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Policy Framework on Disaster Management in Bangladesh: A Study on Emergency Response during COVID-19 Pandemic

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Abstract: **Disaster Management (DM) is a crucial issue for populated countries like Bangladesh, particularly the capital city, which is overcrowded and exacerbates the Covid-19 pandemic's severity. The study focuses on the pandemic administration of the COVID-19 situation in Bangladesh, focusing on emergency response periods. It identifies various strategies prescribed by the government and non-government institutions, such as partial lockdown, full lockdown, limited movement, and conditional zone identification. Mobile purification amenities, isolation zones, and key health facilities can help mitigate the impact of the pandemic at the periphery and local levels.**

Despite challenges in controlling travel restrictions, mass COVID-19 testing facilities, and social distancing, prompt international support and cooperation among government, health specialists, and the public can help mitigate the adverse consequences of the disease. Administrative and bureaucratic officials are pioneers in controlling the COVID-19 pandemic, with a special focus on health workers working for the people of Bangladesh. It is essential to capture and prepare for future disasters, whether man-made or natural, to ensure a smooth transition to a more stable and resilient society.

Keywords: **Disaster Management, COVID-19, Policy Framework, Emergency Response.**

1. INTRODUCTION

The World Health Organization (WHO) declared COVID-19 an epidemic on 11th March 2020. The virus was first tested in China in the last month of 2019 and has since spread across Europe, the United States, South America, India, Pakistan, Thailand, and Myanmar. Bangladesh has implemented precautionary measures to prevent COVID-19, including testing suspected cases, isolation, quarantine, community awareness, lockdowns, social distancing, and closure of government and private offices. However, the country needs to implement these measures effectively, leading to a relatively lesser recovery rate of 57.67% of affected persons.

Bangladesh has moderately inadequate healthcare facilities compared to other COVID-19-infected countries, which could be a contributing factor to the lower recovery rate. Insufficient treatment services, limited testing facilities, and inexperience among citizens have become crucial challenges for Bangladeshi people to manage the situation effectively. The government, private organizations, and non-profit organizations are all required to reduce the spread of this highly transmittable disease.

Bangladesh's healthcare management systems must be better organized and managed to handle the pandemic. The country has only 5.3 doctors and 0.3 nurses per 10,000 citizens, with 0.72 ICU hospital beds and 1.1 ventilators per 10,000 citizens. The government has also implemented general holidays to avoid restrictions on transport and open gatherings, leading to nearly 12 million people emigrating from Dhaka City.

The Disaster Management Act of 2012 and the Infectious Disease Prevention, Control, and Elimination Act of 2018 were enforced to address massive mobilizations and gatherings. However, many private medical hospitals refused to provide treatment for COVID-19 patients and general healthcare facilities, resulting in many affected individuals suffering and dying without adequate medical treatment and support. The need for more government administrative authority among responsible bodies, doctors, officials, and staff could contribute to these anomalies.

The government of Bangladesh plays a fundamental role in disaster management and emergency responses during disasters. The Ministry of Environment, Forest and Climate Change and the Ministry of Disaster Management and Relief are the two key ministries accountable for developing and implementing various programs and policies for natural disaster management. In addition, the Ministry of Health and Family Welfare-MoHFW is one of the vital ministries in tackling covid-19 conditions in Bangladesh. The DGHS, a key directorate and implementation arm under the administrative control of MoHFW, organized, prepared, and formulated a National Preparedness and Response Plan for the delegation of covid-19 affected areas in Bangladesh (DGHS, 2020).

Objectives:

The main objective of the study is to explore and identify the following:

- To appraise existing policy framework on Disaster Management in Bangladesh.
- To classify policy issues and facts of Disaster Management in Bangladesh during the Covid-19 epidemic.
- To explore the constraints and challenges of trickling Disaster Management during the covid-19 period.

