

PLAN 412
Participatory Planning Workshop

Group 04

A Study on the Roles of the Local Government in Tackling Covid-19 Pandemic

WARD-21, DNCC

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A Study on the Roles of the Local Government in Tackling Covid-19 Pandemic

WARD 21: Dhaka North City Corporation

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Abstract

This study aims at applying Participatory Rapid Appraisal (PRA) approach at Local Government level in Ward area. Ward no. 21 of Dhaka City Corporation North was selected for this study. The study examines the overall situation of the community of Ward-21 during nationwide lockdown, physical and social characteristics along with its own resources and activities of the Ward Office in COVID-19 pandemic management. Different PRA tools (Timeline, Seasonal Diagram, Process Diagram, Venn Diagram, Problem Prioritization, Cause-effect Diagram, SWOT Analysis) have been used to identify and evaluate the problems, obstacles, prospects and solutions toward a self-sustained and convenient Local Government authority to tackle the COVID-19 pandemic. Throughout the research the local people and the Ward Office which is the Local Government Organization of Ward-21 were being facilitated to share, enhance and analyze the knowledge of their own neighborhood. The study concludes that both the local people and the Ward Office face several problems in COVID-19 pandemic management among which inefficiency in relief distribution, inaccessibility to work and earnings and indifferent attitude to follow social distancing measure are severe. However, the local people and Ward Office themselves affirm some possible solutions for the associated problems, and some recommendations are also drawn by the participants to reach to a credible conclusion.

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Chapter 01: Introduction

1.1 Background of the Study

According to Liu, Kuo & Shih (2020), COVID-19 is the fifth documented pandemic since the 1918 flu pandemic. They further added that the pandemic was first reported in Wuhan, China in late December, 2019. The virus is believed to be a spillover of an animal coronavirus and later adapted the ability of human-to-human transmission (Liu, Kuo & Shih, 2020). Because the virus is highly contagious, it rapidly spreads and continuously evolves in the human population. The virus evolved for four months and rapidly spread to other countries worldwide as a global threat. Finally on 11 March 2020, the WHO finally made the assessment that COVID-19 can be characterized as a pandemic (Liu, Kuo & Shih, 2020). This development brought public leadership concerning pandemic management into the limelight (Alam, 2020). The regional and local impact of the COVID-19 crisis is highly heterogeneous, with significant implications for crisis management and policy responses (Dupre et al., 2020). At the outset, the pandemic created a health crisis, but very soon, it “morphed into a political, economic, and societal crisis of epic proportions” (Alam, 2020). In developed countries, the situation placed heavy burden on intensive care unit (ICU) beds, health care workers, personal protective equipment (PPEs) and ventilators (Afriyie, Asare, Ampsonah, & Godman, 2020). They further added that in developing and low income countries, health facilities, medicine availability and research capacity were limited. Moreover, there were initial concerns that face masks, gloves, hand sanitizers, and diagnostic materials for testing COVID-19 may be in short supply in most low and middle income countries. Taiwan, Singapore and South Korea are considered the top three performers in COVID-19 pandemic management (Dupre et al., 2020). They concluded that although most of the top-performing countries belong to the developed world, developing countries, such as Thailand, Cambodia, Myanmar and Laos, are also doing well. But initiatives to track responses to COVID-19 have focused on state-led responses to serve as examples while less attention exists to responses from civil society and grassroots organizations (Franco et al., 2020). Local governments, as direct service providers to local individuals and communities and as first responders in times of disaster, grappled with COVID-19 pandemic responses on the ground, despite sometimes immediate and major disruptions to their budgets (Reutter 2020). In New York City, local government managers worked to put 6,000 homeless individuals, some of whom tested positive for COVID-19, into local hotels to mitigate the crisis in homeless shelters (Dzigbede, Gehl, & Willoughby, 2020). During the first COVID wave, the central Indian government had given broad guidelines to support the states in tackling this

crisis holistically. This decentralized approach had led to the creation of success stories such as the ‘Kerala model’, the ‘Bhilwara model’, the ‘Dharavi model’ or the ‘Karnataka model’ (Shaw, 2021). Strengthened cooperation across municipalities and regions can help minimize disjointed responses and competition for resources during a crisis (Dupre et el., 2020). They gave some examples e.g. in Denmark, municipalities joined forces to purchase protective equipment for their personnel, in Latvia, eight municipalities established strong common working relations during the ongoing pandemic in order to better deal not only with COVID-19 but also its aftermath and in Sweden, the four largest municipalities joined forces with a guarantee for a credit of half a billion, which would be used for the purchase of protective equipment for all Swedish municipalities. Dzigbede et al. (2020) discussed the COVID-19 pandemic management by local government of King County, Washington. The local government relayed information on how people and communities could slow virus transmission, communicated non-pharmaceutical interventions, addressed cultural and language issues by hiring “community navigators” from specific language and ethnic communities for translating all communications forms and formats, created a two-way form of communication, conducted regular webinars, technical assistance and outreach and established a Pandemic Community Advisory Board.

Without the means for citizens to hold leaders accountable and without mobility, decentralized areas tilt their budgets toward productive services and away from social services. This study aims to find out the COVID-19 pandemic management activities by WARD authority in Bangladesh so that a clear understanding can be developed about Local Government’s Role in tackling COVID-19.

1.2 Objectives of the Study

1. To study the activities and process of conducting activities of the local government at different time periods of COVID-19.
2. To explore the interaction of local government institutes with other organizations and local people and views of local people regarding the support given.
3. To identify and analyze the problems faced by the local government while conducting activities and prospects of improving the activities.

1.3 Scopes of the Study

1. It will be possible to know WARD based COVID-19 pandemic management activities in detail.
2. It will be possible to suggest how to help more people through COVID-19 pandemic management activities in WARD level.

1.4 Limitations of the Study

1. Inaccessibility to delicate information and documents
2. Inability to conduct necessary WARD office visits and physical surveys due to sudden upsurge of COVID-19 pandemic

Chapter 02: Conceptual Framework

2.1 Literature Review

2.1.1 Local Level COVID-19 pandemic management: Bangladesh

- **WARD**

The Local Government (Union Parishads) Ordinance, 1983 explains that the wards shall be delimited having regard to territorial unity and, so far as practicable, to distribution of population and administrative convenience (“The Local Government (Union Parishads) Ordinance, 1983,” 2019). Ward Committees in urban areas are required to organize activities for keeping its areas well-drained and cleaned, arranging adult literacy classes, performing civic duties and providing family planning services etc.

- **National Policy Structure for Disaster Risk Management**

1. The Disaster Management Act of 2012 (Law no. 34 of 2012) was passed with the goal of making disaster-related operations more organized, goal-oriented, and successful, as well as establishing standards for an effective disaster risk management framework for all sorts of disasters (MoDMR, 2019).
2. Section 19 of the Disaster Management Act of 2012 guided the development of the National Disaster Management Policy 2015. As a result of this, steps are being taken to guarantee excellent governance for disaster risk management, as well as the engagement and responsibility of all stakeholders. The primary goal of this strategy is to develop and execute hazard-specific plans in Bangladesh based on evaluations of major catastrophe risks (MoDMR, 2019).
3. The National Plan for Disaster Management, 2016-2020, was developed by taking into account the successes, lessons learned, and problems of the previous plan's execution in order to assure disaster risk management via coordinated and effective actions of key stakeholders. The concepts of the Sendai Framework for Disaster Risk Reduction (SFDRR), the Sustainable Development Goals (SDG), and national policies and strategies have all been considered in the development of this plan (such as the Seventh Five Year Plan). The action plan said that a Risk Informed Development Plan would be used to identify areas of investment for disaster risk management, and that it would be implemented with the cooperation of all parties involved (MoDMR, 2019).

4. Standing Orders on Disaster (SOD) specifies the roles and obligations of ministries, divisions, agencies, organizations, committees, public representatives, and people in dealing with natural and man-made disasters. The SOD helped in outlining several initiatives which are- (i) identifying the primary point of coordination; (ii) initiating and volunteering emergency awareness and preparedness training at the community level; (iii) motivating and outlining household-level preparedness measures, such as mandatory hygiene rules and home isolation procedures; (iv) provision for scaling up existing social protection programs to combat extreme poverty; (v) awareness programs to stabilize social unrest; (vi) strict imposition of legal mechanisms etc (Karim, 2020).

- **Municipal Ward Disaster Management Committee**

The composition of the Municipal Ward Disaster Management Committee is mentioned in the Standing Orders on Disaster (SOD). Duties and functions of the Disaster Management Committee include risk reduction and emergency response during warning stage, disaster stage and rehabilitation stage (MoDMR, 2019)

- **Helps and services provided by local government in Bangladesh during COVID-19**

Municipal governments provided cash assistance to helpless people under their jurisdiction area and conducted free food distribution programs (Li et el., 2021). Quarantine facilities were set up at schools, hotels (Chandran, 2020). Local authorities following government guidelines set up handwashing systems, allocated isolation beds, and installed quarantine procedures at public and private hospitals (Mainali et el., 2021). Creating awareness and controlling public gatherings were done with help from police and army officials (Senaratne et el., 2020). For example, disinfection of houses, awareness program through leaflets and PVC board, blood donation and many other activities were done by Chittagong City Corporation and mass masking campaign with the collaboration with NPOs and NGOs was initiated by DNCC (YPSA, 2020; “COVID-19: Bangladesh's DNCC”, 2021).

2.1.2 Local Level COVID-19 pandemic management: Global context

Local government institutions helped the central government in imposing nationwide lockdown in India (Dutta & Fischer, 2021). Local governments, as direct service providers to local individuals and communities and as first responders in times of disaster, grappled with COVID-19 pandemic responses on the ground, despite sometimes immediate and major

disruptions to their budgets (Reutter 2020). Strengthened cooperation across municipalities and regions can help minimize disjointed responses and competition for resources during a crisis (Dupre et el., 2020). They gave some examples e.g. in Denmark, municipalities joined forces to purchase protective equipment for their personnel, in Latvia, eight municipalities established strong common working relations during the ongoing pandemic in order to better deal not only with COVID-19 but also its aftermath and in Sweden, the four largest municipalities joined forces with a guarantee for a credit of half a billion, which would be used for the purchase of protective equipment for all Swedish municipalities.

- **Financial Aid:** In Nepal, some municipalities provided daily paying jobs for suddenly unemployed people in projects commissioned by the municipalities themselves (Adhikari & Budhathoki, 2020). In Mexico city, families enrolled in an existing governmental dairy supply program were provided special vouchers to redeem for food at small businesses, such as local grocery stores, bakeries and markets (National Democratic Institute, 2020). In Taipei, Taiwan, short-term economic relief measures were taken for local businesses including tax deferral and reduction, rent reduction, preferential interest rates and other subsidies to prevent major unemployment and business shutdown (National Democratic Institute, 2020). In Tulsa, Oklahoma and Dallas, soft loans were given to local businesses, financial help was provided to families (Dzigbede, Willoughby, & Gehl, 2020; Zhang & Sy, 2020). Indonesian government gave roughly USD 170 million as financial aid to 95,430,000 families in urban areas (Pradana, Rubiyanti, Hasbi, & Utami, 2020). In India, income support was given under India's Labor Guarantee Act and individuals were identified who were excluded from government welfare schemes (Dutta and Fischer, 2021). In UK, various measures were taken including wage or salary replacement payments, loan and debt payback, tax mitigation (Gore, Bimpson, Dobson, & Parkes, 2021). In Korea, shop rents were reduced, compensation was given for closure to small businesses, property tax cut and tax credit was offered by local government to 'nice landlords' ("Local Government's Response to COVID-19 in Korea", 2020). In Delhi, unemployed people were hired to continually sanitize and clean public spaces (Fleming and Gilliland, 2020).
- **Food Aid:** In India, community kitchens were organized for vulnerable groups (migrant laborers, quarantined people, senior citizens and poor people); food support through the Public Distribution System (PDS); adolescent girls were supported by a local NGO made and supported food needs (Dutta and Fischer, 2021; Sen & Palit, 2020; Chandran, 2020

; Loewenson et al., 2021). In Nepal, food relief was given to daily waged workers and local governments provided rations to some families and opened feeding centers that provided two major meals a day (Devkota et al., 2020; Adhikari & Budhathoki, 2020). In Wuhan, China, people sent messages to community WeChat groups or QQ groups (online communities) for the purchase of food products and necessities. Community staffs bought these for them (Li et al., 2021). In Hungary, a social program (PAPI) was introduced by local government in collaboration with citizens and companies to ensure the delivery of food, medicines and postal packages to the homes of the elderly living alone (Bouhel, 2021). In Kampala, Uganda and in Kerala, India, home delivery of food and other essential commodities was provided (Dzigbede et el., 2020; Chandran, 2020). In Srilanka, subsidized grocery packs were provided (Senaratne, Amaralunga, Mendis, & Athukorala, 2020). In UK, emergency food distribution was ensured for older people and self-isolated people (Gore, Bimpson, Dobson, & Parkes, 2021). In Mexico City, special voucher was provided for food item by 13 out of 16 municipalities (Beerman and Welborn, 2020).

