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Inspiring Excellence

Centre for Peace and Justice

VOICES FROM THE MARGINS

BUILDING EVIDENCE FOR INCLUSIVE POLICY RESPONSES TO COVID-19 IN BANGLADESH

3rd Policy Brief

ABOUT THE RESEARCH

Over the course of the year 2021, the Centre for Peace and Justice, BRAC University (CPJ) conducted research to explore the perception of marginalised individuals about the policy responses to COVID-19 as enacted in Bangladesh. Through this exploration the research attempted to map the impacts of the policies on marginalised groups. The research was conducted through household panel surveys focused on three pre-identified disadvantaged groups namely (i) ethnic and religious minority communities, (ii) rural communities, (iii) and urban slum dwellers. Two groups, namely female headed households and households having persons with disability were considered as cross cutting groups. The sample size for each of these three groups were statistically representative. Data analysis was done for each of the three groups and then for the two sub-groups separately. An aggregate analysis for all the three groups was carried out to present overarching trends and findings.

The first round of survey was conducted in June 2021 (baseline survey), the second round in September 2021, and the third round was conducted in December 2021. A core set of questions was fixed across the different rounds of surveys to ensure comparison and tracking of the movement of key indicators.

POLICY CLINIC - AN INNOVATIVE PLATFORM FOR POLICY ANALYSIS

The results of the household panel surveys were then shared with a select panel of experts in an attempt to identify possible ways of crafting policies to ensure that the concerns of these marginalised groups are appropriately accounted for in future responses to emergencies of a similar nature. This initiative was dubbed the "Policy Clinic" and CPJ has conducted three rounds of this exercise. In each iteration of the "Policy Clinic", experts benefited from the data-loop available on our Dashboard, coupled with presentations from CPJ's research team to guide the conversation.

CPJ's "Policy Clinics" have been attended by policy makers, government officials, academics, professionals, as well as members from various networks and coalitions representing marginalised communities. This policy brief reflects the discussion of the Policy Clinic and provides specific recommendations as identified by the participants to the gaps in policy enactment and crafting in Bangladesh with regards to the pandemic.

OVERVIEW

As the pandemic subsided in 2021, restrictions have been lifted in varying degrees across the country. However, the impacts of the policies enacted to curb COVID-19 has been somewhat irreparable and largely disproportionate. Although numerous steps had be taken to ameliorate the pressures of the pandemic, those living in the fringes of society have still been further marginalised. The data collected depicts that broad-brush employment of ad-hoc policies has not catered to the nuanced needs of all individuals. Broadly, the need for inclusive policymaking and implementation is evidenced through the research, and the Policy Clinic exercises. Below, the policy brief outlines specific recommendations made by Policy Clinic participants in response to the data presented. Although some problems are systemic and continue to plague the population, this policy brief will instead focus on key issues that can be addressed through changes in central policy making practices.

Aid Distribution:

Policy Clinic members noted that there were concerns regarding the efficiency of aid distribution. It was suggested that aid distributed by the government often did not adequately reach the target recipients, or was either delivered multiple times to the same household, while some households were skipped over. This not only created a problem of trust between aid recipients and the government, but it also contributed to the further marginalisation of individuals. While understandably managing aid distribution to a large population often comes with administrative difficulties and problems surrounding transparency, it was suggested that a centralised distribution structure is somewhat detached from the community it purports to serve.

Recommendations:

- Aid distribution ought to be localised and administered through local public representatives or government officials. This addresses the concerns of detachment, by ensuring that those with in the community's sphere of interaction are at the helm of distribution services. Thus, garnering trust, and ensuring that aid is provided to the most marginalised, as identified by authorities closest to the problem. Localising and decentralising aid distribution services would also ensure that more individuals in remote locations are given access to aid services.

- Aid distribution should be managed by local representatives and leaders. This allows for greater and more effective accountability. It is significantly easier for aid recipients in remote locations or in rural communities to access the offices of local authorities to receive their aid as opposed to relying on a chain of communication, or having to interact with a central authority.

- ·Local Civil Society actors and government actors should share details about how and to whom aid is distributed. Sharing this information allows aid providers to ensure that no one receives the same form of support multiple times while others are left out. This optimises aid provision efforts and enhances efficiency.

- Surging food prices have forced many marginalised individuals to reduce their food consumption. Resources need to be allocated to subsidising food supplies across the country. This can be done by either allocating more money towards food subsidisation through the Trading Corporation Bangladesh (TCB), who are currently charged with distributing subsidised food to vulnerable communities, or by providing administrative or logistical support to the organisation or any other organisations with a similar mandate. A specific allocation can be made in the budget to support this programme.

Inclusion in the Policy making fabric:

One of the most salient points identified during the third Policy Clinic was the problem of a lack of inclusion. It was suggested that many individuals in the identified marginalised communities, particularly in remote locations and the hill tracts, often did not feel it was necessary to comply with restrictive policies, or act on the suggestions of authorities because the reasoning behind enacting the policies were not adequately explained to them. Further, it was suggested that as a result of a pre-existing perception of the government (broadly), individuals in such communities were susceptible to misinformation and disinformation. Contrarily, it seemed apparent that these communities were largely reliant on their local leadership and their methods of communications to receive and act on policy and information. To the same effect, these communities are also heavily reliant on local healthcare infrastructures for comprehensive and holistic health care. The lack of access to mental health facilities in remote communities was also flagged as a concern during the policy clinic, though this issue is more prominent in the qualitative analysis.

