TRANSPARENCY INTERNATIONAL BANGLADESH
Social movement against corruption

Governance Challenges in Tackling COVID-19 Crisis: Inclusion and Transparency

Executive Summary

12 April 2022

Governance Challenges in Tackling COVID-19 Crisis: Inclusion and Transparency

Research Advisors:
Dr. Iftekharuzzaman, *Executive Director, TIB*
Professor Dr. Sumaiya Khair, *Advisor Executive Management, TIB*
Mohammad Rafiqul Hassan, *Director – Research and Policy, TIB*

Research Supervisor:
Shahzada M Akram, *Senior Research Fellow, Research and Policy*

Research conducted by:
Rabeya Akter Konika, *Research Associate – Research and Policy*
Kawsher Ahamed, *Research Associate – Research and Policy*
Md. Julkarnayeen**,** *Research Fellow, Research and Policy*

Released on: 12 April *2022*

Contact:
Transparency International Bangladesh (TIB)
MIDAS Centre (Level 4 and 5)
House # 5, Road # 16 (New) 27 (Old)
Dhanmondi, Dhaka – 1209. Bangladesh
Tel: +88 02 48113032, 48113033, 48113036
Fax: +88 02 48113101
Email: info@ti-bangladesh.org
Website: www.ti-bangladesh.org

Governance Challenges in Tackling COVID-19 Crisis: Inclusion and Transparency

Executive Summary*

Background and Rationale

- During the last two years of the COVID-19 pandemic in Bangladesh, the government has taken various measures including imposing restrictions to control the transmission, ensuring hygienic practices, identifying and isolating the infected person, and ensuring clinical management for the critical infected persons.
- Incentives/stimulus packages have been offered for different classes of people to cope with the economic impact of COVID-19.
- The Government took a decision to vaccinate 70% of the country's population on a priority basis to normalize economic activities and reduce the severity of diseases and morbidity. The vaccination activities are still ongoing.
- TIB conducted three consecutive researches to identify the challenges of good governance in the activities undertaken by the government where deficiencies were observed in all indicators of good governance including preparation, planning, and quick response to various situations, and combating irregularities and corruption.
- Media reports have revealed that there is a lack of good governance in the implementation of controlling transmission, sample tests, treatment, vaccination, and incentive programs which hinder the access of the people to the services, especially for the marginalized people.
- TIB has conducted this fourth round of research to explore the progress of the government programmes against COVID-19 and to observe the challenges on the basis of good governance.

Objectives of the Study

Overall Objective

- Review the various measures taken by the government to address the crisis caused by the COVID-19 epidemic in terms of good governance, especially in terms of transparency and inclusion.

Specific Objectives

1. Review the progress of measures taken against COVID-19;
2. Explore the existing deficiency of good governance, especially the causes and consequences of the lack of transparency;
3. Explore the challenges of inclusion of the marginalized people to the COVID-19 services;
4. Make recommendations on the basis of research findings.

Scope of Research

- **COVID-19 clinical management:** Planning, strategies, initiatives, progress, capability of sample test and treatment.
- **Vaccination management:** Vaccination planning and strategies; priority settings; purchase and transportation of vaccine; vaccination center management; registration and vaccination.
- **Implementation of relevant programs, government procurement, and supply to deal with COVID-19.**
- **Implementation of incentive programs to combat the effects of COVID-19.**

Analysis through Good Governance Indicators

The topics covered in the study scope have been analysed through six indicators of good governance-

- Responsiveness

* Executive summary of the report released through a virtual press conference on 12 April 2022.

- Efficiency and effectiveness
- Participation and coordination
- Transparency
- Prevention of irregularities and corruption
- Accountability

Research Method

- Mixed methods (qualitative and quantitative) were followed
- Primary and secondary data were used
- ***Primary Data Collection Methods and Data Sources:***
    1. **Client Experience Survey:** A client experience survey was conducted over the phone with 1,850 COVID-19 service recipients from 44 districts (40 to 45 people from each district) where respondents were selected randomly from the list of COVID-19 service recipients.
    2. **Vaccine recipient Exit Poll Survey:** An 'Exit Poll' Survey was conducted in randomly selected 105 Vaccine Centres from 43 Districts, where 622 interviews were conducted with the vaccine recipients from temporary vaccine centres and 3,393 interviews were conducted with the vaccine recipients from permanent vaccine centres.
    3. **Entrepreneur Survey:** A survey was conducted over phone with 425 cottages, small and medium entrepreneurs selected on random basis.
    4. **Observation:** 105 vaccination centres (60 temporary vaccine centres and 45 permanent vaccine centres) were observed through random selection from 43 districts across the country.
    5. **Interview with Marginalized People:** Interviews were conducted with 671 people from 48 marginalized communities in 43 districts.
    6. **Interview with Key Informants:** Interviews were conducted with officials from different departments at the national and local level, public health experts, journalists, and small and medium entrepreneurs.
- ***Secondary Data Collection Method and Information Sources:*** Reviewed the information published on the websites of various government and non-government offices concerned, and reports published in the media (print and electronic).
- **Data Collection Period:** August 2021 to March 2022.

Key Findings

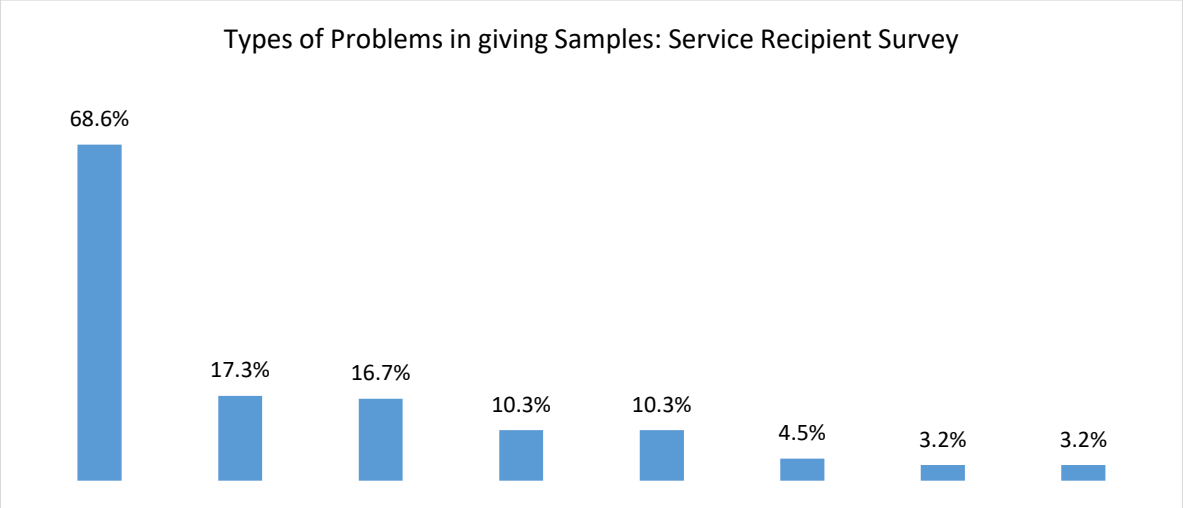
COVID-19 Management: Positive Steps

- Collection of about 296 million doses of vaccine from various sources (purchase of vaccine, COVAX initiative, and grants from different countries) to expedite the vaccine collection activity (till 31 March 2022).
- Brought 127.7 million people under the first dose (74.96 percent of the total population) and 112.4 million people under the second dose (66 percent of the total population) vaccination (as of 31 March 2022).
- From 28 December 2021 booster doses have started to give to people over 60 years of age.
- Providing vaccines through City Corporations, Municipalities, Union Parishads, and Community Clinics to bring the required number of people under vaccination.
- Took a special vaccination program to bring 12 to 17-year-old schoolchildren, Madrasa students, slum dwellers, and the floating population under vaccination.

