



**SATISFACTION SURVEY ON SELECTED PUBLIC
SERVICES:
CHALLENGES AND WAY FORWARD**

March 28, 2022

Satisfaction Survey on Selected Public Services: Challenges and Way Forward

Research Coordination

Md. Ziaul Karim, Senior Programme Coordinator, Manusher Jonno Foundation

Mohammad Mohashin Kabir, Programme Manager, Manusher Jonno Foundation

Research Planning, Management and Report Writing

Mohammed Anwar Hossain, Lead Consultant and Professor, Department of Sociology, SUST.

N. Alam Milton, Governance and Citizen Report Card (CRC) Expert

Gratitude

Shaheen Anam, Executive Director, Manusher Jonno Foundation

Website: www.manusherjonno.org

CONTENT

	<i>Page</i>
ACRONYMS	6
EXECUTIVE SUMMERY	8-11
CHAPTER 1: INTRODUCTION	12-15
1.1 Background and Rationale	12
1.2 The Context of the Assignment	14
1.3 Justification of the Study	15
1.4 Objectives of the Study	15
CHAPTER 2: REVIEW OF LITERATURE	16-23
2.1 Flashback on Public services in Bangladesh	16
2.2 Social Security Programmes	16
2.3 Agricultural Extension Services	19
2.4 Primary Health Care Services	21
2.5 Safe Drinking Water and Sanitations	22
CHAPTER 3: METHODOLOGY AND RESPONDENTS PROFILE	24-30
3.1 Types of Data	24
3.2 Matrix of Methodology	24
3.3 Survey and Sampling design	25
3.4 Steps to select the respondents	25
3.5 Duration of the Survey	26
3.6 Survey management and quality control	27
3.7 Validity and reliability of survey data	27
3.8 Data Processing and Analysis	27
3.9 Limitation of the study	27
3.10 The profiles of the respondents	28
CHAPTER 4: GOVERNANCE CHALLENGES IN PUBLIC SERVICES	31-55
4.1 Social Security Programmes (SSPs)	31
4.2 Agriculture, fisheries, and livestock services	34
4.3 Primary Healthcare Services	43
4.4 Safe Drinking Water and Sanitation Services	48
4.5 Right to Information (RTI)	52
CHAPTER 5: QUALITY OF PUBLIC SERVICES	56-71
5.1 Participation in development program	56
5.2 LG activities for the betterment of services	60
5.3 Training and Orientation	64
5.4 Satisfaction level	66

CHAPTER 6: POLITICAL ECONOMY AND GOVERNANCE IN PUBLIC SERVICES	72-110
6.1 Political settlement of public services	73
6.2. Economics of public services	89
6.3. Perceived effects of political settlement on services: Institutional analysis	93
6.4. Economic mess	104
6.5. Income and power inequalities	108
6.6. Exclusion of poor and marginalized people from public services	109
6.7. Intervention	110
CHAPTER 7: LEARNING OF THE PROJECT	111-113
CHAPTER 8: CONCLUSION AND RECOMMENDATIONS	114-116
REFERENCES	117-121

List of Table

- Table-1: Matrix of Methodology
- Table-2: Upazila wise Distribution of Sample
- Table-3: Educational status of the respondent
- Table-4: Monthly family and personal income of the respondent
- Table-5: Monthly expenditure of the respondent family
- Table-6: Information about agriculture, fisheries, and livestock services
- Table-7: Types of agriculture extension, fisheries, and livestock services
- Table-8: Types of irregularities and corruption
- Table-9: Field visitors for verification under the selection procedure
- Table-10: Service received from the SAAO and artificial inseminator
- Table-11: Monitoring of agriculture, fisheries, and livestock services
- Table-12: To whom lodged complaints
- Table-13: Government primary health care centres
- Table-14: Types of difficulties and irregularities
- Table-15: Does Health Apa come to the community clinic regularly?
- Table-16: Do you find health assistance from health apa if needed?
- Table-17: Whether the complaint resolved or not
- Table-18: Threatened for lodging complaints
- Table-19: Communication to get safe drinking water and sanitation services
- Table-20: Got a government-funded tube-well
- Table-21: Maintain the government-funded tube-well
- Table-22: Tube-well been tested
- Table-23: arsenic contamination
- Table-24: Irregularities and corruption faced by the beneficiaries
- Table-25: Whether lodged complaints
- Table-25: Where/who lodged complaints
- Table-26: To whom complaints are lodged
- Table-27: Where/whom did they know about RTI act
- Table-28: Which sectors did they apply for information
- Table-29: Involvement of harassment
- Table-30: Positive changes after availing of the services
- Table-31: The deprivation of the poor and marginalized people of public services
- Table-32: Obstacles faced by UP/Municipalities/City Corporations to provide services independently
- Table-33: Beneficiaries identified the lack of skills of LG institutions and representatives to provide the government services
- Table-34: Reasons for not providing services effectively
- Table-35: Open budget disclosure meeting held at beneficiaries' Union Parishad
- Table-36: Participation of beneficiaries in the open budget disclosure meeting
- Table-37: Whether five years plan prepared at Union/Pourshava/City Corporation
- Table-38: Whether the sector-wise budget in constitution with grassroots people
- Table-39: In which cases did the UP played role in the smooth running of health activities in their Ward.
- Table-40: Community Group/ Steering Committee play an active role in the smooth running of the health service

Table-41: The Union Health and Family Welfare Centre Management Committee working effectively and efficiently

Table-42: Types of agriculture training received

Table-43: Overall satisfaction level in selected public services

Table-44: Level of satisfaction of social security services

Table-45: Level of satisfaction in different issues of agriculture, fisheries, and livestock services

Table-46: Level of satisfaction in different issues of Primary Health care services

Table-47: Level of satisfaction in different issues of safe drinking water and sanitation services

List of Chart

Chart-1: Age of the respondent

Chart-2: Religion of the respondent

Chart-3: Marital status of the respondent

Chart-4: Occupation of the respondent

Chart-5: Family member of the respondent

Chart-6: Social Security allowance received

Chart-7: Problem observed for entitlement of social security services

Chart-8: Communicate to entitlement of the services

Chart-9: Problems/irregularities observed during the selection process

Chart-10: Complaints lodged by the beneficiaries

Chart-11: Whether the complaint resolved or not

Chart-12: Threatened for lodging complaints

Chart-13: Types of health services received in the last 12 months

Chart-14: Process of lodging complaints

Chart-15: To whom complaints lodged

Chart-16: Types of safe drinking water and sanitation services

Chart-17: Beneficiaries know about RTI act

Chart-18: Applied for information

Chart-19: Beneficiaries faced any kind of harassment while asking for information

Chart -20: Find positive changes after availing of the services

Chart-21: Are LG institutions and representatives skilled enough to provide government services

Chart-22: Ward Shava held at beneficiaries' ward

Chart-23: Participation in the Ward Shava

Chart-24: The Union Health Committee play an active role in the smooth running of health service activities

Chart-25: Know about the safe drinking water and sanitation committee in the LG institutions

ACRONYMS

<i>AESs</i>	: <i>Agricultural Extension Services</i>
<i>AWDDW</i>	: Allowance For Widowed, Distressed, Deserted Women
<i>BBS</i>	: Bangladesh Bureau of Statistics
<i>BRAC</i>	: Building Resources Across Communities
<i>CC</i>	: Community Clinic
<i>CRC</i>	: Citizen Report Card
<i>DAM</i>	: Dhaka Ahsania Mission
<i>DSS</i>	: Department of Social Service
<i>EGPP</i>	: Employment Generation Program for the Poorest
<i>FY</i>	: Fiscal Year
<i>GDP</i>	: Gross Domestic Product
<i>GED</i>	: General Economic Division
<i>GoB</i>	: Government of Bangladesh
<i>HIES</i>	: Household Income and Expenditure Survey
<i>KF</i>	: Khan Foundation
<i>MA</i>	: Maternity Allowance for Poor Lactating Mothers
<i>MDGs</i>	: Millennium Development Goals
<i>MJF</i>	: Manosher Jonno Foundation
<i>MoSW</i>	: Ministry of Social Welfare
<i>MoWCA</i>	: Ministry of Women and Child Affairs
<i>MP</i>	: Member of the Parliament
<i>NDP</i>	: National Development Program
<i>NGOs</i>	: Non-Government Organizations
<i>NRDS</i>	: Noakhali Rural Development Society
<i>NSPS</i>	: National Social Protection Strategy
<i>OAA</i>	: Old Age Allowance
<i>PNGOs</i>	: Partner NGOs
<i>PRSP</i>	: Poverty Reduction Strategy Paper
<i>SDGs</i>	: Sustainable Development Goals
<i>SKS</i>	: SKS Foundation
<i>SPS</i>	: Social Protection System
<i>SPSS</i>	: Statistical Packages for Social Science
<i>SSNPs</i>	: Social Safety Net Programs
<i>SWO</i>	: Social Welfare Officer
<i>UNDP</i>	: United Nation Development Programme
<i>UHFWCs</i>	: Union Health and Family Welfare Centres
<i>UNO</i>	: Upazila Nirbahi Officer
<i>UP</i>	: Union Parishad
<i>VGD</i>	: Vulnerable Group Development
<i>WB</i>	: World Bank
<i>WCA</i>	: Women and Child Affairs Officer

**SATISFACTION SURVEY ON SELECTED PUBLIC
SERVICES:
CHALLENGES AND WAY FORWARD**

EXECUTIVE SUMMARY

The government of Bangladesh has expanded a range of public services to cover all socially and economically disadvantaged people and regions under the eight Five Year Plan (8 FYP-2020 July-2025 June) in the country. The government wants to ensure that all citizens participate in the development process and obtain the benefits of development. The public services have been widely used as the popular means to allocate resources to the poor and the marginalized for reducing extreme poverty, improving human development, and meeting Sustainable Development Goals (SDGs) in Bangladesh. These services include the transfer of cash or goods (rice, wheat), free primary healthcare, safe drinking water and sanitation, free or subsidized agricultural services (seed, fertilizer, pesticides, diesel) to enable the marginalized people to cope and deal with their urgent needs and life-cycle related risks. The government has now established G2P (government to person) payment system to transfer services in cash to the intended beneficiaries' bank or mobile account to enhance transparency and efficiency in delivering services. The allocation for public services has been on the rise over the years to reduce poverty from Bangladesh suggested by SDGs. Although public services assist beneficiaries to reduce poverty and create income-generating activities, the delivery processes of those services often reflect diverse targeting errors (wrong inclusion and exclusion), irregularities and corruption, inefficient and weak administrative arrangements, absence of effective monitoring, **gender disparity**, and lack of coordination between responsible government bodies to select and distribute services to the eligible beneficiaries. **The gaps in the government policies (inadequate budget and coverage, lack of beneficiaries' database, improper selection and distribution, ineffective and insufficient rules, weak supervision, absence of guideline for gender equality) have endured errors in targeting the vulnerable for services.** This Citizen Report Card (CRC) survey aims to investigate governance challenges (irregularities, accountability, transparency), quality of public services with policy gaps, beneficiaries' satisfaction, and political-economic and **governance**-related aspects in the beneficiaries' selection and benefits distribution processes of the selected services such as social security programmes (SSPs), agricultural extension services (AESs), safe drinking water and sanitation services (WASH), primary healthcare services (PHSs), and the usefulness of the right to information (RTI) services in Bangladesh in terms of beneficiaries' responses and statements.

A sample survey, key informant interviews (KIIs), and focus groups discussions (FGDs) were carried out to collect data. The survey revealed the socioeconomic characteristics of the beneficiaries, their inclusion and exclusion in the services, their knowledge about the beneficiary selection committee at grassroots level, irregularities in the beneficiary selection and services distribution process, gender analysis of governance challenges and quality of services, and their level of satisfaction about service delivery and outcomes. KIIs and FGDs were conducted to collect individual and collective views of beneficiaries, LG representatives, and government line agencies about the role of service providers and institutional issues (government rules, transparency, accountability) in services delivery processes. KIIs and FGDs respondents include beneficiaries from all selected services, LG representatives (UP chairman and members, Pourshava councillors, Ward commissioners), and different-level government officials (Department of Social Service, Women Affairs, Agriculture, Health and Family Planning, Livestock, UNO, WASA, Ministry Level Officers, Public Health Engineering, Policy Experts, civil society members) related to the delivery of selected services. KIIs and FGDs are mainly conducted to identify and describe political-economic and governance-related factors and inadequacies in government policies that foster irregularities in the services delivery process and deprive the marginalized of their rights.

The findings of the research show that public services facilitate beneficiaries' urgent needs and provide the opportunity to survive instant and long-term shocks. Most of the respondents feel positive changes in socioeconomic conditions. The changes include the improvement in food safety, nutrition, healthcare, and children's education. While a section of beneficiaries is pleased with public services, many beneficiaries still face diverse irregularities and challenges in the beneficiary selection and benefits distribution process. The beneficiaries often need to contact the respective selection committee members or other influential persons to obtain a service. The priority to allocate services is often given to the people who can afford to pay bribes. Many beneficiaries know a little about selection criteria, selection committees, grievance redressal committee, and right to information for not included in the services. Similarly, many LG representatives have insufficient knowledge and information about their activities and accountabilities in the beneficiary selection and benefits distribution process. The political settlement among LG representatives, local political leaders and other influential persons restricts the access of the marginalised to public services. The lacking in government policies perpetuates

the existing political culture that also restricts the rights of the marginalised. The violation of local government acts to select beneficiaries for SSPs; the outmoded agricultural extension policy 1996 to distribute services; weak coordination and administrative arrangements, and insufficient amenities in the local health facilities to implement the national health policy; the weaknesses in the supervision and implementation of the national policy for safe water supply and sanitation 1998; and the lack of guideline for gender equality in public services have been considered as the longstanding barriers to reach the excluded section. The weaknesses and ineffective implementation of government policies have been excluding the poor people from public services every year. The government budget and coverage have also remained insufficient to reach public services to the marginalized. The excluded people have been remaining under the poverty line and failing to change their poverty situations.

MJF has been working with diverse international donors, local partner NGOs, and Citizen Forum Members (CFMs) to include the excluded people in public services over the years. The survey data and qualitative insights imply that the nature of the selection and distribution of public services has gradually been improving due to continuous interventions at the grassroots level by MJF. The ongoing vibrant advocacy activities (campaigns, awareness raising, grievance redressal activities, negotiation with LG representatives and government officials) to make the excluded people aware about their rights and keep the beneficiary selection process and service providers (LG representatives and government officials) clear and accountable in cooperation with partner NGOs and CFMs have been playing effective roles in the selection and distribution of public services at the local level, considerably facilitating the access of the excluded people to public services. MJF's successive programmes have been contributing to wipe out bribery and targeting errors occurring due to the personal and political favouritism by LG representatives and local powerful persons. Such continuing initiatives by MJF have been ensuring the rights of the eligible but excluded people to public services.

This study used a sample to collect information from respondents within a limited time to describe challenges and irregularities in the beneficiary selection and benefits distribution processes of the selected services. KIIs and FGDs were used to gather in-depth information about political-economic and **governance**-related factors and gaps in government policies that affect the service

delivery process. Some respondents particularly women may have encountered inconvenience to comprehend a few survey questions. The quality of data may also have been affected in geographically backward areas due to extensive remoteness, inconvenient transportation, and the difficulty to access respondents. The inference of the findings to other social contexts was limited due to the use of descriptive statistics. This study, however, tried to retain the quality and validity of data and findings respectively.

CHAPTER 1

INTRODUCTION

1. Background and Rationale

Bangladesh has received the ‘SDG Progress Award’ from the 9th Annual International Conference on Sustainable Development in New York on 23 September 2021 in recognition of the achievements in sustainable development from 2015 to 2020. It is illustrated that Bangladesh has the strength to maintain and mobilize public resources for citizens’ well-being. Despite this achievement there are huge grey areas of misuse of public resources. The absence of proper planning and lack of governance lead these resources improperly. The government has taken long-term, medium-term, and short-term programmes especially the health, agriculture, safe drinking water, and SSP programmes to elevate poverty as well as meet the timeline of SDGs. The eighth five-year plan (2020 July-2025 June) considers the National Social Security Strategy (NSSS) an important pillar of poverty alleviation and a way to meeting MDG’s target and creating convenient conditions for SDGs. The programmes for achieving SDGs emphasize rapid poverty reduction programmes with continuing social services designed to prevent the poor and the vulnerable from risks and enable them to deal with their socioeconomic risks and vulnerability (unemployment, exclusion, sickness, disability, aging, lack of safe drinking water and sanitation, insufficient healthcare) in developing nations by 2030. NSSS has implemented 115 to 130 social security schemes employing the lifecycle approach and served 32-34% of total population in the fiscal year 2015 to 2018 (GED, 2020). Despite a vibrant social security programme, a large portion of people still live-in poverty. Although the allocation for social security on the rise (BDT 95574 crore in the 20-21 fiscal year, BDT 81865 crore for the fiscal year 19-20 (MoF, 2020), it can be argued that NSSS has failed to include all the vulnerable facing severe socioeconomic risks and shocks of poverty in the social security system in Bangladesh. The government has allocated BDT 5,000 crore for a three-year period to stimulate farmers for increasing agricultural production during Covid-19, extra BDT 9,500 crore in the fiscal year 2021 for subsidizing fertilizer, and BDT 150 crore for seeds supply to enable farmers to deal with the effects of the Covid-19 (8FYP). The government allocated BDT 10,000 crore in the the fiscal year 2020 to 2021 to minimize the health-related effects of Covid-19 situations. The government allocation for WASH services increased

from BDT 25.63 billion in the FY 2007-2008 to BDT 106.87 billion in the FY 2019-2020 to tackle Covid-19 (8FYP).

However, the impacts of public services have not been observed at optimum level due to lack of citizens involvement in the planning and monitoring processes. From January 2020, the world has been seriously affected by the COVID-19 pandemic, more than 45% have lost their income sources in Bangladesh and extreme poverty arises from 12% to 30% during the pandemic time. These data have a message that the government of Bangladesh should increase support in health, agriculture, WASH, and other cash incentives and ensure proper uses for the poor and vulnerable. A rigorous social monitoring involving all concerned citizens (civil society groups-social workers, journalists, teachers, educated people, human rights activists) may help ensure better delivery of public services to the citizens. As per recommendations of the previous project, MJF's current project covers 111 Local Government Units (LGUs) of 21 Upazila and two City Corporations under 14 districts where citizens have been playing the role for strengthening governance of these services. The empirical finding of the project denotes that the improvement of governance (accountability, transparency) and civic engagement enhance the access of the poor and excluded people to public services for improving their living standard. Apart from the other social accountability tools i.e., social audit, community score card, public hearing and dialogue with the duty bearers, the current approach of conducting CRC is considered as a best tool to assess peoples' satisfaction on public service delivery, analyse the existing project tools, and determine the way forward.

The literature and insights from the field suggest that the implementation of public services has remained challenging in Bangladesh. The difficulties to implement these services mainly relate to local complex political dynamics (power relations, political influence and nepotism, political relations between LG representatives and local leaders of the ruling political party), economic benefit seeking tendencies of LG representatives and local influential persons, and governance issues. The irregularities and interference in the beneficiary selection and benefits distribution and the inefficiency of LG institutions equally hamper the implementation of public services. The problems in implementing government's NSSS, agricultural extension, health, and safe water supply and sanitation policies at both local and national level; inadequate budget and coverage, and lack of political commitment also hamper the implementation of public services. The current

CRC also intends to evaluate some important issues (inadequate budget and coverage, lack of beneficiaries' database, improper selection and distribution, ineffective and insufficient rules, weak supervision, absence of guideline for gender equality) related to the execution of government policies to enhance the governance of public services in Bangladesh.

1.2 The Context of the Assignment

The government has highly emphasized poverty reduction through an ever-expanding public service including social SSPs, AESs, PHSs, and WASH despite budgetary limitations. The existing irregularities, political and economic problems, weak supervision, and the absence of accountability and transparency and coordination among LG representatives and government officials in the beneficiary selection and benefits distribution process have been appeared as the main challenges for the successful implementation of public services. These issues have been inherent in government policies at local and national level for implementing public services (7FYP and 8FYP). Manusher Jonno Foundation (MJF) in partnership with twelve localized partner NGOs has been working as a watchdog of five public services including SSP, AES, WASH, RTI, and PHS at local level. MJF has concerned about weak governance (low transparency and violation of rules), corruption (bribe), personal and political preferences, appropriation of the benefits by others in the beneficiary selection and benefits distribution, and weaknesses of government policies for establishing the rights of the marginalized to public services. The proposed Citizen Report Card (CRC) can serve both MJF and PNGOs as an effective tool to assess the quality of public services and find out relevant issues for further advocacy.

The study was conducted employing a Citizen Report Card (CRC), and it is mainly quantitative in nature based on both primary and secondary data from different sources. Qualitative data were collected for the support and triangulation of quantitative findings. Besides, the political economy and **governance** analyses were done in a qualitative way i.e., interviewing and discussion with beneficiaries, LG representatives, civil society groups, and government officials, and consultation workshop with relevant stakeholders and project staff.

1.3 Justification of the Study

Social security programmes, agriculture extension services including fisheries and livestock, primary health care services (community to district), and WASH services offered by LGIs at Union, Pourshava, and City Corporation level were selected for examining the fund disbursement process and tracking the expenditure. The CRCs also investigated the systematic weaknesses prevailing in these programs and respective government policies. Besides, interrelation, power dependency, and interest of the designated personalities were analysed from the political economy and **governance** perspective. It is important to explore irregularities and challenges in the beneficiary selection and benefits distribution process and weaknesses in government policies to facilitate the access of the marginalized to public services. Any attempts to improve governance in LG institutions, LG representatives, and government policies and help the marginalized to achieve their rights are consistent with the scope of Manusher Jonno Foundation (MJF).

1.4 Objectives of the Study

The overall objective of the study is to assess the satisfaction level of beneficiaries¹ and identify the challenges of selected social security programs. The specific objectives are

- a) To investigate governance challenges² of primary healthcare services (PHSs), agriculture extension services (AESs), WASH, and social security programmes (SSPs) with related institutions and the exercise of right to information (RTI) within these services,
- b) To assess the quality³ of the selected public services and identification of their factors including policy gaps, and
- c) To explore the political economy of the selected public services.

¹Beneficiaries denote both men and women who have received SSPs, AESs, PHSs, and WASH services.

²Governance challenges refer to targeting errors (wrong inclusion and exclusion), irregularities and corruption, inefficient and weak administrative arrangements, ineffective monitoring, gender disparity, low transparency and accountability among LG representatives, lack of coordination between responsible government bodies, political-economic and governance-related factors, and inadequacies in government policies which impede the beneficiaries' selection and benefits distribution processes of SSP, AESs, WASH, and PHSs services, and the usefulness of the right to information (RTI) services in Bangladesh.

³Quality services indicate the selection of eligible beneficiaries and the distribution of benefits to them according to the criteria set by the government.

CHAPTER 2

REVIEW OF LITERATURE

2.1 Flashback on Public services in Bangladesh

The Strengthening Public institutions (SPI) thematic projects run evidence-based advocacy for addressing issues related to flawed programme designing, short-term planning; weak administration capacity (MIS, staff, monitoring); political interference; corruptions; and lack of awareness of community people about public services. These longstanding issues were also echoed in contemporary research. For instance, the capacity of the local government representatives and government officials are very low to carry out wide range of functions. Their human resources and logistics related supports are minimal (Khan, 2016). Apart from the efficiency crisis of LG, weak governance in service delivery mechanism persists everywhere. Albeit the mandates of local government act, most of the local level planning and implementation held without any consultation with the grassroots people. Besides, coordination gap between LG representatives and government officials is another vital reason of the poor service delivery. However, project documents are reviewed and analysed to have qualitative data support in this proposed study. The strengths, loopholes, and success of the duty bearers are drawn here. Besides, the ongoing local advocacy and national level advocacy issues are also extracted based on stakeholder consultation, analysing existing legal frameworks, policies, and practical experience of MJF's Partner NGOs.

2.2 Social Security Programmes

1. The political affiliation and personal preferences to select ineligible beneficiaries and exclude eligible beneficiaries and economic irregularities such as bribe adversely influence the implementation of social security programmes in Bangladesh (Barkat et al. 2013). They also find that the use of the programmes as a means of earning and persuading people for casting votes by the elected representatives and the absence of effective monitoring and coordination among government bodies at grassroots level restrict the aims of SSN programmes.

2. The social security programmes are mainly affected by the lack of initiatives of government bodies to ensure the selection of right beneficiaries, reduce wrong exclusion and inclusion,

maintain the timeframe to provide services, and establish functional collaborations among local government representatives and respective government bodies (Ridwan Islam Sifat, 2021).

3. The poor and the marginalized are often excluded for social security programmes (SSPs) services for political reasons, reluctance of responsible persons and bodies, inconsistencies in the selection of beneficiaries, and weak monitoring among responsible line ministries of the government (Ishita Ahmed et al., 2014).

4. The main difficulties in the selection of right social security programmes (SSPs) services relate to higher exclusion and inclusion error for improper prioritization, lack of precision and responsibility, political favouritism, bribes, and the inefficient and ineffective governance, which have established patron-client relationships that prevent the distribution of services among eligible beneficiaries (Masud-All-Kamal and Saha, 2014).

5. The allocation of social security programmes (SSPs) services to the poor and marginalized has been impeded by the existing political structure informally formulated and maintained by the local political groups, elites, the influential who consider the services to balance their power and gain political and economic benefits (Rezvi, 2020).

6. The social security programmes (SSPs) services are often distributed to relatively better off people by ignoring formal procedures and selection criteria, and this situation can be overcome by increasing supervision (Haider and Mahamud, 2017).

7. Many eligible poor and marginalized people are deprived of the social security programmes (SSPs) services due to wrong prioritization, negligence and inefficiency of elected local government representatives, political and personal preferences, and unwillingness or failure to give bribe, and administrative complexity (Hossain et al., 2021).

8. The complexities that reduce the success of social security programmes (SSPs) services are the limited number of services and small amount to fulfil basic needs, the problem to allocate the

services to the poor, weak supervision and interactive partnership of government agencies, and lack of awareness among people about services (Alam and Hossain, 2016).

9. The services to the intended social security programmes beneficiaries are affected by the absence of political integrity and feeling, ineffective administration, irregularities in the selection and distribution, and limited or no check and verification of the service delivery (BARKAT-E-KHUDA, 2011).

10. The implementing institutions (local government representatives or government officials), in many cases, make social security programmes (SSPs) services recipients to pay money on the ground that they will be awarded the benefit for lifetime (Rahman, 2020).

11. The patronage system in local politics, inactive local selection committees, and low cooperation among government bodies play important roles in excluding many eligible beneficiaries from social security programmes (Hebbar and Scott, 2020).

12. The deficit in active and integrated supervision of government bodies along with the elected bodies and the mismanagement in the selection of beneficiaries hinder the success of social security programmes (Khan and Tahsina, 2008).

13. The negligence to select beneficiaries according to set criteria, the carelessness to apply selection criteria, biasness by the selection committee members, and corruption or manipulation by the local influential hinder the accurate targeting of the poor and the marginalized and distribution of social security programmes (Zohir et al., 2010).

14. The errors to select beneficiaries and the tribute to be included as beneficiaries can be considered as the important barriers to implement social security programmes services (Rahman and Choudhury, 2012).

15. The smaller amount of benefit and non-cooperation among government agencies and elected bodies may constrain the effects of social security programmes on beneficiaries (Begum et al., 2014).

16. The administrative and institutional lacking to harmonise small and similar programmes, inefficiency of service providers and staff crisis, absence of a correct database of beneficiaries, difficulties in cash transfers, weak grievance redress system⁴, lack of a monitoring and evaluation mechanism, insufficient budget and coverage, **gender disparity**, and political influence have largely affected the implementation of social security programmes over the decades in Bangladesh (7FYP and 8 FYP; Akash, 2016).

2.3 Agricultural Extension Services

1. The shortage of experienced employees, inadequate practical learning of employees and farmers, limited number of visits in the field and demonstrations by senior assistant agricultural officers (SAAOs), lack of access to information from Farmers' Information and Advice Centres (FIACs), and weak internet connection at Union Parishad may restrain the success of agriculture extension services (Rahman et al., 2019).

2. Agricultural Extension Services (AES) can bring about more effective results for farmers using latest technologies and provide training to both staff and farmers, experiential knowledge of staff and farmers, and frequent exhibitions and sharing knowledge with farmers (Biswas, 2021).

3. To expand and improve agricultural services experiences some barriers including the inadequate supply of equipment and training for operation, limited technological and logistic assistance, lower dissemination of information and services, lower consciousness of recipients about services, irregular assessment of services by government bodies, and interference of elected representatives and local influential persons in distributing services (Tipu et al., 2020).

⁴**Grievance redress system refers to the process that people can use to lodge complaints, dissatisfaction, or opinion on their exclusion from SSP, AES, PHS, and WASH services to the respective government office.**

4. The unequal access of farmers to services (seed, irrigation, fertilizers, and pesticides) hinders the expected success of the strategies for the improvement in agriculture (Karim and Noman, 2018).
5. To distribute quality agricultural, fisheries, and livestock services to farmers needs the improvement in the organization and harmonization of activities, policies, and service providers and receivers for agricultural, fisheries, and livestock extension (Mia, 2013; NAEP, 2012).
6. The incorporation of farmers' necessities and participation in the formulation and implementation of services may improve the outcomes of agriculture, fisheries, and livestock extension services (NATP, 2006).
7. The limitations in agricultural extension programmes include field level staff crisis, incompetence of SAAOs, unclear rules for group formation of farmers, lower unity among farmers, limited use of technology, lack of coordination among local level government agencies, domination of political leaders and rich farmers, and little commitment of elected bodies to facilitate services (Uddin, 2008).
8. The lack of initiatives for transferring technology to fishers, learning efficient fishing methods, building enthusiasm among fishers for innovation and development, and enhancing capacity of implementing institutions has delayed the expansion of fisheries extension services in Bangladesh (Ahmed et al., 2018).
9. Agricultural extension programs exclude many poor farmers and households and ignore their localized knowledge and necessities in the planning stage of the programs (Afrad et al, 2019).
10. The inconsistencies among policies, exclusion of marginal peasants from services, weak monitoring and evaluation, lack of coordination among service providers, dysfunctional grievance remediation system, and absence of diversity and fortification of diets and nutrition have been constraining the implementation of agricultural extension services in Bangladesh (7FYP and 8FYP). Although the latest agricultural policy was established in 2018, the agricultural extension policy was established in 1996.

2.4 Primary Health Care Services

1. While maternal health services, contraceptive use, childcare, vaccination, and labour facilities have improved in Bangladesh, the health services have remained weak for the low awareness among people about services; carelessness of care givers; shortage of drugs, efficient doctors, nurses, technicians, and equipment; inconvenient atmosphere; and weak management (Rahman et al. 2003).

