



Citizens' Assessment
of District Level **Social Safety
Net Programmes (SSNPs),
Health and Education**-related Services 2023

LNOB Network, Bangladesh



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List of **Acronyms**

BDCs

BRAC District Coordinators

CSC

Community Score-Card

CSOs

Civil Society Organisations

IDP

Internally Displaced People

LNOB

Leave No One Behind

NSSS

National Social Security Strategy

PWDs

Persons With Disabilities

SDGs

Sustainable Development Goals

SSNP

Social Safety Net Programmes

UNO

Upazila Nirbahi Officer



Acknowledgment

This study has been conducted under the banner of the Leave No One Behind (LNOB) Network, Bangladesh. The LNOB Network, Bangladesh, is part of a greater global collaborative, the Leave No One Behind partnership, bringing together international and national Civil Society Organisations (CSOs), civic networks, and platforms across five countries. The partnership aims to create a scalable solution for filling data gaps on marginalised groups in monitoring and reviewing the Sustainable Development Goals (SDGs). This initiative fosters an inclusive model of SDG monitoring, supporting the collection, analysis, and dissemination of community-driven data and giving a stage to the local target groups – helping to make their voices heard and counted. The International Civil Society Centre hosts the partnership. We want to thank the focal

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Executive Summary

Inclusiveness is at the core of the Sustainable Development Goals (SDGs) that envision leaving no one behind. In light of inclusive development, the Leave No One Behind (LNOB) Network, Bangladesh, a coalition of nine civil society organisations, facilitated community scorecards in 2023. Key indicators to assess social safety net, health, and education-related public services are participation, transparency, accountability, and quality of services. Several sub-indicators were set to assess the inclusiveness of the selected public services. 320 sessions took place across the country in 64 districts, covering ten marginalised communities such as Dalits, ethnic minorities, persons with disabilities, sex workers, third gender (hijra), internally displaced people, elderly people engaged in begging, Bede (river gypsies), people in hard-to-reach areas, and floating people. The main objective of the community scorecard exercise was to assess the level of inclusiveness of the public services related to Social Safety Net programmes (SSNPs), health, and primary education. Key findings of the community scorecard in 2023 are:

- In 2023, the majority of districts (45) received moderate scores (41-60%), and 19 districts received low scores (21-40%) about health, primary education, and social safety net programmes. However, no districts got high scores.
 - Division-wise, the overall percentage of scores is moderate for Dhaka (50%), Barisal (47%), Mymensingh (46%), Sylhet (45%), Chattogram (42%), and Rangpur (42%). The percentage of scores for Rajshahi (39%) and Khulna (40%) is low. And no division got the high scores.
 - Overall, the sector-wise percentage of scores for the social safety net programme is lower (37%), whereas the rate of scores is relatively moderate for health (44%), and primary education (50%).
 - Some communities are more deprived than others in terms of accessing public services. The percentage of scores is lower for poor people living in hard-to-reach areas (37%), internally displaced people (38%), and ethnic minorities (40%), compared with other marginalised groups.
 - Concerning health services, the lowest-scored indicators are 'complaint mechanism' (27%), 'actions taken against complaints' (30%), and 'adequate toilets and drinking water' (40%), which indicates improvement is required in these areas.
 - In primary education, all the indicators received moderate scores (41-60%) from the selected marginalised groups in the study. However, further attention is required to improve education quality and reduce the dropout rate.
 - Most of the indicators of the safety net programmes received low scores (28-39%), which indicates that significant improvement is required in the complaint mechanism, selection of beneficiaries, reducing nepotism and bribes, and availability of information.
- Social advancement budget or budget for the marginalised should be introduced to specifically channel financial support to the marginalised communities, their children, and services such as schools. Establishing a participatory identification process for the

poor and marginalised people in the unions, municipalities, or city corporations is paramount to reducing inclusion and exclusion errors. A monitoring committee led by an Upazila Nirbahi Officer (UNO) and having members from CSOs and marginalised communities at the Upazila level should assess public services based on selected indicators. Forming Community Support Groups at the local level would be helpful to have a common platform to raise voices and concerns about public services.

Aligning the budget with the National Social Security Strategy (NSSS) could enrich the social safety net programmatic interventions. Because NSSS has an overarching goal to move from a poor relief system to a system addressing life cycle risks. Types of marginalised people need to be defined clearly in the budget to reduce exclusion. The budget should align with the strategy noted in the eighth five-year plan. The 8th Five-Year Plan has mentioned a strategy

for the marginalised groups. Programmatic interventions should be further elaborated based on the strategy to benefit marginalised communities.

CHAPTER 1

Introduction

1.1 Background of the Citizens' Assessment

Leave No One Behind' is the central and most transformative agenda of the Sustainable Development Goals (SDGs). It represents the commitment to eradicate poverty, reduce inequalities and vulnerabilities, and end discrimination and exclusion. It entails reaching the poorest of the poor and ending rising inequalities within and amongst countries and their root causes.¹

Social exclusion is one of the main challenges in achieving the SDGs and the agenda of leaving no one behind. In addition to economic factors, various other factors are behind a community or group of people being socially excluded. In Bangladesh, some groups of people are marginalised because of their ethnicity. This includes 50 official ethnic communities in Bangladesh and nearly a hundred other little-known ethnic minorities who are not recognised. The lower caste status of the Dalit communities is a significant reason for their social exclusion.

Some groups are marginalised due to their occupation, such as sex workers and Bede (river gypsies), whereas some groups are excluded due to their inability to contribute to the country's economy, such as elderly people engaged in begging and urban floating

people. People with any form of disability or fatal disease face different challenges because of social stigma. Gender identity is a cross-cutting factor behind social marginalisation, which is more severe for the third gender or those who identify as transgender people. Another factor behind marginalisation can be location, which is the case for the impoverished people living in hard-to-reach areas such as char, haor, hilly, coastal areas, and islands of Bangladesh. People become marginalised when they are displaced and move to another place due to river erosion, salinity, climate change, other natural disasters, and poverty.

There is strong evidence that social exclusion is closely related to poverty. Exclusion from more expansive social networks vastly reduces their economic and political advancement. Socially marginalised groups regularly face unequal access to employment opportunities, unequal access to formal services such as health, water, and sanitation, and landlessness. Another primary concern is the effect of social exclusion on children from marginalised communities in schools. Marginalisation in the broader society tends to extend into the classroom, and the result is that some children have limited access to education.²

Moreover, socially excluded groups face different barriers to

accessing social protection benefits even though such programmes are designed to prioritise the most vulnerable population. According to a study by the Centre for Policy Dialogue (CPD), 65% of the fund from the government's social safety net programmes went to the non-poor because of nepotism, corruption, and political consideration in selecting beneficiaries. The study also found that only 32.5% of the poor households in the country received some form of assistance.³

It is essential to generate the evidence to identify who is being left behind and understand their current status to decide what can be done to address the root causes and bring necessary policy changes and implementation. Ensuring accessible, active, and meaningful participation of all stakeholders, particularly those left behind, is crucial to all steps and phases of policy, planning, and programming. One of the

¹ Universal Values, Principal Two: Leave No One Behind. UNSDG. 2022. (<https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>)

² Mccloughlin, Claire & Khan, Seema. Helpdesk Research Report: Social Exclusion in Bangladesh. GSDRC. 2008. (<https://gsdrc.org/publications/social-exclusion-in-bangladesh/>)

³ Social protection budget not as big as projected: CPD. 2021. The Daily Star. (<https://www.thedailystar.net/front-page/news/social-protection-budget-its-not-big-projected-cpd-2113069>)

tools to do such is the community scorecard, which is popularly used as a social accountability tool. Social accountability, another term for bottom-up accountability, refers to the set of tools that citizens can use to influence quality-of-service delivery by holding providers accountable. Such a scorecard was developed by the LNOB Network of Bangladesh under the leadership of BRAC, functioning as the platform's secretariat. It is part of a more excellent global collaborative – the Leave No One Behind partnership, bringing together international and national CSOs, civic networks, and platforms across five countries. The partnership aims to bring about a scalable solution for filling data gaps on marginalised groups in the monitoring and reviewing of the SDGs.⁴

In 2020, the LNOB Network of Bangladesh conducted a citizens' assessment of the district level on COVID-19 responses, focusing mainly on food-cash assistance and health services for marginalised groups. As a continuation of the assessment, the LNOB Network, Bangladesh has again conducted an assessment in 2023, however, this time focusing on three primary public services – Social Safety Net Programmes (SSNPs), primary education, and health-related services to assess the current situation of the marginalised groups in the country.