- **Medical Aid:** In Srilanka and Africa, medications and disinfectant materials were supplied (Loewenson et al., 2021; Senaratne, Amaralunga, Mendis, & Athukorala, 2020). In Korea, separate treatment systems were provided depending on patient's symptoms and collaboration was established between the local government and Public Health Authority to track movement of the infected to the minutes (Shaw & Hua, 2020; "Local Government's Response to COVID-19 in Korea", 2020). In Guangzhou, China, early protection, early detection, early diagnosis, and early isolation" act-based approach was implemented at administrative level (Shaw & Hua, 2020). In Kerala, India, Panchayets distributed immunity boosting medicines (Dutta and Fischer, 2021). In Mumbai, local government worked with community on testing, prevention (Loewenson et al., 2021). In Dschang, Cameroon, in district hospitals, hand washing and disinfection devices and protocols were introduced (Gaelle, 2020). In Kenya, secondary boarding schools were transformed to quarantine centers and masks were distributed to Boda boda (motorcycle taxi) drivers (Gaelle, 2020).
- **Communication, campaigns and programs:** In Nepal, local government distributed posters and pamphlets, employed their local security forces to ensure that people did not defy the lockdown (Adhikari & Budhathoki, 2020). 20,000 people (35% women) from most affected households of 12 municipalities were put under cash-for-work schema up

to 50 days of work under Nepal Urban Governance and Infrastructure Project 2021-2025 (NUGIP) (The World Bank, 2021).

In UK, the communication and engagement with local residents, businesses and other organizations with regard to the latest rules and developments was continued using different media and in alternative language formats, especially to meet the needs of Black, Asian and Minority Ethnic (BAME) communities (Gore, Bimpson, Dobson, & Parkes, 2021). In Hungary, local government shared updates about new rules and regulations in both national language and English and communicated directly with citizens via online (Bouhel, 2021). In Oman, Community-based initiative called “We are all responsible” was conducted to heighten awareness and local team designed, produced and disseminated health education materials with the help of health workers to make people aware of the pandemic (OECD, 2020). In Albany, Georgia, people were encouraged to wear face masks and maintain social distance (Dzigbede, Willoughby, & Gehl, 2020). In Kenya, the affected population were relocated from slums (COVID-19: African local and regional governments on the front line, 2021). In Chengdu, China; Istanbul, Turkey and Seoul, Korea, local governments deployed large-scale technological resources along with restrictions to track and enforce social distancing (Fleming and Gilliland, 2020). Local government in Texas developed a new and innovative program for rapid rehousing of 300 homeless individuals (Benavides & Nukpezah, 2020). In Kerala, Odisha and Rajasthan, panchayats developed comprehensive village health plan with Village Health & Sanitation Committee (Dutta & Fischer, 2021).

- **Safety regulations:** In India, Panchayats were instructed to work together with frontline health workers through the formation of a committee for controlling the spread of infection from returning migrant laborers (Dutta & Fischer, 2021). In Thailand, local government restricted access to public venues during specified times and controlled certain locations where there was a high risk of transmission (Ha et. Al, 2021; Laochankham et al, 2021). Village heads promoted orderliness in the community, provided information and assistance to vulnerable groups, coordinated with local networks of volunteers (Laochankham et al, 2021).
- **Collaboration with other groups:** In Kerala, India, for guest laborers working as volunteers several measures were taken e.g. formation of camps to arrange food and essential items, collection of travel history data, provision of translator to overcome

language barrier, provision of clean environment and utility facilities (Chandran, 2020). In Thailand, village heads coordinated with local networks of volunteers to provide vaccine to district people (Laochankham et al, 2021).

- **Special services:** Cultural and language issues were addressed by hiring “community navigators” from specific language and ethnic communities for translating all communications forms and formats in Washington (Dzigbede et al., 2020). COVID-19 patients were shifted from homeless shelter to local motels in New York (Dzigbede et al., 2020). Markets were relocated to larger streets in Cairo, Egypt (COVID-19: African local and regional governments on the front line, 2020). 3D printers were used to produce and distribute face shields for the city’s essential employees, by Robotic Coding and Technology Training Center, Civil Society and Innovation Center in Mutapasa, Turkey (National Democratic Institute, 2020).
- **Economic recovery:** Assistance and grant was provided to small businesses and outdoor dining to facilitated reopening of restaurants in Australia (AHURI, 2021). Short term economic relief measures were taken for local business in Taipei, Taiwan (Beerman and Welborn, 2020)

2.1.3 Case Study: COVID-19 pandemic management in Wuhan, China

During the early stage, lack of information prevented authorities in China from implementing effective measures and public warnings were slow (Li et al., 2021). It was soon established that early warning and traffic restrictions are important measures in controlling the early onset of coronavirus and reducing the spread of the virus to other places. Under the leadership of the central government, China allocated massive medical resources to Wuhan, dispatching medical teams during the lockdown, including medics and public health workers (Quingqing et el., 2021). They designated several hospitals which admitted only COVID patients and some new temporary hospitals were built. Also, all residential areas were closed and people from outside could not enter. Volunteer group Wuhan 520 focused on providing help for coronavirus patients in the city and the drivers worked for more than 10 hours a day to dispatch the donated protective supplies to medical staff (Quingqing et el., 2021). In late March, public transportation systems resumed services. From May 14 to June 1, 2020, COVID test institutions operated 24 hours a day. A “Red code” was issued for Covid-19 patients in the health app linked with WeChat and Alipay (Li et al., 2021). Further preventive measures included body temperature screening in various places, 12-hour feedback of test results, suspending operation of entertainment and leisure venues until the daily number of new

confirmed COVID-19 cases had fallen below ten from March 11, 2020. In public places such as shopping malls, supermarkets, bookstores, and bazaars, temperature checks were required for entrance, people were urged to wear masks and hotels, restaurants and other catering establishments were required to extend table spacing in addition to controlling the number of diners (Chen et el., 2021).

2.2 Methodology

The following methodology was used to conduct the study-

2.2.1 Relevant Literature Review

Literature on local level COVID-19 pandemic management were reviewed before conducting the study. Both national and global scenarios were reviewed.

2.2.2 Study Area Selection (WARD 21, DNCC)

For conducting the study, we chose WARD 21 of Dhaka North City Corporation. Total area of the ward is 1.44 square kilometer. (BBS, 2011).

Table 2.1: Boundary of the ward. (Source: North: Ward No-21, 2019)

East	Pragati Sarani
West	Gulshan lake
North	Gopipara
South	Rampura bridge

2.2.3 Confirmation with WARD Office for Co-operation

After selection of WARD area, we visited the WARD office and confirmed with the WARD councilor for co-operation to conduct the study.

2.2.4 Selection of PRA Tools to Materialize the Objectives

PRA tools were selected to fulfill the objectives of the study. For study area profile preparation, we used Social and Resource Mapping. To study the activities and process of conducting activities by Local Government we prepared Timeline, Seasonal Diagram and Process Diagram. To explore the interaction of local government institutes with other organizations and local people and views of local people regarding the support given, we used Venn Diagram and Problem Identification process along with Cause-effect Diagram. To identify and analyze

the problems faced by the local government while conducting activities and prospects of improving the activities, we used Problem Identification process along with Cause-effect Diagram and SWOT analysis.

Table 2.2: List of PRA tools and method of data collection for the study. (Source: Authors, 2022)

PRA Tool	Method of Data Collection	Purpose	Place	Date	Time
Social and Resource Mapping	Field Survey, WARD Office Visit	Study Area Profile Preparation	WARD-21, DNCC, WARD Office	2/12/2021	2:00 PM-3:30 PM
Timeline	WARD Office Visit, Consultation with Participants from WARD Office	Objective 01: To study the activities and process of conducting activities	WARD Office	10/12/2021	7:00 PM-9:00 PM
Seasonal Diagram		Objective 2: To explore the interaction of local government institutes with other organizations and local people			
Process Diagram				21/1/2022	
Venn Diagram		Objective 3: To identify and analyze the problems faced by the local government		21/1/2022	
Problem Identification and Cause-effect diagram (Local People's perspective)	Consultation with WARD Office and Local People through Phone Survey			24/1/2022	
Problem Identification and Cause-effect diagram (WARD Office perspective)					
SWOT analysis					

2.2.5 Data Collection and Analysis

From using PRA tools, we collected the necessary information and analyzed them as per our convenience.

2.2.6 Major Findings

From collected data and analysis of the data, we listed some major findings in the following chapters.

2.2.7 Recommendation and Conclusion

Based on our analysis and findings, we provided some recommendations and concluded our study.

Chapter 03: Area and Resource Profile during COVID-19 Pandemic

We used social and resource mapping process to prepare the area profile of WARD-21, DNCC during COVID-19 pandemic period. We prepared a base map and plotted information on the occurrence, distribution, access and use of resources for COVID-19 pandemic management within the economic and cultural domain of the WARD area (**Appendix A; Figure 01 & 02**).

3.1 General information of the area

North Badda, South Badda, Central Badda, East Merul Badda, West Merul Badda and Gupipara Badda are the areas which fall under the ward (SADIK, 2020). Important infrastructures of this ward include private hospitals, soccer field, parks and recreation centers, garment factory etc (North: Ward No-21, 2019). It is situated in region no. 3 of Dhaka North City Corporation (SADIK, 2020). There are total 23777 households in this ward and total population is 96111 (BBS, 2011). Ward councilor of this ward is Masum Gani Taposh. He was elected from Dhaka-11 constituency (Councilor, 2021).

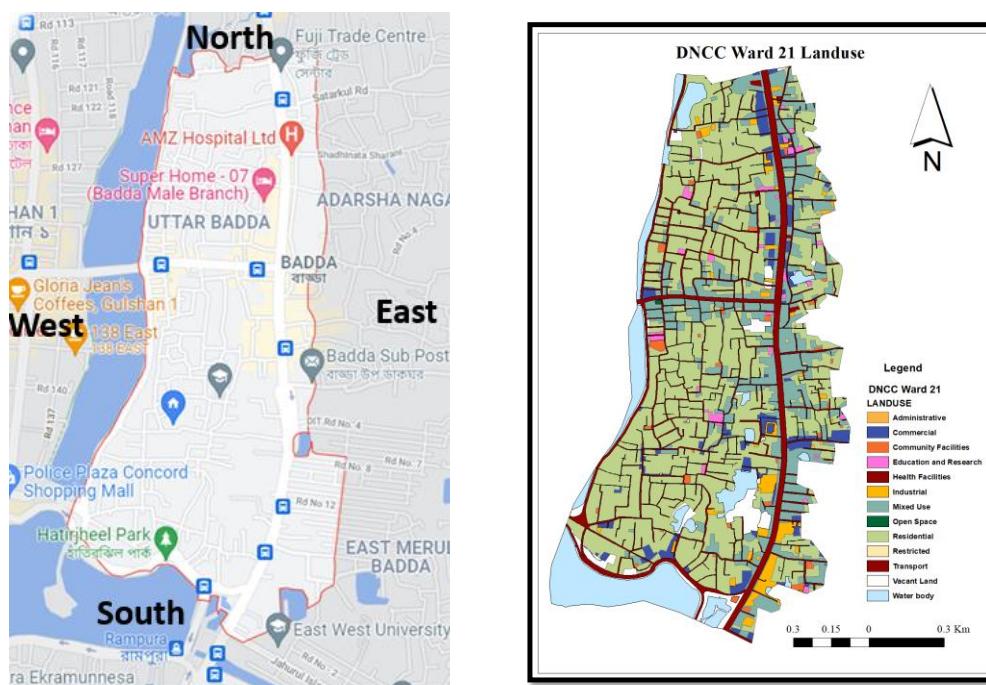


Figure 3.1 & 3.2 (from left): Boundary and land use map of the ward. (Source: Google Map, 2021; Authors, 2021)

Total area of the ward is 1.44 square kilometer (BBS, 2011). Most of the area is used for residential purposes. There are also mixed land uses in the ward. Most of the water bodies have been filled up for construction of buildings. There is no vacant land in the area at present. Some garment industries and saw mills are the industrial units of the ward.

For preparation of social and resource map of ward 21, we conducted a field survey of the area. We found the following information from our survey,

3.1.1 Housing and settlement pattern of the area

The area was not developed in a planned way. Previously, there were many low income housing in ward 21. After the completion of the Hatirjheel project, this ward started to flourish. Most of the low income housings have been demolished (**Appendix A; Figure 03-06**). New high rise buildings are being constructed. The buildings are mainly 5-8 storied suitable for middle and high income people. During lockdown, many people lost their jobs and could not pay rent. They had to shift to low income housing or their village homes.