COVID-19 Sample Test: Capacity

Existing Problems in the COVID-19 Sample Test

- 26.1% of the service recipients have faced multiple problems while giving samples.
- Although two years have passed since the COVID-19 epidemic, the problem of sample testing continues due to the shortage of laboratories, overcrowding, and poor management.



Various Problems and Financial Burdens due to Lack of Capacity of COVID-19 Sample Test

- Unavailability of RT-PCR laboratories in all districts; Delay in getting reports as the collected sample has to be sent to another district for testing
- According to the survey, the average waiting time for a test report is 2.5 days (maximum 9 days)
- 4.8 percent of the service recipients went to other districts to provide samples
- The average transport cost for the sample test is BDT 140 (maximum BDT 3,000)
- Average waiting time to give sample in the laboratory is 3 hours (maximum 10 hours)
- In some cases, there have been problems with online registration; only one mobile banking option for depositing test fees.
- 9.7 percent of service recipients did their sample test in private laboratories to get quick and accurate reports.
- Average cost of sample testing (transport, test fees, and other expenses)
    - Government laboratories- BDT 399
    - Private laboratories- BDT 3,381
- **Lack of laboratories, overcrowding in laboratories, complexity in providing sample, and extra cost discouraged people, especially the poor and marginalized to do COVID-19 test.**

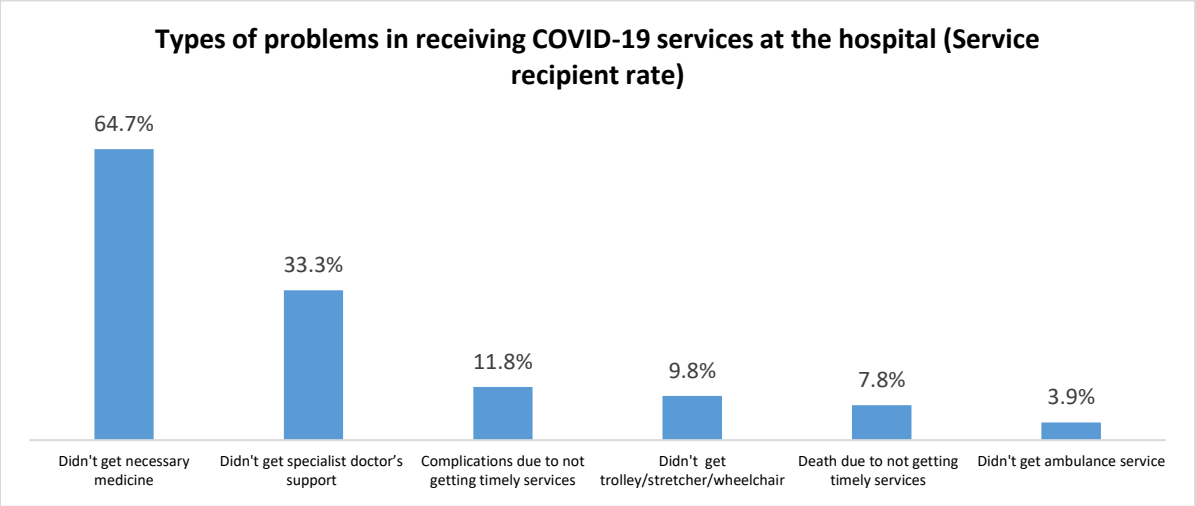
COVID-19 Treatment: Capacity

Lack of Capacity in COVID-19 Treatment: Barrier to getting appropriate emergency services on time

- Due to the unavailability of ICU facilities in own district patients with complexity need to receive services from other districts
- 18.9% of infected persons sought treatment from other districts
- The average cost of transport in or out of the district is BDT 3,535
- 5.4% of patients who received treatment from home had to receive treatment at home because of the unavailability of hospital beds
- It took an average of 3.5 waiting hours to get a hospital bed
- 14.1% of patients received doctor's services irregularly
- 14.9% of patients faced the problem of delay in getting oxygen in case of emergency; 1.7% never had
- 15% of patients did not get an immediate ventilation facility when required
- 13.8% of patients did not receive timely ICU services and 9% never received
- **According to the service recipients who received service from the hospitals, late services due to inadequate medical support caused the death of 7.8% of the patients and increased the complications for 11.6% of the patients.**

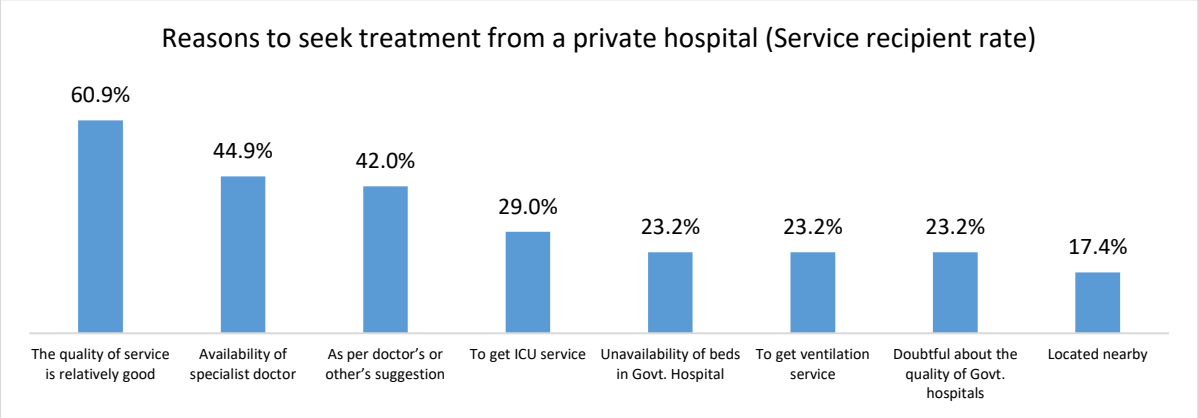
Existing problems in COVID-19 Treatment

- 22.2% of service recipients faced different problems while receiving treatment at hospital



- Due to the inadequacy of services in government hospitals and in order to get good services, 26.5% of the patients received services from private hospitals, which put financial burden on the patient.
- Average medical costs at the client level (bed, medicine, ICU, oxygen, and other expenditures)
    - Government hospital - BDT 35,938
    - Private hospital - BDT 4,58,537

3.7% of patients received treatment from home as they could not afford



COVID-19 Treatment and Sample Test: Responsiveness

No Significant Expansion of the Facilities of COVID-19 Treatment and Sample Test

Number of Laboratories	
30 June 2021	**15 February 2022**
RT-PCR-128	RT-PCR-158
Gen-Expert-47	Gen-Expert-57
Rapid Antigen-391	Rapid Antigen-659
RT-PCR facility available in 29 districts	RT-PCR facility available in 30 districts

ICU Bed	
30 June 2021	**15 February 2022**
ICU-1,165	ICU-1,259
Available in 29 districts	Available in 33 districts

- Although the number of laboratory and ICU beds has increased, it is limited to a few districts; 61% of total ICU beds are in Dhaka city, and 37% in private hospitals.
- Despite having budget and planning ICUs were not extended yet in 31 districts.