1.2 Objective of The assessment

The marginalised communities of Bangladesh have evaluated public services related to Social Safety Net Programmes (SSNPs), health, and primary education in every district, which gives a comprehensive overview of the current situation regarding their access to these services. District-wise, groups of marginalised communities were mobilised to assess the performance of local public services. This has created the scope to understand the ground reality of the situation and provide insights to recommend what can be done to improve accessibility, transparency, accountability, and quality related to these services.

The main objective of the community scorecard exercise is to assess the level of inclusiveness of the public services related to SSNPs, health, and education using the lens of local marginalised groups in Bangladesh.

⁴ Citizens' assessment of district level on COVID-19 responses, focusing mainly on food-cash assistance and health services for the marginalised groups. BRAC. 2020. (<http://www.brac.net/program/wp-content/uploads/2021/03/Report-on-Citizens%E2%80%99-assessment-of-district-level-COVID-19-responses.pdf>)

CHAPTER 2

Methodology

In the assessment, the community scorecard method, a tool of community-based monitoring, was used to capture the experience and satisfaction of the marginalised communities. A community scorecard is a participatory, community-based monitoring and evaluation tool that enables citizens to assess the quality of public services such as health centres, schools, public transport, water, waste disposal systems, etc. A scorecard refers

to a quantitative survey of citizen satisfaction with public services that include a facilitated meeting between providers and beneficiaries to discuss results and agree on follow-up actions.⁵

However, if it is a Community Score Card (CSC), it is usually led and done by the community. Then, the community scorecards are shared with service providers to hold them accountable.

This process empowers citizens to provide immediate feedback to service providers. CSC involves community meetings where the performances of local public agencies are discussed in the presence of service providers and users. The providers also do their performance evaluations. Eventually, they prepare an action plan based on scorecard outputs.

Research design at a glance	
Methods	Community Score Card and Focus Group Discussions
Services covered	Health, Primary Education, and Social Safety Net programme
Location	64 districts
Scoring at group level	Five groups in each district discussed and provided their collective scores against each sub-indicator. The facilitators submitted the scores through Kobo tool.
District level scoring	Average of scores collated from five different groups
Division level scoring	Average of scores collated from all districts under each of the administrative divisions
Groups covered	Dalit, ethnic minorities, persons with disabilities, sex workers, third gender (hijra), internally displaced people, elderly people engaged in begging, Bede (river gypsies), people living in hard-to-reach areas, floating people.

⁵ Ringold, Dena; Holla, Alaka; Koziol, Margaret; Srinivasan, Santhosh. 2012. Citizens and Service Delivery : Assessing the Use of Social Accountability Approaches in the Human Development Sectors. Direction in Development ; human development. © World Bank. <http://hdl.handle.net/10986/2377>.

The assessment applied mainly qualitative approaches to measure marginalised communities' inclusiveness in accessing common public services. A community-based monitoring tool (community scorecard) was developed and the marginalised groups scored against the sub-indicators in 64 districts.

The exercise was undertaken in every district of the country with five selected marginalised communities. Overall, scorecards for 10 marginalised communities were collected from all the districts of the country. In each district of the country, five Focus Group Discussions (FGDs) were conducted with selected marginalised communities. Each group extensively discussed and reached a consensus on how to score against each sub-indicator. Scorecard sessions were conducted from 19 March to 05 May 2023 in 64 districts.

The average score collated from each district was analysed to portray how the communities were doing in different districts. During the FGDs, both the scorecard exercise and documentation of the entire discussion were carried out. A gendered analysis was also conducted to determine how the different genders from marginalised communities are affected.

2.1 Conceptual framework and indicators of the assessment

Leaving No One Behind (LNOB) is the central, transformative promise of the 2030 Agenda and SDGs.

- SDG 1:
Target 1.3: Implement social protection systems
- SDG 3:
Ensure healthy lives and promote well-being for all at all ages
- SDG 4:
Ensure inclusive and quality education for all and promote lifelong learning
- SDG 10:
Reduce inequality within and among countries

Aligning with the essence of the goals of SDGs, key indicators and sub-indicators were set for health, primary education, and social safety net programmes in the scorecard.

A district-wise community scorecard on the performance of local public services was developed to compare the situation across all the districts of Bangladesh. The study focused on four key indicators to assess social safety net, health and primary education-related public services, which are:

- i. Participation
- ii. Transparency
- iii. Accountability
- iv. Quality of service

Sub-indicators for each of these components were developed to assess the public services. Moreover, major operational challenges in reaching out to marginalised groups were identified for proposing policy recommendations.

Accessibility: assessing whether marginalised people can easily access these services is needed. Inaccessibility is often found to be a constraint to availing public services.

Availability of inclusive information: information can empower the community and eradicate poverty and marginalisation. Thus, the sub-indicator was set to understand the level of inclusive information available in the public service delivery institution.

Non-discrimination and equal opportunity: discrimination causes marginalisation and a lack of equal opportunity causes deprivation of rights and entitlements. Thus, the sub-indicator measures the degree of discrimination that still exist in the service delivery institutions.

Ignorance, humiliation, and hatred: people of marginalised groups, such as sex workers, the third gender, Dalits, Bede, and so on, are often victims of shame and contempt. The sub-indicators assess whether marginalised communities still face humiliation while seeking or receiving public services.

Complaint mechanism: feedback from the service recipients could potentially improve institutions' service delivery. In this regard, sub-indicators assess to what extent an effective complaint mechanism is in place.

Availability of staff, adequate products, services, and equipment: unavailability of staff and shortage of supplies decrease quality and trust in service delivery institutions. Hence, sub-indicators support evaluating staff availability and the adequacy of products, services, equipment, etc. in this regard.

Transparency and accountability of service providers: the efficacy of public service delivery highly depend on them. Thus, sub-indicators were developed to assess the transparency and accountability of the service provider.

2.2 Analytical Framework

Some pillars of inclusiveness were followed in developing the tools, including access, attitude, choice, partnership, communication, policy, and opportunities. The concept of inclusive institutions has also been used. According to Carter (2014), inclusive institutions bestow equal rights and entitlements and enable equal opportunities, voice, and access to resources and services. These institutions are typically based on principles of universality, non-discrimination, or targeted action. Targeted action is needed where some people and groups are particularly disadvantaged, requiring differential treatment to achieve equivalent outcomes.⁷ Shookner (2002) outlined five foundational values of inclusion, which apply to broader social aspects; however, it is not something that does not include institutions: The values are: social justice (fair distribution of inclusion and resources), valuing diversity (recognition and respect; valuing all contributions), opportunities for choice, entitlement to rights and services, and working together (common interests and relations = basis for action).⁸

The scorecard used a five-point Likert scale to analyse the state of inclusion in the districts where 1 was termed as very low/highly dissatisfied and 5 was termed as very high/highly satisfied. The scores were converted into percentages to distribute the districts in five categories, which are as follows:

- a) Very low-scored districts: 0-20%
- b) Low-scored districts: 21-40%
- c) Moderate scored districts: 41-60%
- d) High-scored districts: 61-80%
- e) Very high-scored districts: 81-100%

2.3 Limitations of the study

Researchers had found it somewhat challenging to gather participants from marginalised groups such as floating people and elderly persons in begging to organise discussion sessions. They overcame such challenges with support from local non-profit organisations and networks.

