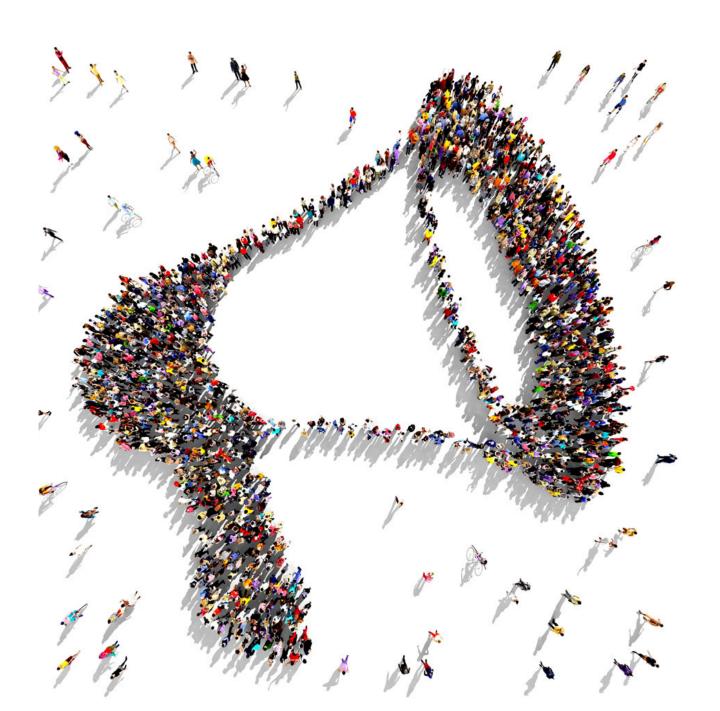


POLICY BRIEF

June, 2021

VOICES FROM THE MARGINS BUILDING EVIDENCE FOR INCLUSIVE POLICY RESPONSES TO COVID 19 IN BANGLADESH



SUMMARY

A targeted survey carried out by the Centre for Peace and Justice (CPJ), Brac University on marginalised communities in Bangladesh highlights the need for urgent policy responses to mitigate specific challenges posed by the Covid-19 Pandemic on lives and livelihoods. The survey solicited feedback from 1533 households from three categories of economically disadvantaged marginalised population namely – a) Rural Households, b) Urban Slum Dwellers, and c) Ethnic and religious minority communities. Poor female headed households and households having Persons with Disabilities were considered as two crosscutting groups. Topline findings from this survey include:

- Respondents from the marginalised communities have been severely impacted by the Pandemic in terms of loss in income, forced reduction in spending, depleting savings, and reduced food consumption. Rural households were found to be the hardest hit. Female headed households were the most affected from reduced food consumption. Education of the ethnic and religious minority family's school-going children was highly affected. There was a spike in domestic violence and child marriage.
- Multiple strategies were adopted to cope with the adverse effects of the Pandemic. Borrowing cash, changing place of residence, reducing food consumption, dipping into savings and taking up low paying jobs were the most quoted coping strategies.
- As on June 2021, more than one-fourth of the marginalised households reported receiving some kind of government support packages. A large proportion of the respondents (63%) however expressed skepticism as to whether the economic rebuilding support programmes would be inclusive. Financial assistance was the most sought-after assistance and almost all those needing financial assistance preferred to receive it through mobile banking.
- Social solidarity among the communities is a bright beacon in these trying times as local community initiatives to enforce health protocols and to support those in need were largely reported, especially by ethnic and religious minorities and the rural poor.

CPJ organized a unique Policy Clinic where a multistakeholder group consisting of academics, researchers, public health experts, bureaucrats, rights activists, journalists and community leaders reviewed and validated the findings

KEY RECOMMENDATIONS

- 1. Targeting interventions to the specific needs of diverse communities.
- 2. Launching a Behavioural Change Communication (BCC) programme to make people more aware about Covid-19 infections, health protocols, testing, and treatment.
- More formal financial support mechanisms need to be introduced for the marginalised community.
- 4. Special measures for the indigenous population living in hilly areas to mitigate effects of digital divide since households have limited use of and access to mobile phones and network.
- 5. Increase vaccine outreach through identifying 'hard-to-reach' groups (marked by high levels of demand, but face supply shortages), and the 'hard-to-vaccinate' groups (characterised by low levels of demand despite having no supply constraints).
- 6. Social advocacy through engagement of community leaders, media and relevant social organisations to tackle rise in domestic violence and child marriage.

