



# Socio-Economic Assessment of COVID-19

under National Urban Poverty Reduction Programme



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**Human Development Research Centre**

humane development through research and action

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The National Urban Poverty Reduction Programme (NUPRP) is a five-year multi-dimensional poverty reduction programme with numerous interventions covering four million urban poor, who are living in a large number of cities and towns across Bangladesh. UNDP-NUPRP feel the urgency to assess changes of socio-economic status of the urban poor communities induced by the unprecedented COVID-19 pandemic. This assessment is essential for UNDP-NUPRP to understand the immediate need of poor urban communities necessitated by the shocks of COVID-19 coupled with the required programmatic revision and modification in the changed circumstances. The nationwide "Socio-Economic Assessment of COVID-19" has gathered data and information against relevant selected indicators on and three time-points (baseline, immediate before the lockdown, and after the lockdown) to assess the socio-economic impacts -ranging between immediate and longer-term- of the COVID-19 outbreak on the poor urban communities under NUPRP. The cross-sectional socio-economic assessment of COVID-19 has covered fifteen City Corporations and Paurashavas.

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## Abbreviations

ADB	Asian Development Bank
BBS	Bangladesh Bureau of Statistics
BCC	Behavioural Change Communication
BDT	Bangladesh Taka
BIGD	BRAC Institute of Governance and Development
CBN	Cost of Basic Needs
CBO	Community-Based Organisation
CDC	Community Development Committee
CF	Community Facilitator
CHDF	Community Housing Development Fund
CI	Corrugated Iron
CNG	Compressed Natural Gas
COVID-19	Corona Virus Disease-19
CPD	Centre for Policy Dialogue
CRMIF	Climate Resilient Municipal Infrastructure Fund
DCI	Data Collection Instrument
DCI	Direct Calorie Intake
DSM	Diagnostic and Statistical Manual of Mental Disorders
EPI	Expanded Programme on Immunisation
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organisation
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FM	Frequency Modulation
FY	Fiscal Year
GIS	Geographic Information System
GMT	Greenwich Mean Time
GoB	Government of Bangladesh
HCR	Head Count Ratio
HDRC	Human Development Research Centre
HFIAS	Household Food Insecurity Access Scale
HH	Household
HIES	Household Income and Expenditure Survey
IDI	In-depth Interview
IEDCR	Institute of Epidemiology, Disease Control and Research
IGAs	Income Generating Activities
IMF	International Monetary Fund
ISS-EUR	International Institute of Social Studies of Erasmus University Rotterdam
IT	Information Technology
KII	Key Informant Interview
LGD	Local Government Division
LNOB	Leaving No One Behind
MB	MegaByte
MLGRD&C	Ministry of Local Government, Rural Development & Cooperatives
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDGs	Millennium Development Goals
MIS	Management Information System
MPI	Multidimensional Poverty Index
NGO	Non-Government Organisation

NUPRP	National Urban Poverty Reduction Programme
PG	Primary Group
PHQ	Patient Health Questionnaire
PPRC	Power and Participation Research Centre
PPE	Personal Protective Equipment
PPP	Purchasing Power Parity
PRIME-MD	Primary Care Evaluation of Mental Disorders
PWDs	Persons with Disabilities
RMG	Readymade Garments
SCC	Social Community Committee
SCG	Saving Credit Group
SDG	Sustainable Development Goal
SIF	Settlement Improvement Fund
SPSS	Statistical Package for the Social Sciences
TIB	Transparency International Bangladesh
TF	Town Federation
UNDP	United Nations Development Programme
US	United States
USD	United States Dollar
VAW-G	Violence Against Women and Girls
VIP	Ventilated Improved Pit
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

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## Executive Summary

**Background:** During ongoing COVID-19 pandemic, an estimated sixty million urban poor living in the low-income settlements across different cities and towns of Bangladesh are facing miserable condition due to the lack of employment, loss in income, insufficiency of water, sanitation and hygiene (WASH) facilities, food insecurity (deficiency and malnutrition), inadequate access to healthcare/medicare, and increase in the violence against women and girls (VAW-G). National Urban Poverty Reduction Programme (NUPRP), a collaborative approach of UNDP and Government of Bangladesh (GoB), is facing a dilemma to implement programmes vis-a-vis urban poor living in 20 municipalities due to COVID-19. Against this backdrop, UNDP-NUPRP entrusted Human Development Research Centre (HDRC) to conduct a socio-economic impact assessment of COVID-19 on urban poor dwelling in low-income settlements.

**Objective:** The overall objective of this study is to assess the socio-economic impacts (Social, Economic and Governance) -ranging between immediate and longer-term- of the COVID-19 outbreak on the urban poor communities under UNDP-NUPRP. This study also tried to assess poverty in line with government's poverty measurements; explore "new poor" created due to COVID-19 outbreak; identify the priority needs and opportunities attributable to the recovery phase under NUPRP reprogramming for 2020 and beyond.

**Methodology:** The study adopted a mixed-method strategy including a cross-sectional survey with quasi-experimental approach among households (beneficiary, semi-control, and pure control) using a structured questionnaire, key informant interviews using semi-structured questionnaires, and focus group discussions with the help of checklists and issue-guidelines. The household survey collected data on two time-points (immediate before and after lockdown of COVID-19) and composed a matched panel (in 15 City Corporations/Paurashavas where baseline survey of NUPRP is complete) at the level of both individuals and areas/urban poor settlements.

**Sample:** The survey collected panel data from the respondents of two rounds of NUPRP baseline surveys. Data were collected from 50 per cent of the households (randomly selected 2,135) surveyed in the NUPRP baseline, 2019. The household survey, collected necessary data in line with government's poverty measurements (using upper poverty line and lower poverty line, absolute poor and hardcore poor) along with the perception of the respondents about the changes in their socio-economic status attributable to the COVID-19. The KIIs (57) were conducted to identify priority needs and facilities across all the *Key Output* areas of NUPRP with particular emphasis on the impact of COVID-19. FGDs (15) were facilitated with community people to discuss priorities of the households in the poor urban settlements amid the COVID-19.

### Impacts of COVID-19 Pandemic on Urban Poor

**Education:** COVID-19 pandemic has brought about a grave crisis in the education sector. More than one-fifth of the urban poor beneficiary households' children enrolled in schools (22.7%) are not continuing their study since lockdown. Corresponding figures for semi-control and pure control are 31.6 per cent and 31.5 per cent, respectively. More than three-fourths of the children in beneficiary households (78.1%) are studying themselves at home. Very few of the beneficiary households' children are learning from television-broadcasted academic programmes (2%) or virtual classes conducted by government or non-government schools (2.2%). Reportedly, 38.5 per cent children in the beneficiary households have medium to a low chance of continuing school after COVID-19 pandemic ends---a potential colossal loss in human capital formation. In semi-control and pure control households, the corresponding estimates are similar.

**Skills training:** COVID-19 pandemic shockwave has trapped trainees and apprentices of different skill training programmes at risk of delayed employment or unemployment. Municipality informants

informed that the need for skill-based training on alternative and newer trades is in high demand. Besides, the household survey reported that about 43.8 per cent and 47.1 per cent of the beneficiary and semi-control households respectively are seeking assurance of job placement along with capacity development training.

**Asset holding:** About 11 per cent of the urban poor beneficiary households had to sell their assets out of distress, which was only 1.9 per cent in three years preceding the baseline survey. The corresponding figures are similar for semi-control and pure control household. Along with valuable household items like land and jewellery, some of the households have sold their productive assets as well.

**Employment:** COVID-19 has resulted in a severe contraction in the employment market: at least one member in more than half of the beneficiary households (54.9%) permanently or temporarily lost their job or had to close the business during the lockdown. The semi-control and control group also faced a similar consequence. Finding new employment opportunity in the present situation remains a far cry for them in this time of severe economic depression. Nonetheless, it is notable that 57.3 per cent among the beneficiaries involved in business have reported that their business had not been affected much by the lockdown.

**Savings and credit:** Around four-fifths of the households across the groups had to spend the saving to cope with COVID-19 crisis. The average amount of savings among the beneficiary households has reduced drastically by 81 per cent compared to the baseline: from BDT 4,791 to BDT 917. Around 42 per cent of the beneficiaries, among the households having membership in the Saving Credit Group (SCG) initiated by NUPRP, faced interruption in savings during the lockdown. In comparison with the baseline, the percentage of households having outstanding loan has increased by about seven percentage point. Around three-fourths of the households across the group reported that they failed to repay loan instalment during COVID-19 lockdown. Around one-third of the household took a loan to cope up with COVID-19 lockdown. Mostly, they took loans from non-institutional sources: relatives and friends (without interest) followed by *Mahajan* (with high interest).

**Dwelling, tenure, and migration:** The homes have no room to maintain physical distancing or quarantine if required. Seven out of ten beneficiary households (69.3%) could not pay the house-rent on time during COVID-19. At the same time, the respective figures were worse among the semi-control (71.3%) and control group (76.6%). However, the community people in the group discussion stated that in a good number of cases, house owners have either reduced or exempted the rent during the lockdown. The towns faced an unprecedented reverse migration from urban to rural areas: almost 10 per cent of the households living in the low-income urban settlements had to migrate to their village homes during the lockdown.

**Access to market:** Around two-thirds of the beneficiary households (65.0%) have reported that they faced a shortage of daily needs in the market after lockdown, which was only 18.3 per cent before lockdown. Moreover, 84.5 per cent of the beneficiary households experienced a price hike on food items. In comparison, the same was only 27.7 per cent before lockdown. As a result, most of the beneficiary households (85.2%) had no other option but to decrease household food consumption. In semi-control and pure control households, a similar scenario is observed.

**Access to aid:** More than nine-tenths among the households in the beneficiary group (92.5%) received some aid-in-grant during the lockdown. A similar portion was found in the semi-control (90.3%); however, this is lower among the pure control group (69.5%). On average, a beneficiary household received BDT 1,552 as aid, similar to the semi-control group (BDT 1,558). However, the amount is much lower among the control households (BDT 811). Notably, more than half of the aid amount came from NUPRP to the beneficiary households (51.2%), followed by the Government relief (34.6%).

**Income, expenditure, and poverty:** The average monthly income has decreased significantly from baseline across different categories of households (40.1% among the beneficiary households, 38.3% among semi-control households, and 36.6% among pure control households). The drastic decline in income has been caused by a host of factors, such as job loss, truncated salary, and non-activity or lack of small/medium business activity. After the lockdown, the amount of monthly expenditure is reported higher than the amount of monthly income. This mismatch between income and expenditure forced dissaving and distress selling among the households. Food expenditure decreased significantly. The reduced expenditure resulted in greater poverty measured in terms of Cost of Basic Needs (CBN) method. The headcount poverty ratio (HCR) increased more than seven percentage points during the lockdown as compared to before lockdown and more than ten percentage points compared to baseline. Nearly nine out of ten beneficiary households are absolute poor. More than two-third household across the category reported less than 1.90 PPP USD income per capita per day, which is more than 64 per cent increase from the baseline. The multiple poverty index (MPI) score shows a decrease (improvement in multi-dimensional measure) among 42.1 per cent beneficiary households and increase (household became poorer) among 41.4 per cent households. The combined impact of COVID-19- mediated lockdown on the low-income urban households (irrespective of the beneficiary) measured in terms of income and consumption expenditure (including expenditure on food) depicts an unprecedented distressing situation.

At least 2.9 million people in and around the targeted NUPRP cities and towns have become poor who were not poor before COVID-19 lockdown. These people constitute the new category of "New Poor" in the low-income settlements in and around the NUPRP targeted 20 cities and towns. This number of new poor can be as high as 3.7 million, and the number may increase if lockdown prolongs and/or if the unemployment situation worsens further.

**Food security:** Households faced an increase in food insecurity during this COVID-19 pandemic. Nearly nine out of ten households across the groups are food deficient, which is almost four times higher than the before lockdown period. More than 50 per cent of households are severely food insecure. The diet pattern indicates under-consumption of protein in households; even pregnant and lactating mothers can hardly maintain food diversity. Only 30 per cent pregnant and lactating mothers in the beneficiary group and even a smaller percentage in the other two groups (semi-control: 19.4% and pure control: 15%) consumed protein. Less than 10 per cent household's children aged 6-23 could consume protein-rich foods.

**Health:** Three out of ten households' members suffered from some kinds of diseases during COVID-19 lockdown, which is slightly lower than the baseline. A good number of them suffered from "cold and cough" (beneficiary: 15.2%, semi-control: 10.8% and pure control: 16.1%) and "fever of unknown origin" (beneficiary: 30.5%, semi-control: 21.6% and pure control: 33.9%). Community people maintained that healthcare services were poor for the urban poor; certain populations, such as those with a disability, had to struggle in receiving health services. Among the eligible children, only 59.4 per cent were able to receive the necessary vaccine during the lockdown. Mental health conditions, as reported, has been depressive: about 90 per cent of the respondents across the categories said to have an alarming level of depression with over 20 per cent reported severe to moderately severe depression.

**KAP on COVID-19:** At least one member in all surveyed households heard about COVID-19. Most of them know 'fever' as a symptom of COVID-19 infection. About three-fourth are aware of frequent hand washing. Only four out of ten households from the beneficiary group are aware of physical distancing. Only 50 per cent household reported using a face mask.

**Handwashing and Community Hygiene:** More than four-fifths of the respondents in beneficiary (83.5%) and semi-control (81.5%) households and nearly one-third (35.2%) in pure control households affirmed that handwashing place/point was installed in their community during COVID-19 pandemic.

Reportedly, most of the households in beneficiary (95.5%) and semi-control (89.6%) received soap or handwashing materials during COVID-19 lockdown, mostly by NUPRP. In contrast, the majority of households in pure control communities (59.6%) remained out of such external support for receiving handwashing materials. Community people stated that waste management (including drainage and sewerage) and community hygiene (cleanliness of roads and footpaths) are miserable and needs attention from the higher authority.

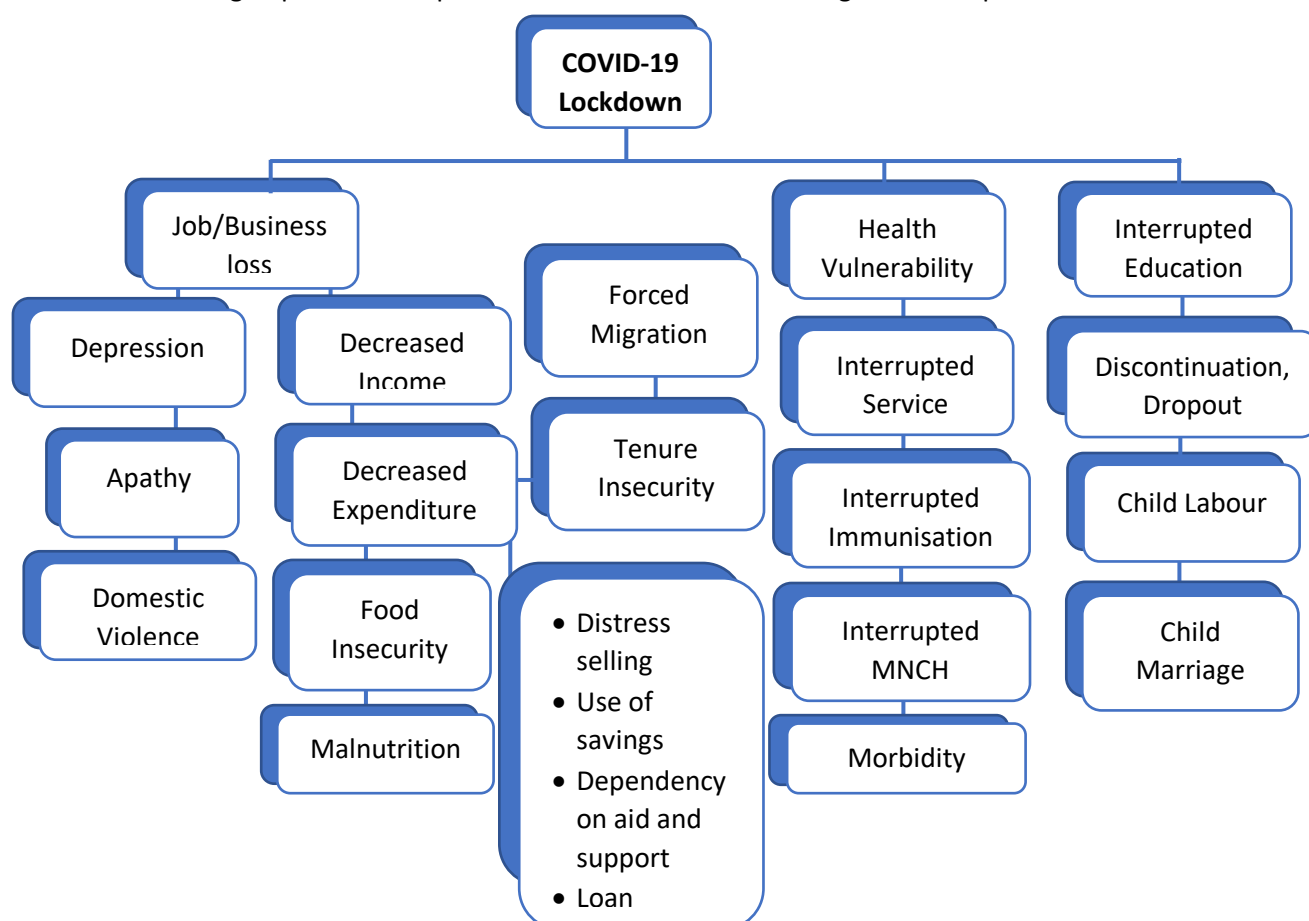
**Domestic Violence against Women, Children and Elderly Population:** Adolescent girls and adult women were reportedly more vulnerable in all categories of households compared to the baseline. The incidence of violence—mostly in the form of verbal abuse and beating— against women and adolescent girls in beneficiary households was 48.3 per cent in the baseline, which increased to 59.2 per cent during the lockdown. On the other hand, 25.7 per cent children in beneficiary, 26.6 per cent in semi control and 23.3 per cent in pure control households suffered from domestic violence during COVID-19 lockdown.

**Life Aspiration:** The satisfaction of the beneficiary households about their lives changed drastically since the lockdown. Around one-fifth of the beneficiary households have remained satisfied (2.5% highly satisfied and 20.1% satisfied) with their lives which is 25 percentage point less compared to before lockdown. More than half of the beneficiary households (57.2%) were optimistic about their future before lockdown, which dropped to 33.4 per cent after lockdown. Community people in the discussions organised across the towns boldly stated that they hardly concern about themselves; instead, they are very much concerned about their children's life and future. Only 39.3 per cent of the beneficiary households expressed optimism about children's future, which was 76.9 per cent before lockdown. The scenario is not much different in the semi-control and pure control groups.

### Conclusion and Recommendations

Just as some of the programmatic outputs and outcomes had begun to become visible, the onset of the pandemic changed the scenario drastically. Existing interventions, means and methods, were severely disrupted. The socio-economic condition in low-income settlements has deteriorated to the extent that leads them to a situation that is sometimes worse than the pre-NUPRP intervention state.

A glimpse of the impact of COVID-19 lockdown among the urban poor





The UNDP-NUPRP needs to update the current strategy and implement some pragmatic programmatic changes to address required a rigorous immediate response to severe crises caused by COVID-19. In this connection, some key recommendations forwarded are presented below:

- Enlist badly affected beneficiaries who lost a job or business collapse and support them with recovery fund and business capacity development training (including e-commerce) for business incubation models.
- Develop an emergency plan for extra grant support to prevent school dropouts.
- Organise and patronise community-based awareness campaign, including community journalism, to inspire the parents and children to prevent dropout, child labour and child marriage.
- Endorse local vendors to supply essential hygiene materials among the community people.
- Promote the uninterrupted supply of water and handwashing agents in collaboration with the local government.
- Organise weekly camp for facilitating COVID-19 testing in the settlements along with the creation of an emergency support fund for COVID-19 contaminated beneficiary household. Organise and patronise COVID-19-protection and management-related rigorous campaigns, including Behavioural Change Communication (BCC) materials.
- Advocacy to set up a mechanism for compulsory consent and public declaration of any mandated eviction.
- Expand and utilise the SIF (Settlement Improvement Fund) and CHDF (Community Housing Development Fund) to support tenant households in an absolute vulnerable condition or have elderly or physically/mentally challenged member.
- Promote development, improvement and routine cleaning of community toilets, drainage and footpath in collaboration with the local government, to safeguard urban poor from COVID-19 keeping in mind the climate change-induced waterlogging and its consequences.
- Orient the CDC leaders on family laws and related matters, in collaboration with local government institutes and Ministry of Women and Children Affairs to prevent domestic violence.
- Initiate professional counselling services and charge-free legal assistance to victims of domestic violence, in collaboration with the local NGOs.
- Create a contingency fund to support the destitute victim of domestic violence.
- Strengthen the household and community level sensitisation regarding the needs of the People with Disabilities (PWDs) and older people, backed up by detailed BCC tools.
- Provide one-time allowance (to reduce the immediate shocks) and medical treatment card for priority health services in collaboration with the local health centres to the PWDs and older people.
- Institute particular income-generating training programme suitable for the PWDs.
- Sponsor innovative, creative, and exemplary cases of beneficiaries to encourage others.
- Strengthen the motivating and mentoring capacity of the Community Facilitators (CFs) for a door-to-door as well as community-level aspiring campaigns.

The overall socio-economic condition of the urban poor has deteriorated to an extent which brings them to a situation which is worse than their pre-NUPRP intervention state. Thus, it requires serious policy attention to extend the programme duration at least by twenty-four months to bring back the progress on its expected momentum.

## Chapter 1: Introduction to Study

### 1.1 Background

COVID-19 is an illness caused by a novel coronavirus known as severe acute respiratory syndrome coronavirus 2. World Health Organization (WHO) declared COVID-19 a world health emergency on 30 January 2020, and subsequently, a global pandemic on 11 March 2020 (WHO, 2020). The first three COVID-19 affected cases in Bangladesh was confirmed by Institute of Epidemiology, Disease Control and Research (IEDCR) on 8 March 2020, 252 days later of the first COVID-19 affected person found in China (IEDCR, 2020). So far, 325,157 confirmed cases reported including 4,479 death cases in Bangladesh (as of 7 September 2020, worldometers.info, 2020). The Government of Bangladesh imposed a countrywide lockdown on 26 March 2020 to contain the spread of COVID-19. All government and non-government institutions shut down apart from the essential services since the lockdown began. All of the educational institutions have been closed since the third week of March 2020. COVID-19 outbreak and its induced lockdown have dealt the heaviest of blows to the urban poor who depend on jobs in the garment factories, the daily wage labour market, and the informal economy to survive. Without work, and with little cash in hand or savings, urban poor households have struggled – not only to keep themselves virus-free in crowded and badly-serviced low-income settlements but to get enough to eat (Taylor, 2020).

Sixty million urban poor living in low-income settlements across different cities and towns of Bangladesh are in a covid-induced vulnerable situation. Urban poor communities are at high risk of COVID-19 contamination due to overcrowded living spaces (The third pole. net, n.d.). There is a high possibility that economic stagnation would push a large part of the population back into poverty. Urban poor communities are in very miserable condition due to unemployment, income loss, insufficient water, sanitation and hygiene (WASH) facilities, food insecurity (food deficiency and malnutrition), inadequate access to healthcare/medicare, and increased violence against women and girls (VAW-G). A large number of urban poor including day labourers of various trades experienced severe disruption in livelihood and capacity to avail basic needs.

UNDP, in collaboration with development actors, alongside the Government of Bangladesh (GoB) is extensively working to support poor urban communities based on the principles of help all and leaving no one behind (LNOB). The FCDO supported National Urban Poverty Reduction Programme (NUPRP) implemented by UNDP Bangladesh in partnership with the Ministry of Local Government, Rural Development & Cooperatives (MLGRD&C) is working to support urban poor in line with National Preparedness and Response Plan for COVID-19 Bangladesh. UNDP-NUPRP is working partnered with 20 municipality offices inhabited by 2.16 million urban poor through community mobilisation process in the ground.

Against this backdrop, UNDP-NUPRP entrusted Human Development Research Centre (HDRC) to conduct a socio-economic impact assessment of COVID-19 on urban poor dwelling in low-income settlements.

### 1.2 The Rationale of the Socio-Economic Assessment

The projections and risk assessments for COVID-19 on the urban poor population (living in the slums and low-income settlements) had so far been conducted primarily based on secondary data, rather than evidence from primary data on the changing socio-economic conditions. This assessment, using primary data, was expected to provide first-hand evidence to be applied for further planning and re-

planning and necessary decision making aiming at the poverty alleviation of the urban poor. The output of this assessment is expected to be gainfully utilised by the Planning Commission of the Government of Bangladesh in addressing the urban poverty in the upcoming 8<sup>th</sup> Five-Year Plan.

### 1.3 Objectives: Overall and Specific

The **overall objective** of this study was to assess the socio-economic impacts -ranging between immediate and longer-term- of the COVID-19 outbreak on the urban poor communities under NUPRP.

The **specific objectives** were as follows:

1. To assess the Social, Economic and Governance Impact of the COVID-19 outbreak and assess the short term, medium-term and long-term impact on the poor urban communities under NUPRP.
2. To explore who the "new poor" are as a result of the COVID-19 outbreak, what poverty looks like for them and what support they need.
3. To identify the priority needs and opportunities across all the key output areas and related areas to inform the recovery phase under NUPRP reprogramming for 2020 and beyond.
4. To assess poverty in line with the government's poverty measurements (BBS, HIES 2016)- household-level poverty measurement schema needs to follow measures of 'Upper poverty line' and 'Lower poverty line' (CBN-based), and 'Absolute poverty' a 'Hardcore poverty' (DCI-based).

Apart from the listed objectives, HDRC team supported NUPRP team in updating the logframe based on the findings, reviewed the methodology of the Multi-Dimensional Poverty Index (MPI) given the COVID-19 situation and its impact on the Impact Evaluation, and assessing the coverage and reach of government stimulus packages at low-income settlements.

### 1.4 Methodology

#### 1.4.1 Basic Conceptual Issues

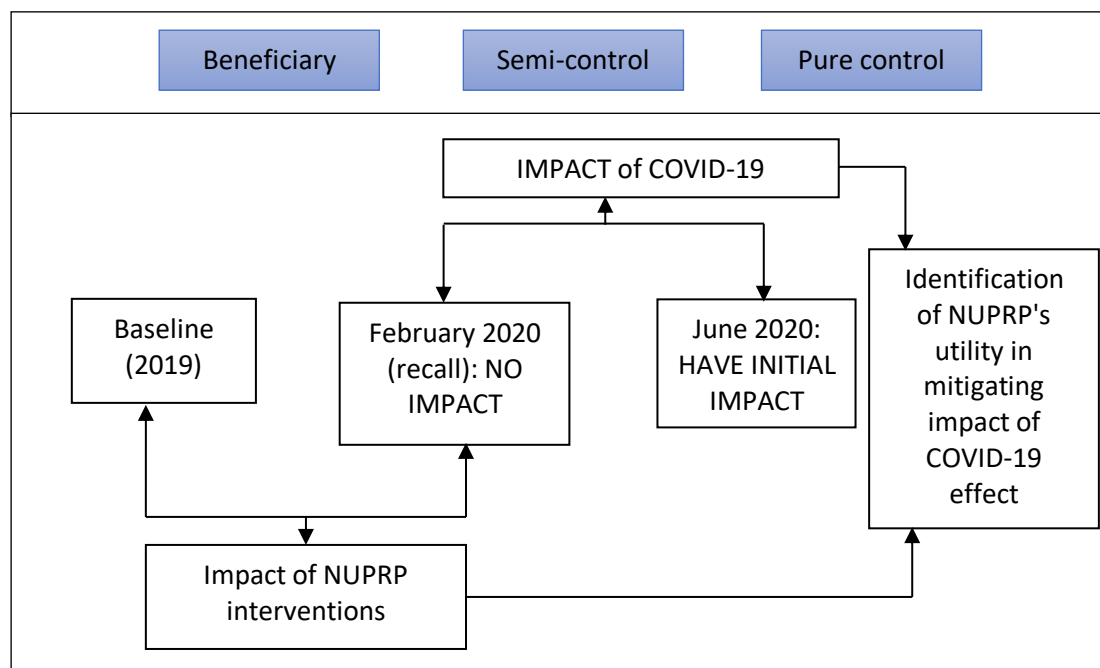
**Mixed-method strategy:** The study adopted a mixed-methods approach, including a cross-sectional survey among households using a structured questionnaire, key informant interviews using semi-structured questionnaires, and focus group discussions using checklists and issue-guidelines. The qualitative-quantitative triangulation permitted understanding the relevant assessment issue in organic totality (as opposed to the partial and fragmented view of the subject in question).

**Quasi-experimental approach:** To accomplish the assessment objectives, we adopted a quasi-experimental approach. Based on our understanding of this assignment, we collected data on the present situation and compose a matched panel (in 15 City Corporations/Paurashavas where baseline survey of NUPRP is complete) at the level of both individuals and areas/urban poor settlements. We collected all relevant data (and information) on two most recent time-points representing immediate before the lockdown and three months after the start of lockdown attributable to COVID-19. We collected all relevant household-level data (and information) for February 2020 (which represents before COVID-19 situation; respondents were asked to recall the situation) and the same for June 2020 (means the immediate impact of COVID-19).

**Social and Economic Impact Assessment involving Three Time-points:** The comparative analysis is performed for each group at different times, as appropriate. The three different time-points are (1) the time coinciding with the conduct of NUPRP baseline surveys, 2019, (2) the time of the baseline

just preceding the detection of the first COVID-19-affected person in Bangladesh, February 2020 (COVID-19 affected the first case was detected on 8 March 2020), and (3) the time after three months of lockdown due to COVID-19, end of June 2020 (i.e., three months after the start of lockdown, when continuity or discontinuity of lockdown is uncertain). It is going to be the baseline representing the initial impact of COVID-19. Figure 1.4.1 illustrates the three time-points' framework of analysis in this study.

Figure 1.4.1: Comparative analysis of data collected in three different time-points



## 1.4.2 Data and Information Collection Methods

**Questionnaire Survey:** The survey administered a structured questionnaire (available in Annexe 2) survey from panel households in the targeted City Corporation/Paurashava. Following the footsteps of NUPRP baseline survey, beneficiary<sup>1</sup>, semi-control<sup>2</sup>, and pure control<sup>3</sup> households were surveyed to assess the impact. The household survey collected necessary data to compare findings with the government's poverty measurements (using upper poverty line and lower poverty line<sup>4</sup>, absolute

<sup>1</sup> Households who received (or selected to receive) individual benefit (in cash, kind) as well as group benefit (i.e., knowledge, information, participation in saving and credit group) from NUPRP.

<sup>2</sup> Households who did not receive (or not selected to receive) individual benefit (in cash, kind) but received (or selected to receive) only group benefit (i.e., knowledge, information, participation in saving and credit group) from NUPRP.

<sup>3</sup> Households who are not selected and did not receive any benefit from NUPRP but reside within the City Corporation/Paurashava targeted by NUPRP.

<sup>4</sup> Lower poverty line = Food poverty line + Lower non-food allowance

Upper poverty line = Food Poverty line + Upper non-food allowance

**Food Poverty Line:** The basic food consumption bundle consists of eleven food items: coarse rice, wheat, milk, oil, meat, fish, potatoes, other vegetables, sugar, and fruits. The quantities in the food basket are scaled to provide the minimal nutritional requirements corresponding to 2,122 kilo-calorie per person per day, the same threshold used to identify the absolute poor in direct calorie intake method. The cost of acquiring the basket is calculated, which is considered as the Food Poverty line.

**Lower non-food allowance:** The median amount spent on non-food items by a reference group of households whose total per capita expenditure is close to the food poverty line.

**Upper non-food allowance:** The median amount spent on non-food items by a reference group of households whose food per capita expenditure is close to the food poverty line.

poor<sup>5</sup>, hardcore poor<sup>6</sup>). Also, essential data for the Multidimensional Poverty Index (MPI) Score was collected to compare the pre-post scenario (NUPRP already has the data on MPI score of their potential beneficiaries). The household survey also gathered data/information about the perception of the respondents/participants about the changes in their socio-economic status attributable to the COVID-19. Figure 1.4.2 presents a simple scheme of poverty estimations.

Figure 1.4.2: Planned poverty assessment methods and poverty estimates

Poverty Assessment Method	Poverty Estimate
Multi-dimensional Poverty Index	Head Count Ratio
Upper Poverty Line (Cost of Basic Needs)	Poverty Gap
Lower Poverty Line (Cost of Basic Needs)	Squared Poverty Gap
Absolute Poverty (Direct Calorie Intake)	Perceived changes in socio-economic status
Hardcore Poverty (Direct Calorie Intake)	
Perception of socio-economic status	

**Key Informant Interview (KII):** The KIIs were conducted with representatives from Sector Departments and Local Government, Town Managers of NUPRP, leaders at different tiers of the community [Community Development Committee (CDC), CDC-cluster, Town Federation (T.F.)], health service providers/managers, and NGOs to identify priority needs and opportunities across all the key Output areas of NUPRP with particular emphasis on the impact of COVID-19. Separate Checklists/ guidelines (see Annexe 2) were prepared to interview each type of Key Informants.

**Focus Group Discussion (FGD):** FGDs were conducted with community people to discuss priorities of the households in the poor urban settlements amidst the COVID-19 and assess the level and quality of COVID-19 response interventions undertaken by the Government of Bangladesh. The number of participants in each FGD was limited to 5-7 persons. Discussion guidelines (Annexe 2) were prepared in congruence with the specific objectives of this assessment study.

**Literature Review:** Pertinent information available in websites and media (print and electronic) on the different activities, programmes, and assessments undertaken by the Government, NGOs, Development Partners, philanthropists and charities, CBOs and local volunteers were reviewed. Among others, the review included those prepared by BIGD, PPRC, CPD, TIB, the World Bank, IMF, ADB, Needs Assessment Working Group Bangladesh, LightCastle Partners, Alternative Budget proposals of Bangladesh Economic Association for the fiscal year 2020-21.

**Programme Assessment:** The existing NUPRP activities, log frames, priorities needs were assessed to forward time-demanded practical recommendations. Discussion meetings (face-to-face or through Skype) with NUPRP implementing officials was undertaken in this regard.

<sup>5</sup>a person whose daily calorie intake is lower than 2,122 k.cal is considered in the category of absolute poor

<sup>6</sup>a person whose daily calorie intake is lower than 1,805 k.cal is considered in the category of hardcore poor

### 1.4.3 Sample Size of Households

The survey collected panel data from the respondents of two rounds of NUPRP baseline surveys. Data were collected from 50 per cent of the households surveyed in the NUPRP baseline<sup>7</sup>, 2019 (the third and final round baseline survey is yet to take place). The total sample household for the survey with such consideration was 2,135 (Table 1.4.1.).

Table 1.4.1: Distribution of sample households by City Corporation/ Paurashava and by the beneficiary, semi-control, and control group

City Corporation/ Paurashava	Beneficiary	Semi-control	Pure control	Total
Dhaka North	136	19	37	192
Chattogram	159	21	41	221
Khulna	144	20	40	204
Sylhet	108	17	33	158
Mymensingh	99	16	32	147
Narayanganj	97	16	31	144
Chandpur	119	24	47	190
Rangpur	60	15	28	103
Dhaka South	75	13	25	113
Gazipur	55	13	25	93
Cumilla	48	13	23	84
Rajshahi	73	15	30	118
Kushtia	63	13	28	104
Patuakhali	98	23	45	166
Faridpur	60	13	25	98
<b>Total</b>	<b>1,394</b>	<b>251</b>	<b>490</b>	<b>2,135</b>

<sup>7</sup>The sample size determination for beneficiary group during baseline considered individual indicators for each type of grant or support recipient by NUPRP. Indicators with values considered to draw sample sizes for various beneficiary groups were: 1) crude employment rate in urban area, 2) share of income by household of lowest deciles, 3) combined dropout rate of boys and girls of grade v-vii, 4) dropout rate of girls from secondary school, grade ix-x), 5) stunting among children aged less than 5 years, 6) share of semi-pucca and pucca households in slums, and 7) proportion of urban disaster resilience. The sample size was determined considering 95% confidence interval, 80% power, design effect (1.2) for multi-stage sample, and attrition (10% for possible dropout). The following equation was used to determine the sample sizes for each beneficiary group:

$$n = \left( \frac{\sqrt{Z_{\alpha}(2P(1-P))} + \sqrt{Z_{\beta}((P_1(1-P_1) + P_2(1-P_2))}}{(P_2 - P_1)} \right)^2 \times deff \times attr$$

where:

$Z_{\alpha}$ = the z-score corresponding to the probability with which it is desired to be able to conclude that an observed change of size  $(P_2 - P_1)$  would not have occurred by chance;

$P = (P_1 + P_2) / 2$ ;

$Z_{\beta}$ = the z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size  $(P_2 - P_1)$ , if one actually occurred.

$P_1$ = the estimated proportion at the time of the baseline survey; and

$P_2$ = the proportion at endline such that the quantity  $(P_2 - P_1)$  is the expected magnitude of change;

deff = design effect;

attr = attrition for possible dropout from project.

The sample size of pure controls was twice the size of the maximum sample size used for each of the individual projects. The sample size of semi-controls was 10 per cent greater than the largest sample size used for each of the individual project components.

#### 1.4.4 Sample for Qualitative Information

A brief on the collection of qualitative information, including the methods applied, the nature of respondents and participants, the number of samples, along with some necessary remarks, is presented in Table 1.4.2.

Table 1.4.2: Collection of qualitative information- methods, respondents and participants, and sample

Information collection method	Target respondent/participant	Number	Remarks
Key Informant Interview (KII)	Sector Departments and Local Government	15	One KII in each City Corporation/ Paurashava
	Town Managers	15	One KII in each City Corporation/ Paurashava
	Representatives from the community (CDC, CDC Cluster, T.F.)	21	One KII in each City Corporation/ Paurashava
	Health professional providing COVID-19 services	6	One KII in every alternative City Corporation/ Paurashava
Focus Group Discussion (FGD) or In-depth Interview (IDI)	Community people	15	One FGD in each City Corporation/ Paurashava

#### 1.4.5 Data/Information Analysis

**Quantitative analysis:** Quantitative analysis is presented for the beneficiary, semi-control and pure control households at three different time points. Quantitative analysis was done using methods of descriptive analysis, graphical presentations, comparative analysis, and comparison of present status with relevant national estimates. All data collected using the structured questionnaire survey was analysed using SPSS.

- *Descriptive analysis:* Descriptive analysis included distributions (percentages and/or numbers) by the beneficiary, semi-control, and pure control groups by different time points.
- *Graphical representations:* Selected findings from the descriptive analysis was presented graphically.
- *Comparative analysis:* Comparative analysis was performed for different household groups (beneficiary, semi-control, and pure control). Also, a comparative analysis was performed in two to three different time-points depending upon the availability of data. These included the following time-point scheme: time-point of NUPRP baseline survey 2019; time-point immediate before the lockdown, February 2020; and time-point two-months after the lockdown, June 2020 (see Figure 1.4.1). Most appropriate test of the hypothesis was applied based on the data type for the comparative analysis.

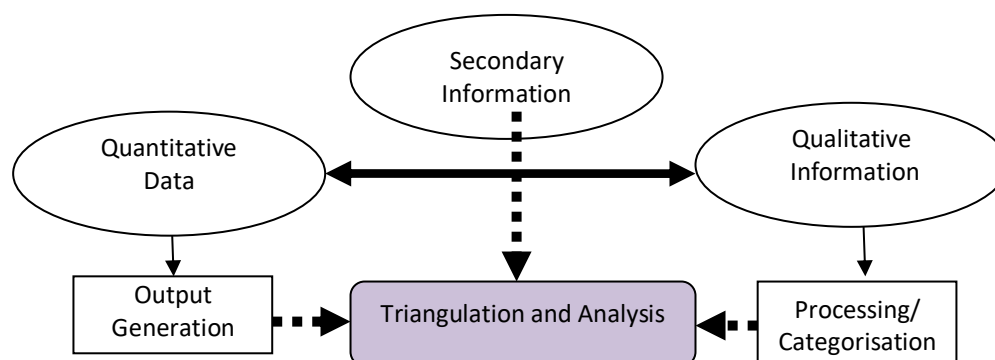
**Qualitative analysis:** The qualitative analysis was performed to extract the essence of the following:

- Identifying key priorities for affected households in the poor urban settlements that should be targeted by the government/NUPRP immediately, during recovery and the post-COVID-19 period,
- Perception of the affected urban poor population about the changes in their socio-economic status,
- The level and quality of COVID-19 response-interventions undertaken by the Government,
- Possible short term, medium-term and long-term impact of COVID-19, and
- Scope of future work for NUPRP – both existing and new scopes of work.



**Triangulation:** The qualitative information and quantitative data analysis were carried out separately, and their findings were synthesised to draw objectively verifiable conclusions and based on those bring meaningful suggestions for the NUPRP. Figure 1.4.3 illustrates the mechanism of triangulation.

Figure 1.4.3: Triangulation of data and information



**Recommendations:** Based on the reviews and survey findings, a set of feasible recommendations has been developed. The recommendations were made from a programmatic perspective (aid and advocacy) for short, medium and long term.

## 1.5 Survey Implementation

**Project orientation:** HDRC arranged a 4-day long orientation at Dhaka, including pre-test. NUPRP officials participated in the training sessions through Zoom meeting. The classroom sessions were for two days. Following this, a field practice was arranged at a nearby location in Dhaka. The orientation ensured uniform understanding among survey staff about the project approach, its results, and data verification process. The orientation took place between 11 and 14 July 2020.

**Field team structure:** The field team was under the close supervision of HDRC's (Human Development Research Centre) core team members and NUPRP technical officers. Separate groups were deployed to collect data and information from each City Corporation and Paurashava. NUPRP issued a letter requesting cooperation from GoB officials and representatives. Contact information of each team was circulated among HDRC and NUPRP officials for any necessary verification. Each group was also provided with a field plan to collect data systematically. These plans were shared with NUPRP officials before collection. The data and information collection activities were undertaken between 15 and 28 July 2020.

**Protective Measures for COVID-19:** HDRC ensured the fullest possible health safety and security (due to COVID-19) of all field personnel deployed during this survey. Besides training on the proper use of personal protection equipment, the enumerators were supplied with such equipment adequately (i.e., PPE, face mask, goggles, hand gloves, head cover, hand sanitiser, and all necessary medicines). Qualified medical doctors were available online to provide medical/health-related supports to the field staff. During the training and interviews, the enumerators took all necessary measures to protect the safety of the respondents/participants. HDRC provided protective kits for the respondents through the enumerators, train them about use by the respondents as well as about methods of proper use by the respondents. During group discussions, the discussants were seated, maintaining physical distancing and provided with protective equipment.

## 1.6 Quality Control Measures

**Field Data Collection:** Data quality control mechanisms for the household survey was an important issue as a notable portion of the data for this survey was quantitatively focused and was collected on a recall basis. A field protocol was prepared in Bangla (including facilitation techniques for the HH survey, FGD and KIIs) to ensure data quality and consistency. HDRC undertook the following strategies/activities during fieldwork collection for data quality assurance in line with the data quality assurance protocol:

- Two core team members were in the field for the first three days of collection to make sure no serious problems persisted in the data collection process and ensure the process could run properly (e.g., problems with the data collection application).
- Field team supervisors shared respective field updates every day to make sure the data collection was on track.
- Team supervisors consulted HDRC's core team for any difficulties regarding tools and identification of respondents (key informants), and HDRC had taken steps immediately to resolve the concerns for smooth execution of data collection.
- HDRC staff maintained field survey protocols (facilitation techniques for the household survey, FGD and KIIs with consent) at every step of data collection. Hence, the data/information collection method remained consistent.

**Data Quality Control:** HDRC took the following steps for assuring quality control during data management, computerisation and cleaning:

- Uploaded data were checked for consistency and recoding of 'other' responses to structured questions was done.
- Data was uploaded on a regular basis, and inconsistencies were communicated back to field personnel. These were resolved by asking the field enumerator and his/her supervisor for clarification.
- The android based application included logical checks to reduce errors.
- Data cleaning included generating single variable tables for consistency checks.
- Data were cleaned by consistency checks, cross-tabulations, and cross-checking values with the original questionnaire.

## 1.7 Limitations of Study

- To understand the socio-economic condition of urban poor households, data from February-March 2020, just before the COVID-19 pandemic starts in Bangladesh, was collected by the recall of respondents; thus, bias may occur in these estimates.
- NUPRP Baseline data was not available for all the indicators (such as migration, immunisation of children, market vulnerability) used to assess COVID-19 impact.
- In some instances, such as Household Food Insecurity Access Scale (HFIAS), household dietary diversity, data was not collected due to the high possibility of recall biases in such cases.
- Seasonality can have some effect on comparative estimates (between different time points of year) of income, food consumption, disease etc. and can contribute to over or under-estimate of COVID-19 impact, which was not considered in this study.
- The self-reported responses in health status, food security, overall satisfaction etc. may contain personal bias of the respondents' perceptions.

## 1.8 Background of the Surveyed Community

### 1.8.1 Profile of the Surveyed Household

**Household size:** Majority of the households across the types comprised of 3-5 members, similar to the baseline. However, the average household size of the beneficiary household after the lockdown is 4.46, which was 4.35 in the baseline. Average household size of the semi-control and pure control households are 4.38 and 4.22, respectively, which was 4.06 and 3.98 in the baseline, respectively. The differences in average household size are statistically significant ( $p < 0.05$ ). Table 1.8.1 reveals that average household size increased from the baseline before the lockdown starts<sup>8</sup>. No significant difference is seen between before and after the lockdown. But overall household size in City Corporations has a slight decline; the drop in household size was highest in Dhaka (both North and South) (detail are in Annexe Table 1.8.4). The changes in the average household size are likely to indicate the reverse outmigration caused due to the COVID-19 lockdown (detail are in Annexe Table 1.8.4a).

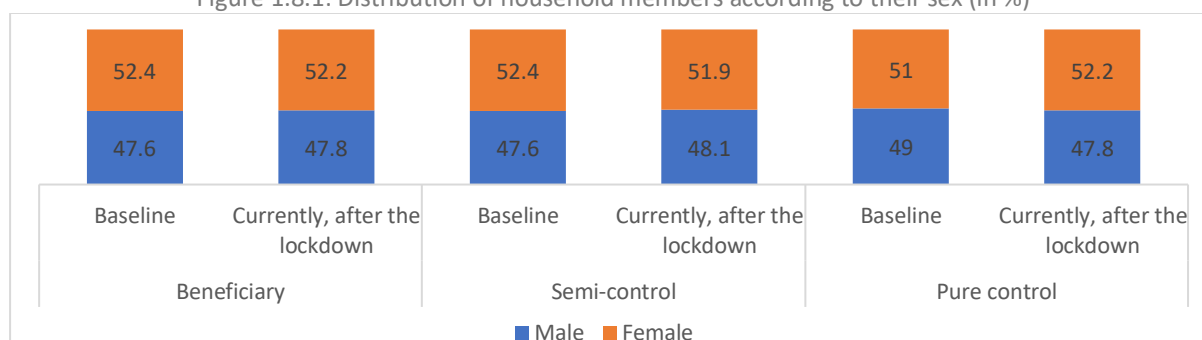
Table 1.8.1: Distribution of households according to household size (in %)

Number of household members	Baseline			Before lockdown			Currently, after lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
1	1.6	1.7	2.4	1.4	1.9	0.7	1.7	2.3	1.1
2	8.1	8.4	11.3	7.5	3.5	9.0	6.8	4.2	9.0
3	19.3	24.3	23.8	17.5	25.9	21.1	17.9	24.7	21.7
4	30.2	35.2	31.3	29.1	28.2	29.8	29.0	27.4	29.6
5	22.3	15.8	18.1	23.3	20.8	22.2	23.6	22.0	22.0
6	9.5	9.7	8.6	12.1	10.4	10.3	12.2	10.0	10.5
7+	8.9	4.9	4.6	9.1	9.3	7.0	8.8	9.3	6.1
Average household size	4.35	4.06	3.98	4.46	4.37	4.28	4.46	4.38	4.22

Source: Household Survey; details are in Annex Table 1.8.3

**Sex ratio:** Sex composition of household members after lockdown is almost identical to the baseline across all type of households (Figure 1.8.1). After lockdown, the sex ratios of the members are 91.6, 92.7 and 91.6 males per 100 females in beneficiary, semi-control and control households respectively.

Figure 1.8.1: Distribution of household members according to their sex (in %)



Source: Household Survey; details are in Annexe Table 1.8.5

<sup>8</sup> Without a migration or demographic survey, the reasons for change in household size before lockdown cannot be unveiled. However, a large number of migrant workers has returned in Bangladesh from December 2019 to March 2020. Out migration from the country is also much lower compared to those happened in the previous years. These people may contribute to the larger household size in urban low-income settlement before lockdown starts.

**Age composition and dependency ratio:** Age composition of household members follow a similar pattern to the baseline. Currently, the average ages of the household members are 27.4, 27.1 and 27.1 years in beneficiary, semi-control and pure control households respectively. Nearly 30 per cent of the household members across the groups are under 15 years of age. About two-thirds of them are at the working-age group (15-64 years). Dependency ratios, which is the ratio of population aged 0-14 and 65+ per 100 population of 15-64 years, are 52.9, 48.6 and 52 per cent in beneficiary, semi-control and control group respectively (Table 1.8.2). It is important to note that although the dependency ratio remained same during before and after the lockdown- the dependency of the urban poor population to the working-age group most likely has changed dramatically if a high level of unemployment attributable to the lockdown is taken into consideration.

Table 1.8.2: Distribution of household members according to their age in years (in %)

Age (in years)	Baseline			Currently, after lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
0-4	8.9	8.3	10.2	8.6	9.2	9
5-9	9.6	10.7	10.9	9.8	9.4	10.0
10-14	11.3	10.2	11.1	11.4	10.2	10.9
15-19	12.4	12	10.4	11.6	11.6	10.1
20-24	8.9	8.6	7.9	8.8	8.6	8.5
25-29	8.3	8.1	9.8	8.1	8.8	9.2
30-34	7.2	8.0	7.6	6.7	7.8	8.5
35-39	7.9	8.5	7.9	8.0	8.1	8.7
40-44	6.1	5.6	6.0	6.3	5.4	5.9
45-49	5.6	6.1	5.1	5.5	6.7	4.3
50-54	4.2	3.6	3.7	4.2	4.6	4.1
55-59	2.8	3.4	2.6	3.0	2.5	2.8
60-64	2.7	3.2	2.9	3.2	3.2	3.7
65+	4.1	3.7	3.9	4.8	3.9	4.3
Average age of household members	26.9	27.1	26.1	27.4	27.1	27.1

Source: Household Survey; details are in Annexe Table 1.8.6

**Occupational status:** Similar to the baseline, majority of the household members (15 years and above) in poor urban settlement depends on labour, either skilled or unskilled, to earn their livelihood (beneficiary: 24.8%, semi-control: 22.8% and pure control: 25.5%). This is followed by business (beneficiary: 10.4%, semi-control: 13% and pure control: 10.7%) and services (beneficiary: 4%, semi-control: 5.1% and pure control: 4.4%). It is important to note that urban poor people basically deal with a business with small capital and seasonal business (source: FGD and KII). Nearly 30 per cent of the household members, who are female, are homemaker across the groups. About 10-12 per cent are students, whereas 4-5 per cent are elderly or incapable of working.