CHAPTER 3

Key Findings

Total of 2,872 participants from ten marginalised communities attended the scorecard sessions. Among the participants, 53% were female, 38% male, and 9% third gender. 56% of participants were rural, whereas 44% were from urban locations. Most participants

were from Dalits (548), followed by persons with disabilities (459).

As we can see from Figure 1, among the participants of the scorecard sessions, there are Dalits (19%), persons with disabilities (16%), elderly people

in begging (11%), ethnic communities (9%), Bede (9%), third gender (9%), people in hard-to-reach area (8%), internally displaced people (8%), floating people (7%), and sex workers (3%).

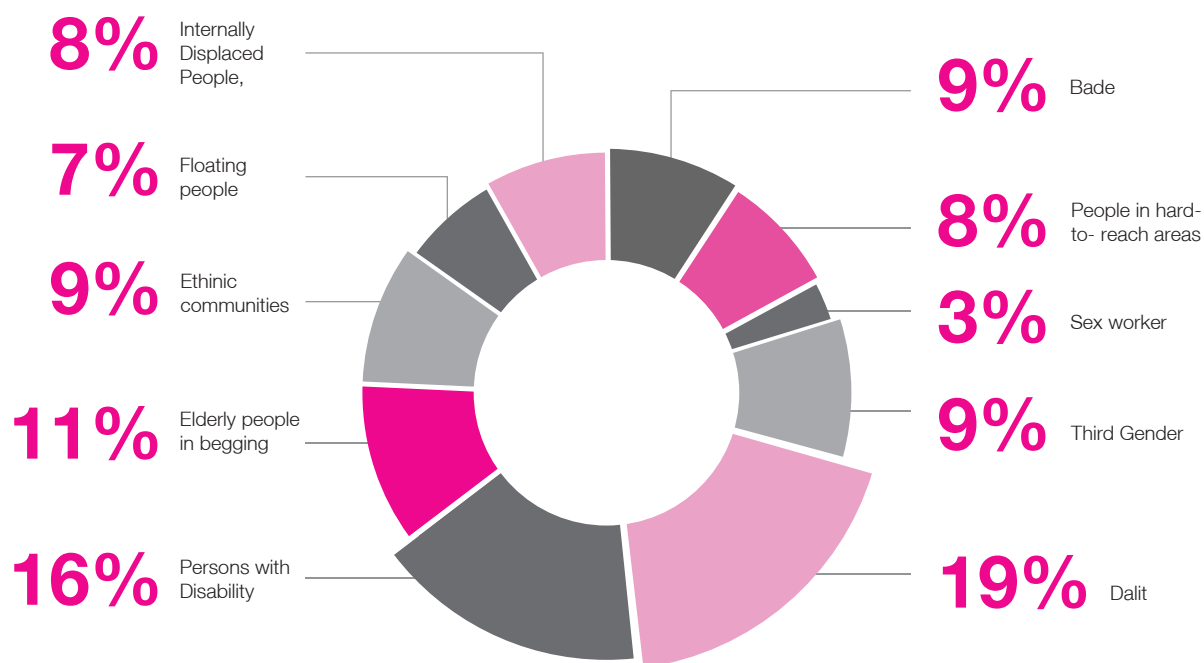


Figure 1: Percentage of marginalised community-wise participants

3.1 District and division –wise scores on the performance of health, primary education, and social safety net services

As we can see it from Figure 2, in 2023, the majority of districts (45) received moderate scores (41-60%), and 19 districts received low scores (21-40%) about health, primary education, and social safety net programmes. However, no districts got the high scores

(above 60%). The top districts that scored highest are Tangail (55%), Gopalganj (55%), Munshiganj (52%), Manikganj (51%), Rajbari (51%). On the other hand, the lowest-scoring districts are Noakhali (27%), Lakshmipur (34%), Joypurhat (36%), Narail (37%), Satkhira (37%), and Rajshahi (37%).

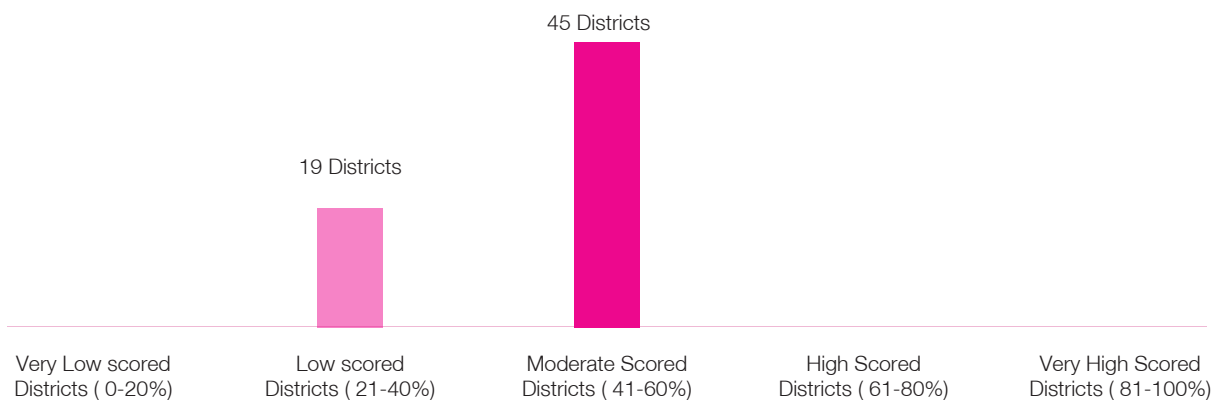


Figure 2: Distribution of districts based on their scores of health, primary education and social safety net services

Though in the overall scores of three public services, most districts scored moderate, the community’s scores for the social safety net programme reflect people’s dissatisfaction

because 45 districts received a low score, and only 19 districts received moderate scores. In health service, 44 districts received moderate scores while 20 districts got low scores. In

primary education, 47 districts received moderate scores, and 17 districts got low scores, as Figure 3 shows.

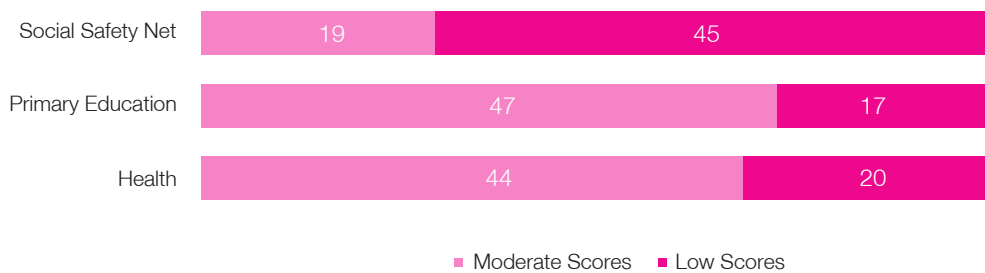


Figure 3: Distribution of districts based on their scores sector-wise

The percentage of scores in primary education is above 50% in Dhaka, Mymensingh, Barishal, and Sylhet. The rate of health service is relatively poor

in Khulna division (39%), while the other divisions received a moderate score. The percentage of scores for a safety net is low at Rajshahi

(31%), Khulna (33%), Rangpur (33%), Chattogram (36%), Sylhet (37%), and Mymensingh (40%).