Lack of initiative in project implementation

- The Government of Bangladesh have a plan to establish 5 ICU beds in each district hospital under the 'COVID-19 Preparedness and Response Plan'.
- Announcement of establishment of 10 ICU beds in all district hospitals by June 2020; even after two years, 31 district hospitals do not have any ICU.
- Although there is adequate allocation under projects for strengthening the COVID-19 treatment system, it has not been implemented.

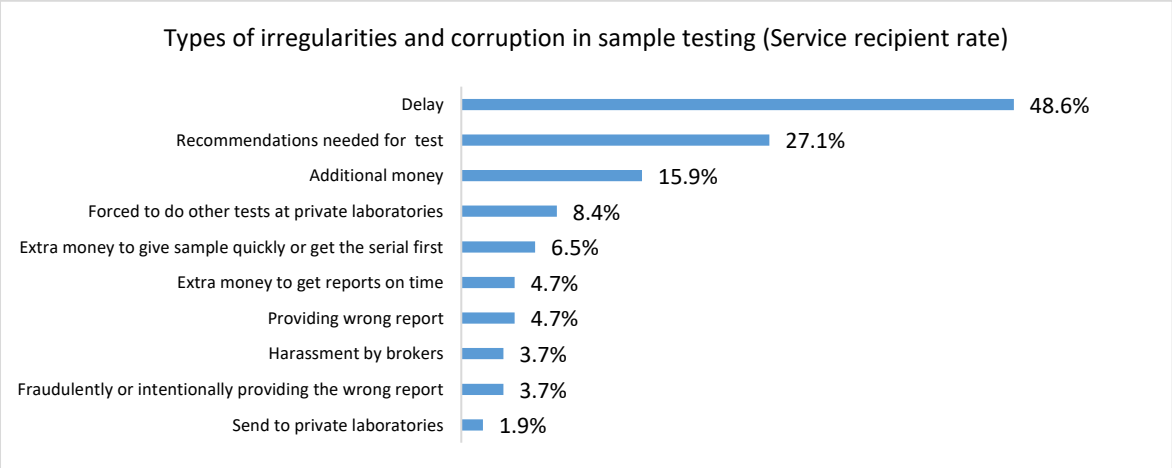
Project	Allocation (Million BDT)	Expenditure (December 2021)
COVID-19 Emergency Response and Pandemic Preparedness Project (World Bank)	67,860 (Government 1,720 and World Bank 66,140)	Expenditure of 6.7% of World Bank funds

Reasons for not being able to expand the treatment system and implementation of the project

- Deficiency of initiative of the authorities; delay in decision making
- Bureaucratic procrastination
- Infrastructural complexity; feasibility was not done before adopting the plan
- Relaxed programme implementation after the second wave came under the control
- Lack of coordination among different authorities
- Lack of capacity and negligence of contractors
- Lack of supervision
- Lack of skilled manpower for ICU management

Treatment and Sample Test of COVID-19: Irregularities and Corruption

- In the case of sample testing, 15% of the service recipients became victims of irregularities and corruption



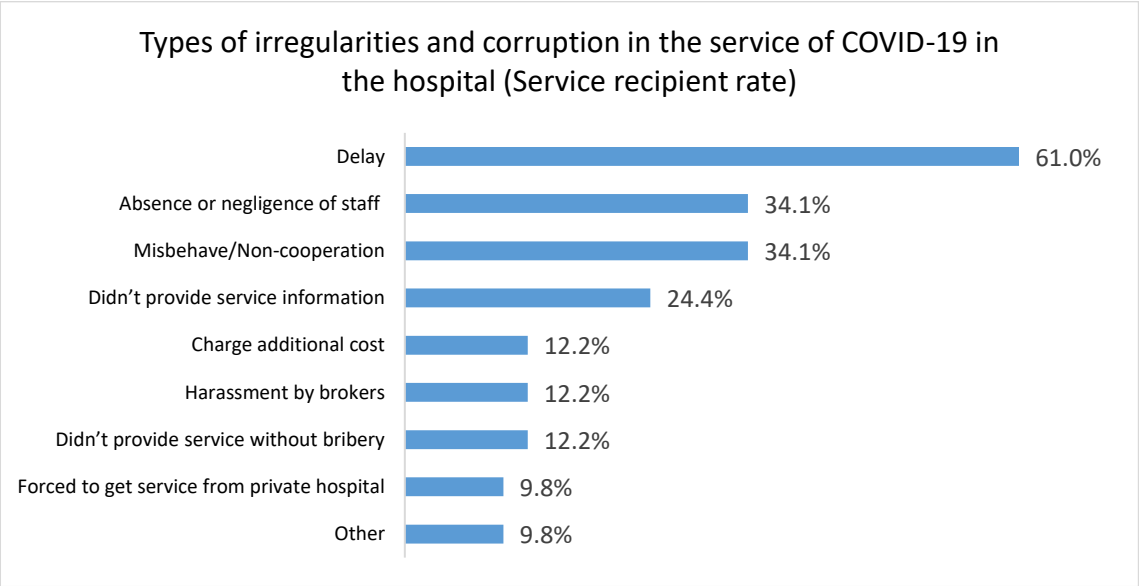
- Additional un-authorized money/bribe besides the determined fee for sample testing collected; imposed an additional financial burden on the treatment expenses of the service recipients, especially the poor
    - Provided COVID-19 negative certificate to the immigrant for BDT 5-10 thousand
    - Provided COVID-19 negative certificate at various land ports for BDT 100-150

		The average amount of bribe (BDT)

Irregularities and corruption	The rate of victims of bribery or additional money	Collect samples from home	Government laboratories	Private laboratories*
Have to pay extra than the prescribed fee	14.9%	642	116	4,425
Have to pay additional money to get report on time or faster	4.4%	-	133	-
Have to pay additional money to give sample quickly or get the serial first	6.1%	-	66	-