Recommendations:

- ·Local public representatives, including local government actors, community leaders, and even religious leaders, should be enabled and empowered to carry forward a cohesive message devised by the authorities. This would go a long way to ensuring that such messages and policies are received and acted upon by the community that puts faith in such leadership.

- ·Similarly, messages and information curated through local leadership is likely to be more nuanced, hence enhancing reception. Messages in culturally and linguistically different communities require special attention. Local leaders, who are more attuned to such cultural norms should be encouraged to participate in accurate and effective information and message craft, and its dissemination. This will make such information and message, more accessible to the population.

- ·Communities should be encouraged to regulate themselves, in correspondence and coherence with central authorities. Cooperation and coordination with local leaders in the enforcement of policy (particularly, policies pertaining to mobility restrictions and active health monitoring) is likely to make the administrative process of such policy easier and more nuanced. This not only allows a better understanding of the specific needs of local communities, but also ensures that policies enacted are actionable.

- ·Different communities often depicted different policy needs. Centrally administered policy that is crafted without nuanced localised knowledge is often unable to cater to such needs. Broad-brush approach to policy craft needs to be replaced with nuanced policy craft, informed by local community leaders, who are more familiar with local necessities.

- ·Further, sensitivities arise in terms of the perception of those receiving aid/support or messages. These sensitivities concern the cultural values of the target communities and the social aspects of their dignity, or the perception thereof. Provision of such support or the dissemination of such information or message needs to be culturally and socially sensitive. This consideration is best informed by individuals who are from the community.

- ·Technology and digital literacy are identified as one of the best means of equalisation. Ensuring access to technological support (like access to phone networks, internet and the equipment to utilise such network) will enhance the ability of individuals to not only access information, but also necessary goods and services, including schooling. This has short-term benefits, where, for example, individuals can rely on communication and information technology to support shifts in modes of operation for their businesses. This also has long-term benefits, for example, where education is not interrupted, hence ensuring better access to working opportunities further down the road.

- ·Hill District Councils of Rangamati, Bandarban, Khagrachhari, and Ministry of Chittagong Hill Tracts Affairs (MoCHTA), among other relevant governing bodies need to give special attention to ensure the inclusion for the students in remote areas (particularly the hill tract regions) through infrastructural means (for example scheduled public transportation for students to reduce travel costs and time, improved cell network for better coverage).

- ·Almost 90% of the respondents claimed to have suffered some form of psychological distress. However, most respondents did not receive the support or care needed to adequately address their suffering. The Non-Communicable Disease Control (NCDC) Cell of the Directorate General of Health Services (DGHS) has been working on establishing NCD Corners in all Upazila Health Centres. However, operationalising and mobilising them for mental health support to ensure the inclusion of the marginalised population in such specialised health service requires resource allocation. Such infrastructure needs to be acknowledged as a dire need of the said communities.

Disability Inclusion in Budget Allocation:

In an auxiliary conversation, particular concern was raised on the impacts of limited healthcare and support for persons with disabilities. Although not part of the direct quantitative evidence, this Faultline stemmed out in prominence in the qualitative discussions with the Policy Clinic attendees. Disability, being an aggravator of existing problems, needs to be catered to during pandemic situations when healthcare becomes even more scarce. During the period of lockdown, many disabled individuals lost access to the specialised healthcare they required – which in turn, left long-lasting impacts, aggravating their conditions. Additionally, healthcare access for patients with disabilities became significantly limited, as many did not have the means of either traveling to healthcare facilities safely or being provided specialised care at healthcare facilities while receiving treatments for other illnesses.

Recommendations:

- The previously assured increment in Social Safety Net Support for the persons with disabilities which is already belated compared to the proposed timeline is a concern for the welfare of the people of the said community. This demands an extensive dialogue in the upcoming budgetary discussions.

- A special allocation needs to be made in the healthcare budget to ensure that individuals with disabilities are specially catered. This would also provide the safety net to ensure that when resources are redirected to tackle concerns like the pandemic, persons with disabilities are not deprived of their necessary support structures.
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- Additional financial support needs to be provided through means of an allowance for those reliant on specialised care. This ensures that in the event support structures for persons with disabilities are dismantled, such individuals are able to allocate resources to mitigate or limit the impacts of loss of access to such care.

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Photograph Acknowledgement
Cover, page 2 and 6 phtographs- from Canva (free photo)

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Acknowledgement

UKaid from the British people

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SOCIAL SCIENCE RESEARCH FOR COVID-19 ACTION

Supported by the UK Foreign Commonwealth and Development Office (FCDO), the Covid Collective is based at the Institute of Development Studies (IDS). The Collective brings together the expertise of, UK and Southern based research partner organisations and offers a rapid social science research response to inform decision-making on some of the most pressing Covid-19 related development challenges.

This report was funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO) through the Covid Collective.