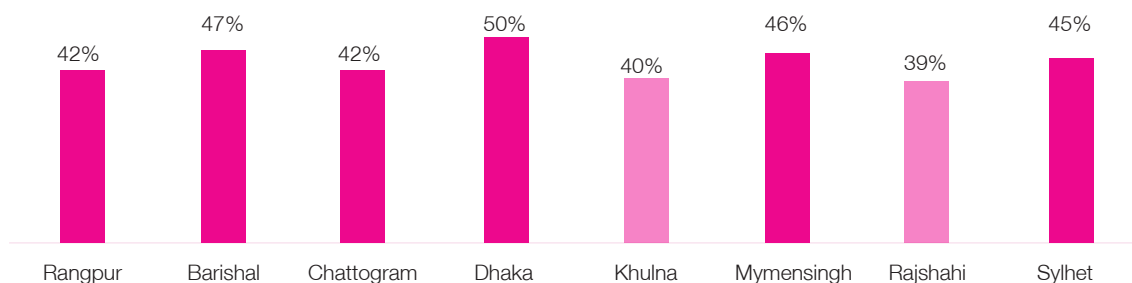


Figure 4: Division-wise scores of health, primary education, and social safety net programmes

We can see from Figure 4 that division-wise overall percentage of scores combining health, primary education, and social safety net programmes is moderate for Dhaka (50%), Barishal (47%), Mymensingh (46%), Sylhet (45%), Chattogram (42%), and Rangpur (42%). The percentage of scores for Rajshahi (39%) and Khulna (40%) is low.

While discussing with the marginalised groups in Rajshahi and Khulna, it was reflected in the responses that they were not satisfied with the public services. A participant in a third-gender group in Manda union, Naogaon, Rajshahi, noted, *“It is tough to get safety net service without a bribe. Not being recognised as Hijra is a setback for not getting an allowance. Nobody is out there to listen to our complaints.*

Health services in the hospital are not satisfactory.”

A participant from a hard-to-reach area in Ujirpur union, Shibganj Upazila, Chapai Nawabganj, Rajshahi, said, *“Eligible pregnant women do not receive allowance here. Persons with disabilities, elderly persons, and widows do not receive the allowance. Once we went to apply, they asked to give taka 2000/3000. Chairman/members do not call open meetings to select beneficiaries.”*

Sex workers in Bagerhat sadar upazila noted that the government hospital is in a distant place, and they cannot easily access it. Staff behave harshly with them, and health services are unavailable at night. The number of doctors, nurses, and hospital beds is

inadequate. Doctors and nurses ignore them and do not treat them with care. Doctors sometimes refer to other hospitals, but it does not work when visiting referred hospitals. Primary school is also not near, and the road is broken. Very few sex workers receive safety net services, and speed money is needed to get those allowances and benefits of the safety net schemes are distributed through nepotism. Sex workers experienced discrimination while seeking information and services from the councillor. The quantity of rice is always lesser than actual, and quality is very poor. They usually need to sell the rice in the market that they receive as social safety net support and then add money to buy better quality rice.

According to an ethnic minority community in Munshiganj union, Shyamnagar (Satkhira district, Khulna division), the government hospital is far away. In the rainy season, the mud road becomes inaccessible. Staff and doctors in the hospital discriminate against them and behave harshly. According to the participants of the Munda ethnic group, they do not get good treatment from the hospital, and the referral system is non-existent there. Children of the Munda community experience discrimination in schools. The number of teachers is inadequate, and students do not clearly understand teachings. Though the guardians attend the parent-teacher meeting, they do not get the opportunity to speak. They do not get clear information about the safety net services from the chairman and members. A family paid Tk. 2000 as speed money to get a disability allowance card for a child with a disability. They complained about this irregularity and received threats for that reason. Therefore, evidence from the focus group discussions suggests that the score in Rajshahi and Khulna divisions is lower than others because communities are unsatisfied with public services

3.2 Sector-wise percentage of scores

Figure 5 shows that the overall sector-wise percentage of scores for the social safety net programme is low (37%). In contrast, the rate of scores is relatively moderate for health (44%) and primary education (50%). It indicates that communities are not satisfied with the safety net programme. Allocation and utilisation of

budget in the social safety net programme may not adequately cover the marginalised communities across the country and fulfil their needs. In the focus group discussions, most respondents of the marginalised groups noted that eligible elderly persons, pregnant women, and persons with disabilities in their communities are not receiving allowances.

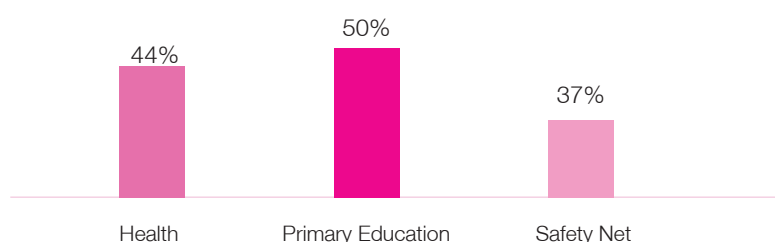


Figure 5: Sector-wise percentage of scores

3.3 Overall marginalised community-wise percentage of scores

The percentage of scores of marginalised communities specifies that some

communities are more deprived than others in accessing health, primary education, and social safety net programmes.

The rate of scores is lower for poor people living in hard-to-reach areas (37%),

internally displaced people (38%), and ethnic minorities (40%), compared to other marginalised groups, as shown in Figure 6.



Figure 6: Marginalised community-wise percentage of scores

Respondents in hard-to-reach area in, Amkhola union, Galachipa upazila, Patuakhali district, expressed their disappointment about public services because the government hospital is far away, and the mud road is submerged in water during the rainy season. According to the participants, doctors, nurses, and hospital staff ignore their problems and behave harshly toward poor people; community health workers nowadays do not visit households in the community. The primary school is two kilometres from the participants' households, and the mud road's condition is terrible. Teachers do not treat children of low-income groups

equally; nonetheless, teachers ignore parents' concerns in the meeting. A participant from a hard-to-reach area said, "It is challenging to reach the chairman and members; thus, we do not get clear information about social safety net services from union parishad. There is an allegation of nepotism and bribe for the selection of beneficiaries. The rice amount we receive is always two kilograms less than the actual amount."

A woman participant in an internally displaced people's group in Kalikapur union, Madaripur said, "Cards are limited, and the chairman/ members discriminate against

us by issuing cards to their favourite people. They ask taka 2000 to 3000 for issuing cards. We are afraid to complain."

A participant from an ethnic minority group (women) in Lengura union, Netrokona informed,

"We are eligible but do not get an old age allowance. Pregnant women do not get an allowance as well. We do not get clear information from members and people's representatives. Discrimination and nepotism are there for providing cards/ allowances. They asked all of us to give taka 2000 to 5000. Rice is not edible, extremely smelly. We found wheat weevil. We do not know where to complain."

On the other hand, A woman participant from an ethnic community in Naniarchar union, Rangamati, shared,

“Only calcium and iron tablets are available in the community clinics. Doctors do not give adequate time to listen to us. Staff behaves harshly with us. Beds in the hospital are not adequate; patients stay on the floor. There is a tube-well for water but the quality is not good; dirt is found in the water. The latrines are dirty and not cleaned properly.”

3.4 Urban–rural and gender–wise percentage of scores

It is evident from Figure 7 that the rate of scores of the health, primary education, and social

safety net programmes is slightly higher in urban areas than in rural ones. And the percentage of scores is marginally higher for male participants than for women and third gender.

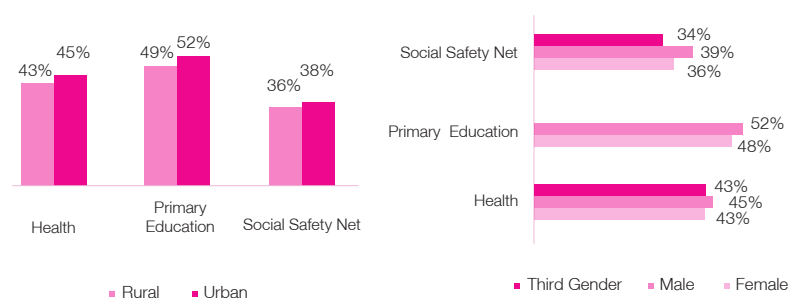


Figure 7: Urban-rural and gender-wise percentage of scores

3.5 Level of inclusiveness in health service

Regarding health service, the percentage of scores is low for the indicators - ‘complaint mechanism’ (27%), ‘actions taken against complaints’ (30%), and ‘adequate toilet and drinking water’ (40%) as depicted in Figure 8.