Introduction

The Covid-19 pandemic is not only posing grave health risks, but is also proving to be a global humanitarian crisis, the effects of which are expected to run deep and last long. However, it is fair to say that we are all caught in the same storm but not in the same boat. Due to historical, political and structural reasons, marginalised populations face a familiar conundrum, but this time around, with immediate and devastating consequences. They are most affected by the pandemic, yet their voice and agency are barely represented in policy making spaces and processes which continue to be top-down and reductionist. With a prolonged crisis like Covid-19, the compact between the state and citizens, especially with those at the margins, plays a critical role in shaping responses and crafting policies to mitigate the debilitating effects in an inclusive and sustainable manner.

As an organisation committed to the principle of social justice, the Centre for Peace and Justice (CPJ), Brac University is implementing the research project "Voices from the Margins and Inclusive Policy Responses to Covid-19 Pandemic" funded by and in partnership with Covid Collective platform of the Institute of Development Studies (IDS), University of Sussex and Foreign, Commonwealth & Development Office (FCDO), UK. Based on a representative household panel of marginalised groups in Bangladesh, the project aims to create an information data-loop to inform and influence public policies and state responses on Covid-19 related relief, recovery and resilience measures. The project aims to identify and fill the gaps between how Covid-19 responses have been designed, and what people's needs, perceptions, and aspirations are, especially, that of the marginalised. It builds on, and complements recent research initiatives of the Centre for Peace and Justice (CPJ), Brac University that seek to understand the impact of Covid-19 on communities at the margins through the lenses of social justice and equity.

The key findings from the first panel survey have been validated by a panel of experts and policy influencers working in the relevant fields. The panel also provided inputs to CPJ to identify key policy gaps and frame specific recommendations. This policy brief, the first in a series, presents key findings along with the identified gaps in policies to address the needs of the marginalised. CPJ, Brac University will also be presenting the findings as live feedback through a public-facing web-based dashboard to help inform and influence policy making.

METHODOLOGY

To curate, analyse and present the voices of the marginal communities, CPJ followed a mixed methods research approach. The empirical evidence was collected from a representative panel of marginalised households from the perspective of economic development, geographical remoteness, ethnic and religious identity and gender. The first of the three planned panel surveys was conducted from 5th -17th June, 2021 where quantitative data was collected from 1,533 marginalised households. 14 focus group discussions (FGDs) with participants from the surveyed community were conducted to explore and unpack patterns and pathways. A policy landscape mapping was also undertaken to develop a matrix of existing policy measures and identity policy gaps in relation to the needs and demands emerging from the survey.

After completion of first survey data analysis CPJ, Brac University convened the first of the Policy Clinics, a unique participatory and collaborative forum to validate findings, prioritise issues and formulate alternative policy recommendations. The survey findings were presented and subsequently validated by the participation from various stakeholders including academics, researchers, public health experts, bureaucrats, rights activists, journalists and community leaders. Based on the research findings, the policy clinic members had identified key policy issues, gaps and pathways to address those.

KEY FINDINGS

The findings from the first panel survey is presented under six thematic areas – Knowledge, Awareness and Practices about Covid-19; Vaccine outreach; Impact and vulnerabilities; Coping strategies; State response; and Social solidarity.

71%

Covid-19 is fatal

21% It's God's wrath

81%

Knows about vaccination programme

60%
Believes in vaccine efficacy

92%

Concerned about livelihood loss

42%

Reduced food consumption

56% Children's education affected

11% Reported rise in VAW

Knowledge, Awareness, and Practice about Covid-19

Respondents from the marginalised communities demonstrated appreciable understanding and knowledge about the Covid-19. Almost three-fourths (71%) knows that Covid-19 can be fatal, and almost half of the surveyed population are aware that it is an infectious disease. However, misbeliefs and superstitions still prevail. Some consider Covid-19 to be God's wrath (21%), or that it would not infect poor people (18%). Ethnic and religious minority communities showed least inclination towards such beliefs while urban slum dwellers are found to be more predisposed. The awareness for testing and taking Covid-19's symptoms seriously was also considerably low.