2. It has been observed that people have a reluctance to take health services from community clinic (CCs), Union Health and Family Welfare Centres (UHFWCs), and government hospitals because of inadequate equipment, poor services, messy and unhygienic atmosphere, insufficient medicine, mismanagement, and deactivated committees of CCs, UHFWCs, and UHCs, negligence of elected representatives, and limited inspection and evaluation of services from relevant authorities (Talukder et al., 2016).

3. The improvement in drug supply, behaviour of service providers, service quality, and overall ambience can improve the health services of public facilities (Albis et al., 2019).

4. The negligence of people to receive services, lack of consciousness of health care services, misconceptions, and negative health seeking behaviour can affect health care services (Khan and Awan, 2017).

5. The health education of people can influence the quality of health services (Kamal, 2012).

6. Almost 50% of the health service recipients at union level are unhappy with the services of Union Health and Family Welfare Centre (UHFWC) (Seddiky and Rahman, 2015).

6. The limited equipment and inability to maintain equipment and infrastructure, shortage of trained doctors and nurses, **lack of emergency services for women during pregnancy**, inadequate supply of medicine, and lack of management have been hindering the delivery of health care services at grassroots level (7FYP and 8 FYP). The local political culture also constrains the services of CCs and UHFWCs.

2.5 Safe Drinking Water and Sanitation

1. Although Bangladesh is faster improving drinking water and sanitation services for the citizens, only 42.6% people can manage safe drinking water and 64.4% people can manage basic sanitation services (FMM, 2020). The lack of appropriate rules and strategies, their improper implementation, and inactive bodies and committees restrict the planned improvement of water and sanitation services in the country.
2. The facilitation of the policy and strong supervision and cooperation among respective bodies and administrators can ensure safe water and basic sanitation services for all citizens in Bangladesh (DPHE, 2020).
3. The weak institutional and infrastructural capacity and collaborations among line ministries of the government confines safe water and sanitation services which have adverse effects on people's health and nutrition (Mahmud and Mbuya, 2016).
4. The insufficient programmes to supply clean water for household purposes and sanitary latrines among the poorest, the lack of activities to change the attitude of people about using unsafe surface water and open latrines, and the inability of local level implementing institutions are the important constraints to improving safe water and sanitation services in Bangladesh (WASHplus, 2016).
5. The absence of institutional framework involving all stakeholders to implement projects, ineffective interactions between responsible individuals and agencies, lack of training for staff for maintaining equipment and delivering services, and inadequate activities to raise awareness among people to properly use water and sanitation services are the main challenges to improve water and sanitation services (MoLGRDC, 2017).
6. The improvement of safe drinking water and sanitation services requires an effective organization to execute continuous programmes and maintain the services, lasting financial support, and coordination of services and capacity building among service providers (WaterAid, 2019). **Error!**

7. The main challenges to providing safe water and sanitation services include the lack of information about the level and quality of services, no clear demarcation of activities between government agencies and local government bodies, absence of coordinated supervision, shortage of funding, and lack of transparent implementation strategies (SNV, 2020).

8. WASH projects are mainly hindered by political interference, natural disasters, and inefficient and non-functional local government representatives and local committees (WASHplus, 2016).

9. The lack of infrastructure development and activities to improve services, absence of coordination among service providers, delay in the delivery, unequal access to water and sanitation, insufficient supply of water and sanitation, and low accountability of LG representatives mostly affect the quality of water and sanitation services (7FYP and 8FYP). The recipients require paying bribes to obtain services from LG representatives and LG institutions (UP, City Corporation). The water and sanitation services have been administering under the national safe water supply and sanitation policy 1998.

CHAPTER 3

METHODOLOGY AND RESPONDENTS PROFILE

The study was conducted to examine the level of satisfaction on different public services through the Citizens Report Card (CRC) and it is a mixed-method study based on both primary and secondary data from diverse sources.

3.1 Types of Data

A CRC survey followed by KIIs and FGDs was conducted to collect both quantitative and qualitative data.

3.2 Matrix of Methodology

A variety of methods were used to gather data from both primary secondary sources and identify respondents for dealing with research objectives and questions.

Table-1: The Matrix of Methodology

Methods	Sources	Tools to be used	Respondents	Numbers
Quantitative	Primary	Survey	Beneficiaries from fifteen Upazila and two City Corporations under eleven districts	3017
Qualitative		Key Informant Interviews (KIIs)	UP chairman-05, UP male members-05, UP female members-04, Male councillor-02, Female councillor-02, Male commissioner-02, Female commissioner-02, Upazila Somajseba Officer-01, Upazila Women Affairs Officer-01, Deputy Director of Agriculture-01, Upazila Agricultural Officer-01, Upazila Agricultural Extension Officer-01, SAAO-01, Deputy Secretary of Livestock Services Department-01, Upazila Veterinary Officer-01, Civil Surgeon-01, Upazila Health and Family Planning Officer-01, Upazila Medical Officer-01, Health Assistant of CC-01, WASA Executive Engineer-01, Executive Engineer of Public Health of LG-01, UNO-01, Deputy Secretary of LG Department (Union Parishad)-01, WASH Expert-01, Primary Healthcare Services Expert-01, Civil Society Member-01, UP secretary-01, Two beneficiaries from each service-08	50
		Focus Group Discussions (FGDs)	Beneficiaries of SSN, AES, WASH, and PHS	04
			UP representatives	03
			Civil Society groups (NGO, social worker, teacher, concerned people, journalist)	04
Content Analysis	Secondary	Literature review	Law, Policy, Government Order, National-level Strategies, Research Report, Annual Report, Financial Report, Print and Electronic Media Reports, Website, Periodic Report of the project etc.	

3.3 Survey and sample design

In this survey, a multi-stage stratified random sampling method was followed for selecting beneficiaries. A list of beneficiaries used as a sampling frame, where 12 UPs with 8 Municipalities and 2 City Corporations used as strata for this survey to ensure both UPs/Municipalities/City Corporations wise and nationwide representativeness of the samples. A sample of beneficiaries was selected from each PNGOs by using the statistical formula considering the margin of error.

The standard error of the mean needs to be calculated first because it shows how closely sample means reflect population mean.

$$S.E. = \frac{s}{\sqrt{n}}$$

Here s= standard deviation of the variable under study

n= sample size

By inverting we get

$$n = \frac{s^2}{(S.E.)^2}$$

For 164,771 sampling units, $s^2 = .35$ and $S.E. = .011$, the estimated sample size is

$$n = \frac{.35}{.000121} = 2892.561$$

Then the optimal sample size can be calculated by

$$n' = \frac{n}{1 + \left(\frac{n}{N}\right)}$$

Where N = population size

n= sample size

n'= optimal sample size

If $N=164771$ then

$$n' = \frac{2892.561}{\left(1 + \frac{2892.561}{164771}\right)} = 2847$$

3.4 Steps to select the respondents

The sample size for this study is 3,017 including 1,642 women and 1,375 men. The following steps are followed for selecting beneficiaries in the survey:

- The lists of beneficiaries of PNGOs are collected through MJF.

- The respondents are proportionately selected from the strata to collect data. The beneficiaries who have at least six months of experience as allowance/service receiver are considered as respondents.
- The systematic sampling is used to select every 5th beneficiary as respondent.
- The survey administers 3,017 questionnaire interviews in 45 unions and five (5) Pourshava/City Corporations.
- In case of missing respondents (absent or unable to respond), the previous or the next respondent of the selected beneficiary is interviewed.
- Only physically and mentally fit beneficiaries are interviewed.

Table-2: Upazila wise Distribution of Sample

District	Upazila (Sub-district)	Sample				
		Union	Pourashava/City Corporation	Female	Male	Total (%)
1. Barishal	Babugonj	292	-	175	117	292 (9.7)
2. Barguna	Amtoli	358	70	243	185	428 (14.2)
3. Bhola	Sadar	147	-	61	86	147 (4.9)
	Doulotkhan	89	24	16	97	113 (3.7)
4. Laksmipur	Sadar	220	-	196	24	220 (7.3)
	Ramgoti	37	-	34	3	37 (1.2)
5. Khulna	Batuagatha	137	-	56	81	137 (4.5)
	KCC	-	130	65	65	130 (4.3)
6. Magura	Monammadpur	278	-	89	189	278 (9.2)
7. Sathkhira	Sadar	143	-	73	70	143 (4.7)
	Kaligonj	113	-	78	35	113 (3.7)
8. Tangail	Sadar	196	12	134	74	208 (6.9)
9. Sherpur	Jinaigathi	233	-	113	120	233 (7.7)
10. Bagura	Kahalu	294	-	209	85	294 (9.7)
11. Rangpur	RCC	-	244	100	144	244 (8.1)
Overall (%)		2537 (84.0)	480 (16.0)	1642 (54.0)	1375 (46.0)	3,017

3.5 Duration of the Survey

CRC survey was spanned from 20 November 2021 to 05 December 2021 in 15 Upazilas and 5 Pourshava and City Corporations. The survey collected data from the selected beneficiaries on the selected public services.

3.6 Survey management and quality control

- **Selection process:** the research team selected 5 (five) field supervisors and 15 (fifteen) data collectors under the team supervision through a competitive process to carry out the questionnaire survey.
- **Training:** the data collection team was offered a day-long training on survey method, different aspects of the questionnaire, the techniques to collect data, the quality control of data, the collection of data through smart phones using Kobo Collect App, sending data to the designated server, and the probable problems and their instant remedies in the field.

3.7 Validity and reliability of survey data

The members of the research team regularly checked data collection, filled questionnaires, and the suitability of the questionnaire for retaining the overall quality of data and validity and reliability of the findings. The collected data were thoroughly examined and edited before sending to the server. Moreover, spot check and back check were also used to confirm the quality of data. PNGOs extended extensive help during the entire period of data collection.

3.8 Data Processing and Analysis

Data processing and analysis was completed using MS Excel, MS Access, and SPSS. Descriptive statistical tools mainly percentage and mean were used to analyse data.

3.9 Limitation of the study

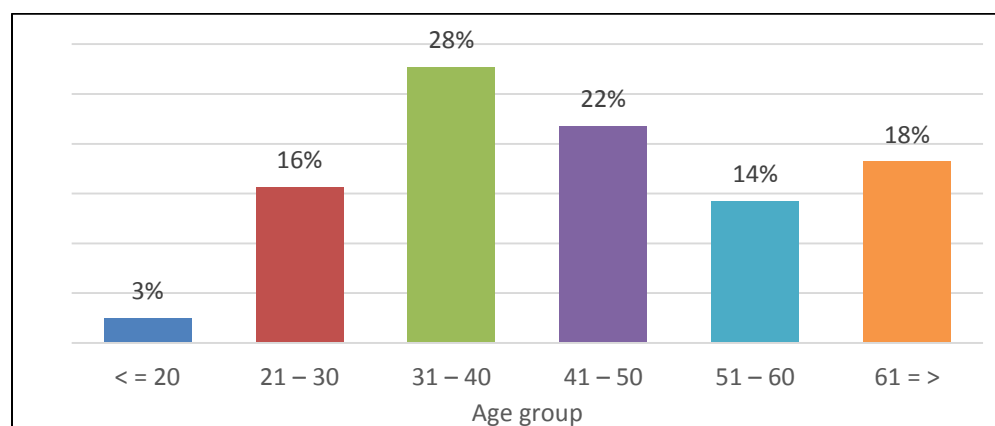
- Although this study was conducted within a limited time through a sample, the quality of data was strictly maintained during data collection to explain features of the population.
- While some women respondents had difficulty understanding some questions, this study collected responses only from beneficiaries.
- The distribution of households in terms of study areas were not equal due to geographical remoteness.

3.10 The Profiles of the Respondents

3.10.1 Age and Sex

The mean age of the beneficiaries participated in this survey is 45 years. The 2.5 percent respondent's age is below 20 years and 61 percent respondent's age are 61 years and above (Chart – 1). Female and male average age are 43 years and 48 years respectively.

Chart-1: Age of the respondent



In rural area, women and men representation in the study is 56.3 percent 43.7 percent respectively. On the other hand, 44.4 percent women and 55.6% men represent in urban area.

3.10.2 Religion and Marital status

The Muslims make up 90.5 percent, the Hindus 9.4 percent and the Christian and Buddhists 0.1 percent of the beneficiaries.⁵ The 76.4 percent respondents are married, and 16.9 percent of respondents are selected from widowed (Chart-3).

Chart-2: Religion of the respondent (%)

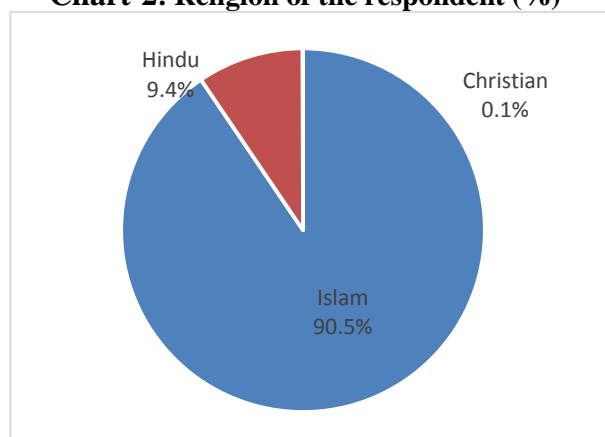
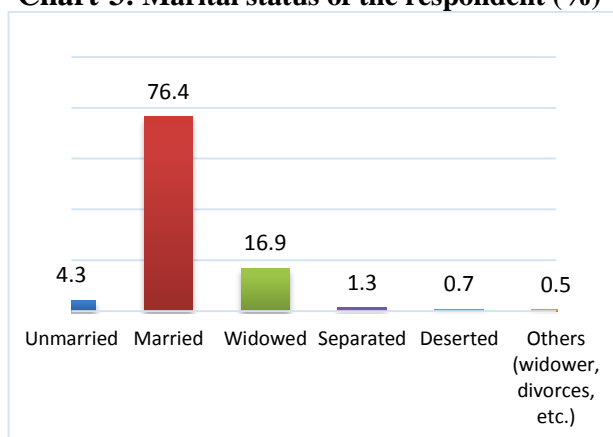


Chart-3: Marital status of the respondent (%)



⁵ BBS data shows that 91.1% of population are Muslim, 7.7% Hindu, 1% Buddhist and 0.3% are belongs to other religious groups. Detail: [National Report Volume-04: Socio economic and Demographic Report, 2011](#), Bangladesh Bureau of Statistics, Government of Bangladesh. Detail: www.bbs.gov.bd, Date of visit: June 25, 2017.

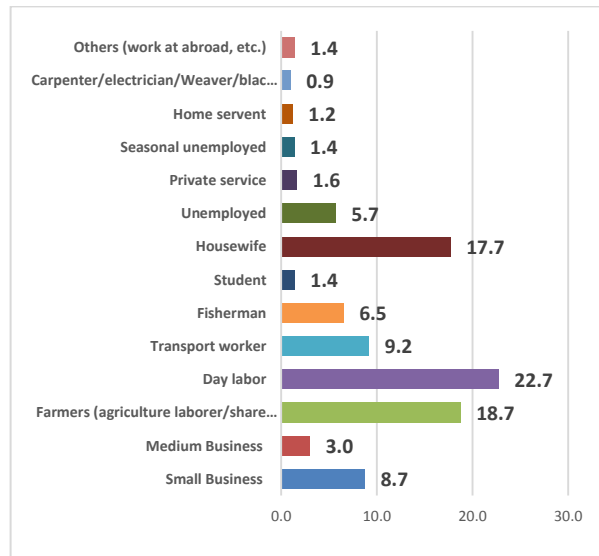
3.10.3 Education and Occupation

The data set shows that 31.7 percent beneficiaries are illiterate, 27.9 percent beneficiaries can sign only, and 12.6 percent beneficiaries have primary level education (Table-3). Day labour is the most common occupation among the respondents (22.7 percent) followed by 18.7 percent of farmers (agriculture labourer/sharecroppers and livestock farming) and 17.7 percent of respondents are housewife (Chart – 4).

Table-3: Educational status of the respondent

Education level	%
Primary or equivalent	12.6
Secondary or equivalent	16.2
Higher Secondary or equivalent	2.7
Bachelor or equivalent	2.4
Illiterate	31.7
Can sign only	27.9
No institutional enrolment but able to read and write	4.1
Pre-school	2.4

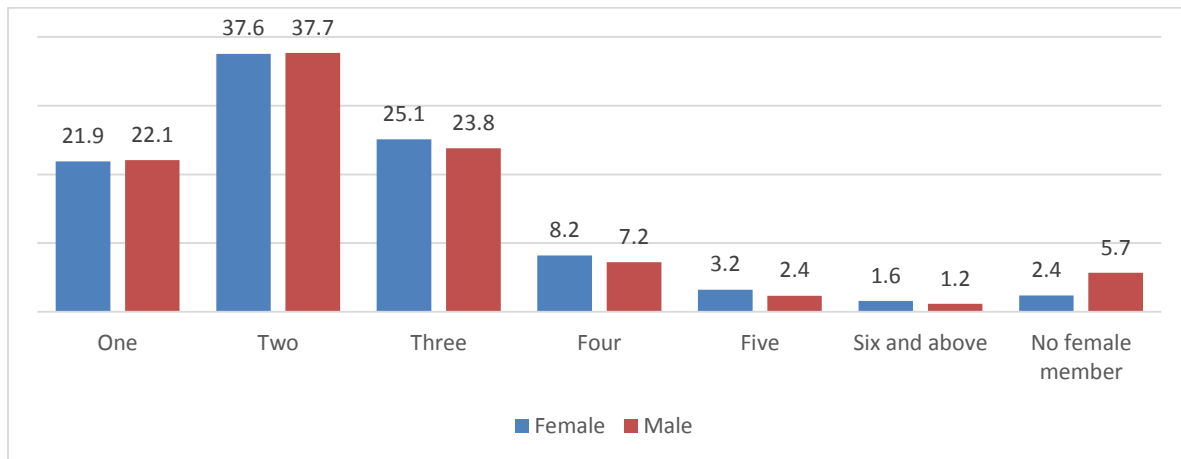
Chart-4: Occupation of the respondent (%)



3.10.4 Household member information

The survey data shows that the average family member of the respondents is four (4), whereas 5.7% and 2.4% family have no male and female members respectively (Chart – 5). About 10.3 percent of respondents have at least one member in their family who has disability.

Chart-5: Family member of the respondent (%)



The survey data shows that 67.5 percent of the respondents have at least one family member under 15 years, whereas 9.9 percent of respondents have more than three members under 15 years in their family. The data also present that 37.7 percent of respondents have sixty years and above members in their family.

3.10.5 Income, expenditure, and ownership of land

This survey calculates the average monthly household expenditure and income as BDT 9,102 and 9,354. About 13.6 percent of families earn monthly up to BDT 4,999 and 2.5 percent earn less than BDT 2,000.

Table-4: Monthly family and personal income of the respondent

Income group	Family (%)	Personal (%)
< = 1999	2.5	50.1
2000 - 4999	13.6	11.8
5000 - 9999	42.5	21.7
10000 - 19999	34.2	13.9
20000 - 29999	4.5	1.3
30000 =>	2.7	1.1

Table-5: Monthly expenditure of the respondent family

Expenditure group	Percentage (%)
< = 1999	2.2
2000 - 4999	14.8
5000 - 9999	42.8
10000 - 19999	35.0
20000 - 29999	3.5
30000 =>	1.7

The data have revealed that 91.1 percent of the respondents have income sources, whereas more than 50 percent of the respondents earn less than BDT 2,000 monthly and more than 1 percent of the respondents earn BDT 30,000 and above. Although 25.4 percent of the respondents' family have no ownership of any type of land, whereas 74.6 percent have ownership of dwelling/homestead land.

3.11.6 Services Received

The survey findings show that 38 percent of the respondents are selected from the beneficiaries of Social Security Programmes, 29 percent from primary health care service, 18 percent from safe drinking water and sanitation service, and 15 percent from agriculture extension, fisheries, and livestock services.

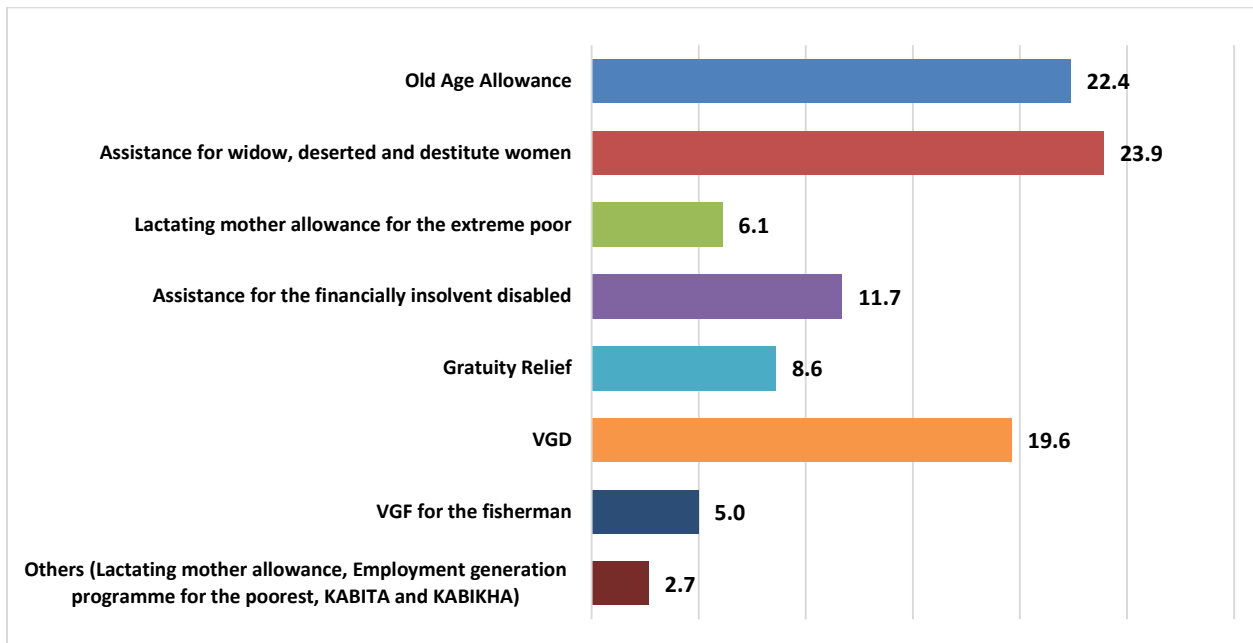
CHAPTER 4

GOVERNANCE CHALLENGES IN PUBLIC SERVICES

4.1 Social Security Programmes (SSPs)

Among the surveyed beneficiaries, 23.9 percent of the respondents are receiving assistance for the widowed, deserted, and destitute women, 22.4 percent are receiving old age allowance and 19.6 percent are Vulnerable Group Feeding (VGD). Also, 11.7 percent of the respondents are receiving assistance for the financially insolvent disabled (AFID) and 5 percent are receiving special VGF.

Chart-6: Social Security allowance received (%)

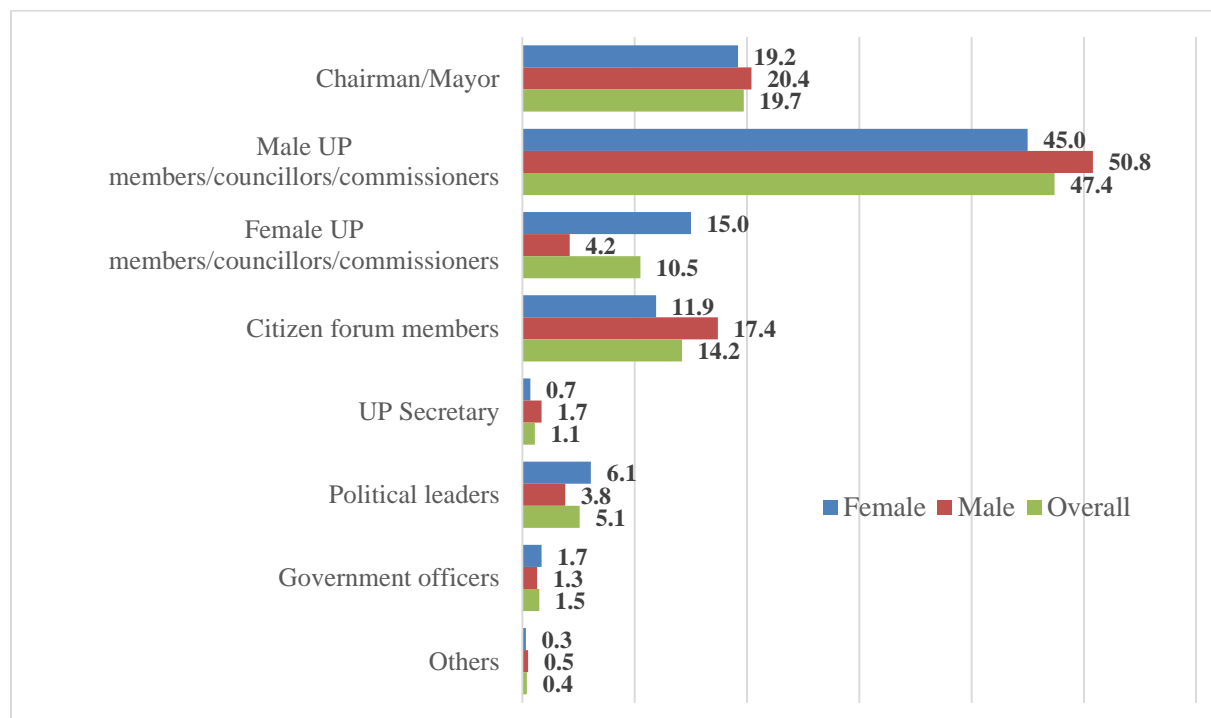


4.1.1 Communication for achieving SSPs

Above half of the surveyed male (50.8 percent) and 45 percent female beneficiaries communicated with male members or councillors or commissioners for achieving SSPs, about 20.4 percent male and 19.2 percent female of the beneficiaries communicated with Chairman or Mayor, and 17.4 percent male and 11.9 percent female beneficiaries communicated with Citizen Forum Members for initial lobby with the respective LG representatives. Female Members or Councillors or commissioners of the local government have less significant role in the beneficiary selection. For instance, 10.5 percent of the beneficiary communicated with Female Members/Councillors/Commissioners, and 5.1 percent communicated with the local political

leaders. The communication with political leaders for SSPs indicates the existence of political interference in the selection process.

Figure-7: Communication for achieving SSPs

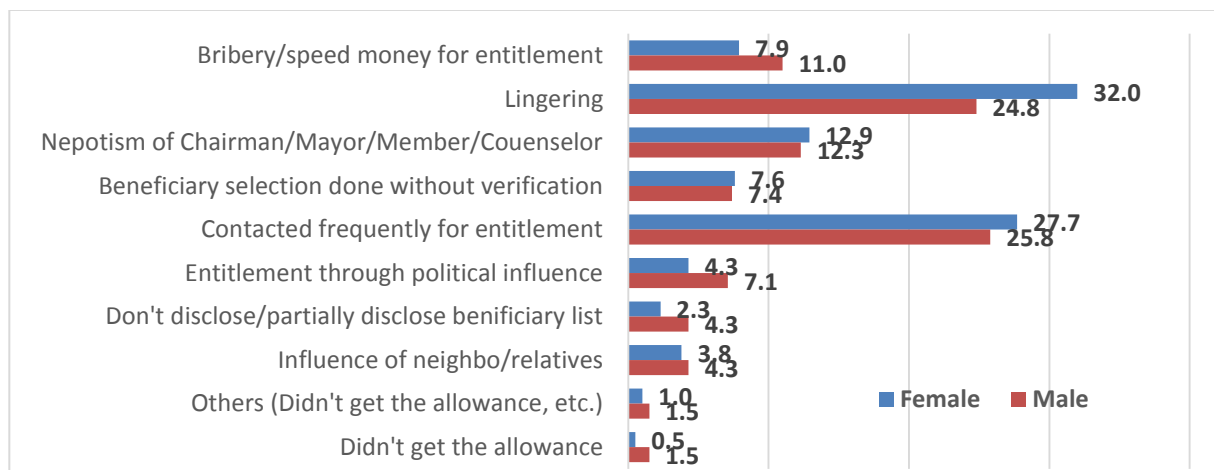


A baseline report conducted in 2020 for MJF by Siddiquee found that about 70 percent beneficiaries contacted with UP members to achieve SSPs. This situation suggests that UP members had the leading role in selecting SSPs beneficiaries. **The policy gaps have remained in the beneficiary selection and the distribution of benefits to the marginalised. The existing rules and selection committees’ decisions are not properly enforced to deliver SSP services to the excluded men and women.** Besides, beneficiaries’ communication with the citizen forum members also denotes that the MJF’s field interventions towards ensuring rights of the poor men and women are in right track. MJF has been working with diverse international donors and local partners to include the excluded people in SSPs over the years. The current data implies that the nature of the selection and distribution of SSPs has gradually been improving due to continuous interventions at the grassroots level by MJF.

4.1.2 Problems in beneficiary selection

Among the beneficiaries who faced problems for the entitlement of the SSPs through government departments and LG representatives (Chart – 8), about 11 percent male and 7.9 percent female beneficiaries faced bribery or illegitimate payment of money in the selection process of SSPs, 24.8 percent male and 32 percent female faced the delay, and 12.3 percent male and 12.9 percent female faced nepotism of LG representatives (Chairman, Mayor, Member, Councillor, Commissioner etc.). Among the beneficiaries who paid bribe in the beneficiary selection, about 50.7 percent paid bribe to Chairman/Mayor followed by 38.8 percent male Member/Councillor, 19.4 percent local broker/middleman, and 10.4 percent neighbour/relative.

Chart-8: Problems faced for the entitlement of SSPs (%)



The baseline report noticed that approximately 31 percent beneficiaries provided bribe to achieve SSPs. Many eligible beneficiaries were primarily excluded from SSPs for political influence, nepotism, bribery, inclusions of ineligible people by LG representatives, and the use of SSPs for electoral purposes. **It is evident that the policy gaps in the monitoring and evaluation of the selection process and irregularities have constrained the marginalised men and women to achieve SSP services.** The current data shows fewer incidences of bribery, nepotism, and political influence to achieve SSPs. These findings reflect the positive outcomes of MJF’s successive programmes to wipe out bribery and targeting errors due to the personal and political favouritism by LG representatives and local powerful persons. It can be assumed that the ongoing vibrant activities and awareness programmes in cooperation with civil society groups at the local level taken by MJF have positive effects on the selection and distribution of SSPs, considerably facilitating the access of the excluded men and women to SSPs.

