DNCC and DSCC said they were waiting for zonal maps from the authority and were prepared to implement lockdown anywhere within 48–72 hours (Habib, 2020; "Ready to Enforce Lockdown Within 48-72 Hours," 2020). DNCC Mayor further explained that areas like Mirpur and Uttara being quite large, any implementation of lockdown in these areas without a

specific zonal map would be ineffective. According to reports, no complete zone-based containment strategy was finalized. When asked about this on 23 June, the DGHS Director-General answered that they had a draft. Experts blamed indecision and poor coordination among public agencies (Habib & Sujon, 2020). Furthermore, on 16 June, the Cabinet Division declared a general holiday in the red zones. This created confusion among people, as the notification—going into effect from the following day—did not clarify which areas were to be flagged as red zones and from when. From the general people’s perspective, constant news of probable lockdowns created confusion and panic. Dhaka dwellers were in doubt whether their area had any chance of being under the red zone and what that would imply (Habib, 2020).

Third, the government policies were incoherent and based on ambiguous rationale. On the one hand, it loosened restrictions on the economy. On the other, it extended the nationwide shutdown in phases till 30 May (“Curbs on Movement from May 17 to 28,” 2020). Such contradictory initiatives confused people and left enforcement regulations up to self-interpretation. As such, taking the opportunity of a relaxed environment due to the economy reopening, people attempted to travel between districts for Eid celebrations. The economy was necessary for living, but Eid celebrations were not related to fundamental needs or livelihood. In reality, a general “relaxed movement” began, which undermined the existing shutdown (Karim, 2020). Moreover, to minimize the trouble of poor people, the government decided to begin OMS of coarse rice at BDT 10 per kg in all city corporation areas (Byron & Mahmud, 2020). This decision triggered the congregation of people around OMS trucks, increasing the risk of virus spread.

Fourth, policymakers’, particularly ministers’, public statements sometimes left people confused while also generating some mockery. Criticizing the behaviour of the law enforcement agencies in the first phase of the nationwide lockdown, the Information Minister said, “No lockdown has been imposed in the country...anyone can come out and go to the streets, if necessary. It’s very regretful that people face harassment when they come out and go to the streets. Police have not been asked to do so” (“Country Not in Lockdown,” 2020). On 16 August, the health minister fuelled the controversy again by saying that the Coronavirus will “leave the country on its own” (“Coronavirus Will Leave,” 2020). Figure 32 shows multiple comments made by ministers and leaders which may have undermined the seriousness of the virus and given a wrong impression of the level of preparedness of the government (“What Ministers, Leaders Said,” 2020).



Figure 32: Controversial Comments Made by Policymakers in Bangladesh

3.2. Agency and Actors in Lockdown Management

Lockdown announcement and its extensions mainly came from the PM through her directives in the Cabinet, addresses to the nation, and a series of video conferences with local administration. As such, before the announcement of the nationwide shutdown, the PM provided instructions in the National Economic Council (NEC) meeting held on 19 March 2020 on the ways to slow down the virus spread, including suspending less important meetings, except for the Cabinet and the Executive Committee of the National Economic Council (ECNEC) meetings (“Fighting Coronavirus Outbreak,” 2020). On 31 March 2020, the PM announced the first extension of ongoing nationwide holidays for five more days till 9 April in her video conference on the country’s Coronavirus situation with public representatives and field-level government officials (“Shutdown to Be Stretched to Apr 9,” 2020). Accordingly, the official gazette notification of lockdown extension was published on the following day. On 6 April, the PM directed a complete lockdown of Dhaka, Narayanganj, Madaripur, and Gaibandha to stop the virus spread (Jahid, 2020). The ministers also referred to the PM for any decisions, such as finalization of the zonal lockdown plan, the announcement of another closure as Coronavirus cases were spiking, and so on (Bhattacharjee & Habib, 2020). The PM’s steering reflects the highest executive importance on this issue and helps to channel all resources to its implementation, avoid the bureaucratic red tape, and instantly reach a firm decision considering the emergency; but it has a risk of concentration of power which goes against the norms of the parliamentary form of government. The Cabinet could be the most appropriate forum to have the PM’s directions. As the fight against the virus spread lingers, and its end is uncertain, the government should adopt a collective approach in taking care of public health, economy, livelihoods, and other necessary services by practising the liberal norms of parliamentary governance. Otherwise, the PM-centric governance becomes a de facto regular feature of governing the country. When the massive corruption in health sector management, such as the fabrication of COVID-19 test certificates, surfaced and tarnished the credibility and

image of the government immensely, there was a popular perception that it was the PM who directed the stern actions against these irregularities.

The responsibility of on-field enforcement mainly lies with the police and local administration, such as the office of the Upazila Nirbahi Officer (UNO) and the Deputy Commissioner (DC). The military force joined the enforcement move to aid local administration in divisional cities and districts to ensure social distancing and implement other protective measures. The MoRA issued orders to control religious congregations, particularly *Iftar Mahfil* and *Tarawih* prayers during Ramadan, around April and May 2020. Since this was a health-induced lockdown, the IEDCR and DGHS had an influence on the shutdown duration, scale, and enforcement measures, as they instructed people to avoid public transport and crowded places.

Alongside the government agencies, volunteers of the local government and community organizations helped to locally enforce government instructions (Ali et al., 2020). In BIGD's qualitative case studies, for example, members of low-income urban communities in Mirpur, Dhaka, mentioned that lockdown measures included locally-appointed volunteer groups, who ensured that there were no gatherings in the settlements, everyone wore masks, and outsiders did not enter the area. However, none of these measures was active after a certain period, said one such community member. The decline of volunteers' activity coincided with a laxer stance by the police and law enforcement agencies. According to another response recorded around May 2020, "The police do not come that often these days, and if they do, they leave in 5–10 minutes. Locals close down shops when the police arrive but reopen once they leave." Some participants in BIGD's qualitative case studies in Narayanganj said that if the government had deployed the army with sufficient authority and the power to enforce strict regulations, the general public would have no choice but to stay inside. A respondent explained the situation in the absence of the Bangladesh Army: "For the first two months, the police and the people played hide and seek. Now the police do not say anything."

3.3. Lockdown Measures and Their Consequences

The local administration had imposed punishment to ensure people's compliance with health directives. For instance, five expatriates in three districts were fined BDT 32,000 on the charge of home quarantine order violations in March 2020 ("Violating Home Quarantine Order," 2020). Another measure was the surveillance by law enforcement agencies and local administration. The police were seen active in the capital during the first days of the lockdown. They were seen observing bus terminals and markets to ensure health regulations. In some spots, they continuously announced health guidelines using loudspeakers. Many shopkeepers in the capital explained that the police urged them to use masks and sanitizers. Banners were also hung on bus stands and vehicles ("Police Broadcast Health Guidelines," 2020). A few aggressive tactics were also practised by some local administration officers. For instance, an Assistant Commissioner (AC) (Land) was accused of publicly humiliating older adults in Jashore, and there were reports of the police beating up people who went to buy essentials,

even on-duty medical officers in Tangail, Rajbari, Chattogram, Dinajpur, and other areas in the capital. The AC (Land) was withdrawn from duty, and others were requested to act professionally (Adhikary & Islam, 2020). These instances, albeit few considering the extent of deployed officials in the field, captured a lot of media attention that questioned the professionalism of the Bangladeshi civil administration.

Furthermore, lockdown measures were contradictory and impractical in many cases, which reduced people's trust in government efforts and caused them to suffer. In BIGD's qualitative case studies, respondents from Narayanganj expressed dissatisfaction with the practicality and effectiveness of the measures taken to implement the lockdown. First, RMG workers in the hundreds rushed back to Dhaka and its adjoining areas like Savar, Ashulia, Maona, Gazipur, Tongi, Narayanganj, and Mirpur from various parts of the country to resume work, as the duration of the first phase of lockdown expired on 4 April 2020 ("RMG Workers Returning," 2020).

But upon returning from villages on 4 April to resume work from the following day, the workers found their factories closed, as the BGMEA requested factory owners to keep factories closed until 11 April 2020. There were no specific, clear instructions from the government about factory closure or reopening, as the Department of Inspection for Factories and Establishment (DIFE) did not announce factories to shut down ("RMG Owners Divided When Lives at Risk," 2020). This incident shows a massive lack of institutional coordination and public communication failure. Then, receiving the news of factory reopening, RMG workers in thousands returned to their workplaces on 29 April, as nearly one-third of the factories reopened in the last week of April 2020 amidst the Home Ministry's declaration to prevent anyone entering Dhaka from outside for work (Adhikary et al., 2020; Akand et al., 2020). Due to limited transportation on the road, workers walked mile after mile, paying two to three times higher a fare for rickshaws and pick-up trucks to reach their workplaces while risking their own and other people's lives with Coronavirus infection ("Crowds Disregard Health Measures to Enter Dhaka," 2020). A labour leader from the Kallayanpur low-income community described people's desperation to return to the city: "I know a person who has spent BDT 5,000 just to come back to Dhaka from Barishal. This is mainly due to the use of alternative transport, such as trucks and minibuses, in the absence of public transportations."

On 14 May, the Cabinet Division escalated the already existing restrictions on public transport so that people could not leave their workplace for the upcoming Eid holidays from 17 to 28 May. In the case of enforcement, bans were put on the road- and water-based public transports, while private vehicles were allowed to move (Adhikary & Hasan, 2020b). As Eid came closer, the government met with the challenge of thousands of people leaving the capital for the Eid holidays, and the police soon became overwhelmed trying to control the transport movement (Adhikary & Hasan, 2020d). The struggle continued for the police, as 340 officers on duty were infected with the Coronavirus within 24 hours between 20 and 21 May countrywide ("340 Cops Test Positive," 2020). The police reportedly set up barricades at 53 points on three highways to control the movement, but travellers used pick-ups, motorcycles,

and battery-run three-wheelers to reach the police checkpoint, crossed it barefoot, and then caught another vehicle (Chowdhury, 2020). The same was seen in ferry terminals, where trawlers were used as alternatives to cross the Padma River. Allowing movement, but not long-distance public transportation, led law enforcement to deal with a situation that they did not have the capacity for. The assumption that people would be discouraged from travelling without public transportation turned out to be false. The Director-General of RAB said that further restrictions were not necessary and that the decision was to allow travel (“No Need for Curfew-Like Measures Now,” 2020).

3.4. Coordination of Lockdown Measures

Coordination was emphasized in the 31-point directives of the PM, which stated: “All the government officials, including that of the Health Services Division, the administration, law enforcement agencies, and the Armed Forces Division will have to continue their work by maintaining proper coordination during this national disaster” (“Coronavirus Outbreak,” 2020). Experts proposed the constitution of a national task force to coordinate all COVID-related activities of public, private, and non-profit bodies. According to a Transparency International Bangladesh (TIB) report, experts recommended implementing 12 activities, including isolation of positive cases, wearing of masks by all, social distancing, hygiene practice, etc., for effective lockdown. However, the DGHS, local government, and law enforcement agencies were unable to coordinate and implement these activities effectively. The area-wise zonal lockdown system (red, yellow, and green zone) based on positive COVID-19 cases was ineffective due to insufficient area-wise information (Julkarnayeen et al., 2020).

In reality, there was no focal point for lockdown management, like the IEDCR in the beginning and later the DGHS working as the central point for COVID-19 updates. As a result, there were contradictions and gaps between the government announcements and their enforcement on the field. Once the first cases of COVID-19 were detected, the government postponed the 17 March grand rally—the flagship event of Mujib Borsho—at the National Parade Ground. All Independence Day parades and freedom fighters’ gatherings across the country were also deferred indefinitely (“Mujib Borsho Celebration,” 2020). Such a large move did not cascade down to the field. Despite the increasing risk of virus spread, there was laxity in health examination of arriving travellers at the country’s five busiest land and airports, revealing poor implementation of government guidelines (“Screening Flimsy at 5 Land Ports,” 2020). Against the government declaration of blocking the entry of Indians into Bangladesh, the media reported the entry of at least 69 Indian citizens through various land ports (“69 Indians Enter Country Despite Restrictions,” 2020). Similarly, the Election Commission (EC) also defied government directives by holding three parliamentary constituency elections in Dhaka-10, Gaibandha-3, and Bagerhat-4 on 21 March 2020. However, the EC did postpone elections in Chattogram City Corporation (CCC) and the by-elections of Bagura-1 and Jashore-6 constituencies for an indefinite period the following day (“EC Postpones CCC Elections, two by-

Polls,” 2020). While RMG workers were returning to factory hubs to re-join factories, the Dhaka Metropolitan Police (DMP) sealed off the city borders as said in its statement, “Nobody would be allowed in, and those who are inside will not be allowed out” (Islam & Islam, 2020). However, the government seemed to have learned from this institutional and public communication failure. In the Cabinet meeting held on 6 April 2020, the PM directed the Cabinet Secretary and the Principal Secretary to work out a plan with a timeframe in coordination with the owners to reopen the factories (Bhattacharjee, 2020). Later, on 9 April, RMG owners made a decision to continue the closure of their factories until 25 April in accordance with the government shutdown decision (“BGMEA Announces Shutdown of Garment Factories till April 25,” 2020), and BGMEA circulated a timeline for reopening factories, starting 26 April, and guidelines for safety measures inside the factories (“Some RMG Factories Reopen on a Limited Scale,” 2020).

4. Why Was the Lockdown Withdrawn Despite Rising Trends of Coronavirus Infection?

On 29 May 2020, the government announced the withdrawal of the nationwide lockdown despite increasing virus spread. The decision raised the question of why the government had withdrawn the lockdown, which was globally considered the most effective tool to flatten the virus curve at that time. In this section, we take a detailed look into the lockdown withdrawal decision.

The preceding sections presented differing views of experts and professionals about the suitability of a nationwide lockdown in the context of Bangladesh, considering the required state capacity to enforce a lockdown. However, catering to people’s livelihood necessity came as a fundamental precondition for successful enforcement of a lockdown. As such, the highest percentage of the people (60%) surveyed in BIGD’s nationwide survey on citizens’ perceptions of COVID-19 governance pointed out “no livelihood support to keep people stay at home” as the fundamental problem in government lockdown measures. The government also tried to feed the needy through its relief programs, but they were insufficient and ridden with irregularities. Failure of relief governance reduced the legitimacy of the lockdown.

The dilemma between livelihoods and public health safety escalated to people’s ultimate choice of livelihoods over health. According to respondents in Narayanganj, the financial burden of managing food and basic living things was much more significant than health risks from COVID-19. The economic vulnerabilities had been further aggravated due to the combined effect of the government’s lockdown and ineffective and inadequate subsistence support system during the pandemic. Most respondents opined that whatever relief amount some locals received was not enough to survive the whole lockdown period. Poor relief governance pushed the people, particularly day labourers, to come outside the home. A day labourer explained that they could not ignore working outside since they did not have enough

to eat. At least 10 million people became unemployed because of the shutdown (Parvez, 2020). A joint study conducted in 2020 by BIGD and the Power and Participation Research Centre (PPRC) shows that 20.5% of the population are officially recognized as poor, and an additional 21.7% emerged as “new poor” as a consequence of the COVID-19 pandemic (PPRC & BIGD, 2021). Byron and Rahman (2020) found an 87% decrease in job postings on popular websites than the previous year. In our nationwide survey, the respondents found the poor reluctant to comply with lockdown directives (see Figure 33). Thirty-six per cent and 20% of the community’s poor and illiterate people, respectively, were the two major groups who did not want to follow lockdown directives, said respondents.

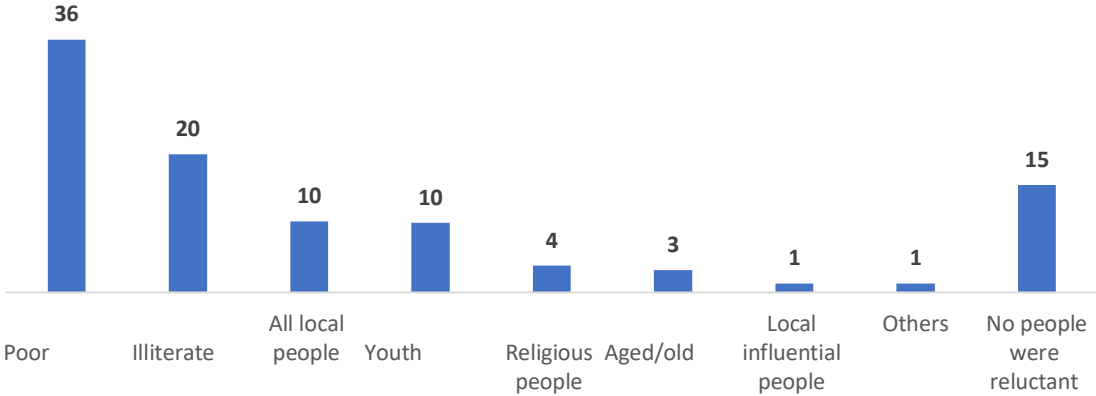


Figure 33: Community People Who Are Reluctant to Comply with Lockdown Directives, Identified by Respondents in % (n = 2,750)

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

However, 15% of respondents found everybody compliant with government directives. In a study titled “Trust, Institutions, and Collective Action,” BIGD (2020) found that groups that were not following the lockdown orders were young men who were not inclined to stay restricted at home, the people who were unaware of the seriousness of the disease or believed God would protect them, and the people who were in a desperate search for relief or work to earn money. Biswas, Huq, and Afiaz (2020) found that a particular section of the population was more inclined to lockdown being lifted because of the lack of income opportunities. In the Citizens’ Perceptions of COVID-19 Governance Survey, we explored the types of problems people faced due to the lockdown. Findings show that “financial problems” and “employment/job losses” were two fundamental problems identified by 94% and 73% of respondents, respectively (see Figure 34).

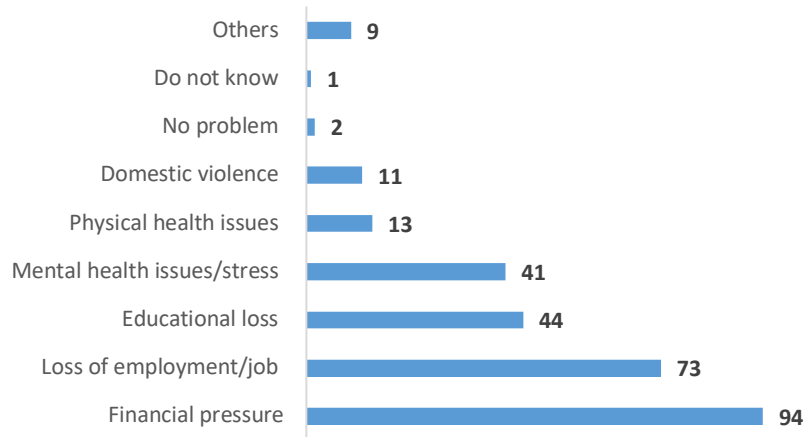


Figure 34: Types of Problems People Faced Due to Lockdown, Identified by Respondents in % (n = 2,750)

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

Findings further show that more respondents pointed out “mental health issues/stress” (41%) over “physical health problems” (13%) due to the lockdown. We compiled people’s protests or demonstrations during the lockdown period. There had been 251 protests from 20 March to 28 May 2020 across the country. These protests had occurred mainly in urban areas (94%), and the remaining were in rural areas. When it came to rural areas, there was only one wage-related demonstration by workers of a sugar mill, and the rest were for reliefs. In contrast, protests in urban areas were staged for more diverse demands. In urban areas, there were demands related not just to relief and wages but also to the closing/reopening of workplaces, establishing isolation centres, lifting the ban on public transportation, and so on. Figure 35 shows the number of protests that occurred during different phases of the lockdown. Out of 251 compiled protests, 242 were staged during the nationwide lockdown, and the remaining happened before the lockdown started.

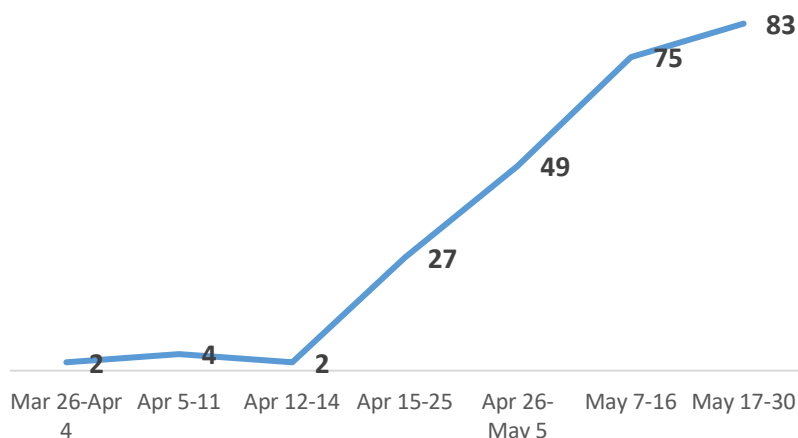


Figure 35: Number of Protests During Seven Phases of the Lockdown (n = 242)

These protests were mainly by workers, who staged 221 out of a total of 251 protests, and the remaining were by local citizens with unspecified backgrounds: professional groups, such as students, teachers, nurses, and journalists, and entrepreneurs, including shoemakers and market owners (see Table 8). Among the worker protests, most were staged by RMG workers who could be understood as the major victims of this lockdown. Figure 36 presents the demands of the protesters. Protesters predominantly asked for wages and employment by preventing layoffs and reopening businesses. Thirty-one protests (12%) were staged for relief. The highest number of protests were due to wage-related demands, such as wages not being paid in due time or being cut off. A good number of protests had more than one reason or demand, such as wages, Eid bonus, layoffs, reopening factories, etc.

Table 8: Protesters and Number of Protests

Protesters	No. of protests
RMG workers	191
Transport workers	12
Jute mill workers	6
Steel mill workers	4
Other workers	8
Sub-total (workers)	221
Locals	23
Professionals	4
Entrepreneurs	3
Total	251

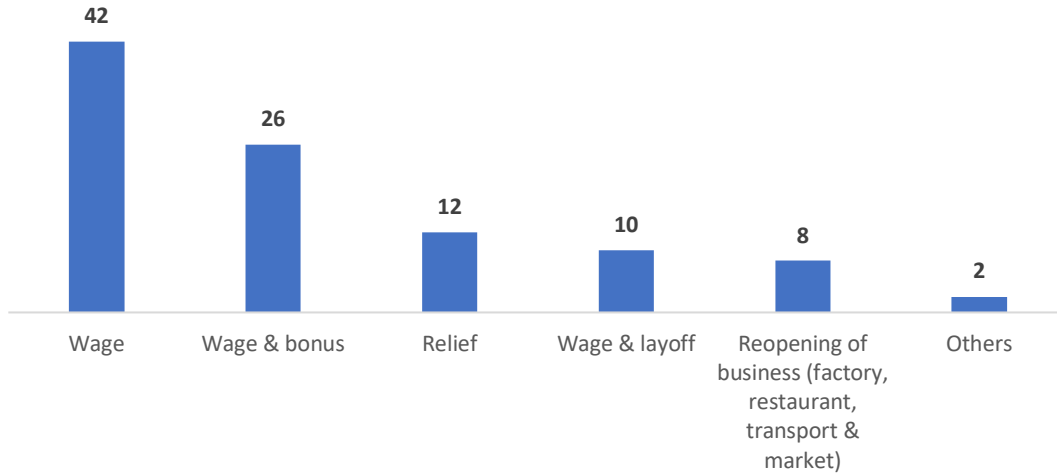


Figure 36: Demands of Protesters in % (n = 251)

Finally, the government did not extend the lockdown after 30 May 2020. Findings from the survey on citizens' perceptions of COVID-19 governance show people's satisfaction with the government lockdown withdrawal decision. Eighty-five per cent of respondents were happy, compared to 11% expressing concerns with lockdown withdrawal (see Figure 37). This might have been a government strategy to transfer the responsibility on citizens' shoulders and take credit for responding to people's demand for lockdown withdrawal. More importantly, experts questioned the country's transition to normalcy without risk assessments and hence argued for a lockdown exit strategy to be built on five key aspects, including healthcare, livelihood, economic revival, freedom of mobility, and governance (Ibrahim et al., 2020). Such an exit strategy could have three components, namely, the readiness of the healthcare system and other related sectors, initiation of actions for an effective exit for the country, and implementation of roadmap and strategies.

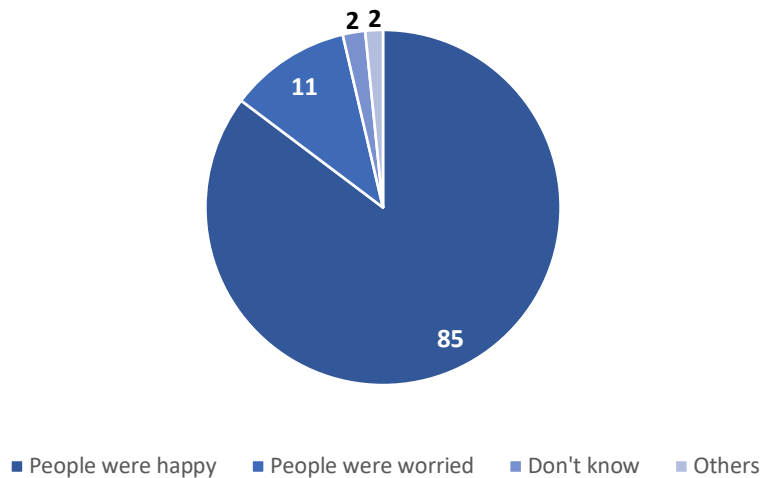


Figure 37: Respondents' Opinions About Government Decision to Withdraw Lockdown

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

The country saw a steady fall in the daily COVID-19 infection rate near the end of 2020 that culminated in the lowest rates in January 2021 since May 2020 (“New Cases Drops to 8-Month Low,” 2021). The Director-General of WHO praised Bangladesh for its success in handling the pandemic (“Bangladesh a Unique Example of Containing Covid-19,” 2021). As cases dropped, most activities around the country resumed as they were before the virus spread. Talks of reopening educational institutions from February or March emerged (“Educational Institutions Likely to Reopen in March,” 2021; “Schools May Open in February,” 2021). Things seemed to be on track, with no further restrictive measures in sight.

5. Restrictive Measures to Curb the Second Wave of Virus Infection in 2021

After a gradual fall in the COVID-19 infection rate, hospitalizations, and deaths, scientists started observing a reverse trend in infection and discovered new variants of the virus coming from other countries. The UK variant was found to be active in Bangladesh since January 2021 (Molla, 2021a). Eleven other variants, including a powerful South African one, were found soon enough, against which the Oxford-AstraZeneca vaccine is considered less effective (Francis & Bruce, 2021; Sujan, 2021). A worrying spike of COVID-19 cases began in March (“Covid Cases Keep Rising,” 2021). There were several reasons behind the rise in infections from March 2021. The government warned of a likely rise of COVID-19 infection during winter 2020 (“Covid-19 Likely to Increase in Winter,” 2020). However, the infection rate did not rise; instead, February 2021 saw very low infection rates (“Daily Covid Cases Drop to 10-Month

Low,” 2021). It could be argued that not seeing the increase in infection rate expected during winter created room for complacency among the government and the people, leading to relaxed COVID-19 restrictions later on. The ongoing vaccination drive may have also created a sense of safety and influenced people to not comply with COVID-19 health guidelines. Furthermore, people were desperate to come out of their restrictive lives, as they expressed approval of the lockdown withdrawal. Such behaviour and actions could have contributed to the rising trend of infections.

To curb virus spread, the government announced an 18-point directive, limiting public gatherings, transportation, and markets (“Restriction on Public Gatherings,” 2021). Two days after these directives were announced, a countrywide lockdown with a 9-point directive from 5 April to 11 April was announced (Adhikary, 2021a), followed by an “all-out lockdown” from 14 April to 21 April as a “stricter” measure (“Strict Lockdown from April 14,” 2021). The lockdown was extended six more times till 16 June, arguably not with the same intensity, especially during the Eid-ul-Fitr holidays. A longer lockdown extension continued from 16 June till 15 July, which ended to accommodate the Eid-ul-Adha holidays. Zonal lockdowns in border districts were also imposed in June to restrict the virus spread from those areas. A day after the Eid, a two-week-long strictly enforced set of restrictive measures were imposed until 5 August that further extended to 10 August 2021 (Billah, 2021). The nationwide lockdown was lifted on 11 August, which was widely considered the end of the lockdown phase (Chaturvedi, 2021). While the government attempted some new strategies to implement lockdown measures better this time around, several issues remained unsolved and poorly managed as before.

In this section, we analyse the governance of the second round of lockdown. We observed the progression of lockdown and the policies and measures taken throughout the weeks. We evaluated the policies and actions in light of the first round of lockdown. We further highlighted any new measures taken to improve the quality of lockdown this time and assessed if the government learned any lessons from their first set of attempts in 2020.

The second wave-induced lockdown began with similar measures that were undertaken in 2020. Except for vehicles used for emergency services and carrying goods, all public transport services, including domestic flights, inter-district buses, railways, and ride-sharing vehicles, remained suspended (Adhikary, 2021a). People were forbidden from staying out between 6:00 p.m. and 6:00 a.m. Shops and malls were asked to remain closed, but restaurants were allowed to be open within permitted time slots for takeaway. Banks were meant to operate from 10:00 a.m. to 12:30 p.m., while there were no fixed restrictions on other institutions. Construction work was to continue. Amid all the government restrictions, *Ekushey Boi Mela* was permitted to run every day from noon to 5:00 p.m. The Bachelor of Medicine and the Bachelor of Surgery (MBBS) entrance exams were allowed to be held on 2 April (“Admission Test Underway,” 2021). The lockdown circular spelt out taking strict actions against violation of the directives.

Although the government had taken steps to ensure people's compliance with the directives, the overall situation lacked strict enforcement in the first week of the lockdown. Under the government initiative, a RAB mobile court fined 25 people for not wearing masks or for travelling on shared motorcycles. Later, free masks were distributed to around 2,500 people. Drives were also carried out near shops and numerous markets to ensure they were closed on time ("'Lockdown' Goes Lightly on First Day," 2021). But from the very first day, citizens ignored health safety rules by not wearing masks or following any form of social distancing. Streets saw fewer crowds than usual, but the few open shops in alleys or neighbourhoods were met with a swarm of people. Intercity buses did not operate, but cars, auto-rickshaws, and rickshaws were widely available and used as a mode of transportation, sometimes at overcapacity. Since government offices, garments factories, and private firms were open on a limited scale; their employees struggled to travel without public transport. So, they had to either pay an extra fare, change vehicles multiple times, or even resort to walking to work. In Rayerbagh, Jatrabari, many passengers protested on the Dhaka-Chattogram highway demanding transport to go to work. Shop owners also staged demonstrations in New Market and nearby areas to remove restrictions on their businesses. There were also protests by traders and businesspeople in Rajshahi, Chattogram, Kushtia, Jhenaidah, and Panchagarh, demanding shops remain open. In response to popular demand, the government allowed public transport services to run from 6:00 a.m. to 6:00 p.m. every day in all 11 cities across the country from 7 April until further directives ("'Lockdown' Goes Lightly on First Day," 2021).