3.1.2 Roads and drainage system

The Hatirjheel road is 20 feet wide, Badda-Rampura link road and Badda-Gulshan link road are 60 feet wide; the access streets are 8-20 feet and sidewalks are 6-8 feet and the drainage system of the ward is closed drainage system (**Appendix A; Figure 07-15**).

3.1.3 Social infrastructures of the ward

Social infrastructures of the ward include educational institutions, healthcare services, community facilities etc. Educational institutions include schools and colleges, universities and madrasas. Badda Girls' High School, Badda High School and Badda Alatunnesa Higher Secondary School are some important schools of the ward. There are Canadian University of Bangladesh and Brac University in this ward. There is also a madrasa in this ward called Meftahul madrasa. There are three important hospitals in the ward AMZ Hospital, Ibn-sina Hospital and Badda General Hospital. There are approximately 25 pharmacies, and eye hospital and a dental clinic (**Appendix A; Figure 20-29 & Table 01**). Community facilities include mosques, police station, post office, Hatirjheel park, Badda Jagoroni club, roadside shops, Uttar Badda, Dakkhin Badda and Middle Badda Kacha Bazar and two shopping centers. There are five mosques in the ward which are Baitul Mamur Jame Masjid, Baitul Mokaddam Jame Masjid, Kanu Miar Pukur Par Masjid, Waste Merul Jame Masjid and DIT Project Jame Masjid.

The roadside shops and restaurants were closed during the lockdown following the guidelines of government. Shop and restaurant owners were not given any support or any temporary jobs as it was not in the government guidelines. They had to shift to their village homes during that period to support themselves.

3.1.4 Commercial land use of the ward

There are some commercial buildings e.g. Fuji Trade Center, Rupayan Millenium Square, Hossen Building, Pran Center, Alauddin Tower, Molla Tower and Century Center etc. There are also some banks e.g. Bangladesh Krishi Bank, Islami Bank Limited, Bank Asia, Dutch Bangla Bank Limited etc (**Appendix A; Table 02**).

3.2 Social Service Activities during COVID-19 pandemic

We visited Ward Councilor Office of Ward 21 on 3 December, 2021. Councilor Masum Gani Taposh and his assistant Rahat Islam informed us about their activities during COVID-19 briefly. We went there at 11 am and talked with them for almost 45 minutes. Government directions were given the highest priority to tackle this Covid-19 situation. Rapid increase of the number of COVID affected patients and helpless situation of extremely poor people encouraged the councilor to take immediate actions.

3.2.1 Food Aid

Ward councilor received relief packets from the government but those were not enough. So, he personally managed more relief packets. He and his co-workers prepared a list of extremely poor people in the ward area. They used to sit together to prepare the relief packets at 2-3 pm of each day. By evening, all the packets would be ready. Then they would go from house to house to distribute the packets (**Figure 3.4**). In this way, they helped all the poor people of the ward 8-10 times periodically. Ration card system was also available. Badda High School, Badda Alatunnesa Higher Secondary School and Badda Girls' High School were used as relief distribution centers by the ward councilor at times (**Figure 3.3**). Some landlords took care of their tenants by helping with food and daily necessities.



Figure 3.3: Distribution of relief in Badda High School. (Source: Ward Councilor's Facebook Page, 2021)

Figure 3.4: Distribution of food packets to extremely poor people during the lockdown. (Source: Ward Councilor's Facebook Page, 2021)

3.2.2 Financial Aid

The councilor and his co-workers realized middle income people who lost their jobs, paralyzed persons who live alone should also be helped. They made a list of such people using their voter IDs and sent the information to government authority. Government gave a grant of 2500 taka per person. Some landlords took care of their tenants by not taking rents.

3.2.3 Communication

As there are five mosques in this ward, they were used for communication and campaigning. Continuously raising awareness among people for maintaining social distancing through miking from mosques was done. Councilor also notified people about the dates, places and times of relief distribution and mass vaccination program through miking from mosques.

3.2.4 Safety and sanitizing programs

The access streets were blocked by placing bamboo poles during the nationwide lockdown. The Hatirjheel park was closed by using a barricade of polythene during lockdown. The shopping centers remained close during lockdown. When lockdown was stopped, they resumed by placing sanitizer booths at their entrances.

Roadside shops were strictly closed during the lockdown. Police used to check two times a day. If they found any shop open, they took a fine of 1000 taka from the shop owner. Uttar Badda, Dakkhin Badda and Middle Badda Kacha Bazar and Boubazar remained closed for six days of the week during lockdown. People bought all their necessities from the bazars in one day of each week under strict supervision of police officials. Banks and business companies continued their work during the COVID-19 period following government orders strictly. They constructed sanitizer booths at their entrances and checked body temperature before entering. Basins were constructed on roadsides of public meeting places (**Figure 3.5-3.9**).



Figure 3.5-3.9 (from above, left): Construction of basins. (Source: Field Survey, 2021)

3.2.5 Medical Aid

Masks and hand sanitizers were distributed among the low income people by the ward councilor. Disinfectants were sprayed at regular intervals. AMZ hospital, Ibn-sina hospital and Badda General hospital were three of the seven sample collection centers of Badda thana (National Statistics, 2021). These hospitals also treated COVID affected patients. AMZ hospital had special COVID unit (“Welcome to Our Website-AMZ Hospital,” 2020). Ibn-Sina hospital provided telemedicine service and home service for treatment of COVID patients (“Ibn Sina Trust | Pioneer in Healthcare,” n.d.). Badda High School, Badda Alatunnesa Higher Secondary School and Badda Girls’ High School were used as mass vaccination centers (**Figure 3.10 & 3.11**).



Figure 3.10 & 3.11 (from left): Mass vaccination program in Badda Girls’ High School and Badda High School. (Source: Ward Councilor’s Facebook Page, 2021)

Chapter 04: Activities by Local Government to Tackle COVID-19

4.1 Activities by Local Government

We prepared a timeline of activities for local level COVID-19 pandemic management (**Appendix B; Page XVI-XVIII**). A time line is a useful PRA tool for examining the temporal dimension from a historical viewpoint. The chronology of events as reported by locals is captured in a time line (Kumar, 2002). Seasonal diagram has been used for temporal analysis across annual cycles, with months as the basic unit of analysis (**Appendix B; Page XVIII-XIX**). It reflects the perceptions of the local people regarding seasonal variations on a wide range of pandemic management activities. Participants of the discussion were Masum Gani Taposh (Ward Councilor), Rahat Islam (Personal Secretary of Ward Councilor), Md. Jahangir (Member of Disaster Management Committee), Mojibur Rahman (Acting President of Badda Thana Awami League), Nurul Islam Sagar (Office Secretary), Tara Banu (Resident of Ward-21), Saiful Islam (Member of New Badda Theater) and Nasima Akter (Lecturer, Badda Alatunnesa Higher Secondary School).

4.1.1 Findings from Timeline and Seasonal Diagram

On March 8th, 2020, the first case of COVID-19 was confirmed in Bangladesh. On March 9, 2020, the government issued guidance on basic preventive measures against Covid-19 and ordered to close all educational institutions to prevent the spread of Covid-19 on March 16th. On March 23, general holidays from 26 March, 2020 to 4 April, 2020 to prevent the spread of Covid-19 were declared (“COVID-19 Timeline in Bangladesh,” n.d.; “Covid-19 Update Flash | IEDCR,” n.d.; & “Timeline,” 2021). During this period, activities were taken in Ward-21 also. On March 9, 2020, the Ward Councilor formed a Disaster Management Committee following the guidelines of Government. From March 10 to March 25, through miking and going from house to house they advised people to follow regular hygiene rules and to verify the truth of the information without listening to rumors and advised to pay extra attention to baby’s health (Ward Councilor’s Facebook Page, 2021). On March 26, 2020, the Ward Councilor held press briefings with JTV Online to advise people to stay at home and to stay healthy to prevent COVID-19 health (Ward Councilor’s Facebook Page, 2021). From March 27 to March 31, 2020, he held campaign to make Ward 21 free of COVID-19 (spraying disinfectant on roads, distributing masks and hand sanitizers, placing basins, miking to raise awareness, placing bamboo poles on access streets) with a group of smart officers of Police and Bangladesh Army

(Focus Group Discussion, 2021). They conducted awareness raising activities with help from Police and Army officials during March-August, 2020. Then the impact of COVID gradually decreased. Again in 2021, they started raising awareness in April and continued till June started. The WARD was in total lockdown during March-April and June-July of 2020 and April-May of 2021. They placed bamboo poles on the entrance of access roads during strict lockdown period. But this measure could not be continued for long as people were facing difficulty. They prohibited praying in mosque to maintain social distancing measure during March-August, 2020 and April-June, 2021. They continued miking form mosques to keep people aware during this period too.

They distributed relief packets from house to house during the first lockdown. Rapid increase of the number of COVID affected patients and helpless situation of extremely poor people encouraged the councilor to take immediate actions. On April 5, 2020, Ward Councilor received financial aid from DNCC to distribute relief packets. Ward Councilor and the Disaster Management Committee in Ward-21 held relief distribution program in the field of Badda Jagoroni Shangshad, sprayed disinfectants on roads, distributed dry relief on behalf of Pran-RFL Group, distributed relief from house to house of 1000 families and distributed food relief to 700 families on behalf of Prime Minister (Ward Councilor's Facebook Page, 2021). In this way, they helped 15,500 people periodically from April to July of 2020. In 2021, they held relief distribution programs from February to April.

There is no official record of COVID affected patients in the Ward area as many people kept the situation secret. But the Ward Councilor estimated that the number of affected people was high during March-July, 2020, then started decreasing. Number of COVID patients again increased a little during March-June, 2021. The first death of COVID positive patient in Ward 21 occurred on May 10, 2020. People protested burying the dead body in the graveyard of the Ward area. So, the Ward Councilor requested the DNCC to provide a place for burial activity of COVID positive dead bodies. Accordingly, the DNCC provided a temporary place for burial activity in Kunipara (Focus Group Discussion, 2021). During July, 2020, the Ward Councilor and Disaster Management Committee determined the places of animal sacrifice, encouraged local people to store the sacrificial wastes in a dumping bag to help the workers of garbage van service, opened a monitoring cell in the Ward Councilor's Office, encouraged ensuring personal protection while removing sacrificial waste and encouraged not taking children and old people to the sacrificial animal market (Focus Group Discussion, 2021). On August 17,

2020, the Ward Councilor distributed food relief in orphanages and madrasas (Ward Councilor's Facebook Page, 2021).

The Ward Councilor requested the homeowners to reduce the rents temporarily. Accordingly, some landlords reduced the rents during the strict lockdown periods but again increased when situation became normal. During April, 2021, the Disaster Management Committee made a list of people who lost their jobs using their voter IDs and sent the information to government authority. Per month government grant of 2500 taka per person for such people were distributed during the second lockdown. This help was supposed to be given every month but in reality, it was not possible for resource constraint. Ward Councilor asked for financial help from influential people of the locality. They regularly helped during the first phase of pandemic. Gradually, the amount of help received decreased. Many anonymous donors also provided financial help but requested the Ward Councilor to keep their identities hidden.

The dedicated co-workers of the Ward Councilor helped critical COVID patients with Oxygen cylinders when they contacted the Ward office. This help was available throughout the pandemic period. On August 7, 2021, mass vaccination program began in Ward 21 from 9am to 3 pm for adults (50 years and above) and disable people (25 years and above) (Ward Councilor's Facebook Page, 2021). 328 people were vaccinated. Badda High School, Badda Alatunnesa Higher Secondary School and Badda Girl's High School were used as centers for mass vaccination program. On August 23, 2021, the Ward Councilor distributed food items among the poor (Ward Councilor's Facebook Page, 2021). On September 7, 2021, second dose COVID-19 vaccination activities began in Ward 21. On 28 September, 2021, first dose COVID-19 vaccination activities began from 9:00 am to 6:00 pm for people who completed registration but was not vaccinated (Ward Councilor's Facebook Page, 2021). The second dose of this program started on October 28, 2021. On November 23, 2021, mass vaccination program began from 9am to 6 pm for adults (18 years and above) (Ward Councilor's Facebook Page, 2021).

Many people migrated to villages when the country was in total shutdown. They moved to village for earning their livelihoods. This migration to village happened most during March-June, 2020. People started coming back to Dhaka when lockdown was lifted during September and October, 2020. People again migrated to village during March and April, 2021 and came back to Dhaka during July-August, 2021.

4.2 Process of Conducting Activities by Local Government

The process maps are prepared to depict the processes in a visual format (Kumar, 2002). We prepared process maps for the distribution of food aid, financial aid and disinfecting activities by Ward Office of Ward 21 to understand local level pandemic management in depth (**Appendix B; Page XX-XXI**).