4.1.3 Allowance distribution and uses

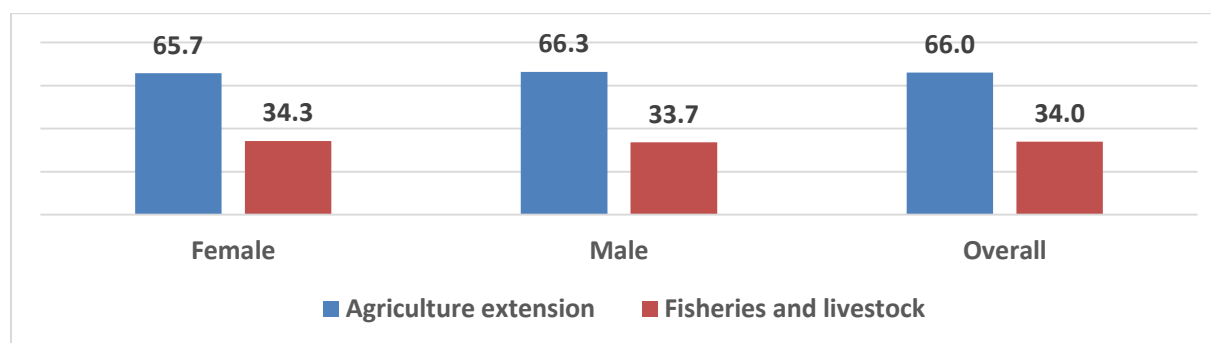
Among the beneficiary of cash transfers, 4.2 percent experienced challenges to encashment of their allowances through the commercial banking system or mobile financial services. On the other hand, 15.1 percent of the beneficiaries experienced difficulties during the food allowance distribution. **The field insights suggest that the policy gaps in implementing G2P system and improving the transparency and accountability of LG representatives and government officials have restricted the access of the excluded people to SSP services.** The continuing initiatives by MJF to involve PNGOs and Citizen Forum Members (CFMs) at local level in the selection of SSPs beneficiaries have effective roles in ensuring the rights of the eligible but excluded men and women to SSPs. The active and enlightened forum members from different localities have contributed to make the excluded people aware about their rights and keep the beneficiary selection process and service providers clear and accountable.

The survey findings have revealed that most of the beneficiaries (91.5 percent) spent their allowance according to their own decisions/choices. The beneficiaries of cash allowances are spending their money on food (80.7 percent), cloth (51.5 percent), treatment/medicine (87.2 percent), housing/accommodation (24.2 percent), and buying education materials (8.5 percent). It can be argued that many excluded men and women have been included in SSPs and able to change their lives through the intervention programmes (campaigns, awareness raising, and grievance redressal activities) of MJF with the beneficiary selection. The continuous pressure on LG representatives and responsible government officials involved in beneficiary selection process has significantly improved the inclusion of the excluded people in SSPs.

4.2 Agriculture, fisheries, and livestock services

About 66 percent surveyed male (66.3) and female (65.7) beneficiaries received agriculture extension services from the government and 34 percent male (33.7) and female (34.3) beneficiaries received fisheries and livestock services in the study reference period.

Chart - 9: Agricultural extension, fisheries, and livestock services received by gender (%)



The male and female beneficiaries of agriculture, fisheries, and livestock have been informed of the services from the male UP member (41.5 and 39.3 percent), neighbours (29.6 and 34.9 percent), members of the citizen support group (21.5 and 17.5 percent), and Ward Shava (10.4 and 16.6 percent). Only 2 percent male and female of beneficiaries have confirmed that they have been informed by miking announcement. According to the baseline report, many beneficiaries were not aware about the distribution of free seeds, fertilizer, and subsidized diesel for irrigation. The report also informed that yard meetings were rarely organized to select beneficiaries. The experience from different sites unveils that the activities (negotiation with LG representatives and government officials, awareness raising, and grievance redress) of local PNGOs and CFMs have facilitated the access of the excluded men and women to agricultural services.

Table-6: Information of agriculture, fisheries, and livestock services by gender (multiple response)

Information getting from	Female (%)	Male (%)	Overall (%)
Family members	10.9	7.3	9.0
Citizen support group members	17.5	21.5	19.6
Male UP members	39.3	41.5	40.5
Female UP members	8.3	7.7	8.0
Neighbours	34.9	29.6	32.1
Courtyard meeting	10.5	8.1	9.2
Wardshava	16.6	10.4	13.3
Local farmers group	7.4	5.8	6.5
Sub Assistant agriculture officer	7.9	7.7	7.8
Union/Upazila level fisheries and livestock officer	5.2	3.1	4.1
Miking	3.5	0.8	2.0
Others (UP Secretary, Artificial inseminator, etc.)	2.0	2.8	2.4

Among the agriculture extension service beneficiaries, 63.5 percent received seed from the government agencies and 52.5 percent received subsidies in fertilizer. At the same time, 58.4% of fisheries and livestock service beneficiaries received advisory support (over phone/direct) from the government fisheries and livestock service providers/agencies.

Table-7: Types of agriculture extension, fisheries, and livestock services (multiple response)

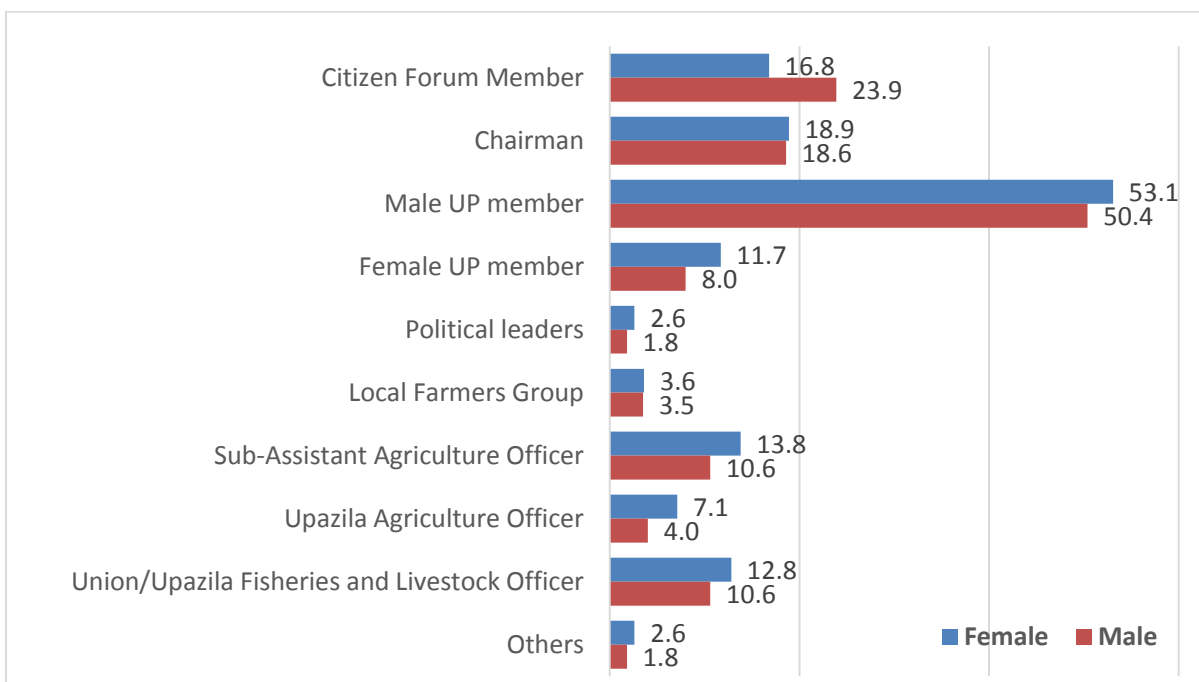
Services	%
Agriculture Extension services	
Seed collection	63.5
Fertilizer	52.5
Advisory support (over phone/direct)	27.7
Capacity development training on agriculture and extension services	9.7
Capacity development training on production	9.1
Fruits and vegetable production	6.3
Agricultural instruments (tractor, processing and harvesting machine, etc.)	4.4
Pest control	3.8
Fuel incentives	3.5
Crop diversification	2.8
Homestead gardening	1.3
Others (Napier grass production, display plot, irrigation, etc.)	3.6
Fisheries and livestock services	
Advisory support (over phone/direct)	58.4
Livestock vaccination	21.7
Food for fish and cattle	16.3
Capacity development training on fisheries and extension services	13.3
Fish 'Pona' collection	11.4
Capacity development training on fish and livestock production	11.4
De-worming tablets	6.0
Artificial reproduction	4.8
Fisheries and livestock display project	3.6
Others	.6

It was suggested by the baseline report 2020 that LG representatives lack the commitment to ensure services for the excluded people. **The field experience reveals that the policy gaps in disseminating information about services and ensuring the participation of beneficiaries in the selection process have excluded many men and women from AESs.** The insights from the field reveal that the relentless work of PNGOs and CFMs has ensured the rights of many included people to agricultural services.

4.2.1 Communication for services

Survey findings show that most of the surveyed male (50.4 percent) and female (53.1 percent) beneficiaries communicated with male UP members for services and 23.9 percent male and 16.8 percent female beneficiaries communicated with the CFMs.

Chart-10: Communication for the entitlement of the services by gender (multiple response)

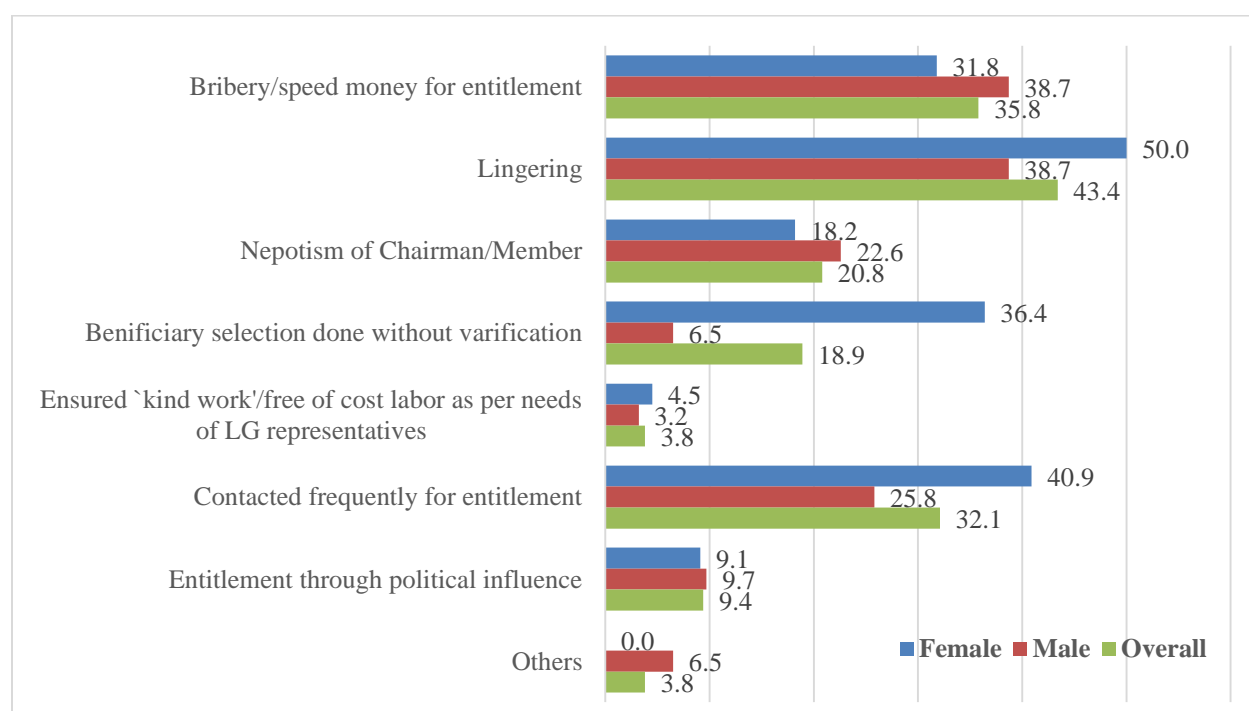


The findings from baseline report informed that most LG representatives were reluctant to serve the people. **It is argued that the policy gaps in changing the mentality of service providers, improving their transparency and accountability, and ensuring the independence of the beneficiary selection committee may enhance the access of the excluded men and women to AES services.** The field experience shows that the efforts of PNGOs and CFMs to negotiate with LG representatives and government officials through employing social accountability tools i.e., social audit, community scorecard, citizen charter, public hearing etc. and increasing awareness have been improving the accessibility of the excluded men and women to agricultural services. The ongoing activities have largely been effective to improve the transparency and accountability of LG representatives in the distribution process.

4.2.2 Problems or irregularities

It was revealed that 10.8 percent of the AESs beneficiaries faced problems and irregularities in the beneficiary selection process. Among the beneficiaries faced problems, about 38.7 percent male and half the female (50 percent) faced the delay to achieve services, 38.7 percent male and 31.8 percent female paid bribe or speed money (on an average 1,481 Taka) for achieving agriculture, fisheries, and livestock services, and 9.7 percent male and 9.1 percent female beneficiaries used political influence for the services.

Chart-11: Problems/irregularities faced in the selection by gender (multiple response)



Among the agriculture, fisheries, and livestock service beneficiaries, 9.2 percent faced problems or irregularities during the service disbursement or distribution. Among them, 42.9 percent male and 52.9 female beneficiaries said that they did not receive fertilizer in time, 28.6 percent male and 29.4 percent female paid bribe or speed money for receiving the services, and 3.6 percent male and 11.8 female beneficiaries faced political muscle power and influence by LG representatives.

Table-8: Types of irregularities and corruption by gender (multiple response)

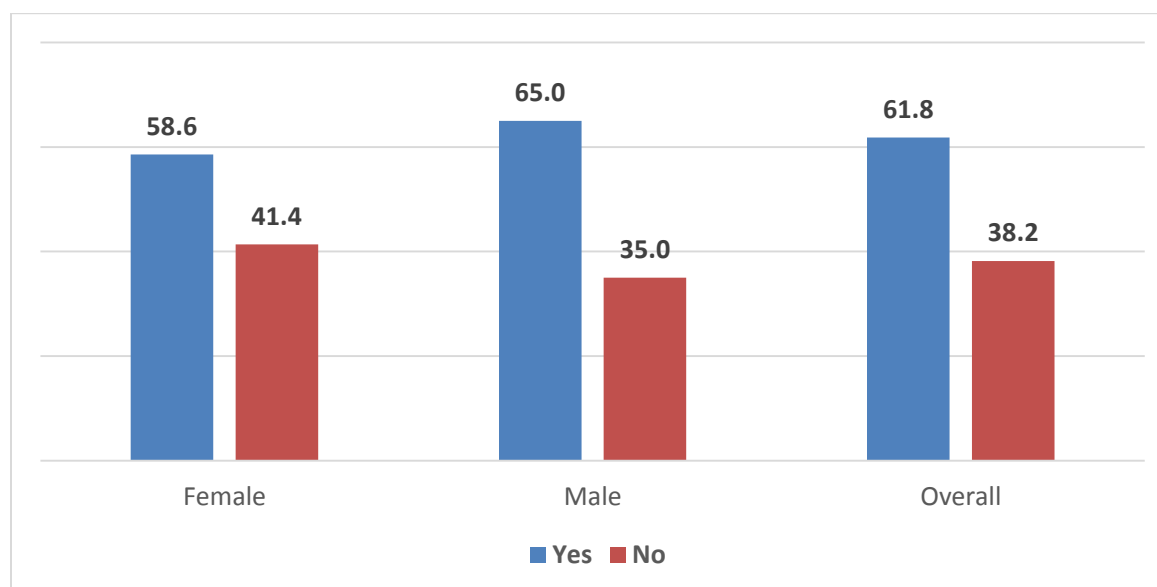
Types of Corruption	Female (%)	Male (%)	Overall (%)
Bribery and speed money	29.4	28.6	28.9
Fertilizers and seeds did not supply timely	52.9	42.9	46.7
Distribution of low-quality seed and fertilizer	0.0	7.1	4.4
Distribute less amount than the allocated amount	0.0	10.7	6.7
Price hiking of seeds, fertilizer, and pesticides by dealer	11.8	10.7	11.1
Absence of sub-assistant agriculture officer	11.8	3.6	6.7
Absence of timely advice by the artificial inseminator	23.5	10.7	15.6
Influence of LG representatives political muscle power	11.8	3.6	6.7

The baseline report 2020 by Siddiquee found that fewer people encountered irregularities in the distribution of agricultural services. He identified the low commitment of LG representatives and awareness raising activities, bribery, weak monitoring, and ineffective complaints redress system as the main barriers to the distribution of agricultural services. **The policy gaps in ensuring the participation of people, commitment of service providers, and implementation of committee decisions in the selection process often exclude people from AES services. The continuing policy failure has resulted in irregularities to implement AESs.** The current data also shows fewer irregularities which imply the outcomes of activities by PNGOs and CFMs to enhance the rights of both men and women AESs beneficiaries at grassroots level.

4.2.3 Monitoring and Coordination

Whether any representatives from UP or relevant institutions conducted field visit for the allocation of public services, 35 percent male and 41.4 percent female beneficiaries confirmed that there had been no field visit by the concerned LG representatives and the respective government officials. In most of the cases, male UP members (41.5 percent) and Sub-Assistant Agriculture Officer (31.9 percent) came to verify the selection process.

Chart-12: Whether representatives from UP or relevant institutions visited field (%)



The information from the baseline report revealed the weak coordination and monitoring by the agriculture department to implement extension services. The testimonies of the beneficiaries suggest that the social audit and awareness raising activities of PNGOs and CFMs have had positive effects on the distribution of services.

Among the agriculture, fisheries, and livestock service beneficiaries, 24.4 percent did not timely receive advice from the Sub-Assistant Agriculture officer and 39.7 confirmed that the respective Sub-Assistant Agriculture Officer did not visit the field as per responsibility. On the other hand, 62.3 percent of beneficiaries did not timely receive artificial inseminator.

Table-9: Service received from the SAAO and artificial inseminator

Answer	Got advice timely from the SAAO	Field visit by the SAAO	Find artificial inseminator expert timely
Yes	75.6	60.3	37.7
No	24.4	39.7	62.3

From the baseline report, it was found that many peasants had weak connection with service providers (SAAO) to receive advice and service providers infrequently visited beneficiaries and agricultural sites. It is evident that continuous advocacy with service providers to change their attitudes and activities and campaigns to aware people about their rights by PNGOs and CFMs have been improving the quality of AESs.

About 41.2 percent of beneficiaries of agriculture, fisheries and livestock services told that there had no monitoring from LG representatives and government officials. About 29.9 percent of beneficiaries observed that the NGO workers monitored agriculture, fisheries and livestock services at the field level and 24 percent of beneficiaries said that there had no coordination between government officials and NGOs in the implementation of agriculture, fisheries, and livestock projects.

Table-10: Monitoring of agriculture, fisheries and livestock services

Field monitoring	%
No monitoring	41.2
NGOs	29.9
Sub-assistant agriculture officer	25.6
District/Upazila level agriculture officer	19.2
Artificial inseminator	4.5
Others	.2

The monitoring of AESs was weak in terms of the baseline report. **It is important to minimize policy gaps in monitoring and coordinating the selection process and the distribution of benefits to the eligible men and women AES beneficiaries.** The observation from the field supports that the monitoring of AESs by PNGOs and CFMs have been aiding the excluded people to achieve services.

4.2.3 Grievance Redress System

Among the agriculture, fisheries and livestock service beneficiaries, 5.4 percent male and 3 percent female lodged complaints for the service-related problems, corruption, and irregularities. Though there are different methods to complain, all complaints lodged to the respective authorities were written. In most of the cases, the beneficiaries lodged complaints to the Chairman/Mayor (38.1 percent) and male member of the UP (38.1 percent) followed by UNO (9.5 percent) and Upazila Agriculture Officer (9.5 percent).

Chart-13: Complaints lodged by the beneficiaries

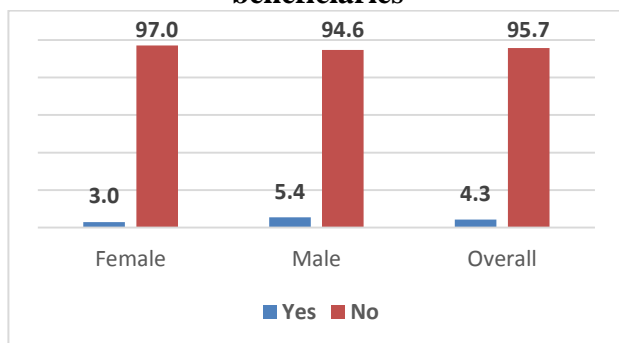


Table-11: To whom lodged complaints (multiple response)

To whom	%
Chairman/Mayor	38.1
Male UP member	38.1
UNO	9.5
Upazila agriculture officer	9.5
Upazila Chairman/Vice-Chairman	4.8
Grievance redress committee	4.8
Sub-assistant agriculture officer	4.8

The baseline data informed that the excluded people rarely lodge complaints for their exclusion from services. The current data also reports fewer complaints against the deprivation of beneficiaries. Many excluded men and women admit that they have been included in services due to the advocacy of CFMs and PNGOs of MJF to redress complaints in association with service providers.

Of those who lodged complaints related to the agriculture, fisheries, and livestock services, about two third of them was not sure that their complaints would be resolved by the concerned authority whereas 14.3 percent of the beneficiary said that they are not aware of their complaint status. Unfortunately, 19 percent of beneficiaries are threatened by the concerned personnel.

Chart-14: Whether the complaint resolved or not

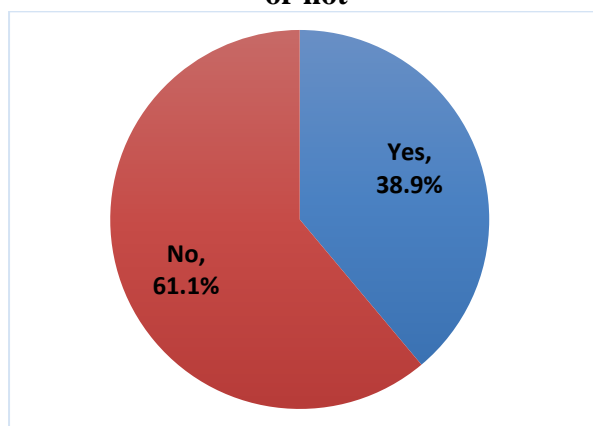
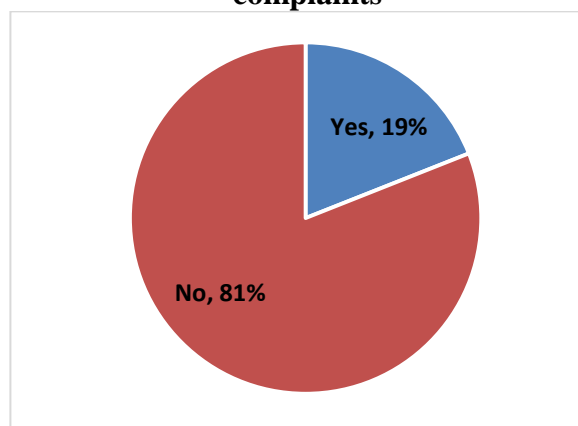


Chart-15: Threatened for lodging complaints



It may be suggested from the baseline report that many peasants knew a little about the complaints redress system, and they also had confusion about the redress of complaints. **It is found that the**

policy gaps in the application and redress procedures and the convenient environment constrain beneficiaries to lodge complaints. The current data shows the increase in the rate of complaints redress that implies that continuous activities by PNGOs and CFMs have been changing the attitudes of the excluded men and women to address their exclusion from services.

4.3 Primary Healthcare Services

Among surveyed beneficiaries, about 81.5 percent male and 82.6 percent female received primary healthcare services from Community Clinic, 12.4 percent male and 11.4 percent female from Union Health and Family Welfare Centre (UHFWC), and 8.9 percent male and 12.2 percent female from NGO operated healthcare centres (Surjer Hashi, Rongdhonu, etc.).

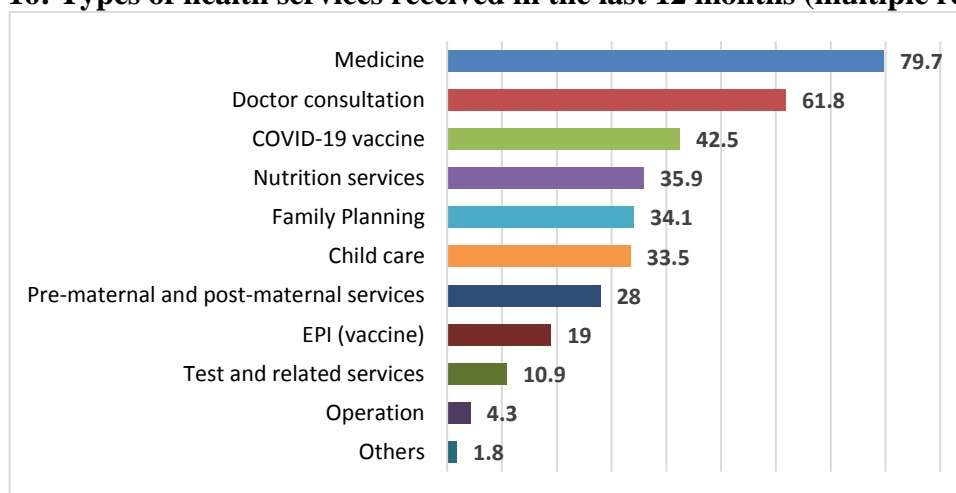
Table-12: Services from primary healthcare centres by gender (multiple response)

Name of the centre	Female (%)	Male (%)	Overall (%)
Community Clinic	82.6	81.5	82.2
Union sub-Centre	7.0	7.5	7.2
Union Health and Family Welfare Centre	11.4	12.4	11.8
Upazila health complex	8.2	12.6	9.8
Nagar Matrisadan	7.6	5.1	6.7
NGO healthcare service (Surjer Hashi, Rongdhonu, etc.)	12.2	8.9	11.0
Others	0.9	1.3	1.1

The baseline data found that most beneficiaries received primary health care services from nearby, easily accessible, and free CCs and UHFWCs. The current data indicates that the support programmes by MJF’s PNGOs and CFMs to work with LG representatives and service providers at grassroots level have been easing their access to primary health care services.

Most of the surveyed beneficiaries received free medicine service (79.7 percent) from the health care centre, whereas 61.8 percent received doctor consultation and 42.5 percent received COVID-19 vaccine from the primary healthcare centres.

Chart-16: Types of health services received in the last 12 months (multiple response)

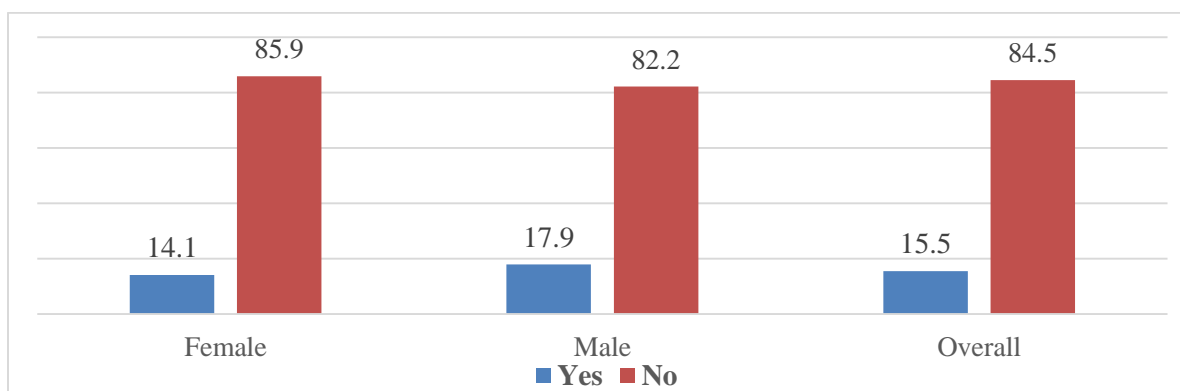


The findings drawn from the baseline report revealed that beneficiaries receive insufficient medicine due to limited supply. **It is observed that the policy gaps in activating community groups to manage health facilities with necessary medicine, doctors, and staff have limited PHSs in CCs and UHFWCs.** The current data indicates the improvement in medicine supply. Although the supply of medicine has remained the same as earlier, this achievement can be linked with the advocacy work of MJF’s PNGOs and CFMs to facilitate health services at grassroots level.

4.3.1 Problems or irregularities

It is found that 17.9 percent male and 14.1 percent female of the surveyed beneficiaries faced different types of difficulties, corruption, and irregularities during receiving primary healthcare services from different health care centres at Union and Upazila level.

Chart-17: Beneficiaries faced difficulties, irregularities, and corruption by gender (%)



Among the beneficiaries who faced corruption and irregularities, about 29.4 percent male and 26 percent female paid bribes for receiving the services (on average BDT 20), 19.1 percent male and 17.7 percent female faced misbehaviour by the concerned service providers, and 13.2 percent male and 9.4 percent female service recipients received referral offer from the concerned service providers to dispatch their patients to private chamber for better consultation.

Table-13: Types of difficulties and irregularities by gender (multiple response)

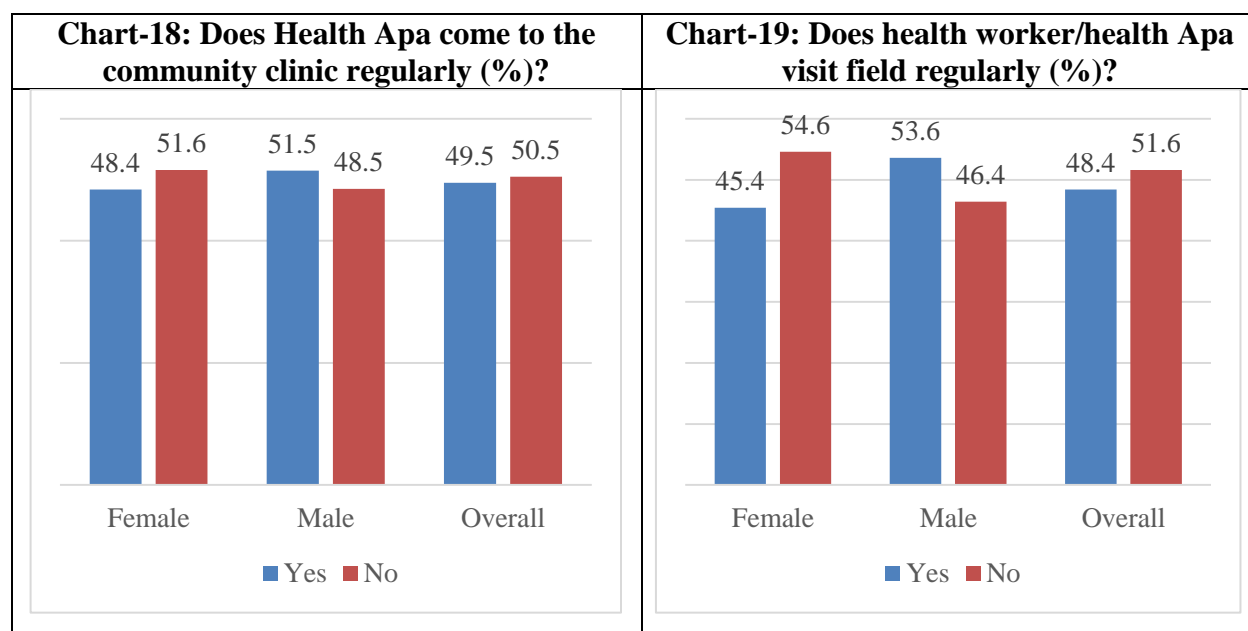
Types of irregularities	Female (%)	Male (%)	Overall (%)
Bribery	26.0	29.4	27.4
Not getting the necessary medicine	57.3	64.7	60.4
Misbehave	17.7	19.1	18.3
Purchase of medicines and other materials	24.0	11.8	18.9
Dispatch to private chambers for treatment	9.4	13.2	11.0
Absence of breastfeeding corner	6.3	1.5	4.3
Collect money without receipt	9.4	2.9	6.7
Not getting doctor/health assistant timely	4.2	5.9	4.9
Long queue	14.6	8.8	12.2
Absence of separate waiting room and toilet for women	7.3	5.9	6.7
Not getting trolley, wheelchair, drinking water	1.0	2.9	1.8
Unavailability of drinking water	3.1	0.0	1.8
Not getting nurse/ward boy timely	3.1	5.9	4.3
Others	4.2	0.0	2.4

About 33.7 percent of health beneficiaries did not receive any medicine from the Upazila Health Complex, 28.8 percent received full course of medicine, and 22.9 percent received a small amount of medicine as per prescription.