However, the rise of unemployment after lockdown is evident. The unemployed household members have increased by about 2 to 2.5 times compared to baseline. The differences in unemployment between baseline and after lockdown have high statistical significance ( $p < 0.00001$ ). According to the household survey, about 14.4, 11.9, and 12.8 per cent household members are unemployed in the beneficiary, semi-control and control households respectively.

Table 1.8.3: Distribution of household members (15+ years) by primary occupation (in %)

Type of occupation	Baseline			Before lockdown			Currently, after lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Unskilled labour <sup>9</sup>	22.2	21.6	25.1	23.9	22.9	22.7	18.5	19.4	17.0
Skilled labour <sup>10</sup>	5.5	5.6	6.9	7.5	4.4	9.0	6.3	3.4	8.5
Business <sup>11</sup>	12.2	12.1	10.7	13.0	14.6	12.2	10.4	13.0	10.7
Government or private Service <sup>12</sup>	7.2	8.9	8.2	5.1	5.8	5.7	4.0	5.1	4.4
Agriculture <sup>13</sup>	0.5	0.5	0.5	0.4	0.4	0.7	0.4	0.2	0.5
Homemaker	28.3	29.9	30.6	26.9	28.2	28.6	29.2	30.1	31.2
Student	11.0	12.1	6.7	11.0	12.8	10.5	10.6	12.4	9.9
Unemployed	5.5	3.5	3.9	5.6	6.3	5.0	14.4	11.9	12.8
Elderly/ incapable to work	5.6	3.4	4.6	5.0	3.7	3.6	4.9	3.8	3.8
Others <sup>14</sup>	2.0	2.4	2.8	1.6	0.9	2.0	1.3	0.7	1.2

Source: Household Survey; details are in Annexe Table 1.8.7

## 1.8.2 Profile of Household Survey Respondents

**Age:** Table 1.8.4 presents the age distribution of the survey respondents. From the table, we can see that the average ages of the respondents are 36.7, 36.7, and 37.1 years in beneficiary, semi-control and pure control households respectively. The age of the respondents is ranging between 18 and 75 years, with the majority are between 30-44 years of age (details are in Annexe table 1.8.2).

Table 1.8.4: Distribution of survey respondents according to their age in years (in %)

Age (in years)	Beneficiary	Semi-control	Pure control
18-29	27.5	28.6	26.7
30-44	45.7	43.7	47.2
45-75	26.8	27.7	26.2
Average age	36.7	36.7	37.1
Minimum age	18	18	18

9 "Unskilled labour" includes day-labour, driving own rickshaw/van, driving rented-in rickshaw/van, construction labour, housemaid, transport worker, fisherman, boatman, factory or shop worker, hotel boy, shop assistant etc.

10 "Skilled labour" includes electrician, welder, plumber, carpenter, driving own CNG/motorcycle, driving rented-in motorcycle/car/CNG (including Uber/Pathao/Obhai), motor cycle/car mechanic, refrigerator-ac mechanic, barber/hair dressing, mobile servicing business, computer operator, repairman (appliances), garment worker, mill worker (rice mill, jute mill), ambulance driver, craftsman, painter, press worker, Tent weaving etc.

11 "Business" includes mason, blacksmith, pottery, cobbler, tailor/seamstress, renting out rickshaw/van, renting out CNG/motorcycle, clothes washer/laundry, saloon business, small departmental store, tea stall (including betel leaf and cigarette), flexi load/bKash/rocket agent, contractor, hotel/café, handicrafts, beauty parlour, block-batik/tie-dye, selling food items in van, selling non-food items in van, weighing machine provider, selling food items in footpath or alike, selling non-food item in or alike, shopkeeper, sewing machine parts selling, small business, Sanitary business, vegetable selling, printing business, pharmacy, nursery, jewellery business, fish trader etc.

12 Service (govt/private) includes teacher, sweeper/cleaner, private sector office service, government/semi-government office service, NGO worker, security service, pion, nurse, buying house job etc.

13 "Agriculture" includes agriculture, farmer, rearing poultry birds, livestock (animals and dairy products), crop agriculture, aquaculture, horticulture etc.

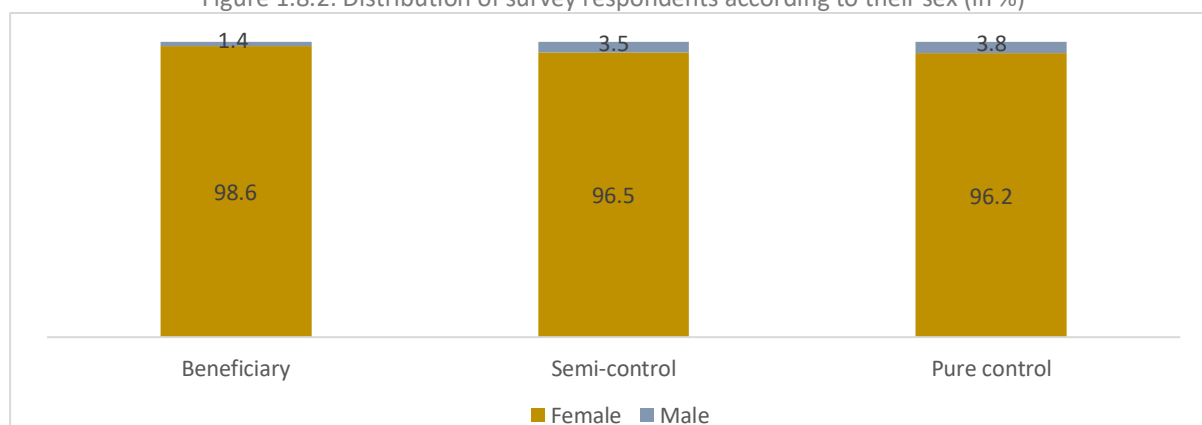
14 "Others" include private tutor, religious leaders, beggar, sportsman, kazi, kabiraj, homeopath doctor, tutor, learner, home delivery service etc.

Age (in years)	Beneficiary	Semi-control	Pure control
Maximum age	75	70	70

Source: Household Survey; details are in Annexe Table 1.8.2

**Sex:** Beneficiaries or Primary Group (PG) members in the beneficiary households and adult female members in the semi-control and pure control households were primarily targeted for household interview. Figure 1.8.2 reveals that 98.6, 96.5 and 96.2 per cent of the respondents in beneficiary, semi-control and pure control households respectively are female (Figure 1.8.2).

Figure 1.8.2: Distribution of survey respondents according to their sex (in %)

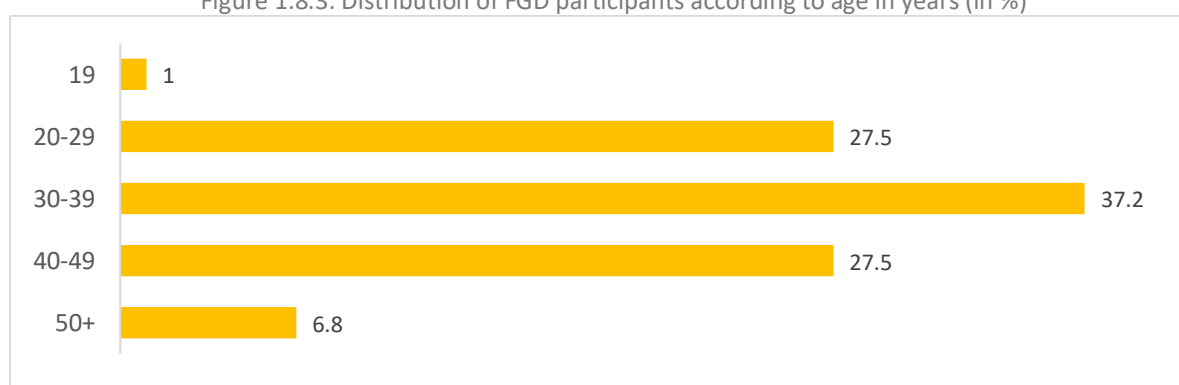


Source: Household Survey; details are in Annexe Table 1.8.1

### 1.8.3 Profile of Focus Group Discussion Participants

**Age and Sex:** All the FGD participants are female and PG members. The average age of the FGD participants is 43, ranging between 19 and 62 years. More than 90 per cent of them are of age between 20 and 49 years.

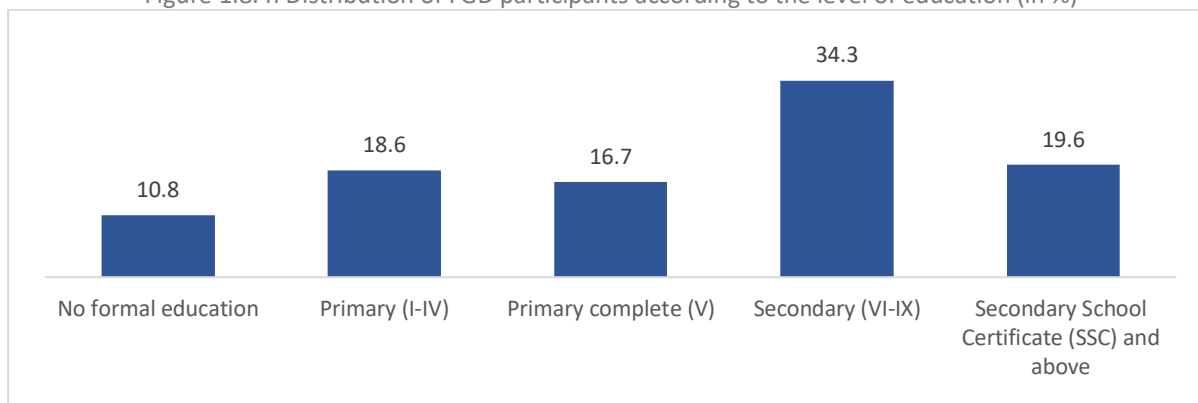
Figure 1.8.3: Distribution of FGD participants according to age in years (in %)



Source: Focus Group Discussion; details are in Annex Table 1.8.11

**Education:** Among the FGD participants, about 53.9 per cent have secondary or higher-level education, 35.3 per cent have up to primary level education, and about 10.8 per cent have no formal education.

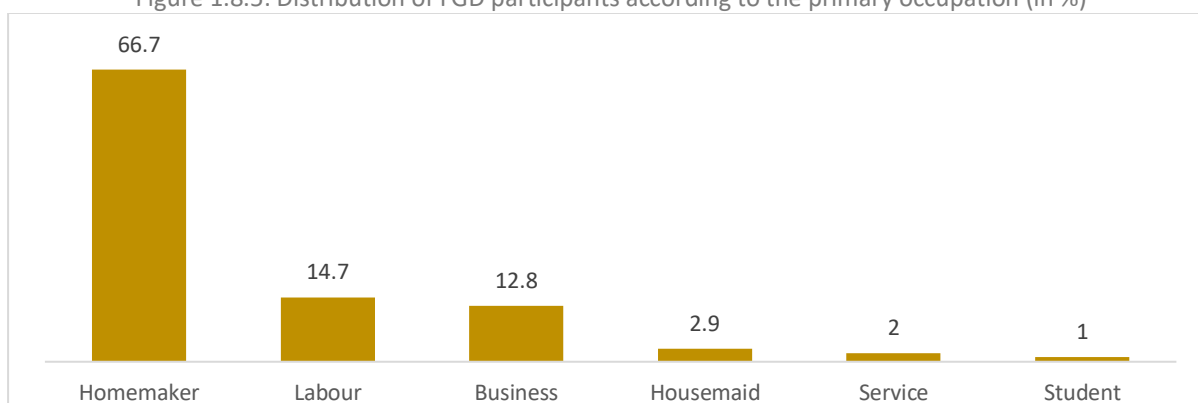
Figure 1.8.4: Distribution of FGD participants according to the level of education (in %)



Source: Focus Group Discussion; details are in Annexe Table 1.8.12

**Occupation:** Majority of FGD participants are homemakers (66.7%). About 14.7 per cent are labourers, which is followed by business (10.8%) and housemaid (2.9%).

Figure 1.8.5: Distribution of FGD participants according to the primary occupation (in %)



Source: Focus Group Discussion; details are in Annexe Table 1.8.13

#### 1.8.4 Profile of the Key Informants

A total of 57 Key Informant Interviews were conducted. The key informants included fifteen town manager, eight town federation officer, five slum development officer, six community development committee members, fifteen councillors and six medical officers (Table 1.8.5).

Table 1.8.5: Number of Key Informant Interviews (KIIs) with the key informants

Key Informants	Number of interviews
Town Manager	15
Town Federation Officer	8
Slum Development Officer	5
Community Development Committee	8
Councillor	15
Medical Officer	6
Total	57

Source: Key Informant Interviews; details are in Annexe Table 1.8.14



## Chapter 2: Impacts on Resource Endowment

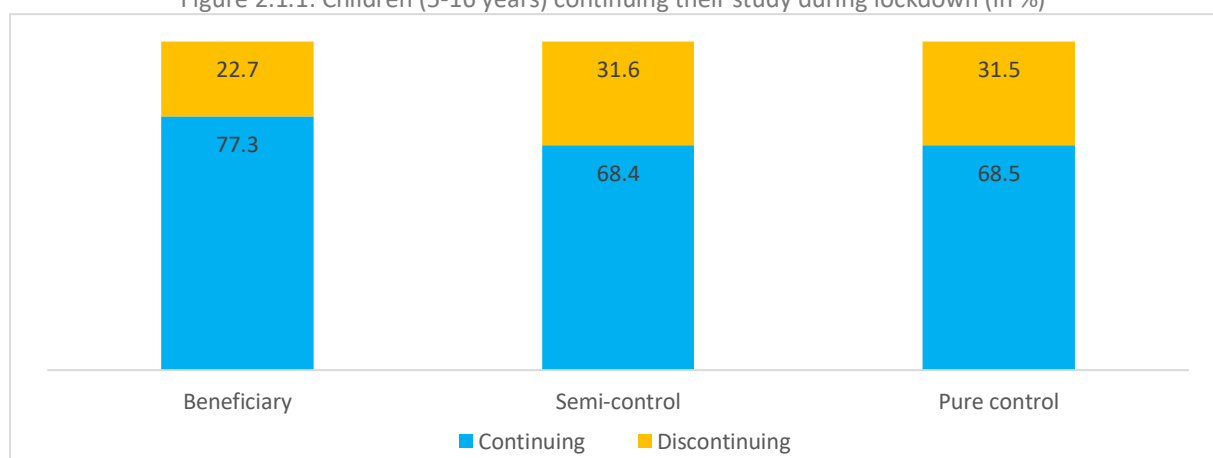
### 2.1 Education and Skill Training

COVID-19 pandemic has brought about a grave crisis in the education sector. Those in government and non-government educational institutions - teachers, students, parents, and non-academic staff - have been badly hurt by the pandemic. All types of educational institutions in Bangladesh were closed from March 2020 to prevent the community transmission of the virus. The Government of Bangladesh is hitherto to decide on permitting the reopening of educational institutions. The government initiated broadcasting of classes in national television and encouraging educational institutions to operate their academic activities online. However, only a few students have the interest to broadcasted class or access to the online-based class. The Government of Bangladesh, authorities of educational institutions, parents and students are closely observing the situation and crossed their fingers with hope that everything will get back to normal soon. It is undeniable that nationwide lockdown and prolonged shut down of educational institutions for an indefinite period, indeed affecting children's education and their future. In a different note, COVID-19 also forced to postpone all kind of skill training programmes. Suspended skill training programmes certainly will delay many job seekers job placement and may cause an upsurge in unemployment.

#### 2.1.1 Continuation of Child Education

As panel data has been used, children enrolment in school remains similar to the baseline across households (detail are in Annexe Table 2.1.1). Household survey reported that about 22.7 per cent children from the beneficiary group (out of 77.5 per cent enrolled in school) are not continuing their study since the lockdown. More than thirty per cent children from the semi-control group (31.6% out of 78.6% enrolled in school) and pure control group (31.5% out of 72.3% enrolled in school) are discontinuing their study amidst COVID-19 forced school shut down (Figure 2.1.1) (details are in the Annexe Table 2.1.1 and Annexe Table 2.1.2). They are perhaps uncertain about their future education and are at danger of dropping out of school. Community discussions with urban poor people, community leaders (local and citywide) and municipality officials (elected and administrative) indicated that many urban poor children would not be able to continue their education in future.

Figure 2.1.1: Children (5-16 years) continuing their study during lockdown (in %)



Source: Household survey; details are in Annexe Table 2.1.2

More than three-fourths of the children in beneficiary households (78.1%) are studying by themselves at home since the lockdown. However, it is not at all easy for children to prepare lessons on their own at home. Children do seek support from their parents or other household members, but there are many households where parents are uneducated and cannot help their children. According to NUPRP Baseline Survey' 2019, more than 40 per cent of the beneficiary household heads do not have any formal education, while another 10 per cent have not completed their primary education. In consequence, less than 30 per cent of the children in the beneficiary households are getting help from their parents regarding their study (Figure 2.1.2).

Community discussions across fifteen municipalities revealed that urban poor households hardly have an educated member available in the household who could give coaching to their children. Key informants from urban poor communities and municipality offices of Chandpur, Faridpur and Rangpur reconfirmed that urban poor parents are mostly uneducated and cannot help their children in home-based education. One of the FGD participants from Chandpur said, *"Those who are educated could help their children to study at home, but how those who are not educated like us could help?"*

Only about 15.7 per cent children in beneficiary household physically attend private tuition class, while 1 per cent are getting virtual education from the private tutors. Community discussions explained how difficult it is for urban parents to arrange private tuitions for their children. Household financial crisis due to a decline in income has restrained parents from admitting their children to private tutor's class or hire a private tutor for home-coaching. One of the FGD participants of Patuakhali said, *"We could not appoint a tutor for our children even though we have an honest desire to do so. We are financially broke and unable to hire a private tutor at this moment!"*. One of the participants in Chattogram said, *"We could not appoint a private tutor for our children because of the current financial crisis"*. Another FGD participant from Chandpur said, *"Earlier, we could admit our children into coaching centre paying a minimal amount. All private coaching is closed now, and we cannot afford to hire a private tutor at home!"*.

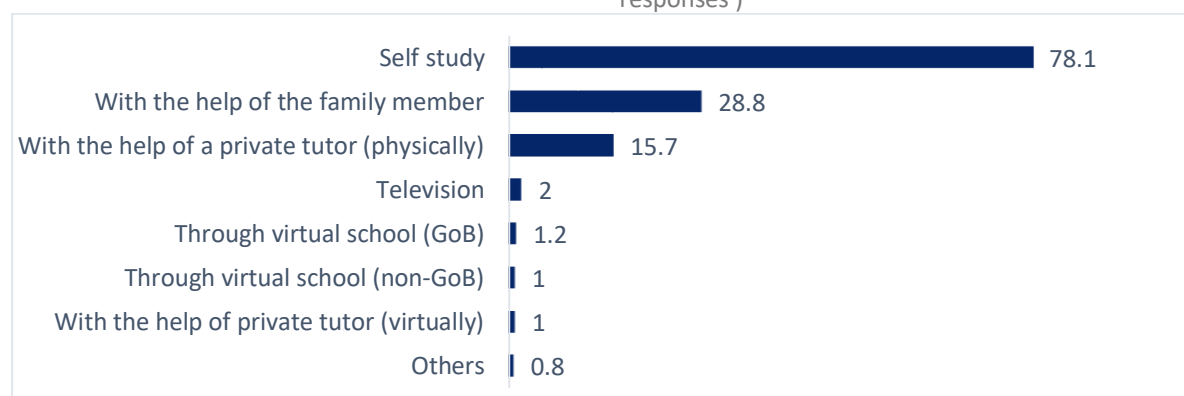
A tiny portion of the beneficiary households (2%) are learning from television broadcasted academic programmes. Community people are not satisfied with television channels telecasted academic programmes. One FGD participant from Chandpur said, *"The way teachers explain something when we do not understand in physical classes is not possible in class telecasted on television"*. FGD participants in Rangpur commented, *"Children does not like watching classes on TV. There is no one to ask a question in TV classes if they could not understand a topic. Television classes are effective for those who are good students, but not for the weak students!"*.

On the other hand, only a few are taking virtual classes conducted by government or non-government schools to continue their study (Figure 2.1.2). Most of the urban poor children could not attend online classes due to unavailability of android phone and internet connection at the household. One of the FGD participants in Narayanganj stated, *"Children do not want to study at home. Presently, many schools are conducting classes online. But, how could our children attend classes? We do not have an android or smart mobile phone"*. One of the FGD participants in Chandpur said, *"Not everyone has a smartphone or the financial ability to buy internet. How they will participate in classes?"* Another FGD participant from Chandpur commented, *"Not everyone can buy a smartphone at the present situation"*. FGD participants from Dhaka North stated, *"We could not provide our children with the smartphone or MB required for the online class. In that case, we have no other option rather than stopping their study!"*. FGD participants in Khulna informed that they do not have any television or good phone (smartphone). So, their children could not attend online classes.

In semi-control and pure control households, a similar scenario is observed. The only difference is that more children in semi-control and pure control household receive help from their family members

compared to the beneficiary household (semi-control: 42.5% and pure control: 35.7%) (details are in the Annexe Table 2.1.3).

Figure 2.1.2: Ways of study during lockdown of the children in beneficiary households (in %; multiple responses )

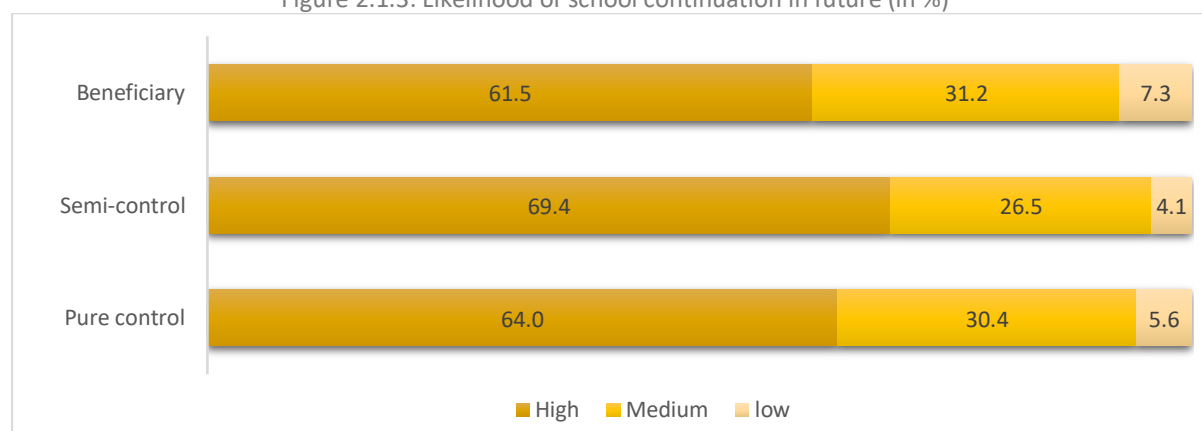


Source: Household survey; details are in Annexe Table 2.1.3

According to the household survey, nearly 40 per cent of children in the beneficiary household has a medium to a low chance of attending school after COVID-19 pandemic ends. In semi-control and pure control households, the corresponding figures are 30.6 and 36 per cent, respectively (Figure 2.1.3). They are probably uncertain about the continuation of their children's education.

Discussions with the urban poor community people, local and citywide urban poor community leaders, local urban government representatives and government officials, and NUPRP officials unfold the actual situation of urban poor children's future of education. Local-level and citywide-level urban poor community leaders expressed their deep concern about the growing threat of urban poor children's school dropout. Municipality representatives of the fifteen municipalities also supported the worries about children's education. Urban poor community discussants from Gazipur and local-level urban poor community leaders from Faridpur and Khulna mentioned at least one-fourth of the children would drop out from school, and about one-fourth adolescent girl students will be forced to get married. Alongside, FGD participants from fifteen municipalities expressed their concern about prolonged school shut down will cause substantial school dropout. Community discussions with urban poor across fifteen towns also revealed that the decline in parents' income indeed would trigger school dropouts

Figure 2.1.3: Likelihood of school continuation in future (in %)



Source: Household survey; details are in Annexe Table 2.1.4

Discussion with community people and key informants in 15 municipalities has revealed seven factors that will trigger children to discontinue school. These factors are- the uncertainty of school opening, study-break pressure, children's loss of interest to study, child marriage, forced child labour, parents' financial crisis, and higher education cost. All the FGD discussants and key informants agreed that uncertainty of COVID-19 pandemic and closing of schools could be a significant factor in halting children's education forever. FGD participants from different municipalities also highlighted the fact that those children already forced into child labour will never resume their studies. Likewise, it would not be possible for married adolescent girls to continue their education when school reopens. They probably will have to take the family burden. Community people, as well as development workers and municipalities officials, are very much concerned about children's loss of interest in the study. Due to the postponing of academic study, they have been addicted to television, mobile-phone games or hangouts with friends, which will affect their study and the academic result after school resumes. It could also be the reason for permanent study discontinuation and school dropout. Community people warned in the discussions that many children would not be able to continue education if their parents do not get any financial support to manage education cost. One of the FGD participants from Dhaka North said, *"Many school-going children will dropout as schools are closed. In this situation, I definitely will tell my children that it is no longer required for you to study. Rather, do something that will help the family. I cannot bear your educational cost anymore"*. Community discussion in Sylhet and Chattogram confirmed that forced child labour has increased in the municipalities. Community discussions in other towns have also indicated a noticeable increase in child labour due to the decline of household income. FGD participant from Dhaka North mentioned, *"Many parents are trying to send their children to work as schools are closed for a long time"*. Meanwhile, FGD participants from Rangpur are not sure whether it will be possible for them to send their children back to school or not, but they would try when school reopens. FGD participants in Gazipur summarised the negative impact of children's discontinuation in education as follows- *"Many children have lost attraction to their study which will harm them badly: they would either be addicted from drugs or suffer from unemployment in future"*.

Urban poor community people of Gazipur suggested extending the academic year 2020 up to 2021 for arranging makeup class. FGD participants, community informants, as well as municipality informants in all towns, told that UNDP-NUPRP should expand beneficiary and area coverage for the educational grant program to prevent school dropout due to child labour and child marriage. Municipality informants also suggested broadening the coverage of the government scholarship. Municipality informants and poor urban leaders (local and citywide) proposed waiving tuition fees of all urban poor children. FGD participants in Mymensingh recommended arranging free education for children of poor households to ensure their brighter future. Urban poor people in Dhaka North and Dhaka South suggested in the community discussion to reduce tuition fees of schools. They also requested the government for allocating education grant for poor students or give stipends to all students. They also suggested schools to organise free coaching classes for students. Local and citywide urban poor leaders from fifteen municipalities strongly recommended financial and food assistance for enrolled students to prevent school dropout and child marriage.

All 15 municipalities informants highlighted the importance of facilitating earning opportunities for parents to alleviate the overall risk of future dropout from education due to household financial crisis. FGD participants in Rangpur, Mymensingh and Kushtia suggest starting academic activities in schools maintaining social distancing. They also proposed to start two-shift instead of one-shift classes for maintaining social distancing and uninterrupted study. Community discussants firmly stated that community leaders and elected municipality officials should play a pioneering role in diverting parents' motives to stop engaging their home-staying children in child labour or forced adolescent girls into marriage through community advocacy. Additionally, community discussants and municipality informants also suggested a mass campaign about national helpline for the prevention of child labour and child marriage by UNDP-NUPRP supported community leaders and community facilitators.

Another potentially vibrant option could be promoting community journalism among children and equip them in this regard so they can act as community mobiliser to counter child labour and child marriage. Considering the household survey illustration of children school discontinuing possibility and uncertainty about school reopening, UNDP-NUPRP needs to come up with a contingency plan (subsidy grant) to prevent school dropout (in the process countering child labour and child marriage).

### 2.1.2 Skill Training Status and Utility

All kind of skill training programmes and academic programmes have been badly affected by the COVID-19 pandemic. Existing skill training programmes operated by government and non-government agencies have been suspended for an indefinite period since the lockdown. COVID-19 pandemic shockwave trapped trainees and apprentices of different skill training programmes at risk of delayed employment or unemployment. As a negative consequence of COVID-19, potential labour force who are supposed to be skilled labour and would able to contribute in both household and national income will become a part of the unutilised labour force of the community and country. The need for different types of skill-based training is escalating as a result of COVID-19 in both the formal and informal labour market. Municipality informants informed that many Readymade Garments (RMG) workers lost jobs because of RMG factories job cuts and layoffs. In this context, newly unemployed RMG workers could be trained on need-based alternatives and newer trades and be employed in the relevant formal and informal industrial sectors. Municipality informants also emphasised on training the urban poor youth on alternative and new skills to open the opportunities of employment for them. Citywide urban poor community leaders from fifteen municipalities urged to provide need-based skills training to newly unemployed urban poor and facilitate job placement. Local urban poor community leaders mentioned about some demand generated trades like driving, tailoring, computer services, mobile servicing, fridge/refrigerator servicing, air-conditioner or air cooler servicing and electrical works suitable for urban poor youth and newly unemployed. Community discussions in fifteen towns suggest the immediate requirement of skill training programmes for the urban poor community. FGD participants in Mymensingh said, *"Poor people need training on income-generating activities like tailoring, construction, mobile servicing, etc."* FGD participants in different municipalities also asked for sponsoring specialised training for homemaker urban poor women, so that they can contribute to the household income.

Furthermore, local urban poor community leaders proposed allocating small starter grant or loan with easier terms for trained urban poor women to help them in launching trade based business at home. One of the FGD participants from Cumilla said, *"Creating opportunities for learning tailoring work for women is essential. The urban poor women could also be trained in sewing and handicrafts work"*. Notably, key informants from municipalities emphasised on the need for specialised income-generating training for person with disabilities. Urban poor people in all town-level community discussions highlighted the necessity of the increasing number of beneficiaries and area coverage of UNDP-NUPRP sponsored skill development training and apprenticeship grant programmes. One of the FGD participants from Rajshahi said, *"Most of the women are working as a domestic worker in different households. Most of the families are no longer employing any domestic worker to work. UNDP-NUPRP could train them on boutiques or tailoring followed by loan disbursement in easier terms so that they could be self- dependent"*. Local and citywide urban poor community leaders also feel the need for reprogramming the business grant, skill development training and apprenticeship grant programmes of UNDP-NUPRP. Local urban poor community leaders endorsed the idea of the training up of former urban poor vendors and merchants on specific technical trades or business trade along with a small grant to start own trade-based businesses locally. Urban poor people in the municipality-level discussion recommended increasing trainee allowances and duration of the training. One of the FGD participants from Narayanganj said, *"NUPRP provided training to many people on tailoring and parlour work as well on handicrafts work. BDT 7000 is also distributed among trainees after successful"*

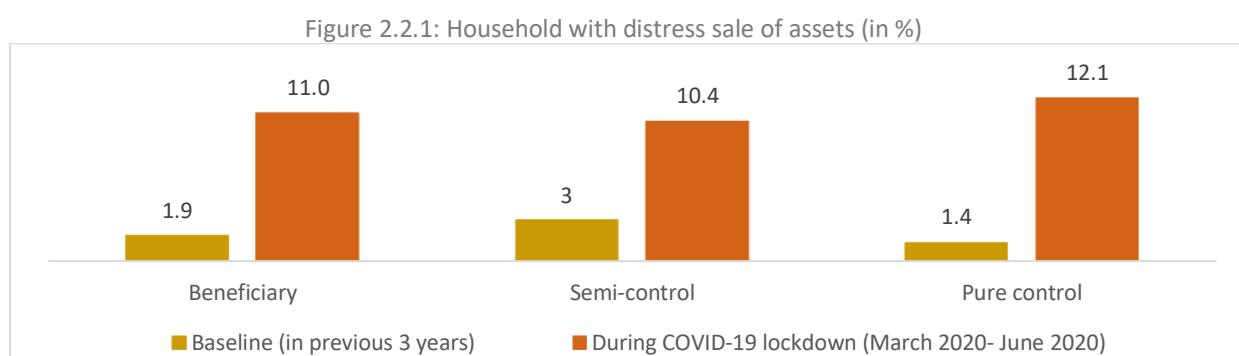
*competition of training*". Local urban poor community leaders echoed with community people regarding the proportionate increase of the daily allowances for apprenticeship training and skill-development training. They also suggested allocating allowances daily, which is now given every month.

The household survey reported that about 43.8 and 47.1 per cent of the beneficiary and semi-control households respectively are seeking job placement assurances along with capacity development training. About 8 per cent of the beneficiary households expressed the necessity of capacity building training on new business skill and market promotion (details are in the Annexe Table 2.1.5). Local urban poor community leaders give more importance on need-based training for business grant beneficiaries of UNDP-NUPRP before grant transfer to ensure optimum utilisation of grants. Community informants and municipality informants raised their concerns about job placements after successful completion of skill training. They expressed their worries about the difficulties that urban poor people would face to find a job amidst COVID-19 pandemic. Considering this challenge, they requested UNDP-NUPRP to include job placement along with the apprenticeship training and skill-development training. Community informants and municipality informants suggested a collaboration of UNDP-NUPRP with potential industries to secure job placement of urban poor apprentices and trainees. According to the municipality informants, UNDP-NUPRP has the scope of using its good office and network to do advocacy for job placements of the apprentices and trainees in the trade-related industries.

## 2.2 Household Asset

COVID-19 pandemic primarily affected economic resources of the urban poor households, including tangible household assets. Assets of the poor household are essential means of their overall security and increased economic productivity. Urban poor households own only nominal assets. These households usually spend years of earnings to buy some assets valuable to them. Distress sale of household assets<sup>15</sup> most likely is the only measure left with the poor to address the resilience during disaster and crisis.

Distress sale, as a means to transform the poor into ultra-poor, has been amply evident in the survey. Figure 2.2.1 reveals that about 11 per cent urban poor beneficiary households had to sell their household assets out of distress in four months (March 2020-June 2020) of COVID-19 pandemic, while this was only 1.9 per cent in three years before the baseline period. This difference is highly statistically significant ( $p < 0.00001$ ). The scenario is also same in the semi-control and pure control households. About 10.4 and 12.1 per cent semi-control and pure control households have sold their assets during the crisis period.



Source: Household survey; details are in Annexe Table 2.2.1

<sup>15</sup> Distress sale refers to a forced sale of assets often at a loss to overcome an unfavourable condition like disasters and crisis.

Urban poor people have experienced a great loss in terms of money as well. Household assets sold during COVID-19 pandemic are valued at two-thirds the value of the same during a normal time (Table 2.2.1).

Table 2.2.1: Actual and expected value of sold assets during COVID-19 lockdown (in BDT)

Indicator	Beneficiary	Semi-control	Pure control
Average actual value of the sold asset (during COVID-19 lockdown)	9,160	7,737	11,376
Average expected value of the asset (at a normal time, before lockdown)	14,492	11,444	15,589

Source: Household survey; details are in Annexe Table 2.2.3

The COVID-19 pandemic has shrunk employment and income opportunities of the urban poor people, which has put them in great financial distress. To meet the households' minimum requirements, these urban poor people had to spend their savings and take loans. However, they had a tiny amount of savings to spend and restricted access to credit in the current situation (discussed detail in Chapter 3 and 4). So, many of the urban poor households had to sell their assets as a last resort. One of the FGD participants in Kushtia said *"No work! No money in hand! ... Many urban poor people have sold their homestead in towns and used a part of this money to buy a piece of low-priced land in the village to stay. By using the rest of the money, they are somehow living their life!"*. Another FGD participant in Gazipur said with sadness *"I had some goats which I had to sell due to COVID-19 crisis. I have spent all this money to meet household expenses. Now, I have nothing! I do not even have any money to do something for a living!"*.

Along with valuable household items like land and jewellery, some of the beneficiary households have sold their productive assets such as rickshaw, sewing machine, livestock and poultry which they usually buy for increased economic productivity of the household (details are in Annexe Table 2.2.2). This will definitely lead to a decrease in household income and, in turn, may elicit more distress sales of household assets. Moreover, if COVID-19 pandemic continues for long, many more households may experience a bigger shock as they will not even have anything to sell at a stage. One of the FGD participants in Rajshahi said, *"If COVID-19 crisis stays long, people will be forced to go to bigger cities in search of work. Till now, people are somehow surviving by spending their savings and selling assets"*.



## Chapter 3: Impacts on Livelihood Strategy

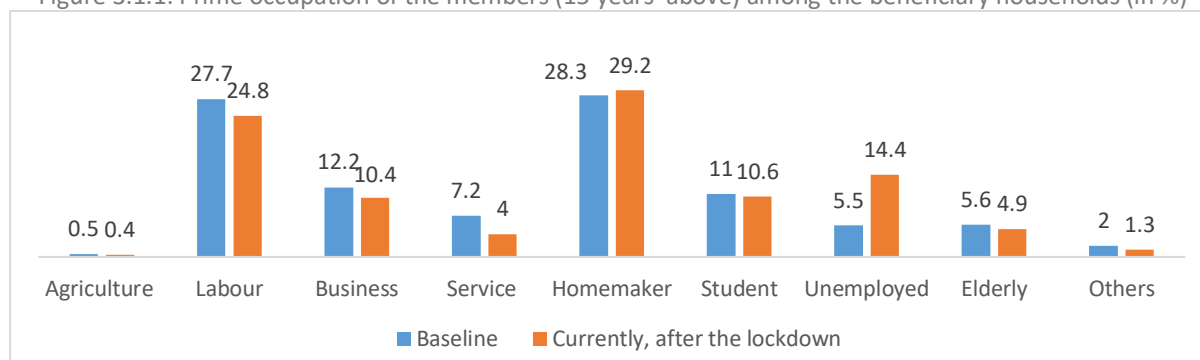
The lockdown, attributable to the COVID-19 pandemic, is exerting innumerable impacts on the lives of the people in the form of distress and agonies. The relatively poorer sections of society—living in low-income settlements—face the negative consequences of COVID-19 lockdown more destructively than other segments of society. In this chapter, the impacts of COVID-19 lockdown, are analysed for the livelihood strategies in terms of employment, savings and credit, accommodation and migration, access to market, and access to aid.

### 3.1 Employment

The people, living in the low-income settlements across the municipalities, faced a severe contraction in employment opportunities. A good number of salaried workers had lost their jobs. In most cases, the remaining ones do not get the salary in full and regularly. Those who worked as home-aid, are not getting access to the homes; and many are not getting salaries. The rickshaw/auto-rickshaw puller are getting only a meagre number of passengers. The hawkers and roadside vendors cannot run the business properly as there are many restrictions from the authorities. While the consumers are facing hardship, the amount of sales have reduced notably. Across the towns, many of the construction workers do not have work as many of the construction works have been paused.

**Occupation pattern:** The portion of unemployed household members in the beneficiary group has increased significantly between the baseline and after lockdown time: from 5.5 to 14.4 per cent; where statistically, the difference is highly significant ( $p < 0.00001$ ). The change in the occupation pattern shows similarity for the two other groups—semi-control and control (details are in Annexe Table 3.1.1).

Figure 3.1.1: Prime occupation of the members (15 years above) among the beneficiary households (in %)



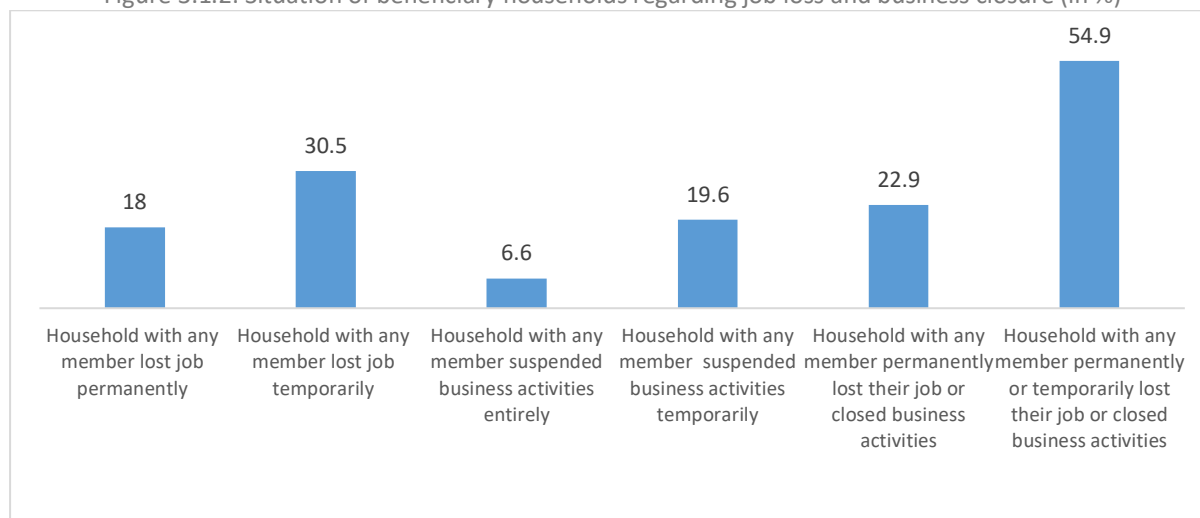
Source: Household survey; details are in Annexe Table 3.1.1

While in the baseline, only 2.2 per cent heads of household in the beneficiary groups were unemployed, that figure increases to 15 per cent after the lockdown. This difference has high statistical significance ( $p < 0.00001$ ). After the lockdown, in more than one-third of the beneficiary households (36.4%) have at least one unemployed member, which was 16.6 per cent before the lockdown. A similar rise in unemployment is also found among the semi-control and control group (details are in Annexe Table 3.1.2 and 3.1.3).

More than half of the beneficiary households (54.9%) have reported that any of their household members permanently or temporarily lost their job or closed their business during the lockdown.

Around 23 per cent of households of the beneficiary groups have lost their job or closed business activities permanently (Figure 3.1.2).

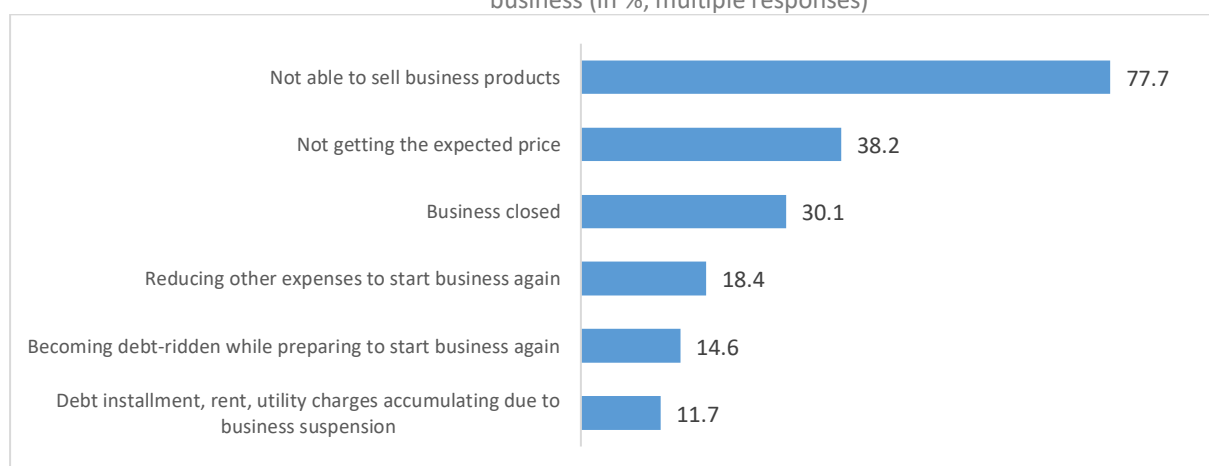
Figure 3.1.2: Situation of beneficiary households regarding job loss and business closure (in %)



Source: Household survey; details are in Annexe Table 3.1.4

**Business scenario:** Among the beneficiary households involved in some sort of business, more than two-fifths (42.7%), reported that their business got affected due to COVID-19 lockdown. For the semi-control and control group, the same figures are respectively 54.8 per cent and 45.4 per cent. However, it is notable that 57.3 per cent among the beneficiaries involved in business have reported that their business had not been affected by the lockdown (details are in Annexe Table 3.1.6). The beneficiary households, who faced problems in their business during the lockdown, identified the type of effects. Around one-third (30.1%) had no other alternative than closing the business down. More than three-fourths (77.7%) had not been able to sell their business good as usual volume. Around two-fifths (38.2%) did not get the expected price. A good portion of them (18.4%) reported that they reduced their other household expenses to finance the reinstating of the business. Figure 3.1.3 shows relevant information.

Figure 3.1.3: Effects of COVID-19 lockdown on business among the beneficiary households involved in the business (in %; multiple responses)



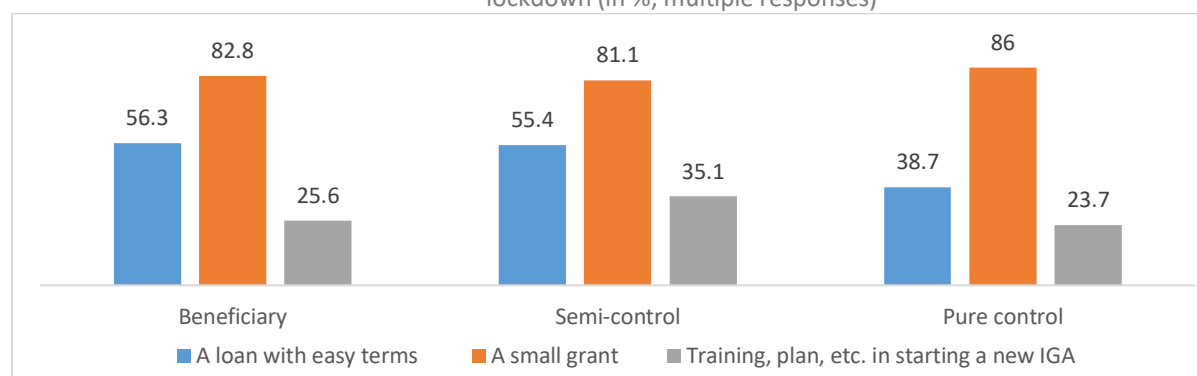
Source: Household survey; details are in Annexe Table 3.1.6

The field observations, FGDs and KIIs confirmed that many small businesses are either closed or cannot attract an adequate number of customers. One FGD participant in Chattogram said, "I used to sell tea on the sidewalk, but now the authority doesn't allow such activities. Moreover, people don't want to

*take tea outside (from vendor) of their home. When people don't have money to maintain their meal, how could they afford tea? "In Rangpur, one FGD participant said, "I used to sell fruits. I stocked some fruits during the lockdown, but could not sell them. Therefore, the fruits eventually spoiled. No money in hand! No lender to lend!"* Key Informants across the towns confirmed that the poor, as well as lower-middle class, do not have adequate savings to cope up with the loss.

Among the beneficiary households who faced adverse effects on the lockdown over their businesses, more than four-fifths of them (82.8%) sought a small grant immediately to reinstate their business. More than half of them (56.3%) looks for a loan with easy terms, where one-fourth (25.6%) seeks training and business plan to start a new income-generating activity viable in the COVID-19 crisis. Semi-control and control households also follow the same pattern (Figure 3.1.4).

Figure 3.1.4: Type of immediate supports required by the households involved in the business after the lockdown (in %; multiple responses)



Source: Household survey; details are in Annexe Table 3.1.7

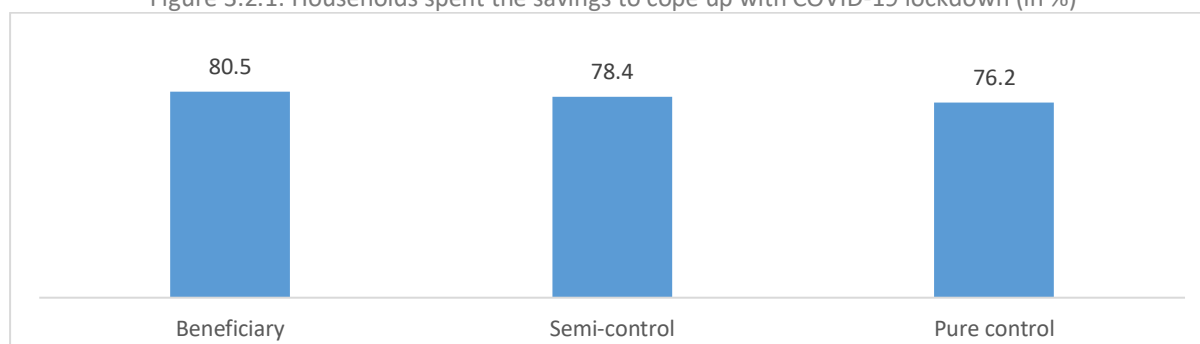
Community leaders of the low-income settlements, in their discussion, informed that UNDP-NUPRP is providing BDT 10,000 to business grant beneficiaries. However, the business grant distribution is yet to be started in all the municipalities. Urban poor community leaders from fifteen municipalities expressed their concern that in the changed socio-economic situation, it might be more challenging to make up the loss and run a local business with this amount of money. Community leaders recommended that the amount for a business grant needs to be increased from BDT 10,000 to BDT 30,000. However, there will be a risk that the beneficiaries might spend that amount to fulfil other household needs, particularly in this pandemic situation. Against this backdrop, community leaders in the interviews, as well as the community people in the FGDs, recommended facilitating training for business grant beneficiaries to ensure optimum utilisation of grant and entrepreneur's skills. Community people, as well as the key informants across the fifteen municipalities, emphasised on increasing the number of business grant beneficiaries considering many urban poor lost their job or business due to COVID-19. Community leaders also suggested providing the daily allowances for apprenticeship training and skill-development training daily that now is a monthly basis. A portion of the community leaders also asked to increase training allowance, which now is monthly BDT 2,500. Community people suggested increasing training duration and modality of the trade like driving, tailoring, computer services, mobile servicing, fridge/refrigerator and Air Conditioner servicing and electrical works. Local urban poor community leaders firmly recommended providing skill-development training to unemployed urban poor people who earlier did small merchant business or worked from home but lost those sources due to COVID-19 pandemic. Finding a new job in the present situation is very difficult for urban poor people. In this regard, local urban community leaders suggested that UNDP-NUPRP could be partnered with established industries to ensure job placement for apprentices.

Both elected local urban government representatives and community leaders mentioned the importance of monitoring and supervision of grant use. The community leaders expressed their willingness to be part of the monitoring and supervisory body which is to look after the beneficiaries' orderly use of business grants provided by UNDP-NUPRP.

### 3.2 Savings and Credit

**Savings:** Around four-fifths of the households had to spend the saving to cope up with the COVID-19 crisis (Figure 3.2.1). Due to the severe contraction of income, for the surveyed households, there was no other alternative to using the saving.

Figure 3.2.1: Households spent the savings to cope up with COVID-19 lockdown (in %)



Source: Household survey; details are in Annexe Table 3.2.2

More than two-thirds beneficiary households (67.3%) had savings during the baseline, where now only one-fourth (24.6%) of them have savings; where the difference reflects high statistical significance ( $p < 0.00001$ ). During the baseline, on average, the beneficiary households had savings amounting BDT 4,791, which is now reduced to only BDT 917 after the lockdown (an 81% reduction). The respective figures are different for the semi-control and pure control group, but the pattern shows similarity (Table 3.2.1).