Research Questions:

The subsequent research questions of the study are;

- Does the government of Bangladesh make a policy frame on disaster management

during the COVID-19 pandemic period?

- Does the Government of Bangladesh effectively handle policy implications on disaster management in Bangladesh during the COVID-19 Pandemic period?

2. RESEARCH METHODOLOGY

The study employs a qualitative research methodology, focusing on the COVID-19 pandemic and its impact on the country. It utilizes secondary data sources and published articles to analyze global papers and conditions. The study also considers steps, proceedings, and measures prescribed by affected countries during and future stages. A meta-analysis and mixed method approach is used, with the authors' research findings and understandings analyzed. A policy outline is adopted based on the measurement and strategies used in various research and scholarly articles published on various platforms.

Data is gathered from secondary sources, such as the United Nations, World Health Organization (WHO), Corona Meters Info, BBS report, ministries/divisions/government organizations, annual reports, and national daily newspapers. These sources provide valuable insights for developing strategies and policies to support the pandemic.

Study Area:

Bangladesh, a nation of 161 million people, is located on the Ganges-Brahmaputra Delta in South Asia. The country faces challenges in slowing the spread of COVID-19 due to its geographical position and topography, which accelerates natural hazards. As of September 13, 2020, the total number of COVID-19 reported cases was 28,637,952, with 917,417 deaths. The highest number of reported cases was in the USA, followed by South-east Asian countries with 5,377,062, European countries with 4,796,426 confirmed cases, Eastern Mediterranean countries with 2,101,676, Western Pacific countries with 546,552, and underdeveloped countries like Africa with 116,321 cases.

The transmission portion of COVID-19 has accelerated rapidly in South-East Asia countries, with high-ranked countries like the USA, Thailand, and Malaysia reporting 92,391 cases, highly developed countries like Germany, France, Italy, Spain, and the United Kingdom reporting 225,494 cases, Eastern Mediterranean countries with 55,012 cases, Western Pacific countries with 11,886 cases, and lowest developed countries of Africa reporting 23,916 cases. Bangladesh is situated in a risky zone coping with many possible cases in the COVID-19 transmissible pandemic.

The Logic of the Study:

A Disaster significantly disrupts a society's functioning due to extensive material, human, economic, or environmental influences. It significantly impacts social, political, and environmental life. The Hyogo Framework for Action 2005-2015 (HFA) outlines guidelines and techniques for reducing disaster susceptibility in the context of sustainable development. The South Asian Association for Regional Cooperation (SAARC) also prescribes a disaster management framework that replicates the HFA implementation framework. The Millennium Declaration of 2000 focuses on reducing hazardous danger by confirming public contribution, emphasizing the vulnerability of impoverished individuals to natural disasters.

SDGs emphasize policy priority issues to refine elasticity and decrease susceptibility for impoverished and poor populations. Key disaster management issues include advancing risk reduction procedures and focusing on the underprivileged, poor, and defenseless people.

Institutional Framework of Disaster Management in Bangladesh:

The calamity management perception of the government of the People's Republic of Bangladesh is to decrease the peril and hazard to the underprivileged and the local level people, exclusively the poor and the backward. It proposes to create an actual, efficient and long enduring Emergency Response Management System under which large-scale catastrophes, calamities and hazards can be managed and handled, as well as the preparedness and humanitarian matters while handling the after and before effects and results of social, environmental natural as well as manmade calamities (Khan & Rahman, 2007; Sarker et al. Journals.grassrootsinstitute.net)

Bangladesh initiated a disaster management preparedness framework afterward the hazardous effect of the 1991 cyclone. Now, the concerned authorities of Bangladesh adopted and formulated National Disaster Management Act, 2012 (MoDMR, 2012), Standing Order on Disaster 1997 (revised up to 2010) by Department of Disaster Relief and Management (DM & RD), National Disaster Management Policy, 2015 (MoDMR, 2015) and National Disaster Management Plan 2010-2015 (MoDMR, 2010) as vital credentials and policy paper to manage and handle disaster and calamity management proceedings (Khan & Rahman, 2007; Izumi & Shaw, 2015).