**Private laboratories forced the clients to do other tests along with the COVID-19 test*

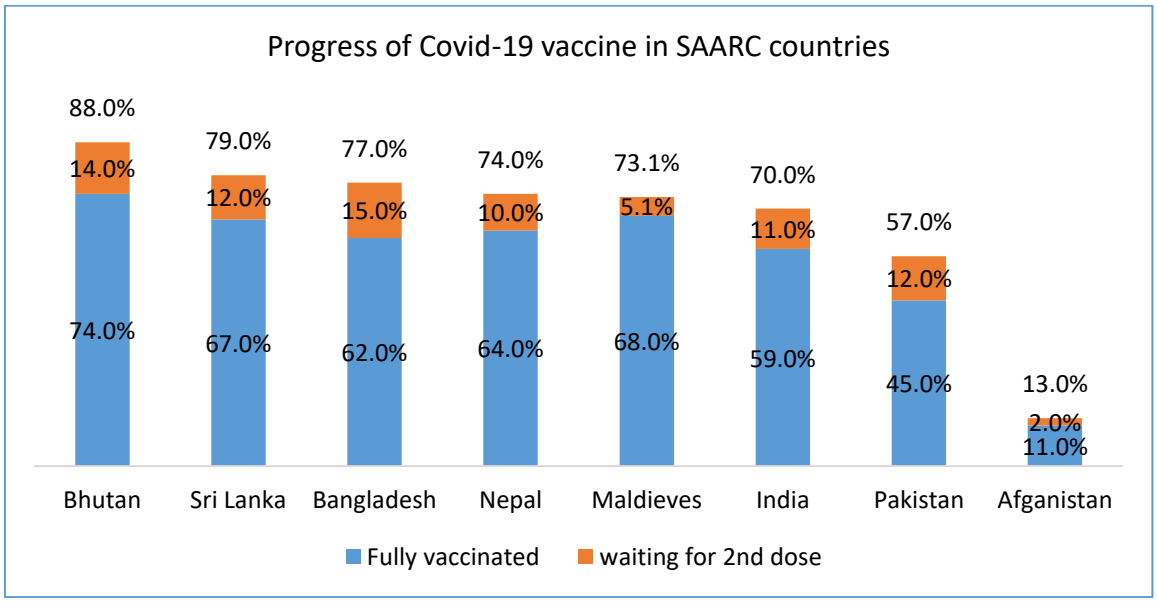
- 22.2% of the service recipients of the hospital became victims of irregularities and corruption
- In private hospitals the nature of irregularities and corruption in service include non-cooperation to provide information regarding services, misbehaviour, persuasion to receive services from private hospitals.
- Additional amount ranging from BDT 400 to BDT 10,000 collected from government hospitals



COVID-19 Vaccine Management: Response

Progress in Achieving Goals

- 98 countries lag behind in achieving the full dose vaccination target of 40% of the population by December 2021, of which Bangladesh is one (30% vaccination achieved).
- Although Bangladesh has made significant progress in providing the first dose, Bangladesh ranks fifth among SAARC countries in providing full-dose vaccines.
- The number of people waiting for the second dose is highest in Bangladesh.
- According to experts, procrastination is the barrier to achieving the desired results.



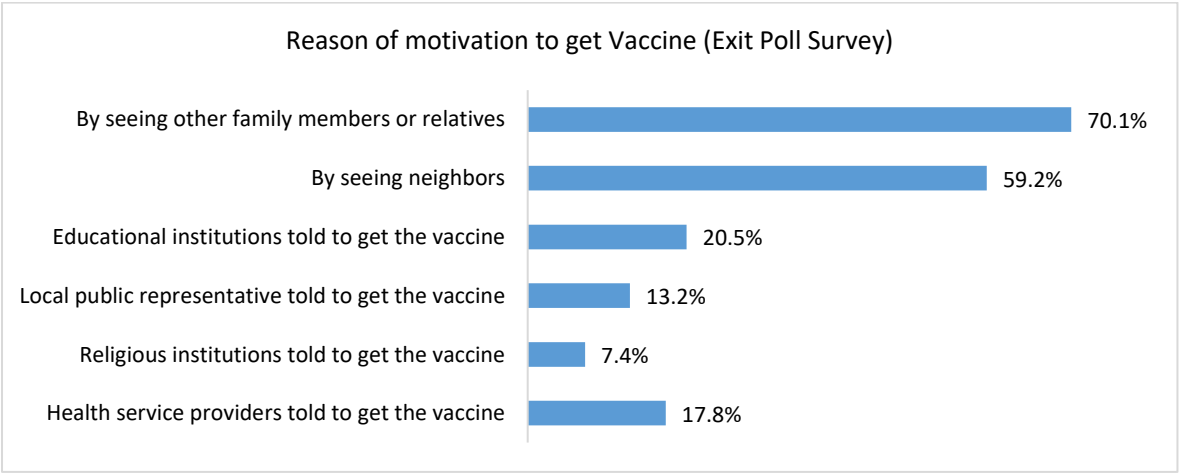
Our world in data, Up to 28 March 2022

Lack of achievement of target set by the World Health Organization and implementation of the proposed strategies

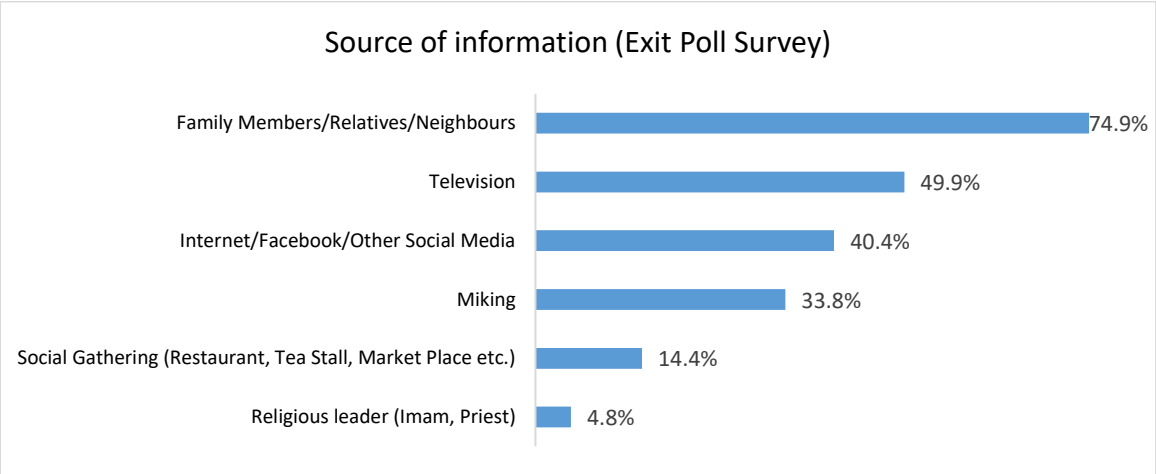
- Lack of initiative to fully vaccinate the high-risk population as per the priority list adopted in the immunization plan.
  - 56.6% of total deaths are the people over sixty; although the first step was to bring 60 to over-aged under vaccination, still 4 million people (around 29%) of that age group are out of vaccination (January 2022).
  - On the other hand, the last step is to get the majority of students vaccinated whose mortality rate is less than 1 percent.
  - Although it was considered in the National Vaccine Plan to identify the people of remote areas, floating people, slum dwellers, the elderly, etc., and ensure door-to-door registration and provide vaccines through mobile vaccination teams, these activities have not been implemented except in one or two areas.