Table 3.2.1: Household savings scenario

Indicators	Baseline			Currently, after the lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Household have savings (in %)	67.3	69.8	39.5	24.6	28.6	14.6
Average savings amount (in BDT)	4,791	9,803	8,629	917	891	1,678

Source: Household survey; details are in Annexe Table 3.2.1

Around 42 per cent beneficiary households, among the households having membership in the Saving Credit Group (SCG) initiated by NUPRP, faced interruption in savings during the lockdown (details are in Annexe Table 3.2.3). The community people, in the FGDs, confirmed that due to the lockdown, the activities of the SCG were restricted. Besides, to ease the process, the instalment amount had been made flexible for the group members. During the lockdown, due to the severe decline in income, they cannot pay the due instalments. One FGD participant in Chandpur said, "When people are unable to buy food, how could they pay savings instalment?". In Dhaka, Rangpur and some other municipalities, a concern has been raised by a portion of the group members that if such a situation continues, will they get back their savings amount. The group members feel that as savings are not deposited regularly, there will be less chance to get a loan from that fund. In Cumilla, Narayanganj and Patuakhali, it has been reported that some similar savings group could not continue their activity due to the lockdown, which also created some tension among the SCG members. Some community leaders have opined that to regain the faith of the members on the group, NUPRP may think of providing some grants to the SCG fund so that loan activities can be continued. This is high time to revitalise the loan disbursement programme, as many faced a massive loss in their business due to the COVID-19 lockdown and currently seeking a loan from the SCG fund to reinstate the business.

Source: Household survey and Group discussions with community people

**Credit:** Half of the beneficiary households (50.3%) have reported about having credit, which was 44 per cent during the baseline (the difference is statistically significant,  $p= 0.0002$ ). However, the average amount of credit decreased notably: from BDT 25,345 to BDT 16,079 (around 37% reduction). Table 3.2.2 shows the pertinent data at a glance.

Table 3.2.2: Household credit scenario

Indicators	Baseline			Currently, after the lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Households have credit/loan (in %)	44.3	43.5	43.1	50.3	51.0	50.4
Average amount of credit (in BDT)	25,345	21,697	22,835	16,079	15,186	20,697

Source: Household survey; details are in Annexe Table 3.2.4

Around one-third of the household across the group took a loan to cope up with COVID-19 lockdown (Beneficiary: 31.7%, Semi-control: 32.0%, and Control: 32.1%). In most cases, they took a loan from relatives and friends (without interest); followed by *Mahajan* (with interest), NGOs, and local *samitis*. This analysis indicates that in almost all cases, the sources of the credit were non-institutionalised. The FGD participants confirmed that they, in general, do not have access to the formal institutes. In nine-tenths of the cases, that loan was taken to buy food. Others used it to buy daily necessities. A portion of them used that amount to pay house rent, while some used the same for medical treatment (Table 3.2.3)

Table 3.2.3: Household credit scenario, who took a loan to cope up with COVID-19 lockdown (in %)

Indicators	Beneficiary	Semi-control	Pure control
Took loan	31.7	32.0	32.1
Sources from where the loan is taken (multiple responses)			
Samiti	12.8	10.8	14.0
Bank	0.4	2.4	0.0
NGO	10.6	10.8	16.8
Mahajan (with interest)	28.0	27.7	32.9
Relatives/friends (without interest)	63.4	71.1	63.6
Purpose the loan was used (multiple responses)			
To buy food	88.1	88.0	95.1
For treatment purpose	23.8	33.7	25.2
To pay house rent	20.8	22.9	15.4
To fulfil other daily essentials	42.2	50.6	53.8
Run existing business	9.3	10.8	8.4
Start new business	2.2	2.4	0.7

Source: Household survey; details are in Annexe Table 3.2.5

Around three-fourths of the beneficiary households (73.1%) reported that they failed to pay loan instalment during COVID-19, which is 82.5 per cent and 80.7 per cent respectively for the pure-control and control households. The most commonly reported reasons behind failure in depositing loan instalments on due time are: "Less or no income", "Loss of work", and "Instalment collection was closed". Table 3.2.4 contains relevant details. In the FGDs, some respondent informed that they even had to sale some of their household assets to repay the loan instalment.

Table 3.2.4: Repayment status of instalment of the household loan (in %)

Indicator	Beneficiary	Semi-control	Pure control
Failed to pay the loan instalment	73.1	82.5	80.7
Reasons for failure in repayment of a loan (multiple responses)			
Lost work	50.8	38.8	40.3
Due to illness	8.5	15.3	6.0
Due to Price Hike	13.5	30.6	17.2
Less income	54.9	69.4	61.9
No income	46.1	57.6	52.2
Instalment collection was closed	49.5	37.6	48.5
n	386	85	134

Source: Household survey; details are in Annexe Table 3.2.6

### 3.3 Accommodation and Migration

#### 3.3.1 Accommodation

**Dwelling:** The overall dwelling condition of the household remains almost similar, as they were during the baseline survey. Still, inside most of the low-income settlements, there are no walkways. Roads are too narrow for movement of vehicles, and they become muddy in the rainy season. Similar to the baseline, most of the streets remain unpaved, except the main roads only. Waterlogging is a common phenomenon and water enters into the house of community people. Blocked drains are causing bad odour and breeding of mosquitos. However, dwellers have no other choice than to live there. The homes where they live in have no room to maintain physical distancing or quarantine if required. Almost all the beneficiary households have an electric connection: 98.3 per cent connected from the national grid and 0.1 per cent use a solar panel. Details on the dwelling are given Annexe Table 3.3.3 and 3.3.4.

**Tenure:** The tenure-system remains similar to the baseline scenario. Currently, 38.6 per cent of the beneficiary households are living in a rented house, followed by own house, built on own land (32.8%), and own home, made on property owned by others (27.6%) (details are in Annexe Table 3.3.1). Worryingly 8.5 per cent of the beneficiary households reported that they faced the threat of eviction from their house/settlement during the two-month-long COVID-19 lockdown; the scenario is similar among the households of semi-control and pure control category (details are in Annexe Table 3.3.6).

**House Rent:** Almost seven out of every ten beneficiary households (69.3%) could not pay the house-rent on time. It was worse among the semi-control (71.3%) and control group (76.6%) (details are in Annexe Table 3.3.7).

According to the FGD participants, across all the fifteen towns surveyed, numerous dwellers in the low-income settlements had to shift to a lower-rent house, with less space and fewer facilities. The CDC/CDC Cluster and Town Federation leaders of Dhaka South City Corporation informs that one in every around five households had to shift to a house with lower rent having less space and/or more insufficient facilities. The scenario is not much different in Dhaka North City Corporation. In Chattogram, the FGD participants have reported some cruel acts from some house owners by evicting the dwellers without giving them some time. It is mention-worthy that in Cumilla, Gazipur, Chandpur, Rangpur and other cities—there are many examples where the house owners have reduced/exempted the rent during the lockdown. However, in the instances, where the house owners are dependent on the income from rent, it also became difficult for them to reduce/exempt the rent. However, in Faridpur and Mymensingh, in some low-income settlements, there are reports of persuasion from the community leaders in reducing/exemption of the house rents, and some positive impacts are there due to such initiatives. Table 3.3.1 portrays the accommodation scenario at a glance.

Table 3.3.1: Accommodation scenario among the beneficiary households (in %)

Accommodation status		Baseline	Currently, after the lockdown
Dwelling	Roof, made of tin/CI sheet	90.0	89.0
	Wall, made of tin/CI sheet	57.7	60.3
	Wall, made concrete/brick	28.9	24.6
	Floor, cemented	59.2	55.9
	Floor, earthen	39.5	38.0
	Electric connection at dwelling	98.4	99.9
Tenure	Living in a rented house	38.7	38.6
	Living in their own house, built of other's land	30.3	27.6
	Living in their own house, built on own land	31.1	32.8
	Faced threat of eviction	33.8 (ever)	8.5 (during the COVID-19 lockdown)
	Not able to pay house rent timely, during the COVID-19 lockdown (among those, who lives in rented-house)		69.3

Source: Household survey; details are in Annexe Table 3.3.1, 3.3.3, 3.3.4, 3.3.6, and 3.3.7

### 3.3.2 Migration

The cities faced a good number of reverse migration: from urban to rural areas. Around 10 per cent of the households had to migrate to their villages during the lockdown. The rates are higher in the City Corporation than the Paurashavas. Presumably, the rates are higher in Dhaka (both North and South), Cumilla and Gazipur (Table 3.3.2). There is no accurate information about the number of households who will be able to come back to their respective towns. Even if they can return, according to the community leaders, it will be tough for them to settle down to their earlier economic situation.

Table 3.3.2: Migration scenario in the surveyed areas

Towns	Percentage of households migrated
Chattogram	5
Cumilla	15
Dhaka North	12
Dhaka South	15
Gazipur	14
Khulna	7
Mymensingh	8
Narayanganj	9
Rajshahi	10
Rangpur	11
Sylhet	12
<b>All city Corporations</b>	<b>11</b>
Chandpur	5
Faridpur	9
Kushtia	13
Patuakhali	6
<b>All Paurashavas</b>	<b>8</b>
<b>TOTAL</b>	<b>10</b>

Source: Field observations and discussion with the knowledgeable persons in the surveyed communities



**Migration estimation: The method used**

The household survey cannot bring the migration data precisely as the survey could not cover the migrated-out households. And, the household survey also could not bring the in-migration data as the in-migration happened mainly in rural households. However, the study used an innovative approach to assess the extent of migration in the communities brought under the survey. The field enumerators kept track about the numbers of households attempted to get the required number of sample households in the control area—which gives a tentative number of households, who either shifted house or migrated. For the beneficiary and semi-control group, NUPRP field level officials and community leaders had been consulted to get a similar number. Field observations had also been instrumental in estimating the numbers for the beneficiary and semi-control groups. The drawback of this method is that, through this strategy, we could not accurately disaggregate the information between the house-shifted ones and the ones migrated to their villages. However, the knowledgeable persons of the surveyed areas, have shared their informed judgment on the subject, and we have been able to come up with some figures about the migration rate from the low-income settlements in the surveyed towns under this study.

The pressure of house rent had not been the main push factor across the towns, and in many cases, the dwellers got some favour from the house owners. The curtailed income source and grave uncertainties in livelihood opportunities compelled them to go back to their villages. This reverse outmigration is one of the most distressing phenomena in the life of the urban poor during COVID-19

One of the FGD participants in Rajshahi told that *"I am still living in the town, but don't know till when. The situation is improving, but very slowly. I am sure that if this continues, I do not have any other alternative to go back to my village. But I also know that I do not have any employment opportunity there. I cannot think more."* In Kushtia, FGD participants informed that some are looking for buyers of their home, and some have rented out their own house in low rents and went back to the village.

*"Those who have already gone to their villages, they will at least be able to survive by eating the roadside leafy vegetables. But, those, like us, who don't have a place to go—have to starve in this city. We have lost our village due to river erosion, so we do not have a place to return. How many months will my house owner tolerate without the rent? I can see that; my family has to stay on the road soon".*

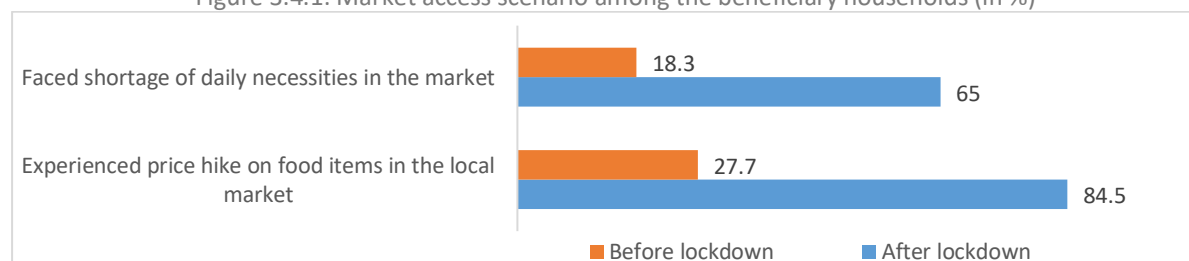
*—An FGD participant in Chandpur told with deep distress*

Nonetheless, the FGD participants in Mymensingh reported that they have relatively fewer migration instances, as they jointly talked with the house owners and negotiated to stay for a few months more.

### 3.4 Access to Market

**Supply of daily necessities and price scenario:** Around two-thirds of the beneficiary households (65.0%) have reported that they faced a shortage of daily needs in the market after the lockdown. Moreover, 84.5 per cent of the beneficiary households, after the lockdown, experienced price hike on food items in the local market; where only 27.7 per cent experienced the same before the lockdown. Figure 3.4.1 shows the information. The pattern is similar for semi-control and pure control.

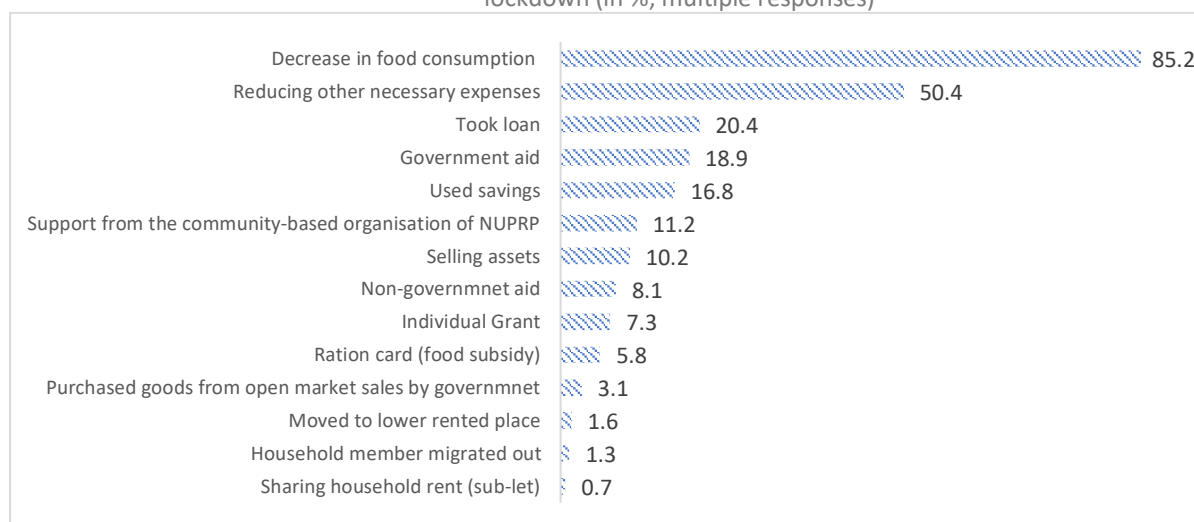
Figure 3.4.1: Market access scenario among the beneficiary households (in %)



Source: Household survey; details are in Annexe Table 3.4.1 and 3.4.2

While they faced a notable price hike on food items, indeed they had to cope up with the scenario. Most of the beneficiary households (85.2%) had no other option than to decrease household food consumption. Half of them (50.4%) reduced other necessary expenses to meet the increased food prices. Around one-fifth of the households (20.4%) took a loan, while a similar portion (18.9%) used government aid. Around 17 per cent used their saving. An 11.2 per cent of the beneficiary households reported that they received support from NUPRP to cope up with this, while 10.2 per cent of the semi-control groups also said this same source of help. Figure 3.4.2 portrays the relevant information.

Figure 3.4.2: Crisis coping strategy in case of increased food price among the beneficiary households after the lockdown (in %; multiple responses)



Source: Household survey; details are in Annexe Table 3.4.2

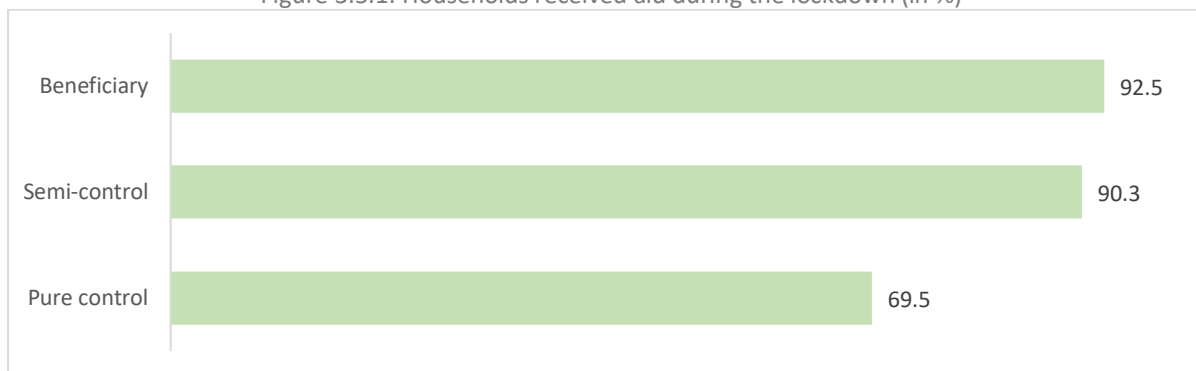
The FGD participants have opined that they struggle to buy even some coarse rice and some leafy vegetables due to the high price. An FGD participant in Patuakhali said, *"I cannot afford my foodstuff at such a price. Whatever food I buy, they are first distributed among the children of my family. We, the adult members of the family, remain with almost empty stomachs. This starvation does not let us sleep at night"*. The community leaders, across the cities, have strongly demanded regular monitoring over the price of daily necessities, in particular the food items. The FGD participants have opined for Open Market Sales from the governments to a greater extent with some added households items along with the food items.

**Transportation and movement:** During the lockdown, transport and movements were restricted. Offices and economic units were running on a minimal scale. Educational institutions were closed. However, to earn the minimum livelihood and to procure the basic needs, the members of the household surveyed had to go outside. A 27 per cent of the beneficiary households did not move during the lockdown period, while the same is 22 per cent and 27.6 per cent respectively for the semi-control and control group. More than half of the beneficiary households (54.7%) reported higher fare for the transportation used. While a beneficiary household usually went to shops/markets 5.2 times in a week, during the lockdown period, the number decreased to 2.4. The trend shows similarity in the semi-control and control group. Details are in Annexe Table 3.4.3 and 3.4.4.

### 3.5 Access to Aid

More than nine-tenths among the households in the beneficiary group (92.5%) received grant-in-aid during the lockdown. A similar portion is found in the semi-control (90.3%); however, that is notably lower among the pure control group (69.5%).

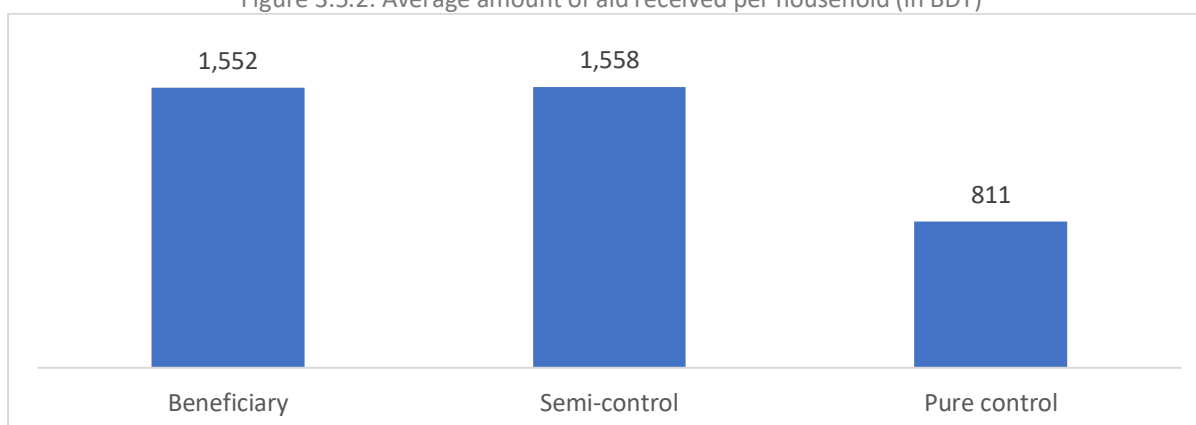
Figure 3.5.1: Households received aid during the lockdown (in %)



Source: Household survey; details are in Annexe Table 3.5.1

On average, a beneficiary household received BDT 1,552 as grant-in-aid, similar to the amount of the same among the semi-control households (BDT 1,558). However, the amount is notably lower among the control households (BDT 811) (Figure 3.5.2).

Figure 3.5.2: Average amount of aid received per household (in BDT)



Source: Household survey; details are in Annexe Table 3.5.1

The households received aid from government sources, NGOs, individuals, CBOs, and NUPRP. Notably, more than half of the aid amount came from NUPRP to the beneficiary households (51.2%), followed by the government's relief (34.6%). This pattern is almost identical among the semi-control households. It is interesting to note that 13.7 per cent of the aid amount came to the control households from NUPRP (Table 3.5.1).

Table 3.5.1: Distribution of amount of aid by source (in %)

Source	Beneficiary	Semi-control	Pure control
GoB	34.6	34.2	49.3
NUPRP	51.2	49.7	13.7
NGO	3.4	5.2	1.8
CBO	1.2	0.4	3.7
Individuals	9.6	10.6	31.6

Source: Household survey; details are in Annexe Table 3.5.1

Majority of the beneficiary households as well as semi-control households went to NUPRP group/leaders and Councilor office/ City Corporation/Paurashava Officials for the support related to the COVID-19 related crisis. Most of the support was in the form of handwashing materials, food, and cash. Some went for the information, handwashing facility installation, and management support in physical distancing/movement restriction (details are in Annexe Table 3.5.2 and 3.5.3).

The community people, in the FGDs, said that they received the support in the first phase of the lockdown and the support did not continue. But the situation is not improving much, and there is no sign of continuation of such flow of aid or concrete restoration efforts of their livelihood activities. Across the municipal areas, there are some allegations that the poorest of the poor did not get government aid. The municipal government representatives accepted that despite their efforts, they could not supply relief as per the vast demand. One local government representative said, "*Coronavirus has deteriorated the economic condition of millions of people, so we tried but could not serve all*". The community leaders have argued that continuous relief will not be a solution, rather by providing grants and technical support, restoration of livelihood activity or creating feasible income-generating activities suitable for the Pandemic time could be more useful.

## Chapter 4: Impacts on Livelihood Outcomes

The lockdown due to COVID-19 enforced a change in incomes as well as expenditure. These changes triggered an effect in the overall livelihood of the people living in the low-income urban settlements resulting in lower food consumption, inability to save, use of savings to survive, distress selling, the necessity of small-scale capital, and even displacement from the locality. These facts were worsened by the lack of availability of health care and inadequacy of support and aid provided to the low-income settlements.

### 4.1 Income and Expenditure

The COVID-19 pandemic has resulted in severe impacts on household income and expenditure. The relatively poorer section of the society—living in low-income settlements—face the negative consequences more acutely than other segments of the people. The first outcome they face is a severe contraction in employment opportunities, and accordingly, their income is reduced significantly.

The FGD participants across the cities informed that a good number of the salaried workers had lost their job, and in most cases, the remaining do not get the salary in full and regularly. Those who worked as home-aid, are not getting access to the homes due to the risk of the virus; and many of them are not getting salaries. Many small businesses are either closed or cannot attract an adequate number of customers. One FGD participant in Chattogram said, *"I used to sell tea on the streets, but nowadays police do not allow me to do so. Also, people are not interested in having tea on the streets due to fear of COVID-19. Moreover, people do not have enough money for food in households, let alone having tea on the streets"*.

Many received some amount of remittance either from abroad or from other cities from their close relatives. Still, due to COVID-19, this has also reduced notably. In most cases, FGD participants argued that they received some relief and some religious support (i.e., Zakat, Fitra before Eid-ul-Fitr). Still, the amount was so meagre to cover the expense for a couple of days.

Due to less travel and communication, the rickshaw/auto-rickshaw pullers, for example, gets only a meagre number of passengers. Across the towns, according to the FGD participants, the construction workers have no income as almost all the construction works have been paused for an uncertain period. In Rangpur, on FGD participant said, *"I used to sell flowers. I managed to collect some flowers within lockdown but could not sell those. The flowers were wasted. Now I do not have enough money to collect flower to sell. There is no one to borrow money, and there is none left to anyone"*.

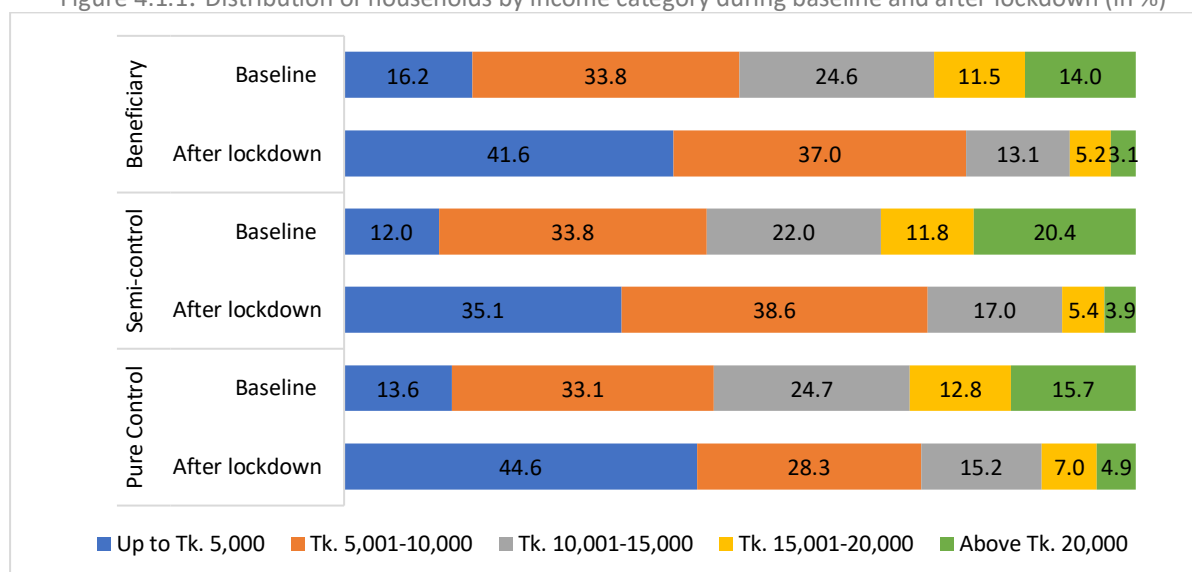
All the elected representatives, community leaders, and all other relevant officials have expressed grave concerns about this severe reduction in the household income. In both the North and South part of Dhaka, the key informants have informed that where the daily wage was at least BDT 500 before the lockdown, it is now BDT 200 to BDT 300 as there is a very low demand for workers. The scenario is similar across the towns surveyed. Key Informants in Cumilla, Kushtia, and Rajshahi told that the poor, as well as a lower-middle class, did not have adequate savings to cope up with the loss in income; moreover, due to the social structure, the middle class cannot seek any help from other.

#### 4.1.1 Income

The proportion of households with income up to BDT 10,000 has increased since baseline while the proportion of households with income more than BDT 10,000 has significantly decreased ( $p < 0.00001$ ).

This has resulted in a significant decrease in the overall income among all target groups. Such a decrease in income is 40.1 per cent among beneficiary households, 38.3 per cent among semi-control households, and 36.6 per cent among pure control households (details are in Annexe Table 4.1.1).

Figure 4.1.1: Distribution of households by income category during baseline and after lockdown (in %)



Source: Household survey; details are in Annexe Table 4.1.1

The group discussions suggest that the amount of income decreased due to loss of a job, less salary from a job, and non-activity or lack of activity from small/medium business. This finding is supported by the fact that the proportion of households reporting Salaried/wage employment or business has consistently decreased among the surveyed groups. Also, the share of income from salary/wage employment and business has decreased to 86.1 per cent after lockdown from 94.9 per cent during baseline among the beneficiaries. Since the actual income has decreased, the actual amount of income from salary/wage employment and business among beneficiary households is BDT 6,362 after the lockdown which was BDT 11,708 resulting in a decrease of 45.7 per cent. The decrease among semi-control and pure control households are 37.6 per cent and 42.8 per cent, respectively.

Table 4.1.1: Changes in income sources among beneficiary households before and after lockdown

Source of income	Households, having the income source (multiple sources possible)			Amount of income (Tk.)		
	Immediate before the lockdown (%)	Currently, after the lockdown (%)	Change (percentage-points)	Baseline	Currently, after the lockdown	Change
Salaried/ Wage Employment	81.1	69.0	-12.1	8,660	4,810	-3,850 (-44.5%)
Business/ Other Income Generating Activities	28.6	23.5	-5.1	2,895	1,546	-1,349 (-46.6%)
Renting house	5.8	3.6	-2.2	228	133	- 95 (-41.7%)
Selling of household assets	0.8	3.6	+2.8	68	421	+353 (+519.1%)
Remittance	1.5	1.1	-0.4	215	91	-124 (-57.7%)

Source of income	Households, having the income source (multiple sources possible)			Amount of income (Tk.)		
	Immediate before the lockdown (%)	Currently, after the lockdown (%)	Change (percentage-points)	Baseline	Currently, after the lockdown	Change
Social safety net, religious help, charity, relief	13.2	22.4	+9.2	226	319	+93 (+41.2%)
Others	0.3	0.4	+0.1	43	64	+21 (+48.8%)

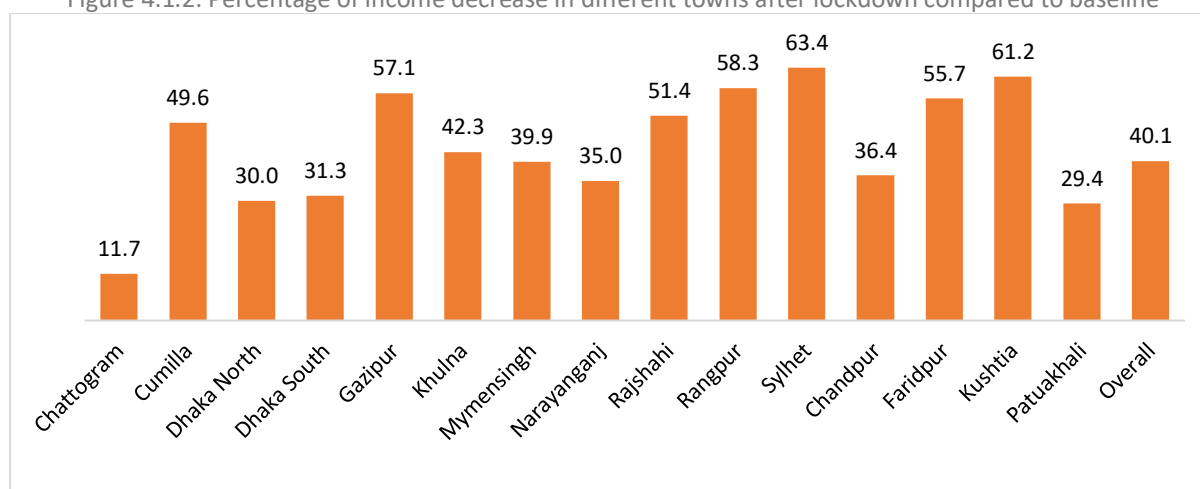
Source: Household survey; prepared from Annexe Table 4.1.2 and 4.1.3

The group discussions indicate the incidence of distress selling to manage household expenditure during the lockdown. We have already found evidence of an increase in distress selling in an earlier chapter (Chapter 2). The income data reveals that the proportion of households managing income from selling household assets has increased consistently among all surveyed groups. The amount of income from such a source is tiny but has increased more than five-fold among beneficiary households compared to baseline.

Another noticeable fact is that the support received from the government, CBOs, NGOs, and individuals have contributed to the income of households. Data suggests that the households who received support during lockdown were also involved in distress selling and the proportion of such households involved in distress selling are not significantly different from the households who are involved in distress selling but did not receive any support. It is a possible indication that the supports provided during the lockdown was not large enough for the urban poor to survive during the lockdown. A discussant also mentioned that "I received 10 kg rice, 5 kg potato, 2 kg onion and soaps. We have four household members and no work for more than three months. How many days can we survive with this?".

The average monthly income among beneficiary households has consistently decreased in all city corporations and paurashavas. Households in Chattogram City Corporation experienced the least decrease in average income (11.7%) while the households in Sylhet City Corporation experienced the most reduction in average income (63.4%).

Figure 4.1.2: Percentage of income decrease in different towns after lockdown compared to baseline



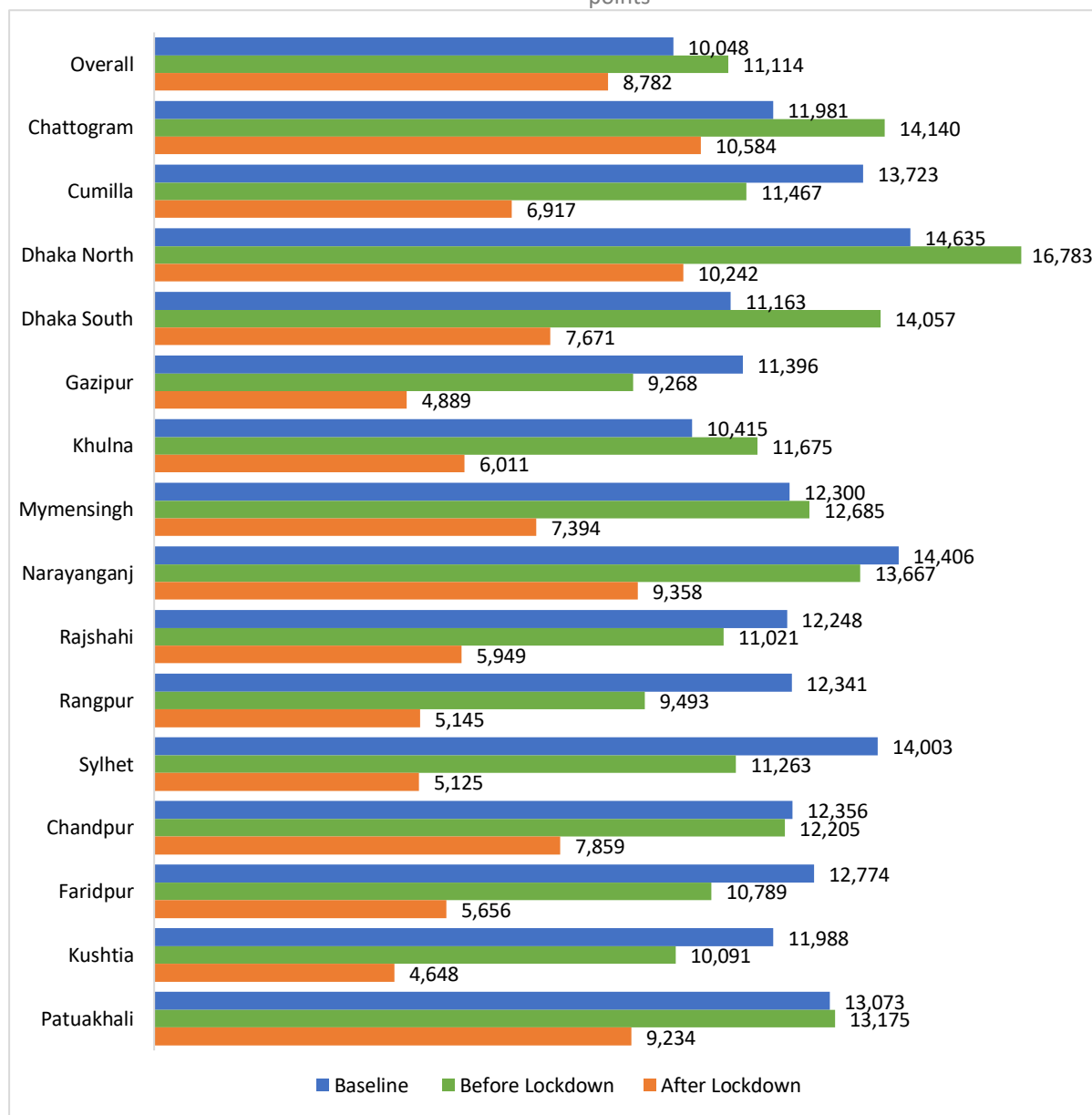
Source: Household survey; prepared from Annexe Table 4.1.4



### 4.1.2 Expenditure

The amount of monthly expenditure has significantly decreased after lockdown compared to previous surveys ( $p < 0.05$ ). Data suggests that the average expenditure had increased before lockdown compared to baseline. Still, the lockdown caused a significant decrease in expenditure, even below the baseline situation (details are in Annexe Table 4.1.5 and 4.1.7).

Figure 4.1.3: Average monthly expenditure of NUPRP households (beneficiary+semi-control) in three-time points



Source: Household survey; details are in Annexe Table 4.1.7

It is noteworthy that the amount of monthly expenditure after lockdown is higher compared to the amount of monthly income among all type of surveyed households (Annex Table 4.1.1 and 4.1.5). Such irregularity between income and expenditure was not found during the baseline or before lockdown. Earlier surveys identified a possible opportunity for savings while the situation after lockdown indicates the use of household savings to survive.

The gap between income and expenditure is highest among beneficiary households. The average expenditure among beneficiary households is BDT 1,392 higher compared to income. Similar estimates are BDT 718 and BDT 728, respectively among semi-control and pure control households (Annexe Table 4.1.5). The semi-control and pure control households had higher average monthly income (as well as per average capita monthly income) compared to beneficiary households with a greater possibility of savings<sup>16</sup>.

Table 4.1.2: Changes in average monthly income compared to expenditure among target groups at three-point of time

	Baseline			Before lockdown			Currently, after the lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Average monthly income	12,335	13,876	12,863	12,467	13,014	13,543	7,390	8,557	8,150
Average monthly expenditure	10,048	10,383	9,279	11,114	11,566	10,967	8,782	9,275	8,878
Average monthly expenditure compared to income	Lower (BDT 2,287)	Lower (BDT 3,493)	Lower (BDT 3,584)	Lower (BDT 1,353)	Lower (BDT 1,448)	Lower (BDT 2,576)	Higher (BDT 1,392)	Higher (BDT 718)	Higher (BDT 728)

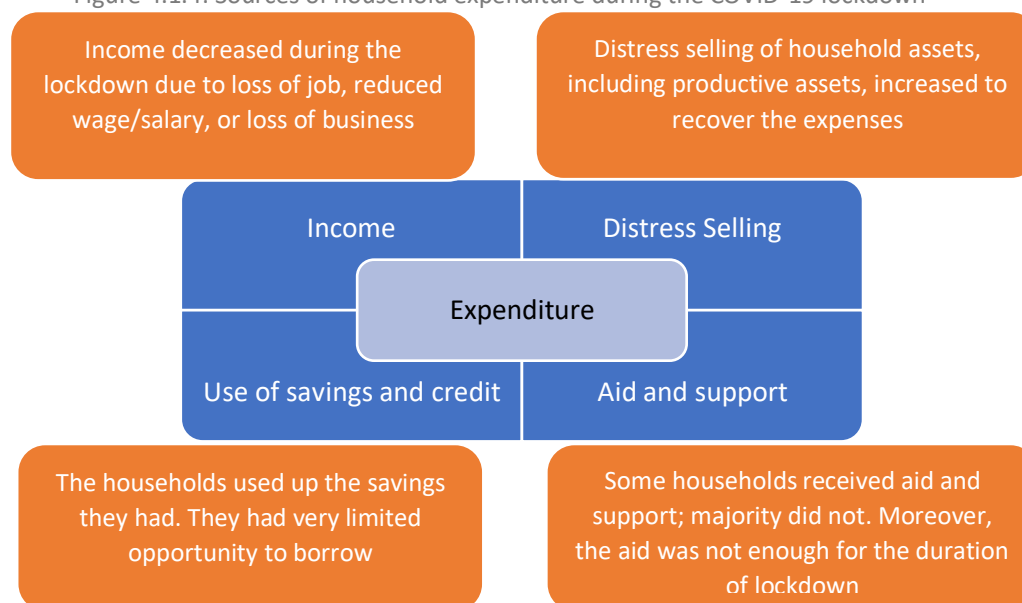
Source: Household survey; prepare from Annexe Table 4.1.1 and 4.1.5

In an earlier chapter of this report, it has already been mentioned that the beneficiary households reported use of savings more frequently compared to other control households. The greater amount of average monthly expenditure explains why these households had to use up their savings. Also, households reporting distress selling has significantly increased compared to baseline (Chapter 3). So, the expenses are using up the beneficiary savings and decreasing their assets, which, if they want to repurchase, they must spend additional money compared to what they received from the seller. This will affect the amount of savings the households will be able to make in the coming months.

An FGD participant in Dhaka North mentioned, *"I have spent the available saving to survive the last two months. The activities of savings and credit group are also paused. The savings credit group could have been helpful to collect some loan. Now I have only two options left: borrow money from the moneylender or move out from Dhaka"*. Within the same group discussion, a couple of discussants expressed the view that the continuation of savings and credit group could have saved some trouble for a few beneficiaries, but that would have been very small compared to the required support.

<sup>16</sup> The beneficiary selection strategy of NUPRP suggests that the poorest households within target area are selected for programme benefit, which coincides with the fact that the income and expenditure of the beneficiary households were lower compared to semi-control or pure control households during baseline. This is a possible indication of identification of good target beneficiaries. The impact assessment identified control households according to selected visibly comparable indicators but as most of the poor were already selected as beneficiaries, the control households (semi-control and pure control) possibly are a little better off in some indicators.

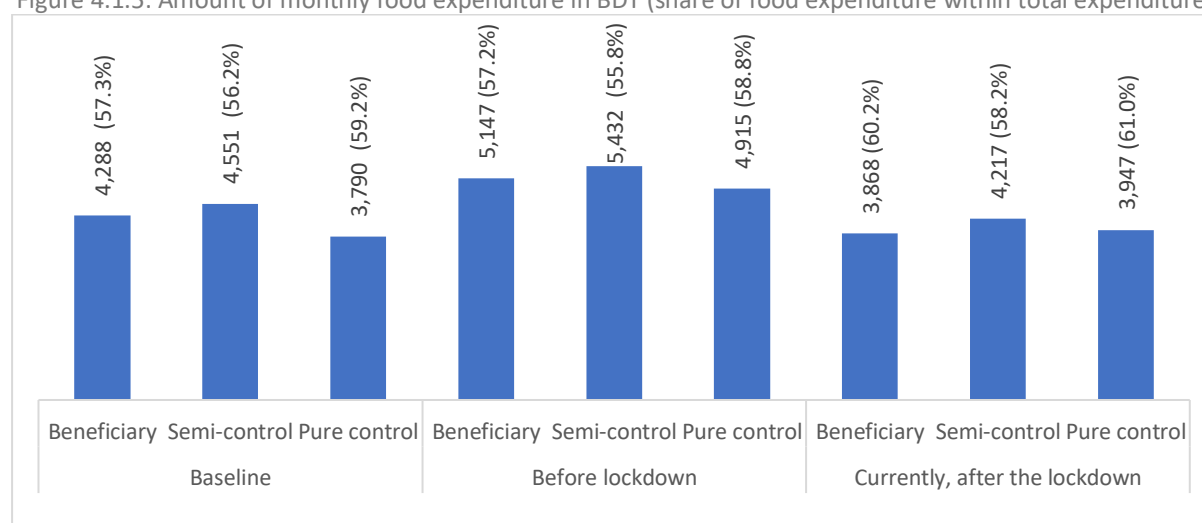
Figure 4.1.4: Sources of household expenditure during the COVID-19 lockdown



Many of the households did not have any opportunity but to sell. They could not borrow since those they are borrowing from might be in trouble themselves. An FGD participant in Chattogram expressed with sorrow, *"There is no one left in the community who can loan money to others. Those who have the money will charge huge interest"*.

A large chunk of the monthly expenditure of the households is food expenditure. Data suggests that the overall share of food expenditure has increased after lockdown among all types of surveyed households compared to the past. But, the overall amount of the average monthly expenditure itself decreased. So, although the share of food expenditure shows an increase, the actual monthly amount spent on food decreased BDT 1,053 (17.6%) among beneficiary households compared to before lockdown. The situation of food security is explored in detail in a later chapter. However, the decrease in food expenditure in the urban area suggests a possible increase in food insecurity (details are in Annexe Table 4.1.6).

Figure 4.1.5: Amount of monthly food expenditure in BDT (share of food expenditure within total expenditure)



Source: Household survey; details are in Annexe Table 4.1.6

Lack of availability in food caused some troubles within the household members. Verbal abuse to females is a common incidence if food is not available in the household. Further details on this are presented in Chapter 5.

It is no coincidence that the non-food expenditure has also decreased after lockdown. However, there are few unavoidable costs for those who live in the urban low-income settlements, the largest of those is the rent of the living space. The rent did not decrease or have been excused but the landlord. The rents, in many instances, are partially paid, which has to be completed when the COVID-19 pandemic is over.

## 4.2 Food Security and Nutrition

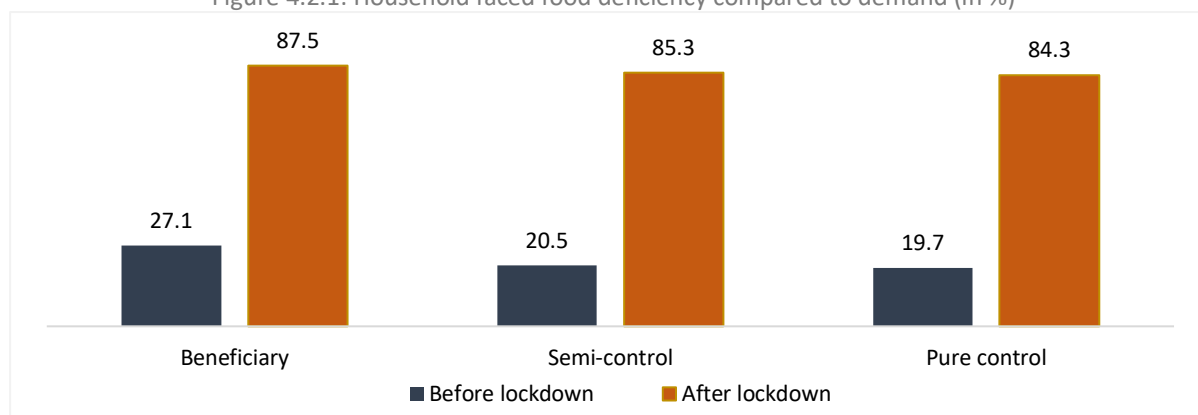
Food security can be defined as the availability and accessibility of food both physically and economically. A household can be addressed as food secure when all the member of the household has year-round access to a variety of safe foods as per their need to lead a healthy life. COVID-19 pandemic is a health crisis challenging food security and nutrition of more than ten million urban poor people of Bangladesh. Many urban poor people living in cities and towns are already suffering from food insecurity, food deficiency, and malnutrition since the lockdown. Rapid Assessment of Food and Nutrition Security in the Context of COVID-19 in Bangladesh conducted by Food and Agriculture Organisation (FAO) suggested that consumer basket's cost increased in the urban areas (FAO, 2020).

### 4.2.1 Household food security

**Household food deficiency:** Figure 4.2.1 shows the percentage distribution of the households who faced food deficiency before lockdown and after lockdown due to COVID 19. Survey data gives a clear image of the COVID-19 impact among the households as the situation is almost reverse.

Among the beneficiary, semi-control and pure control groups, 27.1 per cent, 20.5 per cent and 19.7 per cent of surveyed households faced food deficiency compared to demand before the COVID-19 lockdown respectively. While these numbers increased almost four-fold during the lockdown ( $p < 0.00001$ ). 87.5 per cent beneficiary households, 85.3 per cent of the semi-control households and 84.3 per cent of the pure control households faced food deficiency compared to demand. One FGD participant from Chattagram said that *"We are passing a very difficult time because our business is closed. We have to cook half kg of rice instead of one kg"*. Another participant from Rangpur stated, *"All kinds of food are available in the market, but we could not afford to buy because the prices are much higher than before, and we have less money"*.

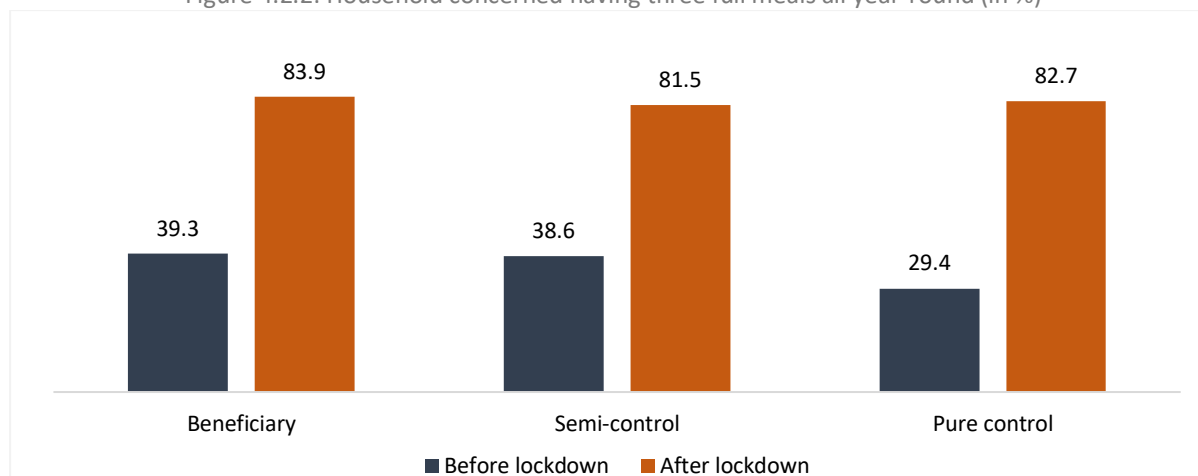
Figure 4.2.1: Household faced food deficiency compared to demand (in %)



Source: Household survey; details are in Annexe Table 4.2.1

Their concern about having three full meals throughout the year has also changed negatively after the COVID-19 lockdown (Figure 4.2.2).

Figure 4.2.2: Household concerned having three full meals all year-round (in %)



Source: Household survey; details are in Annexe Table 4.2.2

From the beneficiary group, 39.3 per cent reported that before lockdown they had concerns about having three meals round-year which is increased to 83.9 per cent because of the COVID-19 lockdown (the difference is highly significant;  $p < 0.00001$ ). One of the FGD participants from Dhaka reported that *"Our income has decreased, and the price of food has increased in the market. So, the cost is much higher than before. That is why we have been eating less"*.

**Household food insecurity access scale (HFIAS):** Food insecurity increased among the households during COVID-19 lockdown than the same in the baseline (Figure 4.2.3). The majority of the households were found to be moderately food insecure<sup>17</sup> whereas after the lockdown majority of the households become severely food insecure<sup>18</sup>. As the percentage of severely food insecurity increase, the number of food secure<sup>19</sup> household decreases. Only 5.3 per cent of beneficiaries, 6.6 per cent semi-control and 9.9 per cent pure control household was found food secure after the lockdown. This is a drastic fall of food security among the urban poor households; the change clearly reflects high statistical significance ( $p < 0.00001$ ) (details are in Annexe Table 4.2.3).

Based on qualitative findings, the majority of the people from low-income settlements became jobless due to COVID-19. They also lost all their life savings for food and other daily necessities. They had a compromise with their food consumption mostly to cope up with this pandemic situation as the price of the food increased, and their income has decreased. (Detailed discussion are in Chapter 3 and 4). Government, NGOs and other concern organisations should think of arranging open sales market with a subsidised price so that these people can buy food for their households.

One of the FGD participants from Dhaka South said, *"Because of the increase in prices due to corona, we cannot eat the food of our choice, we must eat the foods of dislike to save lives"*.