The country has adopted, formulated, and mitigated disaster management instruments at the nationwide, local as well as sub-national stages. Bangladesh National Disaster Management Plan formulated by a strategic paper. It prescribes an inclusive guideline and policy framework for pertinent areas and disaster management committees/organized bodies in all spheres to formulate and adopt the detailed plans, programs, and policy guidelines shaped beneath diversified areas of such disaster management framework (Hossain, 2011; Hassan, 2015; Rezoane, 2016). The parliament has passed Disaster Management Act 2012.

In addition, the government has also prepared a National Plan for Disaster Management (2010–2015, 2016–2020; MoDMR, 2016), which has played importance in civic associations from preparation to the application of disaster management actions at local, sub-national, and national levels. The Disaster Management Policy of 2015 expresses the participation of local, sub-national, and national people and different stakeholders. The Disaster Management Policy, 2015, was prepared below Article 19 of the Disaster Management Act, 2012. The aim of the Disaster Management Policy-2015 is to the attainment of good governance as well as good enough governance of disaster management by confirming the responsibility, accountability, and transparency of all shareholders, participants, community followers, bilateral and multilateral development partners, local and sub-national-level concerned body, people and disaster management committees and so on.

Policy Framework of COVID-19 pandemic management system in Bangladesh:

The MoHFW, DGHS, and IEDCR, under the administrative control of MoHFW, perform as a pioneer of the covid-19 pandemic administration (Alam, 2020). The MoHFW is a ministry as well as a policy-making frame, and the DGHS and IEDCR are its policy implementation body. The DGHS formulated the National Preparedness and Response Plan for the COVID-19 pandemic in the country (DGHS, 2020). In addition, the DGHS shaped and framed 64 health coordination committees in 64 districts, with the civil surgeons, the principal health officer of a district, as the chairperson of the committee (Alam, 2020).

As per the Disaster Management Act of 2012, National Disaster Management Council has formed at the national level where the Prime Minister of the Country will be the chairperson of the council, and a good number of concerned ministers are in charge of the ministries, a number of administrative officials who are in charge of the ministry/division/directorate/ concerned administrative body, will be the member of the council. Generally, the council administers the policy framework, strategic policy issues and priorities on disaster management. In addition to, different emergency response activities and committee has prepared the act during disaster management (Alam, 2020).

MoHFW shaped and formulated four national-level committees as per the rules of the National Preparedness and Response Plan (NPRP) (Alam, 2020). The National Committee for Prevention and Control of COVID-19 (NCPCC) is first at the top. The minister in charge of the MoHFW performs as the chairperson of the committee, and the secretary of health services is performed as the member-secretary of the NCPCC. Secretaries who are the administrative head of a ministry/division were prescribed as members of the committee indicating cabinet secretary and principal secretary of the office of the Prime Minister (Alam, 2020). The committee's first meeting was sat on 21st March 2020, and later, no meetings were prescribed at the time of April and May were reported as critical months. Secondly, performing the Director General of the DGHS as the chairperson, a National Coordination Committee (NCC) was designed and shaped. All members of the committee were involved from health-related government organizations (Alam, 2020).

Thirdly, performing the director general of DGHS as the chairperson, National Technical Committee (NTC) was also designed and shaped. Officers, staff and other designated officials of the DGHS and IEDCR, as well as representatives of other health and family-related government organizations, were included as members. There was no chamber for independent expertise on health and disaster management, indicating members of NCC and NTC are comprised of administrative-controlled offices of the DGHS. Fourthly, facing rising criticism, the MoHFW designed the National Technical Advisory Committee.