Lack of motivation and promotional activities for vaccine recipients

- It is mentioned in the National Vaccine Deployment Plan that local governments, religious organizations, and health workers are to be engaged to motivate and educate the people for vaccination and awareness.
- Most people became interested to get vaccinated through relatives and friends.
- The rate of sensitization of people through the initiatives of local government and health department is very low.



- Findings of a study showed that 46% of the people hesitated to get vaccinated.
- Although there are misconceptions and fears about vaccines, there is a lack of government initiatives to eradicate these.
- Most people learn about the vaccine from family members or relatives.



Inequality in vaccine management

- Vaccination of the marginalized and at-risk population is far below national achievement (minimum single dose 44% by December 2021).
- Lack of planning and initiative at national and local levels.
- In 4 out of 36 districts, information on marginalized people is preserved, and in 18 districts partial information is stored.
- Marginalized people faced delay in vaccinations, negligence, and mistreatment at vaccination centres.

Marginalized People	People without vaccination	Number of areas	Number of the observed area
Bede	More than 80%	4	8
	More than 60%	2	
	Less than 50%	2	
Transgender	More than 80%	5	15
	More than 60%	2	
	Less than 50%	8	
Harijan	More than 60%	3	12
	Less than 50%	9	
Dom	More than 60%	3	12
	Less than 50%	9	
Banshfor	More than 60%	1	4
	Less than 50%	3	

Based on the opinions of the local leaders of each marginalized area (December 2021)

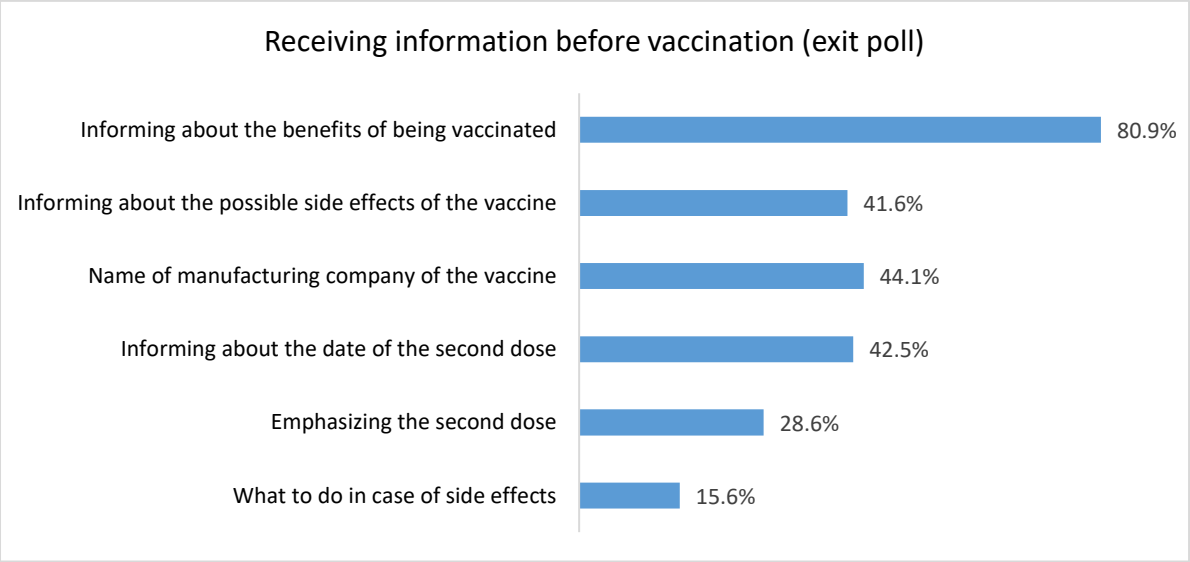
Lack of motivation and publicity activities in areas with marginalized people

- Nearly half of the marginalized people who took part in the interview said that they did not receive the vaccine due to a lack of information about the vaccine.
- Many people are afraid of vaccination because of a lack of information about vaccination, they are not interested in getting vaccinated.
- About one-fourth of people said they could not get vaccinated because there was no registration facility in the area.

- Lack of internet facility, lack of national identity card, and distance of immunization centre were mentioned as structural barriers.
- In addition, many people did not get vaccinated because of the fear of spending extra money.

Lack of access to information on vaccines

- The difference between the first and second doses is greater in Bangladesh as there is no clear idea about the date and benefits of the second dose.



Not simplifying the vaccination process

- While the World Health Organization (WHO) stated to ensure equal access for all without being financially burdened, the distance to the vaccination centre, the complicated registration process, and the cost made it difficult for people in remote and inaccessible areas to get vaccinated.

Long distance to the vaccination centres		
	Permanent Centres	**Temporary/Mess Vaccination Centres**
Distance to the vaccination centres	Average 6.5 km (maximum 50 km)	Average 2.2 km (maximum 30 km)
Average travel time to the centre	1.15 Hours	1 hour or less
Transportation Cost	70 BDT	39 BDT

Complex registration process

- 86.4% of the vaccine recipients completed registration with the help of others.
- Among them 76.4% do not know how to register.
- 66.3% of the vaccine recipients had to register at a commercial store in exchange of money.
- The average total cost including travel, registration, and the print cost is BDT 50.
- **The total cost of travel and registration for vaccination is BDT 108, which is more than the daily income of people living below the poverty line.**

No provision for the special population in vaccination centres

- Among the 45 vaccination centres, 13 did not have any privacy arrangements for women during vaccination.
- 31 centres were not handicapped friendly – did not have a ramp facility, did not have vaccination arrangement downstairs, did not have a seating arrangement.