<sup>17</sup> Moderately food-insecure household sacrifices quality more frequently, by eating a monotonous diet or undesirable foods sometimes or often, and/or has started to cut back on quantity by reducing the size of meals or number of meals, rarely or sometimes. (FANTA III, 2007)

<sup>18</sup> Severely food insecure household has graduated to cutting back on meal size or the number of meals often, and/or experiences any of the three most severe conditions (running out of food, going to bed hungry, or going a whole day and night without eating) even as infrequently as rarely. (FANTA III, 2007)

<sup>19</sup> Food secure household do not experience food insecurity or may have just experiences worry about food, but rarely. (FANTA III, 2007)

Figure 4.2.3: Status of Household Food Insecurity (in %)



Source: Household survey; details are in Annexe Table 4.2.3

#### 4.2.2 Household Dietary Diversity

Household dietary diversity is one of the socio-economic parameters and qualitative measure of food consumption. It reflects the ability of the households to access a variety of foods. Table 4.2.1 represents the data for household dietary diversity which was collected during the baseline and also after the COVID-19 lockdown. The variety of weekly food consumption of food items is lower after the COVID-19 lockdown and baseline. The surveyed households reported decreased consumption of animal-based protein (meat, fish, milk, or egg) after COVID-19 lockdown compared to baseline. The diet pattern indicates a serious lack of protein consumption.

Table 4.2.1: Average number of days the household members consumed specific items in the last seven (7) days

Food Groups	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Cereals	6.90	6.92	6.90	6.89	6.86	6.89
Roots and Tubers	5.43	5.40	5.21	4.87	4.67	4.62
Any coloured vegetables	4.57	4.43	4.27	3.55	3.36	3.39
Any leafy vegetables	2.72	2.49	2.52	2.65	2.57	2.61
Any fruits	0.91	1.03	0.99	1.24	1.14	1.07
Any meat	0.71	0.74	0.85	0.42	0.46	0.53
Any eggs	1.94	2.09	2.05	1.61	1.53	1.64
Any Fish	2.81	2.91	2.74	2.17	2.46	2.25
Pulses/legumes/nuts	3.81	3.25	3.21	3.96	3.78	4.01
Milk and milk products	0.52	0.69	0.49	0.58	0.49	0.61
Oil/fats	5.07	4.94	4.55	5.75	6.05	6.03
Sugar/Honey	0.98	1.14	0.75	2.46	2.37	2.33
Miscellaneous	2.90	3.36	2.90	3.71	3.71	3.90

Source: Household survey; details are in Annexe Table 4.2.4

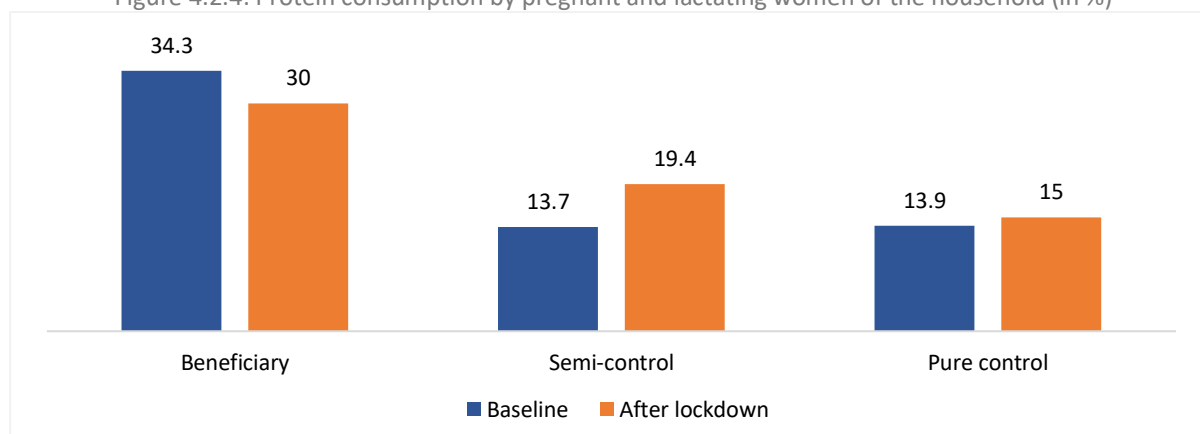
Regarding this issue, an urban poor community discussant from Dhaka North said, "As we have no income and the price is increasing in the market, if we buy vegetables then we cannot buy fish, or if we buy fish we cannot be able to buy vegetables". Another FGD participant from Narayanganj reported that "We do not have money; on the other hand, in the market, there is a price hike. Because of the high price of fish we could not be able to buy fish, we have lived with eating potato and pulses more and more".

### 4.2.3 Dietary diversity of household's pregnant and lactating women

A quality diversified diet is a priority for pregnant and lactating mothers. But the dietary diversity of household's pregnant and lactating women reveal a similar decrease in food consumption pattern as the household dietary diversity (details are in Annexe Table 4.2.5).

**Protein consumption of household's pregnant and lactating women:** Figure 4.2.4 represents the surveyed data for the protein consumption of pregnant and lactating women of the households. It shows that the protein intake of the pregnant and lactating women are deficient. In the baseline, there were only 34.3 per cent pregnant and lactating women from the beneficiaries, 13.7 per cent of the semi control and 13.9 per cent pure control households who consumed protein. While during COVID-19, the percentage decreased in the beneficiary group (30%), but slightly increased for the other two groups- semi-control (19.4%) and pure control (15%). However, the differences in protein consumption between baseline and after lockdown are not statistically significant ( $p>0.05$ ).

Figure 4.2.4: Protein consumption by pregnant and lactating women of the household (in %)



Source: Household survey; details are in Annexe Table 4.2.6

One FGD participant from Mymensingh said that *"Hunger waits for no delicacy, how can we consume nutritious food? But there is a way, if we are taught through training which foods contain which nutrients then we can eat roughly"*. Another participant from Sylhet said, *"Training should be given to the women. At present, NUPRP is providing 450 BDT as nutrition assistance, but the amount is not sufficient"*.

### 4.2.4 Protein consumption of household's children aged 6-23 months

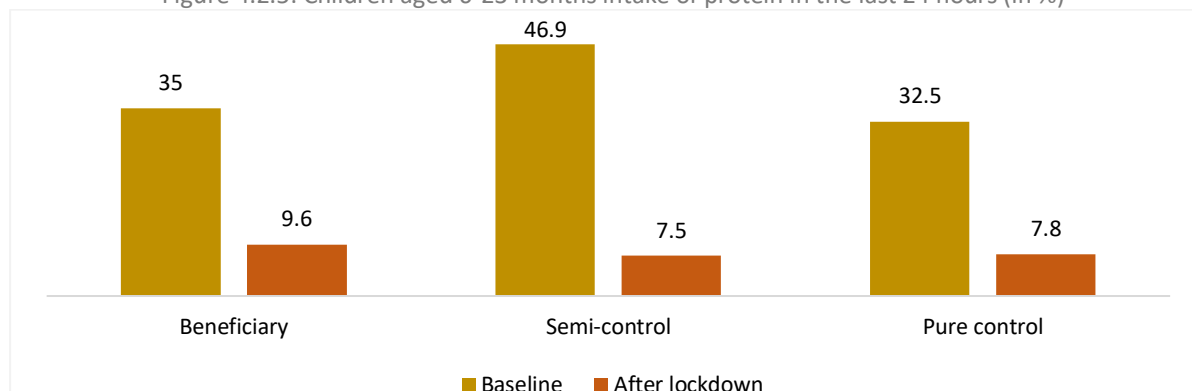
Complementary feeding is essential for children aged 6-23 months, along with breast milk. Protein-rich<sup>20</sup> foods are mostly needed for complementary feeding. Percentage distribution of children aged 6-23 months according to their protein intake is shown in Figure 4.2.4.

Data shows a significant ( $p<0.00001$ ) decrease in protein intake after lockdown compared to baseline. During baseline, 35 per cent beneficiary households' children aged 6-23 months consumed protein while after the COVID-19 lockdown, the percentage decreases to only 9.6 per cent. A similar situation is also observed among the semi-control and pure control households (details are in Annexe Table 4.2.6).

<sup>20</sup> Typically, foods from the food group of "legumes and nuts", "dairy products (milk, yoghurt and cheese)", "flesh foods (meat, fish, poultry and liver/organ meats)" and "eggs" are good sources of protein for the children aged 6-23 months.



Figure 4.2.5: Children aged 6-23 months intake of protein in the last 24 hours (in %)



Source: Household survey; details are in Annexe Table 4.2.7

Based on qualitative findings, it is also reported that due to poverty, the children are suffering more during this COVID-19 pandemic. One of the FGD participants from Dhaka South commented: "Children are suffering more due to poverty. We cannot feed them nutritious food. If any food and nutrition assistance is given for them, it will help us a lot".

### 4.3 Health

*"Health is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." – The WHO*

COVID-19 pandemic has created one of the largest public health crisis in the history of Bangladesh since 1971. Institute of Epidemiology, Disease Control and Research (IEDCR) confirmed the first three coronavirus cases on 8 March 2020. COVID-19 is causing continuous loss of life and severe human suffering across all over Bangladesh. This pandemic challenged both physical and mental health of people from all quarters of society. The poor urban community are suffering more because of this adversity due to their health and socio-economic vulnerabilities. COVID-19 has created an unprecedented challenge for both public health service seekers and service providers.

#### 4.3.1 Physical health

The health status of the respondents has deteriorated after the lockdown. Reportedly, about 30.1 per cent household has good health status after lockdown, which is 18.5 percentage point decrease compared to baseline ( $p < 0.00001$ ). Currently, after the lockdown, this 18.5 per cent of the respondents have average to a very poor health condition (average: 6%, poor: 9.9%, very poor: 2.6%). A similar pattern is also found for semi-control and pure control (Table 4.3.1). As we have already explored that the households have poor dietary diversity, especially protein intake, after the lockdown (details are in Section 4.2.2); this may have contributed to the poor health condition of the household members among others.

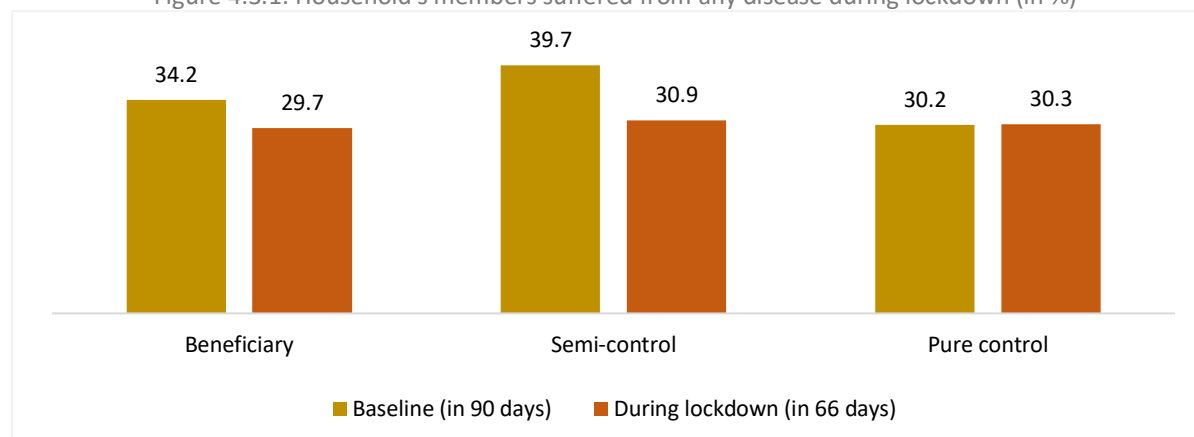
Table 4.3.1: Health status of the respondent (in %)

Health status	Before lockdown			Currently, after the lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Good	48.6	47.1	52	30.1	29.3	35.9
Average	45.4	47.5	43	51.4	48.3	47.8
Poor	5.0	4.6	4.7	14.9	17.4	12.6
Very poor	1.0	0.8	0.2	3.6	5.0	3.8

Source: Household survey; details are in Annexe Table 4.3.1

**Disease incidences:** Figure 4.3.1 reveals the percentage distribution of disease incidence. Among the beneficiaries, semi-control and pure control households, 29.7 per cent, 30.9 per cent and 30.3 per cent respectively reported disease incidences during COVID-19 lockdown (Figure 4.3.2). The differences are significantly different for the beneficiary and semi-control groups ( $p < 0.05$ ); it is not significant for the pure control group ( $p = 0.97$ ). However, disease incidences during COVID-19 lockdown may have been under-reported as ordinary people of Bangladesh tend to hide cold, cough, fever or breathing problem due to social stigma or fear of isolation.

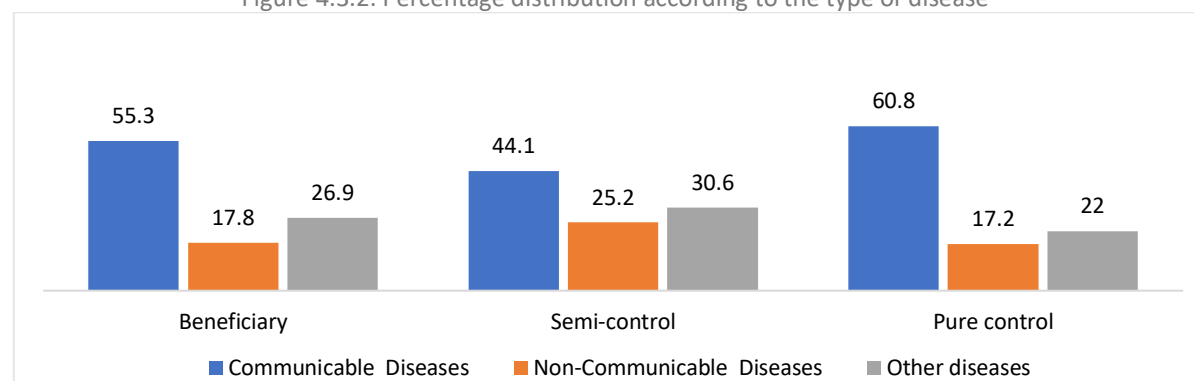
Figure 4.3.1: Household's members suffered from any disease during lockdown (in %)



Source: Household survey; details are in Annexe Table 4.3.2

**Types of disease:** Surveyed households' members suffered from various kind of diseases during the COVID-19 lockdown. Reportedly, of the diseased members, the majority suffered from communicable diseases (i.e. cold and cough, fever, diarrhoea, dysentery) (Figure 4.3.2).

Figure 4.3.2: Percentage distribution according to the type of disease



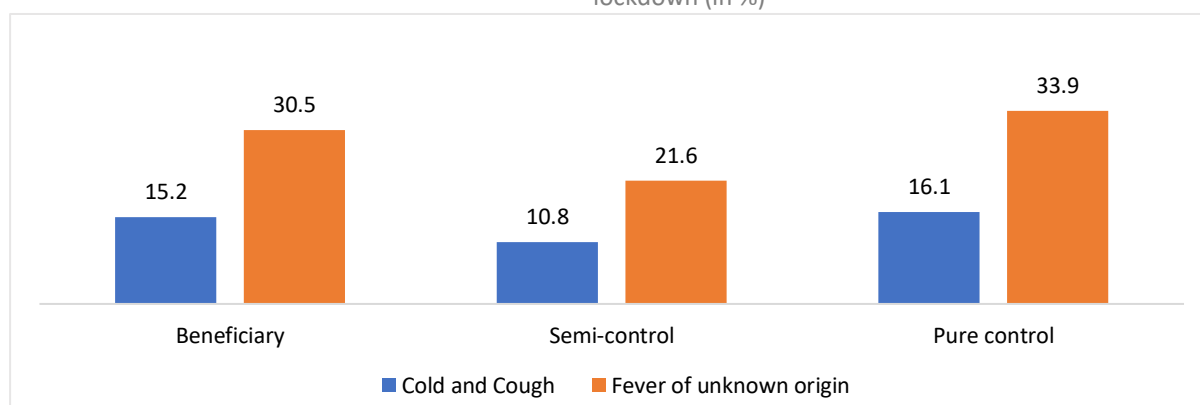
Source: Household survey; details are in Annexe Table 4.3.3

**Corona Virus Disease (COVID-19):** Survey data reveals that the majority of the households' members who suffered from any diseases had suffered primarily from non-communicable disease. In the times of COVID-19, only one household reported that 3 of the household members were affected by COVID-19. Besides, very few respondents reported that they had noticed the symptoms of COVID-19 among any of their household members (beneficiary: 2.1%, semi-control: 0.4% and pure control: 0.7%)<sup>21</sup>. But, according to the qualitative discussion with community leaders and counsellors, there were many reported cases of COVID-19. People from lower-income settlement usually do not want to admit that they are affected by COVID-19 or have symptoms of COVID-19. As already said, the reasons for this might include social stigma or fear of isolation.

<sup>21</sup> Reported numbers are too small, that is why statistical analysis for having the symptoms of COVID-19, went for quarantine and isolation for those household members is not shown (details are in Annexe Table 4.3.4, 4.3.5 and 4.3.6).

From the disease incidence data, 15.2 per cent of the members in the beneficiary group were diseased, 10.8 per cent in semi-control, and 16.1 per cent in the pure control group suffered from any "cold and cough". The percentage of suffering from fever is about 30.5 per cent in the beneficiary group, 21.6 per cent in the semi-control group and 33.9 per cent in pure control households (Figure 4.3.3). Common cold, cough and fever are considered as symptoms of COVID-19. We have already stated that very few households have reported that they noticed any COVID-19 symptoms; so, most of these household members did not go for a COVID-19 test. They might have suffered from COVID-19, which they do not know or ignored, or were asymptomatic.

Figure 4.3.3: Household members suffering from "cold and cough" and "fever of unknown origin" during lockdown (in %)



Source: Household survey; details are in Annexe Table 4.3.3

#### COVID-19 Designated Hospital's Medicare Service Status

The Government of Bangladesh designated particular government and non-government (including private) hospitals for COVID-19 related Medicare services. All the informants of the designated hospitals unanimously claimed that they are trying their very best to provide Medicare services to the COVID-19 patients. They firmly stated that their hospitals are serving COVID-19 patients without considering their socio-economic status; they only give priority to critical patients. An informant from COVID-19 hospital in Chattogram said, *"I think the low-income people should be given more priority in health service. Those who are rich can take their required treatments from any health facility, but poor people do not have this ability"*.

However, people of low-income settlement have little awareness of health: they visit the hospital at a very critical stage. That is why doctors struggle to save their lives. One of the COVID-19 hospital's informants from Cumilla stated, *"They consider COVID-19 as a normal flu-like fever. But, they don't know how infectious it is. They visit hospitals for treatment when they have trouble breathing, and oxygen level falls to 50-60. We consider oxygen level below 92 to be a critical condition for a patient, and they come at 50-60! In this case, patients usually die; saving their life at this stage is nothing but a miracle"*.

The hospitals initially faced a shortage of PPE and COVID-19 related Medicare materials (including medicines) at the beginning. But, now the supply of PPE and Medicare materials (including medicines) are adequate, though there are some quality issues. According to key informants, there is a shortage of some COVID-19 treatment-related expansive medicines (considering other medical disorders) in some COVID-19 designated hospitals; inadequacy of medicine varied hospital to hospital. One of the COVID-19 hospital's informants from Chattogram said, *"At the beginning, we had a scarcity of PPE, medicines etc. Now, we have enough PPE, but their quality is very low. Still, there is not enough supply of expensive medicines"*. Adequate human resources is another problem. Most of the hospitals do not have enough nurses and duty doctors. Some of the hospitals do not have sufficient oxygen. Besides, a COVID-19 hospital's informant from Sylhet said, *"One of the main challenges for the hospital is the crisis of oxygen supply. The hospital does not have an oxygen plant. It largely depends on cylinder oxygen. Besides, this hospital has a centralised oxygen supply facility which needs to be refilled/reloaded by oxygen cylinder. Patients face troubles due to shortage and interrupted oxygen supplies. Liquid oxygen could be the solution to this problem"*. Again, the treatment of COVID-19 is costly: the average

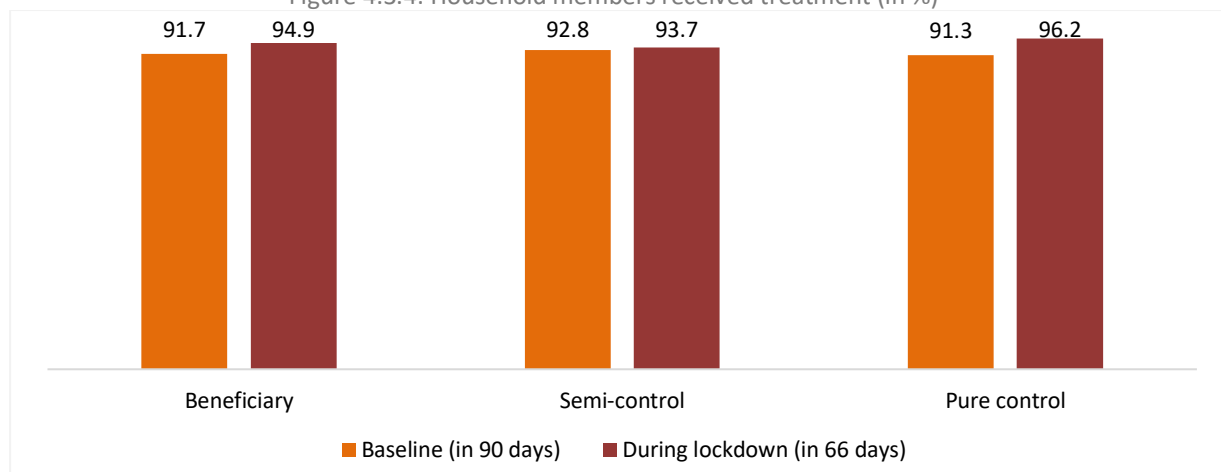
cost of completing the course of a particular medicine is BDT 30, 000 per patient. The Government could not supply that medicine adequately to the hospitals. Another COVID-19 hospital's informant from Chattogram said, *"All the patients coming to this hospital got the required services from here. But, still, they are not satisfied, because we could not provide the required medicines for them"*.

Awareness can put a brake in the transmission of COVID-19. All of the COVID-19 hospital informants strongly recommend that Government, NGOs and other volunteer organisations should come forward to make the people aware in this regard. They think area-based volunteers should be allocated so that they can monitor the people and make them aware. At the same time, the government should increase facilities in the hospitals to provide better treatment to the patient.

Source: Interview with Medical Officers

**Health seeking behaviour:** Reportedly, more than 90 per cent household members who suffered from any types of disease across the category received treatment during lockdown (Figure 4.3.4). However, most of the household members in the beneficiary household received treatment from the local pharmacy (59.8%), which was 47.2 per cent during baseline. After the local pharmacy, they sought services from government health centres/hospital (18.4%) during the lockdown. The corresponding figures during the baseline were comparatively higher (26.3%). In semi-control and pure control household, a similar pattern of health-seeking behaviour is found during the lockdown (details are in Annexe Table 4.3.7). Qualitative data also reveals similar information. One FGD participant from Khulna said, *"My husband had a fever for about 15 days, but I did not take my husband to the hospital out of fear. I gave him tea and hot water. I bought medicine for him from the local pharmacy, and then he recovered"*. One participant from Patuakhali said, *"During COVID-19 lockdown, most of the people were not able to get healthcare services because there was the unavailability of doctors. Most of the hospitals were closed as well. Again, some people did not go to the doctor out of the fear of corona. Besides these, there was the unavailability of transport"*. One participant from Mymensingh said, *"It is not possible to go to the clinic for the poor people like us, the clinic is very costly. No one comes near to the people those who are poor; they do not even hear anything from us"*.

Figure 4.3.4: Household members received treatment (in %)



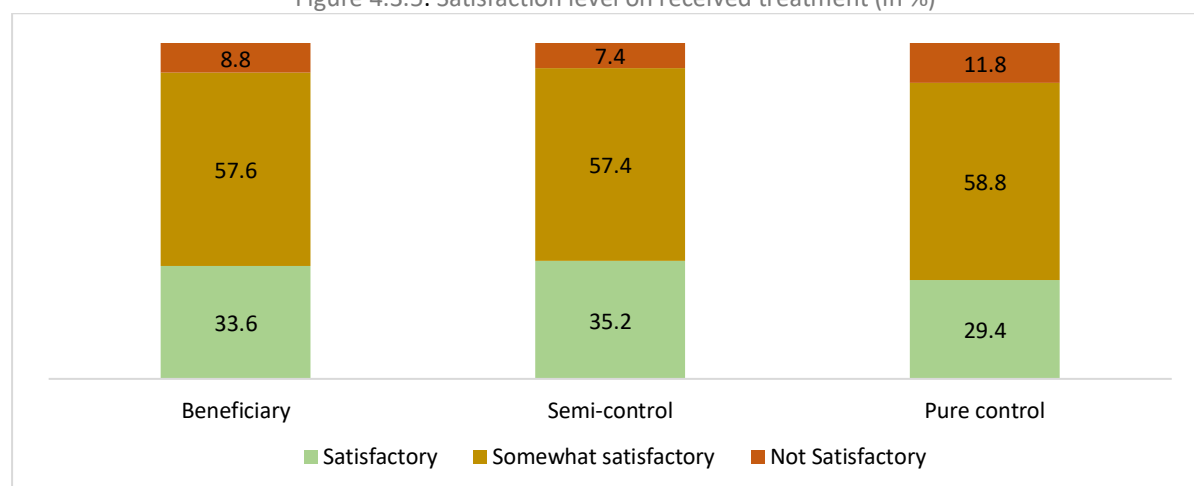
Source: Household survey; details are in Annexe Table 4.3.7

**Access to health facility:** According to the household survey, 11 per cent household in the beneficiary group, 13.5 per cent in the semi-control group, and 9 per cent in pure control group approached for healthcare service in public hospital/clinic. About 88.6 per cent of them in the beneficiary households got the services they went for, which was 88.6 and 95 per cent in semi-control and pure control households. For private hospital/clinic, NGO hospital/clinic/doctors' chamber, the percentage of getting services was comparatively higher across the households. However, when satisfaction on received services is assessed among household members reportedly, more than fifty per cent of them are found "somewhat satisfied". It is to be noted here that in Bangladeshi culture in terms of

satisfaction, people usually do not express extreme negativity. The most common answer to satisfaction is "*motamoti*" in Bangla term, which represent dissatisfaction. In that case, "somewhat satisfied" is expressing their dissatisfaction. 8.8 per cent household members are extremely dissatisfied with the health service, which is 7.4 per cent in semi-control and 11.8 per cent in pure control (Figure 4.3.5).

Based on the qualitative discussion with the primary group members, the real scenario of health sector came out. Their dissatisfaction was clearly revealed by their experiences with health services. All the participants in Dhaka unanimously said: "*Due to COVID-19, we don't even get treatment for normal diseases like fever, cough*" One FGD participant from Gazipur said, "*It's very tough to get health care service in present days. We do not get the proper service even if we get the doctors. Healthcare service has become business now!*". One of the FGD participants in Cumilla said, "*During COVID-19 lockdown, renowned doctors were not available for regular treatment, so we had to suffer a lot*". Another participant in the area said, "*Experience of women and child health services was dreadful. Hospital authority checks for fever or cough, maintaining a distance. They even send back caesarean delivery patients without any treatment if such symptoms are found!*". One FGD participant in Chattagram mentioned, "*Doctors don't even measure the blood pressure of the patients!*" Another participant from Gazipur said, "*I went to a hospital that day because I had pain on my legs. But, they gave us medical tests of 2800 BDT. They did not even give a discount of 50 BDT. I had no other way, so I had to go for the tests*". One FGD participant from Khulna said, "*When my son was suffering from fever, I took him to a government hospital. But the treatment was not satisfactory: the doctor did not see him properly; he only took the temperature of my son from a distance and gave medicine*". One of the participants from Rangpur said, "*My husband is a diabetic patient. He got ill during COVID-19 lockdown. We took him to a private doctor's chamber. Keeping us waiting for 1.5 hours, they said the doctor is not available! On the other hand, the diabetic hospital was closed. Where should we go! We relied on God; there is none for the poor other than Allah!*". One participant from Dhaka raised her voice in regards to a higher price for the service. She said, "*Because of the corona, there is available healthcare service. Even if we get some service, we have to pay extra money. Without money, it is impossible to get any kinds of healthcare service!*".

Figure 4.3.5: Satisfaction level on received treatment (in %)



Source: Household survey; details are in Annexe Table 4.3.10

In the focus group discussion, all the participants reported that they did not get treatment or healthcare service. Often they were refused by the authority, or the doctors provided medicine based on assumptions. Most of them have to depend on the local pharmacies for healthcare support.

The following reasons for not getting services came out from the survey: "the authority did not allow out-patient services", "unavailability of doctors", "refused service without explanation", "the authority demanded a higher price for required services" (details are in Annexe Table 4.3.9).

**Healthcare service for household's pregnant women:** A total of 85 pregnant women were reported to be available in the household during COVID-19 lockdown among those surveyed households. Among them, about 15.3 per cent in the beneficiary group, 11.1 per cent in the semi-control group, and 17.6 per cent in pure control households did not get required services. Moreover, 32.2 per cent in beneficiary, 22.2 per cent semi-control, and 17.6 pure control households did not seek service from the health facility. Majority of the respondents who did not get the required service in the beneficiary household mentioned: "facility closed due to COVID-19" (44.4%), while respondents in semi-control household reported, "unavailability of doctor" (100%). Other reasons mentioned by the respondents across the households are "authority asked for COVID-19 test result", "authority did not allow outpatient services", "refused services without explanation" (details are in Annexe Table 4.3.11). Community people in group discussion, however, expressed their discontent on the healthcare service for household's pregnant women. One FGD participant from Cumilla shared her experience while she went for health care service with one of her pregnant household members. She said, *"I had visited service from several public and private hospitals with a delivery patient but did not get the service. The authority asks whether this patient is having fever or not from far away. I said the patient has a fever due to delivery pain, and then they said there would be no treatment facility for this patient. Even if I said that I had visited three hospitals, then come here, but they did not give the treatment. They said go out from here"*.

**Health care services for People with Disabilities:** People with Disabilities (PWDs) are at great risk of contracting COVID-19 due to barriers of implementing basic hygiene measures such as handwashing, difficulty in enacting social distancing, barriers to accessing public health information, barriers to accessing healthcare etc. (WHO 2020). Community people, thorough group discussions, revealed that people with disabilities are being deprived of receiving health care services. They mentioned that *"People with disabilities are being neglected more in this pandemic... They are dependent on others for their cleanliness and basic hygiene management... They cannot go to the health facilities and take the required health services without help from others. Even if someone takes them to the health facilities, either they have to maintain a long queue to get the service"*.

**Birth incidences of the households:** Among all the surveyed households, 28 households have experienced childbirth incidence during COVID-19 lockdown. Out of 21 birth incidences in the beneficiary households, 13 had facility delivery. Except for one household that complained about the unavailability of doctors, the rest preferred delivery at home (details are in Annexe Table 4.3.12).

**Death incidences of the households:** Households have reported a total of 5 death incidences during COVID-19 lockdown. Out of 4 death incidences in the beneficiary households, 3 were main income earners; another one was an income earner, but not the main one in the household (details are in Annexe Table 4.3.13).

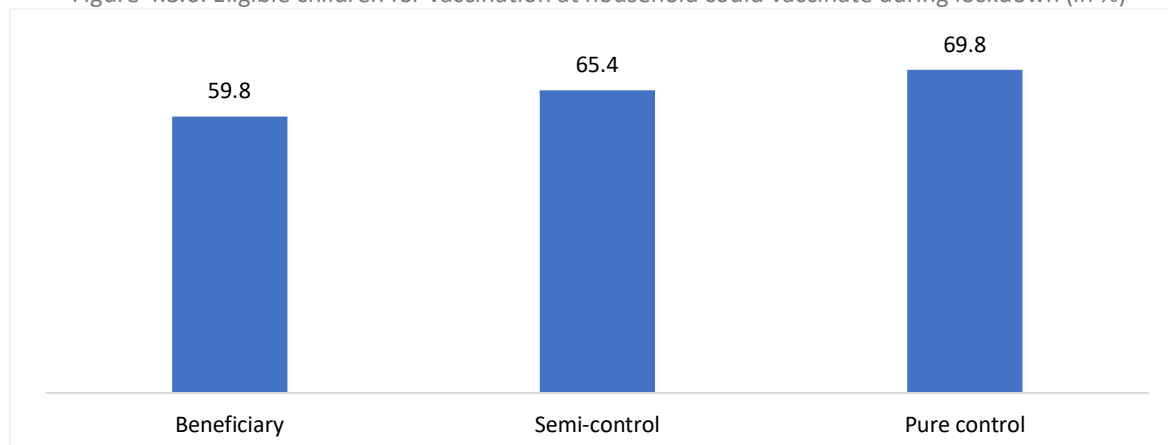
#### 4.3.2 Child Immunisation

Immunisation is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (WHO, n.d.). Since 1979 the government of Bangladesh has been conducting the Expanded Programme on Immunisation (EPI). So far, it is one of the most successful programmes and the most cost-effective health investments in Bangladesh. EPI is even able to access the hard to reach areas and vulnerable populations of Bangladesh for complete immunisation. But due to COVID-19, child immunisation has been affected. Survey data reflected the



situation in the lower-income settlements. Among the household who required to vaccinate their children aged 0-23 months, about 40.2 per cent reported that they could not vaccinate their children during the COVID-19 lockdown. The corresponding percentages were 34.6 and 30.2 per cent in semi-control and pure control households, respectively (Figure 4.3.6) (details are in Annexe Table 4.3.14).

Figure 4.3.6: Eligible children for vaccination at household could vaccinate during lockdown (in %)



Source: Household survey; details are in Annexe Table 4.3.14

The respondents mention multiple reasons for not being able to vaccinate their children. Majority of them in the beneficiary and semi-control households reported: "hospital/clinic/vaccine centre did not provide service", while pure control household reported, "did not go out considering health risk due to COVID-19" (Table 4.3.2). Other reasons mentioned by the respondents are "vaccination centre did not have a supply of the vaccine", "non-availability of a health worker at hospital/clinic/vaccine centre", and "communication barrier due to lockdown". Qualitative information supports the quantitative evidence. One FGD participant from Narayanganj said, "I could not vaccinate my children properly. Vaccines were not available at the EPI centres. Many had to vaccinate their children from far away". Another participant from Gazipur said, "EPI centre was closed for two months, so we were not able to vaccinate".

Table 4.3.2: Reasons for not able to vaccinate (in %; multiple responses)

Reasons	Beneficiary	Semi-control	Pure control
Hospital/clinic/vaccine centre did not provide service	37.5	44.4	15.4
Non-availability of a health worker at the hospital/clinic/vaccine centre	10.7	22.2	7.7
Refused to provide vaccine	14.3	0.0	0.0
Did not go out considering health risk due to COVID-19	28.6	44.4	61.5
Vaccination centre did not have a supply of the vaccine	33.9	0.0	0.0
Communication barrier due to red zone, lockdown situation	8.9	33.3	23.1
Did not feel necessary	14.3	0.0	0.0
Others	5.4	0.0	7.7

Source: Household survey; details are in Annexe Table 4.3.14

### 4.3.3 Mental Health

Urban poor people face various psychiatric disorders, including stress and depression due to COVID-19 pandemic and its induced problems, particularly challenges to livelihood. According to the World Health Organisation (WHO), depression is one of the leading causes of disability, sufferings in various forms and at its worst can lead to suicide. Depression a psychological disorder form is prevalent among people. Physical pressure and psychological stress, worries, irritation, negative feelings and

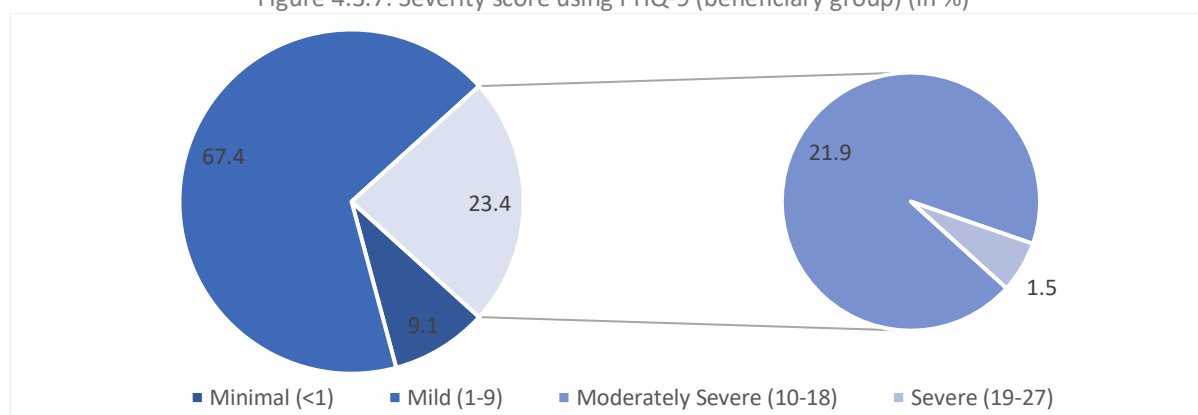


fear usually cause depression. The Patient Health Questionnaire-9 (PHQ-9)<sup>22</sup> has been applied as a part of the household survey to investigate the depression status of female members from the beneficiary, semi-control and pure control households amidst COVID-19 pandemic.

The household survey showed that more than 90 per cent of the beneficiary household respondents are in depression. Precisely, nearly one-fourth of the beneficiary household respondents have alarming level depression (1.5% severe and 21.9% moderately severe) (Figure 4.3.7) (details are in the Annexe Table 4.3.15 and Annexe Table 4.3.16).

According to the household survey, there is at least a household member in one-fifth of the semi-control households (26.6%) who are in moderately severe depression. More than sixty per cent of the pure control households (66.4%) have a household member with moderately severe depression (details are in the Annexe Table 4.3.15 and Annexe Table 4.3.16).

Figure 4.3.7: Severity score using PHQ-9 (beneficiary group) (in %)



Source: Household survey; details are in Annexe Table 4.3.15 and Annexe Table 4.3.16

Community discussions indicated that COVID-19 pandemic triggered job or business loss, household income shrinking, children's education uncertainties, food insecurity, domestic violence, and the threat of forced migration are key factors behind growing urban poor people depression.

The household survey and community discussion confirmed that food insecurity is one of the main reasons for their stress, frustration, depression and concern. Urban poor parents are frustrated because they are not being able to feed their children properly and failing to manage the educational cost of school. Urban poor parents' worries about household food insecurity and the challenge of managing children's educational expenses are instigating their depression.

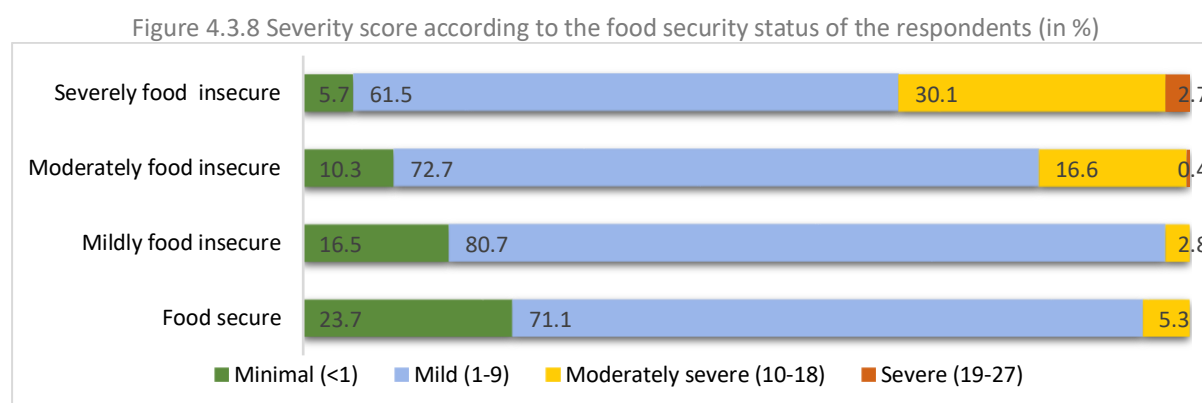
The household survey exhibited that more than three-tenth of the "severely food insecure" beneficiary household respondents are facing severe depression (2.7% severe and 30.1% moderately

<sup>22</sup> The PHQ-9 is a depression module that incorporates the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria into a brief measure of depression. PHQ-9 is a version of the Primary Care Evaluation of Mental Disorders (PRIME-MD) diagnostic instrument for mental or psychological disorders. The PHQ-9 assesses the frequency of a variety of depressive symptoms within the past 2 weeks with 4-point response options: 0 = "not at all," 1 = "several days," 2 = "more than half the days," and 3 = "nearly every day." Total scores can range from 0 to 27. A total number of 1431 adult female household members from the beneficiary group, 259 adult female household members from the semi-control group, and 446 adult female household members from the pure control group participated in the PHQ-9 test.

Source: Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>

severe) due to severe food insecurity (Figure 4.3.7). Besides, nearly another one-fifth of the "moderately food insecure" beneficiary household respondents are facing severe depression (0.4% severe and 16.6% moderately severe) (Figure 4.3.7).

Meanwhile, nearly 40 per cent of the "severely food insecure" semi-control households have severe depression (3.3% severe and 35.2% moderately severe). Also, almost one-fourth of all the moderately food insecure semi-control household respondents have moderately severe depression. Besides, more than 30 per cent of the severely food insecure pure control respondents are facing severe depression (2.2% severe and 28.4% moderately severe) (details are in the Annexe table 4.3.17).



Source: Household survey; details are in Annexe Table 4.3.17

Community discussions confirmed that urban poor children and adolescents are also facing depression-like adults. FGD participants informed that children had lost their interest in studying, which is fuelling depression. Community discussion also revealed that urban poor parents are forcing their children against their will into child labour to support the financial need of the household inducing depression among children. Adolescent girls who are forced into child marriage are also becoming more depressed due to the unexpected burden of conjugal life and discontinuation of their studies.

#### 4.3.4 COVID-19 related knowledge and practice

**Sources of knowledge:** All the surveyed households have heard about COVID-19. In this age of mass media, information now reaches every door within seconds through television, newspaper, internet, mobiles short message service, and other means. Households heard about COVID-19 from multiple sources. The top six sources are summarised in Table 4.3.3. More than 80 per cent surveyed households came to know about COVID-19 through television and from their neighbours, relatives or friends. About 48.8 per cent in beneficiary household mentioned "miking", which is 59.1 per cent in semi-control and 54.9 per cent in pure control household. Other important sources mentioned by the respondents are mobile announcement or message, poster and leaflet, and newspaper.

Table 4.3.3: Distribution of household according to sources of COVID-19 knowledge (in %; multiple responses)

Sources (multiple responses)	Beneficiary	Semi-control	Pure control
TV	83.4	86.9	80.7
From relatives/neighbours/friends	80.0	80.3	82.7
Miking	48.8	59.1	54.9
Mobile (announcement/message)	28.7	34.0	30.3
Poster/leaflet	15.9	21.6	13.7
Newspaper	8.7	12.7	7.2

Source: Household survey; details are in Annexe Table 4.3.18

**Knowledge of COVID-19 symptoms:** Table 4.3.4 reveals the knowledge of symptoms of the households. More than 94 per cent household across the category know fever to be a symptom of COVID-19. At the same time, around two-thirds of them in the beneficiary households know about a dry cough being a symptom. The corresponding figures in semi-control and pure control households are 61 and 59.6 per cent, respectively. The sore throat was mentioned by 59.3 per cent beneficiary households, which is followed by difficulty in breathing (45.5%), headache (37.6%) and aches and pains (23.1%). A similar scenario is observed in semi-control and pure control households.

Table 4.3.4: Distribution of household according to knowledge on symptoms of COVID-19 (in %; multiple responses)

Symptoms of COVID-19	Beneficiary	Semi-control	Pure control
Fever	95.5	96.1	94.2
Dry cough	65.7	61.0	59.6
Sore throat	59.3	68.0	61.4
Difficulty in breathing	45.5	49.4	47.1
Headache	37.6	42.5	35.4
Aches and pains	23.1	20.8	18.8
Tiredness	19.3	29.3	19.5
Diarrhoea	15.9	23.2	21.1
Conjunctivitis	7.1	13.5	6.1
Loss of taste or smell	5.8	9.7	5.2
Chest pain or pressure	5.0	5.0	4.3
Rash on the skin, or discolouration of fingers or toes	2.9	5.0	3.8
May have no symptom	1.1	1.9	0.7
Loss of speech or movement	0.4	0.0	0.7
Others	0.7	0.0	0.7
Do not know	1.2	0.8	2.0

Source: Household survey; details are in Annexe Table 4.3.19

**Knowledge on possible measures to prevent COVID-19:** According to the WHO's advice on possible preventive measures on COVID-19<sup>23</sup>, frequent hand washing; maintain social distancing; using the face mask; avoid touching nose, mouth and face; follow cough etiquette; staying at home, and seek for doctor's help if feeling unwell are all highlighted measures. About three-fourth of the households are aware of frequent handwashing. Nearly two-thirds of the surveyed households know about using a face mask. 40.2 per cent of the beneficiary households know about social distancing, which is 51.7 and 41 per cent in semi-control and pure control households, respectively. "Not touching face, nose and eyes with hands" was mentioned by 26.1, 30.1 and 21.3 per cent beneficiary, semi-control and pure control household respectively. However, about 4, 1.2 and 6.5 per cent households in the beneficiary, semi-control and pure control households respectively could not mention any of the seven measures mentioned above. Table 4.3.5 summaries the knowledge on possible preventive measures of COVID-19.

Table 4.3.5: Distribution of household according to knowledge on possible preventive measures for COVID-19 (in %; multiple responses)

Possible preventive measures for COVID-19	Beneficiary	Semi-control	Pure control
Frequently handwashing with soap and water or use of alcohol-based hand sanitiser	74.3	74.9	74.7
Using Mask	64.9	64.1	62.1
Keeping social distance from people with flu-like symptom	40.2	51.7	41.0
Not touching face, nose and eyes with hands	26.1	30.1	21.3

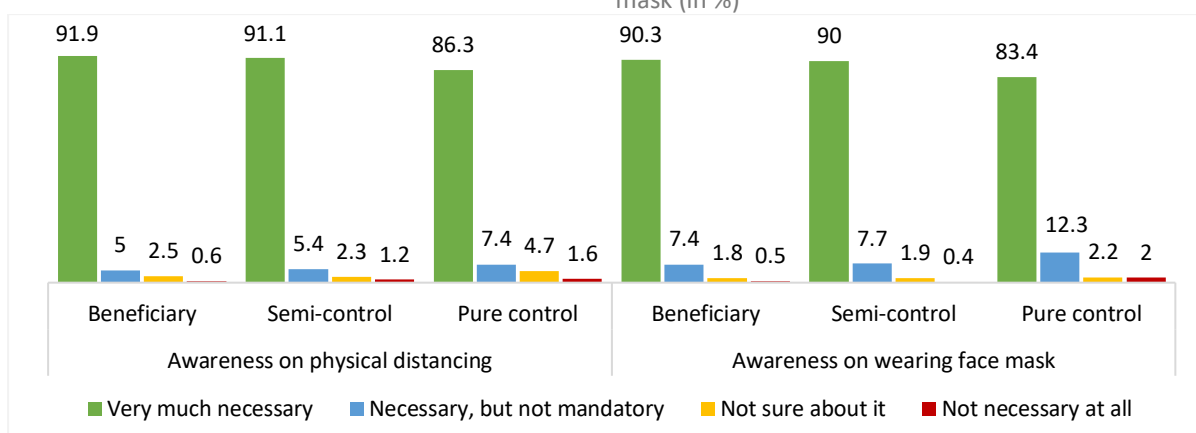
<sup>23</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Possible preventive measures for COVID-19	Beneficiary	Semi-control	Pure control
Using a tissue or cover the face with an elbow while sneezing or coughing	15.3	21.6	16.6
Taking advice from a doctor if there are cough, fever and shortness of breath	11.3	9.7	7.4
Not going outside if feeling sick	10.5	15.1	6.3
Could not mention any of the seven preventive measures	4.0	1.2	6.5

Source: Household survey; details are in Annexe Table 4.3.20

**Awareness of physical distancing and using face mask:** Most of the surveyed households think that physical distancing and using mask are very critical to prevent COVID-19 transmission. Figure 4.3.9 reveals the percentage distribution of the households according to the knowledge of physical distancing and using a face mask.

Figure 4.3.9: Distribution of the households according to the awareness of physical distancing and using face mask (in %)



Source: Household survey; details are in Annexe Table 4.3.21 and 4.3.22

**The practice of physical distancing:** Though nine out of ten of the respondents thinks physical distancing is very much necessary, only 43.2 per cent households from the beneficiary, 36.3 per cent households from semi-control and 40.6 per cent from pure control said that they maintain physical distancing. About 22.8 per cent in the beneficiary household tried to maintain physical distancing, but they think it is difficult for them considering where they live. The corresponding figures are 26.3 and 20 per cent in semi-control and pure control household, respectively. About 10.2 per cent beneficiary, 11.6 per cent semi-control and 14.3 per cent pure control did not maintain physical distancing. (Table 4.3.6)

Table 4.3.6: Distribution of household according to the practice of physical distancing to prevent COVID-19 transmission (in %)

Practice	Beneficiary	Semi-control	Pure control
Maintain physical distancing	43.2	36.3	40.6
Tried to maintain, but it's difficult considering their living place	22.8	26.3	20.0
Do not maintain physical distancing	10.2	11.6	14.3
Tried to maintain, but as they need to go outside for work, it becomes difficult for them to maintain	9.6	6.2	9.0
Tried, but it's impossible to maintain	9.5	15.1	10.5
Tried at first, but failed	4.7	4.6	5.6

Source: Household survey; details are in Annexe Table 4.3.21

**The practice of using a face mask:** Table 4.3.7 reveals the percentage distribution of household respondents according to the practice of using a face mask. Reportedly, only half of them use face

mask regularly. Very few of them reported that they do not use a face mask and the rest of the others reported that they use face mask irregularly.

Table 4.3.7: Distribution of household respondents according to the practice of using a face mask to prevent COVID-19 transmission (in %)

Indicators	Beneficiary	Semi-control	Pure control
Usage face mask to prevent COVID-19 transmission			
Use regularly	53.4	55.2	43.5
Use, but not regularly	38.8	35.1	43.3
Don't use	7.8	9.7	13.2
Type of face mask (multiple responses)			
Fabric mask (bought from market)	73.9	73.1	73.6
Home-made fabric mask (three-layers)	12.3	14.5	12.1
Home-made fabric mask (not three-layer)	11.8	12.8	10.1
Surgical mask	30.8	24.8	30.0
KN95/N95 mask	2.0	2.6	2.3
Do not know the type	1.0	0.9	1.3
Others	0.1	0.4	0.0

Source: Household survey; details are in Annexe Table 4.3.22

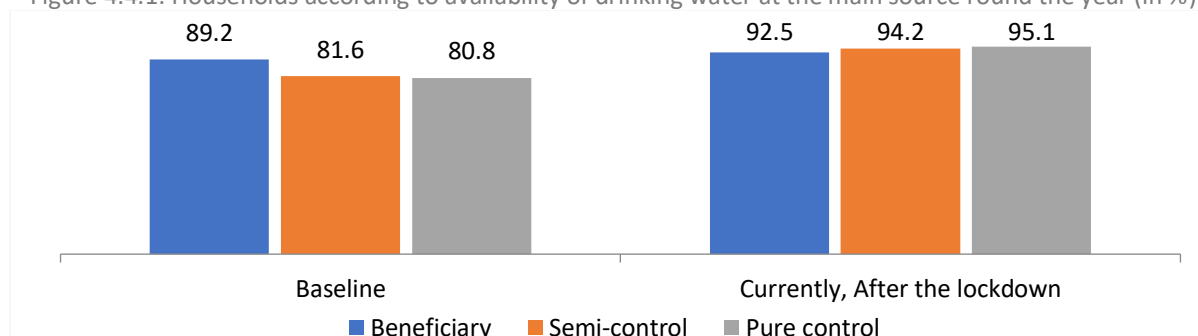
## 4.4 Water, Sanitation and Hygiene

People's health largely depends on good WASH conditions (safe drinking water, improved sanitation facilities and proper hygiene practice). Keeping this in mind, this chapter is mainly focused on the current situation of various water, sanitation, handwashing -related issues namely water sources, availability and adequacy of water, the situation of sanitation facilities, sharing of latrine and several issues of handwashing considering COVID-19, and community hygiene.