The chairperson of the Bangladesh Medical and Dental Council was prescribed as chairman as well as the members comprised renowned Bangladeshi medical doctors of the committee. In addition, the director who is working at the IEDCR was performed as a member-secretary of the indicated advisory committee (Alam, 2020). Administratively, Bangladesh is physically divided and allocated into eight divisions for an effective service delivery system, 64 districts, 492 upazilas and 4,571 unions Parishad. In addition, there are 12 city corporations and more than 330 municipalities across the country. Pre-primary healthcare facilities are prescribed from the community clinics at the local level all over the country. Primary as well as secondary healthcare amenities are prescribed, provided and organized at the Upazila government hospitals, popularly known as Upazila health complexes and district hospitals, respectively (Alam, 2020). Tertiary health and medical care facilities are only at the divisional level, sub-national and national level big clinics and large hospitals even though private prescriptions are attached to medical colleges and medical diagnosis centres. A couple of committees at the local and sub-national levels were designed by the MoHFW with the cooperation of the Cabinet Division (Alam, 2020).

Firstly, performing divisional commissioner as the chairperson of the Divisional Committee on Prevention and Control of covid-19 at the divisional level was formulated and shaped in which where the divisional director of the health services performs as member-secretary of the committee (Alam, 2020). Secondly, the deputy commissioner plays a vital role of the chairperson at the district level, and the civil surgeon remains the member-secretary (Alam, 2020). Thirdly, UNO was made at the upazila level as the chairperson, and the UHFWO stayed the member-secretary. It is solely indicated that no committees were designed and shaped at city corporations in which typically the issue is outside of the authority of the deputy commissioner in charge of a district administratively (Alam, 2020).

However, a scrutiny of the delegation of authority of the committees discloses and allocates that the key tasks and duties comprise raising awareness of covid-19, emphasizing the status of social isolation and imposing isolation, as well as applying verdicts of the National Committee (Alam, 2020). Moreover, the MoHFW allocated and imposed the responsibilities of one of the ministry's officials who are in the rank of deputy secretary to additional secretary or above to monitor, inspect and screen all healthcare centres, community clinics, hospitals and diagnostic centres in Dhaka city as well as across the whole country (Alam, 2020). Furthermore, the Ministry of Food and Disaster Management (MoDMR) allotted and delegated authority ministry's officials to every administrative district in the country to supervise and monitor humanitarian assistance through MoHFW actions (Alam, 2020). Also, the PMO allotted one senior secretary/secretary who is the administrative head of a ministry/division of the government to the individual districts to administer the performance relating to the prevention and control of covid-19 and humanitarian assistance (Alam, 2020).

Context of Covid-19 Pandemic: Bangladesh Perspective

In the covid-19 context, more than one crore and 2 million people across the World have been confirmed and diseased with the Nobel coronavirus since Wuhan city, Republic of China, primarily recognized the presence of a "pneumonia of unknown cause" in Wuhan province, Republic of China, on December 31, 2019, as well as at the middle of July 2020. Furthermore, the worldwide death ratio has touched closely to 562,000 individuals since the initially testified death in the Wuhan province of the Republic of China on January 11, 2020 (WHO, 2020). World Health Organization (WHO), the reputed health organization working worldwide, considered covid-19 as an epidemic on March 11, 2020 (WHO, 2020). Across the World, countries take various steps to manage the pandemic; for example, "political response, healthcare management, and financial policy response," South Korea, Taiwan, and Singapore are the top three countries managing Covid-19 management (Bremmer, 2020).

The East Asian covid-19 prevention success stories focus on the importance of early interference, the use of technology, healthcare capacity, centralized coordination and citizen compliance and command and control structure in pandemic organizing and managing (Shaw et al., 2020). The task of calamity communication and public participation (Shaw et al., 2020; Dostal, 2020) for effective and efficient covid-19 epidemic administration is sound arrangement. Bangladesh experienced the first known revelation to the covid-19 while a Biman Bangladesh Airlines aircraft expatriate 312 Bangladeshi inhabitants from Wuhan province, Republic of China, on February 1, 2020. However, sufficient steps and measures have been taken that extreme inadequacy of testing may send off numerous cases unnoticed by the country.