The top districts that scored highest are Gopalganj (55%), Tangail (55%), Manikganj (53%), Munshiganj (53%), and Narayanganj (51%). On the other hand, the lowest-scoring districts are Noakhali (27%), Lakshmipur (30%), Magura (35%), Sunamganj (36%), and Joypurhat (36%).

In the focus group discussions of lowest-scoring districts, most

respondents noted that they do not know whom or where to register complaints in the hospital. In some cases, it is found that complaints are made, but actions are not taken. Though toilets are available in the community clinics and health complexes in upazila town, these are not mostly clean and usable. Water is open through pipes or tube wells, but patients buy bottled water because the water is not clean.

Scores are low against health service indicators in some districts because clinics and hospitals lack breastfeeding corners (41%). There is a significant lack of medicines, equipment, and beds (42%) in the hospitals; patients buy most

of the prescribed medication from pharmacies outside the hospital and get the pathological tests done in private clinics. Patients occupy the floor and balcony due to not having adequate beds. According to respondents, children's vaccination is free and they are satisfied with this service, but health care for up to

5 years is not free. Healthcare workers do not regularly visit households in the community to serve pregnant mothers regularly. In most cases, patients must wait longer to see hospital doctors. Scores against health service indicators are relatively higher in the moderately scored districts. While discussing with a group of

third gender in Baroghoria, Chapainawabganj, a participant said, "Staff of the hospital discriminate and ignore us. Doctors of the health facility do not listen to us carefully. We buy most of the medicines from pharmacies outside. People do not drink water at the hospital, and the latrines in the facility are very dirty."

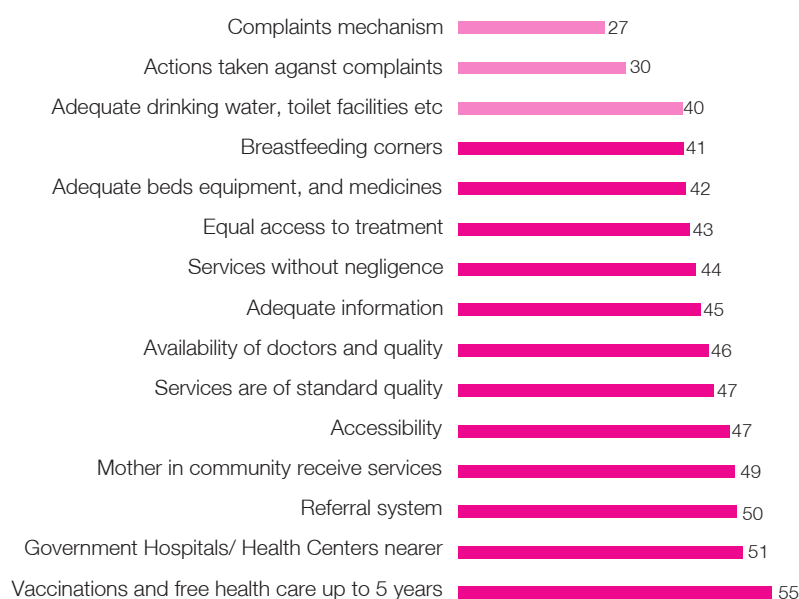


Figure 8: Sub-indicator-wise average scores of health service

3.6 State of inclusiveness in primary education

In primary education, all the indicators received moderate scores (41-60%) from the selected marginalised groups in the study, as shown in Figure 9

The top districts that scored highest are Gopalganj (59%), Tangail (59%), Shariatpur (58%), Narsingdi (57%), and Kishoreganj (57%). On the other hand, the lowest-scoring districts are Rajshahi (23%), Noakhali (25%), Naogaon (33%), Chapainawabganj (33%) and Feni (34%).

Parents can attend meetings in the school and raise their concerns, though sometimes actions are delayed based on the complaints. Teachers are less proactive in returning students to school after the pandemic and reducing the dropout rate. Teachers are much more aware of not discriminating against children of marginalised groups. Still, it is

found that sometimes well-off children do not sit beside or play with the children of marginalised groups. Some respondents noted that the number of teachers in school is inadequate, and private tutors are required for children at home.

A participant from a group of internally displaced people in Hamidpur Union, Kalia upazila, Narail, during the discussion, noted, “Number of teachers is not adequate in the primary school. Teachers do not teach our children well. Parents’ meeting is not regular. Even

when we raised concerns in a school meeting, they did not take that seriously.”

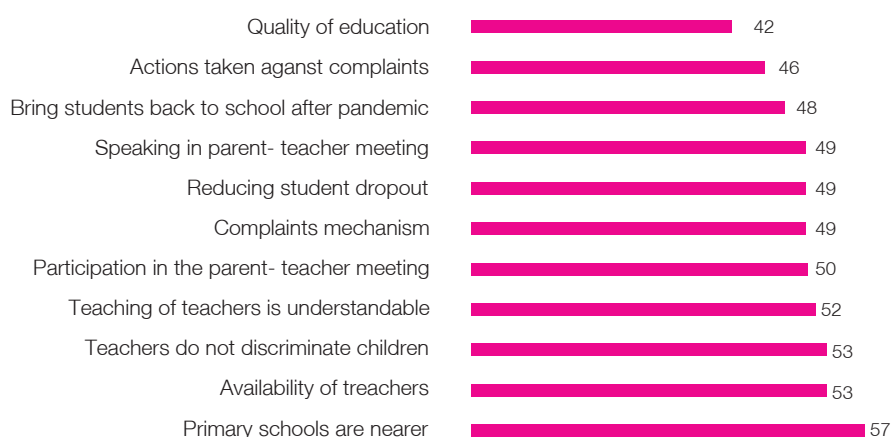


Figure 9: Sub-indicator-wise average scores of primary education

3.7 State of inclusiveness in the social safety net programmes

Figure 10 shows that most of the indicators of the safety net programmes received low scores (28-39%); Three indicators received moderate scores, such as quality of food (43%), understandable information (42%), and right amount of food (42%).

The top districts that scored highest are Tangail (52%), Gopalganj (49%), Rajbari (48%), Gazipur (47%), and Madaripur (46%). On the other hand, the lowest-scoring districts are Sunamganj (27%), Noakhali (27%), Sirajganj (28%), Thakurgaon (29%), and Joypurhat (29%).

In the group discussions in the low-scoring districts, marginalised community participants noted that they do

not know how to register a complaint (33%); sometimes they are afraid such complaints could irritate chairmen and members. Though complaints are not registered considerably, actions (28%) are rarely taken. The score on the indicator ‘action taken against complaints’ is 28%, which indicates that the most minor actions are taken even on the registered complaints.



Figure 10: Sub-indicator-wise average scores of the Social Safety Net Programmes

Nonetheless, there is a significant lack of transparency and accountability regarding beneficiary selection (34%); in most cases, public meetings were not called. This connection had allegations of nepotism, party favouritism, increasing vote bank, etc. (35%), and bribery (37%). As per the focus group discussion participants, even if they ask chairmen or

members about safety net services, they do not get clear information (39%); people's representatives are often reluctant to provide such information to people from marginalised communities.

A participant from a group in a hard-to-reach area in North Sripur union, Tahirpur upazila, Sunamganj, said,

"Most of us are poor here, but none receive social safety net support. There had never been any open meeting for beneficiary selection to provide allowance or cards. Members are reluctant to give information about these. There is nepotism, bribery and a lack of transparency in the distribution process. We do not know whether a complaint would work."