### 4.4.1 Sources and availability of drinking water

The findings indicate that there is no basic difference in water use among households between the periods at the baseline and currently, after the lockdown. At both the times, the most commonly used water source was/is tube-well, followed by piped water into yard or plot and public tap/standpipe (details are in Annexe Table 4.4.1). FGD participants in Rangpur and Faridpur have confirmed that in their area, most of the people have their own tube-well and they mainly collect their drinking water from the tube-well. On the other hand, FGD participants of Rajshahi said that increasing the number of tube-wells would be very beneficial for them. Figure 4.4.1 shows that, while in the baseline, 89.2 per cent beneficiary households had access to water throughout the year, which increased to 92.5 per cent at present during the survey conducted after lockdown ( $p=0.0006$ ). Increased access to water is also noted among semi-control and pure control households (details are in Annexe Table 4.4.1).

Figure 4.4.1: Households according to availability of drinking water at the main source round the year (in %)



Source: Household survey; details are in Annexe Table 4.4.1

#### 4.4.2 Sanitation

The overall analysis of survey findings shows that access to the improved latrine in the surveyed areas has increased since the baseline survey across all type of households (beneficiary: 6.2%, semi-control: 4.1%, and pure control: 7.8%;  $p < 0.05$ ). Pit latrine with a slab is the most common form of improved latrine used. However, the use of sanitary latrine with septic tank is on the rise (Table 4.4.1). The proportion of households using shared latrine is high (around 60%), and no notable difference is apparent between the period of baseline and after lockdown (details are in Annexe Table 4.4.2).

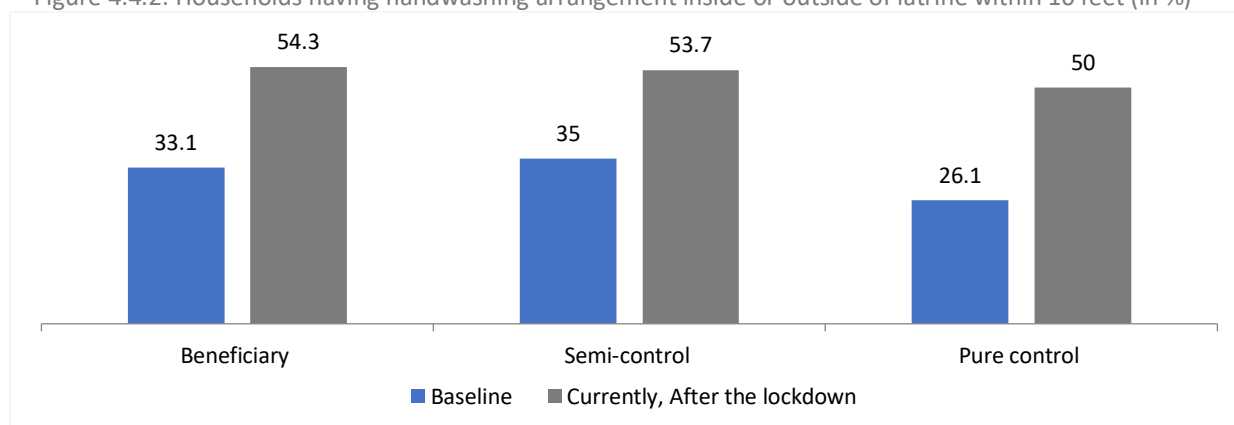
Table 4.4.1: Distribution of households according to the type of used latrine (in %)

Type of latrine	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Pit latrine with ventilator	9.9	12.0	6.0	6.4	13.1	7.8
Pit latrine with slab	63.3	61.8	65.1	58.3	52.5	59.4
Composting toilet	0.6	0.0	0.2	0.0	0.0	0.2
Sanitary latrine with septic tank	16.4	19.0	16.3	31.7	31.3	28.0
Improved latrines	90.2	92.8	87.6	96.4	96.9	95.4
Pit latrine without slab	7.8	6.3	8.3	2.1	1.5	3.8
Bucket toilet	0.1	0.0	0.2	0.2	0.4	0.0
Hanging latrine	1.2	0.6	2.5	1.1	1.2	0.7
No facility/open defecation	0.7	0.0	0.9	0.3	0.0	0.0
Others	0.1	0.2	0.5	0.0	0.0	0.0
Unimproved latrine	9.8	7.2	12.4	3.7	3.1	4.5

Source: Household survey; details are in Annexe Table 4.4.2

Concerning the handwashing arrangement, the study findings show that handwashing arrangement inside or outside the latrine within 10 feet has significantly increased after lockdown ( $p < 0.00001$ ). About 54.3 per cent households in beneficiary, 53.7 per cent in semi-control households and 50 per cent in pure control households confirmed that they have handwashing arrangement in the latrine or close to the latrine (within 10 feet). During baseline, corresponding figures were 33.1, 35.0 and 26.1 per cent in beneficiary, semi-control and pure control households respectively (Figure 4.4.2). (details are in Annexe Table 4.4.3).

Figure 4.4.2: Households having handwashing arrangement inside or outside of latrine within 10 feet (in %)



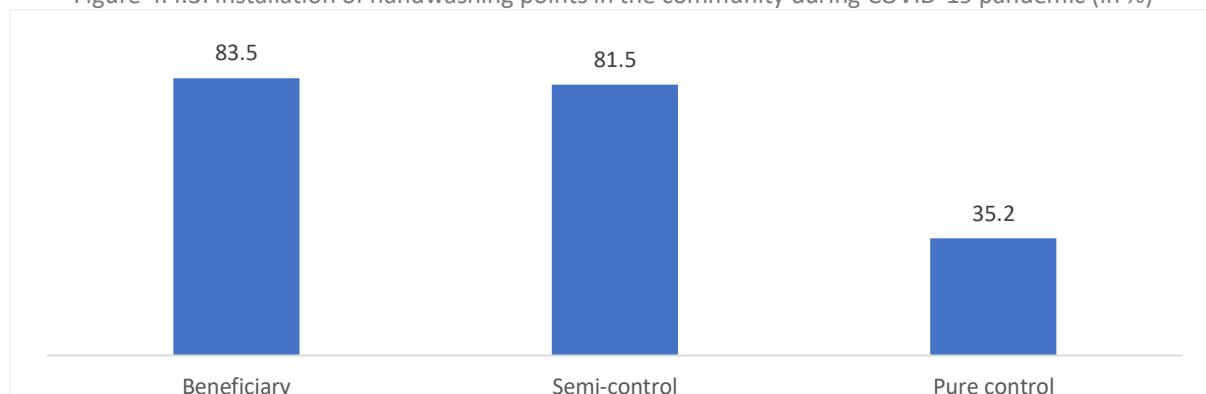
Source: Household survey; details are in Annexe Table 4.4.2

#### 4.4.3 Handwashing

Handwashing is considered as the first line of defence and helps the individual and communities to take preventive measures against COVID-19. In response to a query, 83.5 per cent respondent in

beneficiary households, 81.5 per cent in semi-control households, and 35.2 per cent in pure control households affirmed that specific handwashing place/handwashing points had been installed in their community during COVID-19 (Figure 4.4.3). According to the household survey, about 69.7 per cent respondents in beneficiary households, and 68.7 per cent in semi-control households said that NUPRP had installed handwashing place/points in their community during COVID-19 pandemic. The government installs most of the handwashing facilities in the pure control community. The government-initiated handwashing place/points have been reported by 29.7 per cent of the beneficiary, 22.7 per cent semi-control, and 67.5 per cent in pure control households. Field observation has revealed that in some areas, pure control households are being benefited by the handwashing points installed by NUPRP. They use the handwashing points installed by NUPRP in the project areas, as they do not have any handwashing facility in their vicinity. Regarding the use of handwashing points at the surveyed communities, it has been used by 70.7 per cent beneficiary and 74.4 per cent semi-control households. Such practices of using handwashing points in the pure control households are somewhat less (47.8%) than the reported use in beneficiary and semi-control households (details are in Annexe Table 4.4.4).

Figure 4.4.3: Installation of handwashing points in the community during COVID-19 pandemic (in %)



Source: Household survey; details are in Annexe Table 4.4.4

Discussions with the PG member, local and citywide urban poor community leaders, and NUPRP officials make clear that NUPRP has installed handwashing places/points in every CDC and provided soap and other handwashing materials among the urban poor people. Besides, the CDC leader/CDC cluster leader is responsible for monitoring the availability of soap and water at these handwashing points. Town Manager of Chandpur said that they had installed handwashing points in 63 areas of the community; they also provided soap and buckets in those points. Municipality representatives of fifteen municipalities and local urban government representatives added that they have also installed handwashing points with handwashing material and water in poor urban settlements to prevent the spread of COVID-19.

Community discussions reveal that now people of low-income settlements are more aware of handwashing practices and cleanliness because of COVID-19. In Faridpur, CDC leader said that, from NUPRP, handwashing materials had been distributed among the urban poor people. Also, people have been made aware of proper handwashing practices to prevent COVID-19. The CDC leader of Gazipur said, "During COVID-19, we have arranged handwashing points at a different place in our area, distributed liquid handwashing bottle and 5 soap among the lower-income people, raised awareness in various ways about cleanliness, distributed leaflets, told everyone about the proper handwashing technique". Almost all FGD participants said that NUPRP had installed handwashing place/points in their area during COVID-19 pandemic. They also added that buckets and drums had been provided by NUPRP in the handwashing points to ensure water supply. However, FGD participants of Dhaka reported that their area is densely populated, so more handwashing points need to be installed in



their areas. Likewise, CDC leader of Dhaka and Mymensingh have acknowledged that more handwashing points need to be set up in those CDCs where the number of people is higher.

Table 4.4.2 shows that soap bar is the main handwashing material available at the handwashing place/points in the surveyed communities, followed by ash. Detergent/soap dust and liquid soap are also available at some handwashing points. The table further demonstrates that the availability of soap bars in the handwashing place/points is highest in beneficiary communities (91.4%) and least in pure control communities (79.6%). 75.4 per cent households in the beneficiary group, 72.6 per cent in the semi-control group, and 60.2 per cent in the pure control group reported availability of water at all times at the handwashing place. (Table 4.4.2).

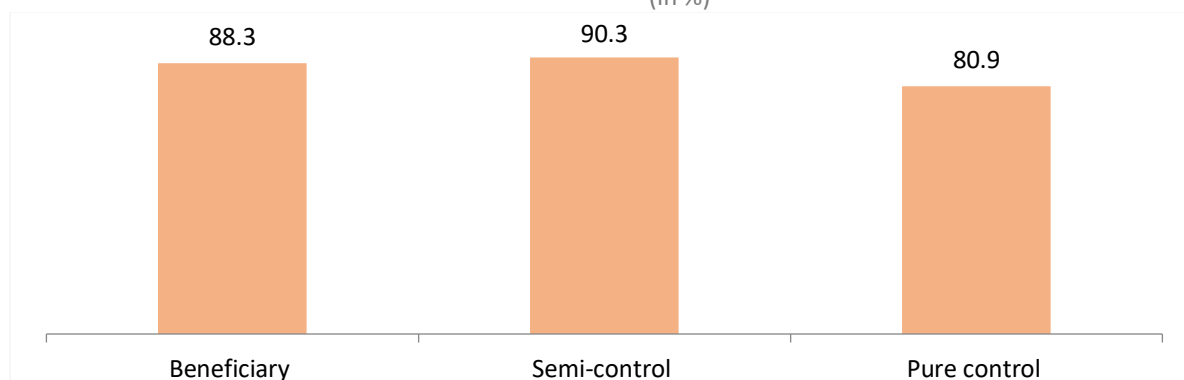
Table 4.4.2: Distribution of households according to availability of handwashing material and water in the handwashing place/points (in %)

Indicators	Beneficiary	Semi-control	Pure control
Type of handwashing materials available (multiple responses)			
Soap	91.4	90.9	79.6
Ash	12.6	17.8	14.7
Detergent/soap dust	4.1	2.7	3.4
Liquid soap	3.2	3.2	2.6
Mud/sand	0.1	0.5	0.0
Others	1.3	0.0	3.8
None	3.1	4.1	8.3
Water available at the handwashing place 24 hours a days			
Yes	75.4	72.6	60.2
No	7.6	7.3	10.4
Don't know	16.9	20.1	29.4

Source: Household survey; details are in Annexe Table 4.4.7

**Knowledge of appropriate method of handwashing:** The knowledge about the appropriate method of handwashing (considering the COVID-19 pandemic) was found among 88.3 per cent beneficiary households, 90.3 per cent semi-control households, and 80.9 per cent pure control households (Figure 4.4.4). However, among them, the suggested time of handwashing for at least 20 seconds is known to 92.7 per cent beneficiary, 95.3 per cent semi-control and 93.6 per cent pure control households. About one-fifth survey participant in beneficiary (19.3%) and semi-control (19.2%) households and almost one-fourth (24.9%) in pure control households failed to demonstrate the appropriate method of handwashing by rubbing both hands with soap and water properly for at least 20 seconds (details are in Annexe Table 4.4.5).

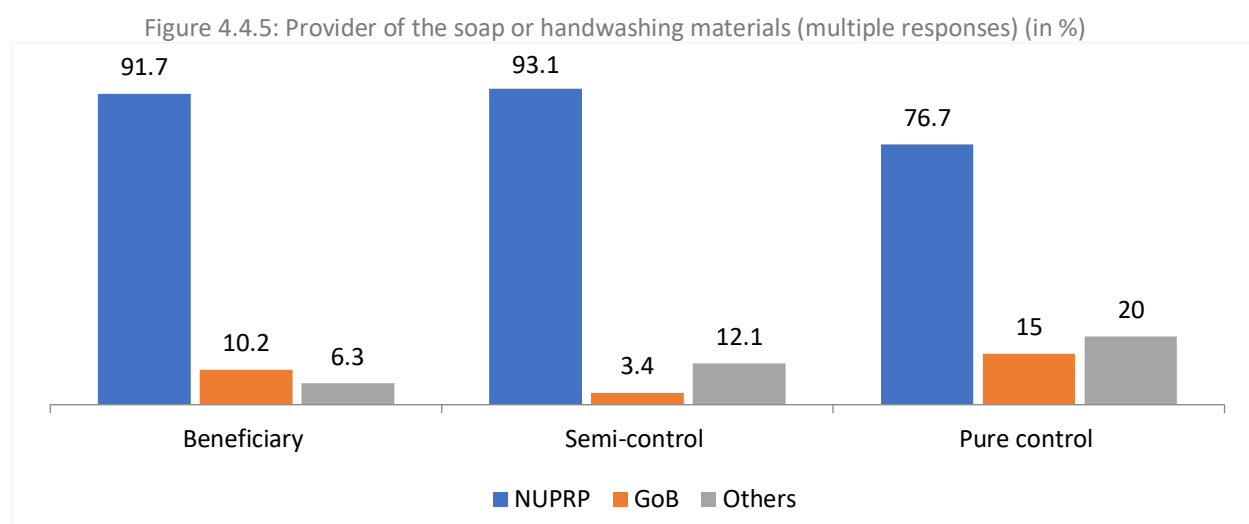
Figure 4.4.4: Knowledge about the appropriate method (considering the COVID-19 Pandemic) of handwashing (in %)



Source: Household survey; details are in Annexe Table 4.4.5



**Receipt of handwashing materials during the lockdown:** Reportedly, most of the beneficiary households (95.5%), and semi-control households (89.6%) have received soap or handwashing materials during COVID-19 lockdown. In contrast, the majority (59.6%) of households in pure control communities remained out of such external support of receiving handwashing materials from elsewhere (Details are in Annexe Table 4.4.6). Among the receiver households in beneficiary and semi-control communities, handwashing materials are mostly (over 90 %) provided by NUPRP, which is 76.7 per cent to the receiver households in case of pure control. Apart from NUPRP, some one-tenth (10.2%) households in beneficiary communities have also received handwashing materials from the government during COVID-19 lockdown (Figure 4.4.5).



Source: Household survey; details are in Annexe Table 4.4.6

One FGD participant from Chattogram said, "If the NUPRP did not provide soap, we would not be able to buy soap". FGD participants from Narayanganj and Sylhet reported, CDC has given five soaps to each of our households, and one handwashing point has been arranged in each CDC. On the other hand, FGD participants of Dhaka suggested that it is crucial to conduct group-based counselling on handwashing, and appropriate steps need to be taken to keep handwashing practice going.

#### 4.4.4 Community Hygiene

Waste management (including drainage and sewerage) and community hygiene (cleanliness of roads and footpaths) management commonly adhered problems of urban poor communities living in low-income settlements. Amidst COVID-19, community waste and hygiene management become vital.

Community participants in Dhaka said, "Our community is crowded, so we need a good drainage system and proper waste management system. But, as we are poor, city corporation does not care about it!". Participants in Rangpur said "Even a little rain flooded roads and houses in our community. There are drains, but the height of the walls are small. So, drains overflows and as a result, roads flooded. Though water from big roads flows away, waterlogging in footpaths stays for long". FGD Participants from Chandpur said "Drains are cleaned in our community regularly. But, as the drains have no cover, dust and wastage of birds and animals easily fill the drains. Moreover, children feel difficulty walking by the roadsides; sometimes, they fall in the drain".

## 4.5 Poverty

### 4.5.1 Poverty Status

**Using the Cost of Basic Needs Method:** The Cost of Basic Needs (CBN) method consists of calculating the cost of obtaining a consumption bundle which is assumed to be adequate for basic consumption needs. If a person can afford this, this basic consumption is considered to be non-poor (HIES 2016).<sup>24</sup>

According to the household per capita per month expenditure<sup>25</sup>, poverty in the beneficiary households decreased from the baseline up to the initiation of lockdown due to COVID-19. After this, though, the incidence of poverty increased and even passed the baseline mark after the lockdown (Figure 4.5.1). Currently (after the lockdown), about 77.5 per cent of the beneficiary households are below the upper poverty line<sup>26</sup>. The same was 67.3 per cent during the baseline. Considering the lower poverty line<sup>27</sup>, about 56.2 per cent of the beneficiary households are currently living below the poverty line; this was 41.7 per cent during the baseline. This indicates that poverty using the CBN method has increased significantly from the baseline to after lockdown ( $p < 0.00001$ ).

Calculation of Headcount Ratio<sup>28</sup> (using the upper poverty line) indicates that 82 per cent of the population of the beneficiary households are living below the upper poverty line. In comparison, this was 70.6 per cent during the baseline. On the other hand, the poverty gap<sup>29</sup> and squared poverty gap<sup>30</sup> indicates that both the depth and severity of poverty of the beneficiary households has increased after the lockdown. On average, the population at the beneficiary households are 29.7 per

<sup>24</sup> The HIES 2016 report explains the preparation of poverty lines as follows: First, the cost of a fixed food bundle was estimated. The bundle consists of eleven items; rice, wheat, pulses, milk, oil, meat, fish, potato, other vegetables, sugar and fruits, as recommended by Ravallion and Sen (1996), based on Alamgir (1974). It provides minimal nutritional requirements corresponding to 2,122 kcal per day per persons – the same threshold used to identify the absolute poor with the direct caloric intake method. The price for each item in the bundle was estimated as the mean of unit values (price per unit) of the item reported by a reference group of households, calculated separately for each of the 16 geographic areas or strata. The food poverty line was computed by multiplying the prices with the quantities in the food bundle. The second step entailed computing two non-food allowances for non-food consumption. The first was obtained by taking the median amount spent for non-food items by a group of households whose per capita total expenditure is close to the food poverty line, which is called the “lower non-food allowance”. The second was obtained by taking the median amount spent for non-food items by group of household whose per capita food expenditure is close to the food poverty line, which is called the “upper non-food allowance”. The third step consisted simply of adding to the food poverty lines the lower and upper non-food allowances to yield the total lower and upper poverty lines for each of the 16 geographical areas.

<sup>25</sup> For calculating poverty for Dhaka North, Mymensingh, Narayanganj, Dhaka South and Gazipur, poverty line of Dhaka City Corporation (lower poverty line: 2,020 BDT and upper poverty line: 2,929 BDT); for Chattogram and Cumilla, Chattogram City Corporation (lower poverty line: 2,097 BDT and upper poverty line: 2,660 BDT); for Khulna, Khulna City Corporation (lower poverty line: 1,942 BDT and upper poverty line: 2,360 BDT); for Kushtia, Khulna Urban (lower poverty line: 1,817 BDT and upper poverty line: 2,419 BDT); for Sylhet, Sylhet City Corporation (lower poverty line: 1,911 BDT and upper poverty line: 2,315 BDT); for Chandpur, Chattogram Urban (lower poverty line: 2,135 BDT and upper poverty line: 2,606 BDT); for Rajshahi and Rangpur, Rajshahi City Corporation (lower poverty line: 1,764 BDT and upper poverty line: 2,244 BDT); for Patuakhali and Faridpur, Barisal Urban (lower poverty line: 1,993 BDT and upper poverty line: 2,756 BDT) has been used in the study (as of HIES 2016).

<sup>26</sup> Lower poverty line = Food poverty line + Upper non-food allowance

<sup>27</sup> Lower poverty line = Food poverty line + Lower non-food allowance

<sup>28</sup> Head Count Ratio (HCR) indicates the proportion of a population below the poverty line.

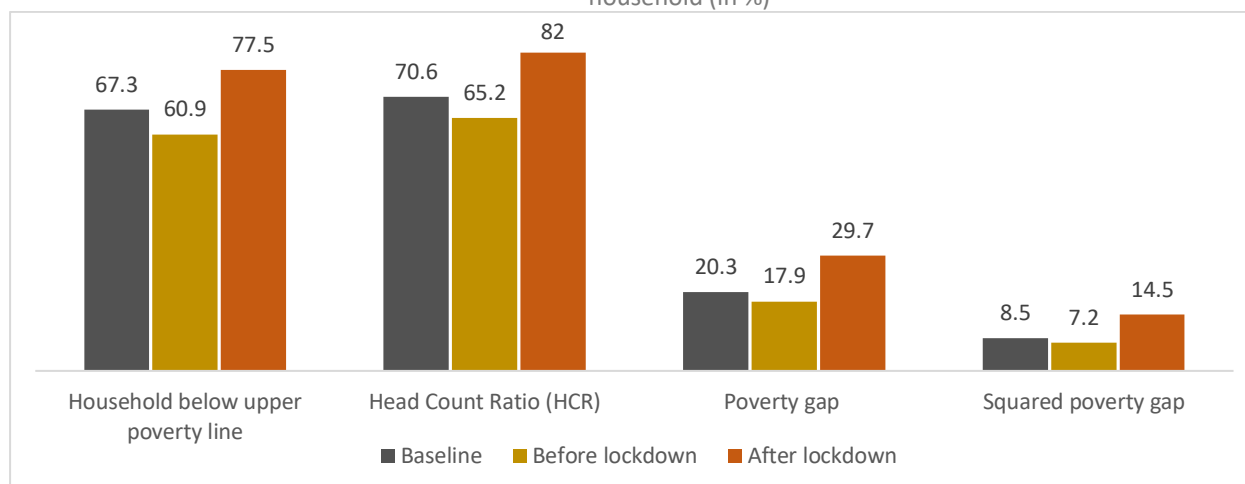
<sup>29</sup> Depth of poverty can be measured by ‘poverty gap’ which is the mean shortfall of the total population from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line. By definition, the poverty gap index is a percentage between 0% (no one in the population is below the poverty line) and 100% (everyone in the population has zero income).

<sup>30</sup> The squared poverty gap (“poverty severity”) index averages the squares of the poverty gaps relative to the poverty line. This method puts more emphasis on the observation that fall short of the poverty line than those that are closer

cent below the upper poverty line, which was 20.3 per cent during the baseline. These differences have high statistical significance ( $p < 0.00001$ ).

In the semi-control and pure control households, a similar scenario regarding poverty increase after the lockdown (using CBN Method) is observed (details are in Annexe Table 4.5.1).

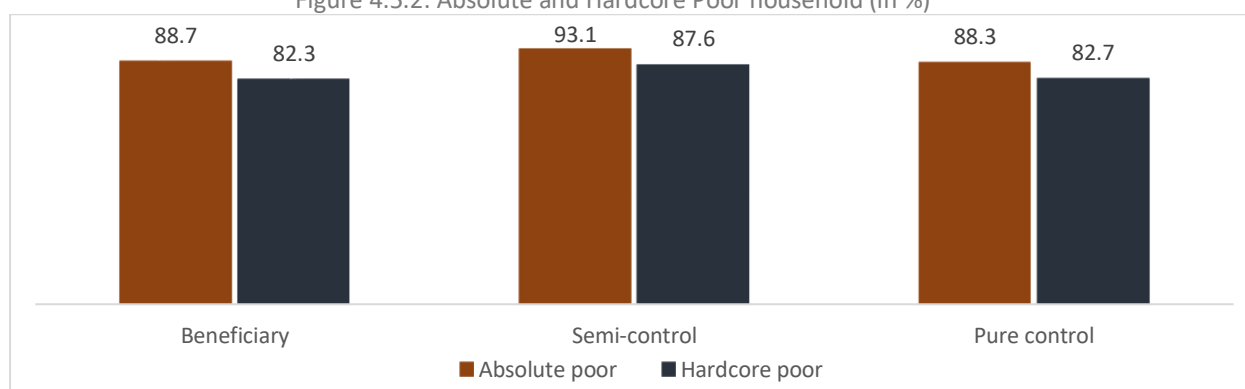
Figure 4.5.1: Incidence, depth and severity of poverty using Cost of Basic Needs Method in the beneficiary household (in %)



Source: Household survey; details are in Annexe Table 4.5.1

**Using Direct Calorie Intake Method:** This study has estimated absolute poverty<sup>31</sup> and hardcore poverty<sup>32</sup> using the Direct Calorie Intake (DCI) method. Figure 4.5.2 reveals that currently (after the lockdown) about 88.7 per cent of the population at beneficiary households are absolute poor, which is 93.1 per cent in semi-control and 88.3 per cent in pure control household. On the other hand, hardcore poverty is recorded at 82.3 per cent in the beneficiary households, 87.6 per cent in the semi-control households and 82.7 per cent in pure control households.

Figure 4.5.2: Absolute and Hardcore Poor household (in %)



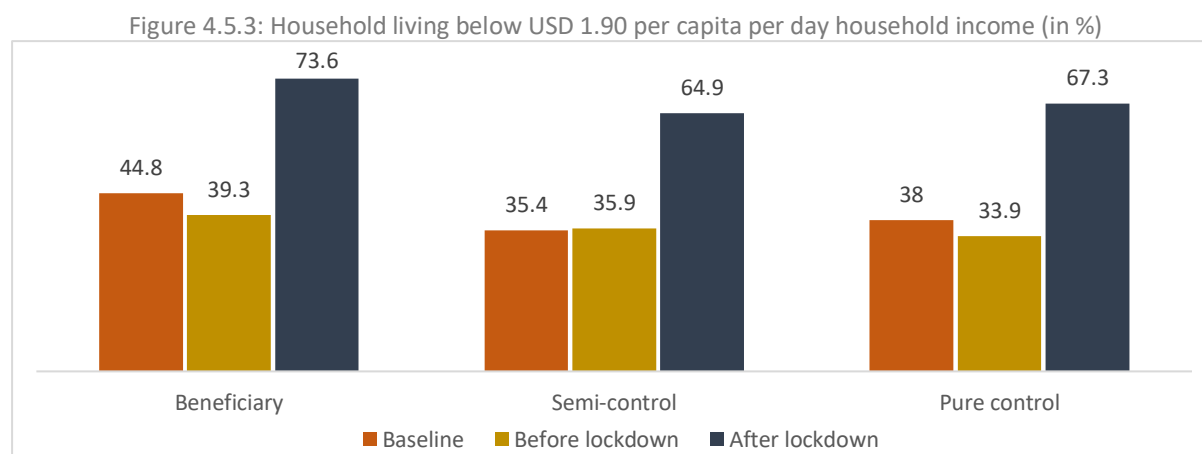
Source: Household survey; details are in Annexe Table 4.5.2

**Using the Income Method:** Poverty using the income method has significantly increased from the baseline for each category of households ( $p < 0.00001$ ). According to this method, the number of urban poor households has almost doubled during the COVID-19 pandemic (Figure 4.5.3). Considering the

<sup>31</sup>A person whose daily calorie intake is lower than 2,122 k.cal is considered in the category of absolute poor.

<sup>32</sup>A person whose daily calorie intake is lower than 1,805 k.cal is considered in the category of hardcore poor.

international lower income poverty line<sup>33</sup> (USD 1.90 per capita per day household income<sup>34</sup>), about 73.6, 64.9 and 67.3 per cent households in the beneficiary, semi-control and pure control households are poor after the lockdown, respectively. During baseline, the corresponding figures were 44.8, 35.4 and 38 per cent in the beneficiary, semi-control and pure control households respectively. Considering USD 3.20 poverty line, more than 88 per cent households across the categories are poor after the lockdown (details are in Annexe Table 4.5.3).



Source: Household survey; details are in Annexe Table 4.5.3

**Multidimensional Poverty Index:** The Multidimensional Poverty Index (MPI) goes beyond a traditional focus on income to reflect the multiple deprivations that a poor person faces concerning education, health and living standard. NUPRP has followed the following scoring method for the preparation of MPI (Table 4.5.1).

Table 4.5.1: NUPRP's scoring for calculating the Multidimensional Poverty Index (MPI)

Indicator	Weight	Questions	Conditions
<b>Education</b>			
Any school-aged child is not attending school in years 1 to 8	16.7	Are there any children of school-going age (6-14) in your H.H?  If yes, are they ALL attending school?	No = 16.7 Yes = 0
No household member has completed five years of schooling	16.7	Has any member of the H.H. completed five years of schooling or more?	No = 16.7 Yes = 0
<b>Health</b>			
Any member of the H.H. is disabled	16.7	Are any members of the H.H. disabled, including yourself?	Yes = 16.7 No = 0
The adult head of the family has given birth to a son or	16.7	Has the adult female head of the family	Yes = 16.7 No = 0

<sup>33</sup>Global poverty lines (international) defined by the World Bank based on the 15 poorest countries in 2005. The International USD 1.90 per day per capita poverty line currently acts as the baseline for action on Sustainable Development Goal (SDG) 1, to end poverty in all its forms everywhere. As of September 2015, the Intl. lower and middle-income poverty line are set as USD 3.10 and Intl. upper and middle-income poverty line have been set as USD 5.20 to reflect changes in inflation and purchasing power parity (PPP). The Intl. USD 1.90 lower income poverty line remains unchanged.

<sup>34</sup>Price level ratio of PPP conversion factor (GDP) to market exchange rate in Bangladesh was 0.4 in 2019 (Trading Economics 2020).

daughter who was born alive but later died		ever given birth to a son or daughter who was born alive but later died?	
<b>Standard of Living</b>			
The household has no electricity	5.5	Does your H.H. have the following assets or facilities?	Electricity = 0 No Electricity = 5.5
The household's sanitation facility is not improved (according to MDG guidelines <sup>35</sup> ), or it is improved but shared with other households	5.5	What kind of toilet facility do members of your H.H. usually use?  Do you share this toilet facility with other H.H.s?	'Pit latrine without slab /open pit', 'Bucket', 'Hanging toilet/hanging latrine', 'No facilities or bush or field', 'Other' = 5.5  If shared and type of toilet facility is Pit latrine with slab, flush to a septic tank or piped sewer system or pit or drainage, VIP, composting toilet = 5.5
The household has a dirt, sand or dung floor	5.5	What is the house floor made of?	Earth/sand or dung = 5.5
The household cooks with dung, wood or charcoal	5.5	What type of fuel does your H.H. mainly use for cooking?	Animal dung, wood, charcoal = 5.5
The household does not own more than one of radio, T.V., telephone, bike, motorbike or refrigerator and does not own a car or truck	5.5	Does your H.H. have the following assets or facilities?	If only one asset and does not own a car or truck = 5.5 More than one asset = 0
The household does not have access to safe drinking water (according to MDG guidelines <sup>36</sup> ), or safe drinking water is more than a 30-minute walk from home roundtrip	5.5	What is the main source of drinking water for H.H. members? How long does it take to get to the water source, get water and come back, including waiting time (minutes?)	If it requires more than 30 minutes, (irrespective of the type of water source) = 5.5  If water source is 'Rainwater', 'Tanker-truck', 'Cart with small tank/drum', 'Surface water (river, stream, dam, lake, pond, canal, irrigation channel)', 'Unprotected spring', 'Unprotected well', 'Other' = 5.5

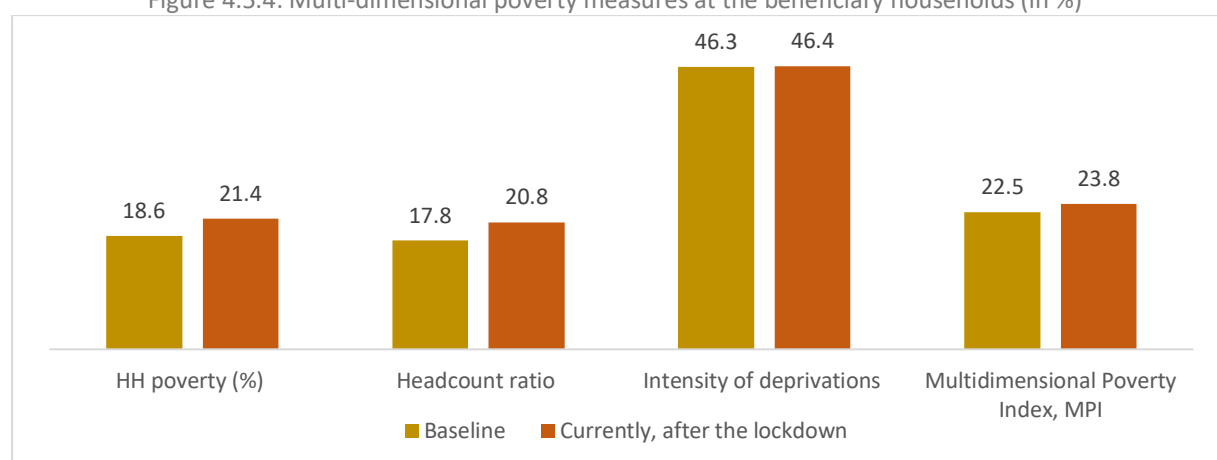
According to MPI, a household is considered poor if it is deprived in at least one-third of the weighted indicators. To compute the multidimensional headcount ratio (H), i.e., the incidence of poverty, the total number of members of poor households is divided by the total number of household members of all households. The MPI reflects both the incidence of multidimensional deprivation (a headcount of those in multidimensional poverty) and its intensity (the average deprivation score experienced by poor people) and is computed by multiplying headcount ratio with the intensity of deprivations. It can be used to create a comprehensive picture of people living in poverty, and permits comparisons both across countries, and regions, and the world and within countries by ethnic group, urban or rural location, as well as other key household and community characteristics. The MPI offers a valuable complement to income-based poverty measures (UNDP 2020).

<sup>35</sup> Sanitation is either of 'Pit latrine without slab / open pit', 'Bucket', 'Hanging toilet/hanging latrine', 'No facilities or bush or field', 'Other'.

<sup>36</sup> If drinking water source is either of 'Rainwater', 'Tanker-truck', 'Cart with small tank/drum', 'Surface water (river, stream, dam, lake, pond, canal, irrigation channel)', 'Unprotected spring', 'Unprotected well', 'Other'.

Estimates unveil that multidimensional poverty has slightly increased in the beneficiary households after the lockdown. About 21.4 per cent beneficiary households are suffering from multidimensional poverty after the lockdown; this was 18.6 per cent during baseline: indicating a statistically significant increase of multidimensional poverty among beneficiary households ( $p=0.03$ ). Currently (after the lockdown), multidimensional poverty headcount ratio is estimated at 20.8 per cent, which was 17.8 per cent during the baseline. The multidimensional poor households are now deprived in 46.4 per cent of the weighted indicators, on average. Finally, the multidimensional poverty index is calculated at 23.8 per cent after lockdown, which was 1.3 percentage points lower during the baseline. The national average of MPI is 19.8 per cent (Human Development Report, 2019). It is worth noting that the MPI score has decreased (improvement in multidimensional measures) of the 42.1 per cent beneficiary households from the baseline; however, at the same time, the score has increased (household has become poorer) of the 41.4 per cent households (details are in Annexe Table 4.5.4 and 4.5.5).

Figure 4.5.4: Multi-dimensional poverty measures at the beneficiary households (in %)

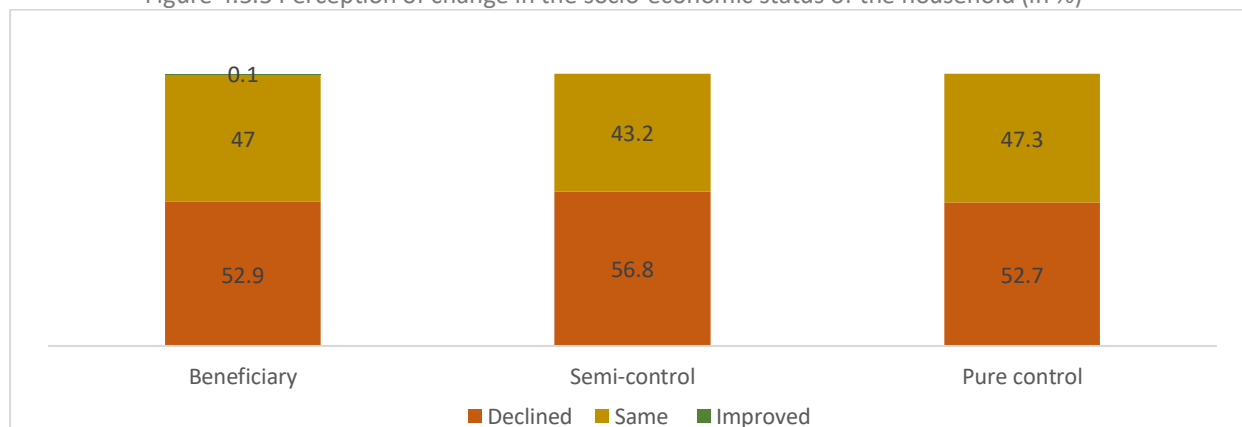


Source: Household survey; details are in Annexe Table 4.5.4

**Perception of Poverty:** People were asked to opine about the change in the socio-economic status of the household. More than 50 per cent households across all the groups believe that they have moved down to socio-economic status (beneficiary: 52.9%, semi-control: 56.8% and pure control: 52.7%). The rest, except a few in the beneficiary group, are staying in the same status (Figure 4.5.5).

They mentioned "cessation of income due to job loss or lack of work opportunity", "facing difficulties to meet the daily household expenditure", "decrease in food consumption of the household", "no savings remain at hand" and "a decrease in or cessation of income due to close down of business-trade" as the top five reasons behind the negative change in socio-economic status. About 84.9 per cent of the beneficiary household mentioned: "cessation of income due to job loss or lack of work opportunity", which is followed by "facing difficulties to meet the daily household expenditure" (50.3%) and "decrease in food consumption of the household" (30.6%) (details are in Annexe Table 4.5.7).

Figure 4.5.5 Perception of change in the socio-economic status of the household (in %)



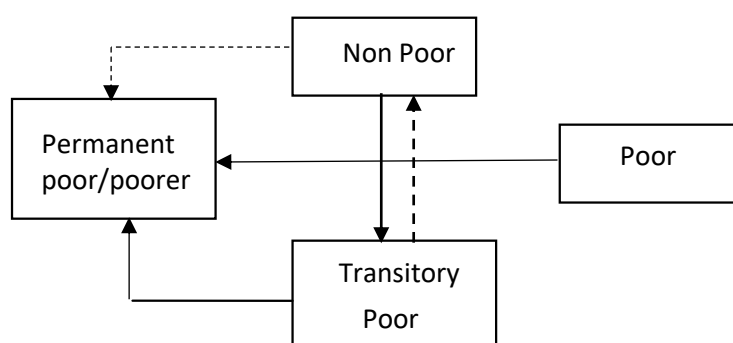
Source: Household survey; details are in Annexe Table 4.5.7

#### 4.5.2 The New Poor

The "new poor" is a relatively new concept still not much explored in the relevant research. In this study, we made an attempt to examine the idea of the new poor. It has become a matter of common sense that COVID-19 has made people's lives very difficult. Social science research hypothesises that human distress, destitution, and deprivation is on the rise during and due to the COVID-19-mediated shocks including health shocks, psychological shocks, shocks due to sudden joblessness, income shocks, shocks due to inaccessibility to food, shocks due to the lost capability in running the family, shocks due to loss in micro and small businesses, shocks due to not getting fair prices for agricultural commodities, shocks due to loneliness in quarantine, shocks due to uninvited relatives forced immigration to the household for an uncertain time, shocks due to many types of uncertainty in life (Barkat, 2020b).

As illustrated in Figure 4.5.6, it is assumed that some non-poor households, most likely, a segment of the "lower-middle class" (maybe also a portion of the mid-middle class) before COVID-19 has become "poor" ("transitory poor") due to COVID-19; even many of the households who were "poor" before COVID-19 became "poorer" (the poverty gap and squared poverty gap increased); and a vast majority of them may not be able to come out of poverty soon without direct and substantive support (e.g., grants, interest-free or low-interest loans, policy support, and self-employment support). It is worth noting that there exists no solid empirical research of this "historical downward movement of socio-economic status attributable to infectious diseases-led pandemic" showing the impact of specific interventions on transforming COVID-19-mediated 'new poor' into "non-poor" and "past-poor who became poorer" into "non-poor" or into "past-state-poor".

Figure 4.5.6: A concept of "new poor" due to COVID-19



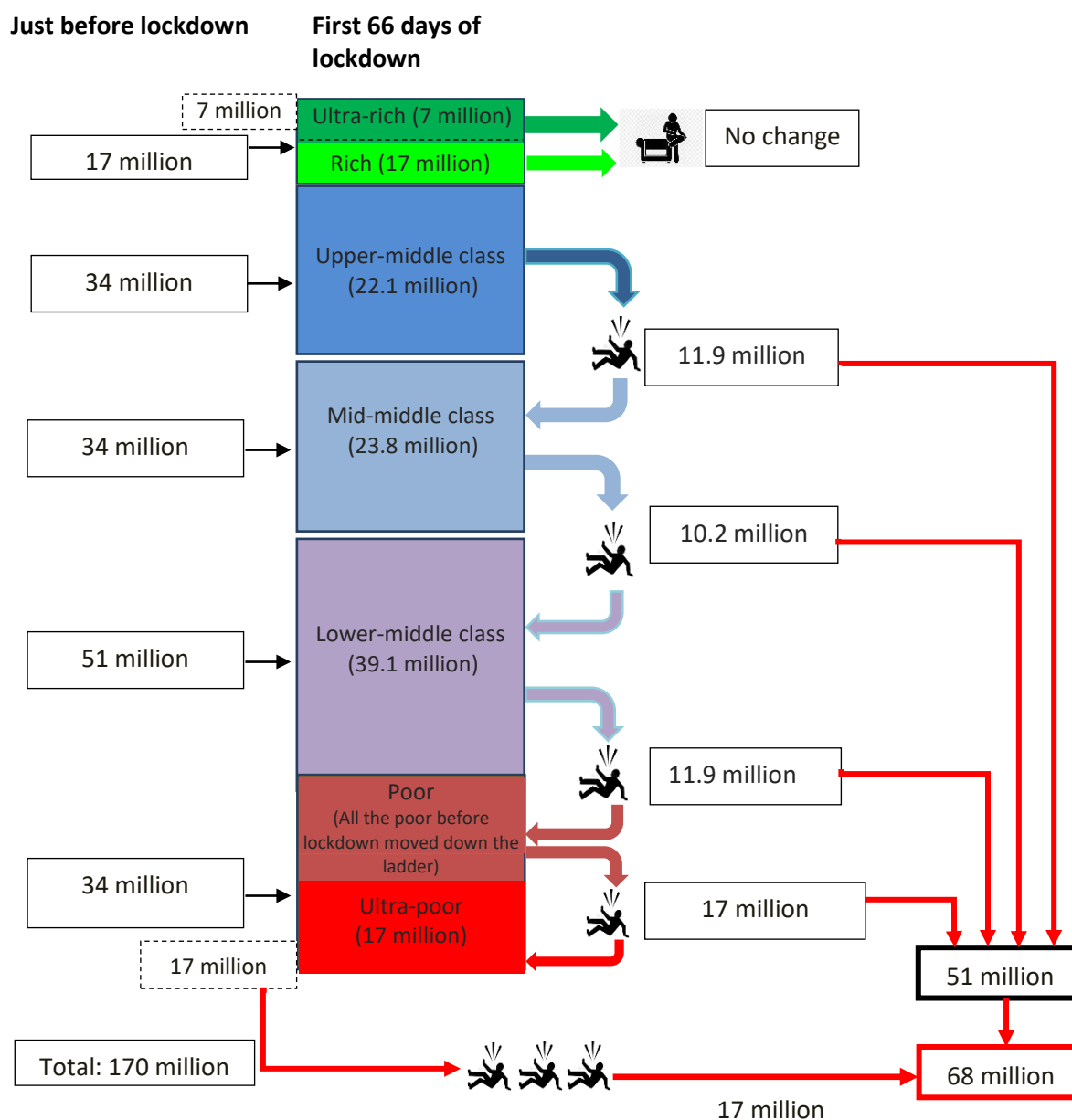
*Note: Solid lines indicate relatively higher/stronger possibilities; dotted lines indicate relatively lower/weaker possibilities*

In Bangladesh, the life and livelihoods of people have been affected in unprecedented and multifaceted ways attributable to the COVID-19 pandemic. The effects include, among others, the following: 325,157 confirmed cases and 4,479 deaths (as of 7 September 2020, worldometers.info, 2020); job losses and closing down of businesses in the large informal sector (which constitute around 85% of the labour market); slowing down of economic and social activities due to lockdown and transport restrictions (since 25 March 2020); accentuating human distress and poverty further.

Predictions made by Barkat (2020a) and communicated to the Honourable Prime Minister at the very onset of COVID-19 in Bangladesh (as early as on 30th March 2020 and published in the national dailies) are worth mentioning: "The most serious and inevitable event awaiting -probably in June-July- is that there might be no shortage of food, but the poor-indigent-low-income households, regardless of urban and rural areas, will not have access to food; they will be forced to remain unfed-half fed along with their children. This is most likely because people (household) who live 'hand-to-mouth' will lose purchasing capacity due to mass unemployment. It is a potential famine situation. The only way to get rid of this situation is not only whether the hungry-unfed-half fed afflicted people have money or not, but they must have the necessary food in their oven." Barkat continues, "according to government statistics, the total number of these people is at least 34 million out of about 170 million population, which is about 20 per cent of the country's population. But under changing circumstances attributable to COVID-19, when people who live on 'hand-to-mouth' will be unemployed (will not have work), then the number will reach 68 million (which may increase if lockdown is prolonged). These 68 million hungry-unfed-half fed people reside approximately in 15 million households (which is 37% of all households in the country), with 10 million in rural and 5 million in urban areas"(for details see, Barkat, 30 March 2020, *Coronavirus-19: Shombhaboo Onishchoyota O Koronio KalpoChitro*; one of the 1<sup>st</sup> articles on the subject in Bangladesh, which reached the Honourable Prime Minister on 30 March 2020).



Figure 4.5.7: Number of people moved down the class ladder attributable to COVID-19 and lockdown thereof (From 26 March to 31 May 2020: 66 days): Overall for Bangladesh



Source: Barkat and Ahmed, 2020

Bangladesh Economic Association, in its Alternative Budget proposal for FY 2020-21, reveals that a significant change has already been taken place in the class ladder, particularly among the middle class (lower-middle-class, mid-middle class, and upper-middle-class) and poor (including ultra-poor) people, due to the COVID-19 between 26 March and 31 May 2020. The 66-day lockdown forced 68 million middle class and poor people to move down in the class ladder. Figure 4.5.7 shows further details (Barkat and Ahmed, 2020).

The people in urban as compared to those in rural Bangladesh, according to Barkat (2020a), will be disproportionately highly affected by "famine situation" with 50 per cent of the households in urban and 33 per cent of the households in rural areas. Within the urban, the population in the slums,

floating people, and those in the low-income settlements will be highly affected in terms of access to food (accompanied by lack of minimum necessary amenities of life and livelihoods).

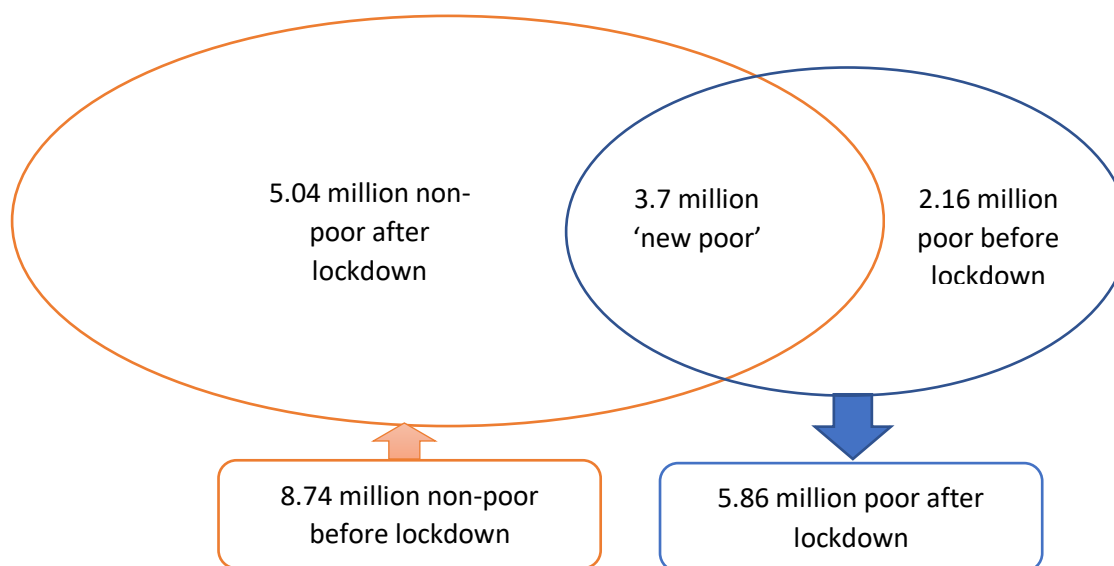
The above discussion sets the stage for Bangladesh as a whole. Our assessment in the accompanying study reveals a part of the whole country, concentrating around households living in low-income settlements of the urban areas. The survey findings in the earlier sections in this report have provided ample evidence that the poverty and food security situation has worsened since the lockdown. The people are not able to maintain their household expenditure compared to their income and are being forced to sell household assets at low prices. The savings are spent increasing their vulnerability to any upcoming distresses or shock. The small business holders (mostly street vendors) have lost their seed money to restart their business.