The lockdown directives and enforcement had contradictions and unpredictable back-and-forth, showing incoherence in lockdown measures, as observed in 2020. Public transportation resumed from 7 April under the pressure of the public, following the highest number of infections and daily deaths in March 2020 (Adhikary, 2021b). On the same day, it was decided that all residential and non-residential *Qawmi* and other madrasas would remain closed until further notice ("Covid Surge," 2021). Despite declaring that banks and the stock market would remain closed from 14 April, the decision was reversed the day before closure. People rushed to the banks on 13 April, creating large gatherings, and scrambled to sort out their businesses and personal finances, only to find out that banks would remain open in a limited capacity from there on (Tayeb, 2021).

The fragile enforcement of the first week of lockdown and the rapid resurgence of new COVID-19 cases led to a "full lockdown" for another week from 14 April. In addition to the previous guidelines, new restrictions were placed. Apart from emergency service providers and RMG factories, every government, semi-government, and private organization; shop; and factory was ordered to stay closed during this lockdown (Noman, 2021). Except for transportation of emergency services, production, and necessary commodities, all sorts of transports were ordered to be closed, including road, sea, rail, and both domestic and international flights. The police were given the power to impose restrictions. As such, the police launched a "movement pass" to aid people in need-based travelling ("Bangladesh Enforces Stricter Covid-19 Lockdown," 2021; "How to Register for Movement Pass," 2021). There have been noticeable changes between the first and second week of lockdown enforcement, as presented in Table

9. Week 2 witnessed a stricter, more systematic enforcement of lockdown than the previous week. The strictness of week 2 continued in the next week as well.

Table 9: Differences in Lockdown Enforcement Between First Week and Second Week

Elements for comparison	Week 1 (5–11 April 2021)	Week 2 (14–21 April 2021)
Vehicle movement	Ban on transports imposed and removed, and that too on specific transports	Strict ban on all forms of transport
Vigilance by law enforcement agencies	Lack of intensity to enforce lockdown	Check posts, mobile courts, patrolling in a greater number
Permissible movement	People at their choice, not facing checks by law enforcement agencies	Online movement pass introduced, without which people had to face stringent checks
Citizens' compliance with lockdown directives	People were not as willing to follow guidelines	Except for the second day, people were more serious about restrictions
Closure of workplace	There were restrictions regarding travelling to work, but nothing direct towards closing offices	Almost all offices were ordered to close, except for emergency services and RMG

It is evident that the scale and nature of lockdown escalated to more stringent measures from the first week to the following week. In this phase of lockdown, it seemed that the government learned from its experience in several areas and introduced a number of new initiatives:

- labelling lockdown by stricter terms such as “restrictions on the overall activities/movement,” unlike naming it “general holiday” as the previous time, giving a relatively clear message of what was expected from citizens in the coming days. While the reason for terming “general holiday” may have been technical, it was unable to clarify the expectations from the restrictions;
- being more definite in categorizing which institutions will remain open and closed, and being transparent about the criteria, reducing confusion. As such, RMG industries were kept out of shutdown in the announcement that contributed to lower inter-district travel by workers;
- stricter law enforcement, with people and shops being fined;
- unlike the first phase, EC postponed all elections nationwide upon the announcement of a new lockdown (“Election Commission Postpones All Elections,” 2021); and
- coming up with the idea of a “movement pass” to aid citizens for need-based travelling. Although the movement pass system is non-inclusive since it requires technical knowledge and internet connection to generate it, this initiative created a sense of seriousness about public movement outside the home (“Movement Pass,” 2021).

Such increasing enforcement, however, did not continue for long, primarily to allow the economy and businesses to revive during Ramadan and Eid festivities. Shopping malls were allowed to reopen from 25 April, generating a high turnout as well (“High Turnout at Shopping Malls,” 2021). A similar relaxation of the lockdown was observed in 2020, as well as during Eid-ul-Fitr 2020. Restrictive measures were also lifted during Eid ul-Fitr 2021. Such repetition again questions the government’s farsightedness and learning capacity.

Some ineffective measures implemented last year were also seen in this period. First, the lockdown was imposed without giving people sufficient time to prepare for it. The announcement of the first-week lockdown was made on Saturday to be effective from Monday, which caused city-dwellers to rush to shops for gathering essentials, resulting in destabilizing the market. Moreover, a large number of people, mostly from lower-income groups, knowing that their source of income in the city would stop, rushed to buses and launch terminals to go to their villages, further jeopardizing social distancing and hence leading to a greater spread of the virus across the country (Anam, 2021). Second, there was a lack of seriousness to sticking to the initial guidelines. For instance, the ban on transport was removed immediately after it faced backlash. Third, similar to last time, the lockdown was declared on a weekly or short basis. After seeing the state last year, they should have imposed a three-week lockdown at once with preparation time ahead of it. Fourth, the government’s nationwide lockdown, instead of locking down the high-risk areas for COVID-19 contamination, created similar inefficiency as last year and threw a larger population at livelihood risk. They were six districts with a high risk for contamination on 13 March, which increased to 20 districts on 20 March, and 29 districts on 24 March (Murtaza, 2021). This rapid spread of the virus could have been checked through zonal lockdown built on past year’s experiences. The government expert committee also recommended a “partial or modified” lockdown of “high-risk” areas, as Bangladesh saw a surge in the virus from March 2021. They found that the 18-point directive to contain the spread of the Coronavirus had a lot of ambiguous terms and lacked clear mandates (Molla, 2021b). The failure of the nationwide lockdown did bring district-based lockdowns to stop the spread of the delta variant from border districts. Yet, the concern raised by civil surgeons and the expert committee at the end of May was implemented in June, when the virus had already spread beyond controlling capacity (Ali & Sujon, 2021).



Figure 38: Issues from the First Phase of the Lockdown That Were Learned and Not Learned in the Second Phase in 2021

6. Wrapping Up

The chapter presented the state of lockdown based on interplays between citizens’ problems and government constraints. Stringent measures at the beginning of the first phase of the nationwide lockdown created economic vulnerabilities for people, which pushed the government to either relax the lockdown measures or feed the vulnerable people. Initially, the government tried to provide relief to the people. However, due to inadequate relief provision and poor governance in relief distribution, the government had to withdraw or relax the lockdown enforcement. Weaknesses in lockdown enforcement capacity and initiatives also influenced the government to take such a position. In the government lockdown measures, there was a lack of preparedness, poor coordination between public institutions and pronounced plans, contradictory decisions against lockdown directives, delay in taking appropriate steps, and abrupt changes in plans. However, the government did learn from its past experiences and undertook new mechanisms in the second wave-induced lockdown, such as labelling lockdown with stricter terms instead of “general holiday,” articulating which institutions will remain open or closed during the lockdown and introducing “movement pass.”

It seems that the government has taken a balanced middle course of lockdown enforcement, in which it neither loosened the reins fully nor put people under stringent restrictions, as in

countries like China. In the beginning, the government was in disarray about restrictive measures, but people were compliant because of the novelty of the virus and lockdown. Then both government and people started adapting to the COVID-19 realities; as such, they managed their fears and transitioned to normalcy. This grew along with the increased scale of people's outdoor activities and a fall in daily infection rates in 2020. When the infection rates started resurging from March 2021, the government reacted by reinforcing lockdown from 5 April to 30 May 2021.

The Bangladeshi model of lockdown poses the government as responsive to popular demands and hence forges a synergy between government interests and citizens' demands. Citizens' interests for livelihoods, business operations, and willingness to return to everyday life allowed the government to fulfil its interests in terms of growth continuation, release from responsibility to feed the vulnerable population, and freedom from criticism of weaknesses in lockdown enforcement measures. Successes in keeping the virus spread under control gave the government a moral legitimacy to continue its populist stand, even disregarding the experts' suggestions on many occasions. The government did not listen to experts' suggestion of shutting down cattle markets in Dhaka before Eid-ul-Adha. It withdrew the lockdown from 31 May 2020 despite sharp criticism from experts about the high risk of virus spike. It further disregarded many suggestions from experts, such as control of religious congregations and so on. Here, the experts' suggestions may be argued as normative, while the government adopted a more pragmatic stand in handling COVID-19.

Bangladesh cannot bear the brunt of prolonged lockdown, given its socioeconomic dynamics. It must adopt pragmatic yet effective mechanisms to fight the virus spread. They include rolling out a nationwide, large-scale vaccination program, popularizing and enforcing mandatory mask-wearing through the participation of all relevant stakeholders, and banning all non-mandatory public interactions, such as recreational activities. A scientific team that tracks the nature and spread of the virus is necessary, and high infection zones can be put under lockdown without delay. Such a team would require political support, with sufficient funding to gather scientific evidence and make data-based decisions. Nationwide lockdown should only be implemented as a last resort.

Chapter V: Achievements and Challenges in the COVID-19 Relief Program

Md. Mahan Ul Hoque and Rafsanul Hoque

1. Introduction

The spread of the COVID-19 pandemic put Bangladesh's disaster and relief management experience to the test. This chapter assesses the achievements and challenges facing the government in distributing relief to the citizens affected by the pandemic. To do so, the chapter focuses on analysing the nature of the relief regime—structure, governance process, and capacity—with an aim to evaluate the extent to which COVID-related relief has been distributed efficiently, appropriately, and equitably. Drawing from both qualitative and quantitative data, the study argues that while relief efforts were made of a considerable scale, implementation was troubled by poor governance. The results portray a lack of transparency and accountability, further complicated by the perceptions of corruption and lack of trust in political representatives. The chapter concludes by assessing the needs and potential strategies to develop a robust relief program as part of a broader social safety net program to cope with similar crises in the future.

The chapter's introductory section provides a brief overview of the context of disaster and relief management in Bangladesh. Section 2 describes the existing disaster management framework. Section 3 explains the GoB's regulatory framework of the relief program and strategies throughout the COVID-19 crisis in providing humanitarian assistance. It then draws on key findings from the field to examine issues such as beneficiary listing and management, the performance of relevant stakeholders, and key obstacles inhibiting the development of a robust relief program. Section 4 discusses the role of NGOs in supporting the relief distribution process. Section 5 briefly discusses relief governance in the new wave of the Coronavirus and accompanying lockdown measures in 2021. Section 6 concludes the chapter by evaluating the relief program's performance and reflecting on the government's capacity to offer relief support in the future.

Since 26 March 2020, the GoB began taking a series of lockdown measures to combat the Coronavirus pandemic, potentially leaving the economy on the precipice of a downturn and the people facing an imminent loss of livelihoods (Mamun, 2020a). Although the novelty, scale, and seriousness of the pandemic meant few countries had the experience of such a crisis, the

Bangladesh Government had the advantage of decades of experience with disaster management—administrative system equipped to manage (some kinds of) disasters, relatively good outreach and access to the country's most remote corners, and a local administrative and volunteer base capable of supplying labour and other resources needed to distribute relief. The GoB promised a robust relief program to keep the people afloat, putting its governance capacity to the test.

This chapter investigates the relief program's capacity, focusing on its nature and performance since the beginning of the COVID-19 crisis, in particular on how the program was implemented in 2020—the first year of the pandemic.

In Bangladesh, disasters have not only been environmentally fatal but also politically and historically consequential. The Bhola Cyclone of 1970 escalated the secession of a united Pakistan and the birth of Bangladesh (Biswas & Daly, 2020; Hossain, 2018; Hossain & Mullick, 2020). While the cyclone was politically consequential, it was also foundational for national development efforts that followed after the national independence in 1971 (Hossain, 2018).

After independence, the GoB formed the Ministry of Relief and Rehabilitation (MoRR) and the Ministry of Food in 1972 (“Creation of MoDMR,” 2020). The disaster management strategy back then was response-oriented, prioritizing infrastructure and human resources to make relief and rehabilitation interventions fast and effective (Mallick et al., 2005). Over the years, this framework shifted towards capacity building, disaster preparedness, and awareness generation. Ministry formations also changed to accommodate the shift. The renaming of the Ministry of Relief and Rehabilitation to the Ministry of Disaster Management and Relief (MoDMR) in 1994 reflects such change. After several more transformations, the MoDMR gained its present-day form in 2012 (“Creation of MoDMR,” 2020).

The emerging political landscape, where the vulnerable people and their protection against disasters and subsistence crises was a major priority, has led the government to commit to its disaster management and relief efforts. An illustration of this priority focus is in the example of Cyclone Sidr in 2007—a tropical storm of almost equal intensity to the Bhola Cyclone of 1970, but which was responsible for around only 1% of the deaths that occurred during Bhola (Hossain & Mullick, 2020). In addition to strengthening capacities to protect its citizens against tropical cyclones and other disasters, Bangladesh—after having been the world's second-largest food-aid recipient until 1992—has also become more food secure over the decades (Atwood et al., 2000; Roy et al., 2019). Another indicator of the relatively high priority accorded to protecting people is its investments in social safety net schemes, including programs to support people at vulnerable stages of their lifecycle (during pregnancy or old age) and those at risks of hunger or impoverishment due to individual, seasonal, or wider economic shocks.

This chapter attempts to evaluate the robustness of the relief operation considering its existing and growing capacity. The context of disaster management in Bangladesh helps us understand the values and priorities of the government. By analysing the nature of this system, we assess

if it was successful in delivering with its full capacity during the COVID-19 crisis, what challenges it faced, and what the future trajectories are for the regime.

Key findings of this chapter:

- Relief efforts were made on a considerable scale, mainly by the government. In an effort to ensure the integrity and transparency of the relief implementation process, the government engaged about half a million people in different monitoring and supervision committees.
- Despite this, the relief program, from beneficiary selection to implementation, was troubled by misgovernance—a lack of transparency and accountability, nepotism and politicization of beneficiary selection and distribution, and perceptions of corruption. Critical questions about the relief program have been about the capacity to manage the program rather than the amount allocated or designated beneficiaries.
- Efforts were made to digitize the beneficiary lists and distribution systems, which would overcome or avoid problems of politicized or corrupt beneficiary selection and distribution. However, in the absence of a robust database of the tens of millions of eligible citizens, digitalization was unable to compensate for these governance problems.
- Disaster relief involvement of NGOs and civil societies and partnerships with the government was expected, but only a few large NGOs and independent CSOs were successfully involved, and only to a small extent. Government-NGO coordination was weak and existed only on paper.
- Transparency and accountability are challenging under conditions of narrowing civic space and a lack of media freedom. An absence of credible independent oversight or monitoring of the relief program meant it suffered from an overall lack of accountability.

2. Legal Framework for Government Relief Distribution

Over the years, the framework for disaster management has shifted from a reactive to a proactive approach. It now includes Disaster Risk Reduction (DRR) and Emergency Response Management (ERM) programs based on the Disaster Management Act 2012, National Disaster Management Policy 2015, and National Plan for Disaster Management 2016–2020. These acts and policies follow the recent shift in the approach and complement international frameworks.

The scope of the present approach to disaster management includes a broad set of natural and human-induced incidents (Disaster Management Act, 2012). Under the Humanitarian Assistance Programme Implementation Guidelines, 2012–13 and the Disaster Management Act 2012, diseases that create a pandemic and render the community's capacity to deal with it insufficient can fall under disasters. As per the National Plan for Disaster Management 2016–2020, a pandemic like COVID-19 is classified as a biological, human-induced hazard.

Therefore, the COVID-19 pandemic has been classified as a disaster by the GoB, victims of which are eligible for government relief interventions.

The government also has specific guidelines to follow in the wake of a disaster. The first go-to guide for any ministry is Standing Orders on Disaster (SOD) 2019. The SOD provides detailed risk reduction and emergency response functions for every ministry. The National Plan for Disaster Management 2016–2020 also embodies the values for disaster management envisioned by the ministry.

Finally, the Humanitarian Assistance Programme Implementation Guidelines 2012–13 put forth specific plans for the post-disaster relief efforts. It provides fixed definitions of the poor and vulnerable and the qualifications to consider for relief. It also specifies the kind of relief to be distributed by the government, the geographical areas and communities to be considered, the committees and hierarchies to implement planned action, and other mandatory guidelines. This guideline provides an implementation framework and is adjusted based on all corresponding acts and circulars. Therefore, all government bodies have several guiding frameworks in the event of a disaster.

3. Governance in Relief Distribution During COVID-19

This section explores the government's relief effort by analysing its framework and implementation through empirical data, media documentation, and government documents. It also looks at the activities and challenges in the relief attempts made by NGOs. Despite many other actors being active in the relief program, such as personal and community initiatives and political party contributions, their roles and dynamics are not analysed in-depth due to a lack of empirical data.

To curb the onslaught of the Coronavirus, the GoB issued a series of lockdown measures beginning from 26 March 2020 (Adhikary & Hasan, 2020). On 2 April, the PM read out a 31-point directive to implement a transparent and efficient relief program. Directions included orders to help the poor and vulnerable keep afloat, follow the SOD for all ministries, and show zero tolerance against corruption in the relief operation ("Relief Distribution," 2020). NGOs and CSOs also supported relief efforts (the role of NGOs has been discussed in Section 4).

3.1. Government Relief Framework for COVID-19

The MoDMR prepared a separate implementation guideline called the "Implementation Guideline for Special Humanitarian Assistance due to the Coronavirus Disaster 2020," which explains the kind of assistance given, beneficiary selection criteria, formation of committees to implement the program, and their duties. The newly designed guidelines follow the government's existing Humanitarian Assistance Programme Implementation Guidelines 2012–

13. For the COVID-19 crisis, the GoB provided three types of aid: food and cash allocation (gratuitous relief) and baby food allocation.

a) Relief Management Committees

The COVID-specific implementation guideline details an administrative framework with committees and actors responsible for relief beneficiary selection and distribution. As per the guideline, eight types of committees established countrywide form a long chain of command, from the central government to the ward level. One of their core responsibilities was preparing, monitoring, and sending the list of people eligible for humanitarian assistance up the chain of command.

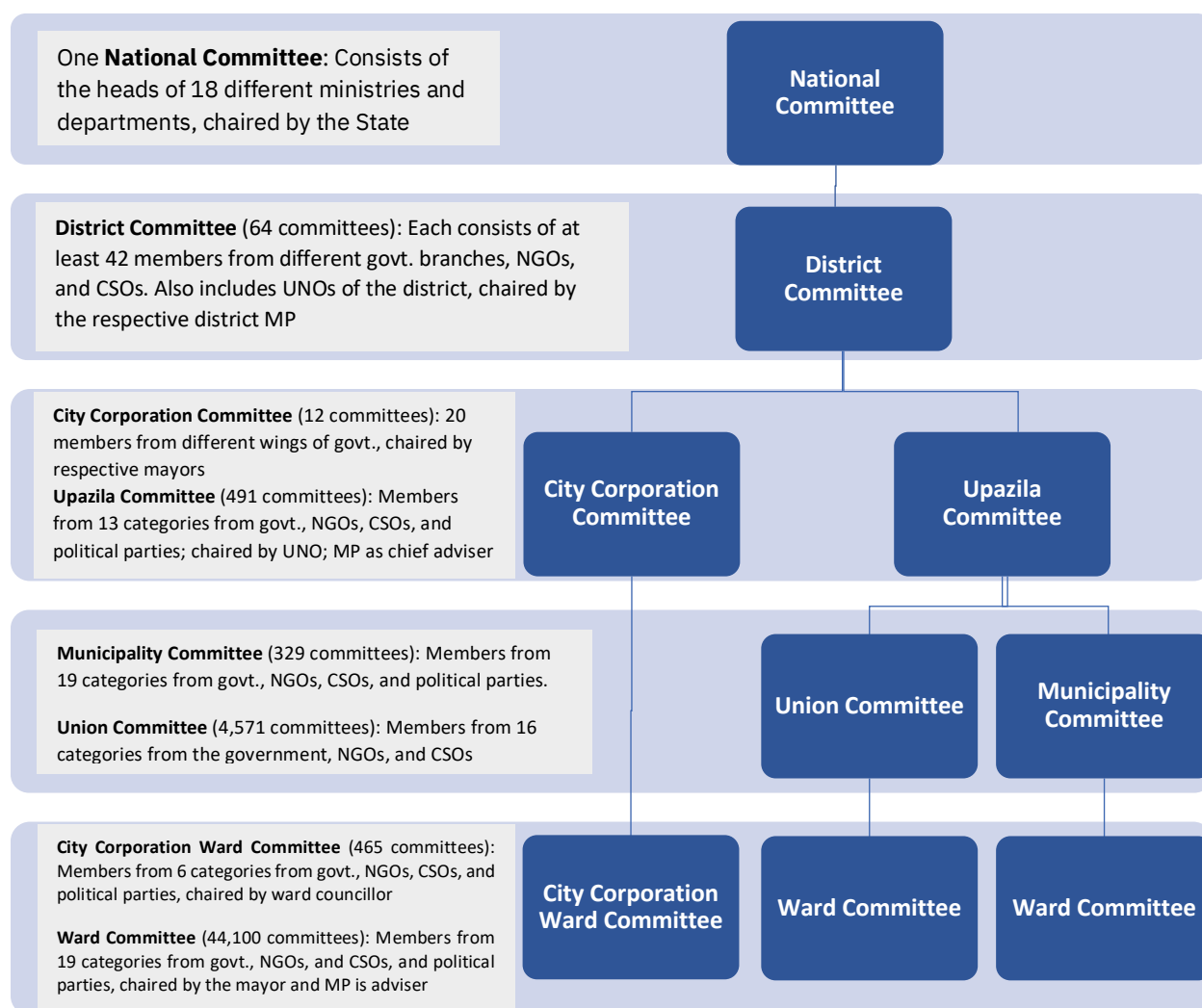


Figure 39: Relief Response Committee Hierarchy Based on COVID-19 Guidelines by the Bangladesh Government

Some key activities that the committees had to implement or coordinate with other stakeholders:

- a) With support from the Access to Information (a2i) program, the government would prepare a QR-code enabled beneficiary list by collecting citizens' National Identity Cards (NIDs)/birth certificates.
- b) Each level of relief management committee would set up hotline numbers to obtain information from the field, receive relief requests, and address any grievances or complaints against corruption. Respective authorities would publicly advertise the phone numbers.
- c) Private relief providers would follow a2i's database to provide relief.
- d) It would be mandatory for government representatives to be present as Tag Officers while buying or distributing relief items.
- e) The beneficiary list would be kept for future audit purposes and required to be uploaded to the websites regularly.

b) Beneficiary Selection Criteria

The MoDMR's implementation guidelines included directives to prepare beneficiary lists in respective communities. Beneficiaries could fall under two categories:

- 1) distressed and extreme-poor individuals/families and
- 2) employable unemployed people who suffer from food shortages or are part of certain underprivileged or minority communities.

There are specific criteria to determine who qualifies as distressed and ultra-poor individuals/families. An individual/family must fulfil at least four out of the 12 criteria determined by MoDMR to be categorized as distressed or extreme-poor and, therefore, be considered for humanitarian assistance, as mentioned in the Humanitarian Assistance Programme Implementation Guidelines 2012–13.

c) A "Novel" Challenge

A relief system that had managed multiple natural disasters throughout its history was tasked to implement its most extensive program yet. This task was different from previous relief campaigns in four ways. First, there was a decision to create a new list of beneficiaries, including those who lost jobs due to the lockdown. This meant a countrywide effort to bring all such beneficiaries under the umbrella of relief. Second, the situation required building a central beneficiary database and conducting a relief distribution process that had to continue amidst the pandemic and a lockdown. Gathering information door-to-door and distributing

relief while maintaining physical distancing measures presented a major administrative and logistical challenge. Third, while the government had provided relief on a large scale previously, notably during episodes of excess flooding, the Coronavirus relief program was the most extensive yet in terms of the geographical area that it had to cover—the whole country. Finally, a new scheme was to provide digital cash to beneficiaries via mobile financial services (MFS), which was never used in Bangladesh for large humanitarian assistance purposes prior to this crisis.

d) A Promise of Capacity

According to the MoDMR's guidelines, the beneficiary selection takes a bottom-up approach; each Ward Committee reports to the Union, Municipality, or Upazila Committee, and the Upazila Committee reports to the District Committee. The categories of member selection are also stated in the guideline. The structure is a large hierarchy of organizations that are supposed to reach down to the village level. It, therefore, involves a large number of people and bureaucratic capacity. Considering the number of official districts, city corporations, upazilas, unions, municipalities, and the respective wards they are divided into, this structure would require at least 4,977 committees to be formed even without the ward-level committees. Given that each municipality or union consists of nine wards, the country currently has a total of 44,565 wards, implying the participation of over 515,000 people in the whole relief committee hierarchy. More than half a million people's theoretical involvement does not include the number of volunteers and political party members who have also helped in the listing and distribution process.

According to the Coronavirus Humanitarian Assistance Guidelines, all ward-level committees were ordered to open at least two hotline numbers. Union and municipality committees were told to open five. The upazila-, city corporation-, and district-level committees, and the National Committee were tasked with operating 10 hotlines. This would again render this extensive organizational process to create and operate over 100,000 hotline numbers for serving the people. This proposed commitment towards listening to people's needs and grievances and prioritizing transparent information dissemination required considerable government capacity.

3.2. COVID-19 Relief Governance: Reality Check from the Field

The GoB took multiple initiatives regarding relief efforts and social protection on a large scale. According to the Finance Ministry, the total stimulus package declared by the government for COVID-19 response was around BDT 1,033,170 million. The government also extended the Open Market Sale (OMS) of rice program for vulnerable people (Kamal, 2020). The special packages for the emergency relief program during 2020 are:

- 1) an expansion of the social safety net programs amounting to BDT 68.59 billion (Khatun et al., 2020);
- 2) distribution of 0.4 million metric tons of rice and 0.1 million wheat as immediate assistance (Kamal, 2020);
- 3) increase in the number of ration cards from 5 million to 10 million to provide rice through the OMS program. The price of rice was also declared to be BDT 10 per kg (decreasing from BDT 30) at the consumer level (Byron & Mahmud, 2020);
- 4) allocation of BDT 1,250 crore as cash aid to half a million families at BDT 2,500 per person (Khatun et al., 2020); and
- 5) allocation of BDT 1,500 crore cash aid to unemployed labourers (BDT 3,000 for three months per person) in collaboration with the European Union (EU) and the German Government (Islam, 2021).

Furthermore, budgetary allocation in the annual development program for Social Welfare, Women Affairs & Youth Development marginally increased from 0.4% to 0.5% in 2020 compared to its previous fiscal year (Khatun et al., 2020).

NGOs and CBOs were also involved in independent aid distribution. Large organizations like BRAC were involved with hygiene advocacy, community engagement, and relief distribution. However, there was no monitoring activity or collective data available from any central NGO authority to clearly understand the role of the NGOs. Regardless, the role of NGOs will be further discussed in Section 4.

A comprehensive collection of qualitative and quantitative findings involving multiple stakeholders revealed critical aspects of the government's capacity and the relief program's performance. To understand which entities were commonly seen distributing relief locally, the Citizens' Perceptions of COVID-19 Governance Survey conducted by BIGD asked respondents from whom their communities received relief assistance. This provides an idea of the actors involved in the field. As shown in Figure 40, 92% of the respondents' communities received support from the government; 46% of the respondents mentioned receiving aid from personal initiatives, while 40% mentioned political party contributions. NGO's contribution was mentioned by 12% of the respondents. The data indicate the *perceived* contribution and visibility of the actors and not the actual contribution.

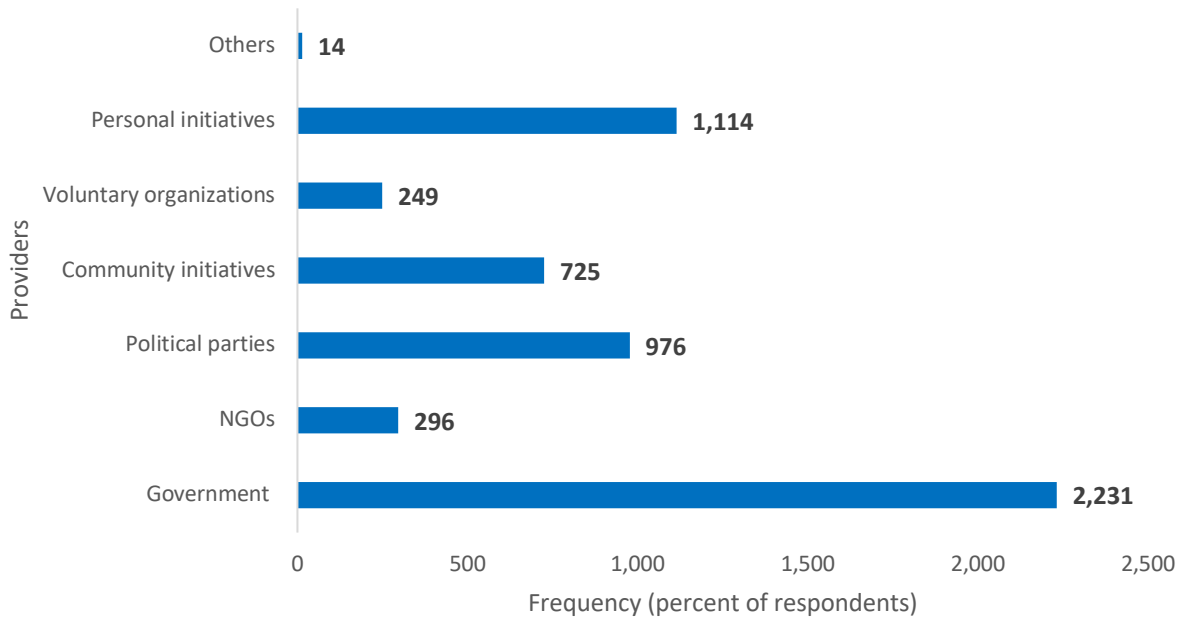


Figure 40: Relief Support Providers, as Perceived by Respondents (Number of Respondents = 2,750) (Multiple Responses)

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

a) Relief-Related Information Dissemination

In rural and urban areas, many local administrations made public service announcements (“miking”)—the use of amplified portable sound systems—to spread awareness about the health and safety measures regarding the Coronavirus. This public awareness system, a widespread method of information dissemination in Bangladesh, was hardly reported to be used for relief announcements. Many respondents argued that they solely relied on word of mouth. Multiple relief beneficiaries added that they knew about the upcoming relief beforehand because they had regular communication with the local government representatives or with people close to these representatives. It was well established that having close connections to the local representatives (councillors, commissioners, chairmen) or their political hands was the best source of knowledge about relief. These linkages or social capital also gave such locals an upper hand over other eligible people.

On the other hand, top-down patron-clientelism dynamics were active because councillors or political party leaders chose their supporters to provide information first. So, the dynamics of such advantages achieved from networks can be explained by both perspectives of social capital and patron-clientelist linkages. As relief often came in limited amounts, this information was critical to ensure an early spot in the line. One beneficiary from Gaibandha explained how he benefitted from this process:

"There are many labourers in my area who deserve relief but did not get any. As a rickshaw-van driver, I have a large network of connections in the area, including people close to the member. They told me about the relief. Others like me did not even know that relief came."

Higher social capital was also advantageous for male over female beneficiaries. Men benefitted from informal get-togethers, such as addas at tea stalls, which became a prime source of information on local relief. Men were more likely to defy the government holiday restrictions to gather over a cup of tea and to access relief-related information. A relief beneficiary of a peri-urban site claimed:

"As we have less work during Corona, we [men] spend more time at tea stalls watching TV, and you get all types of people and information there. Chairman and member's supporters and political hands are there as well. By staying home, you would be deprived of that network and information."