CHAPTER 4

Discussion

Accessibility is the enabling factor for the well-performing districts where marginalised communities could moderately avail themselves of health, primary education, and social safety net programmes. Inclusiveness depends on whether marginalised people can easily access these services. Inaccessibility is the weak factor in the less-performing districts where marginalised communities are dissatisfied with accessing these public services.

Similarly, good-performing districts provide access to inclusive information about health, primary education, and social safety net programmes. On the contrary, the unavailability of information is a setback for less-performing districts. Non-discrimination and equal opportunity are essential factors because discrimination causes marginalisation; thus, non-discrimination is an enabling factor for good-performing districts. Discrimination in service-providing institutions is the weak point for less-performing districts.

Likewise, the factors that determine less-performing districts are ignorance, humiliation, the absence of a complaint mechanism, the unavailability of staff, inadequate services and equipment, and a lack of transparency and accountability among the service providers. On the other

hand, good-performing districts have moderate or better service delivery institutions that overcome these weak factors.

There are differences in services between the highest and lowest-scoring districts. Participants' responses in the focus group discussion show that they are moderately satisfied in the high-scored districts. For example, during a focus group discussion, Dalit groups in Tangail Sadar Upazila noted that the hospital is nearer to their households. However, there is a long queue, and it takes time to visit the doctor, but they get treatment. The hospital has big boards displaying information about services. Doctors do not discriminate against them as Dalits. Sadar Hospital has a sound referral system. Sadar Hospital has a breastfeeding corner. Sometimes, health workers visit households in the community to counsel pregnant women.

Participants of the Dalit group further added that the school is also near their households. Teachers do not discriminate; Dalits can attend parent-teacher meetings and raise their concerns. Teachers call parents if children are absent for a longer period of time. During the COVID-19 pandemic, schools arranged online classes for the students.

Dalits receive allowances or cards under the safety net

programmes. As some Dalits are employed as cleaners, they can seek information about safety net support from the municipality. Though nepotism is there, marginalised people also receive allowances. Cash transfer is good, and the rice quality is also satisfactory. Hence, the inclusiveness of public service delivery is relatively better here than in other low-scored districts.

Persons with disabilities in Kuraila Union of Madhupur upazila, Tangail, noted that the government hospital is nearer to their home. Though there is no ramp, wheelchairs are available. Staff in the hospital do not discriminate against them. They added that primary school is also closer to their homes. Their children can easily access primary school. Parents can raise their concerns with teachers. There are an adequate number of teachers, and they take good care of the children in the school. Teachers visit their home if a child does not attend school for a week. Teachers also took several initiatives to bring children back to school after the pandemic. Parents can complain in the meeting with teachers. As per the participants in the discussion, the chairman of the union parishad is a good person and tries to provide safety net services to eligible people. The previous chairman used to take bribes, but the new chairman did not take illegal money to provide safety net services. Chairmen informed

people that if they find irregularities, they can complain fearlessly. Therefore, based on the reflection of group discussion participants, public services are apparently accessible and inclusive here, compared to the context of low-scored areas.

On the contrary, in the lowest-scored district, participants' responses reflect their dissatisfaction. Dalit participants in Begumganj upazila, Noakhali, noted a government hospital very close to their homes. They criticised the fact that sometimes speed money is required to get services faster from the hospital. Without money, one has to wait longer in the queue. Employed as cleaners, Dalits are ignored by the staff in the hospital. Sometimes staff also behave harshly with them. The number of doctors is not adequate, and nurses ignore the Dalits. Sometimes, Tk. 200 to 1000 is required to secure a bed in the hospital for a patient. Community health workers do not visit households in the community. In primary school, which is 10 to 20 minutes away from home, children do not like to talk, sit, or play with Dalit children. The positive side is teachers do not discriminate against Dalits. Though teachers try hard to change children's attitudes towards Dalits, it does not work, and discrimination continues. Securing an allowance without repeatedly requesting it from the mayor

and councillors is not easy. Instead of 30 kilograms of rice, most people receive 27–28 kilograms.

Internally displaced people in Chanondi union, Hatiya Upazila, Noakhali, said that the government hospital is far away, it takes a whole day to reach the hospital, and due to broken roads, it is challenging to access the hospital. They need to provide speed money to intermediaries to meet doctors. Though there is an adequate number of doctors, they are not available in the hospital; rather, they are busy in the private chambers in the market. Patients do not drink water at the hospital; rather, they buy bottled water from the shops outside. The toilets are filthy and are not clean or hygienic. There is no breastfeeding corner in the hospital; Health workers do not visit such an inaccessible area. Primary school is also far away, and the displaced people cannot afford to send their children to school. The chairman and members favour their people; thus, it is challenging to receive safety net services. The chairman and members are very busy and cannot manage time to talk to marginalised people. Though digital cash transactions over the mobile phone are transparent, instead of 30 kilograms of rice, they receive 27 kilograms. Therefore, it is evident from people's responses why some districts scored higher and some scored lower.

Some positive reflections were found from the respondents in high-scored districts. During the discussion, the Bede community in Amtoli union, Kotalipara upazila, Gopalganj, provided a positive impression of health and social safety net services. They noted that information is displayed in the hospital. Doctors and nurses do not ignore them, as Bede. And they observed a breastfeeding corner and a complaint box in the hospital. Community health workers also visit households in the community. Members usually send messengers to their community to provide information about social safety net programmes and to select beneficiaries. The previous member was not good, but the new member is fair. The new member ensures the distribution of the actual amount of rice to the recipients, and the quality of the rice is good. They can register complaints, and the member listens to them. Similarly, a group of floating people in the Boultali union in Gopalganj Sadar Upazila provided a positive impression of health and social safety net services.

On the other hand, discussions of low-scored districts often reflect disappointment and dissatisfaction. For example, the ethnic community at Bonpara, in Baraigram Upazila of Natore District, noted that the number of doctors is inadequate and the service quality is unsatisfactory. Teachers in the nearest

government primary school discriminate against children of ethnic communities. They do not want to enroll children and behave harshly with the parents. Teachers do not invite parents of small ethnic communities to the meeting at school. Ward commissioners do not provide clear information about the social safety net programmes. It is challenging to receive an allowance and safety net services due to the nepotism of the members.

A group of people in Char Asariadah Union, Godagari upazila, Rajshahi (a low-scoring district) said that the government hospital is far away; the hospital is on the other side of the river. Nurses and staff get angry if they ask for information. Free medicines are unavailable in the hospital, and they must buy medicine from the pharmacies. There is no primary school in the char. Members and the chairman are extremely busy and not easily reachable. Char people are deprived of safety net programmes; people on the other side of the river and relatives of members primarily receive an allowance and safety net services.

Persons with disabilities in sadar upazila, Satkhira, (a low-scoring district) noted that though the hospital is at a closer distance, they do not get information because staff, nurses, and doctors ignore them and do not want to talk to them. The breastfeeding corner and referral system are nonexistent. There is an allegation of nepotism in terms of safety net service.

People's satisfaction and dissatisfaction with public services determine to what extent public services are inclusive. Bottom-up accountability is essential to reaching a state of inclusiveness in public service delivery.

As community scorecards are a proven method for raising citizens' voices and ensuring social accountability, duty bearers could potentially improve public services by hearing marginalised communities and making informed decisions based on the scores and assessments. There has been criticism about beneficiary selection. Hence, there is a need to establish a participatory identification

process for poor and marginalised people in unions and municipalities. This method will significantly reduce exclusion and inclusion errors in selecting beneficiaries for the social safety net and other public services. Accuracy in beneficiary selection will ultimately contribute to reducing the exclusion of marginalised communities.

Marginalised communities are often excluded because they are unheard of. Therefore, a community support group at the local level could convey the needs and demands of marginalised communities to duty bearers and eventually follow up on service delivery. A more decisive role for marginalised communities through community-based monitoring could help overcome the setback and improve the service delivery of local institutions.