In line with the NUPRP operational plan, households with MPI score 20 or more is eligible for direct benefits as those households are considered the most vulnerable. The poverty considering the MPI score of NUPRP has increased, and hence the number of households with greater MPI score has also increased (indicating greater poverty). The beneficiary households within this survey had MPI scores of 20, or more so it can be assumed that before the COVID-19 lockdown there were no non-poor households among them. Consecutively the semi-control and pure control households did not necessarily have MPI scores of 20 or more (i.e., on average, the semi-control and pure control households were well off compared to beneficiary households). Among the semi-control households, 56.8 per cent and among pure control households, 52.7 per cent mentioned that they experienced a decline in their socio-economic condition during the lockdown. The data suggest a 19.3 percentage point increase in poverty among semi-control households following the cost of basic needs method and 34.3 percentage point increase following income method (Annexe Table 4.5.1 and 4.5.3). These households possibly had slipped down the class ladder and became poorer than before, contributing to the 'new poor' category due to COVID-19 lockdown.

The worsening of poverty status measured using different scales (i.e., cost of basic needs, direct calorie intake, income) indicate a significant increase in the incidence of poverty. The households that were just above the poverty lines (i.e., 1.5 times or less of poverty lines) have become poor. The depth of poverty (poverty gap and squared poverty gap) has also increased. These imply that the non-poor households in the vicinity of poverty lines have come closer to the poverty lines, and if they are not provided planned support, they will slip further down the ladder of poverty.

Earlier estimates of NUPRP reveal that there is 2.16 million urban poor within the targeted 20 cities (as per the ToR). The community series report of 2011 Bangladesh Population Census reveals that the total population within the 20 cities covered by NUPRP is around 17.2 million (BBS, 2014). Considering the exponential growth rate of the urban population (BBS, 2015), the estimated population in the 20 target cities will be around 23.1 million in 2020, of which around 10.9 million live in urban low-income settlements (World Bank, n.d.). Among these 10.9 million people, at least 2.9 million have become poor (who were not poor before the COVID-19-mediated lockdown- a 19.3 percentage point increase in poverty). This number can be as high as 3.7 million (the poverty below 1.90 PPP USD has increased to 73.6% compared to 39.3% before lockdown). Also, the proportion of 52.9 per cent beneficiaries perceived that the socio-economic condition has decreased since lockdown, suggesting a possible 5.8 million new poor in the urban low-income settlements. Furthermore, considering the upper poverty line, there is 1.8 million new poor in the settlements (Before lockdown, the HCR below the upper poverty line was 65.2% which rose to 82% after lockdown). Combining all the estimates, around 3.7 million people have become poor since the lockdown (the average). So, after the lockdown, there are 5.86 million (53.8%) poor people (3.7 million new poor+2.16 million poor before lockdown) in the low-income settlements in 20 NUPRP cities (Figure 4.5.8) (details are in Annexe Table 4.5.10).

Figure 4.5.8: The emergence of 'new poor' in urban low-income settlements due to COVID-19 in 20 NUPRP towns



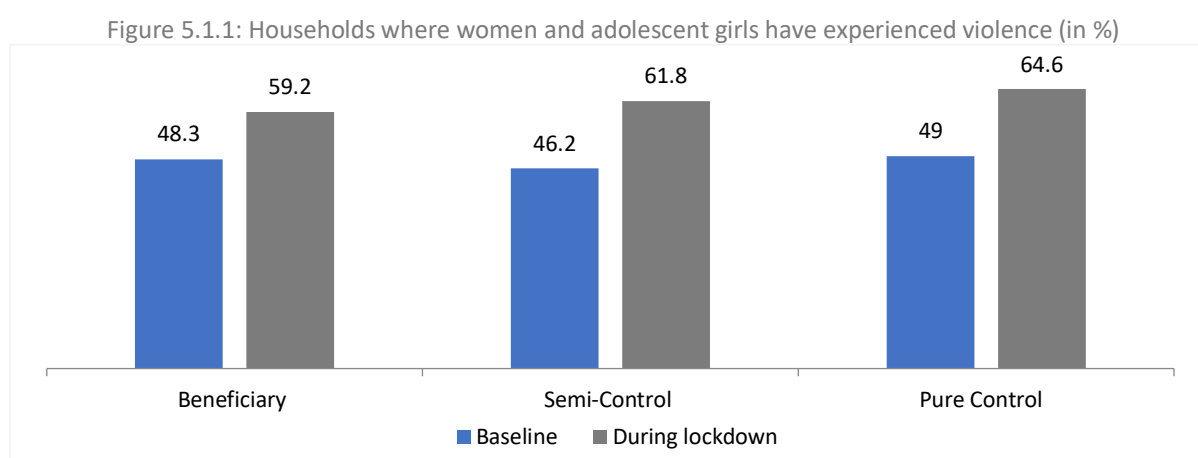
The 3.7 million New Poor constitutes a new socio-economic class. New poor is also bringing back the legacy of the poverty trap. The importance of new poor is not just about the number, but how that creation of newly added poverty class changing and effecting the social-economic-cultural dynamics of the society. New Poor are imprisoned between recent loss of social class (which came to them as a shock that they are not responsible for) and multi-dimensional individual and/or familial dignity. Their degraded socio-economic status, not by choice, forced them to make adjustments affecting the overall social, economic and cultural condition of society. For instance, speculation and evidence suggested that a noticeable number of new poor abide by their vulnerable situation, sent their family to their native village (forced out-migration from the urban area) and left behind the earning person(s) of the household are. These left-behind household members face trouble managing accommodation and food as individuals. Furthermore, their children are deprived of parental care due to location-wise family separation. These children are also at risk of dropout, forced child labour, and early marriage (adolescent girls).

Reportedly, the new poor, forced to move to their villages, loses the opportunity to utilise their skill set due to the lack of demand and suitability in the rural context. Their risk is higher for aged people as they may never find the re-employment opportunity. All these helplessness contributes to frustration, depression, and apathy among the poor. Due to their degraded social positioning and their psychological barrier to adhere to new social status, these new poor become 'persona non grata'.

## Chapter 5: Violence against Women, Children, and Older People

### 5.1 Violence against Women and Adolescent Girls

During health emergencies, such as the COVID-19 pandemic, violence against women tends to increase (WHO, n.d.). According to the household survey, in beneficiary households, 59.2 per cent women and adolescent girls were subjected to violence during the lockdown; this was 48.2 per cent at the time of baseline. It indicates that the occurrence of violence against women, and adolescent girls are 11 per cent higher at the time of lockdown than it was at the time of baseline. Across the categories of households, incidents of violence in households against women and adolescent girls during lockdown are clearly higher in all categories as compared to the baseline ( $p < 0.00001$ ) (Figure 5.1.1).



Source: Household survey; details are in Annexe Table 5.1.1

FGDs and KIIs confirmed that women and adolescent girls have to go through several types of violence in households. Though the rate of sexual harassment and murder are comparatively less reported, quarrel, beating, use of slang language and mental torture is still prevailing and has increased during the lockdown. The FGD participants across the cities stated that most of the male members of the household are staying at home due to the loss of their job and work during the lockdown. As a result, depression and anger are appearing among them, which provoke them to do violent acts. They also mentioned that due to COVID-19, their work has stopped, they have no income, and they are experiencing food and economic crisis; all of these are leading to rising violence in the household. The CDC leader of Cumilla said, *"The decline of family income due to the COVID-19 pandemic has led to increased quarrels between husband and wife for various family needs"*. On the other hand, CDC leader of Faridpur has opined that *"violence is more prevalent when there is a food crisis"*. An FGD participant from Chandpur said, *"If the financial crisis decreases, then violence will also decrease in households"*.

Among the different types of violence in the household during the lockdown, women and adolescent girls in beneficiary, semi-control, and pure control households are primarily the victims of verbal abuse and beating. Table 5.1.1 demonstrates that in 51 per cent beneficiary household, adolescent girls and women have experienced verbal abuse and the situation is almost similar in the semi-control and pure control group. On the other hand, women and adolescent girls in 33.7 per cent beneficiary households are beaten by their own family members. Types of violence presented in Table 5.1.1 shows that apart from verbal abuse and beating, other forms of violence are not reported much. Reportedly 1.8 per cent women and adolescent girls of the beneficiary group subjected to sexual harassment and 1.6 per

cent beneficiary household women and adolescent girls have been thrown out from home (Table 5.1.1).

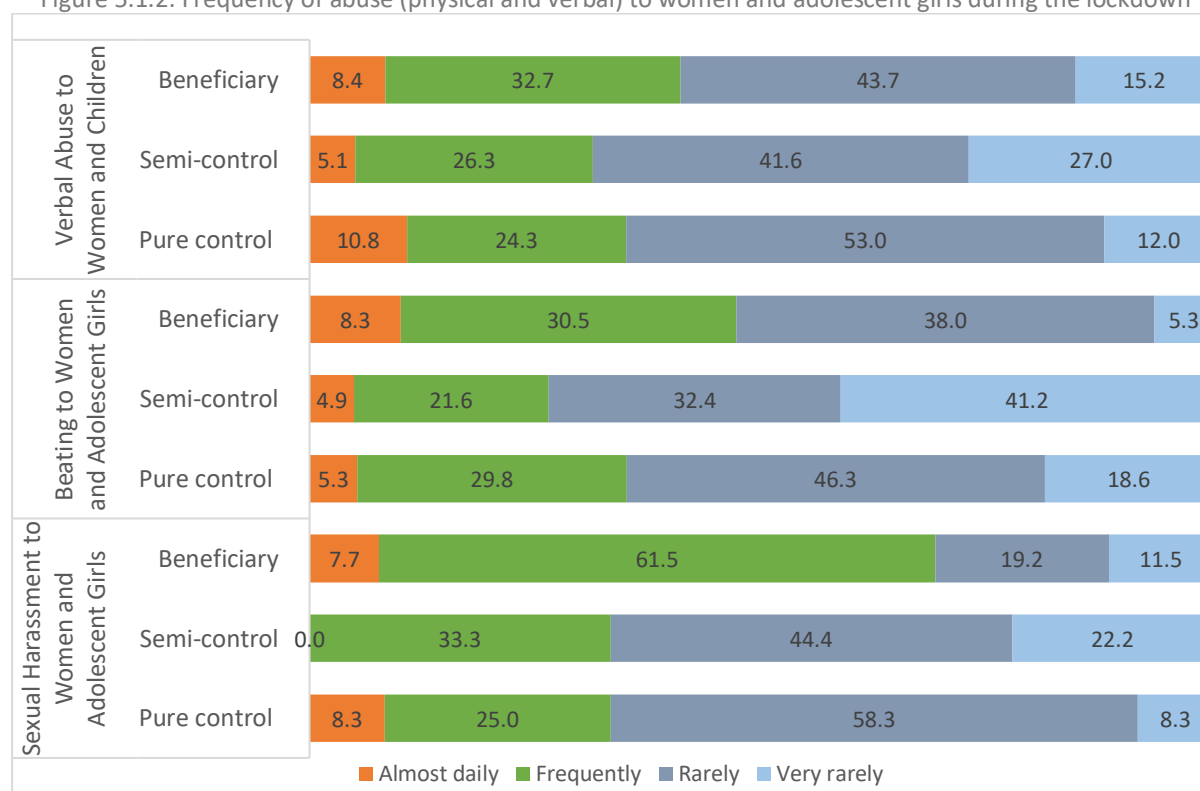
Table 5.1.1: Distribution of households according to types of violence experienced by adolescent girls and women during lockdown (in %; multiple responses)

Types of violence	Beneficiary	Semi-control	Pure control
Verbal abuse	51.0	52.9	56.3
Beating	33.7	39.4	42.2
Sexual harassment	1.8	3.5	2.7
Acid throwing	0.1	0.0	0.0
Trafficking	0.1	0.0	0.0
Forced prostitution	0.0	0.0	0.0
Murder	0.5	0.4	0.0
Compelled to suicide	0.8	1.2	0.4
Throw out from home	1.6	1.9	0.9

Source: Household survey; details are in Annexe Table 5.1.3

More than 40 per cent of the women and adolescent girls in beneficiary households have to face verbal abuse and beating either daily or frequently (Figure 5.1.2). A similar scenario is seen for beating. In contrast, the proportion of women who have been harassed sexually, the majority (69.2%) of them are in beneficiary households (Figure 5.1.2).

Figure 5.1.2: Frequency of abuse (physical and verbal) to women and adolescent girls during the lockdown



Source: Household survey; details are in Annexe Table 5.1.2

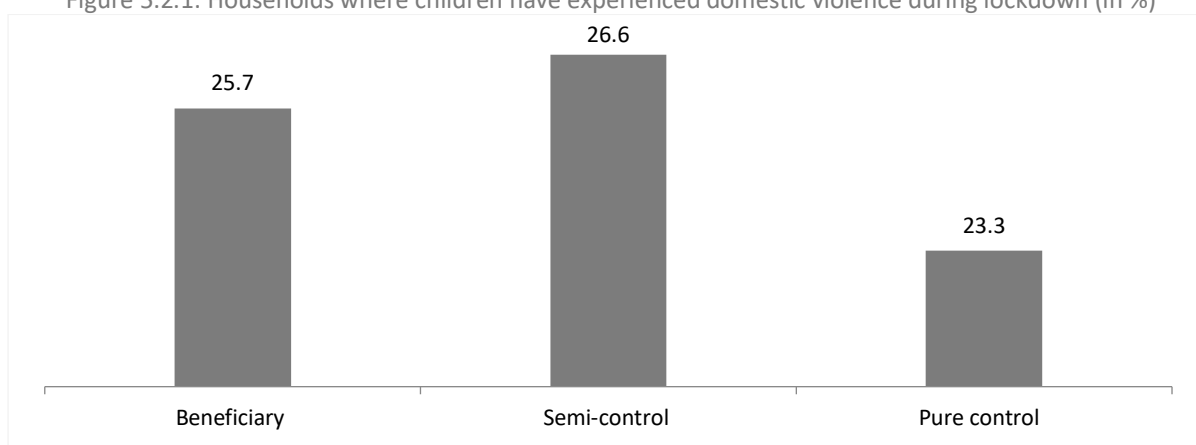
To resolve the violence in the households, FGD participants of Gazipur has reported that if any such incident takes place in their area, then they first try to sort out the issue. If they are not able to solve the problem, then they ask for the help of the ward councillor. If that does not work out, then they go to the police station. On the other hand, CDC leader and Town Manager of surveyed cities have stated that at first, they try to solve the problem through arbitration with influential local people. The legal route is taken if the problem is not solved locally. The CDC leader of Dhaka city has opined that to

reduce violence, they need to do counselling with the family members where violence has occurred and make people aware of the ill consequence of violence. However, a special committee has been set up in each CDC in collaboration with UNDP and supported by City Corporation/Pourashava to provide immediate assistance including medical assistance, legal assistance, counselling and rehabilitation in case of violence in the household. The FGD participants of Cumilla said that the main responsibility of the committee is to inform the concerned authorities about the mentioned assistance and to help the victim of violence to get these assistances. Likewise, CDC leader of Cumilla said, *"we have formed a group called SCC (Social Community Committee) with the help of UNDP-NUPRP to take immediate action to resolve any incidents of domestic violence in their area. They also take necessary measures for medical and legal assistance"*. On the other hand, CDC leader of Mymensingh said that free legal assistance could be provided to very poor women who have experienced domestic violence and separate rehabilitation arrangements can be made for the victims of domestic violence. The CDC leader of Chattogram has suggested that CDC leader can form a team through discussions with savings and credit team members, and the team will work for raising awareness in the area to prevent violence.

## 5.2 Violence against Children

About one-fourth children in beneficiary (25.7%), semi-control (26.6%) and pure control (23.3%) households suffered from domestic violence during COVID-19 lockdown. However, it is important to note here that in Bangladesh, especially in the poor settlements, beating (or scolding) children are considered normal and not considered as violence at all; hence, violence against children might be underreported in this report.

Figure 5.2.1: Households where children have experienced domestic violence during lockdown (in %)



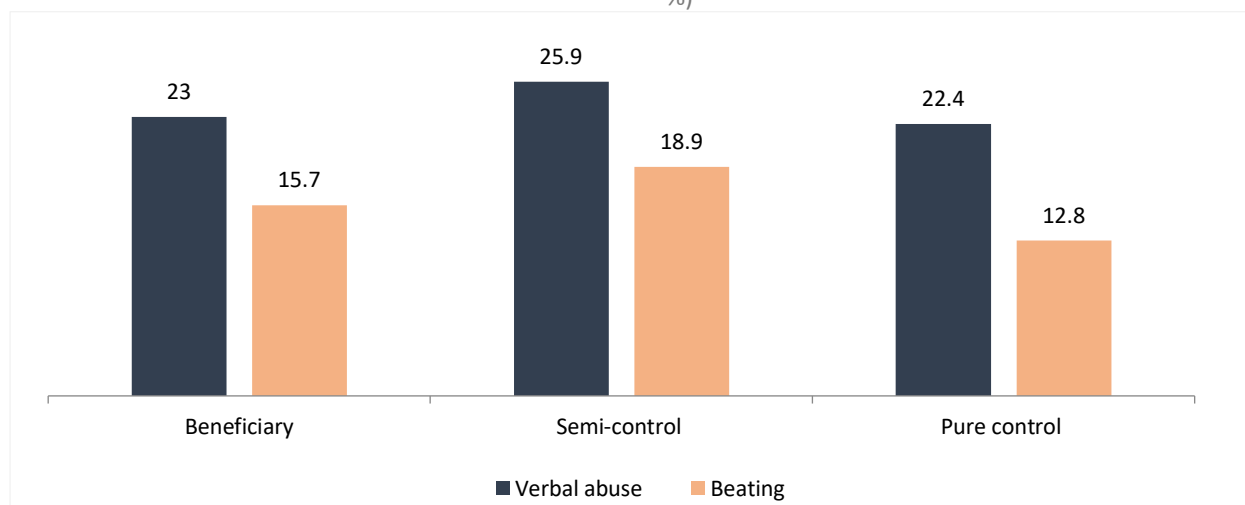
Source: Household survey; details are in Annexe Table 5.2.1

FGD and KII participants have reported that domestic violence against children exists in their area, and the rate of such incidences are on the rise during COVID-19 pandemic to some extent. During the pandemic, parents are treating their children badly and misbehave with them due to having no money in their hands. The CDC leader of Dhaka South has stated that counselling can play a crucial role to prevent domestic violence against children; however, if counselling does not work, legal action must be taken. One FGD participant of Dhaka North has stated that *"When there is no income, there is unrest in the family for any small reason...if the children want something parents get angry and abuse them"*.

Similar to women and adolescent girls, children are mainly victims of either verbal abuse or beating. Reportedly, children in 23 per cent of the beneficiary households have experienced verbal abuse, and 15.7 per cent children in beneficiary households are subjected to beating. Reported incidents of other

forms of domestic violence such as sexual harassment, acid throwing are low in numbers (Figure 5.2.2; details are in Annexe Table 5.2.2).

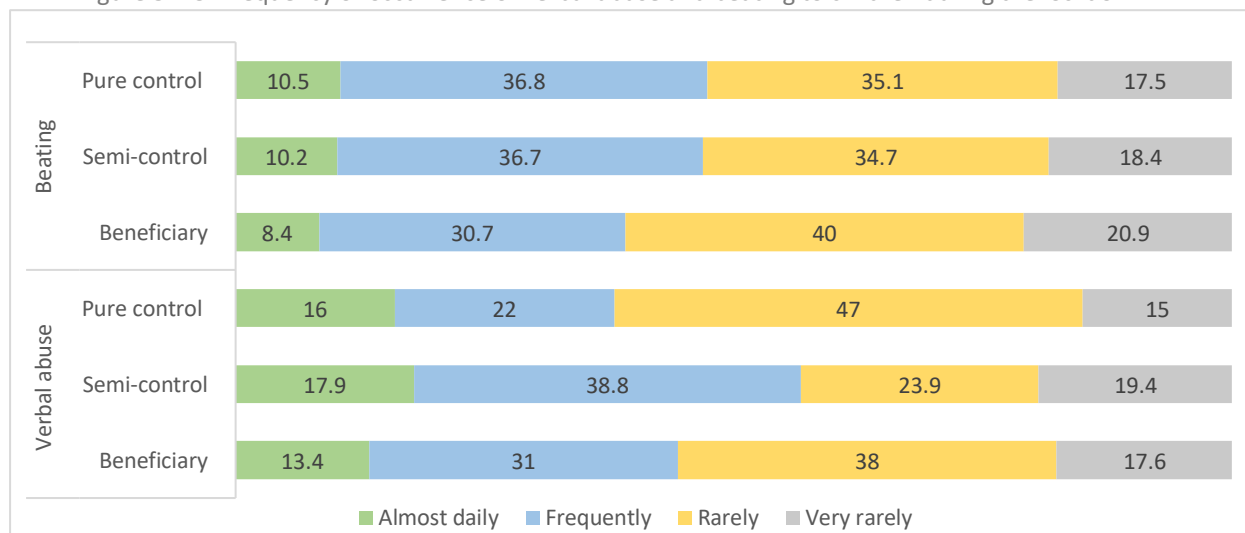
Figure 5.2.2: Households according to types of domestic violence experienced by children during lockdown (in %)



Source: Household survey; details are in Annexe Table 5.2.2

A considerable proportion of children in beneficiary households have to face verbal abuse (44.4%) and beating (39.1%) almost daily or frequently. A notable percentage of children from semi-control and pure control households also have experienced similar to the beneficiary group. (Figure 5.2.3; details are in Annexe Table 5.2.3).

Figure 5.2.3: Frequency of occurrence of verbal abuse and beating to children during the lockdown



Source: Household survey; details are in Annexe Table 5.2.3

### 5.3 Violence against Older People

Less than one-tenth (8.9%) of the households in beneficiary and semi-control group have reported about the incidence of violence against older people. The corresponding figure for pure control household is 9.2 per cent (details are in Annexe Table 5.3.1). Domestic violence against older people is rarely reported in Bangladeshi society. Also, when older people are abused by their family members, in most cases, they do not want to disclose it, thinking about the family prestige. For these reasons, it is difficult to find out the actual scenario of domestic violence against older people. It is most likely

that verbal abuse is the common form of violence that older people have experienced in surveyed households. One FGD participant of Dhaka reported that usually older people are considered as the burden of the family. During the lockdown, the level of verbal abuse towards them has increased alarmingly. The verbal abuse to older people is allegedly a daily or frequent happening to two-fifth (40.1%) of the beneficiary households (details are in Annexe tables 5.3.2 and 5.3.3). In Gazipur, CDC leader said that mass awareness-raising programs and counselling could be effective in preventing violence against older people.



## Chapter 6: The Aspiration to Life

The COVID-19 pandemic has either shattered or challenged the dreams and hopes of many people from various socio-economic classes—particularly urban-poor individuals and communities. Aspirations of the urban poor people either faded or disappeared as a consequence of the pandemic. Assessing aspirations of the urban poor in such hard time of pandemic is not an easy task. The urban poor may also suffer from 'aspiration failure' due to COVID-19 induced effects and fall in the poverty trap.

### 6.1 Life Satisfaction

Understanding about the urban poor people's overall satisfaction with life will suggest significance and necessities of aspiration in their lives. In simple terms, satisfaction status will indicate or explain why people need aspiration. Urban poor satisfaction refers to their feeling about access to basic needs like food, health, education, and accommodation. Also, most importantly, feeling for their household lives. Specifically, the satisfaction of urban poor households depending principally on the status of livelihood/income, education of children, food security, healthcare, social security and tenure security.

Discussions with urban poor community people, local and citywide community leaders confirmed livelihood status as a key factor which controls their life satisfaction, followed by children's education and future. Discussion with urban poor women from fifteen municipalities suggested that women's satisfaction relied on their economic empowerment and dignity (both in the household and community).

The household survey shows that before lockdown, about 10 per cent of the beneficiary households were highly satisfied, while about 37.4 per cent were satisfied with their lives. Drastically, the satisfaction of the beneficiary households about their lives changed since the lockdown. Only 2.5 per cent of the beneficiary households have remained highly satisfied with their life. This is four-fold less compared to before lockdown. On the other hand, about 20.1 per cent of the beneficiary households are satisfied with their life. This is also nearly two-fold less compared to before lockdown (Figure 6.1.1). Dissatisfied beneficiary households scaled up to 35.4 per cent (10.8% extremely dissatisfied and 24.6% dissatisfied) after lockdown, which was only 6 per cent (1.3% extremely dissatisfied, and 4.7% dissatisfied) before lockdown. The differences are statistically significant ( $p < 0.00001$ ).

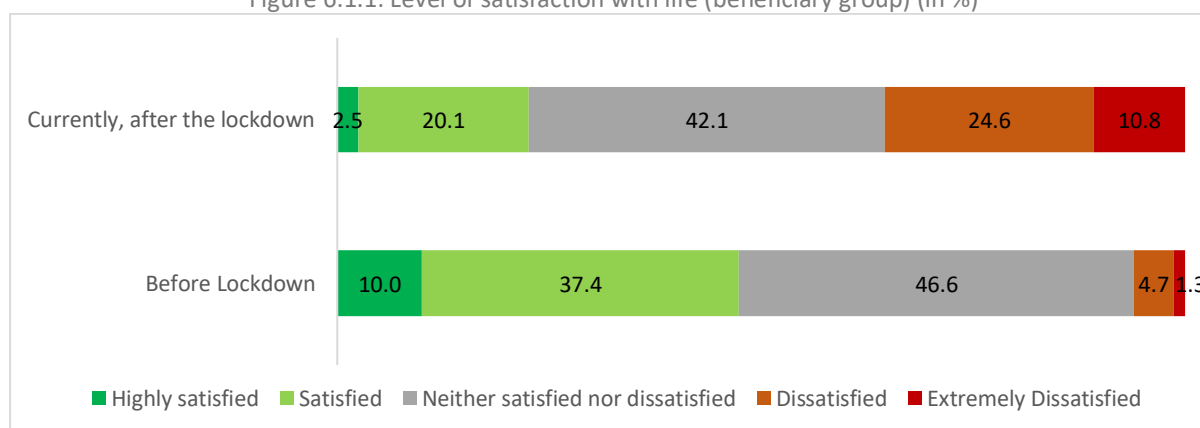
One of the triggering reasons for the escalation of dissatisfaction is unexpected unemployment. More than half of the beneficiary households have a member who permanently or temporarily lost their job or closed business activities since lockdown started. Also, small entrepreneurs, including local vendors, faced multiple challenges to run their business, which ultimately affected their income. Another reason for dissatisfaction is the challenge to manage accommodation in urban areas. The household survey showed that around 70 per cent beneficiary households could not pay house rent on time during the COVID-19 forced lockdown (details are in Chapter 3). Another factor was the threat of many students dropping out of school if the school shut down continued for an indefinite period (details are in Chapter 2). The household survey confirmed that already more than 20 per cent of the beneficiary households' children were discontinuing their education. Also, household food insecurity caused a shrinking in satisfaction level since the lockdown. The household survey also exhibited that one-fifth of the beneficiary households face food deficiency compared to demand before the lockdown due to COVID-19. At the same time, more than 80 per cent of the beneficiary households

expressed their insecurity about having three full meals throughout the year because of the COVID-19 pandemic impact since the lockdown (Chapter 4).

Meanwhile, the scenario is not much different in the semi-control and pure control groups compared to the beneficiary group. The level of satisfaction falls at least 50 per cent in the semi-control, and more than 10 per cent in the pure control groups since COVID-19 forced lockdown began. Conversely, dissatisfaction with life rose nearly 40 per cent in the semi-control group and more than 30 per cent in the pure control group after lockdown (details are in Annexe table 6.1). The reason for the upturned dissatisfaction is similar to the beneficiary group: household members lost their earning source- jobs or businesses, business collapse, hurdles to pay land or house rent, children's education was interrupted for an indefinite period, and food insecurity (deficiency and concern about three square meals per day) (details are in Chapter 2, Chapter 3, Chapter 4).

Noticeably, more than 40 per cent of the beneficiary, semi-control and pure control households were neither satisfied nor dissatisfied with their life, indicated that their lives are stagnant since the lockdown that is marginally less compare to the before lockdown. The percentage distribution of the beneficiary, semi-control and pure control groups specified that the satisfaction (highly satisfied or satisfied) and stagnant (neither satisfied nor dissatisfied) level drastically dropped and dissatisfaction (extremely dissatisfied or dissatisfied) amplified after lockdown (details are in Annexe table 6.1).

Figure 6.1.1: Level of satisfaction with life (beneficiary group) (in %)



Source: Household survey; details are in Annexe Table 6.1

## 6.2 Life Aspiration

**Standing of household aspiration:** Optimism or aspiration measured based on tetrad-views: future of the household, future of the children, how soon life will get back to normal and how long it will take to be normal.

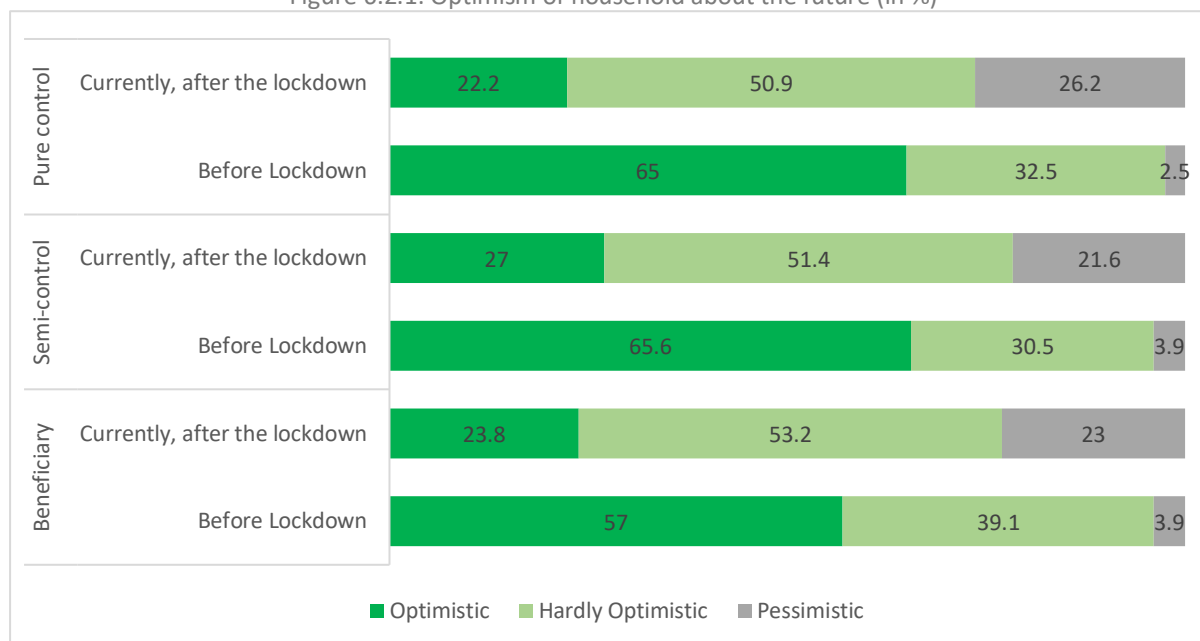
The household survey suggests that more than half of the beneficiary households (57.2%) were optimistic about their future before the COVID-19 pandemic forced lockdown. The optimism of the beneficiary households rapidly faded and severely fell after lockdown. Household survey data showed that less than one-fourth of the beneficiary households stayed optimistic about their future after lockdown (Figure 6.2.1). The scenario of the semi-control group and the pure control group is similar to the beneficiary group. Reportedly, more than 60 per cent of the semi-control (65.6%) and pure control households (65%) were optimistic about their future before lockdown. This declined to around 40 per cent after lockdown (details are in Annexe table 6.2).

According to the household survey, more than one-fifth of the beneficiary (23%), semi-control (21.6%) and the pure control (26.2%) households are pessimistic about their future after lockdown. In contrast,

less than four per cent of the beneficiary (3.9%), semi-control (3.9%) and pure control (2.5%) households were pessimistic about their future before lockdown (details are in Annexe table 6.2).

Meanwhile, more than half of the beneficiary, semi-control and pure control households become hardly optimistic (negative impression) about life after lockdown (Figure 6.2.1). In contrast, the household survey showed that it was nearly forty per cent in the beneficiary group and around thirty per cent in the semi-control and pure control groups before lockdown (Figure 6.2.1) (details are in Annexe table 6.2).

Figure 6.2.1: Optimism of household about the future (in %)



Source: Household survey; details are in Annexe Table 6.2

Focus group discussion in Khulna revealed that urban poor community people are hesitant about their lives and do not know what will happen in future. Frustrated FGD participants in Khulna also mentioned that they are considering the option of going back to the village if they could not manage livelihood and survive in the city. They are planning to do farming to earn in the village. However, they feared that their reduced earning ability would force them to stop the studies of their children. The urban poor people shared in the FGD that their economic vulnerability was affecting their households and their children. The urban poor people from Chandpur in a focus group discussion stated that living well depends on economic solvency. FGD participants in Patuakhali informed that both male and female urban poor need working opportunities to find aspiration in their life. However, community discussants in Chattogram feel their life will be on track if everything gets back to normal, and they could resume their income-generating activities. They also raised the importance of tenure security to find aspiration for life without any anxiousness.

**Status of aspiration related to children:** The household survey illustrated that less than 40 per cent of the beneficiary households are optimistic about their children's future after COVID-19 pandemic forced lockdown. In comparison, more than three-fourth of the beneficiary households were optimistic about their children's future before lockdown. The optimism of the beneficiary households about their children's future rapidly faded and severely fell after lockdown. Reportedly, less than three per cent of the beneficiary households (2.7%) were pessimistic about their children's future before lockdown and increased around six-fold (16.3%) after lockdown. Also, around one-fifth of the beneficiary households (20.2%) were hardly optimistic (negative impression) about their children's lives before lockdown. This increased by 24 per cent (to 44.4%) after lockdown (Table 6.2.1).

According to the household survey, the scenario of the semi-control and the pure control groups is not different from the beneficiary group. 46.8 per cent of the semi-control households remain optimistic about their children's future after lockdown; this was 81.7 per cent before lockdown. On the other hand, 37.3 per cent of the pure control households are still optimistic about their children's future; this was 77.6 per cent before lockdown. Noticeably, about 40 per cent of the semi-control and the pure control households are hardly optimistic (negative impression) about the future of their children after lockdown. According to the household survey, households' pessimism about children's future also rose more than five-fold in the semi-control group and more than fourteen-fold in the pure control group (Table 6.2.1).

Table 6.2.1: Distribution of household according to optimism about children's future (in %)

Optimism about future		Optimistic	Hardly Optimistic	Pessimistic
Beneficiary	Before Lockdown	76.9	20.4	2.7
	After Lockdown	39.3	44.4	16.3
Semi-Control	Before Lockdown	81.7	15.5	2.8
	After Lockdown	46.8	38.5	14.7
Pure Control	Before Lockdown	77.6	20.7	1.6
	After Lockdown	37.3	38.9	23.7

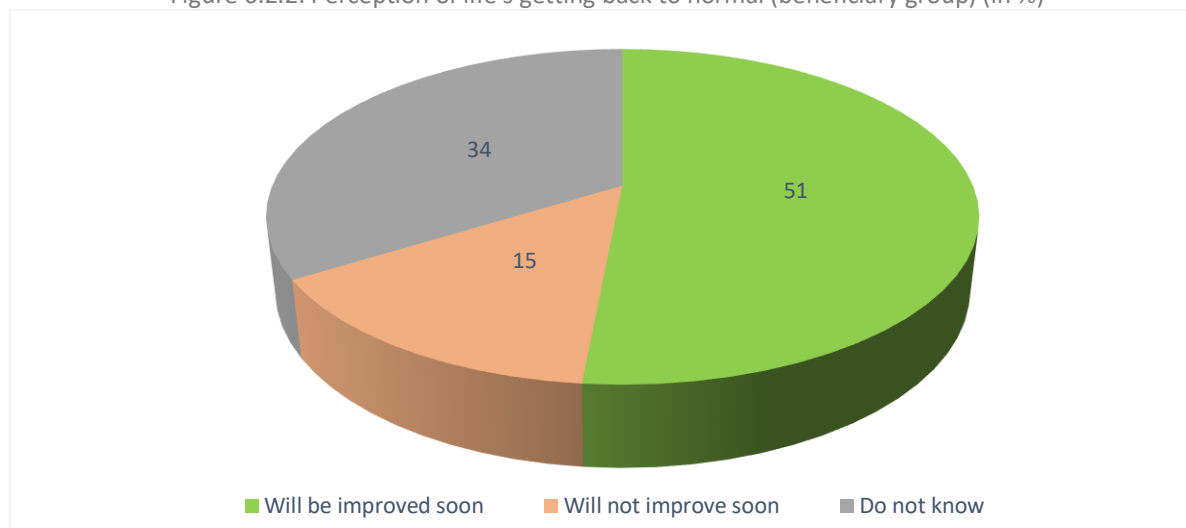
Source: Household survey; details are in Annexe Table 6.5

It came to light in all community discussions with poor urban communities across fifteen municipalities that children's future vis-à-vis their education and career is a key concern for households. Community key informants also echoed the thoughts of the community discussants. Community discussants from Narayanganj stated that they are not concerned about their future at all; instead, they are more concerned about the future of their children. FGD participants in Narayanganj and Patuakhali firmly stated that children's future is their focus and aspiration. Urban poor community discussants wish their children would be well educated to become self-dependent and solvent in future.

**Life will get back to normal, sooner or later:** More than half of the beneficiary and semi control households believe that COVID-19 pandemic situation will be improved very soon. On the other hand, around half of the pure control households are also confident that the state of COVID-19 pandemic will positively change soon. Only less than one-fifth of the beneficiary (14.7%), semi-control (13.9%) and pure control (18.6%) households are not so hopeful about the possibility of COVID-19 pandemic situation improvement. Noticeably, more than 30 per cent of the beneficiary households (33.8%) are clueless about COVID-19 situation will improve or will not improve. Likewise, the semi-control (33.6%) and pure control (33.4%) households, similar to the beneficiary household group expressed their unawareness about whether the COVID-19 situation will improve soon or not. Figure 6.2.2 showed households' hope about the improvement of the COVID-19 pandemic situation (details are in Annexe table 6.3).

Discussions with urban poor community people, local and citywide leaders from fifteen municipalities revealed that people are not sure about their future and do not know what will happen next. Besides, they have no clue about how and when the COVID-19 epidemic will end.

Figure 6.2.2: Perception of life's getting back to normal (beneficiary group) (in %)



Source: Household survey; details are in Annexe Table 6.3

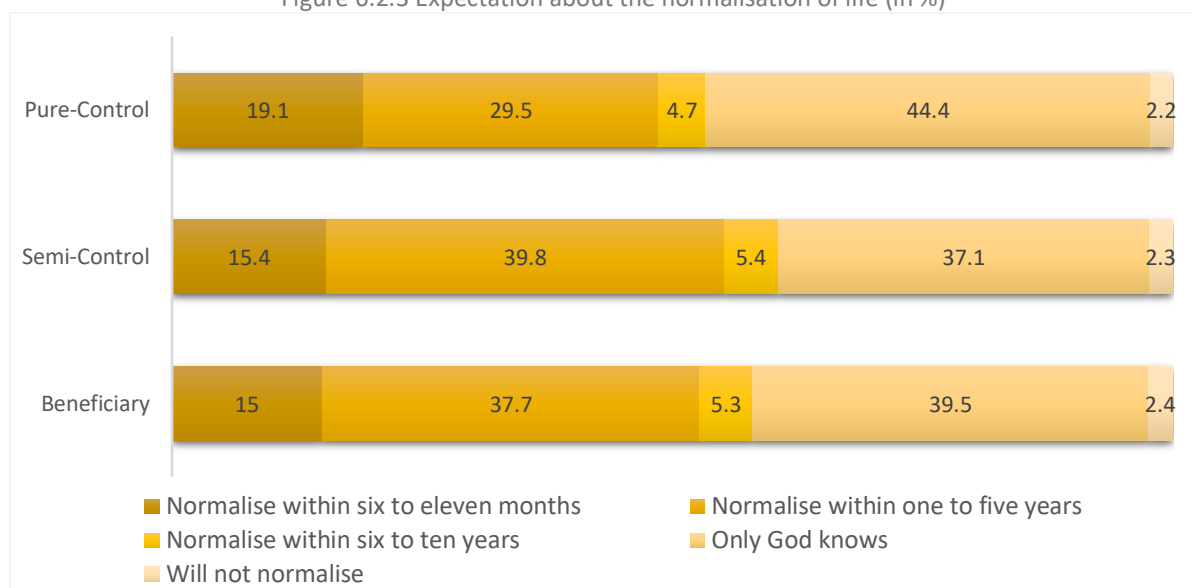
**Time forecast on the normalisation of life:** Religiosity and lack of education mean that urban poor people are immensely reliant on faith to divine power and intervention from divinity. The household survey found that nearly 40 per cent of the beneficiary and semi-control households firmly believe only divine power knows when their life will be normalised (Figure 6.2.3). Moreover, 44.4 per cent of the pure control households are solely relying on divinity to bring everything back to normal (details are in Annexe table 6.4). Also, in the discussions, urban poor community people expressed their total faith on divine power that COVID-19 pandemic will be over very soon. Urban poor community discussants and key informants mentioned that only divine power has the ultimate power to end the ongoing pandemic and protect them from the evil eye of COVID-19. One of the FGD participants said, "We will be freed from COVID-19 if Allah graces us". Noticeably, most of the community discussants and key informants stated at least once in the discussion that only divine power knows when the pandemic situation will be over and how they will recover from COVID-19.

Not surprisingly, around at least two per cent of the households from the beneficiary, semi-control and pure control groups are hopeless about their lives. They think that things will never improve (details are in Annexe table 6.4). Commonly, all urban poor discussants in the focus group discussion across fifteen towns stated that they are not sure when everything will get back to normal but are still hopeful for the future.

Meanwhile, 15 per cent of the beneficiary households believe their life will get back to normal within the next six to eleven months (Figure 6.2.3). 15.4 per cent of the semi-control and 19.1 per cent of the pure control households echoed the opinions of the beneficiary households (details are in Annexe table 6.4). However, 37.7 per cent of the beneficiary households informed that it would take two to five years to normalise their lives followed by another 5.3 per cent of the beneficiary households who believed that it would take at least six to ten years (Figure 6.2.3).

The perception of the semi-control group and the pure control group did not vary much compared to the beneficiary group. About 40 per cent of the semi-control households believe life will go back to normal within the next two to five years, and almost 30 per cent of the pure control households believe life will go back to normal within the next two to five years (details are in Annexe table 6.4).

Figure 6.2.3 Expectation about the normalisation of life (in %)



Source: Household survey; details are in Annexe Table 6.4

Community discussions held in 15 municipalities and informal consultations with urban poor community leaders bring some suggestions about aspiring urban poor people at individual and community level. One of the suggestions is to the option of developing aspirational contents and publicly circulate via community media platforms. Broadcasting (production and airing) motivational dramas in the television channels and radio stations (including community radio and FM radio) engaging popular actors/actresses, showcasing the good examples/true stories of overcoming the losses and distress due to the COVID-19 pandemic. Success-story telling and community discussion also could be broadcast on the television channels and radio stations (including community radio and FM radio). Urban poor community leaders also recommended the use of social media platforms to spread aspiring contents targeting the urban poor communities. UNDP-NUPRP may also develop a partnership with visual media and community radios to develop aspirational contents and programmes. Another strong recommendation is UNDP-NUPRP sponsored and promoted innovative/creative/exemplary model beneficiaries and their works to inspire urban poor people.

## Chapter 7: Conclusion and Recommendations

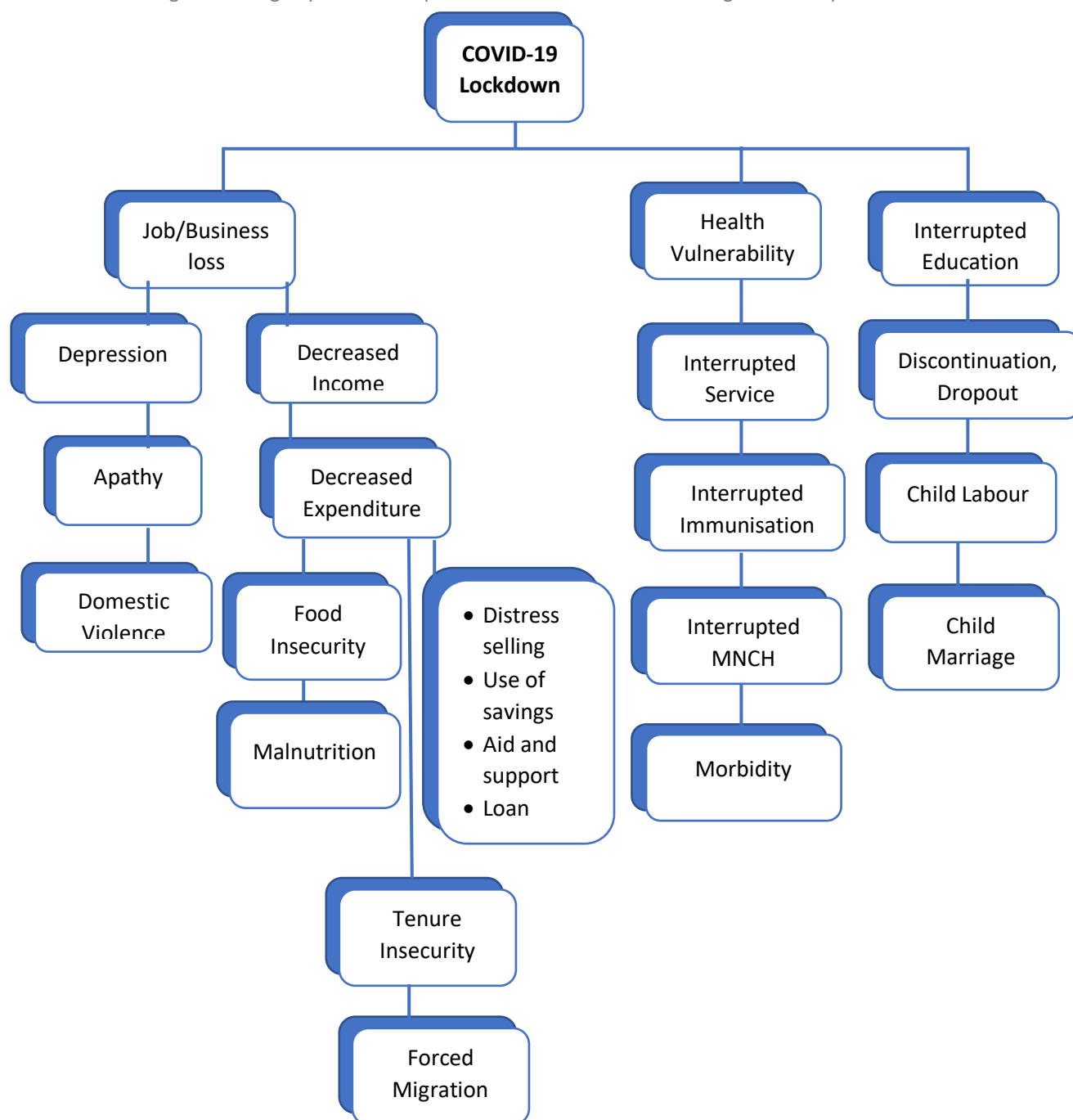
The National Urban Poverty Reduction Programme's (NUPRP) aimed to generate various forms of outputs and outcomes for the benefits and well-being of the urban poor living in low-income settlements—in both city corporations and paurashavas. These include: promoting the voice of the urban poor (speaking, listening and acting upon) and their inclusion in development planning and implementation, increased community cohesion and solidarity, improving livelihoods, ensuring food security (including eliminating food deficiency, balanced dietary diversity, improved nutrition for pregnant and lactating mothers), prevention of school dropouts and early marriage of girls, prevention of violence against women and girls, enhancement in tenurial security, housing development, improvements in WASH, developments in coping with climate vulnerability, strengthening resilience, and pro-poor policy endorsement.

NUPRP's ongoing efforts and programmatic interventions to achieve the outputs and outcomes had started to become visible; an unanticipated pandemic changed the scenario drastically. Existing means and methods of interventions have been severely disrupted and became dysfunctional.

COVID-19 lockdown has placed unmeasurable miseries and sorrows in the lives of all, particularly the people living in low-income settlements, who have been the worst affected. Many lost their jobs, shut down businesses. Income levels have been reduced to a level where many people cannot even afford to buy the minimum amount of food for a healthy living. They are compelled to use their savings, and distress selling of household assets, and some are taking a loan—which will be very difficult to repay. Economic shock, along with serious depression and apathy, has also resulted in increased domestic violence. Health vulnerabilities are also present in many forms. Child education has been interrupted greatly, which may result in a lot of dropouts, child labour, and even child marriage among the girls. Figure 7.1, among many other ill-effects, shows the negative impacts of COVID-19 lockdown. Estimates show that in the low-income settlements in and around the 20 cities and towns of operation of NUPRP, 3.7 million people have emerged as 'new poor' due to the effects of COVID-19 lockdown.

Immediate efforts are required to respond to the COVID-19 induced crises for the urban poor to recover their livelihoods. Understandably, UNDP-NUPRP needs to revisit existing programmes and bring some pragmatic programmatic revisions, modifications and adaptation to help the urban poor in confronting upcoming challenges and get their lives back to some sort of normalcy. The COVID-19-related responses require immediate actions. On the other hand, programmatic changes can be made in the process.

Figure 7.1: A glimpse of the impact of COVID-19 lockdown among the urban poor



The following Table 7.1 details out the pertinent recommendations, jotted down through triangulating data, information, and assessments gathered from the key stakeholders along with cross-cutting observations. Time frames are also suggested. 'Short term' indicates actions to be taken in the next six months, 'Medium-term' means between seventh and twelfth months, and 'Long term' indicates actions to be taken between the thirteenth and twenty-fourth months.