However, the data could not clarify if this information benefitted their female family members or if their female counterparts faced any significant disadvantage in finding relief because of it.

There was certainly an expectation of and demand for public information. However, attempts at such information dissemination were avoided for multiple reasons, as local representatives from all sites explained. Most representatives argued that they never received enough resources to fulfil their communities' needs. The limited amount of relief, whenever it came, was not something they could publicly announce as they could not give it to everyone. They knew more people would come regardless, and many mentioned buying extra rations from their own pockets to satisfy the needs of the people. Furthermore, even if the local representatives received enough allocation to fulfil their area's needs, the allocation would often not come at once. This gradual arrival of relief would again discourage them from publicly informing people publicly about the relief.

Finally, relief distribution processes would create gatherings at a time when physical distancing was mandatory. Calling all locals to one place would make it hard to conduct a controlled relief distribution process with proper safety measures. Some ward councillors adopted different strategies to provide relief without gatherings. Some delivered the relief at beneficiaries' doorsteps, and some did so in the middle of the night.

Therefore, the demand for public information was not easy to fulfil. However, the information gap paved the way for corruption and nepotism in the process. Some of the respondents from BIGD's qualitative interviews stated that transparency and accountability could not be ensured without disclosing relief-related information and beneficiary list to the public. To enhance the trust level of the people, the government should ensure that beneficiary lists be made public as soon as they are made.

b) Beneficiary List Preparation

The government did not have any updated relief beneficiary list when the government lockdown began. It only had a 10-year-old beneficiary list of five million people for its OMS program (“Leaders Are Embezzling Coronavirus Relief, 2020; Rahman, 2021). Meanwhile, there are 145 types of social safety net programs in Bangladesh. Some sources claim that approximately 46% of social safety net beneficiaries who receive the assistance are not eligible for the support (inclusion error) (Rahman, 2021). To better include the beneficiaries of social safety net programs and emergency humanitarian assistance, the GoB initiated a beneficiary list in 2013, allocating BDT 727 crore. However, it has not come to light in the last eight years, and the government could not use it for the humanitarian assistance programs in 2020. In response, the government had to rapidly prepare a new list with the help of local administration and local government (Rahman, 2021).

Meanwhile, anomalies were also reported in the mobile cash transfer beneficiary list and the OMS card preparation scheme. According to the food minister, seven lakh out of the total 50 lakh OMS cards distributed during the closure declared by the government due to the COVID-19 pandemic were found to be fake (“OMS Cards Distributed,” 2020).

The government began a new beneficiary listing process in 2020. The idea was to build a new digital database using the Central Aid Management System (CAMS) software. The beneficiaries who registered on the digital list would receive a QR code and obtain relief, complying with a transparent digital process. The purpose was to bring efficiency and transparency into the relief distribution process. The primary responsibility of preparing the first draft of relief beneficiaries fell to the ward-level committees. Community respondents from BIGD's qualitative study explained that local leaders, volunteers, and youth went from door to door to collect NID copies and phone numbers. Most found the local chairmen and councillors active in this regard. Despite many respondents claiming to submit their NID copies, most claimed they did not know if they were included in the list. No standard practices were observed regarding the listing process. From our qualitative study, respondents from peri-urban and rural areas claimed that they had to struggle to apply and enlist their names for humanitarian assistance. Due to mismatch and irregularities found in the list, the government was forced to halt cash assistance to around 15 lakh beneficiaries out of the 50 lakh (0.5 million) (Islam, 2021).

c) Management of Relief Distribution

The trend of poor performance in the beneficiary selection process by the authority, to some extent, was also evident in the management of the relief distribution process. A set of focus group discussions (FGDs) and KIIs in urban, peri-urban, and rural areas revealed the reality of relief management. Data show that the local government, local administration, and ruling political party leaders played vital roles in the government relief distribution process. As the government has no ready-made updated list to distribute relief assistance, it had to rely on

local administration and local government—from beneficiary selection to relief distribution process.

The government declared a 31-point directive and a specific guideline for COVID-19 emergency relief operations to ensure transparency and accountability. According to this guideline, GoB instructed local administration to coordinate and form ward-level to national-level committees for relief management. However, we found these initiatives only on paper (details stated later in this section). In reality, relief distribution work was mainly done by the local government representatives and local ruling political party leaders. With the help of some government officials, local administration was present in the relief distribution event to ensure transparency. However, data reveal that most of the relief beneficiaries received relief on the doorsteps by the councillor's people or political agents. The local administration could not check the transparency of the entire relief distribution process without the help of ward- or union-based relief committees. The ruling political party leaders had influences on local councillors or chairmen, from beneficiary list collection to distribution. The power dynamics between the elected representatives and the ruling party politicians varied in different areas, with the political party having more authority in a particular locality. The councillor there stated,

"I could not provide all my people's [councillor's supporters'] names. The president and secretary of ruling party leaders have taken 25% quota, and some of the chairman's and MP's people are there on the list."

In the FGDs and KIIs, some relief recipients could state the character/person who provided them relief rather than the platform's name. Some of the respondents revealed that they did not know whether the government provided them relief or the ruling political party leaders. Some of them were listed by the political party volunteers and received relief in the name of political party leaders. One of the beneficiaries said,

"I received relief from Kabir Bhai [local ruling party leader]; I do not know whether this is government relief or personal relief."

Therefore, it is difficult to clearly explain the extent of contribution and the precise role of the ruling political parties.

Apart from these stakeholders, some CBO support was mentioned by the respondents. However, it was at the initial stage of the lockdown, and their contribution was not enough to last long. Community support was mentioned as an initial coping strategy when government support was yet to arrive. Regardless, such support was relatively low compared to government support.

To some extent, findings from the Citizens' Perceptions of COVID-19 Governance Survey also aligned with the findings of qualitative data where local government and political parties were found to be mainly involved in the relief distribution process. BIGD's nationwide survey regarding citizens' perceptions of COVID-19 looked at the perceived involvement in relief

management by the locals. The survey shows that respondents thought local government representatives (95%) were mainly involved in the beneficiary selection and relief distribution system, followed by political parties (35%) and local administration (18%).

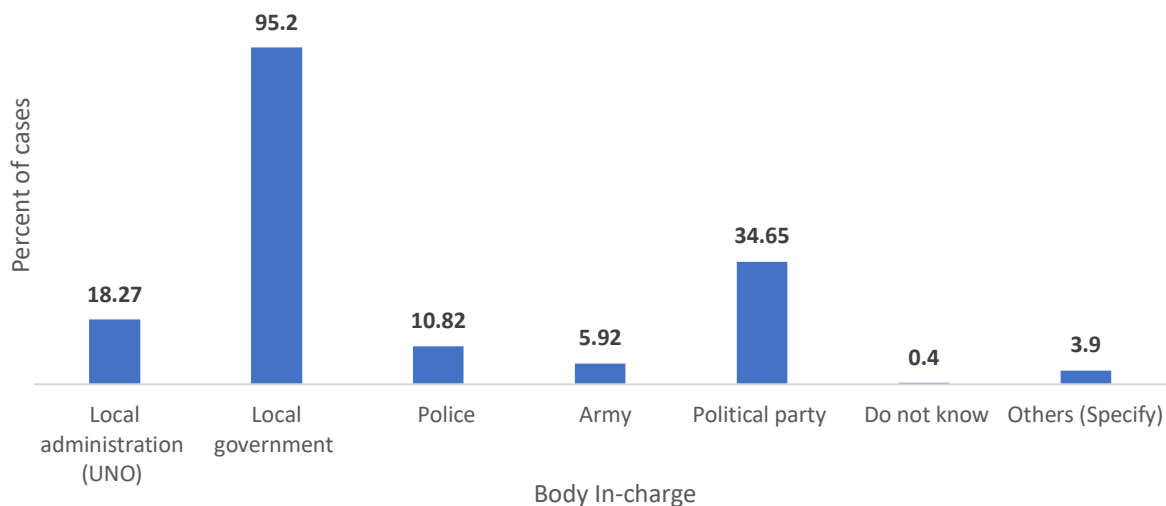


Figure 41: Citizens' Perceptions of Entities Involved in Government Relief Distribution (Multiple Responses)

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

Accessing cash or in-kind relief was a challenge for the beneficiaries. Our qualitative study findings revealed that urban respondents found it relatively easier to access relief than those in peri-urban and rural areas. Urban beneficiaries claimed they accessed relief from multiple sources, such as their MPs, mayors, councillors, police, NGOs, and personal sources. Many respondents added that relief was delivered to their houses. Conversely, very few rural and peri-urban respondents claimed to receive relief from more than one source. Most rural potential relief recipients provided their NID to local members or their associates. The process to receive government relief became a series of desperate attempts, running behind their local members/councillors, ruling political party leaders, Union Parishad (UP) chairman, and in some cases, up to the upazila chairman. One respondent's experience from a peri-urban area reflects how complicated and desperate the attempts were to access government relief:

"It is better to say I had to 'earn' the relief rather than somebody 'providing' me. When I could not operate my van during the lockdown, first, I went to the members for relief. Members 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 at the back of my 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."

Both beneficiaries and non-beneficiaries contended that regardless of their inclusion in the list, what mattered was if they had connections with anyone in the committee, political elites, or local distribution team. If not, they were mostly at the mercy of such local elites. Similar to the beneficiary listing process, the distribution system also did not have any fixed strategy or approach applied across the country.

d) Claims of Corruption and Nepotism

The majority of the focus group discussants, including locals and elites, opposition party members, non-beneficiaries, and even some beneficiaries, complained of some level of corruption and lack of transparency and accountability in the relief distribution process. Some locals claimed they were desperate for help but did not receive any support from local representatives. As one rural relief seeker explained,

"We are poor people. If we even received a shred of relief, we would have said so. The chairman and his members' close people took most of the relief in our names."

Another respondent from a different community voiced a similar opinion,

"If there were 50 pieces of relief, the chairman and members gave 40 to their party people and bootlickers."

When the government representatives were asked about the claims of corruption, all were quick to refute it. They claimed that they never received enough relief to fulfil their community's needs. Even if they received sufficient help, it came in instalments. Many representatives also argued that they had to transport large amounts of relief with their own money. Some claimed they had personally paid for relief to ensure sufficient aid in their community. Some non-beneficiaries who claimed to be in distress and eligible for relief, on the other hand, argued that the local members or councillors denied them assistance on the charges that they did not vote on their side in the previous election.

Locals displayed sympathy for the poorest of their communities in our FGDs. They argued that since receiving relief was more about network and influence; the poorest could not make their way. One rural local expecting relief himself explained:

"We have seen that the distributors have given relief to the same people multiple times, whereas the poor like me have not received it once. I believe there is a lot of corruption and nepotism involved. Even though the councillors were assigned for relief distribution, they used their local leaders, who

favoured their own people. Even if you give a little bit to those who need it the most, it means a lot to them."

Peoples' perception of corruption in the relief program was also evident in the people's perceptions of COVID-19 survey data. Among 2,750 survey respondents countrywide, 68% stated that they felt the relief distribution process had some irregularities and corruption. In contrast, 11% claimed that the process was very corrupt.

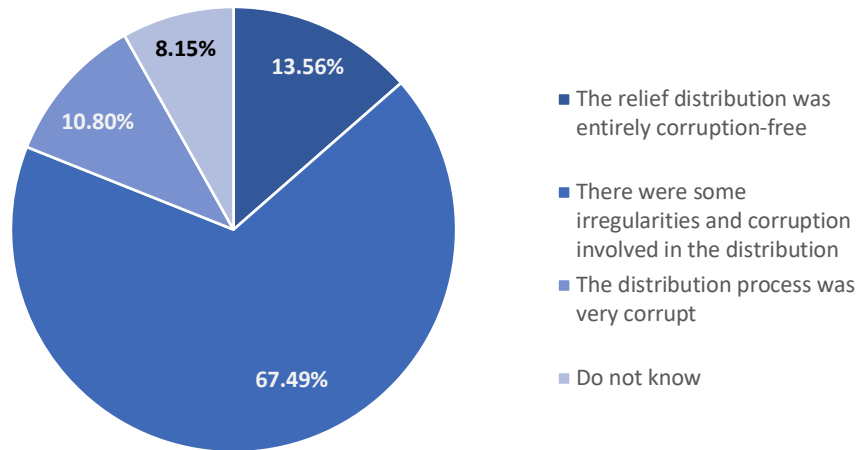


Figure 42: Citizens' General Perceptions of Relief Transparency

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

e) Local Representatives Suffered from Poor Image

Local government representatives were widely accused of corruption throughout the COVID-19 relief distribution process. More than one hundred representatives were suspended for relief misappropriation ("Relief Embezzlement," 2020). However, many were also found to be actively attempting to aid their local community members even with limited resources. Local representatives struggled to explain to their communities that relief is allocated by the ministry and is not under their jurisdiction. The low amount of relief allocation forced them to personally spend on relief allocation and distribution costs. They argued that the lack of trust among citizens towards government representatives put them in a negative spotlight, even when their contribution was immense. One local government representative described suffering from the poor image:

"I have received relief for 200 people so far, but every day more than 200 needy people knock on my door for relief. When I cannot provide relief, they

think that I am 'eating' all of their relief! How can I explain this situation to them?"

Interview and KII respondents argued that they did not trust local government representatives. They believed law enforcement agencies, such as the Bangladesh Army and the RAB, would do better in providing relief transparently. A large number of community members argued that the local government should not be included in the process; administrative government (or upper-level government) should be involved directly and physically. Their opinions showed clear distrust in the local government.

f) Poor Monitoring and Accountability Mechanisms

Due to numerous news of corruption in the media during the government holiday or lockdown, the government took legal and administrative action against accused local government representatives and corrupt OMS dealers ("Relief Embezzlement," 2020). To make the relief operation more transparent, the government also side-lined the local government representatives and MPs and assigned the local administrators as the coordinators of the relief operation. The government hoped that this strategy would ensure the monitoring and accountability mechanisms via local administration.

While making the allocation, the district commissioners (DCs) were ordered to upload information on their respective district web portals regarding the amount received and distributed among upazilas. However, DCs of nearly half of the 64 districts continued disregarding the government's directive to upload information on allocation and disbursement of relief and financial aid on their respective websites till July 2020, when the relief operation was ongoing (Khan, 2020). Despite the change in authority, transparency and accountability mechanisms remained absent.

Furthermore, the government was unable to ensure the role of the numerous committee members for monitoring the relief operation process as per the COVID-19 guidelines. Moreover, the formal hotline number was not widely disseminated in practice. Qualitative data found that most respondents were unaware of any monitoring mechanism, neither were they part of any monitoring process. There was no complaint system in their respective communities either. Respondents had hardly heard about any hotline numbers to request relief or express grievances. The survey data revealed that 85% of respondents had never heard of any hotline numbers about relief. Interviews with political representatives revealed that they did not open any hotline number themselves. Most representatives claimed that there was no grievance in their area. They also claimed to have their phone numbers available to receive requests from the public. There has been hardly any implementation of monitoring processes as instructed in the guideline. The supposedly more than 100,000 hotline numbers do not appear to have had any important impact on either the information available to citizens

or their ability to express grievances or complaints about how the relief program was implemented.

g) Digital Cash Governance

The government announced BDT 1,250 crore digital cash transfers to five million beneficiaries as humanitarian assistance. The relief management committees followed directives to provide NID copies and phone numbers of potential beneficiaries in their areas. Many submitted their NID copies and phone numbers multiple times. Respondents claimed to have bought subscriber identification module (SIM) cards and paid people to create MFS accounts. Very few respondents received or knew someone who received the digital transfer.

The mobile cash transfer system aimed to avoid corruption by skipping stakeholders in the middle who are usually involved in relief distribution processes. However, till 7 July 2020, only 1.6 million people received digital cash benefits. Around 3.6 million people finally received the cash aid late on. The rest were not disbursed due to irregularities in the beneficiary listing. The government found some candidates in the initial list having savings of BDT 0.5 million, owning three-storied buildings, and living in air-conditioned houses. They also found more than 0.3 million names included twice, 0.1 million names already receiving social safety net benefits, and more than 0.6 million to have a mismatch in their information (Islam, 2021).

While the government failed to provide cash aid to another 1.4 million people, they did stop the aid from reaching wrongful hands. By catching the discrepancies between SIM registration data and the NID database information of the Election Commission (EC), more than BDT 3.56 billion was saved from embezzlement (Mishuk, 2020).

Despite excluding the wrong names from the beneficiary list, new names were not added. Therefore, 1.4 million potential vulnerable people missed out on government assistance. As the second wave of lockdown came from April 2021, the government declared to repeat cash assistance to the previous 36 lakh beneficiaries who received it during the first wave of the lockdown. Therefore, while the government did intend to provide cash aid again in the second term, they had to limit themselves to the same 36 lakh people (“Pandemic Assistance,” 2021). The government can introduce the QR code system only when the authenticity of the NID can be ensured. The government tried to do this during the cash transfer but could not succeed for several reasons:

- lack of proper existing beneficiary list;
- inability to prepare a valid list of five million beneficiaries due to mismatch of information in NIDs and SIM cards/MFS accounts;
- lack of MFS accounts for some of the beneficiaries; and
- several attempts at corruption by some local government representatives who provided multiple mobile numbers for the same beneficiaries to access cash transfer benefits multiple times.

During qualitative research in Gaibandha, one respondent of the study argued that all digital cash arrived on the chairman's phone, which he never distributed. However baseless, since that was never the official distribution process, such a claim showed citizens' lack of information and a sense of distrust in their local representatives. Some claimed that the chairman and members/councillors in control of the whole process could have even stolen their allotted digital cash. One respondent from Patuakhali explained:

"The chairman lives in the city. Who would go all the way there? The member said he knew we did not vote for him, so we would not get any relief. They took the information of our sister-in-law and registered their numbers under her name. They got the mobile cash under her name and deprived us of our right."

Therefore, the key constraint in humanitarian assistance remains to be the capacity of management rather than the allocation of relief. Failure to deliver in terms of both beneficiary selection and distribution management undermined the overall effort. The government wants to minimize the manual process of corruption in the relief operation by introducing a digital cash transfer system. However, without ensuring authentic information in the NID and an exact verification process, digitalization would not compensate for these governance problems. The Primary Education Stipend Project (PESP) under the Education Ministry has adopted digital cash transfer as well but benefitted from the supportive role of school teachers. While the plan of providing relief through CAMS was visionary, it is evident that the state will need to rethink the characteristics of the operators (administrators) and the users (beneficiaries) for future operations. Currently, digital solutions to governance problems are inherently limited.

4. Role of NGOs in Relief Response During COVID-19

Through BIGD's qualitative and quantitative data, we found that few of the more than 25,000 registered NGOs played an active role in the relief operation. Their contribution was limited compared to the government and community initiatives. BIGD's qualitative interviews found that government aid was the most common source of support for the people. Compared to the government's support, NGO and community-based supports were far less—the respondents mentioned few large NGOs, such as BRAC. BIGD's survey on people's perceptions of COVID-19 governance also revealed that 92% of the respondents perceived to have received support from the government, and 30% claimed to have received support from community initiatives. In contrast, only 12% mentioned that their community received support from NGOs.

The following discussion will explore the underlying causes of NGOs' insignificant contribution and weak partnership with the government to enhance the state capacity during the COVID-19 emergency relief operation. Interviews with multiple officials of NGOs who have been active throughout the crisis revealed crucial insights.

4.1. Lack of Flexibility in the Budget Provision and Small Contingency Fund

Many local and national NGOs did not have the technical knowledge and necessary resources to focus on the pandemic initially. Interviews with national and local NGO officials revealed that gathering physical, logistical, and financial resources within such a short period and in the given environment of lockdown was a challenging task for many NGOs.¹⁴ Most NGO programs were paused; few had the technical, logistical, human, or financial resources to be in the field. Small, local NGOs and prominent international organizations alike struggled to kick off any food or cash relief program from existing program budgets due to a lack of contingency funds in the budget line. Most NGOs also struggled initially due to not having shock-responsive guidelines or strategies either. The focal person of the COVID-19 response of Manusher Jonno Foundation (MJF) stated that while they have partnerships and run projects with more than 150 local NGOs in Bangladesh, they could not begin any assistance program in the early days of the pandemic.

"We were not able to provide food to the people when they needed it most due to lack of resources. We have provided hygiene and sanitation products and conducted advocacy programs for which we received funds."¹⁵

Local NGOs, such as Assistance Bangladesh and COAST Trust, which mostly depend on external funding, were unable to provide relief during the lockdown. Instead, they provided advocacy and distributed hygiene supplies. Since NGOs need to follow a process to apply for funding, they had to begin various procedural activities to acquire donations. Many organizations received funding for relief around August or later in 2020. Program Coordinator of COAST Trust said,

"At the beginning of the pandemic, we could only provide food relief to some people by staff contribution, but that was like a drop of water in the ocean."

International NGOs reacted likewise, facing similar challenges. Their immediate COVID-19 responses were mostly around preventive measures and the distribution of essential protective hygiene equipment. Most of the NGOs were unable to enhance the state capacity of relief distribution when the GoB had already decided to focus on people's livelihoods than lives and lifted the lockdown to resume economic activities.

¹⁴ KII, MJF, COAST Trust and Assistance Bangladesh.

¹⁵ KII, MJF focal person.

4.1. Capacity, Commitment, and Leadership Matters for NGO's Relief Responses

Some of the NGOs, like BRAC, with an extensive network and considerable resources, showed their commitment and responded quickly. Donor money and NGO activities are directly interlinked; therefore, if the donors that the NGOs received money from were not responsive, the NGOs could not be responsive either. This was a key reason for early NGO inactivity. However, BRAC was an exception as they began working with their own funding. Table 10 shows BRAC's COVID-19 relief responses at a glance.

Table 10: BRAC's COVID-19 Relief Responses at a Glance (21 March–8 July)

Purpose	BRAC's COVID-19 relief responses
Strengthening national systems	0.1 million workers on the ground covering 64 districts
Prevention and awareness	2 million hygiene products distributed 73 million people oriented on COVID-19
Food security and social and economic recovery	350 thousand families received cash support and 17,840 families received food packages

Source: COVID-19: Situation report (BRAC, 2020)

BRAC began with its existing funds and simultaneously requested contributions from institutions and individuals. Meanwhile, it continued mobilizing donor support. BRAC also began to integrate COVID-19 into its development activities. With the necessary resource and financial capacity, BRAC initiated multiple activities and advocacies on its own. The NGO proactively approached the government to contribute in different sectors. Its leadership and proactiveness are reflected in BIGD's qualitative data, where BRAC has been mentioned repeatedly for its efforts in multiple areas.

4.2. Government-NGO Coordination Was Weak and Existed Only on Paper

The study revealed a lack of government initiative to take possible support from NGOs for comprehensive relief operations. The government worked separately to manage the relief operations and took no major proactive attempt or interest in approaching NGOs and coordinating with them. Conversely, NGOs were not proactive either; they expected the

government to take a proactive leadership role to coordinate with them.¹⁶ Large NGOs like BRAC took steps separately to communicate with the local government and update them about their work. They proactively approached the government to work on sample collection, tests, and so on. One interviewee explained that some organizations believe that approaching for collaboration costs money and resources, which they did not have.

In all existing legal documents of Bangladesh, the importance of GoB-NGO-civil society coordination is stated comprehensively, such as keeping NGO and civil society members in multiple relief response committees. However, the execution of these government directives was found to be absent. The key lesson for the government, therefore, is that besides coordination being on paper, it needs to take a proactive role to integrate NGOs into the process to enhance state capacity. Furthermore, NGOs need to focus on their capacity and commitment to work effectively with the government in future emergencies like COVID-19.

5. Relief Governance in the Second Wave of Lockdown: Lessons Learned

A new wave of rising Coronavirus cases in 2021 led the government to issue directives with restrictive measures on 29 March 2021 (“Restriction on Public Gatherings,” 2021). However, a 7-day restriction on public movement from 4 to 11 April was announced a few days later (Noman, 2021). Following several extensions and changes in directives, the second lockdown phase was extended up to 15 July 2021 (“Restrictions on Public Movement,” 2021). The increasing rate of virus spread forced the government to take more measures, such as district-based lockdowns in June and a strict nationwide shutdown from 1 July 2021 (Hoque et al., 2021). Questions of livelihood in the face of a lockdown arose again. However, talks of relief first emerged 10 days after the start of the lockdown, with news of cash aid promised to 3.6 million beneficiaries who received the same aid last year. An extra BDT 800 crore was also announced for Test Relief, General Relief, Vulnerable Group Feeding (VGF), and Vulnerable Group Development (VGD) programs. The MoDMR promised to distribute its BDT 2 million disaster fund to district administrations for food assistance. The government also promised to sell 75,000 metric tons of rice in the OMS market if lockdown was extended further (Byron & Habib, 2021).

Having implemented an extensive relief program last year, the government was arguably more experienced in pandemic relief management. It is worth asking which new learnings were applied and which deficits remained.

The government lacked the preparedness for relief management during both lockdown phases. The first round of lockdown in 2020 established that the poor and vulnerable gravely suffer

¹⁶ Interview, NGO officials.

financially from large-scale lockdowns. However, a proposal for cash aid in the second phase was submitted to the PM on 8 April 2021, after the second lockdown began. The cash aid disbursement process was launched on 2 May, almost a month into the lockdown (“Cash Aid for 3.6 million,” 2021). The lag between the announcement of a lockdown and relief programs questions the coordination among government agencies.

While the cash aid was distributed almost a month after the start of the second lockdown phase, other promised activities were yet to be seen implemented as of this report. The disaster ministry’s hotline number 333 began three weeks into the lockdown. A quick and planned response was missing this time too.

The second disbursement of BDT 2,500 per person meant that those beneficiaries who are not part of any social safety net received BDT 5,000 since 2020 for their financial crisis. However, such a small amount in the space of more than a year is barely sufficient for any family. This aid covers only 3.6 million intended beneficiaries; no new beneficiaries have been included. Meanwhile, a recent study unveiled that the economic shock created by the Coronavirus pandemic has created more than 24 million “new poor”—14.75% of the country's population—in the last year (“Pandemic Creates 2.45cr New Poor,” 2021).

To distribute cash aid to financially vulnerable labourers who lost their jobs during the pandemic, the GoB, with the help of the European Union (EU) and the German Government, developed a fund of BDT 11.35 billion. However, the lack of a credible beneficiary list led to the disbursement of only BDT 50 million (Islam, 2021). Not developing a solid beneficiary database in more than a year left a vast sum of money to remain unused. Like last year, the problem remained in governance capacity, not in allocation.

The government must also speed up the recovery programs, considering that such lockdown and other restrictive measures may occur again. The government is in the process of implementing 23 different recovery programs in response to COVID-19. Almost BDT 1,241 billion are allocated to these programs. However, only 52% of the targets have been achieved (“Half of Stimulus Disbursed,” 2021).

Some new approaches and strategies highlight the government’s positive learning curve as well. The government seems to have admitted its limited capacity for listing aid beneficiaries. It also prioritized robust verification of the beneficiaries before aid disbursement. The government has previously failed to prepare large-scale beneficiary lists—one attempt in 2013 has remained incomplete in the last eight years (Rahman, 2021). The government could also not finish another verified list of 5 million people for cash aid and then settled with 3.6 million people. Therefore, it used the same verified list of beneficiaries in the second wave of lockdown to distribute another set of BDT 2,500 per person. While expectations were much higher, the government also stayed within its limits of what it could achieve in a brief amount of time. Furthermore, based on last year’s experience of receiving flawed beneficiary lists from the local government, the use of the incomplete list of 3.6 million people meant that any financial disbursement would only be considered with a robust verified beneficiary list.

The government also made changes to accommodate relief requests on the phone. Previously, it issued a guideline to create hotline numbers at local levels. This time, hotline number 333 was promoted, putting the relief requests and other information services under the same umbrella. Requesting relief from this number transfers the call to the respective UNOs, who take measures after a doorstep verification. It could be argued that it has not been publicized enough; yet this indicates the government's ability to change.

6. Future Directions

The Coordination gap among different government wings and NGOs must be reduced

There was a significant coordination gap within the government, as ministries were seen to be behind on their preparations as lockdowns approached. The MoDMR proposed ideas for relief allocation after the lockdowns began, both in 2020 and 2021. Some lockdown measures were not followed by government entities themselves. There also seemed to be a communication gap between local government representatives and the ministries. The government did not extensively involve NGOs in their plans either. Coordinated approaches can ensure faster response from all branches and institutions of the government.

Strategies and guidelines must be practical and enforced

Bangladesh has already strengthened its legal framework to work smoothly through the Disaster Management Act 2012–13, SOD, and several other relevant guidelines for government and NGO activities. The National Disaster Management Council (NDMC), Inter-Ministerial Disaster Management Coordination Committee (IMDMCC), and Cabinet Committee on Disaster Response (CCDR) were established to ensure coordination of disaster-related activities at the national level. Coordination at district, upazila, and union levels is done by the respective disaster management committees. The government has made several committees at different levels, all of which include a wide variety of participants. All NGO officials interviewed in the study were unanimous about the non-functional nature of these committees. The relief response lead at one of the leading NGOs in Bangladesh shared his experience of working with local-level disaster-related committees:

“In the local-level disaster management committees, relief management committees have no initiative and no resource allocation; members may not even know what their role is as members of the committee.”

Lack of trust in local government representatives in relief management

A large number of community members argued that the local government (chairmen/councillors) should not be included in the process; instead, administrative government (or upper-level government) should come and directly distribute the relief. Their

opinions showed clear distrust in the local government. Calls to include the Bangladesh Army/RAB were very common. The government is already using UNOs to supervise local relief requests. The government could consider multi-stakeholder engagement between local government, local administration, and law enforcement agencies to establish trust in the process.

Need to enhance the state capacity to prepare an authentic database for future emergencies

The government's initiative of providing cash benefits to five million people is undoubtedly commendable. But the incapacity to disburse the amount properly due to irregularities in the beneficiary list preparation and distribution system calls for scrutiny. The government should prioritize digital cash transfer, as it is the best way to avoid possible third-party corruption. However, due to the corruption in the beneficiary listing, the digital cash distribution process faced the same problems as regular relief distribution. It showed that political problems could hardly be solved by digital solutions. While digital solutions are more efficient and can solve certain problems, they should come after an authentic database has been prepared. The government should also ensure that marginalized people are included and can access those digital services.

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

S. R. Osmani and M. S. H. Siddiquee

1. Introduction

The country-wide lockdown that was imposed in Bangladesh on 23 March 2020 required all but the most essential economic activities to shut down. Most economic activities outside agriculture and essential services came to a standstill, causing severe strain on the enterprises on the one hand and destroying the livelihoods of millions of people on the other. In order to mitigate the economic stress on the enterprises and to provide relief to those who had lost their livelihoods, the Government of Bangladesh implemented a series of measures, which were called stimulus packages, although most of them were in the nature of “relief and rescue” rather than stimulus.