The diverse irregularities were found according to the baseline report in health services including absence of doctors and assistants, illegal payment, misbehaviour with the poor, insufficient services, insufficient supply of drugs, shortage of logistics (ambulance, beds, equipment), and improper referrals. **The existing policy gaps in ensuring the posting of doctors and trained staff in rural areas, the equal amenities for both men and women, and the effective role of CGs have resulted in inferior services at local health facilities.** The current data shows nominal improvement for seeking health services compared to the baseline survey.

4.3.2 Monitoring and Coordination

Among the service beneficiaries of Community Clinic, 48.5 percent male and 51.6 percent female told that concerned health worker/health Apa does not come to the community clinic regularly (2 days a week). Similarly, 46.4 percent male and 54.6 percent female beneficiaries said that health assistant/health worker/health Apa does not visit the field regularly, although 68.6 percent of beneficiaries received the opportunity to consult with health worker/health Apa when needed.



Among the surveyed primary health care beneficiaries, about 39.9 percent reported that local health facilities are not monitoring by the Upazila Health and Family Planning Office. Similarly, 34 percent of respondents said that Union Health Committee does not play active role in the smooth running of primary health services.

Findings of the baseline report informed that community groups (CGs) were not sincerely playing roles in maintaining CCs and health facilities were not properly monitored by the respective authorities. **The absence of procedures to monitor and coordinate services and service providers has remained as the essential policy gap to equally ensure PHSs for men and women.** Although social audit and advocacy of PNGOs and CFMs have been influencing services, the combined and effective monitoring and coordination of services by PNGOs, concerned citizens, and service providers can improve health services at grassroots level.

4.3.3 Grievance Redress

Only 2.8 percent of primary healthcare service beneficiaries lodged complaints against irregularities and corruption. About 80 percent of complaints were written, 23.3 percent were verbal, and 10.7 percent were over the phone.

Chart-20: Complaint lodging (%)

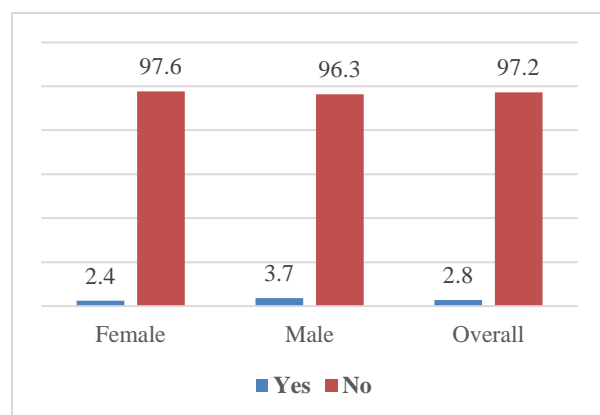
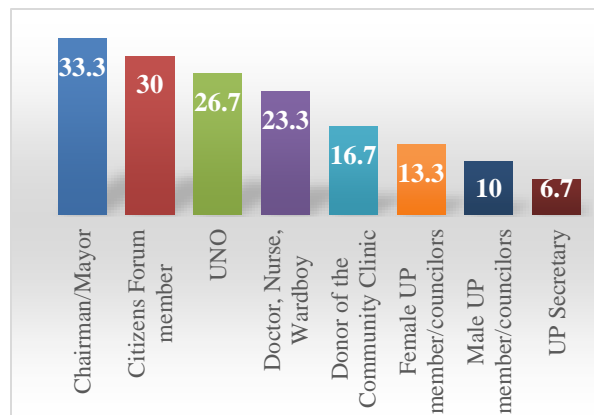


Chart-21: To whom complaints lodged?



Among them one third lodged their complaints to the Chairman/Mayor, around one third service recipients lodged to members of the citizens’ forum, and a few percent of the beneficiaries lodged their complaints to Upazila Nirbahi Officer (UNO). Though most of the complaints were resolved (70.8 percent), 29.2 percent of cases were not resolved yet. Moreover, 43.3 percent of beneficiaries who lodged complaints about primary healthcare services faced threats.

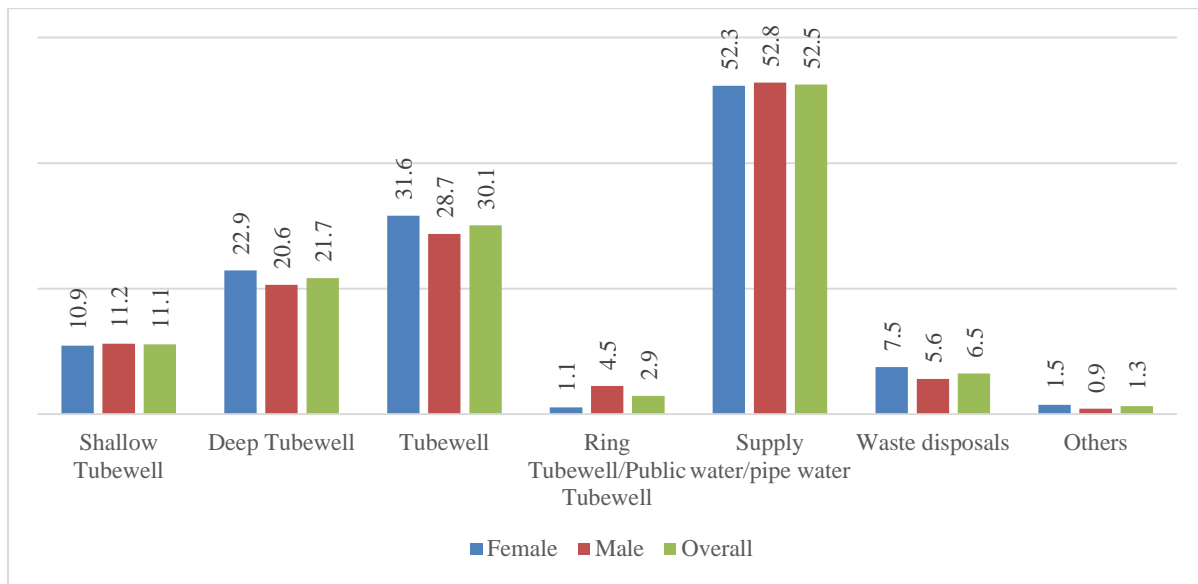
Table-14: Whether the complaint resolved or not by gender				Table-15: Threatened for lodging complaints	
Complaint resolved	Female (%)	Male (%)	Overall (%)	Threatened	Percentage (%)
Yes	66.7	75	70.8	Yes	43.3
No	33.3	25	29.2	No	56.7

It was drawn from the baseline report that very few beneficiaries (1.2 percent) knew about grievance redress mechanism and only 33.3 percent of them lodged complaints. **The lack of procedures to lodge and redress dissatisfaction about services and change the attitude of people has been an important policy gap in implementing PHSs.** The men and women beneficiaries at grassroots level perceive that the activities and advocacy of PNGOs and CFMs have eased access to local health facilities, and they instantly address problems faced at those facilities.

4.4 Safe drinking water and sanitation services

Among the surveyed safe drinking water and sanitation beneficiaries, about 55.4 percent received services from City Corporation and 44.6 percent received from Union Parishad. About 52.8 percent male and 52.3 percent female beneficiaries received supply water/pipe water service from the authority, 28.7 percent male and 31.6 percent female received tubewell, and 20.6 percent male and 22.9 percent female received deep tube-well from the Union Parishad.

Chart-22: Safe drinking water and sanitation services by gender (multiple response)



The baseline report stated that about beneficiaries (48 percent) had no direct access to tube-wells, and they would collect water from tube-wells located in neighbouring areas. The current data shows better access to drinking water. The male and female beneficiaries perceive that the advocacy of PNGOs and CFMs have improved their access to drinking water.

While personal contact or communication is one of the key factors to receive services, about 78.6 percent of beneficiaries communicated with LG representatives, government officials, political leaders, and followers. Among the beneficiaries, about 28.6 percent male and 23 percent female communicated with the Secretary of UP or City Corporations and 21.8 percent male and 21.6 percent female contacted with the member of the Citizens' Forum.

Table-16: Communication to get safe drinking water and sanitation services by gender

Communication with	Female (%)	Male (%)	Overall (%)
Male member/councilors/commissioner	45.0	45.9	45.5
Secretary of UP/Municipality/City Corporation	23.0	28.6	25.8
Member of the citizen's forum	21.6	21.8	21.7
Chairman/Mayor	10.8	11.8	11.3
Female member/councilors/commissioner	9.0	10.9	10.0
Sub-assistant engineers, WASA	4.1	2.7	3.4
Political leader	5.4	0.5	2.9
Conservancy officer, city corporation	3.2	1.8	2.5
Local influential personnel	1.4	1.4	1.4
Others	1.4	1.4	1.4

It is derived from the baseline report that beneficiaries had little connection with UP representatives, Upazila and Union WATSAN committees, and public health engineering department of LG to achieve water and sanitation services. The current data shows the better communication of beneficiaries with service providers and LG representatives. The change in the quality of service implies the positive effects of strong negotiation and advocacy by PNGOs and CFMs to ensure services.

Among the safe drinking water and sanitation service recipients from the Union Parishad, about 65.9 percent male and 73.8 percent female received tube-wells. On average, 20 families collect safe drinking water from a tube-well. In most of the cases, the maintenance costs of the tube-well are managed collectively (74.8 percent), whereas 11.4 percent receive funds from the Union Parishad and 19.4 percent maintain by self-finance.

Table-17: Got a government-funded tube-well by gender				Table-18: Maintain the government-funded tube-well	
Got a tube-well	Female (%)	Male (%)	Overall (%)	How maintain	Percentage (%)
Yes	73.8	65.9	69.7	Collectively	74.8
No	26.2	34.1	30.0	Alone	19.4
				Funded by UP	11.4

The baseline findings showed that most beneficiaries install and maintain tube-wells at their own cost. The current data also shows that beneficiaries bear the installation and maintenance costs. The effective negotiation and pressure by PNGOs and CFMs on service providers can ensure the installation and management of tube-wells from government funds.

Among the beneficiary of safe drinking water and sanitation, 68.9 percent confirmed that their tube-well was arsenic tested by the local government authority. Among them, 94.8 percent of beneficiaries confirmed that their tube-well was arsenic-free.

Table-19: Tube-well been tested

Been tested	%
Yes	68.9
No	20.7
Don't know	10.4

Table-20: Arsenic contamination

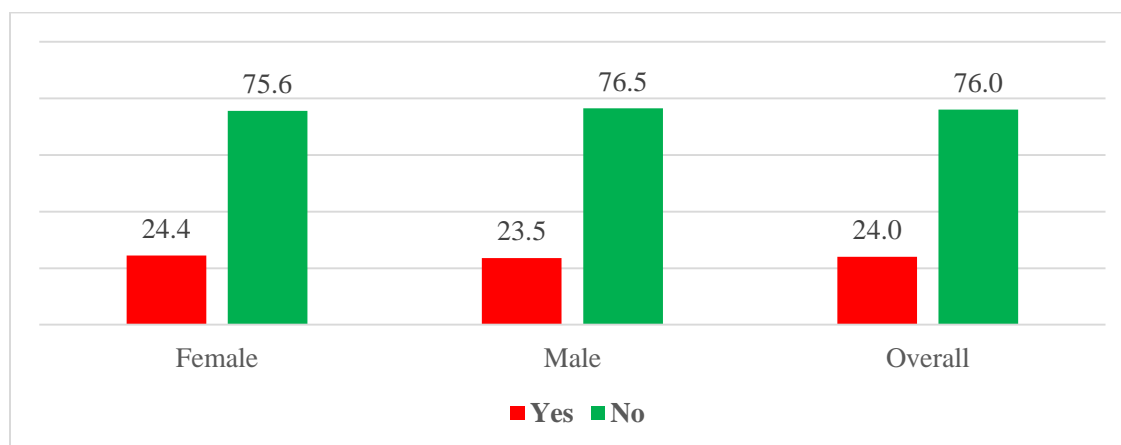
Arsenic level	%
Arsenic-free	94.8
Low level arsenic	5.2
Contains arsenic	-

It can be extracted from the baseline report that among 99.2 tube-well users about 51 percent beneficiaries tested the arsenic contamination of their tube-wells, and 1.6 percent tube-wells were found arsenic contaminated. The current data shows most beneficiaries test arsenic contamination of their tube-wells. **It can be argued that the lack of mechanism to monitor and coordinate the selection of beneficiaries and places for the installation of tube-wells and sanitary slabs has remained an enduring policy gap to deliver WASH services at grassroots level.**

4.4.1 Problems or irregularities

Among safe drinking water and sanitation beneficiaries, about 23.5 percent male and 24.4 percent female faced problems or irregularities.

Chart - 23: Faced problems and irregularities by gender (%)



About, 24.6 percent male and 27.3 percent female beneficiaries faced nepotism by LG representatives, 34.8 percent male and 15.2 percent female faced different types of harassment, and 21.7 percent male and 19.7 percent female faced intentional delay by the concerned service providers.

Table-21: Irregularities and corruption faced by gender (multiple response)

Types of corruption and irregularities	Female (%)	Male (%)	Overall (%)
Nepotism by the LG representatives	27.3	24.6	25.9
Harassment (communicate again and again)	15.2	34.8	25.2
Delay	19.7	21.7	20.7
Beneficiary selection without verification	19.7	15.9	17.8
Does not check the meter	13.6	13	13.3
Not getting actual bill	13.6	8.7	11.1
Interference by local influential personnel	10.6	5.8	8.1
Lack of monitoring by the concern personnel	7.6	4.3	5.9
Does not provide bill copy / paper regularly	7.6	2.9	5.2
Beneficiary selection by political favoritism	1.5	7.2	4.4
Provide low quality of tools and materials	4.5	4.3	4.4
Bribe/un-authorized payment	1.5	5.8	3.7

Most beneficiaries after the baseline report did not receive expected assistance from LG representatives and service providers. The low monitoring and negligence of the Upazila and Union WATSAN committees and Upazila public health department of LG affected the quality of services. **The low services may be related to the existing policy gaps in changing the mentality of LG representatives to serve people, allowing the committee to freely work, and prioritizing the necessity of people.** The current data shows fewer irregularities to achieve WASH services. This situation indicates the positive outcomes of ongoing activities and advocacy to improve services at grassroots level by PNGOs and CFMs.

4.4.2 Grievance Redress

Among the surveyed safe drinking water and sanitation services beneficiaries, about 7.2 percent male and 5.2 percent female of them lodged complaints against irregularities and corruption. In most of the cases, they lodged their complaints in written forms (94.3 percent) and only 8.6 percent lodged complaints over the phone.

Table-22: Whether lodged complaints				Table-23: Where/who lodged complaints	
Lodged complaints	Female (%)	Male (%)	Overall (%)	Lodging complaints	%
Yes	5.2	7.2	6.2	In written	94.3
No	94.8	92.8	93.8	Verbally	2.9
				Over mobile phone	8.6

Among the water and sanitation beneficiaries, about 48.6 percent lodged to male member/commissioner, 28.6 percent to the Chairman/Mayor, and 17.1 percent complaints lodged to the authority of WASA. About 28.9 percent beneficiaries faced threats by the concerned service providers for complaining.

Table-24: To whom complaints are lodged (multiple response)

To whom	%
Male UP member/councillors	48.6
Chairman/Mayor	28.6
WASA authority	17.1
Upazila Sanitation officer	8.6
UNO	2.9
Secretary of UP/Upazila/City Corporation	5.7
Upazila Chairman/Vice-Chairman	2.9
Others	2.9

In terms of the baseline report, the beneficiaries had little or no knowledge about complaints redress mechanisms. **The lack of procedures to lodge and redress dissatisfaction about services and change the attitude of people has been an important policy gap in implementing PHSs.** The current data shows that some beneficiaries lodged complaints to LG representatives and service providers for their deprivation of services.

4.5 Right to Information (RTI)

Most of the respondents have no idea about their Right to Information (77.5 percent male and 77.9 percent female), whereas 22.5 percent male and 22.1 percent of female of selected public services beneficiaries said that they know about Right to Information act.

Chart-24: Beneficiaries know about RTI act by gender

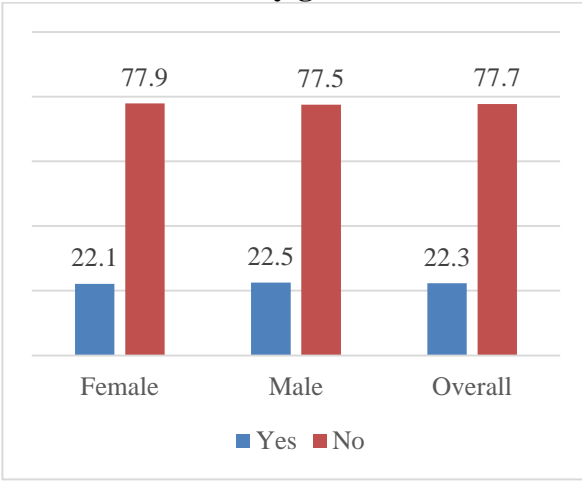


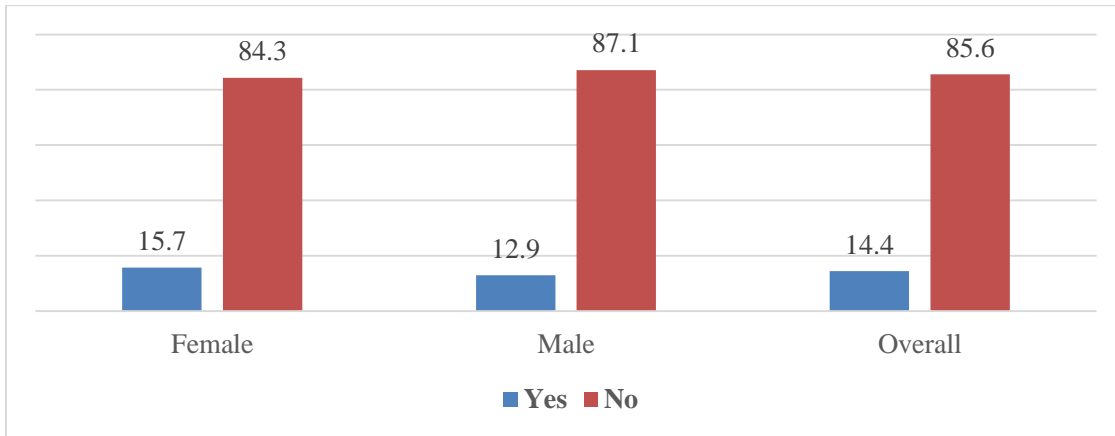
Table-25: Where/whom did they know about RTI act (multiple response)

Where/whom did you know	%
NGO worker	34.3
Male UP member/Councillors	23.8
Ward Shava	23.4
Neighbour	20.7
Newspaper/TV/Radio	22.4
Courtyard meeting	18.9
From family member	18.3
Secretary of LG institutions	7.5
RTI day observance, Fair and leaflet	7.8
Miking	4.3
Female UP member/Councillors	3.6
Mobile messaging	1.9
Others	.6

Many male and female beneficiaries now know about RTI due to the awareness campaigns and advocacy to disseminate information about services at grassroots level by PNGOs and CFMs.

Among surveyed RTI beneficiaries, about 12.9 percent male and 15.7 percent female applied for the information under the Right to Information Act. At least 50 percent of the RTI applicants applied for the information of their exclusion from different types of social security programmes.

Chart-25: Application for information (%)



About 54.3 percent male and 58 percent female applied for the information of primary healthcare services in their area and 22.8 percent male and 26.4 percent female applied for information about agriculture, fisheries, and livestock services. A significant number of beneficiaries applied to the respective office or LG institutions for excluding them from different public services.

Table-26: Which sectors did they apply for information? (Multiple response)

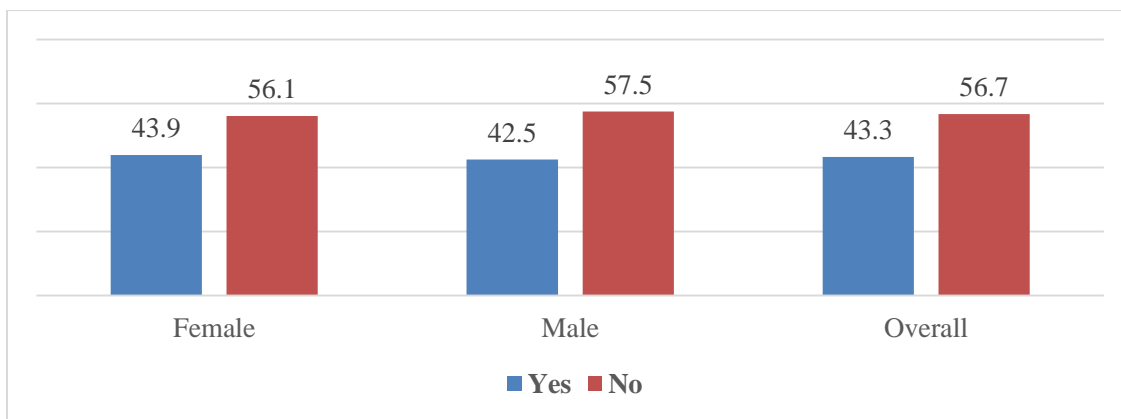
Sectors	Female (%)	Male (%)	Overall (%)
SSNP	38.7	30.1	34.8
Agriculture, fisheries, and livestock	26.4	22.8	24.8
Primary health services	58.0	54.3	56.4
Safe drinking water and sanitation	76.6	69.4	73.4
Rights of excluded and marginalized group	69.5	58.9	64.8
Different types of service process	42.0	28.8	46.1
LG Budget	22.3	16.4	19.7

The policy gaps in RTI may include the insufficient dissemination of information about the way to drop application and the absence of a convenient atmosphere for people to drop application for information. The PNGOs did campaign and RTI procession that encouraged these beneficiaries at grassroots level to use RTI act to seek information about their exclusion from services.

4.5.1 Problems and irregularities

Most of the applicants received their desired information but 22.7 percent did not. At the same time, 42.5 percent male and 43.9 percent female surveyed beneficiaries faced harassment for asking or applying for the information.

Chart-26: Beneficiaries (by gender) facing harassment while asking for information (%)



Among the beneficiaries who faced harassment, about 47.1 percent male and 56 percent female were harassed by the Chairman or Mayor, 47.1 percent male and 48 percent female were harassed

by the Male member/ councillor/ commissioner, and 17.6 percent male and 24 percent female were harassed by the female member/councillor/commissioner.

Table-27: Involvement in harassment (multiple response)

Who involved	Female (%)	Male (%)	Overall (%)
Chairman/Mayor	56.0	47.1	52.4
Male member/councilor/ commissioner	48.0	47.1	47.6
Female member/councilor/ commissioner	24.0	17.6	21.4
Local political leader	4.0	35.3	16.7
Secretary of UP/Municipality/ City Corporation	16.0	29.4	21.4
Concerned information officer	12.0	17.6	14.3

The advocacy and awareness campaigns of PNGOs and CFMs have gradually been changing the attitudes of male and female beneficiaries about their rights to services. Many beneficiaries have already been informed of their rights and they lodge complaints to know the information about their exclusion from services ignoring threats and harassments by LG representatives and service providers. Despite the improvement, a lot of hurdles has remained in implementing RTI act at local level. This finding suggests that the project management should do a special intervention to sensitize the duty bearers on RTI act. **The initiatives to minimize the policy gaps in changing the mentality of both beneficiaries and service providers and facilitating technological backwardness may popularize the use of RTI.**

The absence of guideline has been absent in the national social protection policy to equally distribute public services in terms of gender and marginality. Particularly, the women have been facing more difficulties and challenges compared to men in achieving public services. The changes in the policy to equally distribute services among women like men, the application of rules, and the accountability of stakeholders may reduce gender gaps in public services.

CHAPTER 5

THE QUALITY OF PUBLIC SERVICES

Most of the surveyed beneficiaries (60.9 percent) find positive changes after receiving the services and 79.3 percent of beneficiaries have identified food security as the major improvement from services.

Chart-27: Judgement of positive changes after availing services

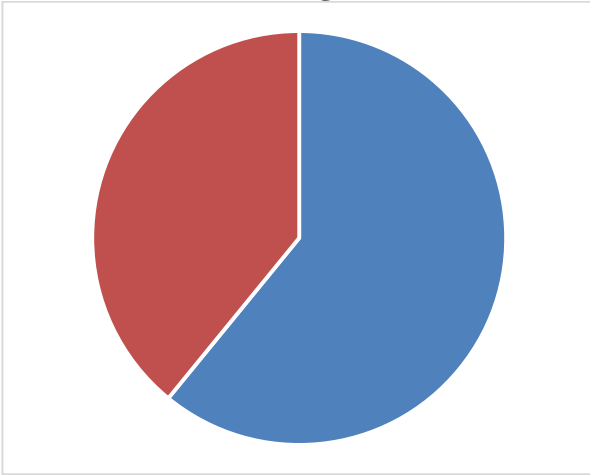


Table-28: Positive changes after availing services (multiple response)

Positive changes	%
Increase food security	79.3
Create employment opportunity	51.5
Ensured nutrition for the children	35.8
Increased treatment facilities	9.4
Ensured education for the children	8.0
Improved skill	3.0
Others	.7

The public services according to the baseline report had positive impacts on the socioeconomic conditions of the beneficiaries. The current data also presents the socioeconomic improvement of beneficiaries after receiving services.

5.1 Participation in development programmes

Among the surveyed beneficiaries, about 52.9 percent male and 55.7 percent female think that the poor and marginalized people are deprived because allowances are limited compared to the eligible population. About 45.5 percent male and 48.1 percent female beneficiaries think that the number of allowances is low compared to the current market.

Table-29: Deprivation of the marginalized of public services by gender (multiple response)

Deprivation of the marginalized by	Female (%)	Male (%)	Overall (%)
Allowances are limited compared to the eligible population	55.7	52.9	54.4
The amount is low compared to the current situation	48.1	45.5	46.9
Irregularities of government officials	41.0	41.8	41.4
Irregularities of public representatives	39.7	42.6	41.1
Others	0.9	1.0	0.9

The baseline report described the limited coverage of public services for the marginalized, and their access to these services were mainly hampered by limited transparency and accountability in the delivery process. The present data shows lower deprivation of beneficiaries from services. The awareness raising and advocacy work of PNGOs and CFMs has been smoothing the access of the excluded male and female to public services.

About 44.2 percent male and 46 percent female beneficiaries mentioned the lack of coordination between service providers to deliver services independently, 38.9 percent male and 40.1 percent female mentioned the internal conflict between LG representatives, and 16.3 percent male and 15.4 percent female beneficiaries mentioned the interference of MP's nominees as an obstacle for UP/Pourshava/City Corporation to provide services independently.

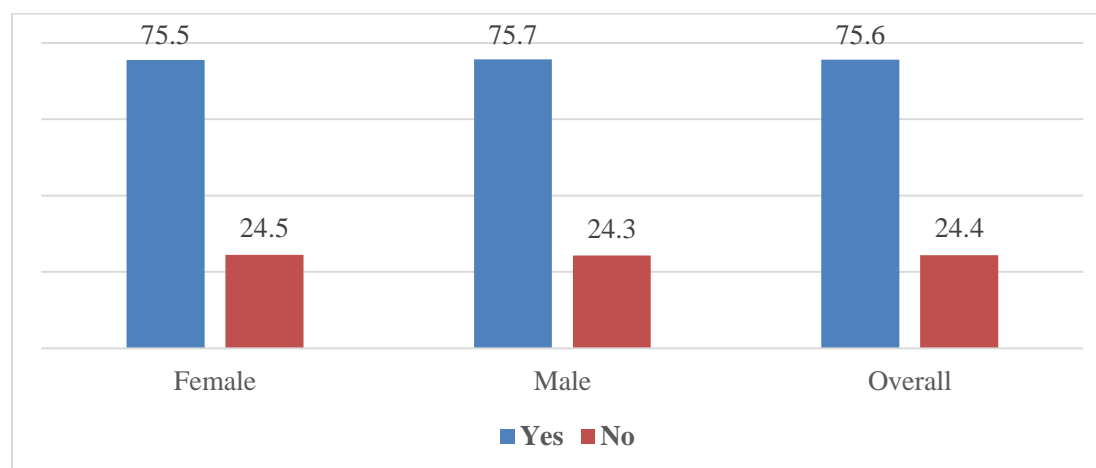
Table-30: Obstacles faced (by gender) by UP/Municipalities/City Corporations to provide services independently (multiple response)

Obstacles	Female (%)	Male (%)	Overall (%)
Lack of coordination	46.0	44.2	45.2
The internal conflict between LG representatives	40.1	38.9	39.5
Political pressure	30.5	36.5	33.3
Interference by the nominee of local MP	15.4	16.3	15.8
Interference by local MP	11.2	12.4	11.8
Others	0.1	0.1	0.1

The baseline report found weak coordination among LGIs and government offices, ineffective monitoring, inefficiency of LG representatives, and political influence in the implementation of public services. The current data shows improvement in the distribution of services.

About 75.7 percent male and 75.5 percent female beneficiaries think that LG institutions and representatives are skilled enough to provide government services.

Chart-28: Are LGIs and representatives skilled enough to provide government services?



About 69.4 percent male and 76.6 percent female beneficiaries mentioned the negligence of duties and 58.9 percent male and 69.5 percent female mentioned the reluctance of LG representatives to provide services, and 54.3 percent male and 58 percent female mentioned corruption and malpractices.