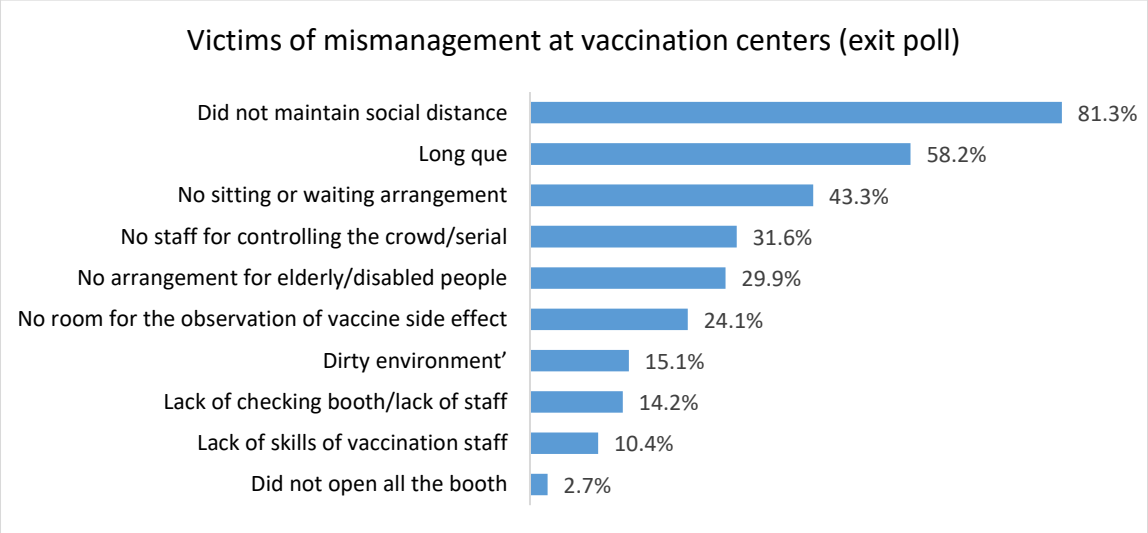
Sufferings of Immigrant

- In many cases, unable to register in the 'Ami Probashi' app; not being able to deposit fees through mobile banking.
- Need to pay extra money to get the BMET number.
- Harassment and additional costs due to the less number of selected vaccination centres.
- Non-cooperation from the Bureau of Manpower, Employer & Training (BMET).

COVID-19 Vaccine Management: Capacity

Mismanagement of vaccine activities

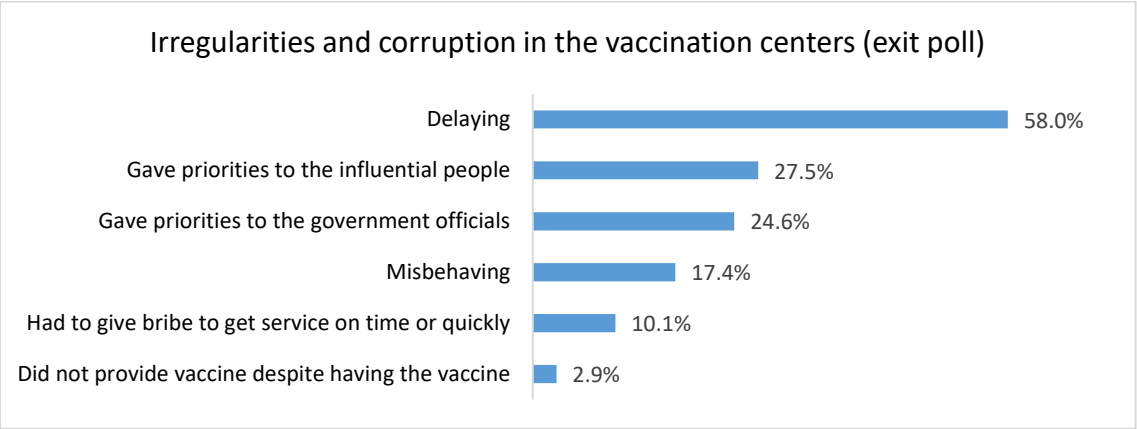
- 15.6% of vaccine recipients faced mismanagement at the time of vaccination
- There are no special arrangements for women, the elderly, and people with special needs, which discourages them to get vaccinated.
- Conflict between vaccine recipients and staff at many centres; police charge; older people got sick because of overcrowding.



COVID-19 Vaccine Management: Irregularities and Corruption

Irregularities and corruption in receiving vaccine - 2% of the vaccine recipients are victims of irregularities and corruption in the vaccination centres

- At the time of the survey, the average bribe to get a timely or fast serial was BDT 69.
- Took BDT 150-200 bribe to give BMET number to the emigrant.
- Provided vaccine of choice in exchange of BDT 1.5 to 3 thousand in some centres.
- Provided vaccination certificate to the non-vaccinated emigrant for money.
- Posting on the Facebook page about giving vaccines/certificates according to demand in exchange of money.



Accountability

Lack of accountability in vaccination activities

- Among the 45 permanent vaccination centres
  - There were no complaint boxes in 35 centres
  - There were no complaint points in 40 centres
  - Complaint numbers were not displayed at 39 centres
- Among the vaccine recipients who faced mismanagement and irregularities 1.5% complained.
- Among those who did not complain, 44.1 percent had no idea about the complaint system.
- 30.1% of the vaccine recipients mentioned that there was no complaint system at the centres.
- 14.1% thought that there is no benefit in lodging complaints.
- 19.9% did not complain due to the fear of harassment or trouble.

Transparency

Lack of transparency in spending money on vaccination activities

- Expenditure on purchase of vaccines as per government data
  - According to the Minister of Health, the cost of purchasing of COVID-19 vaccine is more than BDT 200 billion (February 2022).
  - Total vaccine received: 296.4 million doses (31 March 2022)

Estimated purchase price of the vaccine			
Source of Vaccine	**Name of Vaccine**	**Quantity (million dose)**	**Estimated Price (million BDT)***
Government purchase / bilateral agreement	COVISHIELD	15	6,375
	Sinopharm	77	65,450
COVAX (Cost sharing purchase)	Sinopharm Sinovac	87	40,719
COVAX/Gift from different countries/Donation		117	-
Total		**296**	**112,544**

* COVISHIELD per dose 5 dollars (425 BDT), Sinopharm 10 dollars (850 BDT) and Covax Cost Sharing 5.5 dollar (467.5 BDT).

Expenditure of vaccination as per government data

- A briefing from the Ministry of Health states that the cost per vaccine is **BDT 3,000** (July 2021).
- Subsequently, the total cost of the vaccination program is claimed to be **BDT 400 billion** by Health Minister (10 March 2022).
- Total vaccination: 243.6 million (31 March 2021)

• Estimated vaccine purchase and management costs		
Cost Model/Planning	**Estimated cost of per dose vaccine (BDT)**	**Estimated total cost (million BDT)**
a. Covax Readiness and Delivery Working Group Model	71.4-224.4*	17,396 - 54,673
b. National Vaccine Planning	170	41,420
c. Estimated purchase value of vaccine		**112,544**
Total estimated cost of vaccine purchase and management (a+c)		**129,930 - 167,210**

**Determination of cost based on existing infrastructure and manpower utilization and outreach centre ratio in vaccination activities.*

- The purchase price of vaccines and the estimated total cost of vaccination activities is **BDT 129,930 - 167,210 million**, which is less than half of the amount given by the Minister of Health.
- In only one case there was a condition to keep the price of vaccines secret, however, the price of the vaccines from other sources was not disclosed.