This chapter examines the economic support package – in terms of its contents, characteristics, and rationale. While analysing the nature and characteristics of the support package, our analysis makes a distinction between protection-orientation and growth-orientation. Protection-orientation refers to the presence of programs that intervene directly to protect the poor households and individuals who faced the threat of hunger by losing their livelihoods during the lockdown. Growth-orientation refers to the presence of programs whose proximate impact would be on the revival of economic growth through enterprise support. In this orientation, any impact on the distressed households would be indirect—in so far as growth revival may be expected to lead to the revival of livelihoods as well.

Our analysis finds that the economic support package designed and implemented by the Government of Bangladesh was heavily biased towards growth-orientation to the relative neglect of protection-orientation. We demonstrate that the consequence of this bias towards growth orientation has been deleterious for the people. We then argue that the rationale of this bias resides in the realm of the political economy of governance. Specifically, we argue that growth-orientation was an act of deliberate choice dictated by what the present regime perceives as the foundations of its political legitimacy.

Section 2 provides an analysis of the support package – in terms of its size, content, characteristics (including the nature of its relative orientation towards protection and growth)

as well as its impact on the poor. The political economy rationale of the strategy underlying the package is examined in Section 3, while Section 4 offers some concluding remarks.

2. The Economic Support Program: Size, Characteristics, and Impact

We first offer a brief overview of the support package, followed by a brief description of each of the measures in the package. Next, we analyse the nature and characteristics of the support package from several perspectives and finally present some evidence on the impact of the package on the lives and livelihoods of the poor.

2.1. An Overview

A list of the measures announced so far (April 2021) is presented in Table 11, along with the allocation of funds for each of them. Before commenting on the size and characteristics of the measures, a couple of preliminary remarks are in order at this stage.

First, Table 11 leaves out a couple of measures that can be found in official lists (e.g., Bangladesh Bank, 2021, Table 11; Ministry of Finance [MoF], 2020, Table 3.1). These two measures are (i) Subsidy for the Construction of Homes for Homeless People, with an allocation of BDT 21.3 billion, and (ii) Support for Farm Mechanization, with an allocation of BDT 32.2 billion. The reason for their exclusion from our list is that neither of them can logically qualify as a response to the pandemic-induced crisis. The program for the construction of homes for the homeless was already conceived by the government to commemorate the hundredth birth anniversary of the Father of the Nation Bangabandhu Sheikh Mujibur Rahman. The program for farm mechanization was also already formulated and was being implemented by the Ministry of Agriculture. In neither case, any additional funds were allocated in response to COVID-19, unlike in several other ongoing programs (such as agricultural subsidy and several social protection programs) where additional funds were allocated.¹⁷ It is because of this *absence of additionality* of funds in response to COVID-19 that we do not regard them as part of the support package.

Second, the allocation we show against the program for agricultural subsidy is far less than what is shown in official lists. The issue again is the additionality of funds. The agricultural subsidy is a pre-existing program, but its allocation was raised from BDT 80 billion for the fiscal year 2019–20 to BDT 95 billion for 2020–21. The official lists count the entire amount of BDT 95 billion allocated for 2020–21 as part of the COVID-19 package, whereas logically, only the additional fund of BDT 15 billion can at best be attributed to COVID-19 response. This is what we have done.

¹⁷ For detailed descriptions of these measures, see MoF (2020).

Table 11: Summary of Economic Support Packages

SL	Package description	Allocation (billion BDT)
1	Special Fund for Salary Support to Export-Oriented Manufacturing Industry Workers	50
2	Working Capital Loans to Affected Industries and Service Sector	400
3	Working Capital Loans to Cottage, Micro, Small and Medium Enterprises (CMSMEs)	200
4	Expansion of the Export Development Fund (EDF)	127.50
5	Pre-Shipment Credit Refinance Schemes	50
6	Special Honorarium for Doctors, Nurses, and Medical Workers	1
7	Health Insurance and Life Insurance	7.50
8	Free Food Distribution	25
9	Sale of Rice at BDT 10 per kg to Affected Poor People	7.70
10	Cash Transfer to Targeted Poor People	12.58
11	Expansion of Allowance Programs for the Poor	8.15
12	Additional Procurement of Paddy	8.60
13	Enhanced Subsidy for Agriculture	15
14	Agriculture Refinance Scheme	50
15	Refinance Scheme for Lower-Income Professionals, Farmers, and Traders	30
16	Low-Interest Loans to Rural Poor Farmers, Expatriate Workers, and Trained Youth and Unemployed Youth	32
17	Subsidy for Commercial Banks' Suspended Interest During April–May 2020	20
18	Safety Net Program for Export-Oriented Industries' Distressed Workers	15
19	Credit Risk Sharing Scheme for Cottage, Micro, and Small Enterprises	20
20	Refinancing Scheme for Cottage, Micro, Small and Medium Enterprises (CMSMEs)	15
21	Disadvantaged Elderly People, Widows, and Female Divorcees in 150 Poverty-Stricken Upazilas	12
Total (in billion BDT)		1107.03
As % of GDP		3.96

Source: Bangladesh Bank (2021); MoF (2020).

According to the official documents, as modified by us in Table 11, the monetary value of the overall package stands at BDT 1,107 billion, or roughly USD 13 billion, which amounts to 3.96% of GDP. Because of the adjustments we made, our estimate is slightly lower than the official estimate, which is BDT 1,240 billion (USD 14.6 billion) or about 4.44% of GDP (Bangladesh Bank, 2021, Table 11, p. 10).¹⁸ Thus, our estimate is about 11% lower than the official figures.

2.2. A Brief Description of the Support Package

A brief description of the components of the economic support package is given below. The ordering of the schemes follows the chronological order in which they were announced starting from early April 2020.¹⁹

1) Special Fund for Salary Support to Export-Oriented Manufacturing Industry Workers

A fund amounting to BDT 50 billion was formed with a view to paying monthly wages of workers in active export-oriented industries with effect from 2 April 2020. The fund was to be administered by the Bangladesh Bank and disbursed through the scheduled banks as interest-free loans. Only active factories, whose exports amounted to at least 80 % of production, could avail of this facility, and the fund could only be utilized for paying workers' wages for up to three months. The banks were allowed to charge a 2% service charge to the factories to cover the cost of operation.

2) Working Capital Loans to Affected Industries and Service Sector

This package offers subsidized working capital loans to large enterprises in the industrial and service sectors. A total of BDT 400 billion was allocated for this purpose in three phases.

First, a package worth BDT 300 billion was announced on 5 April 2020. The specific aim of the package was to offer some relief to the COVID-affected enterprises by reducing the interest burden on their working capital loans for a period of one year. Instead of paying the standard interest rate of 9%, they would pay only 4.5%, and the government would pay the remaining 4.5% to the banks by way of interest subsidy. The loanable fund was to come from the bank's own resources, but the government would bear the burden of interest subsidy through its budget. In order to ensure adequate liquidity

¹⁸ For comparison, in other countries of the South Asia region, the size of the economic support package as a percentage of GDP was 14% in Bhutan, 10% in India, 3.1% in Pakistan, 2.8% in the Maldives, and 0.4% in Sri Lanka (Bangladesh Bank, 2020).

¹⁹ For a fuller description, see MoF (2020) and the official circulars issued by the relevant ministries and the Bangladesh Bank, following announcements of the schemes, which came mainly from the PM.

under this package, a revolving refinancing scheme of BDT 150 billion was formed by the Bangladesh Bank from its own resources. Next, an additional BDT 30 billion was added to this package to pay the wages of workers in the export-oriented industries for one month—July 2020.

Finally, on 29 October 2020, the package was enhanced by another BDT 70 billion in order to extend support to enterprises owned partly or fully by foreign capital, which were left out from the initial package. The units that were operating under the Bangladesh Economic Zones Authority, the Bangladesh Export Processing Zones Authority, and the Bangladesh Hi-Tech Park Authority were to be eligible for this fund.

3) Working Capital Loans for Cottage, Micro, Small, and Medium Enterprises (CMSMEs)

A special support package worth BDT 200 billion was announced on 5 April 2020 for the entrepreneurs of the cottage, micro, small, and medium enterprises badly affected by the COVID-19 pandemic. The modus operandi of this facility is similar to the working capital scheme implemented for the large-scale sector, except that the subsidy component was slightly bigger. Instead of paying the standard 9% interest rate, the enterprises would pay 4%, and the remaining 5% would be paid by the government as interest subsidy. The other difference is that in addition to the scheduled banks, several non-bank financial institutions were also involved in channelling the funds.

4) Expansion of the Export Development Fund (EDF)

The Export Development Fund (EDF) already exists to facilitate the import of raw materials with the help of back-to-back letters of credit (LC). As part of the COVID-19 package, the size of the EDF was enhanced by USD 1.5 billion, equivalent to BDT 127.5 billion, for disbursements to members of Bangladesh Garments Manufacturers and Exporters Association (BGMEA) and Bangladesh Textiles Mills Association (BTMA). Under this facility, the Bangladesh Bank channels funds to industries through the authorized dealers (ADs), who initially paid 1% interest to the bank and charged 2% to the final borrowers. Subsequently, these interest rates were reduced to 0.75% for the ADs and 1.75% for the final borrowers. At the same time, repayment against EDF loans was extended to 180 days from 90 days.

5) Pre-Shipment Credit Refinance Scheme

A fund of BDT 50 billion was created by the Bangladesh Bank in April 2020 to offer subsidized pre-shipment credit to export-oriented industries through the scheduled banks with a view to enhancing their capacity to export. The participating banks could

obtain a refinancing facility from Bangladesh Bank for this purpose at 3% and then lend the funds at a maximum of 6% interest rate (instead of the standard 9%).

6) Special Honorarium for Doctors, Nurses, and Medical Workers

This scheme was designed to offer a special honorarium equivalent to two months' salary to the doctors, nurses, and health personnel directly involved in providing services to COVID-19 patients. An amount of BDT 1 billion was earmarked for this purpose.

7) Health Insurance and Life Insurance

Under this scheme, compensation was to be provided to the doctors, nurses, health personnel, and all other government staff directly involved in controlling the pandemic if they fell ill with COVID-19 or died from it. Allocation for this scheme was BDT 7.5 billion.

8) Free Food Distribution Scheme

A free food distribution scheme was implemented in the first three critical months of April, May, and June 2020, when the lockdown resulted in widespread loss of livelihoods, rendering millions of people vulnerable to food insecurity. An amount of BDT 25 billion was earmarked to supply free food grain, baby food, and emergency relief (in cash) to the poorest segments of the society, with a special focus on those who had been badly affected by floods.

9) Sale of Rice at BDT 10 per kg to Affected Poor People

As part of the effort to stave off hunger among the poor people who had lost their livelihoods due to COVID-induced lockdown, the government introduced a scheme of supplying rice from its stock at a heavily subsidized price of BDT 10 per kg. The scheme was implemented in two parts: (i) selling rice at BDT 10 per kg to selected low-income people across the country during April and May 2020, and (ii) a special program of OMS in the urban areas to designated cardholders during the months of April, May, and June. An amount of BDT 7.7 billion was allocated to this scheme.

10) Cash Transfer to Targeted Poor People

This scheme was designed to provide aid to the poor households not typically covered in the existing social security network, which essentially means the urban poor, working mostly in the informal sector. A total of 50 lakh households were to be identified for this purpose, and each household was to receive BDT 2,500 as a one-time cash transfer. A fund of BDT 12.85 billion was allocated to this scheme.

11) Expansion of Allowance Programs for the Poor

This scheme operated through the existing social security network but with enhanced allowances for three groups of beneficiaries: (i) widows, abandoned, or otherwise distressed women; (ii) elderly people; and (iii) disabled people. The main geographical focus was on the 112 poorest upazilas of the country. The fund allocated to this scheme was BDT 8.15 billion.

12) Additional Procurement of Paddy

The GoB has a regular program of procurement of paddy at a pre-determined support price. In view of the crisis emerging after March/April 2020, the government decided to ramp up this program so as to ensure adequate returns to the farmers and to counter any potential shortage of food availability in the market by supplying food through the public food grain distribution system, if needed. The procurement target for the *Boro* season, which coincided with the immediate period after the pandemic broke out, was raised from 6 lakh metric tons to 8 lakh metric tons. An additional fund of BDT 8.6 billion was allocated for the extra procurement.

13) Enhanced Subsidy for Agriculture

Like paddy procurement, the government also operates a regular program of agricultural subsidy, the lion's share of which goes to fertilizer. In view of the COVID-19 crisis, the government decided to increase the subsidy amount from BDT 80 billion in the fiscal year 1920–21 to BDT 95 billion in 2020–21. Thus, an additional amount of BDT 15 billion was allocated on account of COVID-19.²⁰

14) Agricultural Refinancing Scheme

²⁰ It should be pointed out that in the official documents, the whole amount of BDT 95 billion allocated for the fiscal year 2020–21 is counted as part of the economic support package for dealing with the COVID-19 crisis (e.g., Bangladesh Bank, 2021, p. 10; MoF, 2020, p. 71). This is not justified since at most only the additional allocation can be attributed to the need for ameliorating the crisis. This is also not consistent with the government's own practice with regard to other schemes, such as the foodgrain procurement program and social protection measures, where only the additional allocation is counted as part of the COVID-19 package.

This scheme was designed to provide cheap credit to the agriculturists so that production could be bolstered, thereby helping the cause of food security in the time of crisis. The crop sector, however, was kept out of the purview of this scheme on the ground that the flow of credit to crop production was judged to be adequate. The scheme focused on non-crop agricultural activities, such as horticulture, pisciculture, poultry, dairy, and livestock farming. Under this scheme, the Bangladesh Bank was to provide a refinancing facility to the scheduled banks at a 1% interest rate, and the banks, in turn, were to lend the money to their clients at a 4% rate of interest. The Bangladesh Bank created a refinance fund of BDT 50 billion to support this scheme.

15) Refinance Scheme for Lower-Income Professionals, Farmers, and Small Traders

A refinance scheme of BDT 30 billion was announced on 20 April 2020 to offer loans to low-income professionals, farmers, and small traders. As these people normally fall outside the formal banking network, the scheme tried to reach them by providing incentives to the banks on the one hand and involving microfinance institutions (MFIs) on the other. The incentive to the banks was given in the form of cheap refinance at the interest rate of just 1%, which the banks could lend to the MFIs at 3.5%. The MFIs would then lend to the final borrowers at 9%, which was the standard rate of interest for borrowing from the formal banking sector.

16) Subsidy for Commercial Banks' Suspended Interest During April–May 2020

In order to provide immediate relief to the cash-strapped enterprises that had to close down in the aftermath of the initial lockdown, the government decided to postpone their interest payment to the commercial banks for the months of April and May 2020. Out of the estimated BDT 160.5 billion interest for those two months, the government offered to write off BDT 20 billion by paying this amount as a subsidy to the banks, and the remainder was to be repaid by the enterprises in 12 equal instalments.

17) Safety Net Program for Export-Oriented Industries' Distressed Workers

This is a late addition to the support package offered to the export sector. With financing from the European Union (EU) and Germany, the GoB announced this program on 3 September 2020 to offer relief to the laid-off, temporarily unemployed, and distressed workers in the export-oriented enterprises in the garments, leather products, and leather shoes sectors. Under this scheme, each selected worker was to receive BDT 3,000 per month for a period of three months. The total size of the fund was BDT 15 billion.

18) Credit Risk Sharing Scheme for Cottage, Micro, and Small Enterprises

This scheme was developed in light of the unsatisfactory implementation of the package for subsidized working capital loans for CMSMEs announced in April 2020. Compared to the similar scheme for the large scale-sector, disbursement for the CMSME sector was very low, and whatever amount was disbursed went mainly to the medium-scale enterprises because banks were not confident about timely repayment from the smaller enterprises. In order to rectify the situation, the Bangladesh Bank issued a circular on 27 July 2020 to incentivize the lenders by offering them credit guarantees up to a maximum of 80% of the loan issued to any single borrower. This facility was to be applicable only to the loans made to the cottage, micro, and small enterprises, leaving out the medium-scale enterprises. An amount of BDT 20 billion was allocated for this purpose.

19) Refinancing Scheme for Cottage, Micro, Small, and Medium Enterprises (CMSMEs)

Bangladesh Bank formed a revolving refinance scheme from its own sources for the CMSME sector to provide working capital facility to the entrepreneurs with effect from 26 April 2020.

20) Disadvantaged Elderly People, Widows, and Female Divorcees in 150 Poverty-Stricken Upazilas

This is a further extension of the social security network, which is in addition to scheme no. 11 discussed above, focusing on 150 poorest upazilas, and with an allocation of BDT 12 billion.

2.3. Analysis of the Economic Support Package

We now offer a brief analysis of the support package in terms of three features, namely utilization, financing, and orientation.

a) Utilization

The utilization figures up to the end of October 2020 are given in Table 12, drawing upon the information provided in an evaluation carried out by the Ministry of Finance (2020), supplemented by a report of the Bangladesh Bank (2021). Before commenting on these figures, however, we need to make a few remarks to explain why the utilization column shows some empty cells.

First, the final four programs in the list were initiated much later, compared to the rest, and they had yet to be implemented by the end of October 2020. As a result, their utilization cells remain empty.

Second, the empty cell for the sixth item in the list—“Special Honorarium for Doctors, Nurses, and Medical Workers”—reflects the sad fact that even though this was one of the earliest programs announced by the government, with the noble intention of showing solidarity with the medical personnel who took enormous personal risks by staying at the forefront of the fight against the deadly virus, no fund was disbursed even after six months because the Health Ministry apparently failed to prepare a list of deserving beneficiaries.²¹

Third, in the case of two other programs, namely Expansion of Export Development Fund and Additional Procurement of Paddy, the empty cells arise from the fact that, while funds were disbursed in these schemes, the amount of disbursement was not large enough to lay claim on the additional funds allocated on account of COVID-19. In the case of the Export Development Fund, the amount was raised from USD 3.5 billion to USD 5 billion; the additional fund of USD 1.5 billion, which is equivalent to BDT 127.5 billion, can thus be attributed to COVID-19, as shown in our table. It is reported in MoF (2020:78), however, that some USD 3.4 billion was disbursed by the end of October, which means the original fund of USD 3.5 billion had not yet been exhausted; hence, no disbursement was made from the additional fund attributable to COVID-19. Similarly, for the Additional Paddy Procurement Program, the target of procurement was raised from 6 lakh metric tons to 8 lakh metric tons as part of the COVID-19 response. However, by the end of September,²² procurement was only 2.2 lakh metric tons (MoF, 2020:87), which fell far short of the original target, thus requiring no support up to that point from the additional fund allocated on account of COVID-19.

It may be seen that less than half (43.7%) of the overall allocated fund was disbursed by the end of October 2020. To utilize less than half of the allocated funds when the country needed the support the most indicates a serious failure of implementation.²³

Table 12: Utilization of Economic Support Packages

SL	Package description	Allocation (billion BDT)	Utilization (billion BDT)	Rate of utilization (%)
1	Special Fund for Salary Support to Export-Oriented Manufacturing Industry Workers	50	50	100.00
2	Working Capital Loans to Affected Industries and Service Sector	400	283.38	70.85

²¹ The same appalling state of affairs is true also of the other program—“Health Insurance and Life Insurance”—designed specifically for the health staff and other government officials involved directly with the fight against the Coronavirus. An abysmal 2.1% of funds allocated for this purpose was disbursed in a span of six months.

²² We do not have the figures for the end of October, but given the degree of the shortfall, it is extremely unlikely that the original target was exceeded by that time.

²³ In stark contrast, the Planning Minister declared with some satisfaction that “There are some faults but broadly we have been successful in implementing the stimulus packages.” See the story “More Stimulus to Offset Covid Shock” in *The Daily Star*, 4 December 2020.

3	Working Capital Loans to Cottage, Micro, Small, and Medium Enterprises (CMSMEs)	200	63.46	31.73
4	Expansion of the Export Development Fund	127.50	-	
5	Pre-Shipment Credit Refinance Schemes	50	0.48	0.96
6	Special Honorarium for Doctors, Nurses, and Medical Workers	1	-	
7	Health Insurance and Life Insurance	7.50	0.16	2.13
8	Free Food Distribution	25	10.68	42.72
9	Sale of Rice at BDT 10 per kg to Affected Poor People	7.70	7.70	100.00
10	Cash Transfer to Targeted Poor People	12.58	8.80	69.95
11	Expansion of Allowance Programs for the Poor	8.15	0.23	2.82
12	Additional Procurement of Paddy	8.60	-	
13	Enhanced Subsidy for Agriculture	15	11.35	75.67
14	Agriculture Refinance Scheme	50	22.69	45.38
15	Refinance Scheme for Lower-Income Professionals, Farmers, and Traders	30	6.48	21.60
16	Low-Interest Loans to Rural Poor Farmers, Expatriate Workers, and Trained Youth and Unemployed Youth	32	4.28	13.38
17	Subsidy for Commercial Banks' Suspended Interest During April–May 2020	20	13.90	69.50
18	Safety Net Program for Export-Oriented Industries' Distressed Workers	15	-	
19	Credit Risk Sharing Scheme for Cottage, Micro, and Small Enterprises	20	-	
20	Refinancing Scheme for Cottage, Micro, Small, and Medium Enterprises (CMSMEs)	15	-	
21	Disadvantaged Elderly People, Widows, and Female Divorcees in 150 Poverty-Stricken Upazilas	12	-	
Total		1107.03	483.89	43.70
As % of GDP		3.96	1.73	

Source: Bangladesh Bank (2021); MoF (2020).

b) Financing

As for the source of financing the economic support package, a certain lack of clarity seems to prevail, mainly because official documents do not provide a comprehensive account of financing for the package as a whole. Instead, by making claims that the government is offering support to the tune of some 4% of GDP or more, an impression is given as if all the money is coming out of the government budget, which is far from the truth.

The support package has three distinct sources of financing. The government budget, or the fiscal burden, is only one of them, and it is not the biggest one. The other two sources are the (a) creation of new money by the Bangladesh Bank through its refinancing schemes and (b) utilization of idle liquidity of the banking system, which also amounts to the creation of new money by boosting the money multiplier.

The fiscal burden of the government has three components: (i) various subsidy programs, including the interest subsidy that the government offers to the schemes of working capital loans to be disbursed through the banks; (ii) the scheme for paying wages to the workers of the export-oriented garments industries costing BDT 50 billion; and (iii) most of the social protection types of programs, such as free food and cash distribution, enhanced social security programs, and so on. The combined fiscal cost of these components is no more than 0.5% of GDP, i.e., at most one-eighth of the total fund was supposed to come from the government budget (Osmani, 2020).

A much bigger source of funds is the creation of new money. There are two ways in which new money was created. The first was Bangladesh Bank's refinancing schemes. Many of the support measures operating through the banking system have a component of refinancing from the Bangladesh Bank—for example, the Export Development Fund, Agricultural Refinancing Scheme, and various schemes of working capital loans, such as those for (a) large-scale industry and services, (b) cottage, micro, small, and medium enterprises, and (c) lower-income professionals, farmers, and traders.²⁴ The combined value of refinancing through various schemes amounts to about 1.5% of GDP. Refinancing, however, is nothing but one way of creating new money through the creation of base money.

The second source of new money was the activation of commercial banks' idle balances. In a large number of programs, the loanable funds are supposed to come from the commercial banks' own resources. As economic activities came to a sudden halt with the imposition of lockdown in late March 2020, the banking system was saddled with idle liquidity as the avenues for lending began to disappear. The prevailing uncertainty created further problems by discouraging banks from lending through any avenues that might have remained open. In a bid to encourage banks to activate their idle liquidity, they were given an incentive through interest rate subsidy, offered partly from the government budget and partly through a refinancing facility from the Bangladesh Bank at a cheap rate of interest. The loans that the banks were thereby encouraged, and sometimes required, to offer from their own resources constitutes the primary source of financing the economic support package, amounting to close to 2% of GDP or roughly half of the entire package. Activating idle balances is, however, just another means of creating new money by increasing the size of the money multiplier.

²⁴ The amount of refinancing in different schemes of economic support can be found in Bangladesh Bank (2021:5).

Thus, out of the overall package of about 4% of GDP, as much as 3.5% was financed by creating new money (combining Bangladesh Bank and commercial banks), and no more than 0.5% was financed through budgetary allocation.

c) Orientation

The third and final feature of the support package we wish to examine is the orientation of the package, i.e., to identify which economic actors are the direct beneficiaries of the package. A close look at the list of programs reveals that the support was aimed at two broad groups of actors—(i) economic enterprises which were badly affected by the economic collapse brought by the lockdown and (ii) households or individuals who had lost their entitlements to food and other essentials of life as their livelihoods disappeared due to economic collapse. The proximate objective of offering enterprise support was to help revive economic growth, i.e., to climb out of the economic collapse brought about by the lockdown, and the proximate objective of offering entitlement support was to provide social protection against hunger and deprivation stemming from the loss of livelihoods. We can thus identify two different orientations of the support programs, namely growth orientation and protection orientation. The distribution of the programs according to this classification is shown in Tables 13 and 14, along with information on the allocation of funds for each program and their utilization (up to the end of October 2020).²⁵

Table 13: *Growth-Oriented Packages*

SL	Package description	Allocation (billion BDT)	Utilization (billion BDT)	Percentage utilized (%)
1	Working Capital Loans to Affected Industries and Service Sector	400	283.38	70.8
2	Working Capital Loans to Cottage, Micro, Small, and Medium Enterprises (CMSMEs)	200	63.46	31.7
3	Expansion of Export Development Fund	127.50	-	-
4	Pre-Shipment Credit Refinance Schemes	50	0.48	0.1
5	Agriculture Refinance Scheme	50	22.69	45.4

²⁵ A note on the classification is in order here. Some of the programs we have included under protection orientation could also have been classified under growth orientation—for example, Additional Procurement of Paddy, Agriculture Subsidy, and Refinance Scheme for Lower-Income Professionals, Farmers, and Traders. These programs have both growth elements and protection elements; so a choice had to be made about them. Since we are going to argue that the support package was heavily biased in favour of growth orientation, we decided to err on the other side so that we cannot be accused of exaggerating the bias.

6	Subsidy for Commercial Banks' Suspended Interest During April–May 2020	20	13.90	69.5
7	Credit Risk Sharing Scheme for Cottage, Micro, and Small Enterprises	20	-	-
8	Refinancing Scheme for Cottage, Micro, Small, and Medium Enterprises (CMSMEs)	15	-	-
Total		882.5	383.91	43.5
As % of GDP		3.16	1.37	
As % of total package		79.7	79.4	

Source: Table 12

Table 14: Protection-Oriented Packages

SL	Package description	Allocation (billion BDT)	Utilization (billion BDT)	Percentage utilized (%)
1	Special Fund for Salary Support to Export-Oriented Manufacturing Industry Workers	50	50	100.0
2	Special Honorarium for Doctors, Nurses, and Medical Workers	1	-	-
3	Health Insurance and Life Insurance	7.50	0.16	0.2
4	Free Food Distribution	25	10.68	42.7
5	Sale of Rice at BDT 10 per kg to Affected Poor People	7.70	7.70	100.0
6	Cash Transfer to Targeted Poor People	12.58	8.80	70.0
7	Expansion of Allowance Programs for the Poor	8.15	0.23	2.82
8	Additional Procurement of Paddy	8.60	-	-
9	Enhanced Subsidy for Agriculture	15	11.35	75.7
10	Refinance Scheme for Lower-Income Professionals, Farmers, and Traders	30	6.48	21.6
11	Low-Interest Loans to Rural Poor Farmers, Expatriate Workers, and Trained Youth and Unemployed Youth	32	4.28	13.4
12	Safety Net Program for Export-Oriented Industries' Distressed Workers	15	-	-
13	Disadvantaged Elderly People, Widows, and Female Divorcees in 150 Poverty-Stricken Upazilas	12	-	-
Total (in billion BDT)		224.53	99.68	44.4

As % of GDP	0.80	0.36	-
As % of total package	20.3	20.6	-

Source: Table 12

Evidently, the economic support package is heavily biased towards growth orientation as opposed to protection orientation. In terms of funds allocated, nearly 80% went towards growth orientation and only 20% for protection orientation (Figure 43). While growth-oriented funds accounted for 3.8% of GDP, the protection-oriented funds accounted for just 0.8% (Figure 44).

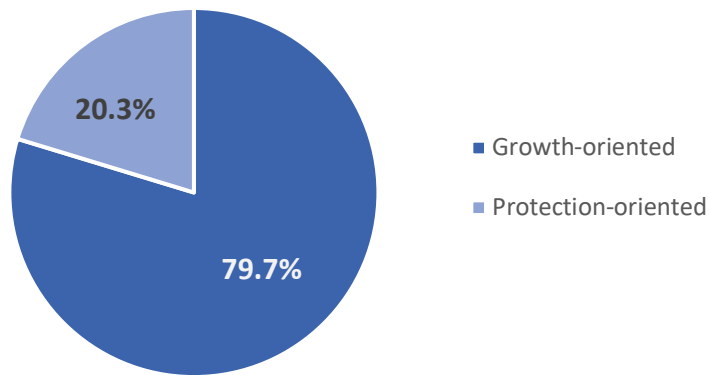


Figure 43: Distribution of Funds Between Growth-Oriented and Protection-Oriented Packages (% Share)

Source: Tables 13 and 14.

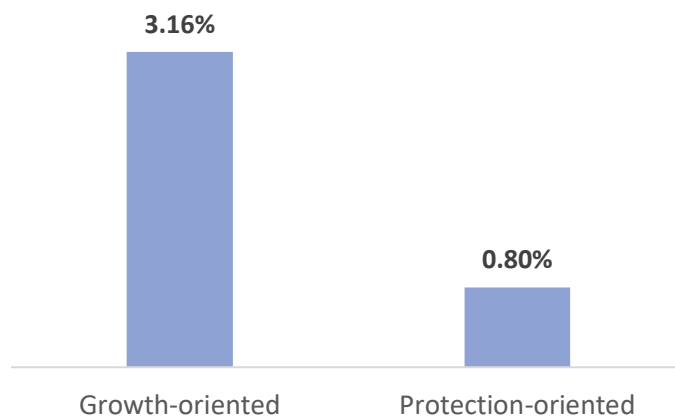


Figure 44: Allocation of Packages as Percentage of GDP

Source: Tables 13 and 14.

It is evident that the primary objective of economic support was not to provide direct protection to the millions who had lost their livelihoods due to the lockdown but to revive economic growth. To the extent that the support was to reach the poor people, it was to happen mostly indirectly as the revival of growth was supposed to revive livelihoods as well.

Some of the official documents clearly acknowledge this growth-oriented focus of the support program. For example, the preface to an evaluation of the program by the Bangladesh Bank states, “Consequently, economic activities across all sectors squeezed, causing Bangladesh’s GDP growth to decelerate to 5.24% in FY20 from 8.15% in FY19. In order to prevent further economic fallout and restore the economy, the government declared a comprehensive stimulus package worth more than BDT 1.24 trillion, which is around 4.44% of GDP. The main objective of the policy measures is to support the faster recovery of economic growth for sustaining the livelihood of the people” (Bangladesh Bank, 2021:v). In a similar vein, an evaluation by the Ministry of Finance concludes, “It is evident from this depiction of the recent state of our economy that through the implementation of the timely and effective stimulus packages announced by the Honourable Prime Minister, the government has been able to create and protect employment, generate internal demand, and revive economic activities; and as a result, the economic momentum has turned around and has started to return to the high growth path. Once the COVID-19 situation comes under control, our economic growth will reclaim its own speed towards the end of the year” (MoF, 2020:95).²⁶

2.4. The Impact of the Package on the Poor

We shall investigate in the next section the government’s rationale behind the choice of growth orientation of its support program. Before doing so, however, it is pertinent to ask, how well did the strategy serve the poor? In particular, how well did the strategy of reaching the poor indirectly through livelihood revival, as distinct from direct social protection, work in practice?

