

# Seven Elements of COVID Consensus in Bangladesh

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# **COVID Consensus**

- 1. COVID Context**
- 2. Macroeconomic Impact**
- 3. Labor Market Adjustments**
- 4. Economic and Social Fallouts**
- 5. Nutrition and Health Concerns**
- 6. Education Status**
- 7. Effectiveness of Policy Interventions**

# Consensus One: **COVID Context**

- A moderately affected country in terms of infection rate with low death rate and lagged vaccination rollout
- Pre-existing problems exacerbated; new ones added; disadvantaged people disproportionately affected but they have been joined by new people

## Consensus Two: **Macroeconomic Impacts**

- The macroeconomic stability was maintained with positive growth rate; remittances and food grains production holding the fort
- However, exports faltered and private investment dipped

# Consensus Three: **Labour Market** **Adjustments**

- The labour market demonstrated a certain level of resilience notwithstanding return of large number of migrant workers
- However, there was urban-rural migration and further informalisation of the economy with consequent lower wages and higher underemployment

## **Consensus Four: Economic and Social** **Fallouts**

- Economic distress (in terms of income, savings and debt) was more severe and protracted compared to health and related fallouts
- High incidence of dissaving, distress sale of assets and borrowing leading to vicious debt cycle were observed
- Besides increase in incidence of domestic violence against women, abuse of elderly citizens and children were reported

# Consensus Five: **Nutrition and Health** **Concerns**

- Nutrition intake fell irrespective of employment status and income level
- Reproductive healthcare services and child immunisation were missed in both rural and urban areas

## **Consensus Six: Education Status**

- Prolonged school closure and family income erosion led to high incidence of (girl) child marriage and increase in child labour and dropouts
- Severe inequity in e-learning particularly at the primary level and in remote areas was observed



## Consensus Seven: **Effectiveness of Policy Interventions**

- COVID related support measures were rolled out at an early stage with proper policy guidance (enhanced public expenditure, incentives for the private sector, increased liquidity for the market and expansion of the social safety nets)
- Four shortcomings regarding stimulus packages: (i) insufficient allocation (as a share of GDP) (ii) did not contain required cash transfer and food support measures, (iii) low coverage of eligible beneficiaries and (iv) noticeable delivery deficits

## **Consensus Seven: Effectiveness of Policy Interventions** *(contd...)*

- Public interventions were not adequately attuned to the needs of the traditionally disadvantaged, left behind people (LNOB) and the newly disadvantaged, pushed behind people (PNOB) including returnee migrants, informal sector participants, small and medium enterprises
- People living in geographical remote areas (i.e., char, haor and coastal area), slum dwellers, indigenous and Dalit people, persons with disabilities, transgender and floating population had been disproportionately affected

## **Consensus Seven: Effectiveness of Policy Interventions (contd...)**

- Senior citizens and children did not figure prominently in the stimulus packages
- The LNOBs and PNOBs were not noticeably “networked,” so social and organisational relations did not play much role in accessing public support
- Private (philanthropic) support initiatives were quite visible at local level during the first lockdown. Role of the NGOs during this period was limited largely due to inflexibility in their programmatic and funding arrangements. Temporary suspension of microcredit payment recovery was helpful

# Thank You



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