4.2.1 Process of Food Aid distribution

The Ward Councilor's office received financial help from DNCC to distribute food relief to the helpless people. The Ward Councilor himself also contributed financially. Local influential people (MP, Local businessmen, Political leaders) also helped with financial grant to buy food relief. The Ward Councilor gave the responsibility to the Disaster Management Committee. The committee then prepared a list of extremely poor people in the ward area by going from house to house with the help of members from Badda Jagoroni Sangsad and New Badda Theater. Low income people, people who lost their jobs during the pandemic, COVID-affected patients and their families, old people, paralyzed people who live alone were listed for distributing food relief. Then they bought the food items which would be included in each packet. Each packet contained food items enough to support a family for one week e.g. two dozen eggs, one litre oil, one kilogram salt, one kilogram potatoes, five kilogram rice. They used to sit together to prepare the relief packets at 2-3 pm of each day. By evening, all the packets would be ready. Then they would go from house to house to distribute the packets. Each day 500 packets would be distributed. In this way, they helped 15,500 people periodically (once in North-South direction and once in South-North direction and vice versa). Also, people who needed the relief came to collect from councilor's office with the receipt given by the volunteers. The Councilor also held food distribution campaigns in Badda High School, Badda Alatunnesa Higher Secondary School and Badda Girl's High School.

4.2.2 Process of Financial Aid distribution

The councilor and his co-workers realized middle income people who lost their jobs, paralyzed persons who live alone should also be helped. They started receiving calls from jobless and helpless people for financial help. People also came to the Ward Councilor's office to ask for help. The Ward Councilor delegated the Disaster Management Committee for the responsibility. They made a list of such people using their voter IDs by going from house to house, by receiving calls and by physical visits from helpless people. The Ward Councilor sent the information to the DNCC. DNCC authority verified the condition of each person mentioned

in the list. Then they provided a grant of 2500 taka per eligible person. This grant was given per month during the second lockdown. The Ward Councilor then informed each eligible person to collect their grant from the Ward Councilor's office.

4.2.3 Process of Disinfecting Activities

After the declaration of nationwide lockdown, the Ward Councilor raised awareness among the people to maintain social distance and personal hygiene. With this aim, he decided to conduct disinfecting activities within the Ward area to fight against the COVID-19 virus. He asked for financial help to the DNCC to buy bleaching powder, basins, disinfectant sprays and to pay wages of workers and renting trucks. The DNCC provided the financial grant accordingly. Then the Ward Councilor worked with the Disaster Management Committee for the activity. First, they selected roads (20 feet access roads and bazaar roads) for spraying disinfectant and selected spots for placing basins (Hatirjheel road, in front of Ibn-Sina hospital, in front of Badda Alatunnesa Higher Secondary School, Vola Primary School and Badda High School, in front of Ward Councilor's office and mosque entrances). Then they bought the necessary items (bleaching powder, basins, disinfectant sprays, soap and sanitizer). They hired necessary workers and trucks for placing the basins and spraying the disinfectants. The trucks used to come in the morning at regular intervals. The spraying activity was conducted under the direct supervision of the Ward Councilor. They placed the basins in the selected spots. The basins were connected with piped water lines. Soaps and sanitizers were provided with each basin. They were regularly checked.

Chapter 05: Local Government's Interaction with Organizations and Local People

5.1 Organizations: Interaction and Influence

Venn diagram method in PRA was very useful to study and understand local people's perceptions about local institutions and programmes for pandemic management (**Appendix C; Page XXIII**). The method provided valuable insights into and analyses of the power structure, the decision-making process, etc. Venn diagram was particularly useful to study and analyze:

- Various institutions and individuals and their influence on the local people during COVID-19 pandemic
- Various groups and individuals in the locality and their influence
- The main actors in the community

5.1.1 Interaction with Organizations

I. National institutions

1. Prime Minister's Relief Reserve:

Government allocated money for helping poor and COVID affected people during lockdown. The money was sent from Prime Minister's Relief Reserve to DNCC.

2. DNCC's Relief Reserve:

DNCC received money from Prime Minister's Relief Reserve for helping poor and COVID affected people. Then they distributed the money to the Ward Offices.

3. Armed force:

The armed force helped the Ward Councilor to maintain lockdown and to raise awareness among people about COVID-19 by going from house to house.

4. Police:

Police officers helped in maintaining lockdown in the Ward by patrol, fining shopkeepers etc.

II. Local institutions

1. Ward Councilor's Office:

Ward Councilor and his co-workers played a central role in pandemic management activities. They-

- distributed masks and hand sanitizers among the low income people

- continuously raised awareness among people for maintaining social distancing through miking from mosques
- sprayed disinfectant at regular intervals
- deployed police force to maintain strict lockdown
- constructed basins on the roadsides
- helped the poor people with food relief 8-10 times periodically
- helped middle income people with financial aid
- ensured vaccination of all people in the Ward

2. Local educational institutions:

Distribution of relief and vaccination programs were conducted in Badda High School, Badda Alatunnesa Higher Secondary School and Badda Girls' High School. The Ward Office requested the school authorities for using the school premises as relief distribution and mass vaccination centers.

3. Local clubs:

There are two local clubs in the Ward (Badda Jagoroni Sangshad and New Badda Theater). Members of these two clubs helped the Ward Office in listing names of poor people, relief packing and distribution activities

4. Masjid committee:

There are five mosques in the Ward. By miking through mosques, the Councillor-

- updated the people of the ward about the pandemic
- notified people about the dates, places and times of relief distribution
- notified people about the dates, places and times of mass vaccination program

5. Madrasa:

Students and teachers of Meftahul Madrasa helped the COVID affected families in burial activities with permission from Ward Office.

6. Hospitals:

The hospitals of the Ward area (Ibn-sina, Amz) had separate COVID ward. They also held vaccination program. But they did not co-operate with Ward Office.

III. Individuals:

There are wealthy businessmen, local MP and politicians who play influential roles in activities happening in the Ward. Ward Councilor asked them for financial help in relief distribution activities. Some people anonymously donated money to the Ward Office for helping the poor. Students and many young people worked as volunteers in relief

distribution, social distance measures, treatment of COVID patients and other welfare activities.

5.1.2 Influence of Organizations

Prime Minister's relief reserve has nationwide impact, whereas DNCC's relief reserve is responsible for DNNC's jurisdiction area. Armed force and police have significant impact to ensure safety and security of people along with Ward Office. Ward Councilor's office played a central role in pandemic management activities. Local educational institutions were highly influential as they were the centers for relief distribution and mass vaccination. Local clubs don't have much influence but they greatly helped Ward Office in welfare activities. Masjid committees also do not have influence outside their neighborhood but they helped in updating people. Madrasas do not have much influence. They helped the Ward Office in burial activity. Hospitals have important influence throughout the city as they have branches in other areas too. People rely on them for treatment and care. Local influential people and volunteers helped the Ward Office voluntarily, these people are assets for the locality.

5.2 Interaction with Local People

Low income people could not access income earning opportunities during lockdown. They needed food and financial aid. Members of disaster management committee went from house to house to make a list of such people. Then they were given relief receipts according to the list. Some of them came to the Ward Office to ask for aid. Others were given relief in their doorstep by members of the disaster management committee. Some poor people received financial help from local influential people. Volunteers helped the COVID affected persons with Oxygen cylinders and medicines. The COVID affected families contacted with the volunteers and the volunteers provided service accordingly. Hospitals (Ibn-sina, AMZ) also had separate COVID ward and provided treatment to the COVID patients. Students of Meftahul Madrasa and workers of Anjuman Mufedul helped COVID affected families in burial activity after receiving permission from Ward Office.

5.2.1 Problems identified by local people

At first, problems were identified regarding pandemic management activities in Ward-21. Problems were identified both from the perspectives of local people surveying through phone call (**Appendix C; Page XXIII**). Then Pair-Wise ranking method was used which is a popular PRA method. In pair-wise ranking method two problems were compared at a time. This process

of comparing two at a time was carried on till each problem had been compared with the other. The frequency of how many times each of the problems had been prioritized was ascertained. The frequency gave an idea of prioritization of the local people.

Local people identified five problems which are:

1. Absence of coordination and proper management of welfare activities

Participants from local people felt that there was no co-ordination in the welfare activities taken by the Ward office.

2. Limited well-equipped hospitals, vaccination and testing facilities

There are only three hospitals for COVID testing and treatment but those are not well-equipped and very costly.

3. Shutting down of public services and daily activities

Lockdown imposed by Government severely affected the lives of local people as well as their income earning opportunities.

4. Inability to access work and earnings

Many local people lost their jobs and many could not access work and income earning opportunities.

5. Inefficiency in relief distribution

Local participants complained that there was biasness and corruption in relief distribution activities by Ward office.

Using pair-wise ranking method among these problems, inefficiency in relief distribution got highest priority (**Appendix C; Page XXIII**). Then cause-effect diagram was prepared for the most prioritized problem.

5.2.2 1st Problem identified by local people: Inefficiency in Relief Distribution

From consultation with local people, it was understood that causes of inefficiency in relief distribution were giving relief collection receipts to familiar people in the Ward area and poor relatives and only to people who have NID. Biasness was created in relief distribution for these reasons. Furthermore, relief products were sold to the poor people and many dishonest people registered with the same mobile number for receiving aid which caused corruption in relief distribution. As such, the problem of inefficiency in relief distribution arose. For this problem, the people who really needed help were deprived and some financially stable people who didn't really need help received help multiple times. The cause-effect diagram is shown in **Appendix C (Page XXIV)**.

Chapter 06: Problems and Prospects of Improvement

6.1 Problems identified by Ward Councilor and his Co-workers

In consultation with Ward Councilor and his co-workers, five problems were identified regarding pandemic management activities. They are-

1. Local people's lack of access to appropriate information

Word Councilor and his co-workers complained that many local people were ignorant of the latest information about the pandemic as they did not have access or knowledge about technology. They were deeply influenced by false rumors.

2. Social exclusion of COVID patients and stigmatization

Many local people were afraid of their COVID affected neighbors and socially excluded them. Many people opposed burying COVID affected dead bodies in the graveyard in the Ward.

3. Shortage of relief goods

Demand for relief goods was far more than the Ward office could supply as many people were in helpless situation and the number kept increasing day by day.

4. Local people's indifferent attitude to practice of social distancing measures

Participants from Ward office all agreed that many local people were reluctant to follow social distancing measures. There were various reasons behind this problem and it was a serious issue throughout the pandemic period.

5. Non-cooperation of NGOs, CBOs and hospitals

Ward councilor regretted that no NGO and hospitals came forward to co-operate in welfare activities. If they did, he could help a lot more people.

Using pair-wise ranking method, it was evident that the most prioritized problem was local people's indifferent attitude to practice of social distancing measures (**Appendix D; Page XXV**).

6.2 Local People's Indifferent Attitude to Practice of Social Distancing Measures

The probable causes of local people's indifferent attitude to social distancing measures were poverty of daily wage earners as they had to go out to earn their livelihood, small business owners needed to continue their business for income (shopkeepers, tailors, vegetable sellers, drivers etc.), some people went out and sat in tea stalls unnecessarily, lack of education and awareness was a major cause and religious orthodoxy also forced people to not maintain social

distancing measures. All these created the problem and in effect, number and death of COVID patients increased alarmingly. Ward Councilor had to be stricter than he wanted. He had to deploy police, collect fine and close all bazars and shops to keep people at home. The cause-effect diagram is shown in **Appendix D (Page XXV)**.

6.3 Prospects of Improvement

From discussion with participants from local people and WARD office some positives and negatives were identified. They also suggested some recommendations. They are given below-

6.3.1 Strengths

- Strong leadership of Ward Councilor**

Rapid increase of the number of COVID affected patients and helpless situation of extremely poor people encouraged the councilor to take immediate actions. He gave government directions the highest priority

- Enough resources to run awareness raising activities regularly which are-**

- ✓ Miking from mosques
- ✓ Spraying disinfectant at regular intervals
- ✓ Strict surveillance deploying police force
- ✓ Construction of basins on the roadsides

- Provision of guidance on animal sacrifice for Eid-ul-Adha during lockdown**

- ✓ Determined the places of animal sacrifice
- ✓ Encouraged local people to store the sacrificial wastes in a dumping bag to help the workers of garbage van service
- ✓ Opened a monitoring cell in the Ward Councilor's Office
- ✓ Encouraged ensuring personal protection while removing sacrificial waste
- ✓ Encouraged not taking children and old people to the sacrificial animal market

- Having list of people who lost their jobs during lockdown**

The councilor and his co-workers realized middle income people who lost their jobs, paralyzed persons who live alone should also be helped. They made a list of such people using their voter IDs and sent the information to government authority

- Ability to arrange mass vaccination program**

First dose vaccination activities under mass vaccination program started on 10 August, 2021. Second dose vaccination activities started on 7 September, 2021. 2000 vaccines

were given for each dose. Per day 500 people were vaccinated. Through miking from mosques, people were informed of the place, date and time of vaccination program

6.3.2 Weakness

- No presence of an organized disaster management committee**

Although the Ward office ensure that they had a Disaster Management Committee, they could not provide any documentation of the structure or name of members of the committee.