The Ministry of Finance, in its own evaluation, came to the cheerful conclusion that “The marginalized people in the country *did not face any shortage of food* because of the cash and food aid provided under the stimulus scheme. The possibility that these people would slide below the poverty line once again has also been reduced.”²⁷ The report, however, did not produce any evidence or data on actual food consumption of the poor to back its claim. In contrast, several independent studies based on actual surveys of households around the country have depicted a rather grim picture.

²⁶ Authors’ translation from Bangla document.

²⁷ “Tk 1,21,353Cr Stimulus Packages: 39 pc disbursed in six months,” *The Daily Star*, 27 November 2020.

A survey carried out jointly by PPRC and BIGD on a sample of 7,638 households between 20 June and 2 July found that more than 60% of the poor and low-income population who suffered income losses because of the Coronavirus-induced economic downturn did not receive any support from the public and private sectors. Only 39% of households got some assistance between April and June, but it amounted to a paltry 4% of their lost income (PPRC & BIGD, 2000b). In an earlier survey of the same set of households, it was found that they had lost up to 80% of their income immediately after the lockdown (PPRC & BIGD, 2000a). If food and cash support provided by the government helped recover a meagre 4% of lost income, it is hard to imagine how the marginalized groups could have avoided shortage of food because of these programs as claimed by the Ministry of Finance.

The same study also revealed that the strategy of restoring livelihoods through growth revival was not of much help either. In the immediate aftermath of the lockdown, the proportion of the crisis-caused “new poor” was found to be as high as 22.8% (in addition to some 20% of “old poor”) (PPRC & BIGD, 2000a). The resumption of economic activities reduced that proportion only marginally to 21.7% by the end of June (PPRC & BIGD, 2000b). In the absence of either direct support or indirect help through the recovery of income, the poor and vulnerable people continued to depend on savings and to cut food consumption to survive.

Even six months after the lockdown was relaxed in May–June, the situation did not improve much, according to a large-scale sample survey carried out by the South Asian Network on Economic Modelling (SANEM) during December and November 2020 (SANEM, 2021). The survey was carried out over a sample that was surveyed earlier in 2018, which provided a pre-COVID benchmark.²⁸ The new survey found the rate of poverty to be as high as 42% compared to the benchmark of 21.6%, and extreme poverty to be 28.5% compared to the benchmark of 9.4%. Not surprisingly, given the heightened level of poverty, the study also found that expenditure, especially non-food expenditure, fell sharply in 2020. The extreme poor lowered their expenditure on non-food items by as much as 63%, in addition to cutting down spending on food by 30%. Expenditure on education was sacrificed across all income strata.

The fact that even after six months of resumption of economic activities, people had to cut down both food and non-food expenditure in such alarming proportions clearly indicates that, while direct food and cash support were wholly inadequate, the strategy of helping the poor indirectly through livelihood restoration did not work either. This conclusion is supported by yet another study which found that the government’s stimulus packages reached a meagre 8% of total employment of the country (Centre for Policy Dialogue [CPD] & Oxfam, 2020).

The inadequacy of livelihood restoration was no accident; it was an inevitable consequence of the nature of the strategy itself. While the government claimed that it was focusing on growth revival with the objective of restoring livelihoods, in reality, its growth orientation did not have a corresponding employment orientation. This is because growth revival was sought by

²⁸ The benchmark estimates of poverty and extreme poverty in 2018 were very close to the official estimates for 2019–20.

concentrating support mainly on large-scale enterprises, which offer far fewer employment opportunities compared to smaller enterprises, where the bulk of the employment comes from. The relative neglect of smaller enterprises can be seen from Table 15, which reclassifies the growth-oriented packages of Table 13 into three broad categories—large-scale enterprises, small-scale enterprises (which comprise cottage, micro, small, and medium scale enterprises), and agriculture. As can be seen from the table, as much as 68% of the allocated fund for growth-oriented enterprises went to large-scale enterprises, compared with 27% for smaller enterprises.

Table 15: Large-Scale Bias of the Growth-Oriented Packages

	Allocation (Billion BDT)	Share of total allocation (%)	Percentage of GDP (%)	Utilization (Billion BDT)	Rate of utilization (%)	Share of total utilized fund (%)
Large enterprises	597.5	67.7	2.14	297.7	49.8	77.6
Small enterprises	235.0	26.7	0.84	63.5	27.0	16.5
Agriculture	50.0	5.6	0.18	22.7	45.4	5.9
Total	882.5	100.0	3.16	383.9	43.5	100.0

Source: Table 13

The problem was compounded by the fact that the rate of utilization of funds was much lower for smaller enterprises (27%) compared to the larger ones (50%). As a result, the disparity in the actual use of funds was even wider than what is suggested by the allocation of funds. Out of the total utilized funds (by the end of October 2020), as much as 78% went to larger enterprises and only 16% to the small sector.²⁹

The consequent dire condition of the small sector has been revealed by a study on the MSMEs carried out in the first half of June, i.e., a couple of months after the support packages were unfurled (Kader and Pattanayak, 2020). The study found that within a month of the lockdown, a whopping 37% of employees in this sector had lost their jobs, either temporarily or permanently. After two months, as many as 70% of all workers were still found in vulnerable jobs, with businesses either temporarily closed or only partially open. Indeed, the survey

²⁹ The relative neglect of small enterprises is not unique to Bangladesh, but the bias has been especially severe in Bangladesh compared to other developing countries of Asia. For example, the share of the overall package earmarked for the small sector was 38% in India and 34% in Thailand as against only 22% in Bangladesh (Rahman 2021:22).

revealed that 76% of the firms were not even aware of any support package, and only 0.4% reported having received financial support from banks under the COVID-19 package.

Furthermore, even the support package offered to the large-scale sector failed to provide complete protection to the workers engaged in this sector. A study of the export-oriented garments sector has found that even though the government offered wage subsidy to them for four months under the condition that the workers must not be laid off, in practice, nearly a quarter of the factories did lay off workers for several months before recruiting them back and more than one-fifth did not pay anything to the retrenched workers (CPD 2021). Among the workers who were temporarily retrenched, 21% reported that they did not receive any support at all, and 36% said they received only partial support.

It is not surprising, therefore, that the push for growth revival did very little to revive livelihoods for the vast majority of the poor workers who were the hardest hit by the lockdown. In summary, in its quest for growth orientation, the GoB designed and implemented a support program that not only neglected direct protection of the poor but also neglected employment generation for them, thus stymying any prospect of substantial indirect support through the revival of livelihoods.

3. The Choice of Policy Package and the Quest for Political Legitimacy

In a crisis of the kind engendered by a pandemic, one would normally expect a government to focus primarily on protecting the people from hunger and disease, and only secondarily on reviving the country's growth, and that too once the transmission of the disease had come under control. However, the very opposite has happened in Bangladesh. Almost right from the beginning, the economic package designed by the government was focused primarily on growth revival and only secondarily on social protection. What explains this apparent paradox?

We shall argue that the answer lies in the realm of politics rather than economics or social policy. What has driven the policy choice is what the present government apparently perceives to be its primary source of political legitimacy—namely, the ability to deliver robust economic growth. While the approach adopted by the government might seem contrary to what a pandemic-induced crisis would normally demand, it is actually quite consistent with the government's chosen strategy for achieving political legitimacy.

3.1. The Quest for Political Legitimacy

All governments seek some form of political legitimacy in order to consolidate their hold on power. One potential source of legitimacy has all along existed in independent Bangladesh – namely, the ability to deliver emancipation of the people from disastrous subsistence crises such as famines and widespread mortality from hunger. To a large extent, this is a legacy of the British colonial rule. A major plank of the Indian nationalist movement was the claim that one of the consequences of British misrule was recurrent famines that destroyed the lives of millions from time to time. The paramount importance of avoiding famines, and mortality crises in general, has since become deeply ingrained in the collective psyche of the people and politicians of the sub-continent. Bangladesh, being a part of Bengal that witnessed the last major outbreak of famine during British rule (in 1944), had an especially strong reason for sustaining the consequent legacy of laying a great store on famine prevention.

This legacy was further strengthened by a natural calamity that struck just when the opposition to Pakistani misrule, which was gathering momentum throughout the 1960s, was about to reach its peak. A cyclone of unprecedented ferocity, accompanied by tidal waves, devastated the southern coastal region of the country, costing millions of lives in 1970. It has been convincingly argued by some observers that the indifference shown by the Pakistani rulers towards the sufferings and loss of lives wrought by the cyclone played a critically important role in eroding any remaining vestiges of the legitimacy of Pakistani rule in the eyes of the people of Bangladesh, or what was then East Pakistan (e.g., Hossain 2018).

That experience, combined with the painful memories of the 1974 famine, has created a legacy whereby no government can hope to gain legitimacy in the eyes of the people of Bangladesh without credibly demonstrating its ability to stave off widespread mortality crises. This is true as much of the formally authoritarian rulers as of the formally democratic regimes that have ruled Bangladesh since Independence. This is a major explanation of how such a climatically vulnerable country like Bangladesh has successfully managed to avoid any catastrophic mortality crisis since 1974 despite being haunted repeatedly by natural calamities of one kind or another (Hossain 2017).

The present government, too, is keenly aware of this legacy.³⁰ Like the previous regimes, the present regime has also demonstrated both the resolve and the capacity needed for effective disaster management. To that extent, the government does have a claim on the one source of political legitimacy that has acquired the status of a necessary condition for legitimacy for any government in Bangladesh. The problem, however, is that while this is a necessary condition, it is not sufficient. As mentioned before, all regimes of the country have fulfilled this necessary condition to a greater or lesser degree. In that respect, all regimes, and the political forces

³⁰ “Govt always responds fast to disasters’, Says PM as Amphan makes landfall”. *The Daily Star*, May 21, 2020.

involved in those regimes, can claim to have had the same degree of political legitimacy. So, on what ground would the people prefer one regime to the others?

This raises the issue of *relative* political legitimacy, i.e., the degree of political legitimacy that anyone regime can claim compared to the others. Insofar as a regime craves political legitimacy, it must seek relative legitimacy, i.e., a greater degree of legitimacy than what others can claim. The implication is that in a polity in which the competing regimes have an equal claim on one common source of legitimacy, some additional source of legitimacy is obviously needed to tilt the balance in a regime's favour – an additional source that can be claimed to be distinctively and uniquely its own.

In the context of Bangladesh, that additional source of legitimacy could easily have come from a credible promise to deliver the democratic freedoms for which the people of this country have shed their blood time and time again. But it's a supreme misfortune of the people of Bangladesh that all the regimes that have ruled so far deliberately throttled democratic freedoms in their misguided attempt to hold on to power.

The founding of independent Bangladesh was driven at least partly by the aspiration to live in a secular and liberal democracy. That aspiration was quashed soon after independence, as authoritarian regimes of various hues imposed themselves on the people for the best part of two decades. The new dawn of democracy that appeared in 1990 following a mass uprising against authoritarian rule rekindled the hope that the aspiration may finally be fulfilled. But the political rulers have betrayed the people once again. While maintaining a façade of governance through democratic institutions, the actual practice has become increasingly illiberal and contrary to the fundamental principles of democracy. The illiberal tendencies have become especially strong under the present regime, which has not only disregarded dissident opinions but has systematically eliminated the opportunity to express dissent by strangling the freedom of speech through various overt and covert means. The abuse of the infamous Digital Security Act is but the latest manifestation of this tendency. The political dispensation we have today is perhaps best described as what some have called "illiberal democracy" (Zakaria, 2003).

The decisive shift towards illiberalism raises an important question about the source of political legitimacy of the present government. Soon after independence and even in the immediate aftermath of the 1990 uprising, a government might have hoped to derive its legitimacy by making a credible promise to deliver democratic freedoms that the people of this country have long aspired for. But that option is now closed. The promise to deliver democratic freedom is no longer credible. The legitimacy of governance must be sought in a credible promise to deliver something else.

In search of this additional source of legitimacy, some regimes have tried to play the religious card, claiming to be better guardians of Islam than others. The ploy did achieve some short-term success but with pernicious long-term consequences for both internal stability and external relations. In any case, it's not a card that the present regime can play easily. Being the inheritors of a secular and liberal political creed that was implanted by the founding father of

the country, it does not behove the present regime to play the religious card as blatantly as its competitors. As a result, it cannot claim any *relative* legitimacy on this ground.

Instead, the present regime has sought to gain relative legitimacy by adopting a different creed, namely the creed of economic growth. Nobody can deny that, when other things remain the same, economic growth is a desirable thing to have; after all, no country has achieved long-term improvement in the living standards of its people without sustained economic growth. Rapid growth can dazzle the eyes of the beholder, so much so that the fact that “other things may not have remained the same” can easily remain unseen.

The leader of the present regime has correctly perceived the seductive power of economic growth and has systematically and single-mindedly pursued the strategy of creating an image of herself and her regime as the most competent purveyor of growth the country has ever had. To a large extent, she has succeeded in that endeavour. Not so long ago, growth rates in the range of 7–8% per annum were the stuff of dreams in this country—a dream that only some inscrutable people of East Asia were somehow able to live. The present regime has turned that dream into reality in Bangladesh as well. In so doing, the regime has unquestionably acquired the additional source of legitimacy that it needed to strengthen its *relative* legitimacy vis-à-vis the competitors. As a result, the regime is able to enjoy a level of popular support that is entirely at odds with its record of suppression of democratic freedoms.

In short, the present regime derives its political legitimacy from two distinct but complementary sources—one is the ability to stave off catastrophic mortality crises, which is common to its competitors, and the other is the ability to deliver robust economic growth, which is as yet uniquely and distinctively its own. It is the interplay of these twin sources of political legitimacy that one needs to look at if one is to make sense of the present regime’s response to the COVID-19 pandemic.

3.2. The Logic of the Policy Package in the Light of the Imperative of Political Legitimacy

As the pandemic broke out, the GoB faced the same painful choices that confronted all other countries. In order to control the transmission of the virus, against which there was no known therapeutic or vaccine, it became essential to ensure strict physical distancing along with other hygienic precautions. As an integral part of the drive for implementing physical distancing, it became necessary to close down large parts of the economy so as to minimize close physical interactions among people—the so-called lockdown, which the GoB implemented starting from 23 March 2020.

But the lockdown struck at the very foundations on which the present regime had established its legitimacy. On the one hand, the closing down of the economy inevitably led to the sacrifice of growth. The government had achieved a milestone in the previous year (2018–19) as the economy posted a growth rate in excess of 8% in the history of the country and had set its

heart on repeating that feat for the year 2019–20 as well. For the first three quarters of the fiscal year 2019–20, the economy was apparently on course to achieving that target. Unfortunately, the lockdown implemented at the beginning of the fourth quarter spoiled the dream; there was no way the cherished target of 8.2% growth could now be achieved over the fiscal year as a whole if the economy were forced to hibernate for any length of time.

On the other hand, the lockdown threatened a gigantic subsistence crisis by destroying livelihoods for millions of people as a consequence of closing the economy down. In a country where nearly a fifth of the population lived below the poverty line, and at least another fifth subsisted precariously just above the line, any prolonged loss of livelihoods was bound to create widespread hunger, leading possibly to an enormous subsistence crisis of the proportions the country had not seen since the famine of 1974.

Thus, both foundations of legitimacy that the regime had so assiduously built over the years were in danger of collapsing as a consequence of the lockdown. Something had to be done to at least minimize the damage, if not to eliminate it altogether. The government had a couple of options open to it—one of them was consistent with the imperative of maintaining the lockdown as long as necessary on health grounds, and the other involved compromising the health of the nation by easing the lockdown prematurely.

The first option called for a gigantic program of entitlement support for nearly half of the population of the country so as to avert a massive subsistence crisis that could ensue from a prolonged lockdown. The experience of other countries, which had started the lockdown process much sooner than Bangladesh, suggested that strict lockdown had to be maintained for at least three months before transmission of the virus could be brought down to a level where safe re-opening of the economy became possible. Even then, the lockdown could not be removed all at once; safe re-opening had to proceed only gradually over a period of time, depending on how quickly an effective public health system of testing, tracing, and treatment could be put in place. Given the poor capability of the public health system in Bangladesh, it was reasonable to assume that some restrictions on economic activities had to be continued for the remaining nine months of 2020.

Whatever the precise length of time over which some form of lockdown had to be maintained, it was clearly going to be too long for the vulnerable segments of the population to sustain themselves without external support. An early survey of the economic consequence of the lockdown had found that the vast majority of households in the bottom half of the population would not have been able to sustain minimum necessary consumption beyond a month or so by drawing down their savings or by resorting to borrowing (PPRC & BIGD, 2020a). If a catastrophic subsistence crisis had to be averted, a massive protection program covering almost half of the population had to be launched and sustained over a period of nearly nine months (albeit on a declining scale after the initial period of strict lockdown). It has been estimated that such a program would have cost about 3.8% of GDP (Osmani, 2020).

The second option was not to allow the lockdown to continue for as long as necessary on purely health grounds—in other words, to re-open the economy prematurely. This option was obviously tempting for the government, so long as the health risks were tolerable. On the one hand, early re-opening of the economy would minimize the damage to growth. On the other, by restoring the livelihoods of many, if not all, the vulnerable people, this option could help avert a catastrophic subsistence crisis without the government having to maintain a fiscally expensive and administratively challenging entitlement support program over a long period of time.

In the event, the government chose the second option. Barely one month after the lockdown was first imposed on 26 March, the first round of re-opening was initiated in late April, starting with the export-oriented garments sector. A couple of weeks later, in mid-May, urban shopping centres were allowed to re-open, ostensibly to permit the traditional Eid-shopping prior to the forthcoming Eid-ul-Fitr. During the same period, monitoring and policing of lockdown was also visibly relaxed by the government, which allowed many informal sector workers to resume their economic activities, initially stealthily and gradually more openly. The lockdown was thus virtually over from the second week of May. Thus, in practice, the lockdown lasted barely a month and a half. At the end of May, the government made it official by opening up almost everything but educational institutions.

It is evident that the government was in a great hurry to reopen the economy as soon as possible. The timing of reopening was completely out of sync with the logic of pandemic control. Most countries that succeeded in bringing the pandemic under control (in the first wave) eased the economic lockdown only after the rate of transmission had not just begun to fall but had fallen substantially. In common parlance, they waited not just till the “curve was flattened” but till the “curve was crushed.” But the GoB did not even wait for flattening the curve, let alone crushing it. As shown in Figure 45, the positivity rate (percentage of the sample tested who were found to be infected) was still climbing sharply in May when the decision was taken to reopen the economy. The peak was reached a couple of months later, in mid-July, and it was only by September that the rate had come down to the levels prevailing in April.

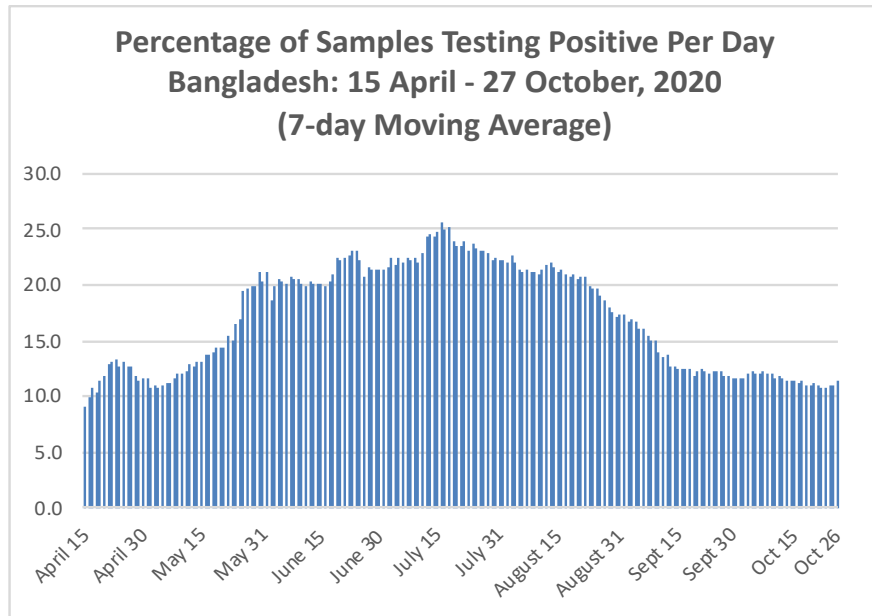


Figure 45: Percentage of Samples Testing Positive Per Day Bangladesh, 15 April–27 October 2020

Source: Prepared from the COVID-19 dataset in the Our World in Data website, <https://ourworldindata.org/coronavirus>

Why did the GoB choose the option of such an overly premature reopening? In a perceptive analysis of the government’s COVID-19 response from a political economy perspective, Ali et al. (2021) have suggested that this option was chosen mainly because the first option discussed above failed. Their argument is that once the option of offering large-scale protection failed, the government had no choice but to reopen the economy hurriedly so that a serious subsistence crisis could be averted by restoring the opportunity of earning livelihoods. The underlying premise of the argument is that the emergence of a catastrophic subsistence crisis would have undermined the government’s political legitimacy. The subsistence crisis had to be avoided one way or the other, and since the first option failed, the government had to rely on the second.

While we agree that maintaining political legitimacy was of paramount concern, we do not believe that the second option was forced upon the government by the failure of the first. Indeed, we do not think that the first option was even given a chance to fail; instead, it was abandoned, as a matter of deliberate choice, in favour of the second.

A few comments are in order here to explain why we argue that the first option did not fail and that instead, it was abandoned. It is true that some components of the protection-oriented programs had run into implementation difficulties. In particular, the preparation of lists of beneficiaries for targeted food and cash distribution programs had turned out to be problematic, mainly because of political meddling. But this was but a lame excuse for not pursuing the programs more vigorously. If the government really wanted to stick with the first

option while maintaining a lockdown for as long as necessary, they would have found a way of getting around the listing problem. Instructions had already gone out to the village level in rural areas and ward level in urban areas to prepare the list of beneficiaries under the supervision of the institutions of local government. If persisted, this approach would have yielded a workable list. No doubt, the list would have been imperfect, riddled the problems of both inclusion and exclusion errors. But in a situation of unprecedented national emergency, perfection could hardly have been anyone's primary concern. Indeed, the real problem lay not so much in the list of beneficiaries but in the paucity of support provided. This is amply demonstrated by the findings from the community surveys discussed by Ali et al. (2021).

One could perhaps argue that the paucity of support was understandable in view of the government's limited fiscal capacity. If valid, this argument would imply that the first option, namely a massive program of entitlement support for a prolonged period, was bound to fail on fiscal grounds alone. But the validity of this argument can be questioned for a number of reasons.

First, compared to many other countries, the GoB, did not actually commit much by way of fiscal support to the cause of fighting the pandemic. As noted in Section 2.2, although the package of economic support was touted as amounting to more than 4% of GDP, the cost of fiscal support contained in the package was less than 0.5% of GDP, as most of the big programs were financed by a combination of the creation of new money by the Bangladesh Bank and activation of the banking system's idle liquidity. Given such a tiny burden on the government's budget, there was clear scope for financing even as ambitious a program as, for example, the one suggested in Osmani (2000), which would have cost 3.8% of GDP.³¹

Secondly, even if the fiscal burden turned out to be too heavy, requiring deficit financing beyond normal levels, this would have been nothing abnormal in the pandemic environment where countries worldwide were resorting to deficit financing on unprecedented scales. Indeed, the GoB did not hesitate to ask the Bangladesh Bank to create new money to refinance several of the programs designed to reinvigorate enterprises. Why could it not use the new money instead to support a deficit budget designed to protect the entitlements of the poor?

Finally, the present government has shown in the past that it can find the fiscal resources—sometimes of enormous amount—for projects it is especially committed to. The multi-billion-dollar Padma Bridge project, financed almost wholly by internal resources, is a prime example of such commitment. It is entirely plausible to argue that the government would have found the resources for an ambitious protection program if it was committed to it in the same way it was committed to projects such as the Padma Bridge.

Thus, neither the administrative difficulties involved in preparing a list of beneficiaries nor the fiscal cost seems to be an adequate basis for the argument that the entitlement support

³¹ A policy note prepared by the Bangladesh Bank has argued that the GoB had enough fiscal space to adopt a much more ambitious support package than it did (Bangladesh Bank, 2020).

programs failed. In truth, these programs were not given a chance to succeed. They were simply abandoned, as the government chose to follow the second option instead.³²

The logic behind this choice was simple. Strict implementation of the first option would have succeeded in maintaining only the first of the twin planks of the present regime's perceived legitimacy, namely the ability to avoid catastrophic subsistence crises. But since this option is premised on the acceptance of a prolonged lockdown, adopting it would have meant a possible undermining of the other, primary plank of legitimacy, namely the ability to deliver robust growth. The pandemic had already caused enough grief by pushing the growth rate for 2019-20 below the cherished 8% threshold. The government was not prepared to accept another year of failure to achieve 8-plus growth. In contrast, the second option had the potential to preserve both planks of legitimacy simultaneously—by reviving growth on the one hand and by avoiding subsistence crisis through the restoration of livelihoods on the other, *provided* the health outcome did not deteriorate beyond a tolerable level.³³

To the surprise of everyone, the government announced a budget in June actually predicting a growth rate of 8.2% for the fiscal year 2020–21. International agencies and domestic experts alike were taken aback as they were predicting drastically lower growth—for example, the World Bank was predicting 1.2–2.9% growth for 2020–21 under normal scenario and even negative growth under the worst possible scenario (World Bank, 2020:36). Such a huge discrepancy arose mainly from the fact that those outside the government were basing their prediction on the assumption of “normal” duration of a lockdown, i.e., a lockdown that would last until the rate of transmission came down drastically. What the experts failed to realize was that the GoB was not going to allow a “normal” lockdown because it was concerned that by reducing growth drastically, a “normal” lockdown would compromise the primary source of its political legitimacy.

There was a potential danger, however, with this strategy. Since the rate of virus transmission was alarmingly high and was still rising at the time the economy reopened, it was conceivable that the fatality rate from COVID-19 infection would have become unbearably high. Prominent epidemiologists and health experts, including the experts appointed as members of the government's own technical and advisory committees, warned incessantly against the dangers of a premature ending of the lockdown, often venting their frustration in public.³⁴ But the

³² It is sometimes suggested that the government reopened the economy early by default because it was unable to enforce a strict lockdown, but evidence does not support this contention (Ali *et al* 2021). By all accounts, the enforcement of lockdown was extremely successful in the first month. It was only when the government decided not to proceed with an ambitious protection programme that poor people began to defy the lockdown in search of livelihoods. At the same time, the government also began to relax the monitoring and enforcement effort because it was already preparing to reopen the economy. In other words, the premature ending of the lockdown was not a matter of enforcement failure; it was the outcome of the conscious choice to go for growth-orientation by abandoning protection-orientation.

³³ The significance of this proviso is discussed in more detail below.

³⁴ One member of the Expert Committee openly remarked, “What can we do if the government doesn't pay heed to our advice? I believe the government's decision will cause dire consequences regarding the spreading of COVID-

government pushed ahead with its plan for premature reopening with complete disregard for expert advice. If people were to die in thousands—as experts feared and as was the case in countries like Brazil, which were keen to keep the economy going despite mounting infections—the GoB would have found itself in an untenable position. A regime that perceives the avoidance of a mortality crisis from hunger as one of its sources of political legitimacy could not possibly countenance a mortality crisis from disease. A widespread mortality crisis—of any form—would have undermined the one source of political legitimacy that all regimes in Bangladesh have sought to preserve.

Thus, why the government chose the option of premature reopening remains a source of abiding mystery. Bangladesh, for some reason, had been experiencing an exceptionally low rate of fatality despite an exceptionally high infection rate—as can be seen from Figures 46 and 47.

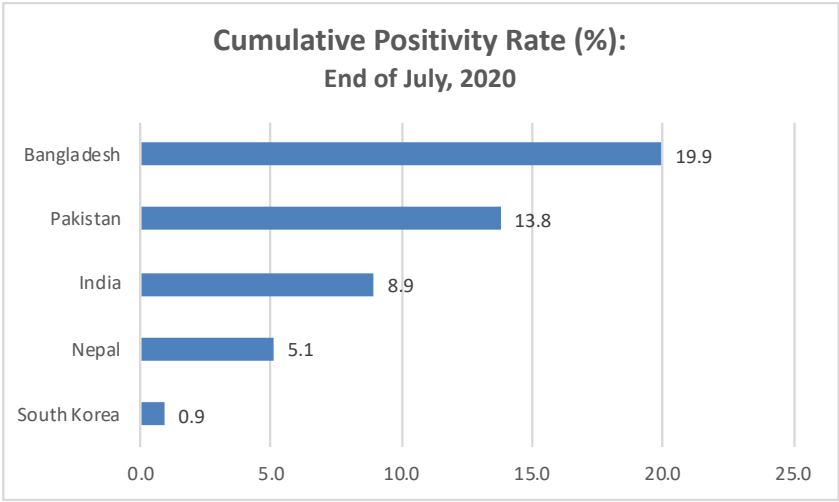


Figure 46: Cumulative Positivity Rate (%), End of July 2020

Source: Prepared from the COVID-19 dataset in the Our World in Data website, <https://ourworldindata.org/coronavirus>

19 and it will take more time to flatten the curve.” See “Reopening is risky: Govt health expert panel” in *The Daily Star*, 29 May 2020.

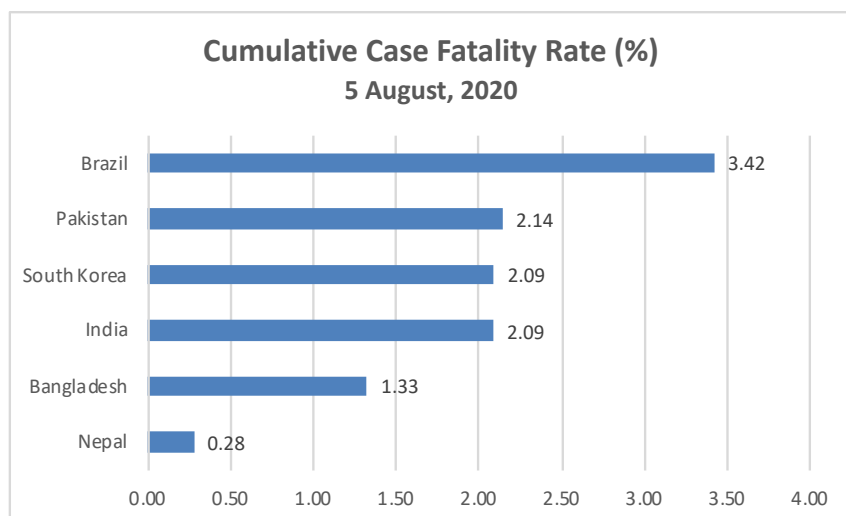


Figure 47: Cumulative Case Fatality Rate (%), 5 August 2020

Source: Prepared from the COVID-19 dataset in the Our World in Data website, <https://ourworldindata.org/coronavirus>

Why this was so is not at all clear. The typical arguments that Bangladesh had a low fatality rate because its population was relatively young or that long history of exposure to various diseases had created a stronger immunity do not apply here because the comparison is being made among countries that are similar in these respects. Nor is there any reason to suppose that Bangladesh could boast of a vastly superior system of caring for the COVID-19 patients compared to the rest. All this raises serious questions about the reliability of the fatality figures. Nonetheless, these are the official figures, and according to them, Bangladesh has been very fortunate to avoid a calamitous mortality crisis that one would expect to follow from its exceptionally high positivity rates.