Table 7.1: Recommendations to respond to COVID-19 crises

Sl. #	Area of Intervention	Mode of Action	Plan of Action	
1.	Livelihood restoration	Aid	<p>1) Expansion of business grant programme:</p> <ul style="list-style-type: none"> <li>▪ Enlisting beneficiary household members who lost jobs or their business collapsed</li> <li>▪ Allocate business grant to the main earning household member who lost salaried jobs or their business collapsed</li> <li>▪ Allocate additional funding to the UNDP-NUPRP business grant receiver whose business was destroyed due to COVID-19</li> <li>▪ Facilitate business capacity development training for business grant receiver for optimum use of resources including grants</li> <li>▪ Business incubation: Business incubation modules—for the businesses particularly suitable during the COVID-19 pandemic situation and its aftermath—need to be developed. Orientations need to be organised for both the new and existing grantees to cope up with the changes, with emphasising <i>online business tools and etiquettes</i> and <i>spread of activities as a coping plan for any uncertainty</i>.</li> <li>▪ Operational and customised monitoring and evaluation (M&amp;E) tools are required to be incorporated in the M&amp;E system of UNDP-NUPRP, addressing grants disbursed to respond to COVID-19 losses. Community representatives' inclusion in the overall monitoring and supervision process and entrusting them with ground-level assessment would possibly make a worthwhile contribution to the M&amp;E system.</li> </ul>	Short term

Sl. #	Area of Intervention	Mode of Action	Plan of Action	
			<p>2) Expansion of apprenticeship and skill development training programme:</p> <ul style="list-style-type: none"> <li>COVID-19 focused skill training programmes could be initiated with emphasis. Some of the potential trade-based training is online retailing of daily necessities, basic mobile servicing with application-related troubleshooting techniques, motorbike driving to work as a delivery person, television/oven/microwave/refrigerator or fridge/air conditioner or air cooler/oven and basic electrical appliance servicing.</li> <li>It is recommended that the allowance for the skills training be increased at least by 50 per cent, and a mechanism for giving the daily allowance could be more useful.</li> </ul>	Medium-term
		Advocacy	UNDP-NUPRP could utilise its goodwill and network to do advocating for job placement of the apprentices and trainees in the trade-related industries.	Medium-term
2.	Education attainment	Aid	1) Considering that school reopening is still uncertain, but the children school discontinuation risk is scaling up, UNDP-NUPRP should make a contingency plan (additional grant) to prevent school dropout (in the process countering child labour and child marriage).	Short to medium term
		Advocacy	1) Community advocating through community leaders and elected municipality representatives could be an option to stop child labour and child marriage.	Short to medium term
			<p>2) UNDP-NUPRP also could train their supported community leaders and community facilitators to do a mass campaign about national helpline for the prevention of child labour and child marriage.</p> <p>3) UNDP-NUPRP also could promote community journalism among children so they can support their peer in countering the threat of child labour and child marriage.</p>	Medium to long term

Sl. #	Area of Intervention	Mode of Action	Plan of Action	
3.	Healthcare enhancement	Aid	1) NUPRP may procure facemask in collaboration with local industry set-up through engaging the beneficiaries as workers and supply those masks among the community people at a subsidised rate with their branding. 2) In collaboration with the local health centres, UNDP-NUPRP should take necessary steps for the continuation of Child Immunisation. 3) UNDP-NUPRP could extend and modify its health-related programme and facilitate weekly camp for COVID-19 testing (the sample collection) in the low-income settlement. 4) UNDP-NUPRP also could allocate a dedicated emergency support fund (medical and non-medical) for COVID-19 contaminated beneficiary households.	Short to medium term
		Advocacy	Rigorous campaigns on the following issues: <i>proper handwashing, use of face-mask, home isolation/quarantine when needed, cover the face while sneezing, do not spill cough on the public place, maintain social distancing, avoidance of mass gathering and immediately contact 333 or 16263 or 10655 or local ward councillor office in case feel any symptom of COVID-19.</i> Local governments need to be made an integral part of the whole process.	Short to medium term
4.	WASH improvement	Aid	1) NUPRP may procure hand-washing materials in collaboration with local industry set-up through engaging the beneficiaries as workers and supply those materials among the community at subsidised rates with their branding.	Short to medium term
		Advocacy	1) Rigorous sensitisation activities need to be carried out regularly to ensure proper handwashing techniques. 2) Specific Behavioural Change Communication (BCC) tools need to be developed in this regard. The tools should have enough space for partnering with community leaders and local governments. 3) Uninterrupted supply of water and handwashing agents needs to be ensured in collaboration with the local governments. 4) Independent monitoring will be required to measure the effectiveness of the activities.	
5.	Financial capacity increment	Aid	To regain confidence on the Savings Credit Groups facilitated by the NUPRP, matching grants could be injected in the fund to run credit functions smoothly; this will not only regain the	Short to medium term

Sl. #	Area of Intervention	Mode of Action	Plan of Action	
			confidence on the group, at the same time it will also be useful to initiate economic activities to cope up with the losses due to COVID-19.	
		Advocacy	Continuous counselling by community leaders and Community Facilitators (CF) highlighting how important it is to have savings to deal with the unforeseen financial crisis.	Medium-term
6.	Strengthen food security	Aid	1) Fifteen eggs could be provided to pregnant women among the beneficiaries every fifteen days. NUPRP may think about giving such food items for the children of the households as well.	Short term
		Advocacy	Strengthen the promotion of mother and child nutrition.	Medium to long term
7.	Strengthen tenurial security	Aid	Expansion and utilisation of SIF (Settlement Improvement Fund) and CHDF (Community Housing Development Fund) to support those enlisted tenants who are elderly or physically challenged or in an otherwise vulnerable condition.	Long term
		Advocacy	1) Authorise municipality office for compulsory consent and public declaration at least 30 days before any mandated eviction drive by government or private (both individual and enterprise) authorities. 2) Community advocacy through CDC, CDC-Cluster with both parties to make a win-win situation for both house owners or landowners and room or land tenants.	Long term
8.	"Zero Tolerance" to Violence Against Women and Girls (VAW-G)	Aid	1) NUPRP may initiate professional counselling services, every week with pre-fixed days and times. In addition to counselling, charge-free legal assistance needs to be ensured where required in collaboration with Local Government, Ministry of Women and Children Affairs and Ministry of Home Affairs.	Long term
			2) Create a contingency fund to support the victims of VAW-G.	Medium to long term
			Orientation sessions for the CDC leaders about family laws could be organised for CDC leaders, in collaboration with local government institutes and Ministry of Women and Children Affairs (MoWCA)	Medium-term
			1) Monthly courtyard meeting maintaining COVID-19 related protocols can be organised by the CDC leader giving priority on the relevant issues to raise awareness for family	Short to medium term

Sl. #	Area of Intervention	Mode of Action	Plan of Action	
			members as well as the community about the impact of violence in the household.	
9.	Coping with climate change	Aid	WASH facilities of the low-income settlements need to be improved to safeguard urban poor from COVID-19 in contamination: provide hygiene materials; routine cleaning of community toilets, drainage and footpath; and uninterrupted water supply.	Short to medium term
		Advocacy	Promote the importance of drainage/sewerage, footpath and area cleaning to prevent the outbreak of COVID-19.	
10.	Left no one behind	Aid	1) To reduce the negative externalities of COVID-19's economic impacts, through a comprehensive listing of the Persons with Disabilities (PWDs) and older people, two points are recommended for immediate perusal: <ul style="list-style-type: none"> <li>i) A one-time allowance (to reduce the immediate shocks)</li> <li>ii) Providing medical treatment cards for priority services in collaboration with local health centres</li> </ul>	Short term
			2) Special training programme for the IGAs suitable for the PWDs (with different challenges) during the COVID-19 pandemic situation and during its aftermath, needs initiation.	Medium-term
		Advocacy	Strengthening the household and community level sensitisation activities, backed up by detailed Behavioural Change Communication (BCC) tools. The tools should have enough space for partnering with community leaders and local governments.	Long term
11.	Aspiration to life	Aid	Promoting innovative/creative/exemplary model beneficiaries to encourage others.	Short term
		Advocacy	UNDP-NUPRP could strengthen the motivating and mentoring capacity of the Community Facilitators (CFs) and engage them in the door to door aspiring campaign.	Medium-term

It is worth mentioning that in many cases, the socio-economic condition of the urban poor has deteriorated to some extent, which brings them to a situation which is worse than their baseline scenario regarding pre-NUPRP intervention state. Thus, it requires serious policy attention to extend the programme period by at least twenty-four months to bring back the developments on its expected momentum.

The 'new poor' have to be provided aid and support to recover their losses due to COVID-induced lockdown. The NUPRP programme, within its coverage area, should identify and engage the 'new poor'

through direct interventions. The government needs to extend its support to the remaining urban poor as well as 'new poor'. Joint and well-coordinated efforts are needed to address this unprecedented situation.

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## **Annexe 1: Data Tables**

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## Chapter 1: Introduction to the Study

Annexe Table 1.8.1: Percentage distribution of household survey respondents according to sex

Sex	Beneficiary	Semi-control	Pure control
Male	1.4	3.5	3.8
Female	98.6	96.5	96.2
n	1431	259	446

Annexe Table 1.8.2: Percentage distribution of household survey respondents according to their age

Age (in years)	Beneficiary	Semi-control	Pure control
18-19	2.1	1.9	1.6
20-24	11.0	8.9	9.2
25-29	14.4	17.8	15.9
30-34	15.2	14.3	18.8
35-39	18.3	17.4	14.6
40-44	12.2	12.0	13.8
45-49	10.9	14.6	7.6
50-54	6.8	5.4	6.7
55-59	4.5	1.9	4.3
60+	4.6	5.8	7.6
The average age of the respondents	36.7	36.6	37.1
Minimum age of the respondents	18	18	18
Maximum age of the respondents	75	70	70
n	1431	259	446

Annexe Table 1.8.3: Percentage distribution of households according to household size

Number of household members	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
1	1.6	1.7	2.4	1.4	1.9	0.7	1.7	2.3	1.1
2	8.1	8.4	11.3	7.5	3.5	9.0	6.8	4.2	9.0
3	19.3	24.3	23.8	17.5	25.9	21.1	17.9	24.7	21.7
4	30.2	35.2	31.3	29.1	28.2	29.8	29.0	27.4	29.6
5	22.3	15.8	18.1	23.3	20.8	22.2	23.6	22.0	22.0
6	9.5	9.7	8.6	12.1	10.4	10.3	12.2	10.0	10.5
7+	8.9	4.9	4.6	9.1	9.3	7.0	8.8	9.3	6.1
Average household size	4.35	4.06	3.98	4.46	4.37	4.28	4.46	4.38	4.22
n	2776	474	888	1431	259	446	1431	259	446

Annexe Table 1.8.4: Household size by city corporations and paurashavas

Timeline	City Corporations (in alphabetic order)												Paurashavas (in alphabetic order)				
	Chattogram	Cumilla	Dhaka North	Dhaka South	Gazipur	Khulna	Mymensingh	Narayanganj	Rajshahi	Rangpur	Sylhet	All city corporations	Chandpur	Faridpur	Kushtia	Patuakhali	All paurashavas
Baseline	4.54	3.98	4.38	4.08	4.08	4.22	4.16	4.13	3.68	3.97	4.64	4.22	4.53	4.26	4.19	4.00	4.29
n	426	165	361	227	184	409	311	269	234	205	304	3095	401	195	206	241	1043
Before lockdown	4.74	4.01	4.42	4.23	4.24	4.70	4.57	4.28	3.72	4.17	5.15	4.46	4.88	4.08	4.17	3.80	4.29

After the lockdown	4.75	4.04	4.31	4.18	4.22	4.72	4.52	4.27	3.74	4.18	5.11	4.44	4.86	4.13	4.16	3.82	4.29
n	221	84	190	114	91	202	149	144	119	102	160	1576	191	98	104	167	560

Annexe Table 1.8.4a: Scenario of in-migration and out-migration of household members

Timeline	City Corporations (in alphabetic order)												Paurashavas (in alphabetic order)				
	Chattogram	Cumilla	Dhaka North	Dhaka South	Gazipur	Khulna	Mymensingh	Narayanganj	Rajshahi	Rangpur	Sylhet	All city corporations	Chandpur	Faridpur	Kushtia	Patuakhali	All paurashavas
Household member migrated out to rural	0.5	0.0	6.3	1.8	2.2	0.0	0.7	0.0	0.8	0.0	2.5	1.5	2.1	0.0	1.0	0.0	0.9
Household member migrated out to other urban area	0.0	0.0	1.1	0.9	0.0	0.0	0.7	0.7	0.0	0.0	0.0	0.3	2.6	0.0	0.0	0.6	1.1
Household member migrated in from rural	0.5	0.0	0.0	0.9	1.1	1.0	0.0	0.0	0.8	0.0	0.0	0.4	1.6	2.0	0.0	0.0	0.9
Household member migrated in from other urban area	0.0	0.0	0.0	0.9	0.0	0.0	0.7	0.0	0.8	1.0	0.0	0.3	3.1	0.0	0.0	3.6	2.1
n	221	84	190	114	91	202	149	144	119	102	160	1576	191	98	104	167	560

Annexe Table 1.8.5: Percentage distribution of household members according to their sex

Sex	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Male	47.6	47.6	49.0	47.8	48.1	47.8
Female	52.4	52.4	51.0	52.2	51.9	52.2
Sex ratio	90.8	90.8	96.1	91.5	92.4	91.6
n	12079	1925	3536	6384	1140	1895

Annexe Table 1.8.6: Percentage distribution of household members according to their age

Age distribution (in years)	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
<2	3.7	2.8	3.5	3.4	3.1	3.4
2-4	5.2	5.5	6.7	5.2	6.1	5.6
5-9	9.6	10.7	10.9	9.8	9.4	10.0
10-14	11.3	10.2	11.1	11.4	10.2	10.9
15-18	10.5	9.8	8.8	9.7	10.5	8.9
19	1.9	2.2	1.6	1.9	1.1	1.2
20-24	8.9	8.6	7.9	8.8	8.6	8.5
25-29	8.3	8.1	9.8	8.1	8.8	9.2
30-34	7.2	8.0	7.6	6.7	7.8	8.5
35-39	7.9	8.5	7.9	8.0	8.1	8.7
40-44	6.1	5.6	6.0	6.3	5.4	5.9
45-49	5.6	6.1	5.1	5.5	6.7	4.3
50-54	4.2	3.6	3.7	4.2	4.6	4.1
55-59	2.8	3.4	2.6	3.0	2.5	2.8
60-64	2.7	3.2	2.9	3.2	3.2	3.7
65	1.3	1.6	1.4	1.5	1.5	1.6
66+	2.8	2.1	2.5	3.3	2.4	2.7

Age distribution (in years)	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Average age of household members	26.9	27.1	26.1	27.4	27.1	27.1
n	12079	1925	3536	6384	1140	1895

Annexe Table 1.8.7: Percentage distribution of household members aged 15 years and above by occupational status (primary/main)

Type of occupation	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Agriculture	0.5	0.5	0.5	0.4	0.4	0.7	0.4	0.2	0.5
Unskilled labour	22.2	21.6	25.1	23.9	22.9	22.7	18.5	19.4	17.0
Skilled labour	5.5	5.6	6.9	7.5	4.4	9.0	6.3	3.4	8.5
Business	12.2	12.1	10.7	13.0	14.6	12.2	10.4	13.0	10.7
Service (govt./private)	7.2	8.9	8.2	5.1	5.8	5.7	4.0	5.1	4.4
Homemaker	28.3	29.9	30.6	26.9	28.2	28.6	29.2	30.1	31.2
Student	11.0	12.1	6.7	11.0	12.8	10.5	10.6	12.4	9.9
Unemployed	5.5	3.5	3.9	5.6	6.3	5.0	14.4	11.9	12.8
Elderly/incapable to work	5.6	3.4	4.6	5.0	3.7	3.6	4.9	3.8	3.8
Others	2.0	2.4	2.8	1.6	0.9	2.0	1.3	0.7	1.2
n	8484	1362	2393	4483	813	1327	4483	813	1327

Annexe Table 1.8.8: Percentage distribution of household head according to sex

Sex	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Male	81.3	79.5	83.1	81.3	81.9	80.3
Female	18.7	20.5	16.9	18.7	18.1	19.7
n	2776	474	888	1431	259	446

Annexe Table 1.8.9: Percentage distribution of household head according to their age

Type of occupation	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
<20	0.4	0.4	0.5	0.2	0.4	0.4
20-24 years	1.9	2.1	3.6	2.2	1.5	2.9
25-29 years	8.8	8.9	13.5	8.5	6.6	9.2
30-34 years	13.0	10.8	13.3	10.5	13.9	14.1
35-39 years	16.6	17.7	15.7	16.1	16.6	17.9
40-44 years	14.6	13.9	14.5	15.9	14.3	13.6
45-49 years	13.4	15.0	10.7	14.0	14.3	11.2
50-54 years	10.8	9.5	9.0	11.4	10.4	9.6
55-59 years	7.2	7.2	6.2	7.3	7.7	5.6
60-64 years	6.4	7.8	5.6	6.1	7.7	7.4
65+	6.8	6.8	7.3	8.0	7.0	8.1
n	2776	474	888	1431	259	446

Annexe Table 1.8.10: Percentage distribution of household head according to occupational status (Primary/main)

Type of occupation	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Agriculture	0.8	0.6	0.6	0.8	0.4	1.6	1.0	0.0	1.3
Unskilled labour	41.8	39.9	43.8	42.3	41.3	38.9	34.9	36.3	31.1
Skilled labour	8.7	7.8	10.1	12.1	6.6	13.4	10.7	5.0	12.8
Business	23.6	20.9	20.2	25.4	27.4	23.9	20.8	24.7	21.9
Service (govt./ private)	10.9	14.3	11.3	7.5	10.8	7.6	6.1	9.7	6.7
Homemaker	5.7	7.2	4.5	5.0	5.4	5.9	6.3	5.9	7.6
Unemployed	2.2	2.5	1.5	2.4	2.3	2.9	15.4	12.7	12.8
Elderly/ incapable to work	3.2	1.9	4.1	2.4	3.9	3.1	2.8	4.2	3.6
Others	3.1	4.9	3.9	2.1	1.9	2.7	2.0	1.5	2.2
n	2776	474	888	1431	259	446	1431	259	446

Annexe Table 1.8.11: Percentage distribution of FGD participants according to age (in years)

Age (in years)	Number of participants	Per cent
19	1	1.0
20-29	28	27.5
30-39	38	37.2
40-49	28	27.5
50+	7	6.8

Annexe Table 1.8.12: Percentage distribution of FGD participants according to the level of education

Level of education	Number of participants	Per cent
No formal education	11	10.8
Primary (I-IV)	19	18.6
Primary complete (V)	17	16.7
Secondary (VI-IX)	35	34.3
Secondary School Certificate (SSC) and above	20	19.6

Annexe Table 1.8.13: Percentage distribution of FGD participants according to occupation

Level of education	Number of participants	Per cent
Homemaker	68	66.7
Labour	15	14.7
Business	13	12.8
Service	2	2
Housemaid	3	2.9
Student	1	1

Annexe Table 1.8.14: Number of Key Informant Interviews (KIIs) with the key informants

Key Informants	Number of interviews
Town Manager	15
Town Federation Officer	8
Slum Development Officer	5
Community Development Committee	8
Councillor	15
Medical Officer	6
Total	57

## Chapter 2: Impacts on Resource Endowment

Annexe Table 2.1.1: Percentage distribution of children (age 5-16 years) according to the current enrolment in school

Status of enrollment to the school	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Enrolled	79.0	78.6	72.3	77.5	71.8	77.3
Not enrolled	21.0	21.4	27.7	22.5	28.2	22.7
n	3172	487	927	1673	273	481

Annexe Table 2.1.2: Percentage distribution of children (age 5-16 years) according to the continuation of the study

Study continuation (multiple responses)	Beneficiary	Semi-control	Pure control
Continuing	77.3	68.4	68.5
Discontinuing	22.7	31.6	31.5
n	1296	196	372

Annexe Table 2.1.3: Percentage distribution of children (age 5-16 years) according to the ways of study continuation

Study continuation (multiple responses)	Beneficiary	Semi-control	Pure control
Self-study	78.1	69.4	77.3
With the help of the family member	28.8	42.5	35.7
With the help of a private tutor (physically)	15.7	19.4	18.8
Television	2.0	2.2	2.0
Through Virtual school (GoB)	1.2	0.7	0.4
Through Virtual school (non-GoB)	1.0	0.7	0.4
With the help of private tutor (virtually)	1.0	0.7	1.2
Others	0.8	0.7	0.8
n	1002	134	255

Annexe Table 2.1.4 Percentage distribution of children according to their opinion on the possibility of school continuation after the ends of COVID-19 pandemic

Probability of school continuation	Beneficiary	Semi-control	Pure control
High	61.5	69.4	64.0
Medium	31.2	26.5	30.4
low	7.3	4.1	5.6
n	1296	196	372

Annexe Table 2.1.5: Percentage distribution of households according to the immediate need for job placement and skill training to overcome COVID-19 crisis

Type of support	Beneficiary	Semi-control	Pure control
Job Placement	43.8	47.1	36.8
Capacity building training on new business skill and market promotion	8.0	7.3	7.2
n	1431	529	446

Annexe Table 2.2.1: Percentage distribution of households according to the distress sale of household assets

Distress sale of household assets	Baseline (in previous three years)			During COVID-19 lockdown (March 2020- June 2020)		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Yes	1.9	3.0	1.4	11.0	10.4	12.1
No	98.1	97.0	98.6	89.0	89.6	87.9

n	2776	474	888	1431	259	446
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Annexe Table 2.2.2: Percentage distribution of households according to the distress sale of household assets by the type of asset

Type of asset	Beneficiary	Semi-control	Pure control
Land	1.9	0.0	0.0
Furniture	10.2	7.4	9.3
Kitchen appliances	3.8	0.0	9.3
Television	6.4	3.7	9.3
Mobile phone/tablet	15.9	7.4	9.3
Computer/laptop	0.0	0.0	1.9
Refrigerator	0.6	7.4	0.0
Other electric and electronic goods	3.2	0.0	3.7
Bicycle	2.5	3.7	3.7
Rickshaw/Van (tricycle van)/ Pushcart	1.3	0.0	9.3
Sewing machine	1.9	3.7	0.0
Livestock	10.8	22.2	22.2
Poultry/Birds	17.2	11.1	5.6
Jewellery	35.7	48.1	20.4
Others	3.2	0.0	11.1
	157	27	54

Annexe Table 2.2.3: Average and expected value of sold assets during COVID-19 lockdown

Indicator	Beneficiary	Semi-control	Pure control
Average actual value of the sold asset (during COVID-19 lockdown)	9,160	7,737	11,376
Average expected value of the asset (at a normal time, before lockdown)	14,492	11,444	15,589
n	153	27	49

### Chapter 3: Impacts on Livelihood Strategy

Annexe Table 3.1.1: Percentage distribution of household members aged 15 years and above by primary/main occupational status

The main occupation of household members	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Agriculture	0.5	0.5	0.5	0.4	0.4	0.7	0.4	0.2	0.5
Unskilled labour	22.2	21.6	25.1	23.9	22.9	22.7	18.5	19.4	17.0
Skilled labour	5.5	5.6	6.9	7.5	4.4	9.0	6.3	3.4	8.5
Business	12.2	12.1	10.7	13.0	14.6	12.2	10.4	13.0	10.7
Service (govt./ private)	7.2	8.9	8.2	5.1	5.8	5.7	4.0	5.1	4.4
Housewife/ HH chore	28.3	29.9	30.6	26.9	28.2	28.6	29.2	30.1	31.2
Student	11.0	12.1	6.7	11.0	12.8	10.5	10.6	12.4	9.9
Unemployed	5.5	3.5	3.9	5.6	6.3	5.0	14.4	11.9	12.8
Elderly/ incapable to work	5.6	3.4	4.6	5.0	3.7	3.6	4.9	3.8	3.8
Others	2.0	2.4	2.8	1.6	0.9	2.0	1.3	0.7	1.2



The main occupation of household members	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
n	8484	1362	2393	4483	813	1327	4483	813	1327

Annexe Table 3.1.2: Percentage distribution of all household head by primary/main occupational status

The main occupation of household heads	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Agriculture	0.8	0.6	0.6	0.8	0.4	1.1	0.9	0.0	1.1
Unskilled labour	41.8	39.9	43.8	41.3	39.0	36.8	33.0	34.0	28.8
Skilled labour	8.7	7.8	10.1	11.5	5.8	13.2	10.1	4.2	13.0
Business	23.6	20.9	20.2	23.8	26.7	23.3	19.3	24.3	21.8
Service (govt./private)	10.9	14.3	11.3	7.2	10.0	6.7	6.0	9.3	5.8
Housewife/HH chore	5.7	7.2	4.5	9.2	10.8	10.8	11.0	11.6	12.3
Unemployed	2.2	2.5	1.5	1.8	2.3	2.5	15.0	11.6	11.9
Elderly/incapable to work	3.2	1.9	4.1	2.2	3.1	2.9	2.6	3.5	3.1
Others	3.1	4.9	3.9	2.2	1.9	2.7	2.1	1.5	2.2
n	2776	474	888	1431	259	446	1431	259	446

Annexe Table 3.1.3: Percentage distribution of households according to any unemployment at household

Any unemployment at household	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Yes	33.2	28.1	27.1	16.6	17.4	14.8	36.4	30.9	32.5
No	66.8	71.9	72.9	83.4	82.6	85.2	63.6	69.1	67.5
n	2776	474	888	1431	259	446	1431	259	446

Annexe Table 3.1.4: Percentage distribution of households according to loss of work during COVID-19 lockdown

Indicators	Beneficiary	Semi control	Pure control
A household with any member lost job permanently (in %)	18.0	12.7	11.7
A household with any member temporarily lost job (in %)	30.5	27.0	27.1
A household with any member entirely suspended business activities (in %)	6.6	5.0	4.7
A household with any member temporarily suspended business activities (in %)	19.6	24.7	19.5
A household with any member permanently lost their job or closed business activities (in %)	22.9	17.4	16.1
A household with any member permanently or temporarily lost their job or closed business activities (in %)	54.9	56.0	51.6
n	1431	259	446

Annexe Table 3.1.5: Percentage distribution of households according to getting new work opportunities during COVID-19 lockdown

Indicators	Beneficiary	Semi control	Pure control
A household with any member got new working opportunities (in %)	4.7	5.8	5.2
n	1431	259	446

Annexe Table 3.1.6: Percentage distribution of households according to impacts on business due to COVID-19

Indicators	Beneficiary	Semi-control	Pure control
Business got affected due to COVID-19	42.7	54.8	45.4
n	724	135	205
Type of impacts on business (multiple responses)			
Not able to sell business products	77.7	74.3	78.5
Even if it can sell business products, did not get the expected price	38.2	48.6	35.5
Reducing-necessary expenditure for taking preparation to business again	18.4	24.3	16.1
Becoming debt-ridden while preparing to start business again	14.6	18.9	17.2
Debt instalment, rent utilities bill is accumulating due to business suspended	11.7	16.2	14.0
Reducing food consumption for taking preparation to re-start own small business	9.4	12.2	8.6
Business closed	30.1	24.3	32.3
Others	0.6	0.0	1.1
n	309	74	93

Annexe Table 3.1.7: Percentage distribution of households according to the type of immediate supports required to reinstate your business

Type immediate supports require to reinstate business (multiple responses)	Beneficiary	Semi-control	Pure control
A loan with easy terms	56.3	55.4	38.7
A small grant	82.8	81.1	86.0
Training, plan, etc. in starting a new IGA	25.6	35.1	23.7
Others	0.6	0.0	2.2
n	309	74	93

Annexe Table 3.2.1: Percentage distribution (and average amount) of households according to savings

Indicators	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Household have savings	67.3	69.8	39.5	73.6	68.0	42.4	24.6	28.6	14.6
Average savings amount (BDT)	4791	9803	8629	5086	8513	7384	917	891	1678
n	2776	474	888	1431	259	446	1431	259	446

Annexe Table 3.2.2: Percentage distribution of households spent the savings to cope up with COVID-19 lockdown

Spent the savings to cope up with COVID-19 lockdown (%)	Beneficiary	Semi-control	Pure control
Yes	80.5	78.4	76.2
No	19.5	21.6	23.8
n	1053	176	189

Annexe Table 3.2.3: Percentage distribution of households having membership in SCG (NUPRP) faced interruption in savings

Interrupted SCG (NUPRP) savings during COVID-19 lockdown (%)	Beneficiary
Yes	41.7
No	58.3
n	1144

Annexe Table 3.2.4: Percentage distribution (and average amount) of households according to credit

Indicators	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Household have credit/loan	44.3	43.5	43.1	36.9	39.8	37.2	50.3	51.0	50.4
Average amount of credit (in BDT)	25345	21697	22835	15649	17561	21422	16079	15186	20697
n	2776	474	888	1431	259	446	1431	259	446
Credit/loan among household have savings (%)	57.5	56.1	81.7	40.1	44.3	56.6	51.1	47.3	66.2
n	2142	367	469	1053	176	189	352	74	65

Annexe Table 3.2.5: Percentage distribution of households took a loan to cope up with COVID-19 lockdown and sources of the loan taken from and use of the loan

Indicators	Beneficiary	Semi-control	Pure control
Took loan	31.7	32.0	32.1
n	1431	259	446
Sources of the loan (multiple responses)			
Samiti	12.8	10.8	14.0
Bank	0.4	2.4	0.0
NGO	10.6	10.8	16.8
Mahajan (with interest)	28.0	27.7	32.9
Relatives/friends (without interest)	63.4	71.1	63.6
Others	1.1	2.4	1.4
Use of the loan (multiple responses)			
To buy food	88.1	88.0	95.1
For treatment purpose	23.8	33.7	25.2
To pay house rent	20.8	22.9	15.4
To fulfil other daily essentials	42.2	50.6	53.8
Run existing business	9.3	10.8	8.4
Start new business	2.2	2.4	0.7
Others	3.8	0.0	1.4
n	453	83	143

Annexe Table 3.2.6: Percentage distribution of households according to the failure of paying loan instalment during COVID-19 lockdown

Indicators	Beneficiary	Semi-control	Pure control
Failed to pay the loan instalment	73.1	82.5	80.7
n	528	103	166
Reasons for failure in depositing loan instalments on due time (multiple responses)			
Lost work	50.8	38.8	40.3
Due to illness	8.5	15.3	6.0
Due to price hike	13.5	30.6	17.2
Less income	54.9	69.4	61.9
No income	46.1	57.6	52.2
Instalment collection was closed	49.5	37.6	48.5

Indicators	Beneficiary	Semi-control	Pure control
Death of household income earner	0.3	0.0	0.0
Others	50.8	38.8	40.3
n	386	85	134

Annexe Table 3.3.1: Percentage distribution of households according to ownership of land/place/room/house

Ownership of land/place/room/house q605	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Own homestead on government land	23.0	20.7	19.8	21.8	19.7	20.9
Rented house/room on government land	8.1	12.7	5.6	5.9	8.1	4.0
Own house/room on land belonged to other individuals	7.3	4.9	8.4	5.8	3.9	3.1
Rented house/room on land belonged to other individual	30.6	30.0	34.8	32.7	36.3	34.3
Own homestead on land belonged to themselves	31.1	31.9	31.3	32.8	32.0	37.2
Others	0.0	0.0	0.0	0.9	0.0	0.4
n	2776	474	888	1431	259	446

Annexe Table 3.3.2: Percentage distribution of households according to change of room or house due to the COVID-19 lockdown

Change of room or house	Beneficiary	Semi control	Pure control
Yes	1.4	2.3	1.1
No	98.6	97.7	98.9
n	1431	259	446

Annexe Table 3.3.3: Percentage distribution of households according to the main construction material of the main dwelling place

Indicators	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
The main construction material of the roof						
Leaves/Straw/Jute stick	0.5	0.0	0.6	0.2	0.0	1.3
Mud/Earth	0.1	0.0	0.2	0.1	0.0	0.0
Bamboo	0.1	0.0	0.0	0.3	0.4	0.0
Tin/Cl Sheet	90.0	89.9	92.8	89.0	84.6	85.4
Cement Sheet	2.1	0.6	2.1	2.7	1.9	2.5
Concrete/Brick	5.4	6.1	2.5	5.1	9.3	8.7
Soil Tail	0.6	0.4	0.5	0.5	0.8	0.7
Wood	0.1	0.8	0.2	0.1	0.0	0.0
Brick/Solid Foundation	1.1	2.1	0.8	2.1	3.1	0.9
Others	0.0	0.0	0.3	0.0	0.0	0.4
The main construction material of the wall						
Leaves/Straw/Jute stick	1.3	0.4	1.8	1.2	0.0	1.8
Mud/Earth	1.3	0.0	0.2	1.0	0.0	0.4
Bamboo	3.7	2.3	2.0	3.1	0.8	1.1
Tin/Cl Sheet	57.7	54.6	64.0	60.3	60.2	55.2
Corogated/Cement Sheet	4.0	3.8	2.6	6.6	6.2	7.0
Concrete/Brick	28.9	35.7	27.0	24.6	30.5	30.7
Mud/Earth Tiles	2.3	3.0	1.8	2.4	1.5	2.9
Wood	0.4	0.2	0.1	0.3	0.0	0.4
Brick/Solid Foundation	0.4	0.0	0.0	0.3	0.8	0.0

Indicators	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Others	0.1	0.0	0.5	0.1	0.0	0.4
The main construction material of the floor						
Cement	59.2	66.9	53.2	55.9	57.9	60.3
Palm/bamboo	0.1	0.0	0.0	0.0	0.0	0.0
Wood Planks	0.9	0.6	1.1	0.7	0.8	0.2
Earthen	39.5	32.5	45.7	38.0	31.7	30.7
Bricks	0.0	0.0	0.0	5.2	9.3	8.5
Others	0.3	0.0	0.0	0.2	0.4	0.2
n	2776	474	888	1431	259	446

Annexe Table 3.3.4: Percentage distribution of households according to the main source of electricity

The main source of electricity	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
No electricity	0.1	0.2	0.2	1.6	1.2	0.9
National Grid	97.0	96.4	93.4	98.3	98.8	98.9
Solar Energy	2.9	3.2	6.4	0.1	0.0	0.2
Others	0.0	0.2	0.0	0.0	0.0	0.0
n	2776	474	888	1431	259	446

Annexe Table 3.3.5: Percentage distribution of households according to the type of fuel is mainly used for cooking

Type of fuel q609	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Electricity	1.4	1.1	0.9	1.0	0.0	0.2
Liquid Petroleum Gas (LPG)	6.8	10.5	4.3	6.3	10.8	7.2
Natural gas	28.7	20.3	32.1	30.0	22.8	35.9
Biogas	0.4	0.0	0.2	0.3	0.0	0.4
Kerosene	0.3	0.0	0.1	0.0	0.0	0.0
Coal / Lignite	0.0	0.0	0.0	0.0	0.0	0.0
Charcoal	1.5	1.1	1.9	1.9	2.3	0.7
Wood	55.7	60.1	49.8	56.5	57.5	42.6
Straw/shrubs/grass	4.0	4.0	9.7	2.9	0.8	11.9
Agricultural crop	0.1	0.0	0.0	0.0	2.7	0.0
Animal dung	0.8	0.6	1.0	1.0	1.2	0.4
No Food Cooked in Household	0.1	0.0	0.0	0.1	0.0	0.4
Others	0.3	2.3	0.0	0.0	1.9	0.2
n	2776	474	888	1431	259	446

Annexe Table 3.3.6: Percentage distribution of households according to eviction threat

Households reported about threat of eviction	Baseline			During lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Yes	33.8	30.8	33.4	8.5	6.9	7.8
No	66.2	69.2	66.6	91.5	93.1	92.2
n	2776	474	888	1431	259	446

Annexe Table 3.3.7: Percentage distribution of households according to the ability to pay rent during COVID-19 lockdown

The ability to pay rent	Beneficiary	Semi control	Pure control
Paid rent timely	30.7	28.7	23.4
Could not able to pay timely	69.3	71.3	76.6
n	553	115	171

Annexe Table 3.4.1: Percentage distribution of households according to the experience of market vulnerability and coping strategies

Indicators	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Experienced any shortage of necessary products in the local market	18.3	25.1	16.6	65.0	58.7	64.8
n	1431	259	446	1431	259	446

Annexe Table 3.4.2: Percentage distribution of households according to the experience of market vulnerability and coping strategies

Indicators	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Experience any price hike in food items in the local market	27.7	31.7	23.5	84.5	86.9	85.0
n	1431	259	446	1431	259	446
Coping strategies to adjust with the increased price (multiple responses)						
Decrease in food consumption of the household	81.6	72.0	80.0	85.2	80.9	81.8
Selling assets to cover household expenditure	7.8	12.2	3.8	10.5	10.2	8.4
Spending the savings to meet household expenditure	16.1	25.6	21.0	16.8	20.4	24.0
Reducing other necessary expenditures to meet the food expenses	44.1	54.9	58.1	50.4	59.1	55.7
Credit for maintaining household expenditure	15.9	14.6	9.5	20.4	22.2	20.6
Household member migrated out	1.5	3.7	1.0	1.3	2.2	3.2
Sharing household rent (sub-let)	0.3	1.2	0.0	0.7	0.9	0.8
Moved to lower rented place	1.8	1.2	1.0	1.6	1.3	0.8
Seek support from the community-based organisation of NUPRP				11.2	10.2	
Purchase goods from open Market Sales by GoB	3.0	11.0	7.6	3.1	8.4	4.0
Govt. aid	18.1	17.1	8.6	18.9	22.2	12.7
Non-govt. aid	7.8	8.5	1.0	8.1	8.4	2.6
Individual Grant	8.8	11.0	6.7	7.3	11.6	6.9
Ration card (food subsidy)				5.8	4.9	4.5
Others	0.0	0.0	0.0	0.5	0.4	0.3
n	397	82	105	1209	225	379

Annexe Table 3.4.3: Percentage distribution of households according to the mode of transportation used and challenges faced in getting transport during COVID-19 lockdown

Indicators	Beneficiary	Semi-control	Pure control
Mode of transportation used (multiple responses)			
Walking	63.3	68.3	60.8
Rickshaw/auto rickshaw (Tomtom)	39.6	54.4	36.3
Bicycle	1.3	2.3	2.2
Tempo/Maxi/Leguna	4.3	2.3	4.5
Bus	2.4	1.9	1.6
CNG	3.4	2.7	4.0
Ambulance	0.1	0.0	0.0

Indicators	Beneficiary	Semi-control	Pure control
Others	0.3	0.8	0.0
Did not move	26.8	22.0	27.1
n	1431	259	446
Challenges faced in getting transport			
Faced challenges	57.0	64.9	54.9
Did not faced challenges	16.2	13.1	17.9
Did not move	26.8	22.0	27.1
n	1431	259	446
Type of challenges faced in getting transport (multiple responses)			
Lack of public transportation	73.7	73.2	70.6
High fare	70.3	76.8	62.9
Alternate carrier with higher cost	16.2	28.6	16.7
Have to wait a long time for transport	11.8	12.5	18.4
Others	0.1	0.0	0.0
n	815	168	245

Annexe Table 3.4.4: Average times respondent went to the market or shop in a week

Indicators	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Average times respondent went to the market or shop in a week	5.2	5.5	5.4	2.4	2.5	2.3
n	1431	259	446	1431	259	446

Annexe Table 3.5.1: Percentage distribution of households according to aid received during COVID-19 pandemic

Indicator	Beneficiary	Semi-control	Pure control
Received any aid	92.5	90.3	69.5
n	1431	259	446
Sources of aid (multiple responses)			
GOB	63.4	61.5	68.7
NUPRP	84.6	81.2	33.2
NGO	7.3	12.8	3.9
CBO	2.9	2.6	5.8
Individuals	22.1	23.5	41.9
n	1324	234	310
The average amount received by source (in BDT) (among those who received aid from that source)			
GOB	803	674	709
NUPRP	983	1098	429
NGO	1,193	1,199	1,256
CBO	765	418	1025
Individuals	1,031	1,080	1,021
Average amount of aid received, among the recipients only	1,693	1,732	1,186
The average amount of aid received, among all	1,552	1,558	811
Distribution of average aid amount by source (%)			
GoB	34.6	34.2	49.3
NUPRP	51.2	49.7	13.7
NGO	3.4	5.2	1.8
CBO	1.2	0.4	3.7
Individual	9.6	10.6	31.6

Annexe Table 3.5.2: Percentage distribution of households according to required help or services received from various institutions and community leadership during COVID-19

Type of institutions and leadership	Beneficiary	Semi-control	Pure control
Ward Councilor of City Corporation/Paurashava	48.6	44.0	36.3
City Corporation/Paurashava Officials	7.7	5.0	4.7
Police Station and other law enforcing authority	4.6	7.3	2.9
WASA	0.6	0.4	0.0
Voluntary Organisations	1.7	1.9	4.7
NGOs	6.4	6.2	2.2
Religious institution/leaders	2.4	1.9	2.7
Political party leader	4.3	5.4	5.8
Community leader (except NUPRP)	8.0	6.9	2.0
NUPRP supported savings and credit group	43.5	47.9	13.9
NUPRP supported CDC leader	18.0	22.0	4.5
NUPRP supported CDC cluster leader	11.3	10.8	1.8
NUPRP supported Town Federation leader	13.8	8.5	0.4
n	1431	259	446

Annexe Table 3.5.3: Percentage distribution of households according to the type of help or services received during COVID-19 (multiple responses)

Type of help or services	Beneficiary	Semi control	Pure control
Food	44.5	45.6	33.2
Handwashing materials	62.5	66.8	24.9
Cash support	32.2	27.0	7.4
Loan	1.7	5.0	0.0
Information	19.4	23.9	11.7
Hand washing facility installation	14.5	17.4	3.4
Management support in physical distancing/movement restriction	10.6	11.6	5.8
Others	2.4	1.9	1.1
n	1431	259	446

## Chapter 4: Impacts on Livelihood Outcomes

Annexe Table 4.1.1: Percentage distribution of households according to the monthly income of the household

Household monthly income	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Up to Tk. 5000	16.2	12.0	13.6	10.0	7.7	7.4	41.6	35.1	44.6
Tk. 5001-10000	33.8	33.8	33.1	36.0	38.2	37.2	37.0	38.6	28.3
Tk. 10001-15000	24.6	22.0	24.7	31.3	29.3	25.8	13.1	17.0	15.2
Tk. 15001-20000	11.5	11.8	12.8	14.3	12.7	17.3	5.2	5.4	7.0
Tk. above 20000	14.0	20.4	15.7	8.4	12.0	12.3	3.1	3.9	4.9
Average monthly income (mean)	12,335	13,876	12,863	12,467	13,014	13,543	7,390	8,557	8,150
Standard deviation	8,557	9,566	8,379	7,691	7,821	9,463	6,473	8,057	7,877
Average income (Median)	10,001	10,750	11,000	12,000	11,500	12,000	6,250	7,100	6,000



Household monthly income	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Per capita monthly income	2,979	3,701	3,407	2,982	3,141	3,308	1,753	2,136	2,038
n	2531	432	821	1431	259	446	1431	259	446

Annexe Table 4.1.2: Percentage distribution of households according to the source of income household involve

Source of monthly income (multiple responses)	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Salaried/ Wage Employment	81.5	74.9	81.4	69.0	66.8	70.2
Business/ Other Income Generating Activities	30.0	39.0	26.2	23.5	33.6	22.2
Renting house	5.8	4.6	6.3	3.6	3.5	4.0
Leasing out land	0.0	0.0	0.0	0.1	0.0	0.0
Selling land	0.1	0.4	0.0	0.1	0.0	0.0
Selling furniture/ valuable metal/ electronic appliances	0.8	0.0	0.2	3.6	1.2	1.3
Remittance	1.5	1.2	1.8	1.1	0.8	1.8
Pension	0.2	0.8	0.0	0.2	0.8	0.0
Social Safety Net	8.3	7.7	6.5	12.1	14.3	7.0
Zakat-Fitra/Charity or other help	2.3	3.9	1.3	4.3	6.9	6.1
Gifts	2.6	6.2	3.4	6.0	6.6	4.5
Others	0.1	0.0	0.0	0.1	1.2	0.0
n	1431	259	446	1431	259	446

Annexe Table 4.1.3: Average households monthly income according to the source of income

Source of monthly income (multiple responses)	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Salaried/ Wage Employment	8,703	8,144	9,202	4,816	5,615	5,412
Business/ Other Income Generating Activities	3,005	4,028	3,561	1,546	1,976	1,889
Renting house	228	222	339	133	159	174
Leasing out land	0	0	0	43	0	0
Selling land	21	116	0	16	0	0
Selling furniture/ valuable metal/ electronic appliances	47	0	34	405	69	145
Remittance	215	85	266	91	46	224
Pension	11	49	0	11	49	0
Social Safety Net	118	78	49	132	185	64
Zakat-Fitra/Charity or other help	45	14	30	60	94	77
Gifts	63	278	62	127	342	166
Others	10	0	0	8	20	0
n	1431	259	446	1431	259	446

Annexe Table 4.1.4: Average household income by City Corporations/ Paurashavas

Indicator	City Corporations (in alphabetic order)												Paurashavas (in alphabetic order)				
	Chattogram	Cumilla	Dhaka North	Dhaka South	Gazipur	Khulna	Mymensingh	Narayanganj	Rajshahi	Rangpur	Sylhet	All city corporations	Chandpur	Faridpur	Kushtia	Patuakhali	All paurashavas
Average monthly expenditure (mean) baseline	11,981	13,723	14,635	11,163	11,396	10,415	12,300	14,406	12,248	12,341	14,003	12,561	12,356	12,774	11,988	13,073	12,556
n	330	98	275	162	132	307	220	192	162	131	228	2237	255	113	147	213	728
Average monthly expenditure (mean) before lockdown	14,140	11,467	16,783	14,057	9,268	11,675	12,685	13,667	11,021	9,493	11,263	13,004	12,205	10,789	10,091	13,175	12,066
Average monthly expenditure (mean) after lockdown	10,584	6,917	10,242	7,671	4,889	6,011	7,394	9,358	5,949	5,145	5,125	7,859	7,859	5,656	4,648	9,234	7,215
n	180	61	153	89	66	162	117	113	90	74	126	1231	144	72	76	167	459

Annexe Table 4.1.5: Percentage distribution of households according to the monthly expenditure of household

Household monthly expenditure	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Up to Tk. 5000	11.9	9.7	17.4	8.0	5.4	13.5	19.1	15.1	24.4
Tk. 5001-10000	47.8	49.3	45.9	42.0	39.8	38.3	49.2	50.6	42.2
Tk. 10001-15000	26.6	25.5	23.8	30.7	33.6	27.6	23.4	23.6	22.0
Tk. 15001-20000	9.6	11.3	10.2	13.0	12.0	12.6	5.8	8.5	8.3
Tk. above 20000	4.1	4.2	2.7	6.4	9.3	8.1	2.5	2.3	3.1
Average monthly expenditure (mean)	10048	10383	9279	11114	11566	10967	8782	9275	8878
Standard deviation	6083	5868	4709	5749	5534	6043	4584	4408	5544
Average expenditure (Median)	8890	9154	8505	10020	10335	9714	7970	8640	7514
Per capita monthly expenditure	2405	2675	2400	2646	2796	2685	2108	2314	2202
n	2531	432	821	1431	259	446	1431	259	446

Annexe Table 4.1.6: Average household food and non-food expenditure per month

Average household food and non-food expenditure per month	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Total expenditure (per household per month)	10048	10383	9279	11114	11566	10967	8782	9275	8878
Food expenditure	5759	5832	5489	5967	6134	6052	4914	5058	4931
Non-food expenditure	4288	4551	3790	5147	5432	4915	3868	4217	3947
Food expenditure share (%)	57.3	56.2	59.2	57.2	55.8	58.8	60.2	58.2	61.0
n	2531	432	821	1431	259	446	1431	259	446

Annexe Table 4.1.7: Average household expenditure by City Corporations/ Paurashavas

Indicator	City Corporations (in alphabetic order)												Paurashavas (in alphabetic order)				
	Chattogram	Cumilla	Dhaka North	Dhaka South	Gazipur	Khulna	Mymensingh	Narayanganj	Rajshahi	Rangpur	Sylhet	All city corporations	Chandpur	Faridpur	Kushtia	Patuakhali	All paurashavas
Average monthly expenditure (mean) baseline	11,620	8,325	11,810	11,996	7,525	10,088	7,822	11,767	8,224	7,764	12,152	10,069	10,704	10,143	8,178	8,579	9,457
n	330	98	275	162	132	307	220	192	162	131	228	2237	255	113	147	213	728
Average monthly expenditure (mean) before lockdown	11,285	9,966	14,514	12,988	7,764	10,297	7,825	14,475	8,957	6,742	12,221	10,296	13,153	10,725	8,722	11,845	9,485
Average monthly expenditure (mean) after lockdown	9,234	9,465	11,357	10,513	6,086	8,595	6,322	12,569	7,089	5,471	9,385	9,145	8,649	7,139	5,298	10,266	8,100
n	180	61	153	89	66	162	117	113	90	74	126	1231	144	72	76	167	459

Annexe Table 4.2.1: Percentage distribution of food deficient households

Household faced food deficiency compare to demand	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Yes	27.1	20.5	19.7	87.5	85.3	84.3
No	72.9	79.5	80.3	12.5	14.7	15.7
n	1431	259	446	1431	259	446

Annexe Table 4.2.2: Percentage distribution of households according to their concern on having three full meals

Household's concern on having three full meals all year-round	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi- control	Pure control
Yes	39.3	38.6	29.4	83.9	81.5	82.7
No	60.7	61.4	70.6	16.1	18.5	17.3
n	1431	259	446	1431	259	446

Annexe Table 4.2.3: Percentage distribution of households according to food security

Household food security	Baseline			After lockdown (June 2020)		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi- control	Pure control
Food secure	12.6	21.1	22.3	5.3	6.6	9.9
Mildly food insecure	18.5	17.9	14.3	7.6	8.1	7.2
Moderately food insecure	37.1	35.0	33.6	35.4	38.2	32.5
Severely food insecure	31.8	25.9	29.8	51.7	47.1	50.4
n	2776	474	888	1431	259	446

Annexe Table 4.2.4: Average number of day household member consumed specific items in the last seven days

Household dietary diversity	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Cereals	6.90	6.92	6.90	6.89	6.86	6.89
Roots and Tubers	5.43	5.40	5.21	4.87	4.67	4.62
Any coloured vegetables	4.57	4.43	4.27	3.55	3.36	3.39
Any leafy vegetables	2.72	2.49	2.52	2.65	2.57	2.61
Any fruits	0.91	1.03	0.99	1.24	1.14	1.07
Any meat	0.71	0.74	0.85	0.42	0.46	0.53
Any eggs	1.94	2.09	2.05	1.61	1.53	1.64
Any Fish	2.81	2.91	2.74	2.17	2.46	2.25
Pulses/legumes/nuts	3.81	3.25	3.21	3.96	3.78	4.01
Milk and milk products	0.52	0.69	0.49	0.58	0.49	0.61
Oil/fats	5.07	4.94	4.55	5.75	6.05	6.03
Sugar/Honey	0.98	1.14	0.75	2.46	2.37	2.33
Miscellaneous	2.90	3.36	2.90	3.71	3.71	3.90
n	2776	474	888	1431	259	446

Annexe Table 4.2.5: Average number of day household currently pregnant or lactating woman consumed specific items in the last seven days

Household dietary diversity	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Cereals	6.56	6.29	6.40	6.67	6.67	6.73
Roots and Tubers	5.15	4.95	5.08	5.07	4.97	4.83
Any coloured vegetables	4.45	3.93	4.11	2.32	1.89	2.84
Any leafy vegetables	2.38	2.21	2.19	2.50	2.20	2.28
Any fruits	1.01	1.19	0.79	1.31	1.14	1.05
Any meat	0.64	0.92	0.67	0.66	0.33	0.40
Any eggs	2.04	2.85	2.00	1.51	1.06	1.70
Any Fish	2.97	2.84	2.39	2.37	2.37	2.38
Pulses/legumes/nuts	3.80	2.67	3.16	3.95	3.51	3.47
Milk and milk products	0.44	0.55	0.31	0.56	0.51	0.22

Household dietary diversity	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Oil/fats	5.39	4.44	3.94	5.18	4.89	5.95
Sugar/Honey	0.91	0.86	0.54	1.98	2.20	2.27
Miscellaneous	2.65	2.16	2.01	3.10	3.17	4.28
n	638	73	158	230	36	60

Annexe Table 4.2.6: Percentage distribution of currently pregnant or lactating woman according to protein intake

Protein intake of the currently pregnant or lactating woman	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Yes	34.3	13.7	13.9	30.0	19.4	15.0
No	65.7	86.3	86.1	70.0	80.6	85.0
n	638	73	158	230	36	60

Annexe Table 4.2.7: Percentage distribution of children aged 6-23 months according to protein intake in the last 24 hours

Protein intake of children aged 6-23 months in last 24 hours	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Yes	35.0	46.9	32.5	9.6	7.5	7.8
No	65.0	53.1	67.5	90.4	92.5	92.2
n	234	32	80	322	53	64

Annexe Table 4.3.1: Health status of the respondent in percentage

Health status	Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Good	48.6	47.1	52.0	30.1	29.3	35.9
Average	45.4	47.5	43.0	51.4	48.3	47.8
Poor	5.0	4.6	4.7	14.9	17.4	12.6
Very poor	1.0	0.8	0.2	3.6	5.0	3.8
n	1431	259	446	1431	259	446

Annexe Table 4.3.2: Percentage distribution of household according to household members suffered from any disease

Household members suffered from any disease	Baseline (in 90 days)			During lockdown (in 66 days)		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Yes	34.2	39.7	30.2	29.7	30.9	30.3
No	65.8	60.3	69.8	70.3	69.1	69.7
n	2776	474	888	1431	259	446

Annexe Table 4.3.3: Type of disease suffered during COVID-19 lockdown

Type of diseases (q1106)	Beneficiary	Semi-control	Pure control
Communicable Diseases	55.3	44.1	60.8
COVID-19	0.5	0.0	0.0
Cold and Cough	15.2	10.8	16.1
Tuberculosis	0.0	0.9	0.5
Asthma	3.1	3.6	2.2
Pneumonia	1.3	0.0	3.2
Fever of unknown origin (PUO)	30.5	21.6	33.9

Type of diseases (q1106)	Beneficiary	Semi-control	Pure control
Sore throat	1.6	2.7	0.5
Diarrhea	1.5	3.6	2.2
Dysentery (Bloody diarrhea)	0.7	0.9	0.0
Worm (Helminthiasis)	0.0	0.0	1.1
Jaundice	1.0	0.0	1.1
Non-Communicable Diseases	17.8	25.2	17.2
Heart Disease	2.3	5.4	2.7
High blood pressure	2.9	4.5	6.5
Diabetes	5.5	5.4	3.2
Kidney disease	1.8	4.5	1.1
Cancer	0.2	1.8	0.0
Gastric	5.1	3.6	3.8
Other diseases	26.9	30.6	22.0
Female Diseases/Obs and Gynea	2.0	2.7	3.8
Skin diseases	2.3	5.4	0.0
Eye Infection/Eye diseases	3.1	0.9	1.6
Sexually Transmitted Diseases (STDs)	0.0	0.0	0.5
Dental diseases	1.6	3.6	1.1
Anemia	0.2	0.9	0.0
Malnutrition	0.8	2.7	0.5
Traumatic Injury	5.2	1.8	3.2
Arthritis	2.3	1.8	2.2
Swelling of hands and legs	1.6	1.8	2.2
Others	7.8	9.0	7.0
n	613	111	186

Table 4.3.4: Percentage distribution of household according to awareness of COVID-19 symptoms and isolation

Indicators	Beneficiary	Semi-control	Pure control
Household members aware of COVID-19 symptoms	74.5	71.8	69.1
Noticed COVID-19 symptoms among any of household members	2.1	0.4	0.7
n	1431	259	446
Household member with COVID-19 symptoms isolated for 14 days	33.3	0.0	33.3
n	30	1	3
Reasons for not isolated for 14 days			
Did not know about isolation	20.0	0.0	0.0
Did not feel the necessity	55.0	100.0	100.0
Did not know how to maintain isolation	5.0	0.0	0.0
Do not have enough space/room for isolation	25.0	0.0	0.0
Was not possible to stop working as s/he was the main income earner	10.0	0.0	0.0
Afraid of social stigma	30.0	0.0	0.0
Others	10.0	0.0	0.0
n	20	1	2

Annexe Table 4.3.5: Percentage distribution of household according to the household member with symptoms went COVID-19 test

Indicators	Beneficiary	Semi-control	Pure control
Household member with COVID-19 symptoms went through the test	33.3	0.0	0.0
n	30	1	3
Reasons for not going through the COVID-19 test			
Did not feel the necessity	70.0	100.0	100.0
Did not know how to get tested	15.0	0.0	0.0
Afraid of social stigma	35.0	0.0	0.0

Indicators	Beneficiary	Semi-control	Pure control
Others	15.0	0.0	0.0
n	20	1	3

Annexe Table 4.3.6: Percentage distribution of household according to household member got in contact with a COVID-19 patient and went into quarantine

Indicators	Beneficiary	Semi-control	Pure control
Household members got in contact with a COVID-19 patient	0.4	0.4	0.4
n	1431	259	446
Household member(s) went into quarantine	16.7	100.0	0.0
n	6	1	2
Reasons for not going into quarantine			
Did not know about quarantine	20.0	NA	0.0
Did not feel the necessity	100.0	NA	100.0
Do not have enough space/room for quarantine	40.0	NA	0.0
Was not possible to stop working as s/he was the main income earner	20.0	NA	0.0
n	5	NA	2

Annexe Table 4.3.7: Percentage distribution of diseased members according to treatment received and places of receiving treatment

Indicators	Baseline (in 90 days)			During lockdown (in 66 days)		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Received treatment						
Yes	91.7	92.8	91.3	94.9	93.7	96.2
No	8.3	7.2	8.7	5.1	6.3	3.8
n	1217	250	322	613	111	186
Place of received treatment (multiple responses)						
Self/family treatment	0.6	0.4	0.3	4.6	1.9	6.1
Local pharmacy	47.2	50.9	56.5	59.8	41.3	57.5
Local traditional healer (also Kabiraj/ Hekim)	2.2	2.6	4.1	3.1	11.5	3.4
Homeopath/Ayurveda	1.8	3.0	2.0	1.7	3.8	1.7
NGO clinic	0.4	0.9	0.7	2.1	1.0	0.0
Private clinic	12.6	9.9	7.5	13.1	15.4	11.2
Government health centres/ hospital	26.3	24.6	20.7	18.4	30.8	14.0
Chamber of MBBS doctor	8.7	7.8	8.2	14.6	8.7	14.5
Telemedicine	0.1	0.0	0.0	0.2	2.9	0.0
Others	0.6	0.4	0.3	0.2	0.0	0.6
n	1116	232	294	582	104	179

Annexe Table 4.3.8: Percentage distribution of diseased members according to reasons for not receiving treatment

Reasons for not receiving treatment (multiple responses)	Beneficiary	Semi-control	Pure control
Hospital/clinic did not provide service	3.2	14.3	0.0
Non-availability of doctors at hospital/clinic	3.2	14.3	0.0
Refused to provide treatment	9.7	14.3	14.3
Out of fear of COVID-19 spread	48.4	42.9	0.0
Could not bear cost	32.3	28.6	85.7
Did not feel necessary	6.5	14.3	0.0
Doctor's chamber closed	3.2	0.0	0.0
Demanded a higher price for required services		0.0	14.3
Outpatient services closed	6.5	0.0	0.0

Reasons for not receiving treatment (multiple responses)	Beneficiary	Semi-control	Pure control
Communication (transport scarcity and road block) barrier due to Red zone, lockdown situation	3.2	14.3	0.0
Others	3.2	14.3	0.0
n	31	7	7

Annexe Table 4.3.9: Percentage distribution of household according to access to health during COVID-19.