- No documentation of relief distribution and awareness raising activities**

The dates and times of the activities were not properly documented.

- Biasness and corruption in relief distribution and mass vaccination**

Many truly helpless people did not receive any help although financially stable people received help multiple times. Members of Ward office gave receipts for relief collection to familiar people, poor relatives and Awami League workers. Some of them sold the relief products at low prices to the poor people.

6.3.3 Opportunities

- Hygienic rationing system by DNCC**

DNCC organized hygienic rationing system from trucks. People maintained social distance with help from armed force officials while waiting in line.

- Arrangements of mobile washrooms by DNCC**

DNCC authority provided mobile washroom to some selected spots of the Ward area e.g. near Gulshan-Badda link road, near Badda High School and in South Badda.

- Expansion of existing social protection programs by Government**

- ✓ Nearly 2.8 million primary school children receive high energy biscuits as part of the school feeding programme implemented by the GoB and the World Food Programme (WFP). Given the unplanned school closures, the programme switched to take-home delivery of biscuit packages (Hebbar, Muhit & Marzi, 2021).
- ✓ The Food Friendly Programme (FFP) provides a monthly allocation of 30 kilos of rice at a subsidised rate of BDT 10/kilo to 5 million beneficiaries over two periods when seasonal food insecurity is most acute – April and May, and September –November. With the onset of COVID-19, the duration of FFP was

extended by an additional month until June, 2020 (Hebbar, Muhit & Marzi, 2021).

- **Raise of more funds locally and globally to address immediate needs by Government**

In response to the socio-economic upheaval posed by COVID-19, the UN Country Team is supporting the Government of Bangladesh in developing a Social Economic Recovery Framework (SERF); the ILO & UNICEF are co-leading the “social protection and basic services” activities under this framework (“Social Protection in Bangladesh: ILO in Bangladesh,” n.d.).

- **Adequate national provision of aid for vulnerable groups (disable, suddenly unemployed, critically ill patients etc)**

- ✓ Prime Minister’s (PM’s) cash support scheme to help 5 million households. This scheme aims to provide one-off assistance of BDT 2,500 (£22) to poor households reliant on the informal sector who lost their jobs on account of the crisis (Hebbar, Muhit & Marzi, 2021).
- ✓ Cash assistance for 1 million laid-off workers in export-oriented industries. This programme provides a transfer of BDT 3,000 (£27) per month for up to three months to workers laid-off from factories registered under four of the largest trade unions covering these industries (Hebbar, Muhit & Marzi, 2021).

6.3.4 Threats

The following issues were identified as threats by the Ward Councilor, his Co-workers and participants from local people-

- There was no co-ordination among the pandemic management works of Hospitals, associations and NGOs
- COVID treatment facilities in hospitals were highly expensive and limited. Poor people couldn’t access them.
- Insufficiency of testing facilities left many cases undetected and spread the COVID virus even more.
- Occurrence of political, social, cultural and religious mass gatherings could not be stopped even with government interventions.
- Creation of emergency support fund to help workers, employers and vulnerable people postponed other development works of government.

6.4 Recommendation and Conclusion

From consultation with local people and Ward office members, some suggestions arose to improve the pandemic management activities.

- **To increase strength and decrease weakness following measures can be taken-**

A responsible Disaster Management Committee should be formed in the WARD area following SOD, 2019. It will help to do pandemic management works more effectively. Also, a Disaster Management Committee should be formed with proper documentation following government guidelines. List of poor and helpless people should be updated periodically as their number keeps increasing. Relief received from various sources should be listed and distributed amount of relief should also be recorded. This will help to prevent corruption and biasness. COVID-19 prevention campaign should be continued regularly to ensure that the pandemic situation will not get worse. Many poor people could not collect relief as they did not have NID. They should be encouraged to collect their NIDs to be eligible for getting relief. Lastly, people should be forced to follow social distancing measures by enforcing strict rules and regulations.

- **To increase opportunities and remove threats-**

More rapid detection kits, PPEs, ventilators and ICU beds should be imported to ensure strong preparedness against the pandemic. Public health measures must be taken effectively to slow the spread of COVID-19. Sufficient research funds to conduct research on COVID-19 should be allocated as COVID virus is changing and creating variants. Social activists, television and print media, social workers and religious and political leaders should come forward to help in the dissemination of scientifically factual information. Co-ordination among different public authorities and groups should be ensured. Measures should be taken to attract local and global funds to improve efficiency to keep businesses afloat and to generate fiscal savings.

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Appendix A:

Chapter 03: Area and Resource Profile during COVID-19 Pandemic

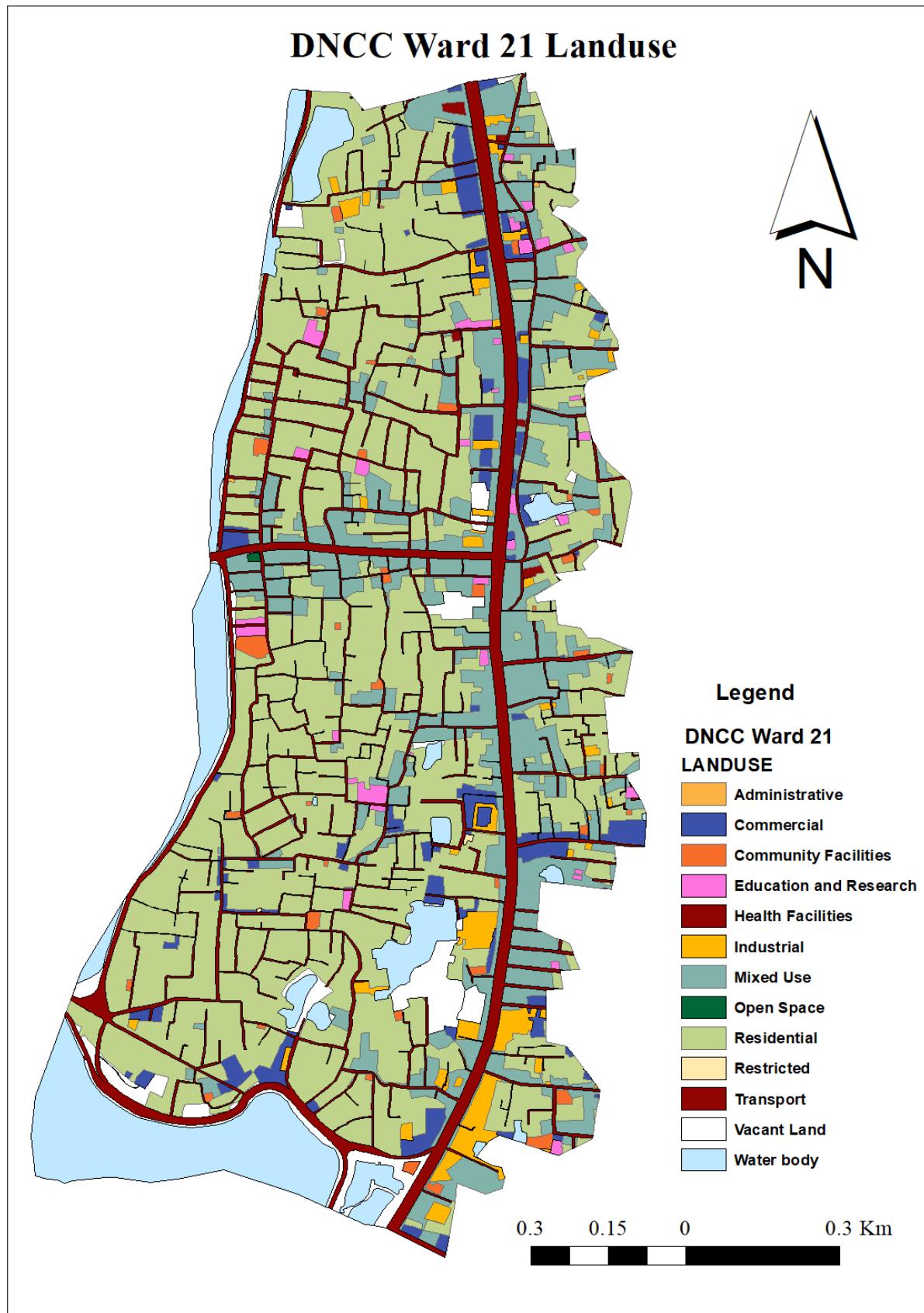


Figure 01: Land use map of the ward (Source: Authors, 2021).

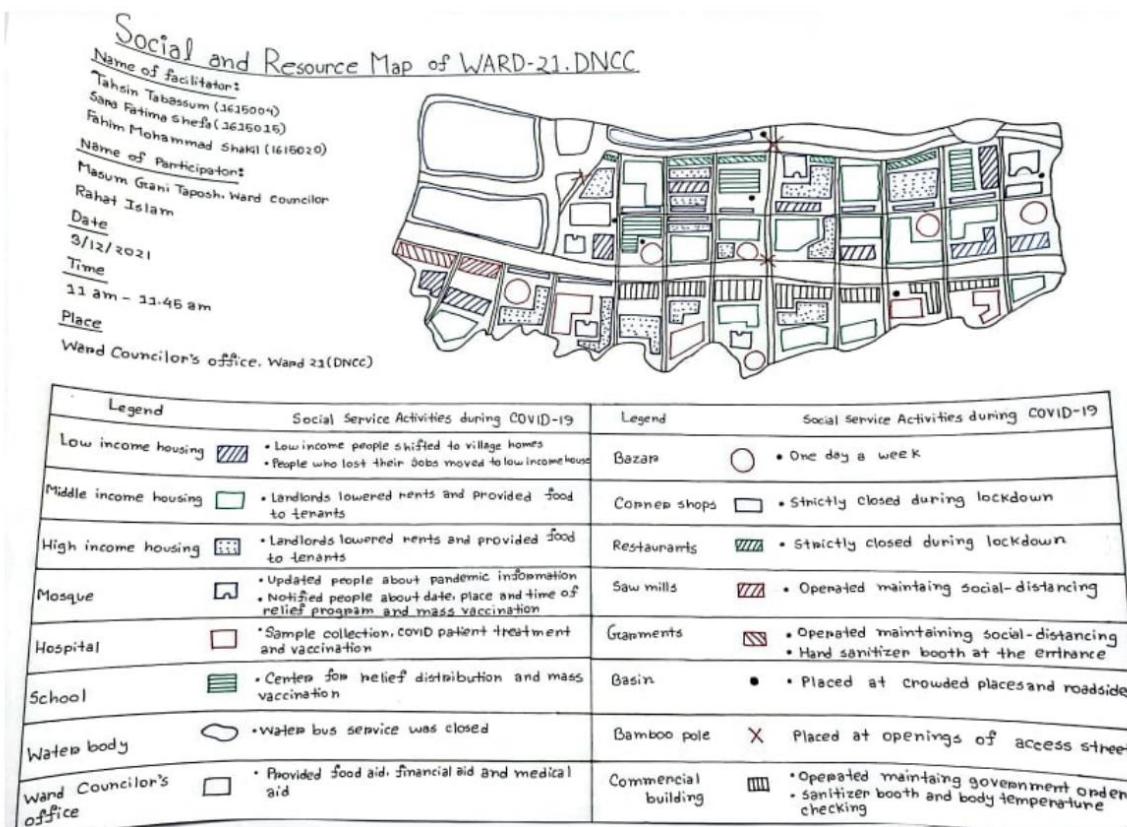


Figure 02: Social and Resource map of WARD-21 (Source: Authors, 2021).



Figure 03 & 04 (from left): Traditional one storied tin-shed building and under construction buildings in vacant spaces (Source: Authors, 2021).