In reply to the presence of the virus, Bangladesh certainly lessened international flights, compulsory thermal scanner checking in the airport, and shut down schools, colleges, and universities; however, offices continued their regular schedules until March 26, 2020(Anwar et al., 2020). The initial recognized covid-19 individuals were reported on March 8, 2020. To avoid covid-19, Bangladeshis who are nonresidents staying in top developed countries like North America and Europe, and top oil-resourced countries like Qatar, Saudi Arabia etc., as the Middle East and the Republic of China reported an exodus to Bangladesh. About 630,000 Bangladeshis, between January 21 to March 24 reached Bangladesh from covid-19 victimized nationals (Maswood & Mahmud, 2020).

3. DISCUSSION AND FINDINGS

Covid-19 began spreading globally in November 2019, with the World Health Organization (WHO) declaring it a worldwide epidemic on March 11, 2020. The virus has rapidly accelerated into a disaster, with sporadic community transmission across society and countries. Social distancing and isolation strategies have been implemented, with prompt administrative measures and raising community awareness to manage the spread of the disease.

Bangladesh has adopted various measures to control the dangerous situation, including screening travelers from China for human body temperatures, closing visas and Chinese government visas, monitoring travelers from all nationals and access points, arranging separation, isolation, and quarantine schemes for returning individuals and closing all educational institutions, including universities, on March 18, 2020. Bangladesh's policy plans depend on its attitude towards controlling the ongoing pandemic. Public transportation and businesses were shut down during public holidays, leading to a blackout and a lockdown. The Institute of Epidemiology, Disease Control and Research (IEDCR) organized the testing and recognition, which expanded to 39 government hospitals and 17 private hospitals and diagnostic centres. The government declared numerous incentive packages, with financial cumulative packages reaching BDT 100,000 crore.

The government and concerned authorities organized, supported, and delivered food assistance to nearly 12.5 million families during the lockdown period to address the economic, social, and national catastrophe. The Ministry of Health and Family Welfare (MFHW) and Directorate General of Health Services (DGHS) oversee the IEDCR, which is responsible for research, epidemiological, and infectious diseases.

Recently, 15% of tested individuals tested positive for Covid-19, and the number of tested cases is limited to 1,620 per million individuals. The government prescribed only 1,169 ICU beds at government and private hospitals, causing a high victim rate among low-income people.

The country has implemented non-therapeutic measures to control the increase of the epidemic, including closing programs, creating a national COVID-19 response committee, closing educational institutions, closing public and private offices, cancelling domestic and international flights, placing law enforcement agencies with military and police forces,

prescribing public transportation and gathering, extinction of Bangla New Year celebrations, withdrawal of Independence Day celebrations, allowing social safety nets for impoverished and impoverished people, and providing the 'Rice for 10 taka per KG' for the needy and impoverished people.

The government has also announced approximately $11.90 billion in incentives for cottage industries, business ventures, doctors, nurses, and the agricultural and fisheries sectors to ensure food and nutritious security. However, Bangladesh's diagnostic method for Covid-19 affected persons is insecure and lacks organization and management.

Bangladesh's existing health management system is imperfect, with a lack of harmonization and proper management among various departments and government offices. This has led to the government's failure to control explorers arriving from countries like China and Italy during the pandemic.

4. CONCLUSION

Various countries have developed the Global Influenza Program and pre-epidemic policy framework to guide disaster management and prevent further complications. These guidelines aim to minimize disaster preparedness and ensure a wide range of preparation and administration. Covid-19 has significantly impacted the living standards of communities and society. The Bangladesh government has implemented strategic techniques and guidelines to address unique issues, but a fixed plan and fair public policy-making against the pandemic have yet to be considered. The research venture focuses on the focused pandemic and aims to control future disastrous situations that may accelerate further epidemics.