In the final analysis, it is this comforting thought about not being overwhelmed by a mortality crisis of intolerable proportions that tilted the government’s decision in favour of the second option—that of premature reopening coupled with growth orientation of its support package. It is instructive to note that a day before the government was about to make its first move towards relaxing the lockdown by allowing the export-oriented garment industries to reopen, the health minister announced for the first time, with some satisfaction and not a little self-congratulation, that Bangladesh was doing better than other countries in handling the pandemic. In support of his claim, he cited the low fatality rate as evidence of success, conveniently omitting to point out the paradox of the low fatality rate co-existing with the high positivity rate.³⁵ Obviously, he was preparing the ground for the reopening of the economy that was about to come.

³⁵ “Things better than in US, Europe,” *The Daily Star*, 23 April 2020.

A few weeks later, the PM reinforced the point by declaring in the Parliament, “We will not accept defeat. Death is inevitable, and it can occur anytime. But it cannot happen that we will have to accept defeat to the invisible force out of fear.”³⁶ On the face of it, this may sound like the reckless bravado of the likes of Donald Trump of the United States or Jair Bolsonaro of Brazil, who also indulged in the rhetoric of not fearing death as a justification for keeping the economy open in the face of rising infections. But there is a crucial difference. Neither Trump nor Bolsonaro had any factual basis for expecting that the death rate could be kept low once the economy reopened in the midst of surging infections, but the PM of Bangladesh did—at least going by her official statistics. Her government could thus afford to go ahead with the decision to reopen the economy prematurely, emboldened by the belief that the political legitimacy of the regime was unlikely to be eroded by a disastrous mortality crisis stemming from the pandemic.

The adoption of the growth option in conjunction with premature reopening was thus entirely consistent with the government’s imperative to adopt a strategy that would not undermine its political legitimacy. As explained earlier, this option was in principle capable of simultaneously preserving the twin planks of the present regime’s political legitimacy, namely the ability to stave off catastrophic subsistence crises and the ability to deliver robust economic growth. The only potential danger that could have derailed this strategy was if premature reopening led to a mortality crisis of unacceptable proportions, in which case the first plank of its legitimacy would have been eroded even if a subsistence crisis was somehow averted. Once the mysteriously low death rates from COVID-19 infection came to the rescue, even that fear evaporated, paving the way for enthusiastic adoption of the strategy of a premature reopening of the economy.

The nature of the economic package that the government adopted to deal with the COVID-19 fallout simply reflects the logic of this strategy. Since reopening, the economy had to start early—in fact, much too early—the major focus of the economic package had to be on the growth-oriented measures. And since the sources of livelihoods of the poor were expected to return along with the reopening of the economy, there was less need for focusing on protection-oriented measures. This explains why the orientation of the policy package was biased so heavily towards the revival of growth to the relative neglect of protection of entitlements.

On the face of it, it might appear that the government strategy has worked, at least on its own terms. The twin foundations of the regime’s political legitimacy have both been secured – growth collapse has been minimized, and a catastrophic mortality crisis has been avoided. Apparently, Bangladesh has successfully avoided the painful trade-offs that policymakers everywhere have been confronted with – between economic collapse, loss of lives from hunger, and loss of lives from infection.

³⁶ “We will not accept defeat fearing death: Says PM,” *The Daily Star*, 16 June 2020.

This would be a seriously incomplete and misleading conclusion, however. The choice made by the Government of Bangladesh has certainly entailed a painful trade-off, but of the kind that has remained under the surface. What has been avoided is the trade-off between economic collapse and loss of lives – i.e., economic collapse has been minimized without the loss of too many lives from either hunger or disease. This has been a lucky escape, however, for which the government can hardly claim any credit. It is mainly the remarkable resilience of the poor of Bangladesh, honed through a life-long struggle to cope with crises, that has staved off large-scale death from hunger, and it is only a mysteriously low COVID fatality rate that has kept low death from disease.

More importantly, however, loss of lives is not the only thing that matters; the quality of life experienced by the living should also be a matter of paramount concern, and this is where the trade-off has occurred. We have seen evidence (in section II) of how the strategy adopted by the government has failed to mitigate COVID-induced hunger even long after the economy was allowed to reopen. The reason is simply that while direct protection of entitlements was thoroughly inadequate by choice, the sought-for revival of livelihoods through growth was not adequate either. Although the government repeatedly claimed that it was keen to revive growth for the sake of reviving livelihoods, the pathway of growth revival it pursued – through reliance on mainly large-scale enterprises – was not conducive to the adequate revival of livelihoods. If livelihood was really the concern, the focus of growth revival should have fallen on smaller enterprises, which are the main source of employment for the poor in Bangladesh, but the reality was just the opposite – the smaller enterprises suffered from serious neglect. The talk of livelihoods was merely a populist prop to pursue the real agenda of growth maximization at all costs.

The combined effect of abandoning the option of protection orientation too soon and pursuing the growth option in a manner that failed to generate enough employment was disastrous for the poor. Even six months into the reopening of the economy, the poor households were still cutting down both food consumption and non-food expenditure. At the same time, COVID infection spread at an alarming rate because of the premature reopening of the economy in search of growth. While most of the infections were asymptomatic, those who had the symptoms suffered, often seriously, because of poor medical care, and many of them are in danger of suffering from long-term adverse consequences (the so-called “long COVID”).

Thus, although not too many people have died from hunger or disease, the sufferings of a large swathe of the population have intensified in terms of hunger and morbidity. This is the consequence of the decision to abandon the option of providing sustained protection of entitlements while imposing a prolonged lockdown and instead adopting the option of growth revival through the premature reopening of the economy. So, here’s the trade-off – the government’s chosen strategy may have helped minimize the loss of growth, but it has done so by inflicting avoidable sufferings on a large segment of the population in the form of persistent hunger and excess morbidity.

4. Concluding Remarks

The economic support measures adopted by the GoB in response to the COVID-19 pandemic were nominal to the tune of almost 4% of GDP. The package, however, was nowhere as large in terms of fiscal commitment on the part of the government. The direct fiscal burden was no more than 0.5% of GDP. The rest of the financing came from the creation of new money through the banking system.

The distinctive feature of the package was its relative orientation between social protection and growth revival. The package was decisively biased in favour of growth to the relative neglect of social protection. Out of the total allocated funds, as much as 80% went to growth-oriented programs and only 20% to protection-oriented schemes.

Furthermore, growth orientation had a decisive bias in favour of large-scale enterprises to the neglect of smaller enterprises which are the main source of employment and livelihood of the poor. The growth orientation of the chosen strategy was not, therefore, accompanied by a corresponding livelihood orientation, although in public pronouncements, the government repeatedly tried to justify its strategy of premature reopening of the economy in the name of reviving livelihoods.

This chapter has argued that the pronounced bias of the package towards growth-orientation was dictated primarily by the government's determination to preserve the main foundation of its political legitimacy – namely, the ability to deliver robust economic growth. Having forfeited the right to claim legitimacy on the ground of delivering democracy and at the same time being reluctant to play the religion card blatantly as the main source of legitimacy, the current government appears to have embraced the creed of rapid economic growth as the principal source of legitimizing its political power. The strategy of COVID-19 response adopted by the government is entirely commensurate with the imperative of securing the foundation of its political legitimacy.

The strategy has succeeded in its proximate aim of minimizing the loss of growth. At the same time, a painful trade-off between economic revival and loss of lives has also been avoided. However, the key to success in avoiding this trade-off does not lie in any strategic action taken by the government. The loss of lives from hunger has been avoided by the extraordinary resilience of the poor of Bangladesh in the face of adversity, and the loss of lives from the disease has been avoided by a mysteriously low fatality rate from COVID-19 despite having an exceptionally high rate of infection.

A trade-off of a different kind has nonetheless emerged. A large segment of the population has suffered from persistent hunger and excess morbidity precisely because of the chosen strategy to abandon the option of large-scale social protection too early and to open up the economy at a time that was utterly premature from a public health point of view. That the government has

been able to pursue this strategy without fear of losing its political legitimacy is presumably because endemic hunger and excess morbidity do not create a crisis of legitimacy in a way that large-scale death does. We seem to live in a land where the voice of the dead rings louder than the voice of the living.

Chapter VII: The Impact of COVID-19 on the Ready-Made Garments Sector

Maheen Sultan and Iffat Jahan Antara

1. Introduction

Bangladesh started a second lockdown to combat the spread of COVID-19 on 14 April 2021. A “strict” lockdown was announced on 10 April 2021, and it was to include garment factories (Dhaka Tribune, 2021). However, after appeals by factory owners, it was announced that ready-made garment (RMG) factories would remain open (The Daily Star, 2021). When labour leaders and trade unionists raised questions about how workers would commute during the strict lockdown as all public transport was suspended, the newly elected president of the Bangladesh Garments Manufacturers and Exporters Association (BGMEA) Faruque Hassan said that workers could walk to the factories (Dhaka Tribune, 2021).

The RMG sector in Bangladesh is the main export sector and foreign currency earner (84% of the total export earnings in 2020), contributing 11% of GDP (Bangladesh Bank, 2020) and employing approximately 2.59 million³⁷ workers (Mapped in Bangladesh [MiB], 2020). This sector, however, is also highly exposed to global volatility and crises, as was demonstrated during the COVID-19 pandemic (BGMEA, n.d.). A total of USD 3.18 billion worth of orders was cancelled between February and July 2020 (“RMG Bangladesh,” 2020). The sector witnessed an 85% decline in export earnings in April 2020, compared to the same period in the previous year (Ovi, 2020).

By the end of 2019, the effects of the COVID-19 pandemic were already beginning to be felt in the rest of the world—orders and shipments were beginning to be postponed in several countries, and factories were closing down (Just Style, 2021). While the Bangladesh Government did not officially take a position before March 2020 on how to tackle the pandemic, the trade and employers’ associations had begun to prepare themselves for the looming economic disaster. Therefore, as soon as the PM declared a national lockdown in the form of a general holiday on 26 March, she simultaneously announced a financial stimulus

³⁷ According to BGMEA and mainstream news media, the number of workers is approximately 4.1 million. But this is not verified by recent research and surveys by the Bangladesh Bureau of Statistics (BBS), Bangladesh Institute of Development Studies (BIDS), and Centre for Policy Dialogue (CPD).

package for the garments sector to cover workers' wages. However, public awareness of the close relationship between political and industry elites meant concerns were immediately raised about who would benefit from the COVID-19 stimulus package. As a labour activist put it:

“The day the PM announced [the financial stimulus package], a video of Rubana Huq [President of BGMEA] came out where she thanked the PM. Watch the video, [see] how much negotiation she was doing and how much relieved she feels then.... You would think that by providing [the stimulus package], the government was saving the workers. And those workers are being paid 60% of the salary in the next month in which they did not do any work.... Who are the owners actually negotiating with? They are negotiating with themselves. Because they are the owners, they are the government.... Where is the money coming from? Public money.... They take money from your pocket and mine. To whom do they give it? Business group with the highest privilege. What does this [business group] give to the government? That actually needs to be explored.”³⁸

This chapter will explore how the RMG sector has been affected by the COVID-19 pandemic. It explores the interests, incentives, and relative power of various actors and stakeholders to understand how the allocation and implementation of the financial stimulus packages played out in the RMG sector with some indications of who gained and who lost and why.

The chapter is based on existing literature and media reports, blogs, and op-eds from newspapers, social media, and RMG-related websites³⁹ on rapid research into trade union responses to the COVID-19 pandemic between April and May 2020 and on interviews with selected labour leaders, labour rights activists, and allies of the labour movement for more insights on the stimulus package and lockdown governance during COVID-19.

Section 2 of this chapter analyses state-business-labour relations in order to set the context for how COVID-19 policy responses played out in the RMG sector. Section 3 discusses policy responses and their challenges and achievements from the perspectives of employers, workers, and the government. Conclusions and some policy implications are discussed in Section 4.

³⁸ Interview, labour activist, 12 January 2021.

³⁹ Part of the information was collected under the Sustaining Power for Realizing Women's Rights research project, with Economic and Social Research Council (ESRC) support, that BIGD is collaborating on with the Institute of Development Studies (IDS) Sussex. Moreover, a series of media briefs on the role of women trade union leaders in the pandemic period were prepared between April and August 2020, and a final report was prepared with support from Friedrich-Ebert-Stiftung Bangladesh.

2. State-Business-Labour Relations Before COVID-19

2.1. Business and Politics in Bangladesh

RMG factory owners are a powerful interest group with strong links to national politics. The RMG industry emerged as both a major economic and political player in Bangladesh in the democratic period after the military rule ended in 1990. Business actors became increasingly prominent in Parliament, political parties, and electoral politics (Hassan & Prichard, 2013, 2016; Rashid, 2008). Around the same time, RMG became the leading export industry. Business industry leaders, particularly in garments, banking, and transport, began to exert influence on policymaking through formal and informal means, ranging from a presence on parliamentary committees, governing boards of public banks, and various regulatory bodies to shaping regulation and loan rescheduling on behalf of particular business actors.

The RMG industry grew and prospered under the international Multi-Fibre Arrangement (MFA) that protected Bangladeshi exports and enabled the industry to take root and mature. Although the MFA phased out in 2005, it was part of a business environment that fostered the emergence of an entrepreneurial class drawn from former military personnel, bureaucrats, and members of the white-collar managerial class (Hassan & Raihan, 2017; Kabeer & Mahmud, 2004; Rashid, 2008).

The RMG factory owners' associations, the BGMEA and the Bangladesh Knitwear Manufacturers and Exporters' Association (BKMEA), have emerged as critical players in promoting and protecting member interests vis-à-vis the state and, increasingly, the outside world. Only member factories are allowed to export garments. The sector has enjoyed various rules and benefits "that were the outcome of effective demands and skilful negotiations by a sector characterized by strong collective action capability, thanks to the economic and political clout it gradually acquired" (Hassan & Raihan, 2017: 118).

The political strength of the RMG entrepreneurs is demonstrated through the power and influence of the BGMEA, which one of our respondents characterized as an "alternate government" that has disrupted the "balance of power" in a way and to the extent that neither the government nor trade unions can counter. RMG owners have positioned their industry as "essential for the development of the country and to keep the economy running."⁴⁰ Another illustration of the influence of BGMEA was that former BGMEA presidents have also been elected as mayors of Dhaka North City Corporation (DNCC), a position with power over urban areas where garment factories and workers have been concentrated. A labour activist noted the close relations between garments factory owners and political elites:

"The country's Commerce Minister is the owner of a group of garments; the Industry Minister is the owner of a group of garments; the State Minister and the Foreign Minister are owners of a group of garments; then go and find out

⁴⁰ Interview, senior trade union representative, 30 December 2020.

how many MPs there are. So do they have to work hard to get money out of the government treasury?”⁴¹

Due to the strategic position of RMG factory owners as a powerful interest group in national politics and decision-making, they are able to mobilize the state effectively on behalf of their own interests, which they frame as equivalent to the nation’s economic interests. It was in this context that the COVID-19 pandemic began in early 2020.

2.2. State-Labour Relations

While RMG owners and their associations have enjoyed a close relationship with political elites, garments workers’ organizations have been suppressed throughout the history of the sector. The labour movement had played a significant role in political movements since the British period, when participation and support of the labour movement strengthened nationalist struggles and, later, struggles for democracy. However, shifts in political power, growth-centric policies prioritizing privatization, and capital interests have weakened the labour movement, with business-state relations becoming more dominant. After the assassination of Bangabandhu Sheikh Mujibur Rahman in 1975, the country moved away from the principles of socialism and subsequent military regimes favoured privatization and export-led growth, weakening the labour unions in public sector enterprises, and hardening negative attitudes towards trade unionism (Monem, 2006; Siddiqi, 2016b).

The labour movement in Bangladesh has historically had close relations with political parties, and unions have long sought political patronage and support (Ashraf & Prentice, 2019). The nationalization of industries at the time of independence in 1971 created party labour fronts, tying labour federations to political parties. As has been the case with trade unions in many other developing countries, Bangladeshi labour unions have historically acquired power mostly from their privileged relationship with political parties and are known as much for lobbying government as for bargaining with private sector employers (Pencavel, 1995). The three main political parties each have their own labour federation, jointly accounting for 64% of the minuscule 1% of unionized Bangladeshi workers.⁴² Currently, the total number of registered trade unions stands at 8,034, of which 882 are in the RMG sector (International Labour Organization [ILO], 2019).

RMG trade unions have faced opposition from the government and police-backed actors since labour organizations started in the sector. Administrative and regulatory procedures have been used to stall, prevent, or neutralize trade union organizations. Labour organizers have been threatened and criminalized and have faced violence (including death) over the past two decades. After the Rana Plaza factory disaster that killed 1,134 workers in 2013, the Labour

⁴¹ Interview, labour activist, 12 January 2021.

⁴² Problems and Prospects of Trade Unions in Bangladesh, <http://reportsolution.blogspot.com/2015/05/problems-and-prospects-of-trade-union.html>

Law⁴³ was amended to make union registration easier but retained the registrar's authority to deny registration (Siddiqi, 2016a). Many registered RMG unions are created or co-opted by their owners and are identified by labour organizers as "yellow" unions. Attempts to suppress trade union activities have taken many forms over the decades, including most commonly retrenchment, sacking, and blacklisting unionized workers or organizers and violating the constitutional right to association guaranteed in the Constitution. Bangladesh has not ratified several International Labour Organization (ILO) conventions related to industrial relations.⁴⁴

The exercise of state control in the interests of the private sector can be seen in the establishment of the Rapid Action Battalion (RAB), the paramilitary force suspected of extrajudicial killings in the name of law and order; the operations of the Industrial Police and Detective Branch; surveillance of trade unions; and the arrests and disappearances of trade unionists, such as Aminul Islam.⁴⁵ In this context, labour organizations have no option but to work with the ruling party, and those closer in ideology and previous history to the ruling Awami League are better positioned to represent their members' interests. However, the situation is perhaps less openly politicized in the RMG sector as a result of the intensive involvement of buyers, international organizations, and foreign governments, especially in the post-Rana Plaza period where international compliance bodies, such as Accord and Alliance, built in the involvement of international and national TUs. Unions in the RMG sector are probably better organized, resourced, and visible than in other sectors because of the importance and size of the RMG sector itself and the international dimension that foreign brands and buyers bring. The trade unions are also becoming more sophisticated and professional, being able to better negotiate with the government, employers, and buyers both nationally and internationally. They are increasingly able to use both print and social media. Their interactions with research organizations have increased, and their use of research evidence and media reports has also increased.

⁴³ The Bangladesh Labour Act (amended) 2018 was first passed in 2006 as a result of the country-wide labour movement, demanding an increase in the minimum wage and formal appointment of RMG workers. The Act was amended in 2013, again in 2018, and is presently being revised.

⁴⁴ Bangladesh has not ratified the C 135 on Workers' Representation (1971) or C 154 on Collective Bargaining (1981).

⁴⁵ Interviews, trade unionists; Amnesty reports and news: <https://www.amnesty.org/en/latest/news/2012/04/bangladesh-authorities-must-account-deaths-amid-spate-disappearances/>

3. Impact of COVID-19 on RMG Sector

3.1. Policy Responses

a) Lockdown or General Holiday?

The first policy response by the government was to declare a “general holiday” from 26 March 2020 (in other countries, this was called a “lockdown”). How this played out is symptomatic of the state-business-labour relations that prevail. There was a noticeable gap between the trade unionists’ expectations from factory owners and the reality of factory closures. There was a general expectation from trade unions and the general public that factories would be closed to minimize the health risks to workers. But the declaration of holidays for the country did not make it clear whether it would apply to the RMG sector; consequently, BGMEA and BKMEA did not declare factory closures. Although the BGMEA President urged all factory owners to shut down factories, excluding those which were producing personal protective equipment (PPE) till 4 April 2020, when the first lockdown “holiday” was expected to end, it consistently maintained that it could not declare a closure or instruct its members to accept the “holiday” because it did not have the mandate to do so (Mridha, 2020a).

Workers started to return to the city and peri-urban industrial areas from their village homes around 4 April, as some employers had asked workers to return and also to collect their wages. As public transport was not available, many walked or took whatever transport they could find, spending a great deal of time and money to return. However, once the media started reporting on their return, there was an outcry that this would represent a threat to public health and safety, including that of the workers. The government then ordered that no one should be allowed into Dhaka and the factories should remain closed. The BGMEA and BKMEA further extended the closure to 11 and then to 14 April (Atik et al., 2020; Mamun, 2020).

It was not clear whether the factories would be closed and who would give the instructions for the closure, leading to a situation where the government and employers were blaming each other for the situation of workers coming to work and having to be turned away again. As a trade union leader mentioned,

“The factory owners, BGMEA, and the government are all equally to blame—the government for not including workers when making announcements for the public and private sectors, and the BGMEA and owners for not ensuring factory closures. They have dehumanized the workers.”

While most of the trade union leaders knew about the discussions at the national level about whether factories should stay open or close during the COVID-19 lockdown, some union leaders, such as the President of Bangladesh Garment Workers Solidarity and the Vice President of Bangladesh Textile and Garment Workers League, had strongly demanded that factories should be closed, and workers’ salaries should be paid. The following response from an interviewee captures their position in the debate:

“The government declared holidays for all government and private offices. It did not say that people would not be paid. On the one hand, it is a lockdown, and everyone should stay home. On the other, factory workers should go to work. Then it is as if there are two policies in the same country. That is not right. The government has to take responsibility for everyone.”

Another senior trade union representative felt that such a situation happened because the RMG sector employers thought that they were not accountable and that they could afford to ignore the national lockdown. They also felt that it revealed the employers’ lack of regard for workers.⁴⁶

The confusion about factories reopening on 4 April 2020 brought out the limitations and potential for trade union action. While labour leaders could highlight the sufferings of the workers who were made to return to work and then sent away again due to conflicts of interest between owners, their associations, and government agencies, they were not able to prevent or mitigate the crisis (Sultan et al., 2020).

In times of national disaster, the government generally designates a focal point, and all organizations follow their instructions. In the case of the first wave of COVID-19 in 2020, this did not happen at the beginning, with instructions coming from multiple sources which allowed garment owners to take advantage of the situation. Learning from this experience, from the beginning of the second phase of lockdown from April 2021, RMG owners negotiated that RMG factories would stay out of the remit of the lockdown and remain open. Although the Ministry of Labour and Employment declared that 23 special crisis management teams would ensure adherence to health and hygiene guidelines in the factories (Prothom Alo, 2021), there has been no news on inspections yet.

b) Stimulus Packages and Social Protection for RMG Workers

The second policy response to RMG industry employers’ demands to offset the risks from the COVID-19 crisis was a rapid declaration of a financial stimulus package. On the eve of Bangladesh’s Independence Day, 25 March 2020, the PM announced a series of measures to protect citizens’ health and livelihoods. Within these measures, the RMG sector was singled out as a priority for support, and the PM announced that the export oriented RMG sector would be provided with a stimulus package of BDT 50 billion (USD 595 million) to cover workers’ salaries (Bangladesh Bank, 2020a; The Daily Star, 2020).

Declarations of support for other sectors and non-export industries followed. On 5 April, another broader stimulus and social protection package amounting to BDT 677.5 billion (USD 8 billion) was declared through four programs (increasing public expenditure, formulating a stimulus package, widening social safety net coverage, and increasing monetary supply). Of

⁴⁶ Interview, senior trade union representative, 30 December 2020.

this BDT 677.5 billion (USD 8 billion) package, BDT 300 billion (USD 3.53 billion) was allocated as Working Capital Stimulus Package for affected large industries and services⁴⁷, and BDT 2,00 billion (USD 23.78 billion) was allocated as Special Working Capital Facility for the affected cottage, micro, small, and medium enterprises (CMSMEs)⁴⁸ (Bangladesh Bank, 2020b). On 13 April, the PM announced direct cash assistance of BDT 7.6 billion (approx. USD 91 million) for other sectors (KPMG, 2020; The Daily Star, 2020a).

These announcements were preceded by negotiations with the Bangladesh Employers' Federation (BEF) and the Metropolitan Chambers of Commerce and Industry (MCCI), who had submitted proposals to the PM, Ministry of Finance, and other policymakers (ILO, 2020). The BEF had also commissioned research by the Bangladesh Rating Agency Limited (BDRAL) into the possible impacts of COVID-19. Once the stimulus packages were announced, the MCCI and BEF issued a press release thanking the government for addressing "most of the major proposals and suggestions made by the members of MCCI and BEF earlier" (BEF, 2020). The same press release requested that the schemes be expedited through a "transparent mechanism free of red-tape," and that a task force be created to monitor the implementation of the package of support with representatives of the Bangladesh Bank, Banking Division under the Ministry of Finance, independent financial experts, and members of the business community who are not bank owners or directors" (BEF, 2020). This recommendation, however, was not followed.

Within one week of the announcement of the first financial package for the RMG sector, the Bangladesh Bank published a circular on 2 April 2020⁴⁹ with details of the package. The circular stipulated that the package would function as an interest-free loan to the export-orientated employers for the sole objective of payment of wages and benefits to workers for the months of April, May, and June 2020. This objective was strengthened by the modality of disbursement, which put the onus on the scheduled banks to collect and verify information regarding workers from the employers, request the loan from Bangladesh Bank, and then disburse the amounts directly to the workers to their bank or MFS accounts. If workers did not have a bank or MFS account, then the employers were responsible for ensuring that those workers acquired one. Various circulars limited bureaucratic requirements for opening bank accounts in the cases of workers.

In order to qualify for the loan, the employers would need to:

- a) show that they were active, providing salary sheets confirming full payment of wages of workers from December 2019 till February 2020;
- b) prove that 80% of their manufactured products were exported, with a certificate from BGMEA/BKMEA to that effect;

⁴⁷ On 23.04.2020, in the Banking Regulation & Policy Department (BRPD) Circular No. 10, the amount allocated to this stimulus package was increased to BDT 400 billion.

⁴⁸ SMESPD Circular No. 1, 13 April 2020.

⁴⁹ BRPD Circular No. 7, 2 April 2020.

- c) authenticate worker lists by submitting valid NID or birth certificates for banks to verify workers; and
- d) have a banking relationship of at least three months with the bank through which they were applying for the loan.

In terms of repayment, while it was an interest-free loan, there was an applicable service charge of 2% payable to the bank(s). Additionally, while a grace period of six months was granted regarding repayment, it was to be fully paid back within two years from the last date of disbursement.

In response to apprehension in the press that the funds might be diverted to other purposes besides workers' salaries, the Bangladesh Bank also issued a circular on 8 April 2020,⁵⁰ which clarified that workers, and not officers, were the beneficiaries of the package, so as to ensure that only the targeted workers would be paid through the stimulus. Yet another concern was whether worker salaries could be sent through banks or MFS accounts. A BGMEA survey done in April 2020 found that only 13% of garment factories paid wages through bank accounts or MFS, while 76% paid cash—a serious roadblock in the proposed disbursement model (Mridha, 2020a). However, after the announcement of the stimulus package, BGMEA, BKMEA, and trade unions started a drive to increase the opening of MFS accounts by workers. The Bangladesh Bank had extended the deadline for employers to ensure access to MFS for their employees to 26 April (Mridha, 2020b), and by 3 May 2020, it was reported that approximately three million workers had opened MFS accounts (Uddin, 2020). While utilizing funds from this package, the enterprises did pay salaries through MFS or bank accounts, which is an important measure to ensure transparency and accountability, but not all maintained this practice later (Moazzem, 2021).

The RMG sector was marked out from the beginning of the pandemic for special attention with a special allocation and very rapid adjustments and disbursements.⁵¹ Once the initial 50 billion BDT (USD 595 million) allocation for the RMG export sector was used up, smaller firms were allowed to apply for the package for CMSMEs, while large firms were allowed to apply for additional funds from the BDT 300 billion (USD 3.53 billion) allocation scheme for large enterprises,⁵² even though those were initially allocated for non-export enterprises. It is estimated that the sector received a total of BDT 105 billion (USD 1.25 billion appx.) as a stimulus package in three phases to cover workers' salaries (Uddin & Hossain, 2021).

The loans under the BDT 300 billion (USD 3.53 billion) stimulus package are at an interest rate of 9%. While half of the 9% is borne by the borrower, the other half will be borne by the government as a subsidy. The conditions included maintaining a single borrower exposure

⁵⁰ BRPD Circular Letter No. 14, 8 April 2020.

⁵¹ The BGMEA President mentioned that a total of 99 circulars had been issued concerning the RMG sector stimulus package and its implementation.

<https://www.youtube.com/watch?v=zEHduifpH5k&feature=youtu.be>

⁵² Set up under the BRPD Circular No. 8, 5 April 2020.

limit, loan classification and provisioning rules, and the highest loan limits for both banks and clients. The Bangladesh Bank also asked banks to verify entities so that they can get authentication certificates from the Federation of Bangladesh Chambers of Commerce and Industries (FBCCI). As its name implies, only the larger firms were able to access this.

Another facility granted to the RMG factories along with other business entities was that they were allowed to pay bank loans, electricity bills, and other utility bills at deferred dates. However, Centre for Policy Dialogue (CPD) research has shown that many did not choose to avail of this opportunity.

A scheme titled “Social protection for unemployed workers of the export-oriented RMG, leather good, and footwear sectors” was launched in October 2020 under the Ministry of Labour and Employment (MoLE), with support from the European Union (EU) and the German Government.⁵³ Its objective was to provide BDT 3,000 (USD 35) per month for up to three months to workers who lost their jobs during or because of COVID-19 and have not received any benefits from their employers or have received some layoff benefits but are still unemployed. Lists prepared by factories were to be vetted by associations and sent to the Department of Labour (DoL). Payments to unemployed workers were to be sent directly to their mobile or bank accounts. Implementation committee and monitoring and evaluation committees were set up with product associations and donor representatives. However, most of this fund has not been used as factories did not submit lists of retrenched and/or laid-off workers. A possible reason is that this would contradict their previous statement that they did not lay off or retrench workers.

c) Government Support to RMG Owners’ Demands from International Buyers

RMG owners emphasized the losses to the industry and used the issue of job losses to gain sympathy from the Bangladesh Government, international buyers, and their governments. The government also supported BGMEA and labour leaders’ efforts to lobby buyers and brands to revive cancelled orders and clear due payments. From the early period of the pandemic, the BGMEA was vocal regarding order cancellations and started negotiating with buyers and brands. BGMEA engaged with international rights groups, such as Human Rights Watch (HRW), Worker Rights Consortium (WRC), and ILO, to build global support and put pressure on buyers to not cancel orders and clear due payment (The Daily Star, 2020c). When negotiations to clear due wages did not work, BGMEA also took a strong stand by threatening to blacklist buyers like Edinburgh Woollen Mill (EWM) (Mridha, 2020b) and giving a deadline to clear due payments (The Financial Express, 2021). Trade unions and labour rights groups also pleaded with buyers and brands not to cancel orders and reinstate them. International labour rights groups also

⁵³ Gazette notification (Registered no DA 1) issued by the Legal Wing of the MoLE, 7 October 2020.

initiated campaigns⁵⁴ with similar demands. In response, brands and buyers, such as H&M, Primark, and Walmart, started reinstating their orders slowly. Approximately 90% of cancelled orders have been reinstated until March 2021, but at a reduced price (Mridha, 2021).