Vaccine Outreach

Vaccine outreach to the marginalised populations during the first survey period in June, 2021, showed positive trends. A vast majority of respondents (81%) were aware of the government run vaccination programme that started from February, 2021. Nearly half of the respondents were also aware of the locations from where they can access the vaccine and also, that the vaccine is provided free of cost. 60% of the surveyed population believes in the efficacy of the vaccine. However, concerns over side effects and uncertainty remains and run high amongst slum dwellers, where one in five think the vaccine is unnecessary for them.

Vulnerability/Socio-Economic Impact of Covid 19

85% expressed concerns with a decrease in their income, while 92% expressed concerns with a loss of livelihood altogether. 42% of the surveyed population reported substantial reduction of food consumption as coping mechanism due to rise in food prices as reported by 57% of the surveyed population. While all marginalised groups were impacted heavily during this pandemic, the severity of impacts in terms of income loss, spending, savings, and reducing expenses and food consumption differed among the groups.

Rural poor were found to be the hardest hit in terms of income loss and forced reduction of expenses. Female headed households were the most affected from reduced food consumption. While 56% of the surveyed marginalized families reported that the education of the family's school-going children was highly affected by the pandemic, this proportion was considerably larger for households from ethnic and religious minorities with three out of four families holding a similar view. 45% families with Persons with Disabilities are struggling to maintain a livelihood while almost half of them have very little support to take care of them. Across the groups surveyed, 11% reported a rise in violence against women (VAW). Of those who reported increase in VAW, 63% mentioned domestic violence, and 36% mentioned child marriage.

KEY FINDINGS

Coping Strategies

Borrowing money from different sources was the most reported coping strategy (71%). Almost half of the surveyed population changed the location of their residence during the pandemic as a coping strategy. 'Reducing food consumption' (41.6%), 'consumption from savings' (30.3%) and doing low paying activities (24.4%) were also adopted by these groups to cope with the pandemic. The survey also revealed that 'rural households' borrowed the most (70.1%) to cope with the effects of the Pandemic. Informal sources like traditional money lenders, relatives, neighbours and friends were found available for borrowing money during the pandemic.

71%

Borrowed money

24% Did low paying jobs

State Response

During the data collection phase of the first survey in June 2021, more than one-fourth of the marginalised households reported receiving some kind of government support package. Food assistance (76.7%) topped the list of support received followed by financial support (38.2%). However, the received food support was barely adequate as only 7% received more than twice during March 2020 to June 2021.

The majority of the marginalised groups surveyed expressed skepticism (63%) on being included or targeted in the economic rebuilding programmes of the government. Ethnic and religious minority communities had a lower sense of inclusion (23%) while rural poor were the most hopeful (52.5%). However, in terms of getting the vaccine, the surveyed marginalised communities were hopeful of getting fair access. In terms of expectations from the Government, an overwhelming 94% of the surveyed population expressed their preference for mobile banking while support through local government representatives was the least popular choice (1%).

28%
Received government support packages

Want support through mobile banking

Social Responsibility and Solidarity

The surveyed households demonstrated high levels of social responsibility and social solidarity in creating awareness about the Covid-19 health protocols and distribution of food. 37% households mentioned taking part in local initiatives like 'preventing outsiders from entering the area' (75.6%), 'preventing people from going out of the area' (58.5%), and 'stopping local gatherings' (41.1%). Compared to ethnic and religious minorities (51%) and rural poor communities (42%), urban slum dwellers took less locally led initiatives (19%).

37%

Community took initiatives to prevent Covid-19

MAPPING CRITICAL POLICY GAPS AND PRIORITIES

As a precursor to the field survey, CPJ carried out an extensive mapping of existing policies to identify gaps in implementation and also, to flag areas which are currently not addressed in the policy framework. Based on the gaps identified in that mapping, research key findings, and Policy Clinic discussion we have identified critical policy gaps and priorities that need to be addressed for ensuring social justice, equity and inclusion in the roll out of mitigation responses.

Limited Mobility and Impact on Livelihood

All of the marginalised groups surveyed have been severely impacted by reduced livelihood options in light of the pandemic and associated lockdown measures. A large majority of the surveyed population encountered significant financial constraints. In many instances, these reductions in income could be attributed to the lack of mobility during lockdown measures, which then feeds into a cycle of hardships. Due to the lockdown, workspaces had to remain closed, requiring workers to be laid off, or furloughed in order to meet financial burdens. The fact that lockdown measures also limited the supply of necessary commodities in certain locations compounded the impact of this reduction in income by resulting in an increase in the prices of such commodities. While the government periodically lifted lockdown measures, they were brought into action every time there was a spike in infection rates. These non-medical interventions predominantly affected populations in urban areas, with rural populations being significantly less affected as a result of more relaxed supervision or ignorance of the policy in place. As the pandemic rages on, this form of intervention continues to be reintroduced whenever necessary and triggers a seminal impact each time.