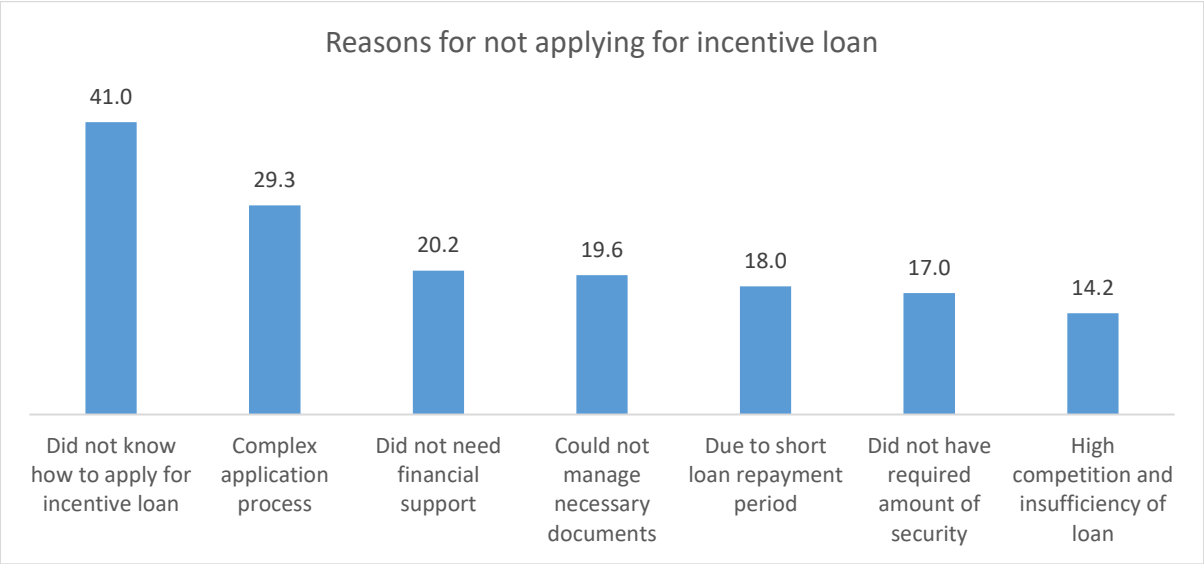
Implementation of Incentive Programs: Response

- Implementation of 10 packages of incentives under Bangladesh Bank; The first and second phase allocation is BDT 1,610 billion of which BDT 1,002.18 billion loan has been disbursed.
- 4,278 large industrial establishments and 1,33,574 cottage, small and medium enterprises obtained loans in two phases (February 2022).

Significant incentive package under Bangladesh Bank	**The amount of incentive for the first phase (2020-21) (Taka in billion)**	**The distribution rate of the first step**	**The amount of incentive for the second phase (2021-22) (Taka in billion)**	**The distribution rate of the second step**	**Total distribution rate in two steps**
Large industrial and service sector loan facility	400	81.8%	330	28.7%	57.8%
Cottage, small and medium industrial loan facility	200	76.9%	200	27.0%	52.0%
Pre-shipment refinancing	50	5.82%	-	-	-
Loan facility for low-income professional farmers and small traders	30	61.0%	-	-	-
Export Development Fund	127.5	100%	-	-	-
SME sector loan guarantee	20	1.45%	-	-	-
Loan facility for payment of salaries and allowances of export-oriented industrial workers	50	100%	-	-	-
Agricultural refinancing scheme	50	79.1%	-	-	-

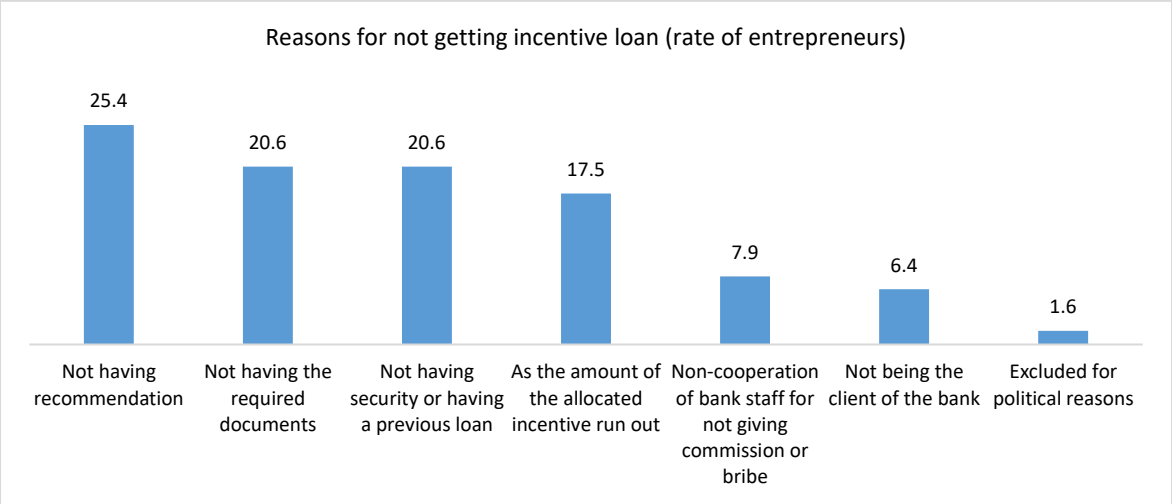
Challenges in implementing incentives for cottage, small and medium industries

- The worst affected areas are cottage, small and medium enterprises by the pandemic; 25-30% of the enterprises were shut down.
- Though 90% of the total industry is small and medium enterprises the allocation of incentives was insufficient.
- The sector also faced challenges in obtaining loans; even the lowest allocation of funds did not reach the affected entrepreneurs.
- 36.4% of entrepreneurs in this sector applied for incentive loans; 11% received loans.
- One of the main reasons for not applying is lack of knowledge about incentive loan rules (41%) and the complicated application process (29.3%).