CHAPTER 5

Concluding Remarks

Community-based monitoring can cover significant geographic locations and various groups of people, and digital devices are supportive of covering more groups and areas and help to expedite gathering community scores.

The community scorecard exercises in 2023 revealed that marginalised communities across the country in 64 districts are not fully satisfied with health, primary education, and social safety net services. In 2023, most districts received moderate scores, whereas the rest got low scores.

Marginalised communities were dissatisfied, and the situation has not improved considerably because they have provided low scores for accountability mechanisms, actions taken as per complaints, drinking water, and toilet facilities concerning

health services. The percentage of scores specifies that some communities, such as poor people living in hard-to-reach areas, internally displaced people, and ethnic minorities, are more deprived than others of accessing health, primary education, and social safety net programmes. Most of the indicators of the safety net programmes received low scores, which indicates that significant improvement is required in the areas of complaint mechanisms, selection of beneficiaries, reducing nepotism and bribes, and availability of information.

As CSC is a proven method for raising citizens' voices and ensuring social accountability, duty bearers could potentially improve public services by hearing marginalised communities and making

informed decisions based on the scores and assessments. CSC could be embedded in service delivery institutions' monitoring and evaluation processes. The inclusion of indicators of CSC into the monitoring framework of local service delivery institutions would be advantageous.

A more substantial role for marginalised communities through community-based monitoring could help overcome the setback and improve the service delivery of local institutions. Duty-bearers need to provide an enabling atmosphere where marginalised community member can freely participate. The accountability of duty bearers lies in ensuring the inclusiveness of public services so that marginalised people are not left behind.

CHAPTER 6

Recommendations

A social advancement budget or budget for the marginalised should be introduced to specifically channel financial support to the marginalised communities, their children, and their institutions. It is apparent from the budgets of the last decade that marginalised communities are still excluded from the benefits of health, primary education, the social safety net, and other services. Hence, introducing a budget for the marginalised or social advancement budget will be useful to enhance the level of inclusiveness and meet the SDG's goals.

Establishing a participatory identification process for poor and marginalised people in the unions and municipalities/city corporations. This method will significantly reduce exclusion and inclusion errors in selecting beneficiaries for social safety net schemes and other public services. Accuracy in beneficiary selection will ultimately contribute to reducing the

exclusion of marginalised communities.

A monitoring committee led by UNO and having members from CSOs and the marginalised community at the Upazila level should assess public services based on selected indicators. Citizen engagement in making service delivery institutions accountable is a proven method.

Forming Community Support Groups to have a common platform to raise voices and concerns about public services. Marginalised communities are often excluded because they are unheard of. Therefore, a community support group should present the needs and demands of marginalised communities to union parishads/ municipalities/ city corporations and eventually follow up.

Aligning the budget with the National Social Security Strategy (NSSS) could enrich

the social safety net programmatic interventions because the NSSS has an overarching goal to move from a poor relief system to a system addressing life cycle risks. *Types of marginalised people need to be defined clearly in the budget to reduce exclusion.* A clear definition of marginalised groups such as Dalits, Bede, sex workers, elderly beggars, internally displaced people, poor people in hard-to-reach areas, floating people, persons with disabilities, and third gender could potentially help to locate these groups across the country. Hence, marginalised groups will not be excluded from safety net coverage as an invisible community.

The budget should align with the strategy noted in the five-year plan. The 8th Five-Year Plan has mentioned a strategy for marginalised groups. Programmatic interventions should be further elaborated based on the strategy to benefit marginalised communities.