Figure 05 & 06: High income housing around low income housing. (Source: Authors, 2021)



Figure 07, 08 and 09: Major roads of WARD-21. (Source: Authors, 2021)

Sub Arterial Roads	30-60 feet	Drainage system	Closed drainage network
Distributor Roads	20 feet		
Access Streets	8-20 feet		
Sidewalk	6-8 feet		

Figure 10: Roads and drainage system of WARD-21. (Source: Authors, 2021)



Figure 11, 12 & 13 (from left): 20 feet access streets. (Source: Authors, 2021)



Figure 14 & 15 (from left): 8-10 feet access streets. (Source: Authors, 2021)



Figure 16 & 17 (from left): Distribution of relief and vaccination program in Badda High School.
(Source: Ward Councilor's Facebook Page, 2021)



Figure 18 & 19 (from left): Vaccination program in Badda Girls' High School. (Source: Ward Councilor's Facebook Page, 2021)



Figure 20, 21 & 22 (from left): Mixed land use. (Source: Authors, 2021)



Figure 23, 24 & 25 (from left): Mixed land use. (Source: Authors, 2021)



Figure 26, 27 & 28 (from left): Vacant land, Nursery and Lake. (Source: Authors, 2021)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Residential 2. Mixed use 3. Commercial 4. Water body 5. Community facilities 6. Education and research | <ol style="list-style-type: none"> 7. Vacant land 8. Industrial 9. Health facilities 10. Administrative 11. Open space |
|--|---|

Figure 29: Hierarchy of land use according to area. (Source: Authors, 2021)

Table 01: Social infrastructures of the ward (Source: Field Survey, 2021).

Educational institutions	Schools and Colleges	✓ Some kinder gartens
		✓ Badda Girls' High School
		✓ Badda High School
		✓ Badda Alatunnesa Higher Secondary School
	Universities	✓ Canadian University of Bangladesh ✓ Brac University
	Madrasa	✓ Meftahul Madrasa
Healthcare services	Hospital	✓ AMZ Hospital ✓ Ibn-sina Hospital ✓ Badda General Hospital
	Others	✓ Approximately 25 pharmacies ✓ Eye hospital ✓ Dental clinic
Community facilities	Mosques	✓ Baitul Mamur Jame Masjid ✓ Baitul Mokaddam Jame Masjid ✓ Kanu Miar Pukur Par Masjid ✓ Waste Merul Jame Masjid ✓ DIT Project Jame Masjid
	Social security	✓ Badda Police Station
	Communication	✓ Badda Sub Post Office
	Recreation	✓ Hatirjheel Park

	Arts and culture	✓ Badda Jagoroni Club
	Grocery shopping	<ul style="list-style-type: none"> ✓ Roadside shops ✓ Uttar Badda, Dakkhin Badda and Middle Badda Kacha Bazar ✓ Boubazar
	Shopping centers	<ul style="list-style-type: none"> ✓ Holland Ceneter ✓ Lutfon Tower

Table 02: Commercial land use in the ward (Source: Field Survey, 2021)

Commercial buildings	<ul style="list-style-type: none"> ✓ Fuji Trade Center ✓ Rupayan Millenium Square ✓ Hossen Building ✓ Pran Center ✓ Alauddin Tower ✓ Molla Tower ✓ Century Center
Banks	<ul style="list-style-type: none"> ✓ Bangladesh Krishi Bank ✓ Islami Bank Limited ✓ Bank Asia ✓ Dutch Bangla Bank Limited

Appendix B

Chapter 04: Activities by Local Government to Tackle COVID-19



Figure 30, 31, 32 & 33: Discussion with Ward Councilor and his Co-workers. (Source: Authors, 2021)



Figure 34: Extended meeting aiming to lock down Ward 21 due to Corona virus. (Source: Ward Councilor's Facebook Page, 2021)



Figure 35 & 36 (from left): Preparation and distribution of food packets to extremely poor people during the lockdown. (Source: Ward Councilor's Facebook Page, 2021)



Figure 37: Spraying water mixed with sanitizer (Source: Ward Councilor's Facebook Page, 2021)



Figure 38: Making people aware by going from house to house. (Source: Ward Councilor's Facebook Page, 2021)

Timeline of the COVID-19 pandemic management (Year 2020)

Month	Day	Activities by Government	Day	Activities by Ward Councilor's Office (WARD 21)
March	8	• Confirmed first Covid-19 cases in Bangladesh	8	• Anticipated that terrible days are ahead
	9	• Issued guidance on basic preventive measures against Covid-19	9-25	• Formed a Disaster Management Committee following the guidelines of Government and through miking and going from house to house- ✓ Advised people to follow regular hygiene rules and to verify the truth of the information without listening to rumors ✓ Advised to pay extra attention to baby's health
	16	• Ordered to close all educational institutions to prevent the spread of Covid-19		
	18	• Confirmed first death from Coronavirus		
	23	• Declared general holidays from 26 March, 2020 to 4 April, 2020 to prevent the spread of Covid-19		
	26	• Announced ban on all modes of transport across the country from 26 March to 4 April • Suspended international flights to all countries except for the UK and China.	26	• Held press briefings with JTV Online to advise people to stay at home and to stay healthy to prevent COVID-19
	27	• Closed factories until 4 April, 2020 except the ones which have export orders and who are producing personal protection equipment (PPE), masks, hand wash and medicine	27-31	• Held campaign to make Ward 21 free of COVID-19 (spraying disinfectant on roads, distributing masks and hand sanitizers, placing basins, miking to raise awareness, placing bamboo poles on access streets) with a group of smart officers of Police and Bangladesh Army

Month	Day	Activities by Government	Day	Activities by Ward Councilor's office (WARD 21)
April	1	• Announced factory owners could run their production following proper health guideline	1-4	• Disaster management committee prepared a list if extremely poor people
	3-4	• Workers used local transports, ferries and walked to return to their workplaces in Dhaka, Gazipur and Narayanganj as factories would resume productions from 5 April 2020		
	5	• Prime Minister Sheikh Hasina announced new financial packages worth US\$8bn to help industries and service sectors to overcome the impact of Covid-19	5	• Received financial aid from government authority to distribute relief packets
	10	• Extended general holidays and shut factories till 25 April 2020	8	• Sprayed disinfectants on roads • Distributed relief packets to disable people • Distributed relief packets from house to house
	26	• Reopened garment factories with a limited number of workers	13	• Relief distribution program in the field of Badda Jagoroni Shangshad
			14	• Sprayed disinfectants on roads
			15	• Distributed dry relief on behalf of Pran-RFL Group
			17	• Distributed relief from house to house of 1000 families
			21	• Distributed food relief to 700 families on behalf of Prime Minister

Timeline of the COVID-19 pandemic management (Year 2020)

Month	Day	Activities by Government	Day	Activities by Ward Councilor's office (WARD 21)
May	31	<ul style="list-style-type: none"> Resumed offices and public transport services despite a rise in coronavirus cases ending 66 days of lockdown measures. Allowed workplaces to operate on a limited scale, subject to their compliance with the health and safety guidelines. 		<ul style="list-style-type: none"> Regularly sprayed disinfectants on roads Conducted relief distribution program weekly Relaxed the movement control and social distancing measures
June	15	<ul style="list-style-type: none"> Extended closure of educational institutions until August 6, 2020 	17	<ul style="list-style-type: none"> Held extended meeting to lock down Ward 21 due to Corona virus
July	21	<ul style="list-style-type: none"> Made wearing of masks mandatory for all 	20-31	<ul style="list-style-type: none"> Determined the places of animal sacrifice Encouraged local people to store the sacrificial wastes in a dumping bag to help the workers of garbage van service Opened a monitoring cell in the Ward Councilor's Office Encouraged ensuring personal protection while removing sacrificial waste Encouraged not taking children and old people to the sacrificial animal market
	29	<ul style="list-style-type: none"> Extended closure of educational institutions extended till August 31, 2020 		
August	26	<ul style="list-style-type: none"> Confirmed COVID-19 cases in Bangladesh exceed 300,000 with nearly 4,100 deaths 	17	<ul style="list-style-type: none"> Distributed food relief in orphanages and madrasas
September		Withdrew all kinds of restrictions on public movement and activities		
October		Provided directions to not allow anyone to enter government offices as well as private offices without a mask		
November-December		People gradually moved back to Dhaka		

Month	Day	Activities by Government	Day	Activities by Ward Councilor's Office (WARD 21)
January	30	<ul style="list-style-type: none"> 9-month lowest daily Covid-19 cases (363 new cases) 	27- 28	<ul style="list-style-type: none"> Distributed winter clothes in different mosques and madrasas of the ward
February	7	<ul style="list-style-type: none"> Started countrywide COVID-19 vaccination drive 		
March				
April	5	<ul style="list-style-type: none"> Announced a seven-day lockdown Suspended all domestic travels and shut shopping malls 		<ul style="list-style-type: none"> Made a list of people who lost their jobs using their voter IDs and sent the information to government authority
	14	<ul style="list-style-type: none"> Enforced a "strict lockdown" till April 21, which was later extended 		<ul style="list-style-type: none"> Distributed government grant of 2500 taka per person for such people
May	24	<ul style="list-style-type: none"> Reopened public transports after nearly seven weeks 		
June	22	<ul style="list-style-type: none"> Declared lockdown in seven districts surrounding Dhaka 		<ul style="list-style-type: none"> Distributed government grant of 2500 taka per person
July	1	<ul style="list-style-type: none"> Enforced nationwide lockdown amidst a surge in cases and deaths 		
August	1	<ul style="list-style-type: none"> Reopened factories and industries amid the ongoing strict lockdown 	7	<ul style="list-style-type: none"> Mass vaccination program from 9am to 3 pm for adults (50 years and above) and disable people (25 years and above). Vaccinated 328 people.
	11	<ul style="list-style-type: none"> Lifted lockdown Reopened all offices, factories, shops and public transport services Continued mass vaccination campaigns across the country 	8	<ul style="list-style-type: none"> Second day of COVID-19 vaccination activities in Ward No. 21
			9-12	<ul style="list-style-type: none"> COVID-19 vaccination activities
			23	<ul style="list-style-type: none"> Distributed food items among the poor

Timeline of the COVID-19 pandemic management (Year 2021)

Month	Day	Activities by Government	Day	Activities by Ward Councilor's Office (WARD 21)
September			7-13	<ul style="list-style-type: none"> Second dose COVID-19 vaccination activities
			28-29	<ul style="list-style-type: none"> First dose COVID-19 vaccination activities from 9:00 am to 6:00 pm for people who completed registration but was not vaccinated Vaccinated 500 people each day
October			28-30	<ul style="list-style-type: none"> Second dose COVID-19 vaccination activities from 9 am to 6:00 pm for people who completed registration but was not vaccinated
November			23-25	<ul style="list-style-type: none"> Mass vaccination program from 9am to 6 pm for adults (18 years and above)

Participants:

Masum Gani Taposh, Ward Councilor
 Rahat Islam, Personal Secretary of Ward Councilor
 Md. Jahangir, Member of Disaster Management Committee
 Mojibur Rahman, Acting President of Badda Thana Awami League
 Nurul Islam Sagar, Office Secretary
 Tara Banu, Resident of Ward-21
 Saiful Islam, Member of New Badda Theater
 Nasima Akter, Lecturer, Badda Alatunnesa Higher Secondary School

Place: WARD 21, Dhaka North City Corporation

Date: 12 December, 2021

Facilitators:

Tahsin Tabassum
 Sara Fatima Shefa and
 Fahim Mohammad Shakil

Seasonal Diagram of COVID-19 Pandemic Management:

Month	2020												2021												
	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	
Criteria																									
Lockdown			🚫	🚫		🚫	🚫															🚫	🚫		
Raised awareness with police and army officers			🔊	🔊	🔊	🔊	🔊	🔊	🔊	🔊	🔊										🔊	🔊			
Sprayed disinfectants on roads			👤	👤	👤	👤	👤	👤	👤	👤	👤														
Distributed masks and hand sanitizers				🧼	🧼																				
Placed bamboo poles on access roads			🚫	🚫	🚫																				
Prohibited praying in mosques			🚫	🚫	🚫	🚫	🚫	🚫	🚫	🚫	🚫										🚫	🚫	🚫		
Miking from mosques			🎙	🎙	🎙	🎙	🎙	🎙	🎙	🎙	🎙										🎙	🎙	🎙		

Month	2020												2021											
	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Criteria																								
Distributed food packets from house to house																								
Held relief distribution programs in schools, orphanages and madrasas																								
Received financial help from local influential people																								
Distributed financial aid																								
Reduced house rents by some house-owners																								

Month	2020												2021												
	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	
Criteria																									
Number of COVID patients																									
Migration of people																									
Helped COVID patients with oxygen cylinders																									
Ensured vaccination of aged people																									

Participants:

Masum Gani Taposh, Ward Councilor
Rahat Islam, Personal Secretary of Ward Councilor
Md. Jahangir, Member of Disaster Management Committee
Mojibur Rahman, Acting President of Badda Thana Awami League
Nurul Islam Sagar, Office Secretary
Tara Banu, Resident of Ward-21
Saiful Islam, Member of New Badda Theater
Nasima Akter, Lecturer, Badda Alatunnesa Higher Secondary School

Place: WARD 21, Dhaka North City Corporation

Date: 12 December, 2021

Facilitators:

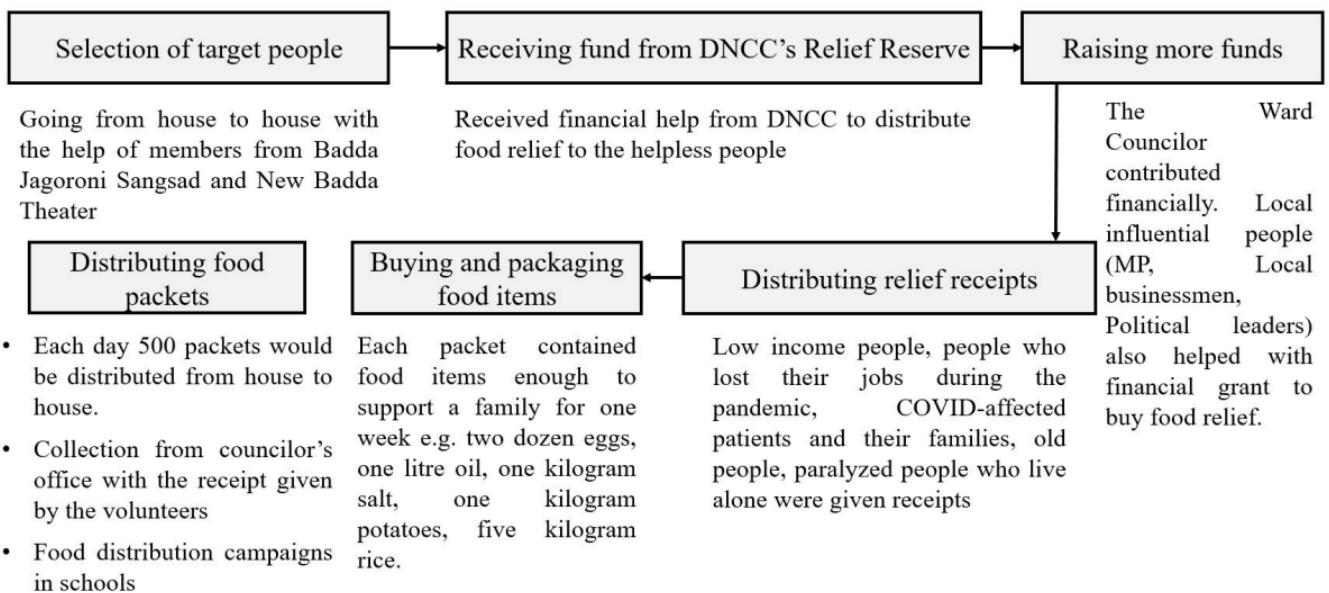
Tahsin Tabassum
Sara Fatima Shefa and
Fahim Mohammad Shakil

Process Diagrams of the COVID-19 pandemic management

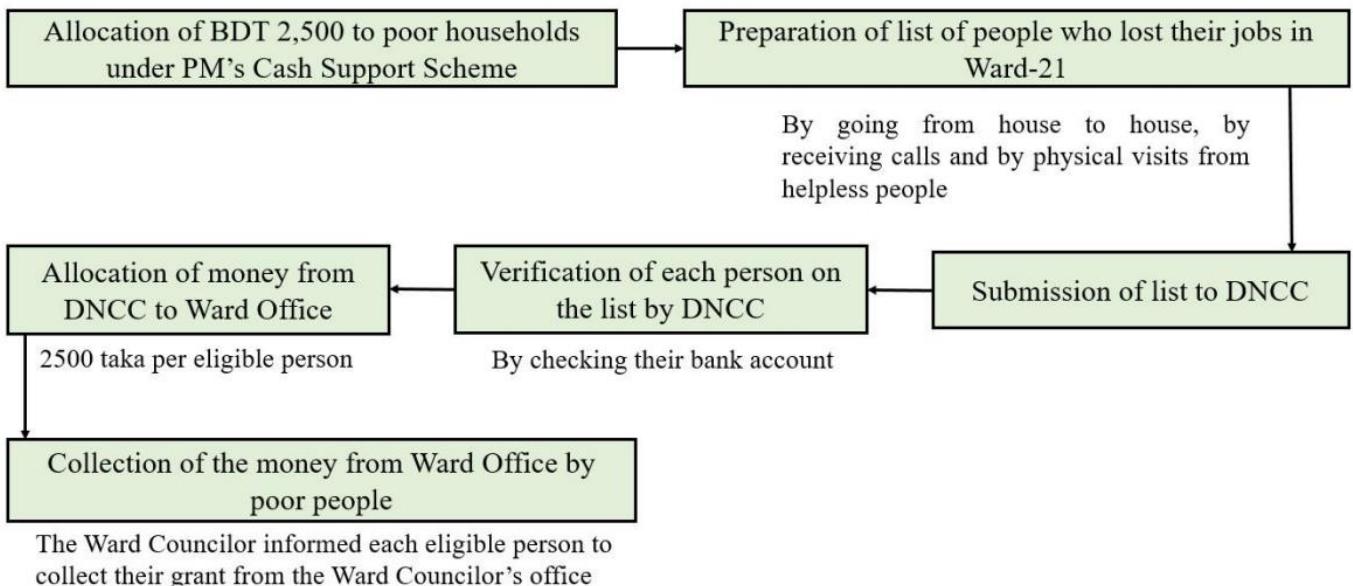
Participants: Masum Gani Taposh, Ward Councilor Rahat Islam, Personal Secretary of Ward Councilor Md. Jahangir, Member of Disaster Management Committee Mojibur Rahman, Acting President of Badda Thana Awami League Nurul Islam Sagar, Office Secretary Tara Banu, Resident of Ward-21 Saiful Islam, Member of New Badda Theater Nasima Akter, Lecturer, Badda Alatunnesa Higher Secondary School

Place: WARD 21, Dhaka North City Corporation Date: 12 December, 2021 Facilitators: Tahsin Tabassum Sara Fatima Shefa and Fahim Mohammad Shakil
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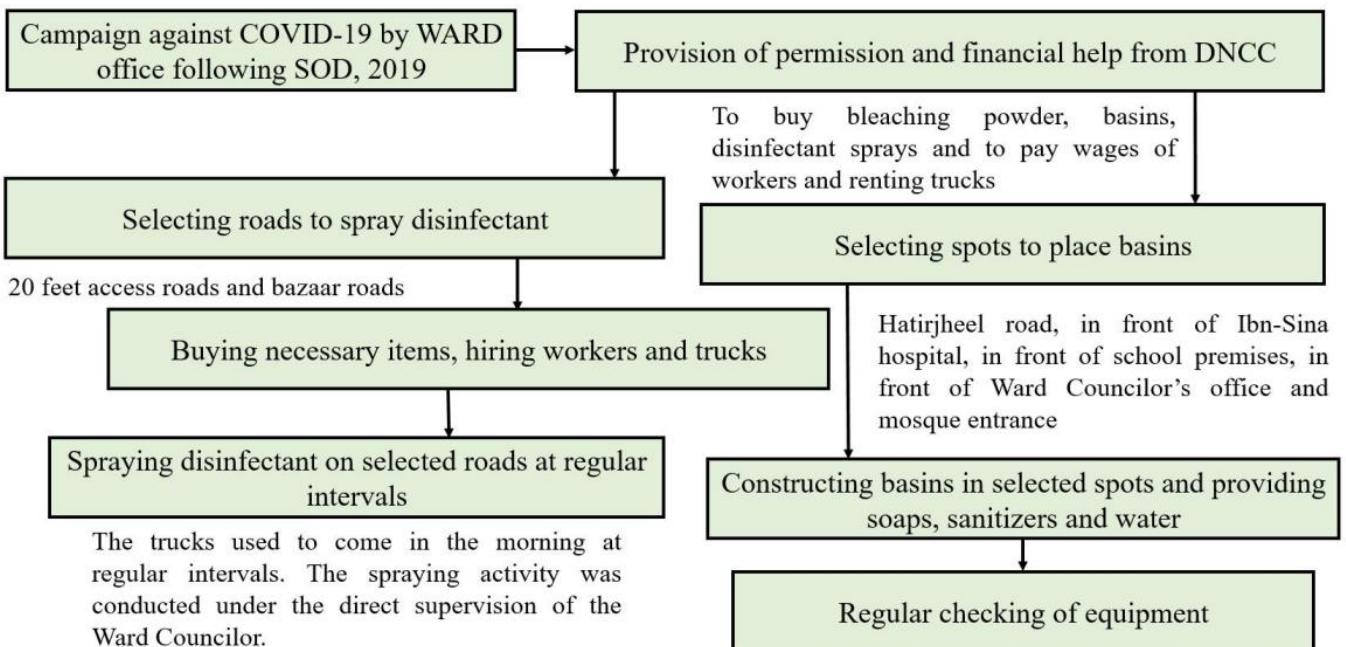
Process of Food Aid Distribution



Process of Financial Aid Distribution



Process of Disinfecting Activities



Appendix C

Chapter 05: Local Government's Interaction with Organizations and Local People

Interaction with other organizations:

Influence	Help Providers	Interaction	Target people
National institutions	Prime Minister's Relief Reserve	Allocated money for poor households and sent to DNCC	<ul style="list-style-type: none"> • Low income people • COVID affected people
	DNCC's Relief Reserve	Received money from Prime Minister's Relief Reserve and distributed to the Ward Offices	
	Police and Armed Force	<ul style="list-style-type: none"> • Raised awareness among people about COVID-19 by going from house to house • Patrolling, fining shopkeepers 	• Local people
Local institutions	Ward Councilor's Office	<ul style="list-style-type: none"> • Played a central role in pandemic management activities in Ward-21 • Interaction with DNCC, other local institutions and individuals 	<ul style="list-style-type: none"> • Local people • Low income and COVID-affected people were prioritized
	Local Educational Institutions	Ward Office requested the school authorities for using the school premises as relief distribution and mass vaccination centers	
	Local Clubs	Helped the Ward Office in listing names of poor people, relief packing and distribution activities	

Influence	Help Providers	Interaction	Target people
Local institutions	Masjid Committee	Councilor contacted with the Masjid Committees for miking through Mosques to update and notify people	• Local people
	Madrasa	<ul style="list-style-type: none"> • Families contacted with Ward Office • Ward Office contacted with students and teachers of Meftahul Madrasa for burial activity of COVID affected dead bodies 	• COVID affected people
	Hospital	<ul style="list-style-type: none"> • COVID testing and treatment facilities • No interaction with Ward Office 	• Local middle and high income people
Individuals	Local Influential People	<ul style="list-style-type: none"> • Ward Councilor asked them for financial help in relief distribution activities • Anonymously donated money to the Ward Office 	<ul style="list-style-type: none"> • Low income people • COVID affected people
	Volunteers	<ul style="list-style-type: none"> • Contacted with Ward Office voluntarily • Worked in relief distribution, social distance measures, treatment of COVID patients and other welfare activities 	

Venn Diagram of COVID-19 Pandemic Management:

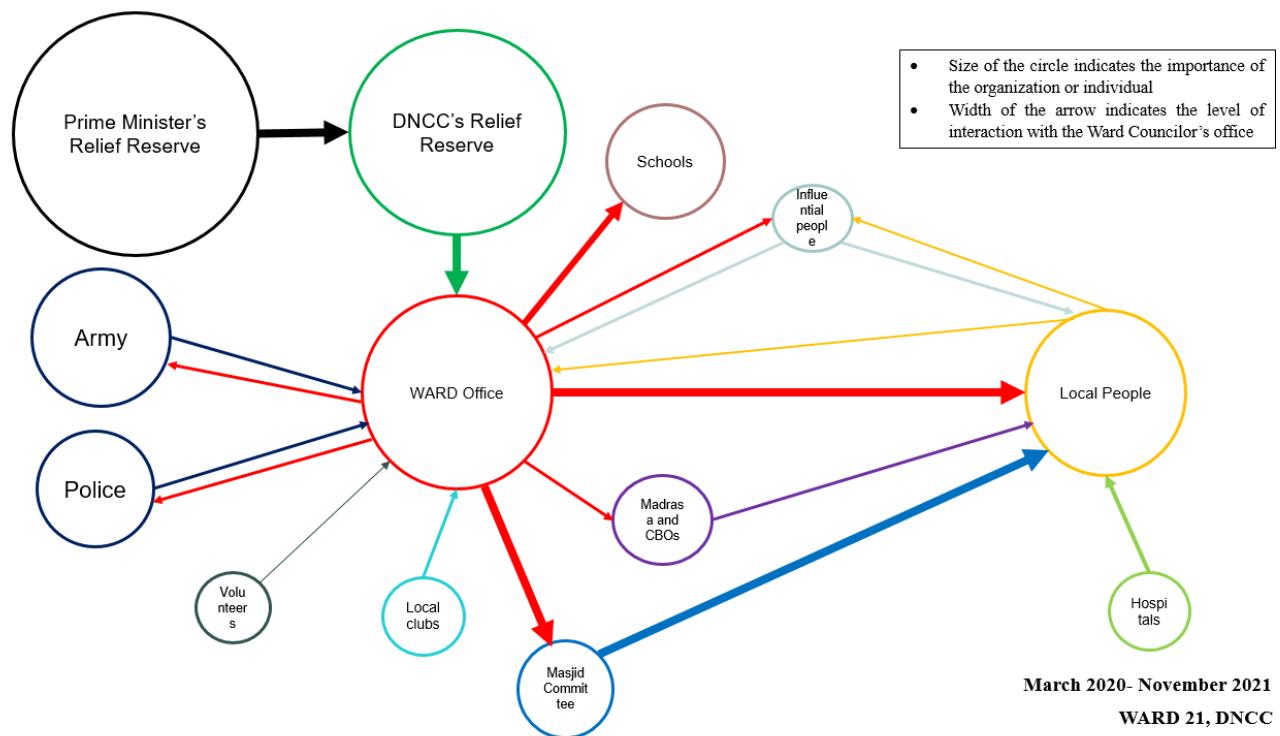
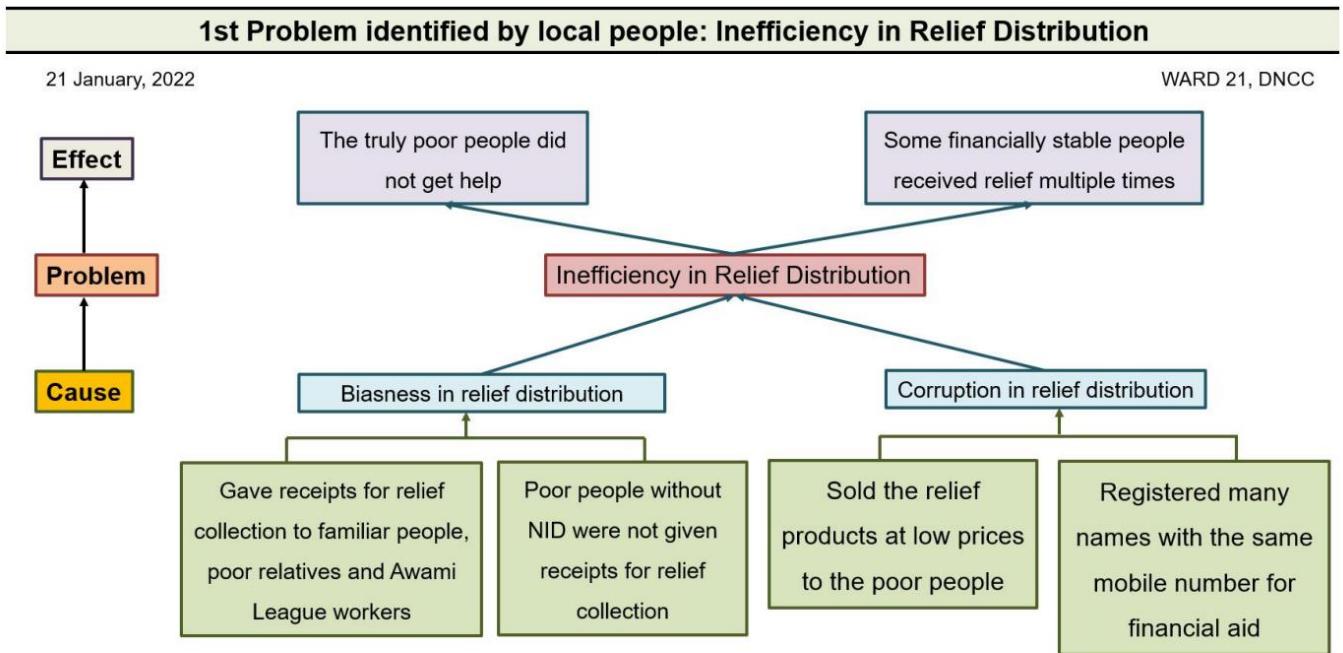


Table 03: Problems Identified by Local People regarding Pandemic Management by Local Government
(Source: Phone Survey, 2022)

	a) Absence of coordination and proper management of welfare activities	b) Limited well-equipped hospitals, vaccination and testing facilities	c) Shutting down of public services and daily activities	d) Inability to access work and earnings	e) Inefficiency in relief distribution	Priority frequency	Rank
a) Absence of coordination and proper management	x	b	a	d	e	I	4th
b) Limited well-equipped hospitals and testing facilities	x	x	b	d	e	II	3rd
c) Shutting down of public services and daily activities	x	x	x	d	e		5th
d) Inability to access work and earnings (2 nd)	x	x	x	x	e	III	2nd
e) Inefficiency in relief distribution (1 st)	x	x	x	x	x	IV	1st

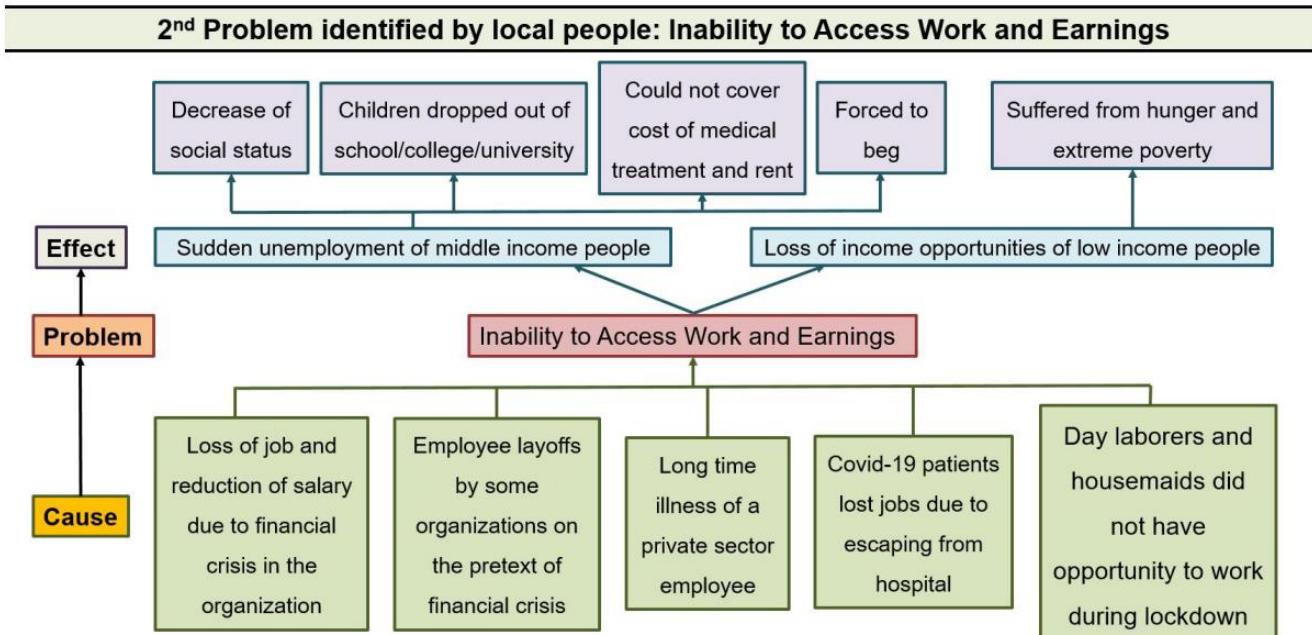
Participants: Md. Ali Akbar Faraji, Nasima Akter, Asma Akter, Tara Banu, Md. Anowar, Moyna, Shadhin Mia, Rafiq, Milon
Facilitators: Tahsin Tabassum, Sara Fatima Shefa, Fahim Mohammad Shakil

Cause-effect Diagrams for Problems Identified by Local People regarding Pandemic Management by Local Government:



Participants: Md. Ali Akbar Faraji, Nasima Akter, Asma Akter, Tara Banu, Md. Anowar, Moyna, Shadhin Mia, Rafiq, Milon
Facilitators: Tahsin Tabassum, Sara Fatima Shefa, Fahim Mohammad Shakil

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Participants: Md. Ali Akbar Faraji, Nasima Akter, Asma Akter, Tara Banu, Md. Anowar, Moyna, Shadhin Mia, Rafiq, Milon
Facilitators: Tahsin Tabassum, Sara Fatima Shefa, Fahim Mohammad Shakil

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Appendix D

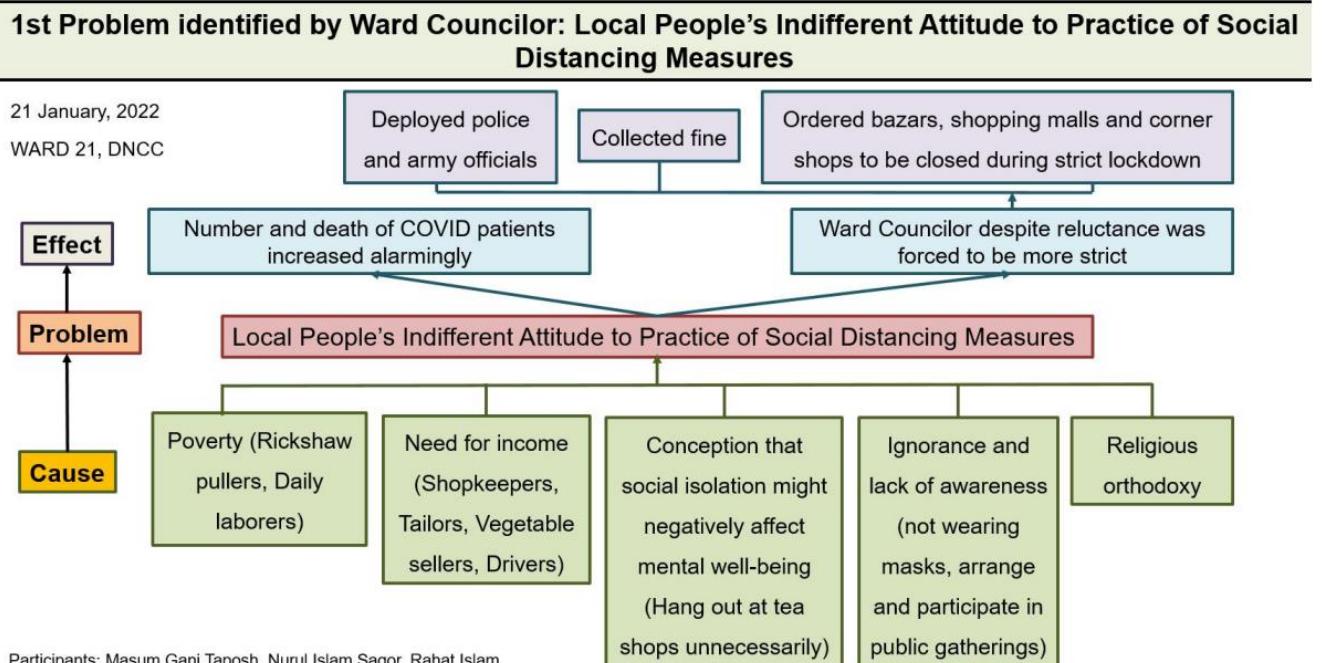
Chapter 06: Problems and Prospects of Improvement

Table 04: Problems faced by Local Government regarding Pandemic Management (Source: Phone Survey, 2022)

Problem	a) Local people's lack of access to appropriate information	b) Social exclusion of COVID patients and stigmatization	c) Shortage of relief goods	d) Local people's indifferent attitude to practice of social distancing measures	e) Non-cooperation of NGOs, CBOs and hospitals	Priority Frequency	Rank
a) Local people's lack of access to appropriate information	×	b	c	d	e		5th
b) Social exclusion of COVID patients and stigmatization	×	×	c	d	e		4th
c) Shortage of relief goods <i>(2nd)</i>	×	×	×	d	c		2nd
d) Local people's indifferent attitude to practice of social distancing measures <i>(1st)</i>	×	×	×	×	d		1st
e) Non-cooperation of NGOs, CBOs and hospitals	×	×	×	×	×		3rd

Participants: Masum Gani Taposh, Nurul Islam Sagor, Rahat Islam
Facilitators: Tahsin Tabassum, Sara Fatima Shefa, Fahim Mohammad Shakil

Cause-effect Diagram Problems faced by Local Government regarding Pandemic Management:



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2nd Problem identified by Ward Councilor: Shortage of Relief Goods

21 January, 2022

WARD 21, DNCC



Participants: Masum Gani Taposh, Nurul Islam Sagor, Rahat Islam
Facilitators: Tahsin Tabassum, Sara Fatima Shefa, Fahim Mohammad Shakil

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