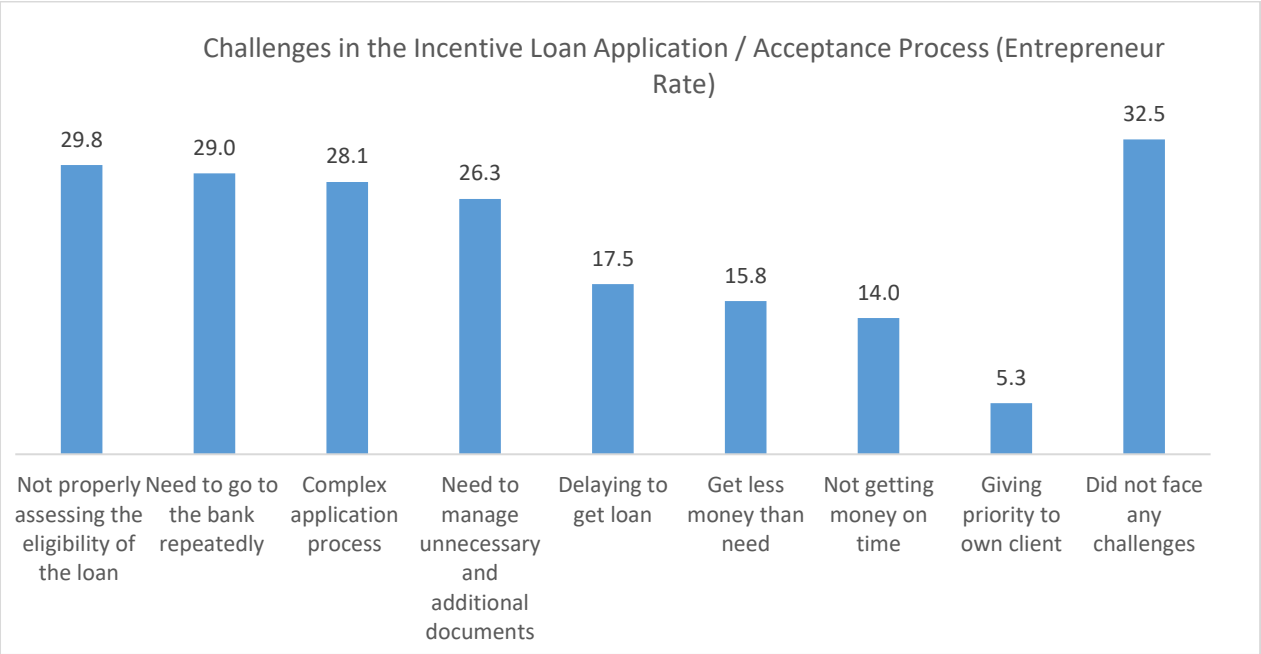


The cottage, small and medium industries not getting incentive loans

- Some of the main reasons for not obtaining the loan was lack of lobbying (25.4%), lack of required documents, and bank deposit (20.6%).



- 67.5% of the cottage, small and medium sector entrepreneurs faced various challenges during applying for the incentive loan.
  One or two women entrepreneurs are victims of sexual harassment in getting incentive loans.



Problems in processing applications and getting a loan for the cottage, small and medium entrepreneurs

"We, the adibashis (indigenous people), are the victims of discrimination. When we went to the bank and talked about loans, they said that there was no loan allocation for you. I didn't find anyone to help us during Corona. We didn't get ordinary loans from banks, incentives are far more."

-An Indigenous woman entrepreneur

"I got a loan from a private bank. Being a woman entrepreneur, I have faced various difficulties to get incentives. They even asked me for my husband's job-related papers."

-A woman entrepreneur

"It is my bank's money. Why should I follow the instructions of Bangladesh Bank whether I would provide or not?"

- One banker per entrepreneur

"The bank said they did not have the funds, did not give me a chance to talk, and sent me away. One of the bankers said that I could get money if I would pay 10%."

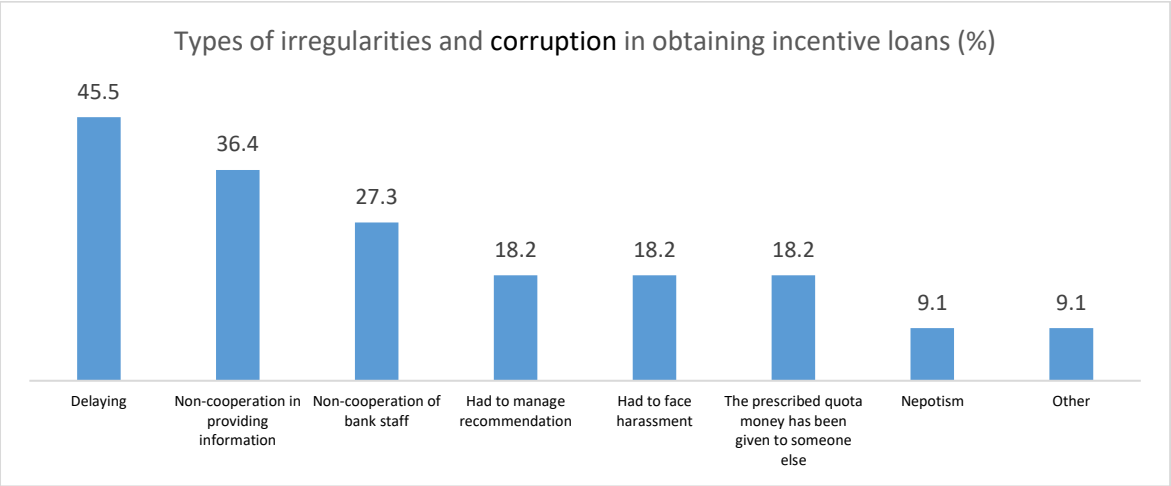
- An entrepreneur

"The bank has said that no incentive loan is given at the Upazila level."

- An Upazila level entrepreneur

Implementation of Incentive Programs: Irregularities-Corruption

- 23% of entrepreneurs are victims of irregularities and corruption in obtaining incentive loans.
- Most of the entrepreneurs in the survey avoided the issue of bribery/commission; however, in one or two cases, the banker demanded 10% commission.



Overall Observation

- Challenges to good governance continued including the irregularities and corruption in controlling the spread of coronavirus, medical care for infected people and vaccination activities, and incentives packages undertaken to restore the adversity of the economy induced by the pandemic.
- Lack of specific planning, misuse of resources, lack of prompt response, and non-expansion of services have led to an increase of misery due to rise of infections again and again as well as human deaths.
- Discrimination based on area, class, sex, and community exists as the treatment and incentive programmes do not ensure accessibility and inclusion for everyone. Especially the poor and the marginalized are being deprived of services and facing harassment along with financial burden.
- The lack of transparency to combat the COVID-19 related activities are creating the risk of irregularities and corruption on the one hand while also creating the opportunity to hide the corruption on the other hand.
- It is not possible to take action against the persons involved in irregularities and corruption due to the lack of a grievance redress system in the existing COVID-19 service-related activities which are influencing the problems to sustain.

Recommendations

Medical Facilities

1. In order to develop the COVID-19 medical facilities in each district, ICU bed, RT-PCR laboratory and other infrastructure should be installed by utilizing the government and project fund.
2. Sample test facilities should be free at the government laboratories while the fees of private laboratories should be reduced.

COVID-19 Vaccine

3. Those who are at risk of remaining outside of the vaccine need to be identified and brought under the vaccination in partnership with stakeholders from the private sector.
4. Initiatives for free registration and vaccination should be undertaken for remote and marginalized people in collaboration with the field level government institutions and development actors.
5. Awareness programmes should be increased in order to ensure the second dose of the vaccine, particularly for those who received the first dose without registration. In this respect, local government institutions, religious institutions, and development institutions should be involved in the process.

Implementing Incentives/Stimulus

6. The really affected businessmen are required to be identified with the help of various departments, offices, agencies, institutions, researchers, entrepreneurial associations related to

micro, small and cottage industries, and information on the incentive loan application process should be disseminated among them.

7. The process of application for incentive loans for micro, small, and cottage industries needs to be simplified, various conditions to avail of loans should be relaxed and the loan repayment period should be increased.
8. More amount of loans has to be disbursed through small and cottage industry-related institution instead of banks and financial institutions.

Transparency and Accountability

9. Information regarding the source of vaccine, purchase price, distribution cost, stock and distribution should be made available/open to all.
10. Complaint redress measures should be created in all COVID-19 related medical and vaccination institutions and disciplinary action should be taken against those involved in irregularities and corruption.