Several ministers, including the PM herself, were involved in negotiating with and appealing to brands and respective foreign country representatives not to cancel orders during the pandemic. The foreign minister of Bangladesh asked the US Deputy National Security Adviser for two-year duty-free access of RMG products to the US market (Dhaka Tribune, 2020) and support in not cancelling export orders. A senior official of the Commerce Ministry requested the EU's intervention regarding order cancellations and asked for a transitional preferential trade package for Bangladesh in the next Generalized System of Preference (GSP) regulation of the EU (Dhaka Tribune, 2020). The state minister for Foreign Affairs urged the UK to create a special fund for buyers (The Financial Express, 2020) so that they could continue to buy RMG products from Bangladesh. The PM talked to the ambassadors of Sweden and Germany to ask their apparel business companies to reinstate cancelled orders and continue the order-production flow. In response, a number of governments, including the UK, Sweden, Germany, and the Netherlands, officially announced that they would reinstate all orders.

3.2. Implementation of RMG Stimulus Packages

a) Challenges and Achievements

Although the government's response to COVID-19 in the RMG sector explicitly targeted the workers, it essentially favoured the owners and larger factories. BGMEA praised and welcomed the stimulus package by terming it a "timely announcement" (The Daily Star, 2020c). The BGMEA President subsequently acknowledged that it relieved the owner of the immediate worry of wage payments, allowing them to concentrate on negotiations with buyers.⁵⁵

Some trade union leaders were also positive about the stimulus package, with one representative stating that "this bailout is more than expected." It was appreciated as a timely initiative for workers' benefits with the potential to lessen uncertainty by ensuring workers' wage payments. It was also considered to be beneficial for employers, as it supported them in paying wages without incurring additional costs in addition to losses due to order cancellations, shipment delays, and deferred payments.⁵⁶ However, some trade unionists did not feel confident that the workers would get wages because of the discretionary nature of the stimulus.

⁵⁴ #PayUp Fashion Campaign | Garment Workers Covid-19 Relief, <https://payupfashion.com/file:///C:/Users/User/Zotero/storage/INMXYS8/payup-fashion.html>

⁵⁵ <https://www.youtube.com/watch?v=zEHduifpH5k&feature=youtu.be>

⁵⁶ Interviews with trade union leaders were conducted as part of BIGD RRR research on trade union response to the COVID-19 crisis, between 9 and 18 April 2020.

Indeed, larger and better-performing factories benefitted from the stimulus packages, while smaller and non-export factories did not, and it is the workers of the latter factories who lost out. As non-export and less compliant factories did not receive financial support from the government, they had greater difficulties in retaining workers and paying salaries. This was feared from the beginning by the trade union leaders and the less well-connected RMG businesses. In interviews, trade union leaders⁵⁷ and labour rights activists⁵⁸ have noted that the conditions set for the receipt of funds under the first package favoured the larger, more compliant, and financially most sound businesses that would have up-to-date salary payments and good working relations with commercial banks and with the trade associations. It was apparent that sub-contracting factories—i.e., which do not export goods directly—would be ruled out from claiming the stimulus. Consequently, workers in the smaller factories did not benefit from the package.

Some trade unionists did not feel confident about workers getting wages because of the discretionary nature of the stimulus, as employers could decide whether they would apply for the package or not, in which case, they would retrench or lay off their workers according to their own financial capabilities.⁵⁹ As there was no compulsion for a firm to avail of this facility to pay their workers, there were fears that “powerful firms, with strong lobbying and useful political links, despite many of them not needing the stimulus package, may dominate the scenario” (Raihan, 2020). A study by TIB echoed this point, noting that “political power, lobbying, and power of factory owners were significantly considered during the allocation and disbursement of funds from the stimulus package” (The Daily Star, 2020d).

These fears were substantiated. A study by the Centre for Policy Dialogue (CPD) and Mapped in Bangladesh (MiB) found that from a sample of 610 RMG enterprises of different sizes surveyed in Dhaka, Gazipur, Narayanganj, and Chattogram, only 40% of small factories applied for stimulus package loans, while 90% of larger factories did (Moazzem, 2021). Moreover, 17% of the factories answered that they had not applied due to non-eligibility (Moazzem, 2021). Only 1% of factories had taken loans under the stimulus package, while 52% had not, and 34% responded that they were eligible but had not applied (Moazzem, 2021). Of those who were eligible but had not applied, the larger enterprises mentioned that they did not need the money, and the smaller enterprises mentioned that the procedures were too complicated (Moazzem, 2021).

Some owners were dissatisfied because the first package especially targeted the workers and not them. Many of them believed that “if the tree survives, it will bear fruit,” i.e., the owners have to be kept alive so that the workers can benefit. There was a view that in the worst-case

⁵⁷ Interviews with trade union leaders, BIGD RRR research on trade union response to the COVID-19 crisis, 9–18 April 2020.

⁵⁸ KIIs with labour rights activists, BIGD SoG, 30 December 2020.

⁵⁹ Interviews with trade union leaders, BIGD RRR research on trade union response to the COVID-19 crisis, 9–18 April 2020.

scenario, “if the RMG industry collapsed, the government would also collapse.”⁶⁰ BGMEA and individual factory owners criticized the “complex” terms and conditions of the package. Only 40% of small factories applied for the stimulus package, although more factories were eligible (Moazzem, 2021). Non-member factories and small factories were not eligible at all to avail of the package, and the CPD-MiB study found that 53% of factories continued functioning by using their savings (Moazzem, 2021). The fact that the stimulus was not designed on the principle of greatest need was identified as a key concern. The general secretary of the Trade Union Federation observed that large factory owners could afford to pay wages from their own accounts, which may not be possible for small factory owners.⁶¹

Owners were also unhappy because the package came in the form of a loan where the government provided a subsidy to interest rate only. Moreover, factory owners and the BGMEA were unhappy with the amount of the first stimulus package. According to them, although the package was meant for three months’ salary, it was adequate to provide one month’s salary only.

Trade unions were not united or strong enough to negotiate better outcomes for workers from employers or the government. Like the owners, many labour leaders were not optimistic that the stimulus package would be adequate to cover 4.1 million RMG workers’ wages and benefits for three months⁶² and feared that workers might be paid less than their regular wage. The fear came true. Soon after the submission of the application for the stimulus package, the BGMEA successfully negotiated with the government to pay the workers 65% of their wage for April 2020, when the factories were under lockdown. Although unions opposed it, they were not in a position to veto this decision, as the unions’ negotiation positions were weaker than that of the employers. Since not all factories were eligible for the package, wage payments were delayed. Both the reduction and the delays angered the workers, and there was labour unrest in many industrial zones.

Although the initial package of USD 595 million (BDT 50 billion) has been completely disbursed, the start-up, selection of factories, and disbursement processes were slow. The disbursements of the small and medium enterprise (SME) stimulus package, under which smaller RMG enterprises could have received support, were even slower. BGMEA members also mentioned that larger enterprises with larger loans had been privileged, while the smaller ones had suffered the most both in terms of losing orders as well as facing difficulties in accessing government support.⁶³

⁶⁰ Discussion with one of the authors with members of the Health and SME Subcommittees of BGMEA, 31 December 2020.

⁶¹ Interviews with trade union leaders conducted as part of BIGD RRR research on trade union response to COVID-19 crisis 2020, between 9 and 18 April 2020.

⁶² Approximately 3.6–4.3 million workers were engaged in the RMG sector (Moazzem & Radia, 2018).

⁶³ Discussion between one of the authors with members of the Health and SME Subcommittees of BGMEA, 31 December 2020.

Since the larger enterprises succeeded in using up the initial allocation of USD 595 million (BDT 50 billion), the RMG sector has been successful in persuading the government to allocate them funds from the USD 3.53 billion (BDT 300 billion) package, which was originally meant for non-export industries. As observed by Raihan, this “lobbying pressure is likely to escalate in the future, as progress in the disbursement of funds for other affected industries and MSMEs [micro, small, and medium enterprises] continues to be limited,” and that this reflects a pro-RMG bias in the policy process (Raihan, 2020a).

Arguing that there were limitations of the stimulus package, BGMEA asked for budgetary support from the government and two more stimulus packages. In response, the government increased the cash incentives from 4% to 5% and decided not to increase taxes for the next two years. However, the government increased its source tax to 0.5% from 0.25%, and owners have continued to lobby for reducing the rate.

The loan under the BDT 50 billion (USD 595 million) financial stimulus package has subsequently been turned into a quasi-grant. Initially, the repayment period of the loan from the stimulus package was two years, including a grace period of six months (Mridha & Byron, 2020). On 24 April 2021, the government extended the grace period by another six months, and the interest was waived (The Daily Star, 2021).

The sector is now positioning itself for the next wave of COVID-19. The BGMEA President, in her address in a dialogue series on the government initiatives for recovery from the COVID-19 fallout in Bangladesh organized by the Finance Division and the Ministry of Finance on 26 November 2020, made a call for another series of financial measures to address the effects of the second/third wave of COVID-19 and the drop in orders. The BGMEA President also requested the government for five years to repay the loans under the stimulus package to help the sector offset the economic fallout from the pandemic.⁶⁴

b) Pandemic-Induced Unemployment and Layoffs and Responses by State and Business

As early as 19 April 2020, the Ministry of Finance clarified in a directive to Bangladesh Bank that establishments that have declared layoffs will not qualify for benefits from the financial stimulus package (Kashem & Uddin, 2020). It also threatened to deny registration renewal to factories that did not pay wages on time. The government formed crisis management committees (CMCs), and Industrial Police were instructed to help workers solve issues including wage, job loss, layoffs, and others. Despite these measures, according to BGMEA, a total of 317 factories were permanently closed, and 76,000 workers lost their jobs (The New Age, 2021). However, based on the survey conducted by CPD and MiB, it was estimated that

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https://www.bgmea.com.bd/page/BGMEA_President_calls_for_policy_support_for_RMG_sector_to_survive

357,450 workers lost their jobs between January and September 2020 (Moazzem, 2021). The survey also found that although the official data of factories showed only 2.2% of workers were laid-off, 13.9% of workers lost jobs, compared to the number of workers from the same period of the previous year. Interestingly, 60% of factories stated that they had recruited new workers during the COVID-19 period (Moazzem, 2021). The allegation of trade unions is that these factories recruited retrenched workers at a lower rate and on a temporary basis.

There were no news reports of DIFE taking any actions to prevent abuses in layoffs or terminations. This highlights the need to strengthen DIFE's role and capacity regarding the protection of workers' wages and job security.

Although BGMEA and the media emphasized the responsibility of brands and buyers for the cancellation of orders and deferred payment, resulting in factory closure and job loss, the general opinion was that owners and government had a responsibility to ensure workers' jobs and livelihoods. In answer to a question that who is responsible for ensuring the employment and livelihood of the workers, BIGD survey results showed that 50.31% of respondents thought that it was the responsibility of owners, while 40.59% thought that it was the responsibility of the government. Similarly, the majority (55.8%) feel that it is the owners' responsibility to ensure workers' regular salary payment, while 37.02% think it is the government's responsibility to do so.

RMG workers have had to suffer uncertainty about employment, continue working under COVID-related health risks, and face job losses without any social protection. A consequence of the job loss and job insecurity is that workers are now afraid to speak out in the case of rights violations. As a labour leader explained,

*"Workers who used to speak out against it are now afraid to because they can't afford to lose their jobs at this time. This is the biggest problem. So, because of this, we have to change a lot of the strategies because [before] I used to tell the workers to talk about gender-based violence, now we have to talk about how to protect their jobs first."*⁶⁵

The overall situation highlights the need to put in place social security or unemployment benefits for workers to face crises, such as the COVID-19 pandemic and the resultant economic downturn. Such schemes would need to have contributions by the government, employers, and brands/buyers.

c) Labour Unrest During the Pandemic

Although labour unrest continued throughout the pandemic and threats of stronger movements were made, more ambitious demands of the trade unions were not met, and

⁶⁵ Interview, labour activist, 12 January 2021.

compromises had to be made. Despite COVID-19 restrictions, workers' protests were almost everyday news during that period. Protests, both violent and non-violent, demanded full wages for April 2020, clearing of arrear wages, and compensation for laid-off workers (Kaler Kantho, 2020; New Age, 2020; Prothom Alo, 2020; The Daily Star, 2020b). The protests were resisted promptly by the police, Industrial Police, and in some cases, factory authorities filed police cases and blacklisted workers (Antara, 2020a, 2020b). However, these protests showed the possibility of a stronger movement if their demands were not fulfilled. Violent street protests have proven to be an effective strategy to claim rights (Siddiqi, 2016a), and a countrywide protest after factory opening would cost the "production and growth" of orders that were beginning to be reinstated. Hence, BGMEA might have found it strategic to include labour leaders in the monitoring committee on health, safety, and wage distribution, formed on 9 May 2020, to prevent such possible unrest. Besides the industrial members, who are registered federations and regular participants/labour representatives in tripartite meetings, BGMEA included another more outspoken federation in the committee, which had threatened labour unrest (Kamol, 2020). Although the government sided with the owners in giving 65% of the wage, it also announced circulars and directives to clear all wages and festival bonuses within a fixed time. The MoLE played a pro-worker role and was committed to securing worker's rights. It set a deadline for bonus and wage payment of workers at the 65th tripartite meeting on 20 July, as protests were held at several places, and it was agreed that DIFE would carry out inspections to ensure the proper implementation of this decision through a newly formed team. The media even published follow-up reports about how many factories cleared wages and bonuses after this declaration.

The pandemic again highlighted the problem with the current minimum wage and the importance of fixing a living wage for workers. With the current amount, a worker can barely afford a decent life after paying for rent and the utility bills. Irregular, delayed, and half-payment of wages makes their lives more difficult, with a labour leader highlighting the importance of overtime while calculating the monthly salary. Moreover, there was no emergency welfare fund for workers, even though it was a strong demand from the labour rights groups and labour leaders after the Rana Plaza incident.

4. Conclusions and Policy Implications

The vulnerability of Bangladesh's key export sector to global downturns was highlighted clearly by COVID-19. This emphasizes that efforts to diversify must continue while also putting workers' rights at the centre. This chapter has shown how the RMG factory owners, being a powerful interest group in national politics and decision-making because of the importance of the sector and the fact that they are also within the government, were able to mobilize the state very effectively and obtain the resources required to deal with the crisis. They were able to portray the losses suffered by the industry and used the issue of job loss of workers to gain sympathy from the government and buyers and their governments, and consequently to

ensure favourable conditions for themselves. Although the government's response to COVID-19 in the RMG sector explicitly targeted the workers, it essentially favoured the owners.

Although workers' wage protection was a goal of the stimulus package, this was not adequately ensured. Mechanisms of accountability (including independent oversight by trade unions and workers' associations) are needed to ensure workers receive the protections due in policy and under the law during crises like these. The mobilization in the media was able to halt the reopening of the factories for a while, and the government agencies and political leaders charged with protecting and representing labour interests did try to ensure wage payments, health, and safety following COVID-19 health guidelines and stop layoffs and retrenchments, even if they were not fully successful. However, RMG workers have had to suffer uncertainty about employment, continue working under possibly unsafe conditions and face job losses without any social protection. RMG workers, their organizations, and the trade unions have struggled to achieve even basic rights and were not able to ensure that their dues were paid at the time of the pandemic. Trade unions were not united or strong enough to negotiate better outcomes for workers from the employers or the government; the lack of trade union strength is in stark contrast with the strength of the RMG business interests and their control over/understanding with state mechanisms.

A question that arises, in the backdrop of no social security/unemployment insurance scheme in the country for workers is to what extent is the responsibility for the guaranteeing of workers' wages the responsibility of the employers alone if they do not have sufficient work orders to provide work and wage to all employees/workers? We argued above that such responsibilities need to be taken jointly by the employers, governments, and brands/buyers.

The government seems to be beholden to businesses for economic growth and foreign exchange earnings, while businesses feel entitled to government resources and support. However, as we have seen, there are differences between the owners in the RMG sector, and it is the large established companies that gained the most and were able to take advantage of the resources provided. Whereas the medium and small firms were unable to access these resources, lost orders, and had to close down. Workers who retained their jobs had to work for 65% pay for three months and those who lost their jobs either went back to their villages, changed employment, and some re-joined at lower salaries in more vulnerable positions.

One of the biggest weaknesses in the implementation of the stimulus package(s) has been the lack of transparency in the selection of the firms, amounts allocated, and disbursements made. This information is not made publicly available by either the Bangladesh Bank or the associations (BGMEA and BKMEA). Without proper monitoring of the use and management of the stimulus funds, corrupt practices and growth of distrust can take place (Sultan et al., 2020). The social protection scheme for unemployed workers has put into place a committee for evaluation and monitoring with external members (though not a trade union but donor representatives). The first financial stimulus package for export industries, however, did not have such a provision. Another shortfall in the implementation of the packages is the lack of

accountability mechanisms for the implementation of these schemes. Mechanisms of accountability (including independent oversight by trade unions and workers' associations) are needed to ensure that workers get the protections due to them in policy during crises like these (Moazzem, 2021).

On the positive side, we can see that the government made good progress in terms of coordinating demands from owners and workers with regard to cancelled orders. This is an important breakthrough in how Bangladesh addresses the supply chain issues higher up the chain. There is a need to consolidate that progress and keep highlighting and working on workers' and owners' shared concerns and representing those to the transnational actors and foreign buyers' governments.

In view of the above, we make the following policy recommendations:

a) Protecting the most vulnerable

- The government's COVID-19 financial stimulus package for workers should target workers and factories who need it the most.
- RMG sector workers who will not be supported by the government financial stimulus package for the export sector workers, who will have lost their jobs due to the COVID-19 fallout, and who are not being reached should be supported by livelihood support programs.
- Establishment and maintenance of minimum standards for social protection following the ILO standards, including unemployment, employment injury, and medical insurances are needed. It should include all stakeholders and be a part of the National Social Security Strategy (NSSS). Responsibilities should be shared between employers, the government, and brands/buyers.

b) Strengthening the oversight role of the government

- Strengthening the mandate and capacity of government agencies to promote and protect the rights of workers (e.g., DoL and DIFE) to protect them from arbitrary layoffs and terminations and ensure that full wages are paid timely through transparent mechanisms is crucial.

c) Increasing transparency and accountability

- In view of the lack of transparency on the allocation of the financial stimulus packages and lack of mutual trust between employers and workers, various transparency and accountability mechanisms should be put in place, such as public disclosure of information (e.g., through fortnightly reports) regarding the

number and identities of recipient factories and workers, and disbursements made by the Bangladesh Bank and other banks to MoLE and trade associations; a web portal may be set up by BGMEA to publicly provide information on wage disbursements by factories, which would allow workers and trade unions to ask for necessary information if there are any disputes by uploading their relevant documents; and establishing an effective monitoring mechanism for utilization of stimulus packages.

d) Revitalizing collective representation

- Workers' organizations should be strengthened to be representative, democratic, and accountable to members and build strong networkers and effective negotiators.
- Strengthening of employers' associations is needed to make them more representative, democratic, accountable to members, and effective negotiators at national and international levels.

Chapter VIII: Ethnography of Urban Governance from Below: A Case of COVID-19 Response of a Low-Income Urban Community in Bangladesh

Shahaduz Zaman, Faruq Hossain, and Imran Matin

1. Introduction

It was argued that the COVID-19 crisis was likely to have disproportionately damaging effects on members of low-income urban communities, particularly those in low- and middle-income countries where precarious living and livelihood conditions were predicted to cause higher transmissibility of the disease and higher case fatalities compared to other urban residents. Bangladeshi media also reported these members' ignorance of and non-compliance to the health directives and indifference to the pandemic and portrayed them as potential sources of the disease for the entire city. However, though COVID-19 cases and deaths in different clusters of Bangladesh were increasing rapidly for the most part of 2020, surprisingly, very few cases were reported in the low-income urban communities. A systematic COVID-19 test in Korail—the largest informal settlement in Bangladesh—found a lower infection rate than those of other parts of the city. While the epidemiological puzzle of the low incidence of COVID-19 in low-income urban communities remains unsolved, an ethnography in Korail reveals how, in the context of indifference from the state, the members of this community themselves initiated several robust medical and non-medical measures to tackle the pandemic. Whether these measures had any impact on COVID-19 is beyond the scope and interest of the ethnography. Rather, this chapter reveals how members of low-income urban communities demonstrate collective agency and the power of community governance from below through informal and adaptive responses to a crisis. We understand these community initiatives by the urban poor as what Bayat (2013) calls “quiet encroachment” or “non-movement,” referring to the collective actions of non-collective actors.

Although initially, most COVID-19 infections occurred in the Global North, the pandemic eventually reached the Global South. Cities have been the epicentres of the COVID-19 pandemic, both in terms of epidemiology and economics (Bai et al., 2020). Within the cities in

the Global South, informal urban settlements were identified as the potential hotspots of Coronavirus transmission and vulnerability (World Bank, 2020). These settlements are characterized by “insecure residential status, poor structural quality of housing, overcrowding, and inadequate access to safe water, sanitation, and other infrastructure” (UN Habitat, 2003). It is estimated that about one billion people worldwide currently live in low-income urban communities (UN Habitat, 2020). Due to the physical, structural, and social aspects of the environment of these communities, preventative measures like handwashing, self-isolation, and physical distancing are not feasible. It was, therefore, argued that the COVID-19 crisis was likely to have disproportionately damaging effects on those living in low-income urban communities, compared to other urban residents; particularly in low- and middle-income countries, it was predicted that higher transmissibility of the disease would cause higher infection-to-case ratios and higher case fatalities in low-income urban communities (Dehad et al., 2020; Jason et al., 2020).

The health challenges facing low-income urban communities are not new, but during a pandemic like COVID-19, they demand attention more urgently than ever (World Bank, 2020). The pandemic has clearly highlighted the knowledge gap about life, the living conditions of low-income urban communities in particular, and urban poverty in general (Friesen & Pelz, 2020). The authors have discussed the coordination challenges between the state and non-state actors in relation to low-income urban community governance in a normal situation, and the challenges appeared to be intensified during the pandemic. The relationship between informal urban settlements and the state is complex (Bhan, 2017), adversarial, and constantly shifting (Datta, 2012). The informal urban settlements were particularly vulnerable during the pandemic because of the high probability of weak compliance and enforcement in the context of challenging governability of the informal urban spaces. Inquiring the governance narrative of a Bangladeshi low-income urban community during the pandemic, therefore, becomes particularly relevant.

The first COVID-19 case in Bangladesh was recorded on 8 March 2020. So far, Dhaka, the capital of Bangladesh, has the highest number of Coronavirus positive cases in the country. It is estimated that over five million living in low-income urban communities are located in Dhaka alone (UNICEF, 2020). As the number of COVID-19 cases started to rise during April–May, the media started expressing concerns about the high-risk population of informal urban communities (Alam, 2020; Antara, 2020). The media made grim speculations about infections in Korail, the largest low-income urban community in Dhaka (BBC, 2020). Korail took on a special significance, given its location at the centre of the elite residential settlements in Dhaka. The media highlighted the ignorance and indifference of Korail residents about the virus and reported how they disregard health and safety directives (Antara, 2020; Mithu, 2020). They were portrayed as a threat to the whole city—potential sources and transmitters of the disease.

However, though COVID-19 cases and deaths in different clusters of the country were increasing rapidly, surprisingly, very few cases were reported in the informal urban

settlements of Dhaka. Although the lack of testing has been cited as an explanation by many, a systematic COVID-19 test in Korail in June found that the infection rate was only 6%, which was lower than the rates in other parts of the city (icddr,b, 2020).

The absence of a shocking number of positive cases or deaths in Korail, the most densely populated informal urban community in the country, generated curiosity and became a talk of the town. Many print and digital media started to publish stories to unpack the mystery. Newspaper headlines like “Slums of Dhaka: where COVID is curiously quiet” (Mollah & Islam, 2020) and “Dhaka’s slums in the dark about COVID-19” (Antara, 2020) were common. Various expert and lay explanations were put forward; for example, people living in these communities had a better immunity system or were receiving special blessings from God (Tajmim & Sajid, 2020). All “explanations” of this “phenomenon” treated the low-income urban communities as passive spaces and the residents as “epidemiological curiosity” and economic victims of the pandemic. However, no systematic investigation was made to understand this phenomenon in Bangladesh in the context of COVID-19 from the perspectives of the people living in these spaces and their life experiences.

Given this background, we initiated an exploratory study to unpack the COVID-19 story from the perspective of Korail residents. The main aim of the study was to find out the narratives of how members of the informal urban communities themselves understood and dealt with the COVID-19 situation. To investigate the question, we took an ethnographic approach and explored the issues from within the world of the people living in low-income urban communities. Specifically, the study aimed to explore the local narratives of COVID-19 among the Korail residents to understand their lived experience during the pandemic, identify the home-grown interventions they took against the pandemic, and, finally, understand the community governance mechanism applied in tackling the crisis.

2. Method: Ethnography in Korail Slum

Consisting of around 14,000 households, Korail is the largest low-income urban community in Dhaka and home to almost 250,000 people on 99 acres of land (BBS, 2014). There is a dispute over the ownership of the land of Korail between private citizens and two government organizations—the Public Works Department (PWD) and the Bangladesh Telecommunications Company Limited (BTCL) (Sinthia, 2020). As most of the inhabitants at Korail live on disputed land, they have constant anxiety of eviction. The majority of the Korail residents are involved in different informal economic sectors, working as domestic workers, rickshaw/van pullers, street hawkers, and garment workers, for example. A good number of NGOs, and national and international organizations have been providing services, including microfinance, health, and education, to the community.

The study took an ethnographic approach, which relies on researchers participating in the research setting, interacting with and observing the people being studied, seeking to document

the patterns of social interaction and the perspectives of participants, and understanding the findings in their contexts (Hammersley & Atkinson, 2019). Two researchers trained in anthropology and two “peer researchers” from the informal urban community were recruited to collect data from Korail. Data were collected during August–November 2020, when COVID-related lockdown was lifted, and life in the informal urban community was back to normal.

Peer research is a participatory research technique through which people with the life experience of the studied community participate in and facilitate the research. Peer researchers contribute to the research process in many ways—through articulating their experiences, linking researchers with the communities, gathering data from first-hand experiences, and establishing better access to the communities (Salway et al., 2015). The peer researchers were trained on qualitative data collection and were involved in data collection alongside the ethnographers. Bhide (2020) argued that a key attribute of the knowledge of informal settlements is that it is highly extractive in nature, collected and owned by outsiders. He quoted Appadurai (2006), who asserts that a “right to research” is a part of an essential repertoire of rights in an era of globalization, and the right is essential to counter official knowledge and assert alternate dimensions of realities. Engaging the peer researchers was an attempt from our side to address this concern.

The researchers conducted non-participatory observations of the everyday life in the low-income urban community, in-depth interviews—24 in total—with a cross-section of people of the community, and KIIs—10 in total—with local leaders, traditional healers, health service providers, drug sellers, religious leaders, and people involved in burial activities in the community. Problem ranking, a participatory rapid appraisal (PRA) tool, was conducted with the respondents; the participants listed down the problems they faced and ranked them according to the priority level (Keller, 1998). This exercise helped us understand the problem prioritization of the members of the low-income urban community. We also conducted a stakeholder mapping to find out the key actors within and around Korail who played crucial roles during the pandemic. Furthermore, several opportunistic informal group discussions were conducted to explore people’s perceptions of the pandemic and the role those different stakeholders played during the outbreak. One unique data source was the peer reviewers’ lockdown diaries.

In this chapter, we present the narrative stories of COVID-19 from the perspective of the members of the low-income urban community; employment through their stories can provide access to the world in question (Maynard-Moody & Musheno, 2003). We conclude with our interpretation of the narrative.

3. Perspectives of the Residents of the Low-Income Urban Settlement About and Experience With COVID-19

“We have no time for Corona”

In August 2020, during the data collection period of this study, COVID-19 was still a global and national crisis. We wanted to understand how the crisis featured in everyday life of the Korail residents. As a part of the problem ranking exercise, we asked them to list and rank five major problems they were facing in their lives. Participatory processes are built on the idea of a multiplicity of worldviews on any given problem, as problem situations are a matter of perspective and interpretation (Chanrda, 2014); thus, identifying and ranking the problems by the Korail residents themselves would provide useful insights into the relative importance of COVID-19 to them and how it manifests in their everyday lives. Interestingly, no one listed COVID-19 as a problem in the exercise. The following responses illustrate their sentiments:

“We live with numerous problems; Coronavirus is not a concern for us, hunger is.”⁶⁶

The residents of low-income urban settlements tend to sweat a lot because they work hard, do physical labour, and live in hot/warm tin-shed rooms. Many respondents thought that all kinds of germs are discharged through their sweat, and thus COVID-19 cannot attack them.

They also thought that the pandemic was Allah’s *gozob* (a curse given by Allah), mainly towards the rich. They thought Allah sent it to the earth to demolish the corrupt people. One respondent said, “Only sinners or miscreants have been infected with COVID-19. I did not see any imam or true social worker die of COVID-19. But many political leaders and extremely rich people have.”

As Figure 48 illustrates, in August, the Korail residents did not perceive COVID-19 as a priority problem in their own world. They were more concerned about their livelihood and various other non-health issues. The top problems mentioned by most were fire hazards, fear of eviction, drug addiction, lack of secondary schools, and unemployment. Although there are variations in response according to different categories of respondents, everyone listed fire hazards and unemployment as their priority problems. Though COVID-19 did not feature as a priority problem, the participants, however, noted that the problem of unemployment had a strong connection with the pandemic. Most of these people had lost their jobs due to COVID-19, and there was a high chance of them not receiving any employment soon. These findings are consistent with the findings of another livelihoods survey, which found that the average per

⁶⁶ Interview, tea seller (male), Korail, 12 October 2020.

capita income in June in low-income urban communities was almost half that of February (Rahman et al., 2020).