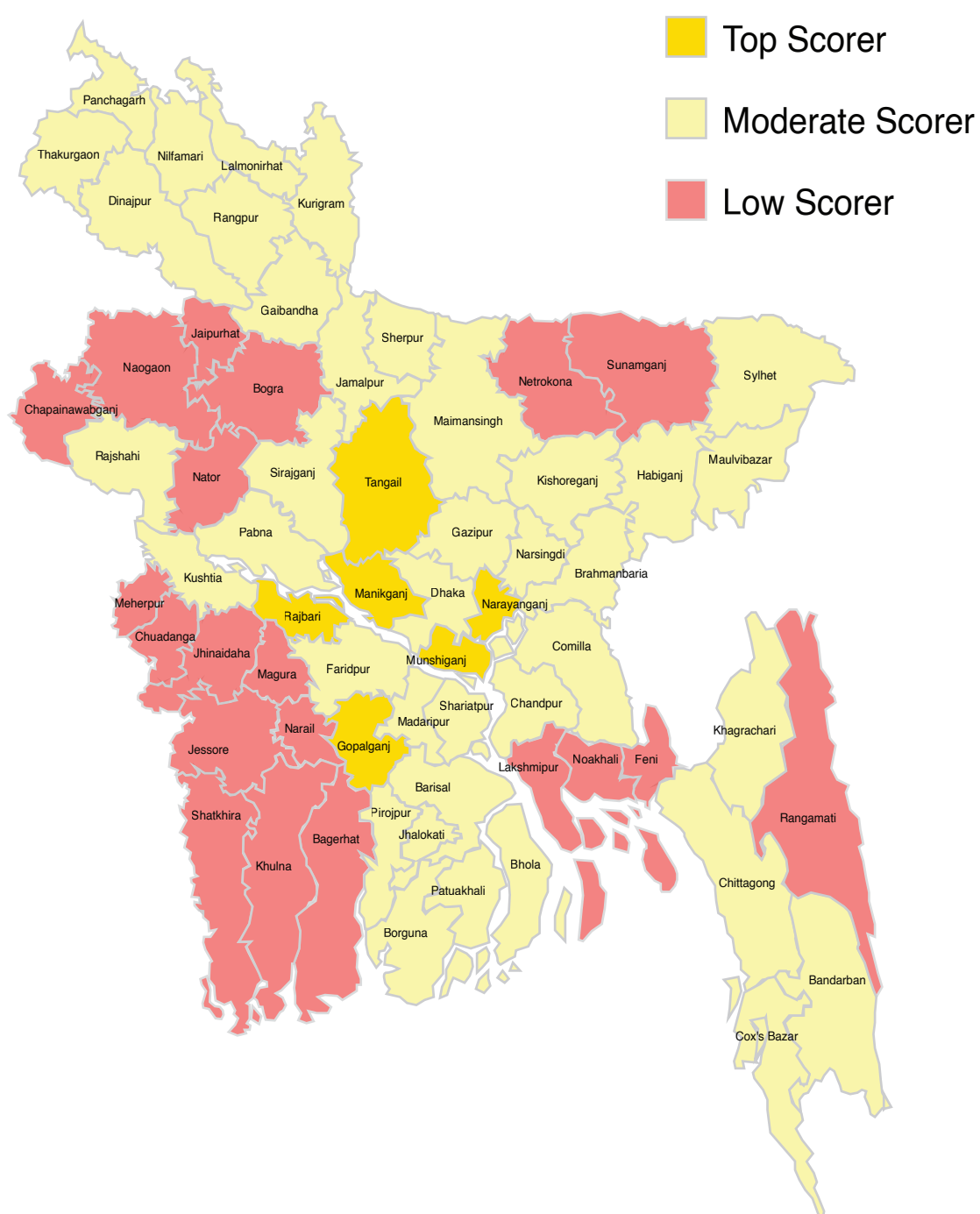




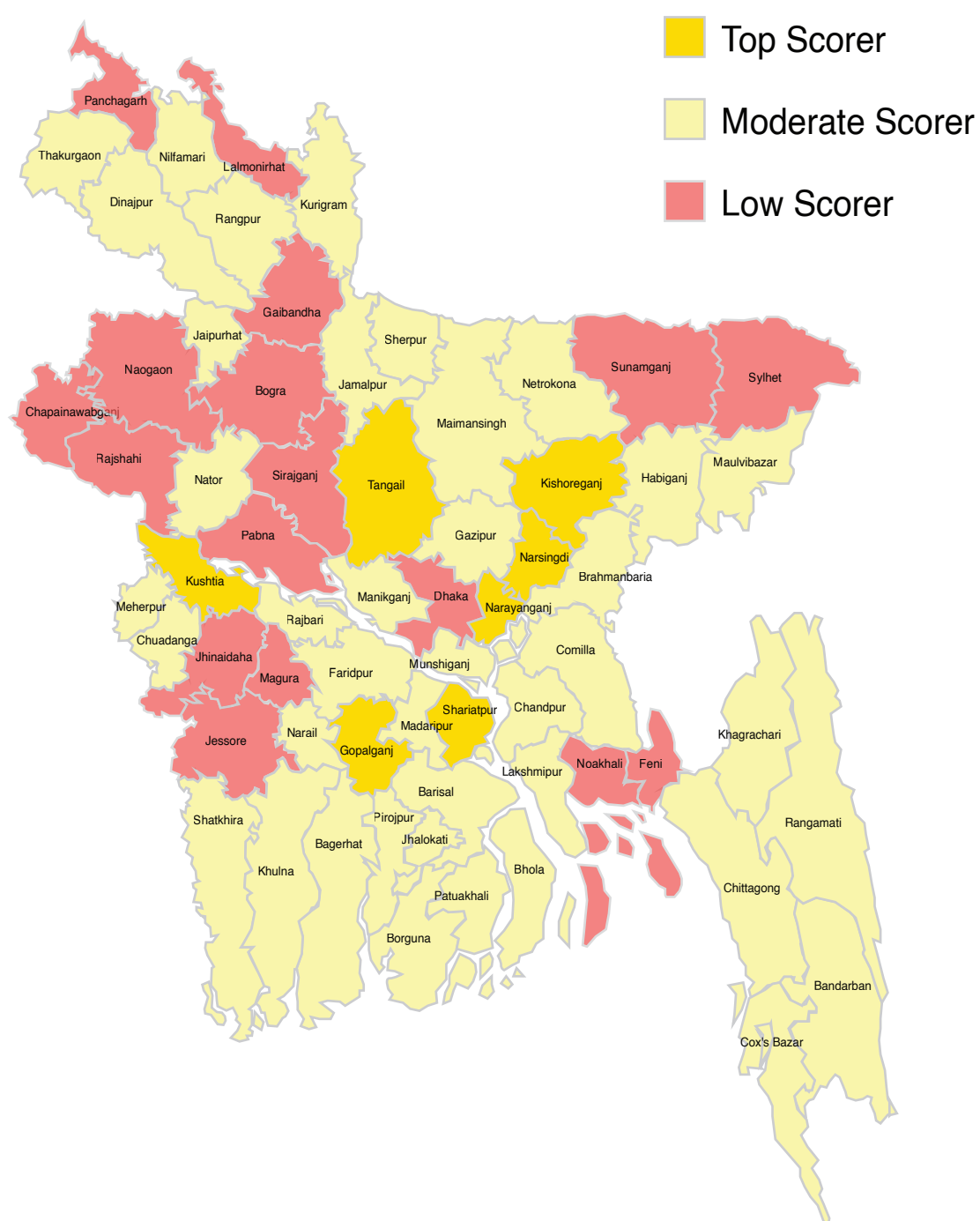
CHAPTER 7

Annexure

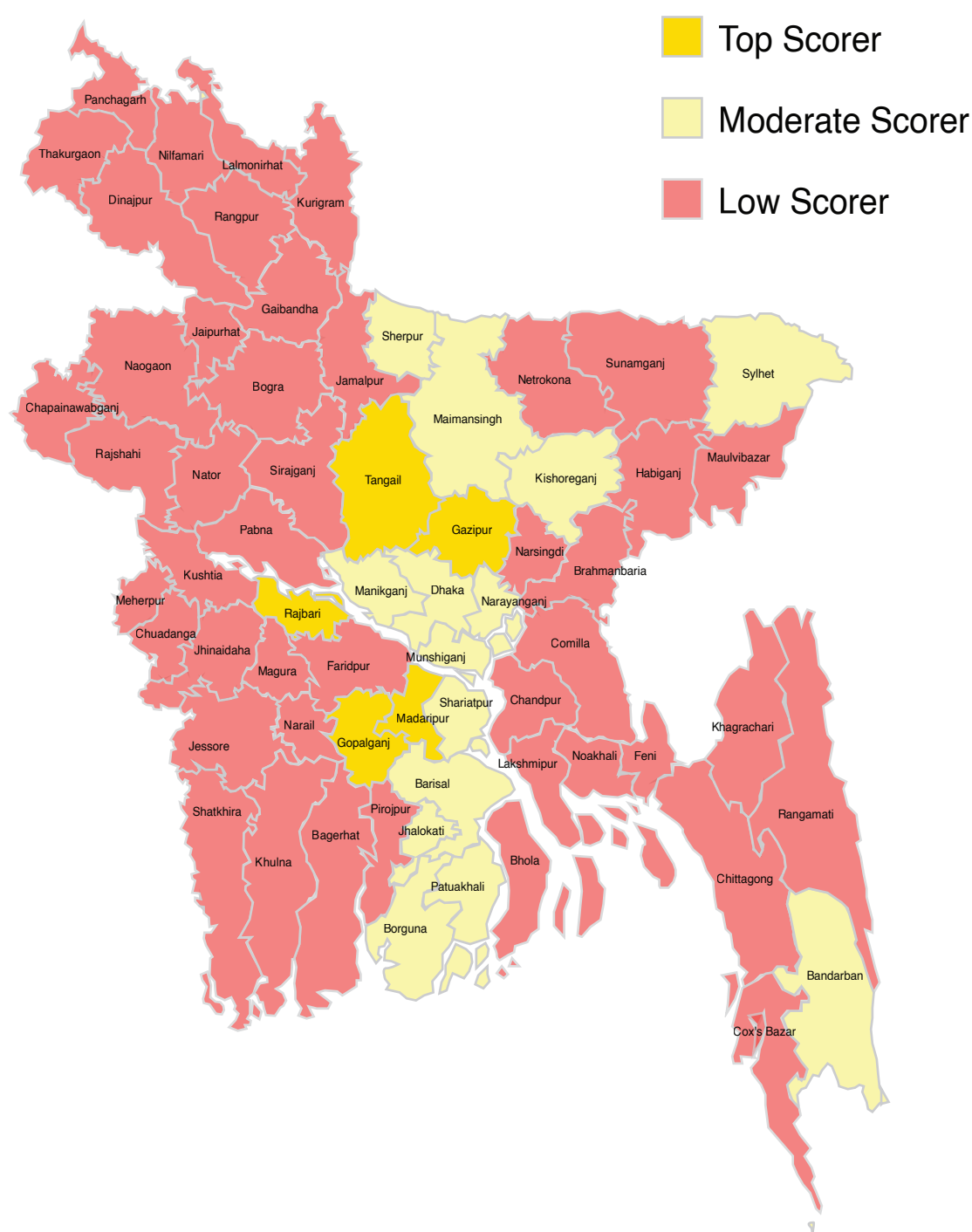
ANNEX 1: DISTRICT-WISE SCORES ON HEALTH



ANNEX 2: DISTRICT-WISE SCORES ON PRIMARY EDUCATION



ANNEX 3: DISTRICT-WISE SCORES ON SOCIAL SAFETY NET PROGRAMME



ANNEX 4: SAMPLE DISTRIBUTION

Marginalised groups with Participants

261

Bede

232

People in hard-to-reach
areas (char, haor, hill, island)

78

Sex worker

268

Third gender

548

Dalit

459

Persons with
Disability

321

Elderly people
involved in
begging

258

Ethnic communities

209

Floating people

238

Internally displaced
people

2872

Grand Total

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