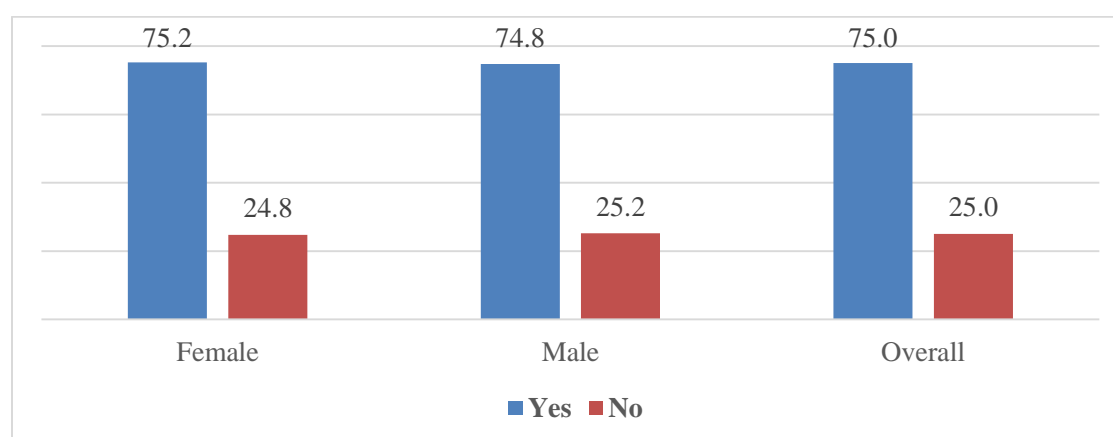
Table-31: Beneficiaries (by gender) identified the lack of skills of LG institutions and representatives to provide the government services (multiple response)

Lack of skills due to	Female (%)	Male (%)	Overall (%)
Negligence of duties	76.6	69.4	73.4
Reluctance to provide services	69.5	58.9	64.8
Corruption	58.0	54.3	56.4
Lack of skilled manpower	42.0	28.8	36.1
Not aware of rules and regulations	38.7	30.1	34.8
Inefficiency in managing local political pressure	26.4	22.8	24.8
Lack of coordination	22.3	16.4	19.7

The baseline information stated that LG representatives play the leading role in the selection of beneficiaries for public services, and most often they apply personal and political nepotism and take bribe to select beneficiaries. Many LG representatives showed reluctance and inefficiency to select eligible male and female beneficiaries. The current data also shows around one fourth LG representatives are still in behind to implement services efficiently.

On the other hand, survey findings show that 74.8 percent male and 75.2 percent female beneficiaries think that the government officials are capable and skilled to provide services.

Chart – 29: Whether government officials are capable to provide services (%)



Among the beneficiaries who mentioned that the government officials are not capable or skilled to provide service effectively, about 64 percent male and 76.3 percent female mentioned the negligence of duties and 18.8 percent male and 20.4 percent female mentioned the lack of coordination.

Table-32: Reasons for not providing services effectively (multiple response)

Reasons	Female (%)	Male (%)	Overall (%)
Negligence of duties	76.3	64.0	70.6
Reluctance to provide services	72.6	61.1	67.3
Corruption	67.9	62.3	65.3
Lack of skilled manpower	43.1	33.9	38.8
Not aware of rules and regulations	36.1	27.2	32.0
Inefficiency in managing local political pressure	26.6	25.1	25.9
Lack of coordination	20.4	18.8	19.7

The baseline report showed higher inefficiency and reluctance of government agencies to implement public services. The current data shows lower-level inefficiency and negligence of government officials to provide services. **The public services have been constrained by the long-lasting policy gaps including limited budget and coverage, lack of transparency and accountability, inefficiency of LG representatives and duty bearers, and political and personal preferences to beneficiaries.**

5.2 LG activities for the betterment of services

Participation in the Ward Shava

Most of the beneficiaries (68.9 percent male and 64.6 percent female) confirmed that Ward Shava is held regularly in their ward, although 22.6 percent of beneficiaries do not know whether it is held regularly or not. About half (51.9 percent male and 47.3 percent female) of beneficiaries participated in the Ward Shava.

Chart-30: Ward Shava held at beneficiaries' ward

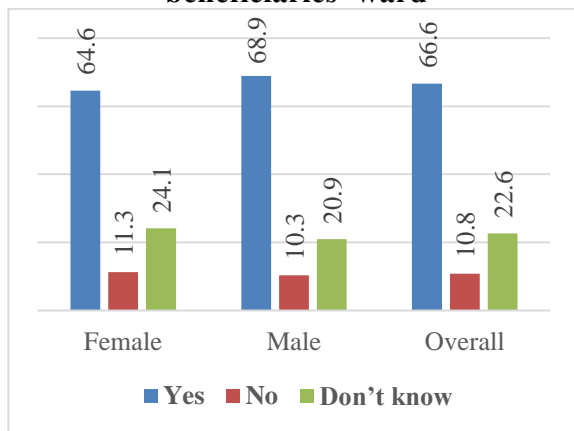
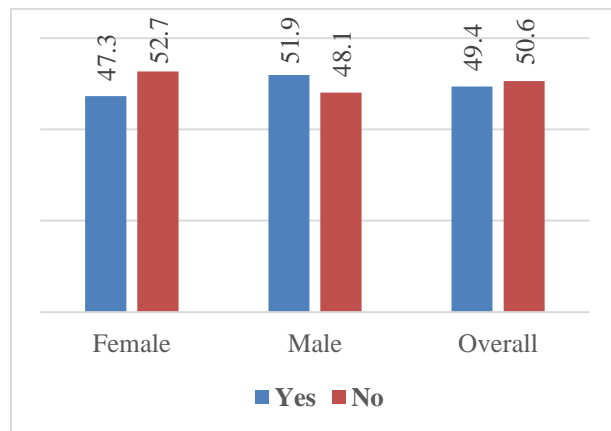


Chart-31: Participation in the Ward Shava



Among the surveyed beneficiaries, 48.8 percent have noticed that the primary list of the beneficiaries are prepared during Ward Shava although 40.7 percent of the beneficiaries do not have any idea about beneficiary listing during Ward Shava.

PNGOs facilitate LG representatives to conduct Ward Shava for implementing participatory plan of local government that helped a lot in changing attitudes of LG representatives to consider citizen opinion in the decision making.

Participation in the open budget

The survey findings have identified that most of the beneficiaries (73.9 percent male and 73 percent female) said that the open budget disclosure meeting was held at their respective Union Parishad. Among them, 73.6 percent male and 81.1 percent female beneficiaries participated in the open budget disclosure meeting at their Union Parishad. In most cases, public opinion was considered during budget preparation although 31.1 percent of the beneficiaries' opinions were not considered in the budget disclosure session at Union Parishad.

Table-33: Open budget disclosure meeting held at beneficiaries' (by gender) Union Parishad

Open budget	Parishad		
	Female (%)	Male (%)	Overall (%)
Yes	73.0	73.9	73.4
No	27.0	26.1	26.6

Table-34: Participation of beneficiaries (by gender) in the open budget disclosure meeting

Participation	meeting		
	Female (%)	Male (%)	Overall (%)
Yes	81.1	73.6	77.5
No	18.9	26.4	22.5

Among the surveyed beneficiaries, 65.9 percent have no idea about accepted/prioritized schemes of Ward Shava in their own ward although 25.8 percent of the beneficiaries ensured that the accepted or prioritized schemes of Ward Shava were included in the budget disclosure session and documents. The higher participation in open budget meeting indicates that LG representatives try to ensure the highest participation of people to show local administration and others their popularity and strength.

Review and Development of Five Years Plan

The survey findings show that about 22.3 percent male and 22.9 female beneficiaries prepared five years plan at Union Parishad/Pourshava/City Corporation for the development and social services although 66.5 percent male and 65.2 percent beneficiaries do not know about five years plan. On the other hand, 67.6 percent male and 68 percent female beneficiaries do not know whether LG institutions (Union Parishad, Pourshava, City Corporation) prepare the sector-wise budget to include the excluded people.

Table-35: Whether five years plan prepared at union/Pourshava/City corporation				Table-36: Whether the sector-wise budget in constitution with grassroots people			
Five years plan	Female (%)	Male (%)	Overall (%)	Sector-wise budget	Female (%)	Male (%)	Overall (%)
Yes	22.9	22.3	22.6	Yes	21.3	22.8	21.9
No	11.9	11.2	11.6	No	10.7	9.6	10.2
Don't know	65.2	66.5	65.8	Don't know	68.0	67.6	67.8

Functions of Local Level Committee

Beneficiaries' survey shows that 41.2 percent male and 32.5 percent female primary health services beneficiaries accepted that the Union Health Committee playing an active role in the smooth running of health service activities in their Ward/Union Parishad.

Among the beneficiaries who are positive on activities of the Union Health Committee, about 68.8 percent said that the committee is playing an active role in the vaccination campaign, followed by various campaigns for COVID-19 (57.5 percent) and health awareness (55 percent).

Chart-32: The Union Health Committee play an active role in the smooth running of health service activities		Table-37: In which cases did the UP played role in the smooth running of health activities in their Ward (multiple response)																															
<table border="1"> <caption>Data for Chart-32</caption> <thead> <tr> <th>Gender</th> <th>Yes (%)</th> <th>No (%)</th> <th>Don't know (%)</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>32.5</td> <td>20.3</td> <td>47.2</td> </tr> <tr> <td>Male</td> <td>41.2</td> <td>14.8</td> <td>44.1</td> </tr> <tr> <td>Overall</td> <td>35.6</td> <td>18.3</td> <td>46.1</td> </tr> </tbody> </table>		Gender	Yes (%)	No (%)	Don't know (%)	Female	32.5	20.3	47.2	Male	41.2	14.8	44.1	Overall	35.6	18.3	46.1	<table border="1"> <thead> <tr> <th>Cases</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Campaign for vaccine</td> <td>68.8</td> </tr> <tr> <td>Various campaigns for COVID-19</td> <td>57.5</td> </tr> <tr> <td>Health education</td> <td>55.0</td> </tr> <tr> <td>Family planning service monitoring</td> <td>51.8</td> </tr> <tr> <td>Deworming tablet feeding campaign</td> <td>42.8</td> </tr> <tr> <td>Others</td> <td>.5</td> </tr> </tbody> </table>		Cases	%	Campaign for vaccine	68.8	Various campaigns for COVID-19	57.5	Health education	55.0	Family planning service monitoring	51.8	Deworming tablet feeding campaign	42.8	Others	.5
Gender	Yes (%)	No (%)	Don't know (%)																														
Female	32.5	20.3	47.2																														
Male	41.2	14.8	44.1																														
Overall	35.6	18.3	46.1																														
Cases	%																																
Campaign for vaccine	68.8																																
Various campaigns for COVID-19	57.5																																
Health education	55.0																																
Family planning service monitoring	51.8																																
Deworming tablet feeding campaign	42.8																																
Others	.5																																

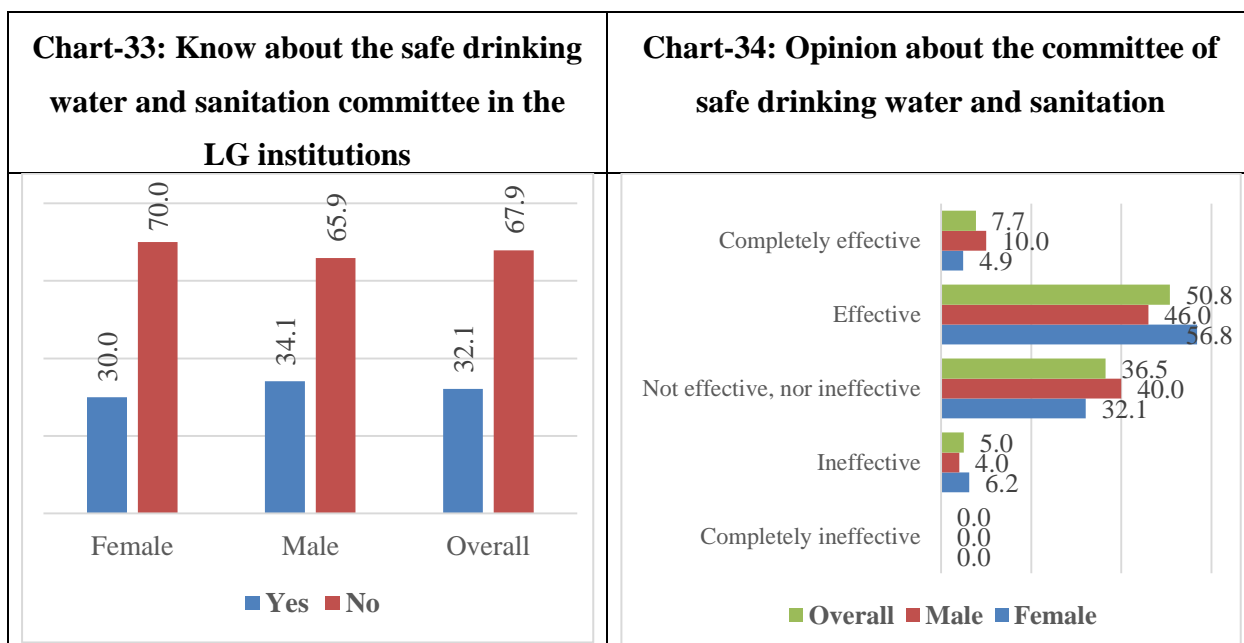
PNGOs and CFMs have been closely working with health service providers and respective local committees to ensure services for the marginalised. Many people, therefore, have now been receiving better service from local health facilities.

On the other hand, about 25.2 percent male and 36.8 percent female primary healthcare service beneficiaries have given their consent that the Community Group/Steering Committee does not play an active role in the smooth running of primary health care activities. Similarly, 20.7 percent male and 34.4 percent female primary healthcare service beneficiaries said that the Union Health and Family Welfare Centre Management Committee does not work effectively and efficiently.

Table-38: Community Group/ Steering Committee play an active role in the smooth running of the health service				Table-39: The Union Health and Family Welfare Centre Management Committee working effectively and efficiently			
Play an active role	Female (%)	Male (%)	Overall (%)	Working effectively	Female (%)	Male (%)	Overall (%)
Yes	63.2	74.8	67.4	Yes	65.5	79.3	70.6
No	36.8	25.2	32.6	No	34.4	20.7	29.4

The current data shows the improvement in the service management of local health facilities. The PNGOs and CFMs continue to actively perform monitoring and advocacy activities with stakeholders (health facilities, LG representatives, CGs) to ensure primary health services for the people at grassroots level.

Survey findings show that about 34.1 percent male and 30 percent female safe drinking water and sanitation service beneficiaries ensured that there is a safe drinking water and sanitation committee in the respective local government institutions (Union Parishad/Pourshava/City Corporation). About 46 percent male and 6.8 percent female beneficiaries said that the committee works effectively, and 4 percent male and 6.2 percent female said the committee is not effective.

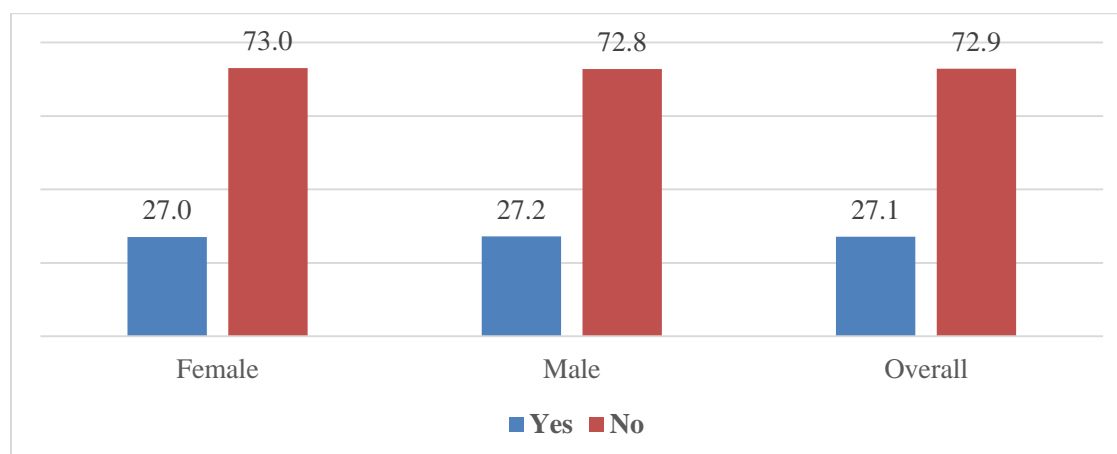


Findings from the present survey indicates better WASH services for the people at grassroots level. These services have gradually been improving due to the effective advocacy of beneficiaries' problems and awareness campaigns to make people know about their rights in association with the PNGOs and CFMs. These activities with the stakeholders (Union and Upazila WATSAN, LG representatives, public health engineering department) have been improving the quality of WASH services. **The policy gaps in enhancing the participation of people in the beneficiary selection and development activities of LGIs, minimizing the negligence to committee members by LG representatives, and dysfunctional local selection committees have had adverse effects on the implementation of public services.**

5.3 Training and Orientation of the service recipients

Among the service recipient of agriculture, fisheries, and livestock services, only 27.2 percent male and 27 percent female received the related training from the government agencies.

Chart-35: Beneficiaries (by gender) received training from government agencies (%)



Among the beneficiaries who received training on agriculture extension, about 68 percent male and 61.7 percent female received fruits and vegetable cultivation training, 44 percent male and 42.6 percent female received training on crop diversification, and 38 percent male and 40.4 percent female received training to operate different types of agricultural tools and machines.

Table-40: Types of agriculture extension, fisheries and livestock training received (multiple response)

Training types	Female (%)	Male (%)	Overall (%)
Agriculture extension			
Cultivation of fruits and vegetables	61.7	68.0	64.9
Crop diversification	42.6	44.0	43.3
Operation of agricultural tools/machine	40.4	38.0	39.2
Homestead gardening	8.5	10.0	9.3
Production of Napier grass	8.5	8.0	8.2
Others	2.1	0.0	1.0
Fisheries and livestock			
Artificial inseminator of fisheries and livestock	53.3	42.9	47.2
Livestock rearing	40.0	23.8	30.6
Fish farming	13.3	42.9	30.6
Cow fattening	13.3	0.0	5.6

The lack of policies in distributing agricultural equipment and training for operating tools and machines has restricted the quality of AESs. The quality in the selection and

distribution of services vary from gender. The equal distribution among male and female may promote governance in public services.

5.4 Satisfaction level

Likert scale has been applied to measure the satisfaction of beneficiaries about beneficiary selection campaign and process, number and amount of benefit, the behavior of service providers, management, and grievance redress system in delivering SSP, AES, PHS, and WASH services by using five points ‘1=Fully dissatisfied’, ‘2= Dissatisfied’, ‘3= Moderately satisfied’, ‘4= Satisfied’, and ‘5= Fully satisfied’. The opinion of beneficiaries on these points are presented in percentages.

Among the beneficiaries of selected services (social security programme; agriculture, fisheries, and livestock; primary healthcare; and safe drinking water and sanitation), about 21.5 percent are dissatisfied or fully dissatisfied with the amounts of benefits compared to the current market situation. About 19.1 percent of beneficiaries are dissatisfied or fully dissatisfied with the number of beneficiaries compared to the eligible people.

The highest 52.8 percent of beneficiaries are satisfied or fully satisfied with the behaviour of the bank/agent, 51.5 percent are satisfied with beneficiary selection process, and 50.6 percent of beneficiaries are satisfied or fully satisfied with beneficiary selection campaign by the service providers.

Table-41: Overall satisfaction level in selected public services

Level of Satisfaction	Beneficiary selection campaign	Beneficiary selection process	Beneficiary number	Amounts of benefits	The behaviour of Bank/agent	Grievance redress systems
Fully dissatisfied	.9	1.4	2.4	2.7	1.0	1.4
Dissatisfied	15.5	14.1	16.7	18.8	10.0	10.9
Moderately satisfied	33.0	33.0	33.9	29.8	36.3	40.7
Satisfied	43.6	44.4	39.7	42.6	41.8	39.5
Fully satisfied	7.0	7.1	7.3	6.2	11.0	7.5

The data shows the relatively high satisfaction of beneficiaries in the selected public services. The advocacy and awareness raising activities by PNGOs and CFMs have been changing the beneficiary selection process and keeping LG representatives and government officials transparent and accountable to provide services to the excluded people. Many excluded people

have already achieved services, and they perceive that information dissemination and beneficiary selection have been improving because of the activities taken by MJF.

5.4.1 Satisfaction of social security programmes delivery

The beneficiaries of allowances (cash or food) are mostly satisfied in different stages of selection and distribution of cash and food. About 13.6 percent of the respondents are dissatisfied or fully dissatisfied with the amount of the benefits, 13.7 percent are dissatisfied with beneficiary numbers, 11.7 percent are dissatisfied with the selection campaign, and 10.8 percent are dissatisfied with the selection process.

Of the beneficiary's satisfaction level in different issues of social security programmes, about 55.3 percent male and 62.4 percent female beneficiaries are fully satisfied or satisfied with the beneficiary selection process, 57.7 percent male and 60.6 percent female are satisfied or fully satisfied with the behaviour of bank/mobile agent, and 56.1 percent male and 59.8 percent female beneficiaries are satisfied or fully satisfied with the grievance redress system.

Table-42: Level of satisfaction in social security programmes by gender

Level of Satisfaction	Beneficiary selection campaign		Beneficiary selection process		Beneficiary number		Amount of benefit		The behavior of Bank/agent		Grievance redress systems	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Fully dissatisfied	0.3	2.3	0.3	2.5	1.3	2.5	0.9	2.5	0.6	1.8	0.6	1.6
Dissatisfied	9.8	11.7	10.4	8.6	12	11.7	11.3	13.3	6.5	6.8	7.3	8
Moderately satisfied	28.4	34.3	27	33.7	29	34.3	27.1	30.6	32.3	33.7	32.3	34.3
Satisfied	51.4	43.7	52.9	45.6	48.9	42.9	52.6	44.8	51.7	49.5	51.1	46.4
Fully satisfied	10.1	8	9.5	9.7	8.7	8.6	8.1	8.8	8.9	8.2	8.7	9.7

Most surveyed male and female beneficiaries show higher satisfaction in the beneficiary selection and grievance redress mechanism of social security programmes. The advocacy by PNGOs and CFMs to address difficulties in beneficiary selection and remedy complaints about deprivation has been improving the distribution of SSPs. Most beneficiaries, therefore, perceive

that beneficiary selection and grievance redress have been changing because many excluded people have now been achieving SSPs.

5.4.2 Satisfaction of agriculture, fisheries, and livestock services

Among the beneficiaries of agriculture, fisheries, and livestock services, about 38.3 percent male and 41.3 percent female beneficiaries are dissatisfied or fully dissatisfied with the amount of agriculture, fisheries and livestock services, 37.6 percent male and 32.1 percent female are dissatisfied or fully dissatisfied with the coverage in terms of the number of beneficiaries, and about 18.4 percent male and 14.3 percent female beneficiaries are dissatisfied or fully dissatisfied with the behaviour of the concerned officials and field staff.

Survey findings show that 35.3 percent male and 43.9 percent female beneficiaries are satisfied or fully satisfied with the beneficiary selection process of agriculture, fisheries and livestock services and 35.3 percent male and 43 percent female beneficiaries are satisfied or fully satisfied with the grievance redress system of service providing agencies and authorities. About 31.4 percent male and 45.6 percent female are satisfied or fully satisfied with the services provided by Sub Assistant Agriculture Officer (SAAO) and only 23.7 percent male and 32.3 female beneficiaries are satisfied or fully satisfied with the value of benefits of agriculture, fisheries, and livestock services.

Table-43: Level of satisfaction in agriculture, fisheries, and livestock services by gender

Level of Satisfaction	Beneficiary selection campaign		Beneficiary selection process		Coverage in terms of the number		Amount of benefit		The behavior of concerned officials		Service of SAAO		Grievance redress system	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Fully dissatisfied	0.9	0.0	1.7	2.3	4.3	5.4	6.1	4.6	0.4	0.4	0.9	0.8	2.2	1.1
Dissatisfied	24.3	29.9	20.4	28.7	27.8	32.2	35.2	33.7	13.9	18.0	15.2	19.5	14.3	16.5
Moderately satisfied	36.5	39.1	33.9	33.7	37.0	31.8	26.5	37.9	41.3	50.6	38.3	48.3	40.4	47.1
Satisfied	35.7	30.3	41.3	34.5	27.8	28	31.3	22.6	41.3	30.3	45.2	31	41.7	34.5
Fully satisfied	2.6	0.8	2.6	0.8	3.0	2.7	0.9	1.1	3.0	0.8	0.4	0.4	1.3	0.8

The agriculture, fisheries, and livestock beneficiaries demonstrate higher satisfaction in the beneficiary selection and the grievance redress mechanism. It is derived that beneficiaries of

agriculture, livestock and fisheries face worst impact of irregularities and they also raise their voice against such irregularities as they have been graduating to deal with barriers in beneficiary selection and complaints redressal process. A large section of male and female beneficiaries feels satisfied as they are having access to the said services.

5.4.3 Satisfaction of primary healthcare services

Among the primary health beneficiaries, about 13.2 percent male and 14.6 percent female are dissatisfied or fully dissatisfied with the overall management of primary health care/service centres, 11.9 percent male and 13.6 percent female are dissatisfied or fully dissatisfied with grievance redress system of the centres, and 11.3 percent male and 13.1 percent female beneficiaries are dissatisfied or fully dissatisfied with the monitoring of Union Health Committee.

On the other hand, among the primary health service beneficiaries, about 59.6 percent male and 56.9 percent female beneficiaries are satisfied or fully satisfied with the behaviour of health service providers, 54.3 percent male and 55.1 percent female are satisfied or fully satisfied with the development of health care facilities in their area, and 56.2 percent male and 53.6 percent female beneficiaries are satisfied or fully satisfied with the safety and hygiene facilities in the primary healthcare centres.

Table-44: Level of satisfaction in Primary Healthcare services by gender

Level of Satisfaction	Overall management of health center		The behavior of service providers		Development of health care facilities		Coverage of marginalized and excluded people		Safety and hygiene facilities		Monitoring of Union Health Committee		Grievance redress system	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Fully dissatisfied	2.1	0.8	1.2	0.8	1.0	0.8	1.3	1.3	1.2	1.1	1.3	1.3	1.8	1.3
Dissatisfied	12.5	12.4	11.0	9.8	11.5	7.4	11.0	9.5	11.6	8.4	11.8	10.0	11.8	10.6
Moderately satisfied	29.0	28.8	30.9	29.8	32.4	37.5	36.9	38.5	33.5	34.5	42.8	42.0	45.0	43.8
Satisfied	35.9	40.1	37.2	41.7	35.1	38.5	34.1	38.5	35.7	42.5	31.5	35.1	30.7	35.4
Fully satisfied	20.6	17.9	19.7	17.9	20.0	15.8	16.6	12.1	17.9	13.7	12.6	11.6	10.7	9.0

Most of the surveyed primary healthcare male and female beneficiaries exhibit higher satisfaction in the behaviour of service providers and the improvement of health facilities. MJF's intervention i.e., advocacy initiatives to change the attitudes of service providers and improve the environment of health facilities have impacted services positively. Most beneficiaries feel satisfied for better services at local health facilities.

5.4.4. Satisfaction of safe drinking water and sanitation services

Among surveyed beneficiaries who received safe drinking water and sanitation services, about 19.5 percent male and 16.3 percent female are dissatisfied or fully dissatisfied with the development of safe drinking water and sanitation services and 15.1 percent male and 15.5 percent female are dissatisfied or fully dissatisfied with the beneficiary selection process of safe drinking water and sanitation services.

Among the beneficiaries of safe drinking water and sanitation services, about 43 percent male and 52.6 percent female beneficiaries are satisfied or fully satisfied with receiving services, 40.9 percent male and 51.1 percent female are satisfied or fully satisfied with the beneficiary selection process, and 38.9 percent male and 50.7 percent female are satisfied or fully satisfied with the beneficiary coverage in terms of the number of benefits of safe drinking water and sanitation services.

Table-45: Level of satisfaction in safe drinking water and sanitation services by gender

Level of Satisfaction	Beneficiary selection process		Beneficiary coverage in terms of the number		Getting services		Development of service quality		Behave of concerned officials		Grievance redressals	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Fully dissatisfied	1.1	1.4	1.9	1.0	1.1	2.0	0.7	2.4	0.4	1.7	1.5	2.0
Dissatisfied	14.4	13.7	13.3	16.0	15.9	14.0	15.6	17.1	12.2	8.9	13.0	12.6
Moderately satisfied	33.3	44.0	34.1	44.0	30.4	41.0	35.2	39.9	39.6	51.2	45.6	46.8
Satisfied	41.5	36.5	40.0	32.8	41.5	36.2	37.8	34.5	36.3	32.4	35.6	32.8
Fully satisfied	9.6	4.4	10.7	6.1	11.1	6.8	10.1	6.1	11.5	5.8	4.4	5.8

The male and female WASH beneficiaries show relatively high satisfaction in the beneficiary selection and the coverage of services. The advocacy and awareness raising activities by PNGOs and CFMs to minimize obstacles to beneficiary selection and service delivery has been helping beneficiaries to achieve WASH services. The beneficiaries, thus, feel satisfied for their access to services.

Both men and women perceive the similar level of satisfaction about public services. It seems that the policy gaps in minimizing targeting errors toward beneficiary selection, increasing the number and amount of benefit, changing the attitude and inefficiency of service providers, and utilizing the grievance redress system have largely affected the satisfaction of beneficiaries. The changes in the policy to equitably select vulnerable women like men can minimise the gender gap and improve governance in public services.