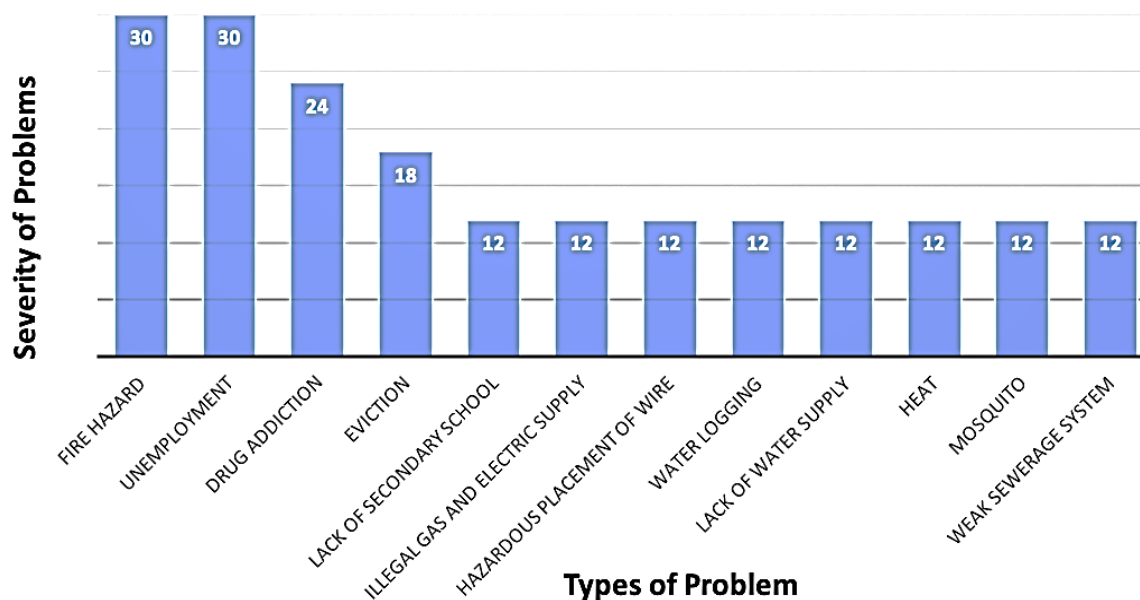


Figure 48: Problems Faced by Residents of Korail

Several reasons were mentioned for not considering COVID-19 as a serious problem; not seeing or knowing any COVID-19 patient around was one of them.

“How can COVID-19 be a problem for me when I have never seen a COVID-19 patient around me? I do not even know what it is and how to manage it. We are more worried about our problems related to eviction, illegal gas lines, job insecurity, and so on.”⁶⁷

Some had the view that since this pandemic was affecting the whole world, there were plenty of other people to worry about it. The residents of the low-income settlement had to go out every day to earn their living; hence, worrying about the pandemic was not an option for them.

⁶⁷ Interview, garment worker (female), Korail, 11 October 2020.

“If we consider it a problem, we have to stay at home, which will create a food crisis; but we have to go out for work, as most of our work is outside the slum.”⁶⁸

A few respondents believed that people who were stressed and had poor mental health were more likely to be infected by the virus. They believed that most rich people had ill-gotten wealth and that it took a lot of mental stress to hold onto it. Thus, they opined, rich people were more likely to be infected.

“We do not have a huge amount of money like the rich. So, we have no fear because those who have more money have more fear.”⁶⁹

The temporality of the Pandemic in Korail

It is important to note that although during data collection in August 2020, the Korail residents did not explicitly consider COVID-19 as a problem, the retrospective narrative reveals that they were panicked and considered it as a major problem at the beginning of the pandemic. Accordingly, they took several systematic and robust interventions within their community to control the crisis. The perspective and narratives on the pandemic changed over time. We elaborate on the changing scenario of Korail into different phases.

3.1. Phase One: Panic and Perplexity

The Korail residents started to worry when the first case of COVID-19 in Bangladesh was reported in Dhaka on 8 March 2020. After the government’s announcement of a nationwide lockdown, the situation of the community became worse with the massive job loss and shutting down of businesses (Rahman et al., 2020). Fear of COVID-19 turned the busy, noisy community into an unprecedentedly quiet space. The fear at that time was expressed by a respondent:

“At the beginning of the pandemic, we were all trembling in fear like a bachcha kobutor [baby pigeon]. Everyone in Korail, men, women, all alike.”⁷⁰

The unexpected and sudden changes in the city due to COVID-19 left the community members in panic—as most of them were day labourers or small business owners—and eventually without a job. The increasing fear of COVID-19 and economic hardship even led many to leave the settlement for their village homes. One of the respondents stated,

⁶⁸ Informal discussion, rickshaw puller (male), Korail, 4 October 2020.

⁶⁹ Interview, street hawker (male), Korail, 4 October 2020.

⁷⁰ Interview, garment worker (female), Korail, 11 October 2020.

“I worked in an office of Walton company. After the announcement of the lockdown, I lost my job, which made my future uncertain. I also worried about my house rental business as many were leaving the slum due to the fear of COVID-19. I asked the tenants not to leave the slum and assured them that I would stay beside them in any adverse situation.”⁷¹

The uncertainty at the initial phase of the pandemic and lack of information and direction left them confused. Many decided to save their lives by stocking as much food as they could afford. According to the Korail residents, people stocked rice, lentil, potatoes, and onions.

Their confusion and the lack of proper guidance led them to seek whatever advice they could get from various sources without verification. They started to follow what they were told or asked by their peers and relatives and tried to get instructions from different informal sources like personal connections, social media, religious leaders, emigrants, and so on. Rumours about secret Coronavirus prevention measures also spread fast in the community. A female respondent mentioned such a rumour:

“I came to know from my aunt, who lives in Cumilla (distract near Dhaka), that strands of hair and beard of our Prophet (SW) can be found in the Holy Quran, and if people drink water infused with these hair and beard strands, COVID-19 will not attack them. Some of us found hair in their Quran and drank the infused water. Neighbours would collect them from houses that found them. We continued doing this for a few days till we realized that it was a rumour because the Prophet (SW) died long ago, and finding his hair/beard in the Quran would be impossible. Maybe it was the hair of the person who was reading the Quran.”⁷²

For the first few weeks of the lockdown, the Korail was in a state of standstill. People could hardly see any role of the local leaders and administrators of the community, who were reportedly stunned by the extraordinary situation and remained silent. Various NGOs that were operating in the community closed their regular activities. There were also no interventions from the government. People were frightened, aimless, and disorganized. One respondent said,

“When the lockdown was imposed, we had nobody to give us directions. We did not see any slum leader or NGO worker providing any guidance or instruction, as if they were hiding in a cave, like a snake in winter.”⁷³

⁷¹ Interview, community leader, Korail, 15 October 2020.

⁷² Interview, student (female), Korail, 13 October 2020.

⁷³ Interview, street hawker (female), Korail, 12 October 2020.

3.2. Phase Two: Private Initiatives at the Individual and Household Levels

After the initial puzzlement, the Korail residents started to take various initiatives at the individual and household levels to protect themselves from COVID-19 from the first week of April 2020. Their initiatives could be categorized as follows:

▪ Washing and Cleaning

People started to follow the safety rules that were circulated through various visual and social media. They washed their hands with soap and detergent and started using face masks whenever they went outside of the home. Selling face masks suddenly became a new business in Korail. One respondent said,

“I am a street hawker. I used to make different types of bags with different materials like modified leather, polythene, and white paper and sell them on the streets. When the government imposed the lockdown, I observed a huge demand for face masks in the slum. I immediately decided to change my business and started making face masks with simple clothes. It costs BDT 10 to make a mask, and I sold it at BDT 20–25.”⁷⁴

▪ Home Remedies

Most respondents stated that drinking several cups of tea with ginger and hot water became a norm in the community during the pandemic, believing that it would kill the virus. One school-going boy stated,

“During the pandemic, I suffered from a cold; thinking that it would prevent COVID-19, my mother forcefully made me drink ginger and lemon tea daily until I fully recovered.”⁷⁵

Thankuni pata (Centella asiatica), a herbal leaf believed to prevent COVID-19, became popular at the beginning of the lockdown. Most of the respondents mentioned that there was a huge demand for this herb during the lockdown. People started collecting and buying it from different parts of the city at high rates. One of the respondents said,

“One day [at the beginning of the Coronavirus pandemic in Bangladesh] I found that people in the slum were rushing to collect thankuni leaves. When I

⁷⁴ Interview, street hawker (female), Korail, 12 October 2020.

⁷⁵ Interview, student (female), Korail, 21 October 2020.

reached home, my mother told me that she collected a few leaves for BDT 30, and she fed me some of the leaves to prevent Coronavirus.”⁷⁶

▪ **Homoeopathic Medicine**

People believed that homoeopathic medicines had a special power in preventing COVID-19. A particular medicine called Arsenica Album 30 became popular. The homoeopathic drug sellers mentioned that the sale of this medicine had increased unusually. This medicine was massively distributed throughout Korail at a later stage, which will be explained shortly.

▪ **Allopathic Medicine**

In addition to home remedies and homoeopathic medicine, people in Korail also took various allopathic medicines to protect themselves from the Coronavirus. Respondents said they got the idea from social media and local pharmacies that certain allopathic medicines could prevent the disease. Among those were a few analgesics and antibiotics. Many pharmacy owners informed that their medicine sales increased unexpectedly during the pandemic.

One medicine shop in Korail became popular during the initial days of the pandemic. There was gossip that the owner of the pharmacy and his wife were tested positive and recovered without going to a hospital. Residents of Korail thought that, as they did not have to go to a doctor, they must have had some special knowledge about Coronavirus treatment. As a result, people were in a rush to buy medicine from this pharmacy. They tried to collect the medicine from this shop both physically and over the phone.

In some cases, people reserved these medicines at home so that they could use them immediately when they had Coronavirus symptoms. Many house owners, on their own initiative, collected these medicines and distributed them among their tenants. It is because any tenant having the virus would spread the disease among other tenants as well as the owners, risking the loss of rental business. One of the respondents said,

“At the beginning of the Coronavirus pandemic, I purchased a good amount of medicine for BDT 300 for normal fever, cold, and cough and preserved them at my home. I told all my tenants to take medicine from my home instead of going to a pharmacy or hospital if they had these symptoms.”⁷⁷

⁷⁶ Interview, student (male), Korail, 12 November 2020.

⁷⁷ Informal discussion, house owner, Korail, 23 October 2020.

▪ **Spiritual Measure**

Several respondents said they had conducted various religious and spiritual activities to get blessings from Allah to survive during the pandemic. People performed religious activities—reciting the Quran and fasting, for example—more than before. One respondent said, “My father never performed fasting, but this time he performed it due to the pandemic.” In the Korail community, there are a good number of followers of Dewanbagi, a particular spiritual leader or *pir*. During the pandemic, as per the instruction of Dewanbagi, his followers performed *Morakaba* (meditation sessions) to get rid of the Coronavirus. In Korail, there are also followers of another *pir* called Lengta Baba, who instructed his followers to feed people a special food made of a certain amount of rice, lentil, and potatoes for preventing the virus; many of his followers performed this particular ritual.

3.3. Phase Three: Initiation of Community Interventions

Although there was a leadership crisis in Korail at the beginning of the pandemic, the local leaders took the first community initiatives from the second week of April 2020.

Korail consists of two wards of DNCC, Ward 19 and Ward 20. The ward councillors are powerful leaders linked with the ruling party, who have a strong hold on Korail. The greater part of Korail is located under Ward 20, which allows the councillor of this ward to be more active in the community. The councillor of Ward 20 is considered the most powerful leader in the community. He lives outside of Korail but maintains his power through his nominated informal leaders. The settlement is also divided into different units, and each unit has a separate sub-committee comprised of and led by Korail residents. These unit-level informal leaders are monitored and supervised by the ward councillors.

There are also two *unnayan* (development) committees in Korail, one in Jamaibazar and the other in Bow Bazar. These are voluntary committees authorized by the Social Welfare Department of the government. In addition, there are also various informal social and religious committees in the community, like the *bazar* (market) committee, *masjid* (mosque) committee, school committee, and NGO-led voluntary committees. These committees are composed of people from Korail with different socio-political backgrounds; most are operated and maintained by the local leaders who have some form of connection with the ruling party. Most of these leaders also run different businesses in the community, for example, renting houses, supplying water, and providing illegal gas services. The informal leaders, in collaboration with the ward commissioners, control various activities within the community. The local leaders also have close links with multiple MPs and the police administration.

The initial initiatives were taken by the informal leaders of Korail. In early April, they had informal consultation among themselves and concluded that they had to act. One informal leader said,

“Though I am a slum leader, I stayed inside my home for the first few days of the lockdown as I was afraid of COVID-19, and this was the common pattern of slum life. After some time, I thought to myself that things could not continue like this. I started to contact other slum leaders of different blocks over the phone and decided to work from our own position to save the slum. As a part of this, we formed different volunteer groups.”⁷⁸

They mobilized volunteering teams of community members, especially the youth, who were eager to do something to save the community from the pandemic. As a first step, they organized a mission to clean the area; they started to clean all the allies of Korail with detergent water. After a week or so, the ward commissioner got involved; he had meetings with the informal leaders of Korail and came up with a more structured approach to pandemic prevention activities in the community. He formed a volunteering committee for central disaster and pandemic management and divided Korail into 13 blocks.

The blocks had their own committees, each consisting of five members from the previous informal volunteering teams—people from Korail who are socially, religiously, and politically influential. Each five-member committee subsequently appointed a team of 30 volunteers from the respective block. The team consisted of youths, members of the community development committee, members of the political party, and a few NGO workers working in the community. Essentially, any work that was done to tackle the pandemic was operated by the block-level committees.

There were also some groups led by enthusiastic students. Later, various external agencies also initiated different interventions in the community. However, they did it mainly through the residents and local informal leaders of Korail.

Following are some of the interventions taken by these committees and groups at this stage:

- **Cleaning the Community**

Under the supervision of the block-level committees, led by the informal community leaders, young volunteers, using buckets, began cleaning the community with bleaching powder and other disinfectants. They had no spray machine or PPEs at that moment. The community financially contributed to creating a fund for buying bleaching powder. Later they received spray machines and PPEs from external agencies. In this regard, one respondent said,

“At the beginning of the lockdown, we initiated a slum cleaning operation and sprayed every corner of the slum with bleaching powder in a way that there

⁷⁸ Interview, community leader, Korail, 4 October 2020.

were streams of powder on the lane (alley), and all the lanes were so clean that you could sit and have your meal there.”⁷⁹

To save their homes, a group of house owners created a common fund and sprayed insecticide on surfaces that could be touched near their homestead. Many house owners provided soap, with their own initiative, to their tenants for using in the toilet. Some local youth created a charity organization named Manobotar Jonno Amra (We Are for the People), through which they played an important role in the cleaning mission of the community. They raised a considerable amount of funds through Facebook to buy cleaning materials.

▪ **Restricting Mobility**

The central Coronavirus prevention committee closed the four main gates of Korail with barricades made of bamboo and wooden benches. They monitored the entry and exit of the area. During the lockdown, they did not allow people from Korail to go outside or outsiders to enter. The young volunteers played a role in controlling the mobility. Inter-block movement was also restricted, and all the blocks and alleys were blocked with bamboo gates. One peer researcher’s diary entry describes,

“I went to take a book from my friend who lives in a nearby block, but I couldn’t go there. There were a few people with sticks in hand in front of the gate, who scared me, and thus I returned home.”⁸⁰

Many house owners wrote their phone numbers on the door to reduce physical contact and encourage people to contact over the phone.

Except for the pharmacies, all other shops were open only for a limited time. Volunteers also delivered safety messages by hand mikes.

▪ **Controlling Public Gatherings**

To reduce public gatherings, different actions were initiated. Although tea stalls were open for a limited time, the community volunteers, in coordination with the local leaders, ensured that the shop owners removed the televisions from the shops to avoid social gatherings. They also ensured that no table, chair, or bench remained around the shop that would allow the customer to sit and spend time. A female tea seller stated, “Two or three weeks into the lockdown, I opened my tea shop without television and benches and started selling tea in disposable cups, which became quite popular.”

⁷⁹ Interview, student/volunteer, Korail, 18 October 2020.

⁸⁰ Diary of a peer researcher, Korail, 2020.

The young volunteers also shopped for community members, especially for the elderly people, so that they could stay at home.

▪ **Handwashing Stations**

A low-income urban community leader, who had a decoration business, installed four handwashing stations with soap in different corners of the slum. He said,

“Local ward councillors with whom I have close relations told me to do something for the slum dwellers, for which people would remember me for a long time. Inspired by his words, instead of giving cash, I decided to install sinks at different points of the slum so that people could use them to wash their hands easily.”⁸¹

In many cases, buckets of water mixed with soap or detergent were kept in front of the household by the volunteers, and people used it whenever they came back from outside.

▪ **Self-Isolation**

If anyone in Korail were identified with Coronavirus symptoms, community monitoring groups would send the person to isolation in their homes, and the entire lane in question would be locked down. If the symptoms did not go away within a few days, the patient was sent for testing. Local community leaders also provided food supplies to the affected households.

From 20 April onwards, various external agencies got involved in supporting Korail residents in various forms as follows:

▪ **Donation of Food and Cash**

Relief activities, distribution of both food and non-food items as well as cash by multiple government institutions and NGOs started mainly from mid-April and continued till June 2020. Initially, Korail residents used their social, political, and personal connections and social media to get relief from different agencies. One local leader explained how he mobilized government resources and even managed to speak to the PM. He narrated,

“I posted a message on Facebook, mentioning that the slum people were out of work for several weeks, and they desperately needed food. Noticing the message, the local MP called me over the phone and promised to give us 200 tons of rice, which he did, but it was not enough for the entire slum. After a few days, I contacted Sayma Wazed Putul, the daughter of the PM, for helping the

⁸¹ Informal discussion, businessman, Korail, 22 October 2020.

slum dwellers. I got to know her through working on a project she carried out. On that night, I was astonished to get a phone call from our PM. I was overwhelmed because I never expected that the PM would call me. During the conversation, she assured me that she would help us and told me to visit the Department of Disaster Management (DDM) of the government located at Mohakhali. We visited the office, and within a few days, we got a large amount of rice [2,000 tons].”⁸²

Although that relief was helpful for Korail residents, there was no ongoing relief from the government. From mid-April 2020, some other organizations/stakeholders, including a few NGOs like BRAC and Dushtho Shastho Kendro (DSK) as well as the Bangabandhu Sheikh Mujib Medical University (BSMMU), a medical university in Bangladesh, provided cash and food support. Several other individual and group donations, in cash and kind, were made as well, managed and distributed by local volunteer groups.

▪ **Handwashing Stations**

In addition to the four handwashing stations already provided by a local leader, the DSK and the United Nations Development Program (UNDP) installed 7 and 42 handwashing stations, respectively, in different parts of Korail. According to residents, there were enough handwashing devices in the community for washing hands easily; even children used to wash their hands as a form of playing.

▪ **Poster and Banner Display**

Different posters and banners were found in the public spaces in Korail for mass awareness-raising on COVID-19. These materials were provided by various voluntary organizations, NGOs, as well as different ministries/departments of the government. These posters/banners included different text-based and pictorial messages to reach different types of people in the community. Similar leaflets were also distributed among the inhabitants.

▪ **Mass Distribution of Arsenica Album 30**

Mentioned earlier, a homoeopathic medicine called Arsenica Album 30 became popular in Korail during the pandemic for its perceived capacity to prevent the Coronavirus. At one point, the ward councillors took an initiative for mass distribution of this medicine. Around 60,000 bottles of Arsenica Album 30 were distributed in Korail. This was done in coordination with Khukumoni Foundation, an NGO working for the development of disadvantaged children and youth in Bangladesh since 2016. The foundation has an advisory committee member—a

⁸² Interview, community leader (male), Korail, 4 October 2020.

homoeopathic doctor who lives in Germany and is also known to the Korail Commissioner. The doctor informed the foundation that Arsenica Album 30 is being prescribed in different parts of the world, including Germany, during the COVID-19 pandemic to increase immunity. Along with the foundation's executive body and the ward councillors, he decided to supply the medicine for the Korail residents. Accordingly, the foundation collected Arsenica Album 30 from different sources and distributed it in the community for free of cost.

▪ **Police Patrolling**

Respondents mentioned that police patrolling in Korail increased during the lockdown period. The police monitored whether people were adhering to the health and safety measures advised by the government. Usually, they patrolled in cars and asked people to follow the safety measures and lockdown rules. Along with patrolling, police arrested or chased those who disobeyed the government directives and continued their business. Police also helped the initiative of local leaders to remove televisions from tea stalls to reduce mass gatherings. Young community volunteers were also active and played an important role in enforcing the lockdown. One respondent said, "A few young people would inform the police if they found any shops continuing their business ignoring lockdown. Following the news, police would go to the spot to close the shop/business." However, it is worth mentioning that the police were found more active during the early days of the lockdown but reduced their activity when the members of the police were being increasingly infected across the country.

▪ **Help With Personal Protection Materials and Cleaning**

Personal protection and hygiene materials were provided to the Korail residents by many local and international organizations. The materials included soap, detergent powder, face masks, and hand sanitizers. The respondents informed that every household in Korail got these materials, and many of them had more than what they needed. One respondent said, "People in the slum have got so much soap that they do not have to buy it for the next 5/6 months. And, if you go and check, you will also find at least 10–15 face masks in every household."

3.4. Phase Four: Coronavirus Testing in the Community

In May 2020, three campaigns for mass testing of COVID-19 took place in Korail. The first testing campaign was held jointly by IEDCR and icddr,b. The prevalence of COVID-19 in Korail was found to be 5.7% compared to 9.8% in Dhaka. It also found that 82% of the positive cases were asymptomatic (icddr,b, 2020). However, the results were not shared with the community formally. The respondents told us that some of the families were informed by the testing team members informally about a member being tested positive but did not receive any report or official document. The families who were informed that their members were tested positive

were surprised, as they were asymptomatic. The second testing campaign was held by the medical team of the Bangladesh Armed Forces. Results of these tests were neither published nor conveyed formally or informally to the community. Because of the high restriction in terms of access to the army information system, we could not find any further information about this COVID-19 testing.

People who were notified of being positive from the first test, conducted by icddr,b, had neither any symptoms nor received any formal reports. On the other hand, since the testing authority of the Bangladesh Army did not take any initiative like isolation or quarantining in the community, people at that point started to believe that they did not have any COVID-19 patients in the community, and they should resume their normal life. One respondent said, “If anyone was tested positive, the Army would definitely take some initiatives to ensure isolation/quarantining of that patient, but they did not do anything like that.” This is worth noting that we did not find any cases of death due to COVID-19 during the fieldwork.

The third round of testing initiative was taken by a private organization called JKG Health Care. With the permission of the MoHFW, they built a testing booth in Korail. However, after the testing done by icddr,b and the Army, Korail residents thought that they had enough and were not interested in any further COVID-19 testing. Intriguingly, the community leaders observed that people from different neighbouring areas were coming to the booth for testing. This was a concern for the leaders, as they thought if someone tested positive in this booth, they would be assumed to be from the Korail community even when they were not, which would not only be a problem for the image of the community but also interrupt their businesses. Finally, and most importantly, the JKG tests turned out to be a scam; they were found to be supplying false test results during the peak of the pandemic, and the head of this organization was arrested. Eventually, the local community leaders were able to exert enough pressure to close the JKG testing booth.

3.5. Phase Five: Changing Narratives of COVID-19 in the Community

The COVID-19 testing was a crucial turning point in the narrative about the pandemic in Korail. Very low incidence of infection, as identified in the tests, created a ground for an alternative narrative around the belief that there is no Coronavirus in Korail. The residents were already struggling with the hard choice between life and livelihood and were desperate to start their normal life. When they saw that none of the community members they knew were Coronavirus positive even after so much testing, it gave them a “scientific” and moral legitimacy to get back to a normal life, defying government directives. Furthermore, the community leaders took advantage of the test results and invited everyone else to continue their normal business and not to leave the community. From July 2020 onwards, Korail had a new narrative that it was immune to COVID-19. This is the time when people from the community completely came out of the panic and fear and resumed their normal activities. When we visited Korail in August,

Coronavirus was hardly a concern to them. They also rationalized their decision in several ways, as discussed at the beginning of the findings.

This is the phase when we did our fieldwork in Korail and came across a narrative which is quite different than it was at the beginning. As one of our respondents (a rickshaw puller) said, “We eat morsels of rice and wipe our hands on our *lungi* as we rush back to work. We have no time to take Coronavirus into account.”

4. Discussion

Korail, in the context of COVID-19, remains a “paradox” for public health experts and media professionals. It was assumed that due to the precarious living conditions and precarity of livelihoods, low-income urban communities would be severely affected by the pandemic in terms of Coronavirus cases and mortality. The media also portrayed people living in such spaces as potential sources and transmitters of the disease not only for the inhabitants of the informal settlements but also for the entire city because of their ignorance and non-compliance to the health directives and indifference to the pandemic. Such behavioural traits, it was perceived, will only be flared by the economic impact of the lockdown on the members of these communities, who may then be compelled to move out of the informal settlements for livelihoods, creating further infection risk. Indeed, Rahman et al. (2020) found that, by April, the average income in low-income urban communities in Bangladesh was 75% lower than that of February, much worse than in rural areas.

Reality proved to be different. To everyone’s surprise, no alarming number of positive cases were reported in Korail, and the death register did not record any increased mortality. However, a dearth of information and lack of testing have been cited as explanations by many. While the epidemiological puzzle and the information politics are important to investigate, the focus of our study was mainly to unpack the narratives of the COVID-19 from the perspectives of Korail residents.

A similar situation was observed in Dharavi, the largest informal settlement in India, where the case rate was very low, despite widespread speculations of a disastrous effect of the pandemic (Altstedter & Pandya, 2020). However, Dharavi has clear explanations driven by more formalized and visible responses. It is well documented that the local government of Mumbai played a strong role in controlling the infection in Dharavi. A number of timely and practical measures and policies, including testing, tracing, tracking, treatment, and isolation, with a properly coordinated implementation strategy, were taken by the local government to contain the transmission of the virus in the area (Altstedter & Panday, 2020). WHO acknowledged Dharavi as an example in controlling the virus despite having a number of challenges (Golechha, 2020).

The story of Korail, however, is different—the responses have been mainly informal, local, and adaptive—an interesting case study of collective agency and community governance from below. The study reveals that there is a temporal dimension of the narrative of COVID-19 among the Korail inhabitants. At the beginning of the pandemic, the people of Korail were panicked and perplexed like any other population group in the country. At that stage, they hardly received any support from the local authority or other state agents. The NGOs working in the community also stopped their activities. The local government representatives also disappeared from the scene. In the context of indifference from the state and non-state actors, the Korail residents themselves initiated several robust medical and non-medical measures to tackle the disease, mainly at the personal and household levels initially and later in the community.

A couple of weeks after the initial shock, the local government got involved in activities already started by the inhabitants to control the pandemic. In collaboration with the informal leaders of Korail and the community people, the local government took various organized and systematic interventions at the community level. The involvement of the community leaders was also motivated by their own interests in running the rental business as well as maintaining power and influence within the community. Gradually, partial support from the government, NGOs, and other external agencies in the form of relief also began. They provided support remotely, and it was the residents themselves who had the main control over the intervention efforts and, the volunteers managed the distribution of the external reliefs. These self-built informal committees, in fact, made it easier for the external agencies to execute their actions in time.

At one point, the narrative of panic and concern about COVID-19 turned into a narrative of denial and unimportance, as a number of official COVID-19 testing in the community did not find any upsetting results. The community developed a sense of immunity against the diseases. It also coincided with the stage when they were desperate to return to their livelihoods. It gave them the confidence to ignore all protective measures of COVID-19.

A positive narrative of Korail would have a positive impact on the economy of the community. Thus, the leaders of Korail, with their private economic interest primarily tied to the rental business, also had a vested interest in this narrative. Rahman et al. (2020) found a growing trend of people moving out of low-income urban communities to their villages between March and July; the inflexibility of rent expense in the context of a massive decline of overall income seemed to be the main push behind this trend. Given the importance of rental business for the local leaders, their active role in organizing the governance from below during this crisis is understandable.

Both local leaders and the dwellers of Korail followed the narrative of acceptance of COVID-19 and dealt with it according to their understanding and reality. Lora-Wainwright's (2017) idea of "resigned activism" may be relevant here; she observes the daily grind of living with industrial pollution in rural China and the varying forms of activism that develop in response, which she

terms as “resigned activism.” The author found that due to various complex, localized social and political realities, the villagers, feeling powerless, often came to accept pollution as part of the environment; their activism is tempered by their resignation. Lora-Wainwright uses the term “resigned activism” as a lens through which to view villagers’ perceptions and the resultant responses—diverse forms of environmental engagement, which range from picketing at the factory gate to quieter individual or family-oriented actions.

The scientific paradox of the low incidence of COVID-19 in Korail remains unresolved. Whether the interventions taken by the Korail residents made any impact on COVID-19 is also beyond the scope and interest of this study. What this study confirms is that people living in low-income urban communities are anything but ignorant, indifferent, or passive victims of the pandemic, as portrayed by the media. The study proves their agency, resistance, and activism.

It also reinforces the power of community governance, which can be defined as community-level management and decision-making that is undertaken with or on behalf of a community by a group of community stakeholders (Totikidis et al., 2005). The focus on “community,” rather than a corporation, organization, local government, or the public sector, is the distinguishing feature of community governance vis-a-vis the other forms of governance. Authors have discussed the value of community governance in relation to problems that cannot be handled either by individuals acting alone or by markets and governments (Bowles & Gintis, 2002).

We can understand these community initiatives by the urban poor as what Bayat (2013) calls “quiet encroachment” or “non-movement.” He argues, the urban grassroots are diverse in terms of income, status, occupation, and production relations; nevertheless, they share a common place of residence—community. Shared space and the needs associated with common property offer these people the possibility of “spatial solidarity” (Bayat, 2013). According to Bayat, in general, non-movement refers to the collective actions of non-collective actors; they embody shared practices of large numbers of ordinary people whose fragmented but similar activities trigger larger social change, even though these practices are rarely guided by an ideology or recognizable leaderships and organizations. Bayat maintains, “Third world states seem to be more tolerant to quiet encroachment than are those in the industrialized countries...The industrial states are by far better equipped with ideological, technological, and institutional apparatus to conduct surveillance of the population. In other words, people have more autonomy under the vulnerable and ‘soft states’ of the Global South than the advanced industrial countries, especially at the time of crisis” (Bayat, 2013).

Roy’s (2009) argument is also pertinent in this regard. While examining urban planning in India, she argues that it is not simply the state’s absence that fosters a tenacious informal sector but the state’s presence also.

“The state itself is a deeply informalized entity,” writes Roy. “While it has been often assumed that the modern state governs ... through technologies of visibility, I argue that regimes of urban governance also operate through an ‘unmapping’ of cities ... forms of deregulation and unmapping, that is,

informality, allow the state considerable territorialized flexibility to alter land use ... the state itself is a deeply informalized entity.”

The approach of state and local government towards informal settlements is generally characterized by a combination of patronage and neglect and insecurity and inequity (Dhande, 2020). Through the emic narrative of the COVID-19 pandemic from the residents of an urban informal settlement in Bangladesh, this study reveals this neglect and inequity in a crisis situation. It also encourages us to think about the relevance of governance from below through informality and community participation. We believe that such ethnographic insights can help design more grounded and contextualized responses to such a crisis. We argue that in complex governance, political, and institutional low-income urban settings, integrating the understanding of informality in designing crisis response can be promising.

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