REFERENCES

[1] Akhter F, 2020. COVID-19 and health care denial. New Age, April l2. Available at: https://www.newagebd.net/article/103590/covid-19-and-healthcare-denial. Accessed August 7, 2020.

[2] Alam, M. A. (2020). Leading in the shadows: understanding administrative leadership in the context of COVID-19 pandemic management in Bangladesh. *International Journal of Public Leadership*.https://doi.org/10.1108/IJPL-06-2020-0050

[3] Bennett et al,`Disaster risk governance for district level landslide risk management in Bangladesh, *International Journal of Disaster Risj Reduction*,2021.

[4] Bremmer, I. (2020), "The best global responses to COVID-19 pandemic", TIME, June 12, 2020, available at: https://time.com/5851633/best-global-responses-covid-19/ (accessed 12 July 2020)

[5] Coccia,Mario,`Factors determining the diffusion of COVID-19 and Suggested strategy to prevent future accelerated viral infectivity similar to COVID-19 pandemic: Evidence from Bangladesh,' *Asian Social Work and Policy Review*,2021

[6] Daszak, P., Olival K. J., and Li, H., 2020. A strategy to prevent future epidemics similar to the 2019-nCoV outbreak, Biosafety and Health, **2**(1), pp. 6-8.

[7] Deng, C. X. (2020). The global battle against SARS-CoV-2 and COVID-19. *International journal of biological sciences*, *16*(10), 1676. https://doi.org/10.7150/ijbs.45587

[8] `Disaster Risk Reduction Approaches in Bangladesh, *'Springer Science and Business Media*,LLC,2013

[9] DGHS (2020), National Preparedness and Response Plan for COVID-19, Directorate General of Health Services (DGHS), Bangladesh, available at: http://dgnm.portal.gov.bd/sites/default/files/files/dgnm.portal.gov.bd/npfblock//2020-03-31-14-33-1283d92c9c9feb4dbf1a7ebce460e77f.pdf (accessed on 16 July 2020).

[10] Hossain, M.N., Rahman, M.M., Islam, K. (2016). Vulnerability of Agricultural Production due to Natural Disaster at Mongla Upazila (Sub-district) in Bangladesh. British Journal of Applied Science & Technology, 16(1): 1-13.

[11] Islam et al,` Chapter 28 Strategies to Mitigate the Covid-19 Challenges of Universities in Bangladesh, *IGI Global*,2021

[12] Krause, N.M., Freiling, I., Beets, B. and Brossard, D. (2020), "Fact-checking as risk communication:the multi-layered risk of misinformation in times of COVID-19", Journal of RiskResearch. doi:10.1080/13669877.2020.1756385.

[13] Li,Ni,Yi,Xu et al `Factors Associated with Psychological Outcomes Among Vaccinated and Unvaccinated Health Care Workers Against COVID-19 Infection in Bangladesh', *Frontiers in Medicine*,2022..

[14] Rahman, M. M., Khan, S. J., Sakib, M. S., Chakma, S., Procheta, N. F., Mamun, Z. A., & Rahman, M. M. (2021). Assessing the psychological condition among general people of Bangladesh during COVID-19 pandemic. *Journal of Human Behavior in the Social Environment*, *31*(1-4), 449-463. https://doi.org/10.1080/10911359.2020.1848688

[15] Shammi, M., Bodrud-Doza, M., Islam, A. R. M., & Rahman, M. (2021). Strategic assessment of COVID-19 pandemic in Bangladesh: comparative lockdown scenario analysis, public perception, and management for sustainability. *Environment, Development and Sustainability*, *23*(4), 6148-6191. https://doi.org/10.1007/s10668-020-00867-y

[16] Shaw, R., Mallick, F., & Islam, A. (2013). *Disaster Risk Reduction Approaches in Bangladesh* (st ed.). Tokyo: Springer.