CHAPTER 6

POLITICAL ECONOMY AND GOVERNANCE OF PUBLIC SERVICES

The government of Bangladesh continues to implement a range of public services to ensure that all citizens participate in the development process and obtain the benefits of development. The public services have been considered as the key mechanism to distribute government services to the poor and the vulnerable for reducing extreme poverty and improving human development in Bangladesh. While the government has planned to allocate 2% of GDP for public services of the poor and vulnerable families under the eighth five-year plan (2020 July-2025 June), the implementation of National Social Security Strategy (NSSS), national health policy, agricultural extension policy, and safe drinking water and sanitation policy for the targeted population still exists a major challenge in Bangladesh (GED, 2020). Although the social services schemes ranged from 115 to 130 employing the lifecycle approach and covered 32 to 34 percent of total population for the period FY2015 to FY2018, the services delivery process reflects diverse targeting errors (wrong inclusion and exclusion), irregularities and corruption, inefficient and weak administrative arrangements, absence of effective monitoring, and lack of coordination between responsible government bodies to select and distribute services to the eligible beneficiaries (GED, 2020). The impediments to the service delivery have largely been connected to local complex political dynamics and rent-seeking pattern of economics at grassroots level. Local government (LG) representatives, local political leaders, influential persons, and government officials tend to take payments to allocate services to people violating formal procedures. The local powerholders use their relations with LG representatives and government officials to ensure the allocation of services to their people for meeting their economic and political interests. Additionally, the inadequacies of government policies including the lack of political commitment of the government to decentralize and improve strategies, the negligence of policy recommendations from national and local level practitioners, the insufficient beneficiary coverage, and the limited or no involvement of the marginalized in decision-making restrict the implementation of public services. The targeted people, as a result, are deprived of their rights defined by the statutory laws. **The visible activities are not usually offered by LGIs and government offices to deal with political-economic constraints and challenges of power dynamics to ensure services for the marginalised. The**

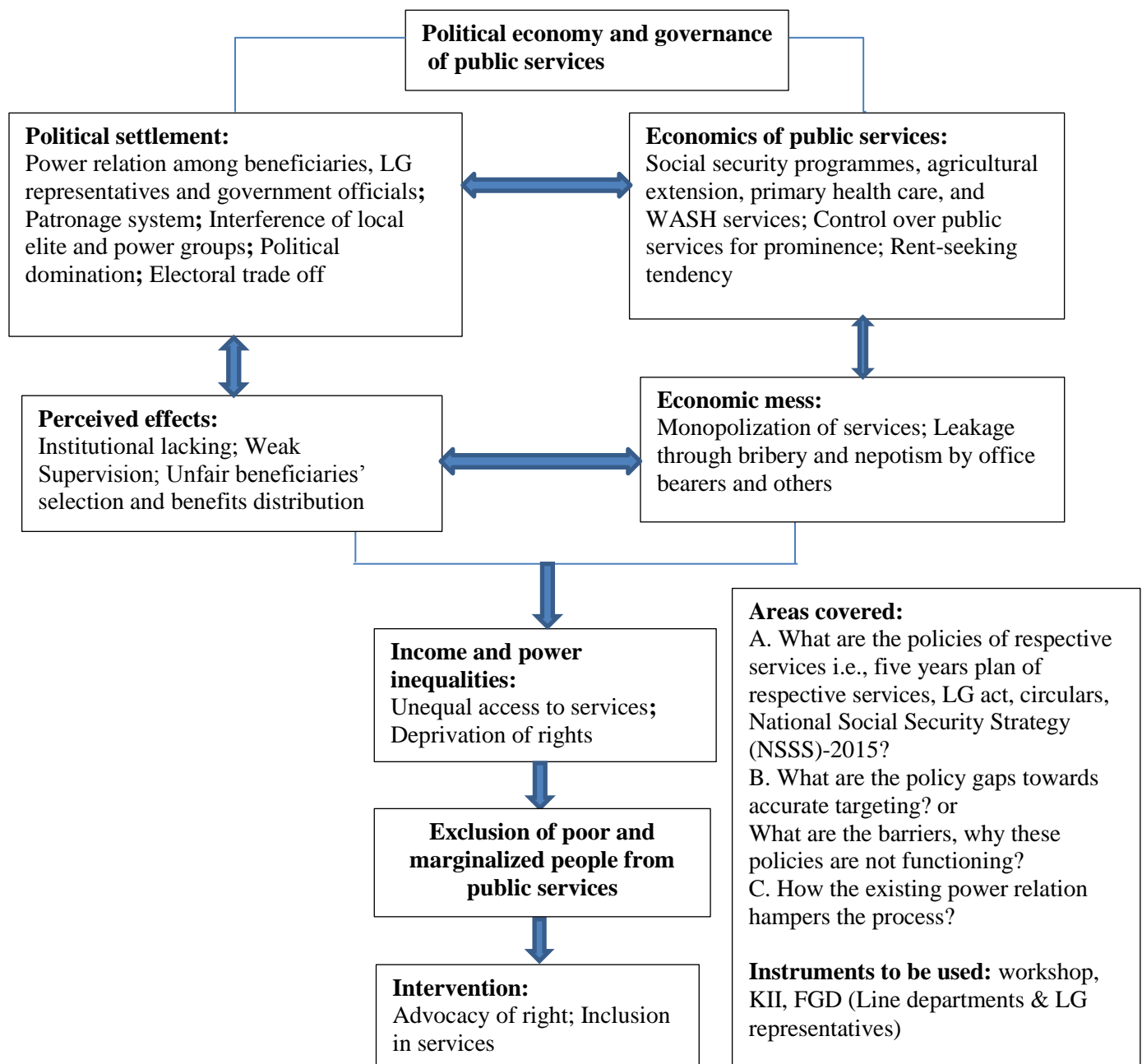
effective governance of services can be ensured by improving the participation of people and the role of the committees in the beneficiary selection, strengthening monitoring and evaluation of the selection process, increasing budget and coverage, generating a flawless database of people based on marginality, maintaining gender equality, and enhancing the efficiency of LG representatives and government officials.

6. 1 Political settlement of public services

The dynamics in local politics greatly influences public services. The distribution of power among the key actors in local politics including MPs, LG representatives (UP Chairman, members/Pourshava and City corporation mayors/ Pourshava councillors/ City corporation commissioners), local elites, local influential persons, and social and political power groups usually determines the distribution of public services in Bangladesh. The socio-political culture has complicated the implementation of the goals of public services set by the 8FYP and local government acts. The inconvenient socio-political culture disrupts the process of distributing public services to the intended poor and marginalized people. The weaknesses of government policies equally disrupt the implementation of public services. **The policy gaps in the mechanism for the administrative organization to harmonize similar programmes, the way to improve the efficiency of staff and enforce rules, the development of an advanced MIS system to promote cash transfer instead of food transfer through G2P (government to people) scheme, the effective procedure for grievance redress, and the distribution of responsibilities among government officials for monitoring and evaluation to avoid leakages have been hindering public services (7FYP; 8FYP; Akash, 2016). The local politics along with the absence of specific mechanisms and activities to minimise policy gaps has hampered the governance of public services. The distribution of specific responsibility among responsible officials and the change in the attitude of LG representatives to serve people may improve the governance of services.** While the successive governments continue to increase the coverage and value of transfers to beneficiaries, the absence of activities to revise and decentralize strategies and responsibilities have remained higher targeting errors in implementing services. For example, the government has allocated about 2.2% of GDP including 1% for civil service pensions to implement social security programmes. The data shows that the average value of transfer to beneficiaries per

month was BDT 595 in FY 2019 compared to individual upper poverty line income for 2018 BDT 2,025. The amount of transfer seems to be insufficient to change the poverty conditions of beneficiaries. **The changes in the government policy to increase the coverage and value of transfer and promote the effective governance from selection to distribution can ensure public services for the marginalised. The gender equality in the distribution of services can reflect the effective governance of services. The changes in the national policy to equally allocate services to women compared to men can reduce the gender gap in public services**

Figure 1: Political economy and governance analysis of public services



6.1.1 Power relation among beneficiaries, LG representatives and government officials

The social relationships based on power among beneficiaries, LG representatives, and responsible government officials have been developed in enlisting recipients and distributing public services. LG representatives maintain good relations with government officials to finalize the list of beneficiaries prepared by themselves and their associates. Public services are often used by LG representatives and power groups for political purposes in Bangladesh (Rezvi, 2020). The powerholders tend to follow informal means to influence government services delivery for balancing and strengthening their power (Khan, 2018). They often misuse their power to distribute public services to relatively better-off individuals by ignoring formal procedures and practices for their political support. Similarly, many ineligible people receive benefits for their longstanding relationship with LG representatives. Since LG representatives influence the beneficiaries' selection process, the marginalized people cannot receive the benefits without their relationship with LG representatives. While the beneficiaries must be publicly selected according to eligibility criteria by the respective selection committees, LG representatives themselves mostly prepare the list of beneficiaries. The absence of mechanism in the government policy to retain LG representatives committed and accountable and prevent their irregularities also hinder the fair selection of beneficiaries. **The activities (emphasizing transparency and accountability of committee members and participation of people) to reduce policy gaps in activating selection committees and changing the attitude of LG representatives to serve people may help address the challenges of power dynamics and ensure governance to provide public services to the marginalised.**

The selection of beneficiaries in some areas is done publicly, and LG representatives often violate the procedures for selecting beneficiaries and distributing benefits. **The guidelines in government policies are missing to ensure the gender equality in public services, and the gender disparity has become embedded in the distribution of services.** The number of potential beneficiaries selected by the LG representatives are even excluded by the Upazila level duty bearers. A group of social security programmes (SSPs) beneficiaries of a UP describes the issues in the beneficiaries' selection process in an FGD:

The selection of beneficiaries is not done in the open ward meeting. Chairman and members divide two-thirds of the cards among themselves, and they prepare the list

accordingly. They include beneficiaries in the list according to their choice and tell other people that we gave your names, but the Upazila officials excluded from the final list. Then they tell the excluded people to give the card next time. **The cards are not equally distributed among men and women.** The persons who have good relations or can lobby with Chairman and members gets the priority for the cards. Chairman and members personally and secretly select beneficiaries. Many people do not even know the time and information about the selection. (FGD was conducted on November 23, 2021)

A group of agricultural extension services (AESs) beneficiaries of a UP describes the issues in the beneficiary selection process in an FGD:

Chairman and members do not want to select beneficiaries in the open meeting. They distribute about 80% of the cards among themselves and then make the list. They give priority to their nearest people and tell others to give the card next time. They satisfy others by saying that we included your names, but the Upazila officials excluded from the final list. The people who can lobby or have relations with Chairman and members receive the cards. Chairman and members make the primary list of beneficiaries and do not circulate the time and information for making list. (FGD was conducted on November 29, 2021)

A group of primary healthcare (PHS) beneficiaries of a UP describes the issues in receiving services at the local facilities in an FGD:

*We visit CCs and UHFWCs for health care services. We obtain primary health care, family planning, immunization, some medicine, and reproductive health services from the facilities. UP Chairman and members have leading roles in managing the facilities. Their relatives and supporters receive quick health care services and medicine. Doctors and Health Attendants sincerely serve them. They do not regularly attend office, often misbehave with other people, and say medicine is finished. **There is no separate toilet, seating place, service corner, and female doctors for women.** (FGD was conducted on November 23, 2021)*

A group of beneficiaries of a city corporation describes the issues in the water and sanitation service delivery process of water and sewerage authority (WASA) and city corporation in an FGD:

We do not easily receive water and sanitation services from WASA. We first apply to WASA for water and sanitation services. WASA takes long time to approve the service. Then we go to the ward commissioner to help us implement the service because it is not easy to obtain approval from city corporation. The employees of city corporation do not want to implement services without money. The road and land of city corporation need to be excavated to extend the water pipeline and sewerage. City corporation employees often delay implementing services without money. Ward commissioners also charge money for confirming approval from city corporation. If you do not have familiarity or relation with

ward commissioner, it is not possible to receive services from WASA and city corporation. (FGD was conducted on November 29, 2021)

LG representatives (UP chairmen/Pourshava and City Corporation mayors) mainly control the social security and agricultural extension services (AESs) beneficiaries' selection and benefits distribution process. The improper implementation of NSSS and National Agricultural Policy allows LG representatives to indiscriminately distribute SSPs and AESs. **The policy gaps (lack of rules and the mechanism to implement rules) in improving the transparency and accountability of LG representatives to serve people has been an enduring constraint to the governance of public services. LG representatives have been integrated into the local power dynamics instead of addressing its challenges to distribute public services. The disparity between men and women, therefore, exists in the beneficiary selection and distribution process.**

Some UP members state in an FGD:

*The chairman dominates the allowances distribution and takes 30-40% cards. He shows his power and responsibility to distribute cards to his people. We receive some cards that are not sufficient to distribute among benefit seekers in the wards. We demand more cards, but the chairman does not listen to us. The chairman finalizes the list and include or exclude beneficiaries at his convenience before sending it to the Upazila office. **It is not possible to equally distribute cards to men and women. We mostly give cards to male beneficiaries.** (FGD was conducted on November 23, 2021)*

UP chairmen and members lead community clinics (CCs) and Union Health and Family Welfare Centres (UHFWCs). The management committee (Community Group, CG) of CCs include 15-17 members from the same community including four females. Additionally, three community support groups (CSGs) work as health volunteers to support the management committee of CCs. **Despite CGs and CSGs, women do not have equal opportunities for treatment compared to men at local health facilities.** Some UP members state in an FGD:

*We take care of CCs and UHFWCs. The attendants regularly come to the facilities, but there are no doctors. Doctors do not want to come to CCs and UHFWCs. **These facilities have limited services, equipment, and amenities for women (emergency services during for pregnancy), and they provide basic treatment for illnesses. Some people (both men and women) informed us they did not receive satisfactory services from the centres.** (FGD was conducted on November 23, 2021)*

The service delivery of CCs and UHFWCs, in many cases, are not satisfactory. A beneficiary describes:

*The services of at CCs and UHFWCs are not good. They have deficiencies in logistics (bed, equipment, staff). Doctors and staff are irregular and mostly give advice. In most cases, they suggest medical tests and medicine from outside. They do not want to take any responsibility for patients. Their attitudes towards the patients significantly vary. They give more care to the rich and powerful patients than poor and marginalized ones. **Health assistants are not trained to provide treatment to men and women for critical illness.** (Interviewed on November 25, 2021)*

The services of CCs and UHFWCs vary from the socio-political condition of the patients. The administrative and institutional shortcomings of the national health policy restrict the equal services for all citizens.

WASA and city corporation jointly implement water and sanitation services. A ward commissioner of a city corporation describes the difficulties and practicalities in ensuring water and sanitation services:

I try to help the poor and marginalized people to get water and sanitation services. The marginalized face difficulties to get services from WASA and city corporation. WASA does not want to provide services. Once they approve then city corporation needs to allow to cut and dig out the street for installing the pipeline. The whole process is lengthy and difficult. I serve the poor people and they in turn support me. My socio-political position is strengthened this way. (Interviewed on November 30, 2021)

Another ward commissioner explains:

There is a strong competition to obtain the office. Many people in the community helped me to obtain the position. I work for the poor to obtain water and sanitation services from WASA and city corporation. (Interviewed on November 30, 2021)

The lack of coordination among service providing local units and the outmoded water and sanitation policies (**unclear role of WATSAN committees, lack of transparency for the selection of beneficiaries and places for installation, lack of mechanism to deal with political interference**) have been the main obstacles to ensure governance in WASH services for citizens (7FYP and 8 FYP).

LG representatives (UP chairmen and members) allocate at least 50-60% of social security and agricultural benefits to their people (relatives, supporters, party members) regardless of the eligibility criteria. **They generally distribute services to men. The biased selection of beneficiaries strengthens local power relations and restricts governance of SSPs and AESs.**

A UP secretary narrates:

*UP chairman and members do not want to publicly select beneficiaries. They distribute the services on a consensus basis. The benefits are mostly given to their relatives, agents, and persons who support them during and after election. UP chairman and members satisfy their supporters with the allowances to maintain their power and relations with the supporters. They do not consider eligibility criteria for distributing OAA, MA, VGD, VGF, agricultural benefits (free or subsidized seed, fertilizer, irrigation services, pesticides), and other allowances. **They allocate services to male beneficiaries who help them strengthen their position.** After finalizing the list, they maintain a liaison with the government officials to implement the list. This process excludes many eligible beneficiaries. (Interviewed on November 24, 2021)*

UP chairmen and members use SSPs and AESs to stabilize and enhance their power. They mostly provide services to men for strengthening their socio-political position in the locality.

The selection and distribution of SSP services seem to be the same in the Pourshava or City corporation as UP. A councillor of a Pourshava describes the difficulties and practicalities in selecting the beneficiaries for SSP services:

*The mayor takes the most cards (at least 50%) and give us some cards on average (10-20). If we do not serve our own people (supporters, relatives, voters), it is difficult to sustain our position. I must give priority to those who support me and then to other people. **It is not possible to equally distribute services among men and women.** The socio-political situation makes me distribute services this way. (Interviewed on November 25, 2021)*

A commissioner of a city corporation also explains:

I distribute 20-25 cards whereas the mayor office distributes more than 50 percent of cards. I faced a strong competition to hold the position and a group of people helped me to obtain the position. I distribute the allowances to my people and there are no benefits to give allowances to other people. (Interviewed on November 28, 2021)

LG representatives distribute public services to clients and supporters for strengthening their socio-political position. **The equal distribution of services among men and women has been ignored.**

The lack of initiatives to reform administrative and institutional weaknesses, the inefficiency of the staff and LG representatives, insufficient budget and infrastructure development, and improper management have constrained the implementation of NSSS and national agricultural, health, and water and sanitation policies in Bangladesh. The inconsistencies of these policies largely hamper the activities to reach public services to the poor and the marginalized. For instance, the said gaps in the NSSS have not been taken into consideration since 2015. Similarly, the national agricultural policy was formulated in 2018 while the agricultural extension policy was devised in 1996. The weaknesses in the maintenance of equipment and infrastructure, insufficient medicine supply, and the problems of management in providing health care services have not been resolved by the national health policy 2011. Moreover, the water and sanitation services have been implementing under the national safe water supply and sanitation policy 1998. **The existing government policies have failed to equally deliver public services to men and women. Similarly, the local power dynamics has been a constraint to the gender equality of public services. The policy gaps in improving the efficiency of LG representatives and government officials, enforcing rules, and developing the mechanism for effective monitoring and evaluation and coordination of service providers have weakened the governance of public services. The failure to implement policies perpetuates the existing power relations that limit the success of public services for the marginalized. The initiatives to deal with weakness and challenges in government policies and the mentality of LG representatives to tackle local power dynamics may improve the governance of public services.**

A civil society member explains:

*The weak coordination among service providing organisations and lack of accountability among LG representatives, insufficient budget allocation, use of unfair means to allocate services, lack of supervision, shortage of efficient manpower, **gender inequality**, and existing political culture have adversely affected the policies of government to distribute SSPs to the poor. This situation may not change if the supervision of services is not strengthened. **The activities to reduce policy gaps in delivering services include the clear roles of government officials for coordination, the development of mechanism for monitoring and evaluation, the enforcement of rules to keep LG representatives transparent and accountable to implement services, the generation of database of beneficiaries based on marginality, the increase in coverage, and the equal distribution of services to men and women.** (Interviewed on February 23, 2022)*

6.1.2 Patronage system

LG representatives, elites (socially established persons and local political leaders), and political groups maintain patron-client relationships with many people in the locality. The patrons support some people for showing their own political power and existence in the area while the clients (people in the community) also support their patrons for benefits (money, assistance, or government services) (Rezvi, 2020). The clients may also include political, elites, and rich people who often influence many decisions at grassroots level. Public services serve to crystalize patronage system that allows LG representatives to establish their socio-political position in the area (Aminuzzaman, 2009). The UP chairman and members nurture a strong relationship with many people for support during and after the election to administer the parishad. LG representatives often violate the government policy to distribute services to their people. Many ineligible people, therefore, receive SSPs and AESs due to their relations with the patrons. **The policy gaps in ensuring fair beneficiary selection and the mechanism for monitoring and evaluating the process have underpinned hierarchical relationships among LG representatives and others in the locality. The embedded socio-political structure, consequently, constrains the governance of public services. It has been observed that LG representatives overlook gender equality in the service distribution process.**

A UP member explains:

*It is right that at least 5-10% of SSP and AES benefits are distributed to local leaders and powerful persons. We need their support to win the election and administer the Union. If you do not allocate allowance to them, they will disturb in many ways. The middlemen (leaders, influential persons, brokers) persuade UP chairman and members for giving them some cards. They use the UP for serving their interests. **The services are not equally distributed among men and women.** (Interviewed on November 27, 2021)*

UP Chairman and members distribute 50% of SSPs and AESs to their supporters. A UP secretary says:

At least 20% of total SSP and AES cards are allocated to ineligible relatively better off people to please local patrons (local leaders, influential persons, agents) and 30% to other supporters for stabilizing and strengthening the power of UP chairman and members. The allocation of services to local patrons for satisfying their clients excludes many eligible beneficiaries. (Interviewed on November 30, 2021)

UP chairmen and members often disregard the recommendations of Ward Shava and eligibility criteria in the selection of beneficiaries and distribution of benefits. They allocate services to their clients who can assist them in establishing power and legitimacy. The patron-client relationships also dominate the distribution of PHS and WASH benefits in Pourshavas and City corporations. The administrative and institutional challenges to implement government policies have underpinned the patronage system that restricts the fair distribution of public services among the marginalized. **The improvement of government policies in enforcing rules (eligibility criteria) for the selection of beneficiaries and mobilising LG representatives to serve people may restrain the patronage system and improve the governance of public services.** A PHS policy expert shares:

*CCs and UHFWCs are good initiatives to serve people at grassroots. These facilities have limited amenities (no water, toilets, instruments, **female doctors to serve women during pregnancy**, and treatment of serious patients). Upazila health officers try to keep information of the facilities, but they have shortage of manpower and resources to maintain them. LG representatives are not responsible and accountable to maintain these facilities. Local politics has bad effects on PHSs. **The policy gaps in assigning the responsibilities among officials and LG representatives to monitor and coordinate services, providing the training to health assistants, and activating community groups have been hampering PHSs.** (Interviewed on February 13, 2022)*

6.1.3 Interference of local elite and power groups

The political power to distribute government services is largely settled by the relationship between local elites and power groups (Khan, 2017). The government services underpin the power of political groups, elites, and power groups in Bangladesh (Rezvi, 2020). These groups use public services as a mechanism to strengthen their power and control. They use their informal interpersonal relationships with LG representatives to distribute government services to their people for stabilizing power (Khan, 2018). LG representatives and local political elite (local leaders of ruling political party) form the power structure in allocating government services to eligible beneficiaries. Although LG representatives mainly control the beneficiaries' selection and distribution process, they also depend on local political elites for stabilizing and strengthening their power. The limitations of the government policies allow LG representatives to use public services to balance their power. The policies to include the local MPs as advisor and their nominated people in the selection committees influence the selection and distribution process of public resources.

The local elite and power groups tend to capture public services for their people regardless of marginality and gender.

The development of mechanism for strong monitoring and evaluation and active roles of LG representatives in the beneficiary selection may overcome the influence of local elite and power groups on delivering public services. Some members of a civil society group say in an FGD:

*The elected-UP representatives share 15-20% of SSP and AES benefit cards with local influential, leaders of ruling party, and social and political groups. They tend to please local leaders and other powerful persons to balance their power and run the UP. The representatives always look for their political benefits, not the benefits of beneficiaries. They think if they can satisfy local leaders and influential persons, they can comfortably practice their power and enhance their political position. Besides, MPs nominated person are included in the selection committees and in some areas they snatch around 20 to 30% of the benefits for their political fellows. LG representatives did not raise voice against such anomalies to be remained stable in the power structure. **The policy gaps in enforcing government rules for beneficiary selection and making LG representatives accountable continue to hinder the governance in distributing public services.** (FGD was conducted on November 24, 2021)*

The same civil society group also says in an FGD:

UP Chairman and members, CG and CSG groups, and local influential persons receive better service from CCs and UHFWCs. Health attendants and doctors give better care to them. They do not give equal service to the poor, rather they neglect and often misbehave. (FGD was conducted on November 24, 2021)

LG representatives distribute services to local political elites or their supporters to ensure their political support. Moreover, the local MP or the representatives of MP in respective selection committees for finalizing the beneficiary list and local political leaders of the ruling political party largely influence the allocation of services (Khan, 2018). Also, socially established persons or groups try to influence the distribution of services for their people (Khan, 2018). Social and political elites sometimes form collaborations if they fail to ensure services for their supporters. The improper implementation of government policies has created the opportunities for local elites and power groups to manipulate public services. **The policy gaps in developing the clear and working mechanism to keep the LG representatives accountable and committed and ensure**

the monitoring of the beneficiary selection confine the governance of public services to local elite and power groups. Such situation continues to sustain gender disparity in public services. A SSP beneficiary says:

*UP chairman and members are influenced by political leaders and supporter (Upazila chairman, local leaders, MP' representatives in the Union selection committee, party members) to distribute benefits. If they do not allocate benefits to leaders and their supporters, they try to influence Upazila officials or complain to the local MP to include beneficiaries in the list. If chairman and members do not comply, they will get fewer allocations in the future. That is why they always maintain good relations with local political leaders of ruling party and other influential persons and care for their recommendations for distributing benefits. **The failure to maintain government rules for selecting beneficiaries and the lack of commitment of LG representatives to work for people are the main reasons for irregularities in SSPs.** (Interviewed on November 21, 2021)*

An AES beneficiary says:

*Local political leaders and their supporters (Upazila chairman, local leaders, MP' representatives in the Union committee, party members) influence UP chairman and members to allocate services to them. When required number of services are not allocated, they contact with Upazila officials or the local MP to ensure services. Chairman and members serve them to receive more allocations. They maintain good relations with local political leaders of ruling party and other influential persons who can influence the allocations of services. **The policy gaps in enabling LG representatives to perform their responsibilities hinder the selection and distribution of AESs.** (Interviewed on November 29, 2021)*

The family members, relatives, and supporters of local elites and power groups also receive better service from CCs and UHFWCs. A health beneficiary says:

Local influential and respectable persons ensure better service for their family, relatives, and supporters from the Attendants and doctors of CCs and UHFWCs. Doctors and attendants provide heartfelt services to them. They allow them to sit, give time, treat properly, and give medicine. They do not give us much time and medicine. (Interviewed on November 21, 2021)

The Union Parishad has been largely captured by social and political elites in Bangladesh. The local elites tend to utilize SSPs, AESs, and primary health care services as the medium of enhancing their socio-political position. It appears that the distribution of social protection services has been settled by the distribution of power among social and political elites and power groups.

The poor and the marginalized are, as a result, deprived of their services. Moreover, **the policy gaps in confirming the role of LG representatives in fairly selecting beneficiaries restricts the governance of public services.**

A UP member says:

We depend on local political leaders of ruling party and influential persons to strengthen our power. We distribute two out of ten benefits according to their suggestions and requests. (Interviewed on November 27, 2021)

A ward commissioner of a city corporation says:

The base of my power is the support of some local political leaders of ruling party and influential persons. I execute their suggestions and requests in distributing 20% benefits. (Interviewed on November 28, 2021)

Local power groups and influential persons play a vital role in local politics that influences the decisions of who gets and what benefits. The interference of local elites and power groups to implement government policies for public services at local level have adverse effects on the distribution of SSP, AES, PHS, and WASH services. **Such situation also sustains gender disparity in distributing services.**

The interview with a WASH policy expert reveals that:

*The beneficiaries do not directly receive tube-well and sanitation services. They manage relatives and close people of LG representatives and pay bribes to obtain services. The beneficiaries suffer nepotism and corruption in installing tube-wells. In most cases, tube-wells are not properly installed, use fewer pipes, and install in less important places. LG representatives and government officials install tube-wells in different places ignoring the demand of local people. They install 4-5 tube-wells in a place but do not install in places where people have higher demand. Local MPs directly interfere with the distribution of tube-wells and sanitation slabs. There is a weak coordination among public health engineering department of the local government, local government offices, LG representatives, and beneficiaries to implement services. The political culture has been interrupting services in the last ten to twelve years. Therefore, the government policy for water and sanitation has not been working. The strong and effective monitoring can only improve the quality of WASH services. **The activities to minimise policy gaps in defining the role of stakeholders in monitoring and coordination and enforcing the rules for selecting beneficiaries can improve governance in WASH services.** (Interviewed on February 10, 2022)*

6.1.4 Political domination

The political affiliation of LG representatives may have significant influence on the distribution of public services. The LG representatives belonging to political parties often allocate public services to their supporters overlooking eligibility criteria for consolidating their political dominance in the area. The distribution of services to party supporters has been an influential determinant of local politics over the years. Local political leaders of the ruling political party and political supporters in association with LG representatives influence the distribution of services. The failure to address challenges to execute government policies or the political domination on the implementation process of policies has been conducive for LG representatives and others to dominate the selection of beneficiaries for political purposes. **The policy gaps in enforcing the beneficiary selection criteria and ensuring the accountability of LG representatives need to be minimised to establish the governance in delivering public services.** A Pourshava councillor shares:

I belong to a political party, and I have commitment to assist my party members and supporters. If I do not give support to supporters, it would not be possible to do my work and sustain my political position. (Interviewed on November 25, 2021)

A Ward commissioner shares:

For ensuring support and political position, I work for my supporters and other people in the area. I must work for the people who support my party to enhance my political position. (Interviewed on November 29, 2021)

A UP Chairman shares:

As a supporter of a political party, I am obliged to support my party members and supporters. I must support party members to keep my political position. (Interviewed on November 29, 2021)

Another UP-chairman shares:

I support a political party, and my supporters want me to work for them. I request health attendants and doctors of CCs and UHFWCs to serve my supporters because I need their support to keep and strengthen my political position. (Interviewed on November 25, 2021)

The partisan LG representatives distribute services to local leaders of ruling party and their supporters to acquire their support. The politicization of UP has excluded many eligible beneficiaries from services and **limited the equal distribution of services to both men and women**. A UP secretary argues that:

*Upazila, Union, and Ward political leaders of the ruling party influence the distribution of SSP and AES benefits. The chairman belongs to the same political party and distributes 15-20% of benefits to political leaders for their support. The distribution of benefits to political supporters deprives many beneficiaries of their rights. **The male beneficiaries receive the maximum number of benefits.** (Interviewed on November 24, 2021)*

It is hardly possible to achieve water and sanitation services without the political affiliation with LG representatives. A water and sanitation beneficiary argues that:

We tried several times to get water pipeline from WASA but failed. When the ward commissioner negotiated with WASA on our behalf, we got the service. We always support the commissioner and work for him. (Interviewed on November 28, 2021)

The politicization of SSPs, AESs, PHSs, and WASH services has greatly facilitated the establishment and dominance of LG representatives in local politics but has excluded many poor and marginalized people from public services. The local politics has relatively less influence on WASH and primary health care services than social security and agricultural extension services for lower allocation of government resources and indirect involvement of LG representatives and local social and political groups with WASH and health services at the grassroots level. **The enduring policy failure (lack of mechanism for monitoring, ineffective rules for beneficiary selection, absence of means to make LG representatives accountable) has affected the distribution of said services in terms of gender and marginality over the decades.**

6.1.5 Electoral trade off

Local political leaders and groups employ public services to cast votes in the LG election (Hassan, 2013). They utilize their supporters as vote banks in the local election. The partisan UP chairmen and members mostly distribute public services to their supporters regardless of necessity and eligibility. Many needy and eligible people are unfortunately excluded from government services. The common practice is that politicians and local elites often use social protection policies to win elections. The lack of activities to implement government policies has facilitated the use of

respective public service for casting votes. **The use of services for voting has adverse effects on the governance in the beneficiary selection process. The actions to minimise policy gaps in ensuring the participation of people in the beneficiary selection process and enabling LGIs to equally distribute services among male and female may ensure the governance in public services.** A SSP beneficiary explains:

UP chairman and members commit to give SSP benefits for voting them. They use benefits as a trick to cast votes, but they, in many cases, do not keep commitment after the election. (Interviewed on November 21, 2021)

An AES beneficiary explains:

AES services are used as a temptation to cast votes in the election. (Interviewed on November 29, 2021)

Most LG representatives commit their voters to provide services after winning the election. They give priority to their supporters for voting in the election. A UP member states that:

I have been elected UP member for three consecutive terms. I always give priority to my supporters. People believe that I will give them benefit if they vote for me. (Interviewed on November 27, 2021)

A UP Chairman states:

My workers and supporters cast votes for me and worked hard to win the election. I must allocate services to them for their support. (Interviewed on November 29, 2021)

A ward commissioner of a city states:

I give benefits to my voters and supporters because they worked hard to cast votes for me and control the voting centres. (Interviewed on November 28, 2021)

The elected or prospective LG representatives use public services to persuade voters to win in the election, and after winning the election they distribute services to their supporters. The use of public services for electoral purposes has constrained the implementation of respective government policies **and often leads to gender disparity in distributing public services.**

A civil society member explains in an interview:

*There are many limitations to distribute services to the marginalized people. The all-eligible people are not receiving SSPs. About one fourth SSPs receivers are not eligible. LG representatives with local leaders include ineligible people in the services. They do not want to give us space for working. We try to address problems through citizen support groups (CSGs) and some people have been consequently included. We try to convince LG representatives that you provide services to poor people, and they will vote for you in the election. The coexistence between government and CSGs is important to gear up and monitor SSPs and other services. **The policy gaps in designing an effective mechanism to monitor and evaluate services, making LG representatives accountable, and integrating government agencies and NGOs in implementing services restrict the governance in public services.** (Interviewed February 23, 2022)*

6.2. Economics of public services

Many LG representatives, local political leaders, and influential persons consider public services as a medium of serving their economic interests. They tend to benefit from including beneficiaries in the services list. The policies of government due to organisational limitations and improper enforcement of rules have allowed LG representatives and others to control public services for economic purposes. **The policy gaps in increasing the allocation of budget and amount of monthly per person transfer to beneficiaries and preparing the specific guideline for monitoring to prevent irregularities in the beneficiary selection process have affected the economic improvement of the poor and governance of the public services. These services are, in many cases, distributed to beneficiaries regardless of marginality and gender.**

6.2.1 Public services

The government of Bangladesh has expanded the social security programme to cover all socially and economically disadvantaged people and regions under the eight Five Year Plan (8FYP) in the country. The government transfer cashes or food to the poor beneficiaries to smooth hunger and reduce extreme poverty. The social protection services aim to enable the poor to deal with their life-cycle related risks such as malnutrition, disability, primary schooling, widowhood, elderly, primary health care, and shortage of safe drinking water and sanitation. To enhance transparency and efficiency to transfer cashes under social protection programme, the government has established G2P (government to person) payment system to transfer allowances in cash to beneficiaries' bank or mobile account. The allowances that are transferred in cash include old age allowance, allowances for the widowed, deserted, and destitute women, allowances for the

financially insolvent and disabled people, maternity allowances for the poor lactating mother, and allowance for freedom fighters. The conditional cash transfer of allowances includes stipend for primary students and secondary and higher secondary female students. The programmes that transfer food include food for works (FFW), vulnerable group development (VGD), employment generation program (EGP), vulnerable group feeding (VGF), test relief (TR). The government monthly transferred on average BDT 595 per person in the fiscal year 2019. Currently, the government has provided old age allowance to 4.4 million, allowances for the widowed, deserted, and destitute women to 1.7 million, maternity allowances for the poor lactating mother to 1.045 million, allowance for freedom fighters to .2 million, allowances for the financially insolvent and disabled people to 1.545 million, stipend for primary students to 14.4 million, and stipend for secondary and higher secondary female students to 4 million beneficiaries.