The policy matrix developed in the early stages of this research identified limited mobility as one of the greatest threats to marginalised communities. The lack of mobility has evidently made the vulnerable even more so, by simply denying them access to opportunities that they otherwise would have opted into to respond to their existing hardships, which are now only exacerbated by the strict imposition of such measures.

Support Outreach

Among the services provided by the government, the ones that mattered the most were financial support and food rations. However, the outreach of this support provisions has been reported as low with only 19% of the surveyed population reporting direct support from local government entities. The phenomenon is compounded by the problem of limited mobility as depicted above and feeds into the same cycle of problems. Hence, it was crucial at the stage for banking and mobile-based financial support systems for direct cash injection into these communities. This service was largely lacking as well. While everyone expected financial support, it seemed that the government's ability to reach out to all individuals was found lacking. However, reflecting previous numbers, only about a quarter of the population, 28%. received some kind government support. Many of the surveyed population alluded to requiring assistance with production and sales of their product to little or no avail. The problem was only exacerbated in the case of those living in remote locations where cellular or physical services and goods were harder to reach. This was not only as a result of limited mobility, but also a direct result of shortage of supply of goods and services.

There were many worrying challenges marginalised communities' ability to access government support packages and measures during the pandemic. The tokenistic one-time, in-kind relief support could hardly meet these marginalised communities' real needs to cope with the debilitating impacts on their livelihood. Inclusion is another key theme as there were concerns regarding access to and fair distribution of support packages. There was also a lack of mobilising proper mechanisms such as mobile-based financial support which could have reduced the inefficiency.

MAPPING CRITICAL POLICY GAPS AND PRIORITIES

Ensuring need based targeting and inclusion

The existing measures and support programmes are not adequate to support these diverge groups of marginalised people. There is no specific support programme for more vulnerable groups such as female headed households. Urban groups such as slum dwellers are also vulnerable as there is no comprehensive support programmes for them.

The policy mapping also made a note of specialised services in specific issues that are generally deemed necessary, like female sanitary products or psychosocial support for individuals on the spectrum, being severely infringed. These were also compounded by a lack of outreach that targeted specific groups of individuals to help respond to their special circumstances resulting from the pandemic. The need for both universal support structures and targeted structures is evident from the research and from policy clinic exercise. A broad-brush approach to resolving the crisis has proven inadequate, only being able to respond to overarching issues and not the nuanced problems that arise for and are exacerbated for particular groups of marginalised communities.

Effective vaccine outreach

Although the survey picked up enabling trends in vaccine outreach to the marginalised, concerns still lie around many issues like the online registration process, inadequacy of the mass inoculation programme, and fear and stigma about the vaccine etc. There is a pronounced lack of interest for vaccine uptake amongst the urban slum dwellers that needs to be addressed immediately to avoid them falling off the vaccine grid. Making vaccination accessible to persons with disabilities is also a daunting challenge.

Strengthening social solidarity/support system

The difference in the extent of social solidarity between the groups is a matter of concern as weak social solidarity could render communities more vulnerable to the pandemic. A comprehensive social support system and sense of social solidarity is much needed. The NGOs intervention during the pandemic to support the marginalised communities has been poor, and, in most cases, was not welcomed by the government as well.

Rise in VAW

Rise in domestic violence and child marriage have also been reported with frustrations growing significantly from constrained livelihood options and schools being closed off for so long.

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Way Forward

The prevalence and impact of Covid-19 is not uniform. It varies with the context in terms of geographical location, socioeconomic development, health and hygiene related practices, and so on. The impact of this pandemic is also not static; rather we are going through it in phases. This policy brief aims to provide a broad overview of the marginalised community's experience during the Covid-19 pandemic in Bangladesh in relation to relief, recovery and resilience. The future policy briefs will bring empirical evidence and highlight policy gaps along with alternative policy recommendations with a more specific focus in terms of either community or themes from a more recovery and resilience point of view.





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Centre for Peace and Justice

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