The government provides diverse agricultural extension services including cash incentives under agriculture rehabilitation program (ARP); free fertilizer and seeds to small and marginal peasants; and subsidized diesel, fertilizer, and agriculture equipment. There are no visible services from fisheries and livestock department at grassroots level. The CCs, UHFWCs, and Upazila health complex provide free basic healthcare services to the community people. These services comprise of maternal and child healthcare, vaccination, reproductive health services, family planning, health learning and advising, and treatment of minor illnesses, and referral to advanced and well-equipped health facilities. The government provides free drinking water and sanitation services to the marginalized section of people in Bangladesh. These services include installation of tube-wells and pipeline to supply water and sanitary slab latrine and sewerage management. The government has allocated BDT 95574 crore for social protection in the 20-21 fiscal year which is equivalent to 16.83 percent of total budget and 3.01 of GDP. The government allocated BDT 81865 crore for the fiscal year 19-20 (MoF, 2020).

The lack of initiatives to implement the proposed reforms of government policies in 7FYP about organisational weaknesses, institutional limitations, the application of G2P cash payments to beneficiaries, monitoring and evaluation of services, and the remediation of grievances have remained higher leakages and targeting errors in distributing public services (8FYP). **The weaknesses of policies in developing specific guidelines for monitoring, unclear role of**

government officials for coordinating, enforcement of rules for selection, and technological backwardness of beneficiaries to use G2P system and grievance redress system have been the perennial problems in establishing the governance of public services.

6.2.2 Control over public services for prominence

The local power dynamics among MP, LG representatives, and political elites mainly shapes the control over public services. The unequal distribution of power among the key actors in local politics adversely affects the distribution of services. Particularly, the MP and local leaders of the ruling political party use their political power and relations to influence the allocation of government services to their people violating formal procedures to serve their own interests. Such control over services allows the actors to influence LG institutions (LGIs). The violation of government policies by local political leaders and LG representatives to distribute services deprive many people of their rights. **The obscurity in government policies along with local power dynamics also exclude many marginalised people from services.** A UP Chairman explains:

*We face lots of pressure from Upazila political leaders, Union and ward leaders of the ruling party, the representatives of local MP and sometimes from the MP to allocate SSPs and AESs. All use their power to control resources allocated to UP to establish their prominence in the area. It is difficult to balance between powerholders to perform our responsibilities. We are forced to allocate 20% of services to them. This pressure makes the difficulty distributing services to the marginalized. Even if you want to work for the people, it is not possible in this challenging situation. **The gaps in the coverage of beneficiaries have made the distribution of services difficult.** (Interviewed on November 23, 2021)*

Another UP Chairman explains:

Our supporters expect that they receive treatment and medicine from CCs and UHFWCs. We take care of the facilities and request health attendants and doctors to serve our supporters and other people. All people want better treatment and medicine from the facilities. (Interviewed on November 23, 2021)

A ward commissioner explains:

The marginalized people pressure us to ensure water and sewerage services for them. They also go to local leaders of the ruling party for services. I try to ensure services for them. We take this pressure to ensure services from WASA and city corporation. The support of those people helps us establish our prominence in the area. (Interviewed on November 30, 2021)

LG representatives tend to maintain relations with the local MP and leaders of ruling political party. Similarly, local MP and leaders of ruling party try to influence LG representatives to distribute services to their supporters. LG representatives, therefore, lack of freedom to accomplish their responsibilities for delivering public services according to local government acts. The local political dynamics impedes government policies to distribute services to the marginalised. **Similarly, the weak enforcement of government policies permits local leaders to influence public services.** A UP female member explains:

*Our responsibility is to select beneficiaries and send it to the Upazila committee. If we do not agree to ward, Union, and Upazila leaders of the ruling political party, they change the list of beneficiaries to include their people by making coalition with Upazila officials through the influence of the local MP. **The local power dynamics makes our responsibilities to select beneficiaries difficult.** (Interviewed on November 27, 2021)*

The UP-female member also explains:

Health attendants and doctors face pressure to serve people at CCs and UHFWCs. Local political leaders and supporters intend to take treatment and medicine. If service providers do not give priority to them and medicine, they show anger and tell to see them. They cannot independently serve people. (Interviewed on November 27, 2021)

A female ward commissioner explains:

We often receive requests and pressure from local political leaders of the ruling political party to provide water and sanitation services to poor people. If we do not recommend poor people for services, local leaders make coalition with city corporation officials to ensure services by using the influence of the local MP. (Interviewed on November 30, 2021)

The political influence hampers the formal procedures to ensure services for people according to local government acts.

The improper implementation of government policies provokes LG representatives and local leaders to use public services to establish their dominance in the area. The limited independence and decentralization to perform responsibilities restrict implementing organisations (LG representatives and government officials) to distribute public services. **The failure to implement government policies has been adversely related the governance of public services.**

A civil society member describes:

*The political selection of beneficiaries must be stopped, and the commitment and accountability of LG representatives be ensured. LG representatives, in some cases, think corruption in delivering services are their right. There is not coordination mechanism for SSPs, AESs, WASH, and PHSs at Upazila and Union level. The use of beneficiaries as vote bank, nepotism, and local power structure disrupts the distribution of services. The government offices now hear allegations about services and try to solve due to the coordinated work of CSGs. We conduct regular meetings with excluded beneficiaries and officials and prepare citizen charters to make people aware about their rights. An accurate database with the flexibility to correct information (age, NID) and sufficient allocation of money can ensure services for people. **The policy gaps in ensuring monitoring, coordination, and accountability of LG representatives have become the inherent problems to promote governance in public services.** (Interviewed February 23, 2022)*

6.2.3 Rent-seeking tendency

Some LG representatives (few UP Chairmen and most members/Pourshava councillors/City corporation commissioners) and their officials take payments to include the poor and marginalized people in the beneficiary list. The service providing bank officials, in some cases, take money to disburse benefits to beneficiaries. Local elites and social and political groups tend to take financial benefit from helping the marginalized citizens to obtain public services. The government policies due to socio-political and institutional difficulties have failed to reduce leakages and targeting errors in distributing public services. Many eligible people are, consequently, excluded from government services. **The reforms to improve the policy gaps in beneficiary selection and the attitude of LG representatives to work for people may enhance the governance in public services. The distribution of services based on gender parity and marginality may further improve the governance in public services.**

6.3. Perceived effects of political settlement on public services: Institutional analysis

The political settlement among the local MP, UP chairman, members/Pourshava mayors and councillors/City Corporation mayor and commissioners, and local political leaders of ruling party usually restrict the performance local government institutions (UP, Pourshava, City Corporation) in distributing public services. The age-old socio-political, economic, and institutional problems to implement government policies at local level have also restricted the allocation of public services to the marginalised (7FYP and 8 FYP; Akash, 2016). **The definite procedures to activate beneficiary selection committees, government bodies, and LG representatives as pro-poor agents may strengthen the governance in public services.**

6.3.1 Institutional lacking

LGIs have passed through diverse changes and restructurings over the decades. LGIs, have, however, been failed to establish reputation, ability, and efficiency to protect the rights of citizens. The decline in activities, responsibilities, and governance of LGIs is the outcome of the drawbacks of the existing social and political systems. The existing power structure and socio-political atmosphere at local level restrict the implementation of public services. The institutionalization of LGIs (UP, Upazila, Pourshava, City corporation) has not yet been accomplished due to inconvenient political culture. The local MP, local leaders of ruling political party, and influential persons often interfere with the activities of LGIs and implementation of government services. LGIs face both social and political pressure from the community to execute development programmes and allocate public services. The gaps in government policies due to weak coordination among service providing institutions and lack of accountability among responsible duty bearers have also restricted LGIs to implement services. **The steps to enforce beneficiary selection rules and improve the efficiency of LGIs and LG representatives can enhance the governance in public services. The activities to address gender disparity and marginality in the beneficiary selection may also enhance effective governance in public services.**

A civil surgeon explains the problems to implement the government health policy:

*There is deficiency in coordination between assistant health inspector, family planning inspector, medical officer for disease control, and other officers to ensure the services of CCs, UHFWCs, 31-bed hospitals, and Upazila and Zila health facilities. The monitoring of the health services is irregular and insufficient. There is a crisis of medicine, third- and fourth-class employees, and ambulance drivers. The health assistants are lacking training to provide emergency services (pregnancy or other problems). It is necessary to improve the quality of food for patients and hygiene and amenities to accomplish routine diagnostic tests in the health facilities. The field level committees, in some cases, are not active and face some problems (conflict or misunderstanding) to facilitate services. There is some political interference in providing health services. Some people try to take medicine and services from facilities by using their political power. The available supply of medicine and the vigilance of staff through a digital monitoring system may improve services in the health facilities. **The policy gaps in specifying the role of stakeholders for monitoring and coordination, training field level staff for serving people, and supplying sufficient medicine have long been hampering governance in PHSs.** (Interviewed on February 23, 2022)*

An executive engineer of the public health department of LG similarly opines that:

*There is no coordination among UP WANSAN committee, Upazila WATSAN committee, and District WATSAN committee to implement water and sanitation services. The Union WATSAN committee selects sites for tube-well and sanitary slabs installation, and then we implement services. There is little political interference in distributing services. I do not know about the redress of complaints about services. **The lack of procedures to establish coordination among service providers has remained as the vital policy gap in administering WASH services.** (Interviewed on February 23, 2022)*

Although LG representatives are responsible for serving the citizens according to local government acts, they lack commitment and aim, in many cases, to deliver services. Many representatives serve their own interests but are reluctant to serve the community. The lack of integrity and the inefficiency to perform activities has become the key obstacle to provide services to citizens. The failure of government policies to improve the efficiency of LG representatives has remained a key challenge to implement public services. **The policy gaps in ensuring the commitment of LG representatives have constrained gender equality and governance in public services.**

Some SSP and AES beneficiaries of a UP explain in an FGD:

UP chairman and members commit to work for citizens during the election. After the election, they do not care services for the poor. They are not willing to assist people and cannot work efficiently. They show a low-quality leadership and reluctance to work for all and coordinate ward meeting, union committee, and service delivery agencies of the government to implement decisions. They do not want to take pressure to prepare an accurate list of beneficiaries and negotiate with respective service delivery agencies of government for the implementation of the list. Chairman and members rather take care of their own interests. (FGD was conducted on November 23, 2021)

Some primary health beneficiaries of a UP explain in an FGD:

Our UP chairman and members gave words to work for us in the election but have forgotten the commitment to serve the poor. They are reluctant to work for people. They cannot, in most cases, play their roles to serve people and harmonise community groups and local health facilities and other related agencies of the government to ensure health services for people. They do not take the responsibility to coordinate service providing agencies to ensure services for the poor. They only ensure services for their people. (FGD was conducted on November 23, 2021)

Some water and sanitation beneficiaries of a city explain in an FGD:

City mayor and commissioners commit to work for citizens during the election but do not serve the poor after the election. They forget their commitment and cannot work efficiently. They are reluctant to coordinate between WASA and city corporation to ensure water and sanitation services for us. Without personal interests they do not want to take any pressure. (FGD was conducted on November 29, 2021)

The absence of coordination among beneficiary selection committee, Union standing committee, and corresponding service delivery agencies of the government (Upazila Social Service Office, Upazila Women Affairs Office, Upazila Agriculture Office, Upazila Health and Family Planning Office, WASA Office) hinders public services delivery at the grassroots level. This gap reduces the intended success of social security programmes. The eligible marginalized people are, therefore, excluded from the services. The ongoing weaknesses in government policies to coordinate the monitoring and evaluation of public services and share evaluation outcomes among stakeholders (beneficiaries, government agencies, LG representatives, NGOs) have also hindered the delivery of public services. **The distribution of responsibilities among stakeholders and the mechanism to ensure their accountability may enhance the governance in public services.**

A Upazila ‘Somajseba officer’ describes:

*UP mostly fail to organize and activate Ward meeting to select beneficiaries. UP chairman and members themselves prepare the beneficiaries’ list. They are not willing to hold open meeting to select beneficiaries. We have lots of work and severe staff crisis. It is very hard for us to monitor the beneficiaries’ selection process. When we hear or receive complaints about discrepancies, we deal with the issues and try to give benefits to the right people. **The weaknesses in policies to distribute work and check the accountability of UP representatives constrain the execution of public services.** (Interviewed on November 22, 2021)*

The Somajseba officer also describes:

All persons and bodies (Word committee, Union committee, government bodies) have lacking in the selection and distribution of social security programmes. We are not able to properly play our responsibilities. A strong monitoring and evaluation mechanism involving all responsible persons and bodies can only improve service delivery.

A Upazila Women Affairs Officer resounds the above comments:

We cannot monitor the beneficiaries' selection process for workload and staff crisis. We forward the list provided by the Union to the Ministry of Women and Children Affairs. We try to address complaints raised by the beneficiaries. (Interviewed on November 22, 2021)

A Upazila agriculture officer describes:

UP Chairman and members make the list of beneficiaries by themselves. They are not willing to organize ward meeting to select beneficiaries. It is difficult for us to inspect the beneficiaries' selection process for workload and staff crisis. We try to address grievances about benefits with care and allocate services to the marginalized. (Interviewed on November 26, 2021)

The agriculture officer also describes:

We (Ward committee, Union committee, agriculture office) are not doing our responsibilities to prepare a correct AESs beneficiary list. The effective monitoring and evaluation mechanism including responsible persons and bodies can reduce errors in the selection process.

A Upazila agriculture extension officer resounds the above comments:

It is not possible for us to inspect the beneficiaries' selection process due to excessive workload and staff crisis. We accept the list prepared by UP, but carefully deal with grievances about benefits. (Interviewed on November 23, 2021)

A Sub Assistant Agriculture Officer (SAAO) describes:

Agricultural services are distributed according to the direction of UP Chairman and members. The Union Agriculture Committee (UP Chairman, members, SAAO as secretary, Teachers, NGO representatives) finalizes the beneficiaries list. Farmers not included in the committee. All marginal farmers do not get agricultural services. UP Chairman and members provide the names of their own people, but the marginal farmers do not get the priority. The rest of the services are distributed to other people. Some people who have no agricultural land receive benefits (seeds, fertilizer, pesticides). They create political pressure to finalize the list. It is not possible to bring fairness in the distribution process. All responsible persons (Agricultural officer, UP Chairman, and members) do not take pressure to distribute services to marginal farmers, just implement the list. (Interviewed on November 23, 2021)

A Upazila Health and Family Planning Officer describes:

CCs and UHFWCs cannot sufficiently provide services to all people. Some people have easy access to health services. Health attendants and doctors fail to equally serve all citizens. We have staff crisis and workload to monitor services. We try to address allegations about service providers and ensure services for people. (Interviewed on November 22, 2021)

The Upazila Health and Family Planning Officer also describes:

All concerned individuals and bodies (CG; CSG; UP Chairman, members; Union committee, government bodies) show negligence in delivering services. Nobody performs duties responsibly. The service delivery can improve through a strong monitoring including all responsible individuals and bodies. (Interviewed on November 22, 2021)

A Upazila Medical Officer reiterates the above comments:

Health services are not properly monitored due to workload and staff crisis. We try to coordinate respective persons and bodies to provide services and resolve complaints about service providers. (Interviewed on November 23, 2021)

A WASA executive engineer describes:

We take some time to process the request for water and sanitation. LG representatives do not facilitate the service for poor people. City corporation takes long time and is reluctant to approve the service. The poor people suffer for safe water and sanitation. It is not possible for us to monitor the implementation of service for staff crisis. (Interviewed on November 28, 2021)

The WASA executive engineer also describes:

The concerned persons and authorities have negligence to ensure water and sanitation services for poor people. None is sincerely doing responsibilities. The improvement in service delivery needs the cooperation of responsible persons and authorities.

The lack of coordination among LG representatives and respective government line agencies to monitor the services at the field level constrains the implementation of social protection program.

The failure to implement rules for providing services to eligible beneficiaries can be attributable to lower accountability and transparency among LG representatives and government officials. LG representatives ensure services for their people and government officials do not play active roles in ensuring services for all. Lack of government policies to enable duty bearers accountable and transparent and improve the monitoring and evaluation system for reviewing delivery has been a major challenge to implement public services. **The strict enforcement of rules and assigned responsibilities of stakeholders can only improve the governance in public services.**

A ward commissioner of a city corporation narrates:

I myself make the list and give benefits to my people who helped me win the election. It is impossible to win the election without their help. The other people from the community tried to win the election. There is a competition to capture the office. I must give benefits to those people. Otherwise, I will not be able to sustain my position. The other difficulty is we get very short time to send the list to the city corporation. It is not possible to maintain the government rules for distributing benefits. (Interviewed on November 28, 2021)

Similarly, a Pourshava ward councillor explains:

The social security programmes are the ways to keep together my supporters. (Interviewed on November 25, 2021)

A UP member describes:

I allocate most SSP and AES cards to the people who worked for me to win the election. As many people compete in the election, it is not possible to win the election without their help. I allocate services to those people to retain my position. We also get very limited time to select beneficiaries. The selection of beneficiaries is very hard within a short time following government rule. (Interviewed on November 27, 2021)

Similarly, a UP female member describes:

Agriculture extension services are the means to satisfy our supporters. (Interviewed on November 27, 2021)

A UP member narrates:

We help our relatives and supporters to receive health services from local facilities as they helped me win the election. My supporters helped me obtain the position. I have the

obligation to work for them. It is hard to serve all people with limited resources. (Interviewed on November 28, 2021)

Similarly, a UP female member explains:

Health services are utilized to satisfy our supporters. (Interviewed on November 25, 2021)

Health Assistant of a CC complains:

When people do not get medicine, they tell we are not intentionally giving them medicine, or we have sold medicine. (Interviewed on November 25, 2021)

Some civil society members narrate:

LG representatives do not want to work for all citizens. They mostly work for their supporters for their assistance in the election. It is not possible for them to win the election without their support. To win election and occupy the office, they serve those people. (FGD was conducted on November 28, 2021)

A ward commissioner explains:

I must ensure water and sanitation services for poor people to ensure their support and votes. (Interviewed on November 29, 2021)

The distribution of public services subject to political and personal nepotism mainly impedes the implementation of said services. The control of local MP, local leaders of ruling political party, and local influential persons and groups over LGIs equally reduces the effectiveness of the services. Additionally, the marginalized are not aware of their rights and reluctant to lodge complaints to the respective authority (the committee for grievance receiving and redress) in case of irregularities and corruption occurred in the beneficiaries' selection process. Most marginalized people are not aware about the grievance remediation mechanisms and they, in most cases, do not get results for complaints. They, in most cases, experience harassment by UP Chairmen, members and the influential for complaining about public services. They also rarely seek the information under the right to information (RTI) act for not including in beneficiaries list. The absence of initiatives in the government policy to develop an anonymous online complaints filing system to launch a time-bound and outcome-based grievance redress system (GRS) restrain the excluded people to know the reason(s) for not receiving services. **The policy gaps in reducing the technological backwardness of beneficiaries and establishing a congenial atmosphere to file complaints have retained RTI and GRS dysfunctional. The activities to ensure results from RTI and GRS may ensure the governance in public services.**

Some SSP beneficiaries share their experience in an FGD:

We have seen that the people who complained to Upazila Somajseba office for not receiving benefits are pressured by UP chairman, members, and other persons in the community. We are also scared of applying to the office for information about our exclusion. We have recently known that we have the right to know the information. Someone may contact the office, but most are afraid of the process. (FGD was conducted on November 23, 2021)

Some AES beneficiaries share their experience in an FGD:

UP chairman, members, and others threat people who complained to Upazila agriculture office for not receiving services. People do not want to apply to the office for information about their exclusion. Many people now know that it is their right to access information. We are still afraid of applying for information. (FGD was conducted on November 29, 2021)

Some health beneficiaries share their experience in an FGD:

The people in the community rarely complain to Upazila Health and Family Planning Officer for not receiving services. UP chairman, members, and other persons may harass the people for making allegation. Many people now know about the right to information about services but hardly apply for information. We fear applying to the office for information about dissatisfactory services. (FGD was conducted on November 23, 2021)

Some water and sanitation beneficiaries share their experience in an FGD:

The people who complain to WASA or city corporation are charged by LG representatives, government officials, and other persons in the community. We never applied to the office for information about service providers negligence. Now we know that we have the right to know the information. (FGD was conducted on November 29, 2021)

The failure of LG representatives to promote LGIs as service delivery institutions and the complex local political dynamics have inhibited the institutionalization of LGIs. The proper policies to strengthen LGIs can only ensure the allocation of public services to the marginalized.

The governance issues to implement government policies have adverse effects on LGIs. An UNO explains the issues in an interview:

*I try to coordinate government offices to implement services, but it is not possible to properly monitor services due to the personal and political selection of beneficiaries by LG representatives. Upazila chairman and representatives of MP pressure us to implement the prepared list of beneficiaries. We become flexible to accept their list because of the pressure. LGIs are weakening for using the political influence of LG representatives to select beneficiaries. If LG representatives do not change their mentality to serve people, the government policy for services cannot be implemented. If the listing is done according to NID or given smart card for services, then the distribution would be better. **The main policy gaps include the absence of mechanism to monitor and coordinate and check the role of LG representatives in the beneficiary selection. The governance in public services cannot be ensured without addressing political interference in the selection and distribution.** (Interviewed on February 24, 2022)*

A high-level government officer of the LG Department similarly opines that:

*The coordination among different layers of government officials of LG Department needs to be increased to implement government services and improve the functionality of UPs. UP representatives lack of efficiency, responsibility, and accountability to implement services. It is important to reform local government act to enhance the accountability of LG representatives and enable UPs to generate revenues and maintain their expenses. The functions of UP representatives should be strongly monitored to ensure the implementation of government services. **The policy gaps in improving the efficiency and accountability of LG representatives and government officials have been constraining the implementation of public services.** (Interviewed on February 08, 2022)*

6.3.2 Weak Supervision

The respective government line agencies rarely monitor public services at the grassroots level. There is a lack of supervision mechanism to monitor and evaluate the quality of those services provided by the LGIs. The mechanism is also absent to exert administrative interference to prevent corruption in the selection and distribution of services. The limitations of government policies to improve the efficiency of government officials and solve staff crisis also affect the delivery of services. **The development of a mechanism for the supervision of LGIs and government officials and the necessary logistic support (staff, vehicle) are imperative to establish governance in public services.**

Somajseba officer and Women Affairs officer of a Upazila mention that:

We are not able to monitor social security programmes for staff shortage. (Interviewed on November 22, 2021)

A Upazila agricultural extension officer mentions:

It is not possible to coordinate agricultural extension services due to staff crisis. (Interviewed on November 23, 2021)

Some health beneficiaries say in an FGD:

Upazila level officers infrequently visit CCs and UHFWCs. UP Chairman and members do not take care of the services at the facilities. (FGD was conducted on November 23, 2021)

A Upazila Health and Family Planning Officer says:

We cannot monitor health services at CCs and UHFWCs for staff crisis and pressure of work. (Interviewed on November 23, 2021)

A WASA executive engineer mentions:

It is hardly possible to monitor water and sanitation service for staff shortage and pressure of daily work. (Interviewed on November 29, 2021)

A Upazila veterinary officer explains:

The lack of efficiency and coordination among different tiers of government officials hamper the implementation of government policies to deliver public services. (Interviewed on February 08, 2022)

A high-level government officer of Livestock Services Department narrates the lack of policies in the supervision of livestock services in an interview:

There is no monitoring of livestock services at grassroots level. Most livestock officers (veterinary surgent, veterinary officer) and assistants do not stay in the workplaces. Many of them lack training and are not working responsibly, but they are strongly motivated to private practice for additional income. The shortage of equipment and maintenance and crisis of trained officers and staff (animal husbandry technician) are severely affecting livestock services. The government policies for implementing public services are, therefore, not properly functioning. The strong monitoring and evaluation of services and

*sharing information with livestock officials, LG representatives, and beneficiaries can facilitate difficulties to receive services from government livestock facilities. **The policy gaps in developing a strong supervision mechanism by clearly outlining the role of stakeholders must be addressed to improve the quality of services.** (Interviewed on February 12, 2022)*

6.3.3 Unfair beneficiaries' selection and benefits distribution

LG representatives often distribute public services to ineligible people (supporters, local elites, and political groups) by overlooking formal procedures for establishing legitimacy, stabilizing power, and ensuring their vote banks. They along with social and political elites informally settle their social and political interests by utilizing public services. Moreover, the relatively better off people can obtain benefits by using their links with LG representatives or the influential people. Additionally, lack of government policies allows LG representatives and others to control public services. **The implementation of rules and accountability of LG representatives must be ensured to overcome the challenges of local power dynamics to enhance the governance in the beneficiary selection and distribution process. The gender balance and marginality need to be considered in distributing services.**

6.4. Economic mess

The political disarray often leads to the economic mess in which the dominant actors try to control services for their own personal and economic benefits. The inadequacies of government policies to fairly allocate public services have encouraged the leading actors to obtain economic gains from those services. **The strong monitoring and evaluation and accountability of stakeholders may improve the governance in delivering public services to the eligible beneficiaries.**

6.4.1 Monopolization of services

LG representatives ensure services for their people. Local leaders of the ruling political party, local influential persons, and political supporters tend to dominate the implementation of services. The marginalized people are often deprived of their rights due to public services based political settlement among office bearers, local elites, and influential people. This political agreement establishes the control of LG representatives and locally influential persons over public services and hampers government policies to implement those services. **The effective use of rules to keep**

the stakeholders (LG representatives, government officials) accountable may enhance the governance to administer public services. A group of SSP beneficiaries describes that:

The powerholders somehow try to capture at least 20% of SSP services for their people. They are, without some exceptions, reluctant to work for the marginalized. (FGD was conducted on November 23, 2021)

A group of AES beneficiaries describes that:

The political and influential persons take at least 20-30% AES services for their people. Many small and marginal farmers are excluded from services. (FGD was conducted on November 29, 2021)

A group of health beneficiaries describes that:

The powerholders assist their people to receive better services from CCs and UHFWCs. They do not work for the poor. (FGD was conducted on November 23, 2021)

A group of WASH beneficiaries describes that:

The influential persons ensure water and sanitation services for their people but are unwilling to serve the marginalized. (FGD was conducted on November 29, 2021)

The political agreement among the stakeholders at local level has been a perennial problem to implement government policies for public services. **The smooth functioning of government rules and the positive attitude of LG representatives to serve people are vital to address the challenges of power dynamics and establish governance in public services.**

A deputy director (DD) of the agriculture department says:

*The selection of beneficiaries according to set criteria (marginal peasants=.49 acres to 2.49 acres of land; small peasants=2.5 to 7.49 acres of land; and large peasants=more than 7.5 acres of land) for government agricultural incentives and rehabilitation programmes has not been properly completed by UP committee. Many marginal peasants are excluded but large peasants included in services. UP committee politically consider some peasants for services. Sometimes, UP chairman and Upazila chairman have conflicting relations and they force us to sign the list of beneficiaries. It is essential to involve government officials with UP representatives to select accurate beneficiaries for services. The agriculture office can develop an exact online database of beneficiaries with the help of UP. Then the services can be easily distributed among beneficiaries. All peasants must be given Agri cards to receive services. It is hardly possible for us to monitor the selection of beneficiaries due to manpower (insufficient SAAO and block supervisors) and logistics (vehicle, transport) shortage. We do not even get our due promotion in time. The consultation services for plantation and treatment have been digitized while the work is going on to update the agricultural extension policy. **The policy gaps in forming a***

mechanism for coordinating LG representatives and government officials together constrain AES services. (Interviewed on February 22, 2022)

6.4.2 Leakage through bribery and nepotism by office bearers and others

The beneficiaries usually give bribe to LG representatives and secretaries to receive services. Local political leaders of ruling party and socially established persons connected to LG representatives and social and political groups also tend to manipulate citizens and services. The low transparency and accountability in government policies very often lead to higher leakages and targeting errors in selecting and distributing public services. LG representatives often use their political influences to give services to their relatives and supporters. They in association with local influential facilitate services for their people. The members of beneficiary selection committees in association with local influential people prepare the list of beneficiaries and then submit to the Union committee, Pourashava, or City corporation. Priorities are given, in most cases, to relatives, political supporters, or those who can afford to pay bribes. The weaknesses in government policies prompt the power holders to take bribe for services even from their close people. A SSP beneficiary explains:

UP chairman and members say you will get an allowance for lifetime so give some money for selecting your name. If money is not given, they say we have fewer cards and will try next time. Some beneficiaries give money because they think they will get a lifetime benefit. Sometimes they say that they have some expenses to process the allowance and if money (bribe) is not given, the officer will not allocate the allowance. They come to our house and say that I worked for you so give me something (money). They even take money from their supporters and relatives. (Interviewed on November 21, 2021)

An AES beneficiary explains:

UP chairman and mostly members demand money for selecting for services. They give priorities to those who give money. If you do not give money, they say we have fewer cards and will try next time. Some beneficiaries give money to achieve services. They take money, in some cases, by saying that there are other expenses to process services and the officer will not allocate services if money is not given. They often say we worked for you give us something (money). The supporters and relatives even pay for services. (Interviewed on November 29, 2021)

A health beneficiary explains:

The relatives and supporters of UP chairman and members get priority for services at CCs and UHFWCs. Health attendants sometimes demand money for giving services. When money is given, they say we are very busy today and there is no medicine. Some

beneficiaries give money for obtaining service and medicine. (Interviewed on November 21, 2021)

A WASH beneficiary explains:

The commissioner and local political leaders demand money for dealing with WASA and city corporation for the approval to install water and sewerage pipeline. They do not want to move without money. They claim that there are expenses for processing services. The supporters and relatives also give bribe for services. (Interviewed on November 28, 2021)

The people who cast vote for LG representatives receive services. LG representatives influence the delivery of services. They are reluctant to prepare the list of beneficiaries publicly. LG representatives in alliance with some local people and government officials perform forgery to implement services. The violation of government policies by LG representatives, government officials, and local people restricts the access of the marginalised to public services. **The strict rules and monitoring in the beneficiary selection in addition to the positive mentality of LG representatives can prevent irregularities and improve governance in public services.** A UP Chairman explains:

Many beneficiaries have no mobile and they use other's mobile numbers to receive their allowance. Some beneficiaries cannot operate the mobile to receive the money. When NOGOD agents process the mobile numbers, they change the number and passwords by taking money from other persons (member, local broker). Some people in coalition with the government office staff (Somajseba, Women Affairs Office) change mobile number and password to transfer money to other numbers. Some beneficiaries go to mobile or Bikash agents who take away the PIN number to withdraw money. Some beneficiaries lose or stop using the SIM to which the money will be sent. VGD and VGF beneficiaries get less rice or wheat in some cases. Sometimes, we cover extra transportation cost from the taken amount of rice or wheat. (Interviewed on November 23, 2021)

Another UP Chairman explains:

Some people (Ward members, local agents) in coalition with the government office staff (Agriculture Office) change the list of beneficiaries by taking money. (Interviewed on November 29, 2021)

An above mentioned UP Chairman explains:

Some people may get priority to get services at CCs and UHFWCs. We work for them for their support in the election. All citizens can receive services, but local facilities have limitations to provide services. (Interviewed on November 23, 2021)

A ward commissioner explains:

It is not possible for poor people to manage water and sanitation services from WASA and city corporation. The officials from both organizations do not want to shortly execute any decisions. In many cases, they take money to process the services. The process to sanction services is lengthy and expensive. The charges and extra money must be given to receive services. (Interviewed on November 29, 2021)

The respective Ward and UP/Pourshava/City corporation beneficiary selection committees remain inactive to implement services. The uncertainty and delay in the implementation of services mainly happens due to nepotism and personal and political preferences. The absence of monitoring and supervision and periodic check by the government agencies encourages unfair means to deliver services. The costs set by the government for administering both cash and food-based programmes are insufficient and force service providers to charge beneficiaries for covering extra expenses. For example, beneficiaries are obliged to pay extra money to mobile banking, Bikash, or Nogod agents for services and receive less amount of rice or wheat for VGD programmes. They often receive substandard rice or wheat which may not ensure nutrition. The diversity and fortification of food (vitamin enriched vegetables, fruits, and edible oils, zinc enriched rice, nutrient enriched fish, and meat) may improve diets and nutrition for all. **The enhancement of government policies may ensure the governance in delivering public services to the marginalized.**

A civil society member describes that:

*LG representatives, local leaders, and representatives of MP take money to select VGD beneficiaries in association with local Women Affairs Office. The responsible officer often selects a name-only local NGO to train beneficiaries. The training is not arranged in most cases to take away the allocated money for training. The beneficiaries now receive the properly sealed package of rice with appropriate amount. **The weaknesses of policies in administering an effective monitoring and coordination of the beneficiary selection process and the stakeholders hinder the governance in public services.** (Interviewed on February 23, 2022)*

6.5. Income and power inequalities

Since the poor and the marginalized have the lack of access to the existing power structure, they are likely to be excluded from services. The lack of access to services creates income disparity for the poor and the marginalized within the community. The inadequacies in the government policies have perpetuated the disparity of the excluded people. **The effective enforcement of rules and the mechanism for ensuring the accountability of the stakeholders in the beneficiary selection**

must be ensured to deal with the power dynamics and establish governance in the public services.

6.5.1 Unequal access to services

The use of public services by LG representatives, local elites, and powerful persons for stabilizing power and serving personal and political interests largely restricts the access of many eligible marginalized people to their rights. The gaps in government policies also restrict the access of the eligible people to public services. **The effective monitoring and evaluation of the beneficiary selection and the role of LG representatives can facilitate the access of the marginalised to public services.**

6.5.2 Deprivation of rights

The marginalized mostly suffer the deprivation of their rights to public services for the lack of pro-people power structure and the negligence of LG representatives. The limitations of government policies to implement services underpin the existing power structure that constrains the rights of the marginalized. **The activities to establish transparency and accountability in the beneficiary selection can be useful to address the challenges of power structure and promote the rights of the marginalised to public services.**

6.6. Exclusion of poor and marginalized people from public services

The errors to exclude the poor and marginalized people and include relatively better off ones occur due to nepotism and favouritism by the office bearers and their social and political associates. The targeting errors have remained higher due to lack of government policies to ensure the rights of the marginalized to public services. **The implementation of services according to rules and correct database can reduce targeting errors and improve governance in public services.**

6.7. Intervention

6.7.1 Advocacy of right

The adverse socio-political atmosphere and complex dynamics in local politics has hindered the institutional development of UP/Pourshava/City corporation to ensure the effective delivery of public services at grassroots level in Bangladesh. To establish governance in LGIs for effective

implementation of public services requires vibrant activities from both government and nongovernment organizations. The proper advocacy of issues and difficulties regarding social security programmes with the active participation of local civil society groups and concerned citizens may minimize the exclusion of the eligible poor and marginalized people from public services. The activities to bargain with LG representatives and respective government line agencies may promote the rights of the poor and marginalized. The beneficiary selection committees of respective social security service need to play a vibrant role rather than LG representatives' discrete role in the selection process. The co-opted committee members of the selection committee remain inactive that leads LG representatives doing misappropriation. The advocacy for implementing the proposed administrative and institutional reforms in 7FYP and improving government policies may ensure the rights of the marginalised to public services. **The strong monitoring and evaluation, accountability, sufficient budget and coverage, and the application of government rules may enable stakeholders to deal with the challenges of power dynamics and establish the effective governance in public services.**

6.7.2 Inclusion in services

To make aware of the rights and address the irregularities and corruptions, LG representatives and respective government bodies can facilitate the inclusion of the poor and marginalized in public services. The initiatives to closely work with the LGIs and government bodies may improve the quality of services delivery. The proper implementation of government policies may also improve the access of the excluded people to public services. **The weaknesses in government policies need to be addressed to overcome the challenges of power dynamics and facilitate the access of the marginalised to promote governance in public services.**

CHAPTER 7

LEARNING OF THE PROJECT

a) Citizen's active participation is fundamental for effective Social Accountability as it facilitates empowerment of the marginalized people and increases their access to the public service.

Citizen support group members' active participation in implementing social accountability tools during the beneficiary selection and distribution of public services serves as an effective service delivery system at local level. Particularly, the process enhances the transparency and accountability of the duty bearers to the mass people. The SA tools implementation process of the project has expedited a trustworthy relation between grassroots beneficiaries and service providers over the years.

b) Digitation and the use of Web Portal information is a headway to good governance; however, digital literacy for the common people ensures inclusive governance.

The project assisted targeted LGUs to update the service delivery related data especially SSP and agriculture related data in their website. The project staff said that this initiative works well to a certain level at targeted implementation areas. Many chairmen were not habituated in dealing with or advising the digitization due to their lack of knowledge on the digitization and other important workloads. Besides, they are in shortage of skilled manpower to do so. However, some LGIs have updated their web portals which indicate a good sign of information sharing to the mass people.

c) Mass publicity and hands on support on application and redressal process are the prerequisites of establishing effective Grievance Redress System.

The mass people mostly express their grievance verbally to the duty bearers rather than in written form. An officer of Social Service Department said that beneficiaries feel unsecured lodging their written complaints. Moreover, government GRS portal is not well known at grassroots level. A massive campaign is required for it to make aware beneficiaries for the online grievance lodging system, he added. It is also observed that duty bearers' traditional mindset of not accepting any

grievance prolongs the GRS establishment at local level. Hence, GRS requires comprehensive inputs for both the demand and supply side.

d) Effectively organized Ward-Shavas lead to participatory development plan that rightly meets people needs.

MJF ensures inputs in the institutional strengthening process so that the LGIs run as per local government act 2009. Apart from providing different training to the elected representatives on local government acts, the project initiated connecting mass people in the governance process of LGIs. Facilitating Wardshava seems one of the pioneer processes where mass people applied their thoughts in this connection. The projects proposed in the Wardshava are materialized in the fiscal year budget and five years plan of the most unions.

e) Local Resource Mobilization and their need-based implementation could enhance trust between LGIs and mass people.

It is observed that, in many implementation areas, citizens engagement in different committees do not work up to the mark. Unwillingness of LG representatives to include mass people in decision making, lack of capacity of citizens to ensure proper inputs, LGIs nepotism to select citizens as member of the committees, and shortage of LGIs own resources are the main barriers to strengthen the institutional engagement of citizens. Although the project motivated LGIs to reform and activate different committees with the community participation i.e., SSP selection committees, standing committees, it still requires intensive work.

f) The absence of an effective mechanism to harmonize stakeholders (LG representatives, government officials, partners, citizens) and local political dynamics hamper the selection of beneficiaries.

MJF attempts to ensure the rights of the marginalised to water, agriculture, and primary healthcare services. The mechanism to distribute and coordinate the role of LG representatives and government officials could improve the access of the marginalised to the public services. The role of partners and citizens as watchdog facilitates the selection and distribution of benefits. However,

local political dynamics among LG representatives, local political leaders, and powerful persons confine the delivery of public services to a segment of people. The lack of a strategy in practice to harmonise diverse actors and political dynamics hamper the delivery of public services. The more activities are, therefore, required to manoeuvre a strategy to harmonise stakeholders and address political dynamics to ensure the access of the excluded people to public services.

g) Collaboration and harmonized planning among LG representatives, citizens, local farmers, and agriculture field staff (i.e., SAAO) are desired to ensure proper distribution of agriculture incentives to fulfil the needs of the marginalized people.

The collaborative roles of LG representatives, citizens, farmers, and agriculture extension service officials to distribute the agriculture service could improve the access of the marginalised people to agriculture services. The role of citizens as watchdog facilitates the selection and distribution of benefits according to the needs of the farmers. Local political dynamics among LG representatives, local political leaders, and powerful persons usually confine the delivery of public services to the excluded people. To address such harsh reality, the social watchdog role of citizen groups and their subsequent follow-up work well to eliminate the irregularities of diverse actors in the agriculture sector. The more activities are, therefore, required to manoeuvre a strategy to harmonise stakeholders and address political dynamics to ensure the access of the excluded people to public services.

h) The extent of collaboration among health service providers, LG representatives, and citizens determines the quality of healthcare services.

Project has facilitated local level advocacy to address healthcare issues. As a result of local advocacy, it is reported that respective LGIs have ensured infrastructure maintenance work, safe drinking water, toilet facilities, and sitting arrangement at many healthcare centres (Union Health and Family Welfare Centre (UHFWC), Community Clinic (CC)).

CHAPTER 8

CONCLUSION AND RECOMMENDATIONS

Public services have been implemented to reduce poverty and promote socioeconomic development for the poor and the marginalized. The SSN, AES, WASH, and primary healthcare services facilitate the beneficiaries to meet urgent needs, reduce poverty, and improve poverty their socioeconomic conditions. The findings of this study reveal that 60.9 percent of beneficiaries informed positive changes in their lives after receiving services. Among the beneficiaries, 9.4 percent notice improvement in medical treatment capacity, 79.3 percent in food security, 51.5 percent in employment generation, 35.8 percent in children's nutrition, and 8.0 percent in children's education. These results strongly support the usefulness of public services. Moreover, 48.2 percent SSN beneficiaries show satisfaction in beneficiary selection campaign, 49.8 in beneficiary selection process, 46.4 in beneficiary number, 49.3 in the size of benefits, 50.8 in the behaviour of Bank/agent, and 49.1 in grievance redressal system. The 32.8 percent AES beneficiaries show satisfaction in beneficiary selection campaign, 37.7 percent in beneficiary selection process, 27.9 percent in coverage in terms of the number, 26.7 percent in the size of benefits, 35.4 percent in the behaviour of concerned officials, 37.7 percent in the service of SAAO, and 37.9 percent in the grievance redressal system. The 37.4 percent PHC beneficiaries show satisfaction in the overall management of health centres, 38.8 percent in the behaviour of service providers, 36.4 percent in the development of health care facilities, 35.7 percent in the coverage of marginalized and excluded people, 38.1 percent in the safety and hygiene facilities, 32.8 percent in the monitoring of Union Health Committee, and 32.4 percent in the grievance redressal. The 38.9 percent WASH beneficiaries show satisfaction in the beneficiary selection process, 36.2 percent in the beneficiary coverage in terms of the number, 38.7 percent in receiving services, 36.1 percent in the development of service quality, 34.3 percent in the behaviour of concerned officials, and 34.1 percent in the grievance redressals.

It has been, however, observed that there are many challenges and irregularities in the beneficiary selection and benefits distribution processes. The data reveals that 48.7 percent SSN beneficiaries had difficulties to achieve services of which 9.4 percent paid bribe, 12.8 percent suffered nepotism for services. About 50.7 percent SSN beneficiaries paid bribe to Chairman/Mayor, 38.8 percent to male Member/ Counsellor, and 29.8 percent to local influential persons. At least 28.9 percent AES

beneficiaries provided bribe and or speed money for getting the services and 15.9 percent experienced the political influence LG representatives and local leaders in achieving services. Approximately, 15.5 percent PHC beneficiaries suffered various inconsistencies to receive services from local health facilities. About 27.4 percent had to pay bribes and 18.3 percent experienced misbehaviour for health services. Furthermore, 23.8 percent WASH beneficiaries faced irregularities and about 20.7 percent encountered intentional delay in the service delivery. The local complex political dynamics and the tendency of LG representatives and local influential persons to gain economic benefit from public services also reflect the downside of social security programmes.

The use of public services to enable the marginalized for extreme poverty reduction and human development is, however, highly proportionate to the remedy of challenges and irregularities in beneficiary selection and benefits distributions processes. The improvement in the public services delivery, therefore, requires additional efforts and activities.

7.1 Recommendations for the advocacy at local level

7.1.1 The distribution of specific responsibility among responsible government officials for coordination and the initiatives to bring change in the attitude of LG representatives to serve people should be ensured to improve the quality and governance of public services.

7.1.2 The effective collaboration among government officials, LG representatives, and respective public service selection committees must be established to select beneficiaries and distribute public services to the eligible beneficiaries.

7.1.3 The changes in the government policy to increase the coverage and value of transfer and promote the effective governance through strong monitoring, evaluation, and accountability from selection to distribution need to be emphasised to address the influence of power dynamics to improve the quality of public services for the marginalised. The limitations (changing mobile numbers or taking password) in applying G2P system should be addressed to send benefits to beneficiaries' mobile account or Bikash/Nogod account.

7.1.4 The equal distribution of public services to both venerable men and women at grassroots level must be ensured by stakeholders to merge gender gaps and governance of public services.

7.1.5 Government's Grievance redress system should be expanded up to union level. In this regard, technological backwardness of beneficiaries should be addressed to lodge complaints for

not receiving public services through online grievance redress system. The digital centre of respective LGIs should be equipped enough to take part in the grievance redress system at grassroots level.

7.1.6 The digital attendance and monitoring of employees can ensure proper staff attendance and responsibilities/workload of the government line agencies to improve the delivery of public services.

7.2 Recommendations for the advocacy at national level

7.2.1 An effective mechanism should be developed to ensure the role of stakeholders (LG representatives, government officials, citizen forums, NGOs) and enforce rules and accountability for reducing targeting errors in the beneficiary selection of public services.

7.2.2 The activities to prepare a correct database of beneficiaries in terms of marginality and integrate stakeholders (committee members, LG representatives, government officials, PNGOs, and concerned citizens) in the beneficiary selection should be ensured to deal with the challenges of power dynamics and ensure governance to provide public services to the marginalised.

7.1.3 The guidelines in government policies are missing to ensure the gender equality in public services, and the gender disparity has become embedded in the distribution of services. The changes in the national policy to equally allocate services to vulnerable women like men can reduce the gender gap in public services. The gender equality in the distribution of services can reflect the effective governance of services.

7.2.4 The policy gaps in developing an easy and accessible grievance redress system and the convenient environment should be addressed to enable beneficiaries to complain against their deprivations. Huge campaign and capacity interventions are required to make people efficient in lodging complaint through online GRS.

7.2.5 The procedures and logistics should be developed to promote digital monitoring of employees and their work for distributing public services to eligible beneficiaries.

REFERENCES

1. Social Safety Net and the Marginalized: Employment Generation Program for the Poorest & Vulnerable Group Development- Mahfuz Kabir
2. Social Safety Nets in Bangladesh, Shaikh S Ahmed- 2007
3. Strengthening Social Safety Nets for Mitigating Adverse Impacts of Food Crisis in Bangladesh, Sajjad Zohir, Biva Arani Mallik, Sara Zabeen, Galib Ahsan, Economic Research Group; October 2010.
4. Effects of Social Safety Net Programs on Household Welfare and Poverty in Bangladesh, The paper is prepared for the Presentation at the Conference of Scaling up Social Protection in Bangladesh: Providing Ladders out of Poverty and Social Safety Nets, Mohammad Rafiqul Islam, Associate Professor, Department of Economics, Shahjalal University of Science and Technology, Sylhet.
5. Social Safety Net Programmes in Bangladesh: A Review, Bangladesh Development Studies, Vol. XXXIV, June 2011, No. 2, Barkat-E-Khuda
6. Social Safety Nets for Poverty Alleviation in Southern Africa, Stephen Devereux, A Research Report for the Department for International Development, ESCOR Report R7017
7. Income Growth, Safety Nets, and Public Food Distribution, Akhter U. Ahmed, Paul Dorosh, Quazi Shahabuddin, Ruhul Amin Talukder; Prepared for the Bangladesh Food Security Investment Forum, May 2010.
8. Social Safety Nets and Poverty Reduction in Bangladesh, Mohammad Abdul Hannan Pradhan¹, Prof. Dr. Jamalludin Sulaiman, and Dr. Saidatulakmal Mohd.
9. Impact of Social Safety Net Programs in Seasonal Deprivation, Khaleque, Khaleque; Suborna, Bubarna and Baqui; 28 November 2008.
10. Survey on Social Safety Nets Programmes (SSNP) in Bangladesh conducted under Household Income & Expenditure Survey Project of Bangladesh Bureau of Statistics.
11. http://www.mof.gov.bd/en/budget/14_15/safety_net/safety_net_en.pdf
12. Social Safety Nets in Bangladesh Help Reduce Poverty and Improve Human Capital, The World Bank, 2019 <https://www.worldbank.org/en/news/feature/2019/04/29/social-safety-nets-in-bangladesh-help-reduce-poverty-and-improve-human-capital>
13. A REVIEW OF SOCIAL SAFETY-NET PROGRAMMES TO MAKE THEM MORE RESPONSIVE TO THE NEEDS OF CHILD LABOUR IN BANGLADESH, International Labour Organization (ILO), 2019 https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---iphec/documents/publication/wcms_717617.pdf
14. Improving the Targeting Effectiveness of Social Safety Nets in Bangladesh, Abul Barkat, Subhash Kumar Sen Gupta, Abdullah Al Hussain, Matiur Rahman, and Faisal Mohammad Ahamed, 2013 http://fpmu.gov.bd/agridrupal/sites/default/files/ToR%209-Social%20Safety%20Net%20Targeting-Final%20Report_MSUK.pdf
15. Reforms in agricultural extension service system in Bangladesh, Md Safiul Islam Afrad, Fatema Wadud, and Suresh Chandra Babu, 2019

https://www.researchgate.net/publication/333939676_Reforms_in_agricultural_extension_service_system_in_Bangladesh/link/5ec00f8e92851c11a86c5615/download

16. Impact evaluation of contracting primary health care services in urban Bangladesh

Manuel Leonard F. Albis, Subrata K. Bhadra and Brian Chin, 2019

<https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-019-4406-5.pdfh>

17. WASHplus, 2016. Addressing Water, Sanitation and Hygiene in Southwestern Bangladesh, Washington D.C., USA. USAID/WASHplus Project.

<https://www.washplus.org/sites/default/files/Bangladesh%20EOP%20Report.pdf>

18. Khan. N.M (2016) Challenges and Trends in Decentralised Local Governance in Bangladesh.

19. Seddiky, M.A. & Rahman, A.T. (2015). Role of Union Health and Family Welfare Center (UH&FWC) to Promote Maternal Education and Reduce Child Mortality Rate in Bangladesh.

20. Social Safety Net (SSN) Programs in Bangladesh: Issues and Challenges, Journal of Social Service Research. Ridwan Islam Sifat, 2021

21. Social Safety Net Programme as a Means to Alleviate Poverty in Bangladesh. Ishita Ahmed, Nusrat Jahan, Fatema-Tuz-Zohora. Developing Country Studies. 2014

22. Targeting Social Policy and Poverty Reduction: The Case of Social Safety Nets in Bangladesh. Md. Masud-All-Kamal¹ and Choyon Kumar Saha. Poverty & Public Policy, 2014

23. Exploring Politics of Social Safety Net in Bangladesh through Political Settlement: The Case of Rajakhali Union in Cox's Bazar District. Minhazur Rahman Rezvi. Journal of Asian and African Studies, 2020

24. Beneficiary Selection and Allowance Utilization of Social Safety Net Programme in Bangladesh. Mohammed Ziaul Haider & Arif Mahamud, J. Hum. Rights Soc. Work, 2017.

25. Consequences of Social Safety Nets Benefits and Causes for Not Included in the Targeted Programmes – A Multivariate Approach. Md. Zakir Hossain, Rahima Begum, and Md. Aminul Kaiser. International Journal of Statistical Sciences, Vol. 21(1), 2021, pp 1-16.

26. EFFECTIVENESS OF SOCIAL SAFETY NET PROGRAMS FOR POOR PEOPLE IN THE GOVERNMENT LEVEL OF BANGLADESH. Md. Ashraful Alam¹ and Sheikh Abir Hossain. Int. J. Soc. Sc. Manage. Vol. 3, Issue-3: 153-158, 2016.

27. Social Safety Net Programmes in Bangladesh: A Review. BARKA T-E-KHUDA. Bangladesh Development Studies, Vol. XXXIV, June 2011, No. 2.

28. SOCIAL SAFETY NET PROGRAMMES AND ITS IMPACT ON LIVELIHOOD: A CASE STUDY OF BANGLADESH. Saifur Rahman. The Journal of Social Policy Studies, 2020, 18 (1):129–142.

29. Bangladesh: Social protection- Research Plan. Madhumitha Hebbar and Lucy Scott. UKaid and Oxford Policy Management. Maintains, Research supporting social services to adapt to shocks, 2020.
30. Macroeconomic Implications of Social Safety Nets in the Context of Bangladesh, Towfiqul Islam Khan and Tazeen Tahsina, *CPD Occasional Paper Series 75*, 2008.
31. Strengthening Social Safety Nets for Mitigating Adverse Impacts of Food Crisis in Bangladesh. Sajjad Zohir, Biva Arani Mallik, Sara Zabeen Galib Ahsan. Economic Research Group, 2010.
32. Social Safety Nets in Bangladesh. Volume 2, Ground Realities and Policy Challenges: Process, Coverage, Outcomes, Priorities, Hossain Zillur Rahman Liaquat Ali Choudhury. A PPRC-UNDP Research Initiative, 2012.
33. Social Safety Nets and Productive Outcomes: Evidence and Implications for Bangladesh. Dr. Ismat Ara Begum, Prof. Dr. Shaheen Akter, Dr. Mohammad Jahangir Alam, Prof. Noor Md. Rahmatullah. National Food Policy Capacity Strengthening Programme, 2014
34. Asia and the Pacific Finance Ministers' Meeting. People's Republic of Bangladesh Country Overview, 2 December 2020
35. Bangladesh Strategic Paper to Respond to Water, Sanitation and Hygiene (WASH) issues during & after the COVID-19 Outbreak. the Department of Public Health Engineering (DPHE, Bangladesh), People's Republic of Bangladesh. Retrieved from 2020-05-07-16-15-31793ed0bc1c3ffde4509006704c781.pdf
36. Water, Sanitation, Hygiene, and Nutrition in Bangladesh: *Can Building Toilets Affect Children's Growth?* Iffat Mahmud and Nkosinathi Mbuya, A WORLD BANK STUDY, 2016.
37. WASHplus, 2016. Addressing Water, Sanitation and Hygiene in Southwestern Bangladesh, Washington D.C., USA. USAID/WASHplus Project.
38. OPERATIONAL GUIDELINES FOR WASH (Water Sanitation and Hygiene) IN EMERGENCIES – BANGLADESH. Government of the People's Republic of Bangladesh, Ministry of Local Government Rural Development &Co-operatives, 2017.
39. WaterAid, 2019. Improving WASH in Healthcare Facilities in Rural Bangladesh through a Local Government-Led Approach.
40. SNV in Bangladesh, *Summary report. WASH in Health Care Facilities in Bangladesh: Policy review, stakeholders' mapping and baseline census of six urban centres*, Dhaka, SNV in Bangladesh, 2020.

41. Maternal Health Review Bangladesh. Syed Azizur Rahman, Justin O Parkhurst, Charles Normand, Policy Research Unit (PRU), Ministry of Health and Family Welfare, Government of Peoples Republic of Bangladesh, Health Systems Development Programme.
42. Talukder, M.N., A.K.M.Z.U. Khan, M. Sharif, F.R. Noor, S. Kundu, S. Roy, A.F. Noor, U. Rob. 2016. "Evaluation of the Impact of Strengthening Union Health and Family Welfare Centers for Providing 24/7 Normal Delivery Services in Bangladesh." Dhaka, Bangladesh: Population Council.
43. Impact evaluation of contracting primary health care services in urban Bangladesh. Manuel Leonard F. Albis, Subrata K. Bhadra^{2^} and Brian Chin. BMC Health Services Research 845:(2019)19
44. A comprehensive analysis on child mortality and its determinants in Bangladesh using frailty models. Jahidur Rahman Khan and Nabil Awan, Khan and Awan *Archives of Public Health* (2017) 75:58
45. Maternal Education as a Determinant of Neonatal Mortality in Bangladesh. S.M. Mostafa Kamal. *Journal of Health Management* 14(3) 269–281, 2012
46. Service delivery effectiveness of Farmers' Information and Advice Centres in Dinajpur Sadar Upazila of Bangladesh. Md. Sadekur Rahman, Aliyu Akilu Barau, Md. Rubayet Al Ferdous Noman, *Information Processing in Agriculture* 6 (2019): 462-470.
47. Impact of agriculture extension services on technical efficiency of rural paddy farmers in southwest Bangladesh. Bangkim Biswas, Bishawjit Mallick, Apurba Roy, Zakia Sultana, *Environmental Challenges* 5 (2021) 100261.
48. Role of union digital centre (UDC) in agricultural extension services in Bangladesh. M. N. A. Tipu, M. B. Pia, E. Deb, M. Chowdhury. *Journal of Agriculture, Food and Environment (JAFE)*, Vol 1 No 4 December 2020 Pages 147-156.
49. Effectiveness of Agricultural Extension System in The Implementation of Relevant Policies of Bangladesh. M. Rezaul Karim and M. Rubayet Al Ferdous Noman. In: Bangladesh: Economic, Political and Social Issues. Editor: Khurshed Alam , 2018
50. National Agricultural Extension Policy (NAEP). Government of the people's republic of Bangladesh, Ministry of Agriculture (MOA), 2012.
51. National Livestock Extension Policy, Md. Abdur Razzaque Mia, 2013.
52. National Agricultural Technology Project (NATP), Government of the People's Republic of Bangladesh, M. Maniruzzaman Consultant, PPT Core Team, 2006
53. Agricultural Extension Services in Bangladesh: A Review Study. Mohammed Nasir Uddin. *Bulletin of Institute of Vocational and Technical Education* No.5 October 2008.

54. Social Security Strategy and Budget (2016), M M Akash. Draft Civil Society Policy Paper prepared for roundtable discussion on National Social Security Strategy [NSSS] and Budget-2016 organized by Prothom Alo. Date: 10 April 2016. Venue: Prothom Alo Office, CA Bhaban.

55. Fisheries extension in Bangladesh and local extension agent for fisheries: A micro level assessment of farmers' Attitude. Zakir Ahmed, M Asaduzzaman Sarker, M Zulfikar Rahman, Baokun Lei and M Zannatun Nahar Mukta International Journal of Fisheries and Aquatic Studies 2018; 6(4): 92-103.