Indicators	Beneficiary	Semi-control	Pure control
<b>Public hospital/clinic during</b>			
Household member approach for health services	11.0	13.5	9.0
n	1431	259	446
Household member got the health services	88.6	88.6	95.0
n	158	35	40
<b>Reasons for not getting the service</b>			
The authority asked for COVID-19 test result	5.6	0.0	0.0
The authority did not allow outpatient services	27.8	50.0	50.0
Unavailability of doctor	38.9	50.0	50.0
Facility closed due to COVID-19	16.7	25.0	0.0
Refused services without explanation	33.3	25.0	0.0
The authority demanded a higher price for required services	27.8	0.0	50.0
n	18	4	2
<b>Private hospital/clinic during</b>			
Household member approach for health services	7.4	8.5	4.7
n	1431	259	446
Household member got the health services	96.2	95.5	100.0
n	106	22	21
<b>Reasons for not getting the service</b>			
The authority asked for COVID-19 test result	25.0	0.0	NA
The authority did not allow outpatient services	25.0	0.0	NA
Unavailability of doctor	50.0	0.0	NA
Facility closed due to COVID-19	0.0	100.0	NA
Refused services without explanation	50.0	0.0	NA
The authority demanded a higher price for required services	25.0	0.0	NA
n	4	1	NA
<b>NGO hospital/clinic</b>			
Household member approach for health services	1.1	0.0	0.2
n	1431	259	446
Household member got the health services	100.0	NA	100.0
n	16	NA	1
<b>Doctors Chamber (MBBS and above)</b>			
Household member approach for health services	6.1	6.2	6.7
n	1431	259	446
Household member got the health services	96.6	93.8	93.3
n	88	16	30
<b>Reasons for not getting the service</b>			
The authority did not allow outpatient services	0.0	0.0	50.0
Unavailability of doctor	33.3	0.0	0.0
Refused services without explanation	33.3	100.0	0.0
The authority demanded a higher price for required services	66.7	0.0	100.0
n	3	1	2
<b>Diagnostic centre</b>			
Household member approach for health services	2.3	1.5	0.4
n	1431	259	446



Indicators	Beneficiary	Semi-control	Pure control
Household member got the health services	97.0	75.0	100.0
n	33	4	2
Reasons for not getting the service			
Facility closed due to COVID-19	0.0	100.0	NA
The authority demanded a higher price for required services	100.0	0.0	NA
n	1	1	NA
COVID-19 hotline			
Yes	0.8	0.8	0.4
No	83.3	76.8	85.9
Do not Know	15.9	22.4	13.7
n	1431	259	446
Household member got the health services	100.0	100.0	100.0
n	12	2	2

Annexe Table 4.3.10: Percentage distribution diseased people on the satisfaction of treatment from govt./private/NGO hospital or doctor's chamber

Level of satisfaction	Beneficiary	Semi-control	Pure control
Satisfactory	33.6	35.2	29.4
Somewhat satisfactory	57.6	57.4	58.8
Not Satisfactory	8.8	7.4	11.8
n	238	54	68

Annexe Table 4.3.11: Percentage distribution of household according to the availability of healthcare services for pregnant women from any health facility during the COVID-19 lockdown

Indicators	Beneficiary	Semi-control	Pure control
A pregnant woman got required healthcare services			
Yes	52.5	66.7	64.7
No	15.3	11.1	17.6
Did not seek service	32.2	22.2	17.6
n	59	9	17
Reasons for not getting required healthcare services			
Authority asked for COVID-19 test result	0.0	0.0	33.3
Authority did not allow outpatient services	11.1	0.0	0.0
Unavailability of doctor	11.1	100.0	33.3
Facility closed due to COVID-19	44.4	0.0	33.3
Refused services without explanation	22.2	0.0	0.0
Others	22.2	0.0	0.0
n	28	3	6

Annexe Table 4.3.12: Percentage distribution of household according to facility delivery during the COVID-19 lockdown

Indicators	Beneficiary	Semi-control	Pure control
The birth incidence in the household	1.5	1.2	0.9
n	1431	259	446
Facility delivery	61.9	33.3	100.0
n	21	3	4
Reasons for not having facility delivery			
Preferred delivery at home	87.5	50.0	NA
Unavailability of doctor	12.5	50.0	NA
n	8	2	NA

Annexe Table 4.3.13: Percentage distribution of household according to death incidence during the COVID-19 pandemic

Indicators	Beneficiary	Semi-control	Pure control
Any household member died during the COVID-19 pandemic	0.3	0.0	0.2
n	1431	259	446
Death incidence of any income earner			
Main income earner	75.0	NA	100.0
Income earner, but not the main	25.0	NA	0.0
n	4	NA	1

Annexe Table 4.3.14: Percentage distribution of household that could able to give the required vaccination to the children during COVID-19 pandemic and reasons for not able to vaccinate

Indicators	Beneficiary	Semi-control	Pure control
Children (aged 0 to 24 months) needed to vaccinate	64.8	70.3	70.5
n	213	37	61
Could able to give the required vaccination to the children	59.4	65.4	69.8
n	138	26	43
Reasons for not able to vaccinate (multiple responses)			
Hospital/clinic/vaccine centre did not provide service	37.5	44.4	15.4
Non-availability of a health worker at the hospital/clinic/vaccine centre	10.7	22.2	7.7
Refused to provide vaccine	14.3	0.0	0.0
Did not go out considering health risk due to COVID-19	28.6	44.4	61.5
Vaccination centre did not have a supply of the vaccine	33.9	0.0	0.0
Communication (transport scarcity and roadblock) barrier due to the Red zone, lockdown situation	8.9	33.3	23.1
Did not feel necessary	14.3	0.0	0.0
Others	5.4	0.0	7.7
n	56	9	13

Annexe Table 4.3.15: Percentage distribution of respondent according to severity score using PHQ-9

Severity score using PHQ-9	Beneficiary	Semi-Control	Pure-Control
Minimal (<1)	9.1	10.0	12.3
Mild (1-9)	67.4	61.8	66.4
Moderately Severe (10-18)	21.9	26.6	19.7
Severe (19-27)	1.5	1.5	1.6
n	1431	259	446

Annexe Table 4.3.16: Percentage distribution of respondent according to PHQ-9 indicator

Indicators	Beneficiary	Semi-Control	Pure-Control
Feeling down, depressed, irritable, or hopeless			
Not at all	22.2	21.6	23.8
Several days	61.4	59.5	60.3
More than half the days	12.9	17.0	13.5
Nearly every day	3.6	1.9	2.5
n	1431	259	446
Little interest or pleasure in doing things			
Not at all	27.7	23.6	24.9
Several days	57.2	57.9	60.5
More than half the days	13.3	16.6	12.8
Nearly every day	1.8	1.9	1.8
n	1431	259	446
Trouble falling asleep, staying asleep, or sleeping too much			
Not at all	34.6	36.7	31.8

Indicators	Beneficiary	Semi-Control	Pure-Control
Several days	49.5	44.8	53.6
More than half the days	12.9	14.3	12.3
Nearly every day	3.1	4.2	2.2
n	1431	259	446
Poor appetite, weight loss, or overeating			
Not at all	41.1	35.5	35.2
Several days	46.3	49.4	51.3
More than half the days	11.2	12.7	10.8
Nearly every day	1.4	2.3	2.7
n	1431	259	446
Feeling tired or having little energy			
Not at all	30.3	31.7	33.9
Several days	51.4	46.3	48.4
More than half the days	15.6	17.4	14.6
Nearly every day	2.7	4.6	3.1
n	1431	259	446
Feeling bad or feeling that feeling failure			
Not at all	50.0	46.7	50.0
Several days	38.9	41.3	37.0
More than half the days	9.4	8.9	10.1
Nearly every day	1.7	3.1	2.9
n	1431	259	446
Trouble concentrating on usual activities			
Not at all	42.6	40.9	45.3
Several days	44.0	44.8	41.9
More than half the days	11.4	10.8	10.3
Nearly every day	2.0	3.5	2.5
n	1431	259	446
Felt as if became more silent or restless			
Not at all	52.3	50.6	56.1
Several days	36.3	37.8	35.0
More than half the days	8.9	10.8	6.7
Nearly every day	2.5	0.8	2.2
n	1431	259	446
Thoughts of better off dead, or of hurting yourself in some way			
Not at all	75.6	74.1	77.1
Several days	19.2	20.5	19.1
More than half the days	3.7	3.5	2.2
Nearly every day	1.5	1.9	1.6
n	1431	259	446

Annexe Table 4.3.17: Percentage distribution of respondent according to PHQ-9 score as per food security status

Severity score using PHQ-9	Beneficiary				Semi-Control				Pure-Control			
	Food Secure	Mildly Food Insecure	Moderately Food Insecure	Severely Food Insecure	Food Secure	Mildly Food Insecure	Moderately Food Insecure	Severely Food Insecure	Food Secure	Mildly Food Insecure	Moderately Food Insecure	Severely Food Insecure
0	23.7	16.5	10.3	5.7	29.4	28.6	11.1	3.3	40.9	28.1	13.1	4.0
1-9	71.1	80.7	72.7	61.5	70.6	61.9	64.6	58.2	54.5	56.3	73.8	65.3
10-18	5.3	2.8	16.6	30.1	0.0	9.5	24.2	35.2	4.5	15.6	11.7	28.4
19-27	0.0	0.0	0.4	2.7	0.0	0.0	0.0	3.3	0.0	0.0	1.4	2.2
n	76	109	506	740	17	21	99	122	44	32	145	225

Annexe Table 4.3.18: Percentage distribution of household according to sources of COVID-19 knowledge

Sources (multiple responses)	Beneficiary	Semi control	Pure control
TV	83.4	86.9	80.7
Mobile (announcement/message)	28.7	34.0	30.3
Internet/Website/facebook	3.4	3.5	3.8
Radio/FM	0.8	1.2	0.2
Newspaper	8.7	12.7	7.2
Poster/Leaflet	15.9	21.6	13.7
Miking	48.8	59.1	54.9
From relatives/neighbours/friends	80.0	80.3	82.7
NUPRP CDC	0.5	0.8	0.0
Others	1.7	1.2	0.2
Did not hear anything about it	0.3	0.0	0.0
n	1431	259	446

Annexe Table 4.3.19: Percentage distribution of household according to knowledge on symptoms of COVID-19

Symptoms of COVID-19 (multiple responses)	Beneficiary	Semi-control	Pure control
Do not know	1.2	0.8	2.0
Fever	95.5	96.1	94.2
Dry cough	65.7	61.0	59.6
Tiredness	19.3	29.3	19.5
Aches and pains	23.1	20.8	18.8
Sore throat	59.3	68.0	61.4
Diarrhoea	15.9	23.2	21.1
Conjunctivitis	7.1	13.5	6.1
Headache	37.6	42.5	35.4
Loss of taste or smell	5.8	9.7	5.2
Rash on the skin, or discolouration of fingers or toes	2.9	5.0	3.8
Difficulty breathing or Shortness of breath	45.5	49.4	47.1
Chest pain or pressure	5.0	5.0	4.3
Loss of speech or movement	0.4	0.0	0.7
May have no symptom	1.1	1.9	0.7
Others	0.7	0.0	0.7
n	1426	259	446

Annexe Table 4.3.20: Percentage distribution of household according to knowledge on possible preventive measures for COVID-19

Possible preventive measures for COVID-19 (multiple responses)	Beneficiary	Semi-control	Pure control
Frequently handwashing with soap and water or use alcohol-based hand sanitiser	74.3	74.9	74.7
Keep social distance from people with flu-like symptom	40.2	51.7	41.0
Use Mask	64.9	64.1	62.1
Do not touch face, nose, eyes with hands	26.1	30.1	21.3
Use a tissue or cover the face with an elbow while sneezing or coughing	15.3	21.6	16.6
Do not go outside if feeling sick	10.5	15.1	6.3
Take advice from a doctor if there are cough, fever and shortness of breath	11.3	9.7	7.4
Could not mention any of seven preventive measures	4.0	1.2	6.5
n	1426	259	446

Annexe Table 4.3.21: Percentage distribution of household according to awareness and practice of physical distancing to prevent COVID-19 transmission

Indicators	Beneficiary	Semi-control	Pure control
Respondent opinion on the necessity of physical distancing to prevent COVID-19 transmission			
Very much necessary	91.9	91.1	86.3
Necessary, but not mandatory	5.0	5.4	7.4
Not sure about it	2.5	2.3	4.7
Not necessary at all	0.6	1.2	1.6
n	1431	259	446
Respondents intention of maintaining physical distancing			
Did not maintain physical distancing	10.2	11.6	14.3
Tried to maintain, but it's difficult considering their living place	22.8	26.3	20.0
Tried to maintain, but as they need to go outside for work, it becomes difficult for them to maintain	9.6	6.2	9.0
Tried, but it's impossible to maintain	9.5	15.1	10.5
Tried at first, but failed	4.7	4.6	5.6
Maintain physical distancing	43.2	36.3	40.6
n	1431	259	446

Annexe Table 4.3.22: Percentage distribution of household according to awareness and practice of using a face mask to prevent COVID-19 transmission

Indicators	Beneficiary	Semi-control	Pure control
Respondent opinion on the necessity of using a face mask to prevent COVID-19 transmission			
Very much necessary	90.3	90.0	83.4
Necessary, but not mandatory	7.4	7.7	12.3
Not sure about it	1.8	1.9	2.2
Not necessary at all	0.5	0.4	2.0
n	1431	259	446
Usage face mask to prevent COVID-19 transmission			
Use regularly	53.4	55.2	43.5
Use, but not regularly	38.8	35.1	43.3
Don't use	7.8	9.7	13.2
n	1431	259	446
Type of face mask (multiple responses)			
Fabric mask (bought from market)	73.9	73.1	73.6
Home-made fabric mask (three-layers)	12.3	14.5	12.1
Home-made fabric mask (not three-layer)	11.8	12.8	10.1
Surgical mask	30.8	24.8	30.0
KN95/N95 mask	2.0	2.6	2.3
Do not know the type	1.0	0.9	1.3
Others	0.1	0.4	0.0
n	1319	234	387

Annexe Table 4.3.23: Percentage distribution of household according to knowledge on COVID-19 hotline number.

Indicators	Beneficiary	Semi-control	Pure control
Know about COVID-19 hotline number			
Know	38.6	39.8	30.0
Heard something like it, but not sure of it	54.4	54.4	64.8
Don't know	7.0	5.8	5.2
n	1431	259	446
Ever tried to call to the COVID-19 hotline number			
Called	2.0	2.9	1.5

Indicators	Beneficiary	Semi-control	Pure control
Thought for calling, but heard that they do not receive calls, so did not call	1.8	4.9	2.2
Did not feel any necessity to call	12.3	20.4	18.7
Did not call	83.9	71.8	77.6
n	552	103	134
<b>Outcome of calling the hotline number</b>			
Got the information/support easily	54.5	33.3	50.0
Got the information/support, but it required several calling and long wait	36.4	0.0	0.0
Did not get the required information/support	9.1	66.7	50.0
None responded to the calls	54.5	33.3	50.0
n	11	3	2

Annexe Table 4.4.1: Percentage distribution of households according to the type of the main source of drinking water

Indicators	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
<b>Type of the main source of drinking water</b>						
Piped into yard or plot	29.6	33.8	40.2	26.6	22.8	38.6
Public tap/standpipe	11.2	9.3	16.4	14.8	10.8	15.5
Tube well/borehole	56.7	53.4	41.0	55.8	61.0	44.2
Total main sources	97.5	96.5	97.6	97.2	94.6	98.3
Protected well	0.2	0.0	0.1	0.1	0.4	0.0
Unprotected well	0.1	0.0	0.0	0.0	0.0	0.0
Tanker-truck	0.1	0.8	1.0	0.1	0.0	0.7
Cart with small tank/drum	0.5	0.0	0.3	0.0	0.0	0.0
Surface water	0.4	1.7	0.0	0.0	2.3	0.0
Bottled Water	0.1	0.0	0.1	1.2	2.3	0.2
Others	1.1	1.1	0.8	1.5	0.4	0.9
n	2776	474	888	1431	259	446
<b>Availability of drinking water at main source round the year</b>						
Yes	89.2	81.6	80.8	92.5	94.2	95.1
No	10.8	18.4	19.2	7.5	5.8	4.9
<b>Uninterrupted water supply during COVID-19 crisis</b>						
Yes				81.5	86.1	84.8
No				18.5	13.9	15.2

Annexe Table 4.4.2: Percentage distribution of households according to the type of latrine, sharing status and handwashing arrangement inside or outside of latrine

Indicators	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
<b>Type of latrine</b>						
Pit latrine with ventilator	9.9	12.0	6.0	6.4	13.1	7.8
Pit latrine with slab	63.3	61.8	65.1	58.3	52.5	59.4

Indicators	Baseline			After lockdown		
	Beneficiary	Semi control	Pure control	Beneficiary	Semi control	Pure control
Composting toilet	0.6	0.0	0.2	0.0	0.0	0.2
Sanitary latrine with septic tank	16.4	19.0	16.3	31.7	31.3	28.0
Improved latrines	90.2	92.8	87.6	96.4	96.9	95.4
Pit latrine without slab	7.8	6.3	8.3	2.1	1.5	3.8
Bucket toilet	0.1	0.0	0.2	0.2	0.4	0.0
Hanging latrine	1.2	0.6	2.5	1.1	1.2	0.7
No facility/Open defecation	0.7	0.0	0.9	0.3	0.0	0.0
Unimproved latrine	9.8	6.9	11.9	3.7	3.1	4.5
Others	0.1	0.2	0.5	0.0	0.0	0.0
n	2776	474	888	1431	259	446
Sharing status						
Shared	61.8	58.4	61.3	60.8	63.3	53.1
Not shared	38.2	41.6	38.8	39.2	36.7	46.9
Hand washing arrangement inside or outside of latrine within 10 feet						
Yes	33.1	35.0	26.1	54.3	53.7	50.0
No	66.9	65.0	73.9	45.7	46.3	50.0
n	2757	474	880	1427	259	446

Annexe Table 4.4.3: Percentage distribution of households according to handwashing arrangement at household

Indicators	Beneficiary	Semi control	Pure control
Hand washing (Specific site) place/arrangement in the household (q712)	45.4	53.3	45.5
n	1431	259	446

Annexe Table 4.4.4: Percentage distribution of households according to handwashing point in the community during COVID-19 pandemic

Indicators	Beneficiary	Semi-control	Pure control
Installed a specific handwashing point in the community during COVID-19 pandemic			
Yes	83.5	81.5	35.2
No	16.5	18.5	64.8
n	1431	259	446
Individual/organisation installed handwashing point			
NUPRP	69.6	68.7	0.0
NGO	4.9	8.5	9.6
GoB	29.7	22.7	67.5
Individual	4.0	4.7	3.8
Other projects in the area	1.8	3.3	3.2
Community	5.9	10.9	18.5
Others	1.3	0.5	0.6
Used handwashing point at the community			
Yes	70.7	74.4	47.8
No	29.3	25.6	52.2
n	1195	211	157

Annexe Table 4.4.5: Percentage distribution of households according to knowledge on the appropriate method (considering the COVID-19 pandemic) of handwashing

Indicators	Beneficiary	Semi control	Pure control
Reportedly knew the appropriate method (considering the COVID-19 pandemic) of handwashing			
Yes	88.3	90.3	80.9
No	11.7	9.7	19.1
n	1431	259	446
Knowledge on the duration of time suggested washing hands			
At least 20 seconds	92.7	95.3	93.6
Less than 20 seconds	7.3	4.7	6.4
Demonstration of appropriate handwashing method			
Washed appropriately (rubbing hands with soap and water properly for at least 20 seconds)	80.7	80.8	75.1
Did not wash appropriately	19.3	19.2	24.9
n	1264	234	361

Annexe Table 4.4.6: Percentage distribution of households according to receiving of handwashing materials during COVID-19 lockdown

Indicators	Beneficiary	Semi control	Pure control
Received soap or handwashing materials			
Yes	95.5	89.6	40.4
No	4.5	10.4	59.6
n	1431	259	446
Provider of the soap or handwashing materials (multiple responses)			
NUPRP	91.7	93.1	76.7
NGO	2.3	5.6	2.8
GoB	10.2	3.4	15.0
Individual	1.8	1.7	12.2
Other projects in the area	0.3	2.6	0.6
Community	0.7	0.9	4.4
Others	1.2	1.3	0.0
n	1366	232	180

Annexe Table 4.4.7: Distribution of households according to the availability of handwashing material and water in the handwashing place/points (in %)

Indicators	Beneficiary	Semi-control	Pure control
Type of handwashing materials available (multiple responses)			
None	3.1	4.1	8.3
Soap	91.4	90.9	79.6
Detergent/soap dust	4.1	2.7	3.4
Liquid soap	3.2	3.2	2.6
Ash	12.6	17.8	14.7
Mud/sand	0.1	0.5	0.0
Others	1.3	0.0	3.8
Water available at the handwashing place 24 hours a days			
Yes	75.4	72.6	60.2
No	7.6	7.3	10.4
Don't know	16.9	20.1	29.4
n	1257	219	269



Annexe Table 4.5.1: Incidence, depth and severity of poverty using Cost of Basic Needs Method (in %)

Indicators	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
% below lower poverty line	41.7	33.5	41.0	36.1	27.4	35.2	56.2	46.7	52.0
% below upper poverty line	67.3	57.2	63.2	60.9	53.7	56.1	77.5	72.2	73.1
n	2776	474	888	1431	259	446	1431	259	446
Poverty gap	20.3	15.0	19.3	17.9	15.2	19.1	29.7	25.3	28.3
Squared poverty gap	8.5	5.9	8.3	7.2	6.3	8.8	14.5	12.0	14.2
Head Count Ratio (HCR)	70.6	60.2	66.4	65.2	57.7	59.7	82.0	77.4	75.6

Annexe Table 4.5.2: Poverty using Direct Calorie Intake Method (in %)

Indicators	Beneficiary	Semi-control	Pure control
% absolute poverty	88.7	93.1	88.3
% hardcore poverty	82.3	87.6	82.7
n	1431	259	446

Annexe Table 4.5.3: Poverty using Income Method (in %)

Indicators	Baseline			Before lockdown			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Less than 1.90 dollars a day per capita income (in %)	44.8	35.4	38.0	39.3	35.9	33.9	73.6	64.9	67.3
Less than 3.20 dollars a day per capita income (in %)	75.8	66.9	66.9	79.5	76.4	71.3	92.3	90.3	88.3
n	2776	474	888	1431	259	446	1431	259	446

\* Price level ratio of PPP conversion factor (GDP) to market exchange rate in Bangladesh was 0.4 in 2019 (Trading Economics 2020).

Annexe Table 4.5.4: Households poverty level based on MPI

Multidimensional Poverty Measures	Baseline			After lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
HH poverty (%)	18.6	16.0	23.9	21.4	19.7	18.2
Multidimensional Headcount ratio	17.8	15.2	22.5	20.8	20.5	17.4
Intensity of deprivations	46.3	46.1	47.8	46.4	47.1	46.8
Multidimensional Poverty Index, MPI	22.5	21.5	24.0	23.8	22.7	22.3
n	2776	474	888	1431	259	446

Annexe Table 4.5.5: Change in household MPI score from the baseline to after lockdown (in %)

Change of MPI score	Beneficiary	Semi-control	Pure control
Score decreased (improvement)	42.1	43.2	39.7
Same Score	16.5	15.4	20.4
Score increased (became poorer)	41.4	41.3	39.9
n	1431	259	446

Annexe Table 4.5.6: Deprivation of households against ten indicators of MPI

Indicators	Baseline			During lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
<b>Education</b>						
Deprivation in years of schooling	17.0	18.4	24.7	22.6	21.6	26.5
Deprivation in child school enrolment	10.3	9.9	13.1	18.7	21.6	20.6
<b>Health</b>						
Deprivation regarding disability among household members	23.3	18.8	18.5	18.9	13.9	14.1
Deprivation in healthcare (i.e. the adult head of the family has given birth to a son or daughter who was born alive but later died)	10.1	8.4	8.0	11.2	10.8	10.5
<b>Living standard</b>						
Deprivation in electricity	2.9	3.2	6.4	1.6	1.2	0.9
Deprivation in adequate sanitation	64.9	59.3	64.1	62.6	64.5	55.8
Deprivation in clean drinking water	4.0	7.8	6.1	3.5	5.4	4.3
Deprivation in floor material	41.1	33.8	46.5	39.6	31.7	31.2
Deprivation in cooking fuel	62.1	65.8	62.4	62.3	64.5	55.6
Deprivation in specific set of assets	50.4	51.9	55.3	46.2	39.4	40.6
n	2776	474	888	1431	259	446

Annexe Table 4.5.7: Percentage distribution of households according to the opinion on the change in the socio-economic status of household and the reasons behind the changes

Indicators	Beneficiary	Semi-control	Pure control
<b>Opinion on change in the socio-economic status of HH</b>			
Declined	52.9	56.8	52.7
Same	47.0	43.2	47.3
Improved	0.1	0.0	0.0
n	1431	259	446
<b>Main reasons for the negative change in the socio-economic class structure</b>			
Cessation of income due to job loss/lack of work opportunity	84.9	83.0	87.2
Facing difficulties to meet the daily cost/expenditure of household	50.3	54.4	43.0
A decrease in food consumption of the household	30.6	34.7	28.1
No savings remain at hand	26.2	20.4	14.0
A decrease in/cessation of income due to close down of business-trade	22.3	23.8	20.4
Running into debt for maintaining household expenditure	14.5	18.4	10.6
Household expenditure has increased due to rising commodity prices	14.5	17.0	13.2
Spending the savings to meet household expenditure	10.7	9.5	9.4
Reducing other necessary expenditures to meet the medical expenses of any member of the household	9.1	8.8	5.5
Selling assets to cover household expenditure	8.5	2.0	4.3
Not able to sell business products	4.9	2.7	3.0
Expenditure has gone up due to a sudden increase in the number of members in the household	3.7	2.0	1.7
Even if can sell business products; did not get the expected price	2.2	1.4	2.1
Reducing-necessary expenditure for taking preparation for business again	1.1	0.7	0.4
Becoming debt-ridden while preparing to start business again	0.8	1.4	2.1
Reducing food consumption for taking preparation to re-start own small business	1.1	0.0	0.0
Giving money to daughter-son-in-law in this difficult time	0.4	0.0	0.0
Becoming compelled to repay past debts	2.5	1.4	3.8
No scope to get a new loan because financial organisations were closed	1.2	0.7	0.0
Others	0.3	0.7	0.0

Indicators	Beneficiary	Semi-control	Pure control
n	757	147	235
Main reasons for the positive change in the socio-economic class structure			
New work opportunities	50.0 (1)	NA	NA
Extra profit in business	50.0 (1)	NA	NA
n	2	NA	NA

Annexe Table 4.5.8: Percentage distribution of households according to the type of immediate supports require to overcome this COVID-19 crisis

Type immediate supports require to overcome this COVID-19 crisis (multiple responses)	Beneficiary	Semi-control	Pure control
A loan with easy terms and conditions	46.3	53.3	41.3
A small grant	73.9	78.8	72.0
Ration card (food subsidy)	35.6	40.5	42.2
Extend coverage of Open Market Sales by GoB	7.3	11.6	13.2
Create work opportunities	43.8	47.1	36.8
Subsidy in utilities (electricity, water, etc.)	6.8	9.7	7.8
Capacity building training on new business skill and market promotion	8.0	7.3	7.2
Others	1.7	1.2	1.1
n	1431	259	446

Annexe Table 4.5.9: Percentage distribution of households according to the way of regaining household loss due to COVID-19 impact

Way of regaining household loss due to COVID-19 impact (multiple responses)	Beneficiary	Semi-control	Pure control
Loan with easy terms	48.0	51.0	42.2
A small grant	66.4	74.1	62.1
Search for new work	51.1	52.9	45.7
Restarting business	12.2	14.3	13.0
Using savings	3.7	2.7	4.5
Not possible to overcome losses	5.9	2.7	7.2
Others	0.9	0.8	0.4
n	1431	259	446

Annexe Table 4.5.10: Estimating the number of 'new poor' in 20 NUPRP cities

Assessment Indicator	Estimate	Note
Population in 20 NUPRP towns (2011)	17.2 million	Census data (adjusted)
Population in 20 NUPRP towns (2020)	23 million	3% exponential growth rate
Slum population in 20 NUPRP towns (2020)	10.9 million	47.2% of urban population live in slums
Slum people who were poor in 20 NUPRP towns	2.16 million	NUPRP estimates
New poor population below the upper poverty line in 20 NUPRP towns	1.8 million	Before lockdown, the HCR below the upper poverty line was 65.2% which rose to 82% after lockdown according to survey results
New poor population earning below 1.90 PPP USD in 20 NUPRP towns	3.7 million	Before lockdown, the per capita earning below 1.9 PPP USD was 39.3% which rose to 73.6% after lockdown according to survey results
Absolute poor after lockdown in 20 NUPRP towns	9.7 million	88.7% according to survey results
Population perceive increased poverty (new poor)	5.6 million	52.9% perceived that the socio-economic conditions decreased since lockdown

Average of all new poor estimates	3.7 million	New poor population in 20 NUPRP towns
Total poor population after the lockdown in 20 NUPRP towns	5.86 million	
Non-poor population in 20 NUPRP towns	5.04 million	

## Chapter 5: Domestic Violence Against Women, Children and Older People

Annexe Table 5.1.1: Percentage distribution of household according to the women and adolescent girls had been a victim of abuse and violence

Victim of abuse and violence	Baseline			During lockdown		
	Beneficiary	Semi-control	Pure control	Beneficiary	Semi-control	Pure control
Yes	48.3	46.2	49.0	59.2	61.8	64.6
No	51.7	50.8	51.0	40.8	38.2	35.4
n	2776	474	888	1431	259	446

Annexe Table 5.1.2: Percentage distribution of households according to the frequency of occurrence of violence against women and adolescent girls during the lockdown

Frequency of occurrence	Beneficiary	Semi-control	Pure control
<b>Verbal abuse</b>			
Almost daily	8.4	5.1	10.8
Frequently	32.7	26.3	24.3
Rarely	43.7	41.6	53.0
Very rarely	15.2	27.0	12.0
n	730	137	251
<b>Beating</b>			
Almost daily	8.3	4.9	5.3
Frequently	30.5	21.6	29.8
Rarely	38.0	32.4	46.3
Very rarely	23.2	41.2	18.6
n	482	102	188
<b>Sexual harassment</b>			
Almost daily	7.7	0.0	8.3
Frequently	61.5	33.3	25.0
Rarely	19.2	44.4	58.3
Very rarely	11.5	22.2	8.3
n	26	9	12
<b>Throw out from home</b>			
Almost daily	0.0	20.0	0.0
Frequently	30.4	20.0	0.0
Rarely	26.1	20.0	25.0
Very rarely	43.5	40.0	75.0
n	23	5	4

Annexe Table 5.1.3: Percentage distribution of households according to types of violence experienced by adolescent girls and women during the lockdown

Types of violence (multiple responses)	Beneficiary	Semi-control	Pure control
Verbal abuse	51.0	52.9	56.3
Beating	33.7	39.4	42.2
Sexual harassment	1.8	3.5	2.7
Acid throwing	0.1	0.0	0.0
Trafficking	0.1	0.0	0.0

Types of violence (multiple responses)	Beneficiary	Semi-control	Pure control
Forced prostitution	0.0	0.0	0.0
Murder	0.5	0.4	0.0
Compelled to suicide	0.8	1.2	0.4
Throw out from home	1.6	1.9	0.9
n	1431	259	446

Annexe Table 5.2.1: Percentage distribution of household according to the children had been a victim of abuse and violence during the lockdown

Victim of abuse and violence	Beneficiary	Semi control	Pure control
Yes	25.7	26.6	23.3
No	74.3	73.4	76.7
n	1431	259	446

Annexe Table 5.2.2: Percentage distribution of households according to types of domestic violence experienced by children during a lockdown

Types of domestic violence(multiple responses)	Beneficiary	Semi control	Pure control
Verbal abuse	23.0	25.9	22.4
Beating	15.7	18.9	12.8
Sexual harassment	1.1	0.0	0.4
Acid throwing	0.0	0.0	0.0
Trafficking	0.0	0.0	0.2
Forced prostitution	0.1	0.0	0.0
Murder	0.2	0.0	0.0
Compelled to suicide	0.6	0.8	0.2
Throw out from home	0.8	0.4	0.4
n	1431	259	446

Annexe Table 5.2.3: Percentage distribution of households according to the frequency of occurrence of domestic violence against children during the lockdown

Frequency of occurrence	Beneficiary	Semi control	Pure control
Verbal abuse			
Almost daily	13.4	17.9	16.0
Frequently	31.0	38.8	22.0
Rarely	38.0	23.9	47.0
Very rarely	17.6	19.4	15.0
n	329	67	100
Beating			
Almost daily	8.4	10.2	10.5
Frequently	30.7	36.7	36.8
Rarely	40.0	34.7	35.1
Very rarely	20.9	18.4	17.5
n	225	49	57

Annexe Table 5.3.1: Percentage distribution of household according to the older population had been a victim of abuse and violence during the lockdown

Victim of abuse and violence	Beneficiary	Semi control	Pure control
Yes	8.9	8.9	9.2
No	91.1	91.1	90.8
n	1431	259	446

Annexe Table 5.3.2: Percentage distribution of households according to types of domestic violence experienced by older people during the lockdown

Types of domestic violence(multiple responses)	Beneficiary	Semi control	Pure control
Verbal abuse	8.5	8.9	9.0
Beating	1.5	0.8	0.9
Murder	0.0	0.0	0.0
Compelled to suicide	0.0	0.0	0.0
Throw out from home	0.7	0.8	0.4
n	1431	259	446

Annexe Table 5.3.3: Percentage distribution of households according to the frequency of occurrence of domestic violence against older people during the lockdown

Frequency of occurrence	Beneficiary	Semi control	Pure control
<b>Verbal abuse</b>			
Almost daily	13.9	4.3	10.0
Frequently	26.2	13.0	10.0
Rarely	29.5	47.8	57.5
Very rarely	30.3	34.8	22.5
n	122	23	40
<b>Beating</b>			
Almost daily	9.1	0.0	0.0
Frequently	36.4	0.0	0.0
Rarely	27.3	50.0	75.0
Very rarely	27.3	50.0	25.0
n	22	2	4

## Chapter 6: Aspiration to Life

Annex Table 6.1: Satisfaction with life

Level of satisfaction	Beneficiary		Semi Control		Pure Control	
	Before lockdown	After lockdown	Before lockdown	After lockdown	Before lockdown	After lockdown
Highly satisfied	10.0	2.5	9.3	3.9	13.2	3.6
Satisfied	37.4	20.1	37.8	15.4	37.2	15.9
Neither satisfied nor dissatisfied	46.6	42.1	47.9	43.6	42.4	41.5
Dissatisfied	4.7	24.6	4.2	23.9	6.5	22.4
Extremely Dissatisfied	1.3	10.8	0.8	13.1	0.7	16.6
n	1431		259		446	

Annex Table 6.2: Percentage distribution of household according to optimism about the household's future

Optimism about Future	Beneficiary	Semi-Control	Pure Control
Pessimistic (Before lockdown)	3.9	3.9	2.5
Pessimistic (After lockdown)	23.0	21.6	26.2
Hardly optimistic (Before lockdown)	39.1	30.5	32.5
Hardly optimistic (After lockdown)	53.2	51.4	50.9
Optimistic (Before lockdown)	57.0	65.6	65.0
Optimistic (After lockdown)	23.8	27.0	22.2
n	1431	259	446

Annex Table 6.3: Percentage distribution of household according to the respondent perception about when life will get back to normal

Perception about when life will get back to normal	Beneficiary	Semi-Control	Pure Control
Will be improved soon	51.5	52.5	48.0
Will not improve soon	14.7	13.9	18.6
Do not know	33.8	33.6	33.4
n	1431	259	446

Annex Table 6.4: Percentage distribution of respondent according to their perception about how long it may take to get things or life back to normal (as it was before COVID-19 pandemic)

Expectation about the normalisation of life	Beneficiary	Semi-Control	Pure Control
Normalise within six to eleven months	15	15.4	19.1
Normalise within one to five years	37.7	39.8	29.5
Normalise within six to ten years	5.3	5.4	4.7
Only God knows	39.5	37.1	44.4
Will not normalise	2.4	2.3	2.2
n	1431	259	446

Annex Table 6.5: Percentage distribution of respondent according to their perception about how long it may take to get things or life back to normal (as it was before COVID-19 pandemic)

Expectation about the normalisation of life	Beneficiary	Semi-Control	Pure Control
Normalise within six to eleven months	15	15.4	19.1
Normalise within one to five years	37.7	39.8	29.5
Normalise within six to ten years	5.3	5.4	4.7
Only God knows	39.5	37.1	44.4
Will not normalise	2.4	2.3	2.2
n	1431	259	446

## **Annexe 2: Data Collection Instruments**

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<b>ID</b>					

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 1: Household Survey Questionnaire**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown." We would like to understand what changes COVID-19 has brought in the socio-economic situation of your household and the communities.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this program, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

We have come from the HDRC to survey the households from both inside and outside the NUPRP area. You may remember that we came to you in a few months ago and collected pertinent information. The information collected is going to help us making comparisons over time. We would highly appreciate it if you would kindly share with us the relevant information for this survey. We want to collect demographic and socio-economic data of your household, considering the COVID-19 crisis. Your data and information, provided in this interview, will not only be highly useful for the successful administration of this program but also will help similar design interventions aiming at poverty reduction and development of Bangladesh.

We shall never use the information provided by you separately; rather, we shall use it combinedly. Your identity will be kept confidential and will never be disclosed. We shall strictly keep your name and household identity anonymous. The interview will require around one hour.

Are you willing to participate in this survey and provide information about your household?  
Yes = 1,      No = 2 (Go to next sample respondent)

*[Enumerator: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]*

**Conducted for**



**Conducted by**



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**Section 1: Household Identification**

101	Household Unique ID	
102	Household category	Treatment=1; Semi-Control=2; Pure Control=3
103	Name of respondent	
104	Age of respondent (in the completed year)	
105	Sex of the respondent	Male=1, Female=2, Third-gender=3
106	Mobile number	<input type="text"/>
107	Interview Result	Completed=1; Not at home=2; Not interested=3; Partially completed=3; Unable to answer=4

**Section 2: Information on Household Members**

		Before lockdown	After the lockdown ( June 2020)
201	Total number of household members		
202	Did any of the incidences occur in your household during COVID-19 lockdown?  (Multiple Response Possible)	Household member migrated out to rural=1; Household member migrated out to other urban area=2; Household member migrated in from rural=3; Household member migrated in from other urban area=4; Birth of child=5; Marriage = 6; Death of household member =7; Others (specify.....) =97; Not applicable= 99	

203	Please tell us about the occupation of your household members. (Fill in the list starting with the household head, and other members by age in ascending order.)						
Sl.	Name of the household member	Age	Sex (Male=1, Female=2, Third-gender=3)	Before lockdown		After the lockdown (June 2020)	
				Primary occupation	Secondary occupation	Primary occupation	Secondary occupation
1	2	3	4	5	6	7	8
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**Occupation Code:** Electrician = 1; Welder = 2; Plumber = 3; Carpenter = 4; Mason = 5; Blacksmith=6; Pottery=7; Cobbler = 8; Tailor/Seamstress = 9; Barber/Hair dressing = 10; Driving own rickshaw/van = 11; Driving own CNG/motorcycle/auto rickshaw = 12; Renting out rickshaw/van = 13; Renting out CNG/Motorcycle/auto rickshaw = 14; Clothes washer/laundry= 15; Driving rented-in motorcycle/car/CNG (including Uber/Pathao/Obhai) = 16; Driving rented-in rickshaw/van = 17; Motorcycle/car mechanic = 18; Refrigerator-AC Mechanic = 19; Mobile servicing business = 20; Saloon business = 21; Small departmental store = 22; Tea stall (including betel leaf and cigarette) =23; Other Shop=24; Computer operator = 25; Flexi load/bkash/Rocket Agent = 26; Repairman (appliances) = 27; Private tutor = 28; Contractor = 29; Hotel/café = 30; Handicrafts = 31; Beauty Parlour = 32; Block-Batik/tie-dye = 33; Garment worker=34; Selling food items in van=35; Selling non-food items in van=36; Weighing machine provider=37; Selling food items in footpath or alike=38; Selling

non-food item in or alike=39; Poultry birds and eggs= 40; Livestock (animals and dairy products)= 41; Crop agriculture =42; Horticulture = 43; Aquaculture =44; Fisherman=45; Fish trader=46; Religious leaders = 47; Teacher=48; Beggar=49; Sweeper/cleaner = 50; Construction labour = 51; Shop Assistant =52; Day-labour = 53; Private sector office service = 54; Government/semi-government office service=55; NGO worker =56; Housemaid =57; Transport worker=58; Security service=59; Home delivery service=60; Student=61; Unemployed= 62; Physically/mentally not able to work= 63; Child=64; Housewife=65; No Secondary Occupation=66; Others (specify.....) =97

204	How many household members got new work opportunities during COVID-19 lockdown?	_____
205	How many household members lost their job during COVID-19 lockdown?	_____
206	How many household members temporally suspended from their job during COVID-19 lockdown?	_____
207	How many household members temporally suspended business activities during COVID-19 lockdown?	_____
208	How many household members entirely suspended business activities during COVID-19 lockdown?	_____

209	Please tell us about the difficulties you or any member of your household may have doing certain activities because of a HEALTH PROBLEM.	
A.	Any member of your household has difficulty in seeing, even if wearing glasses?	No difficulty= 1; Some difficulty= 2; A lot of difficulty=3; Cannot do at all= 4
B.	Any member of your household has difficulty in hearing, even if using a hearing aid?	No difficulty= 1; Some difficulty= 2; A lot of difficulty=3; Cannot do at all= 4
C.	Any member of your household has difficulty in walking or climbing steps?	No difficulty= 1; Some difficulty= 2; A lot of difficulty=3; Cannot do at all= 4
D.	Any member of your household has difficulty in remembering or concentrating?	No difficulty= 1; Some difficulty= 2; A lot of difficulty=3; Cannot do at all= 4
E.	Any member of your household has difficulty (with self-care as) in washing all over or dressing?	No difficulty= 1; Some difficulty= 2; A lot of difficulty=3; Cannot do at all= 4
F.	Any member of your household has difficulty in communicating, for example, understanding or being understood?	No difficulty= 1; Some difficulty= 2; A lot of difficulty=3; Cannot do at all= 4

**Section 3: Education (Primary and Secondary) Status**

301	Are there any children of school-going age in your household?						Yes=1 , No= 2 (If "no" Skip to 303)	
302	Please fill-up the below table for school-going age children (6-14 years)							
Sl. (Use sl. no. from 203)	Name	Sex (Male=1, Female=2, Third- gender=3)	Age	Currently, enrolled in school?  Yes=1; No= 2 (If "no" go to next row)	Class enrolled (if enrolled in pre- primary school then use code "77")	Type of school?  (Govt.=1; Private=2; NGO=3; Madrassa=4)	Is studying being continued?  (Use code) (multiple responses possible)	How likely to continue school after COVID-19 pandemic ends? (High=1; Medium = 2; low= 3)
1	2	3	4	5	6	7	8	9

**Code-Column 8: Is studying being continued?:** No= 1; Self = 2; Family member =3; Virtual school (GoB) = 4; Virtual school (non GoB) = 5; Private tutor (physically) = 6; Private tutor (virtually) = 7; Television=8; Others (specify.....) =97

303	Has any member of the household completed five years of schooling or more?	Yes=1; No= 2
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**Section 4: Income Status**

401	Please let us know about your household income		
Sl.	Income source	Monthly income (in taka)	
		Before lockdown (February 2020)	After the lockdown (June 2020)
1	Salaried/Wage Employment		
2	Business/Other Income Generating Activities		
3	Renting house		
4	Leasing out land		
5	Selling land		
6	Selling furniture/ metal/electronic appliances		
7	Remittance		
8	Pension		
9	Social Safety Net (For example Old age allowance/ widow allowance/ destitute allowance/study scholarship/VGD/VGF etc.)		
10	Zakat-Fitra/Charity or other help		
11	Gifts		
12	Others (please specify.....)=97		

402	Did you receive any aid during the COVID-19 pandemic?	Yes=1; No= 2 (If "no" skip to 501)	
403	Please let us know about the aid received during COVID-19 pandemic		
Sl.	Sources	Amount of aid received* (in taka)	For how many days was the received aid(s) helpful?
1.	GOB		
2.	NUPRP		
3.	NGO		
4.	CBO		
5.	Individuals		

\* If aid received in kind, please convert into the possible amount in taka.

## Section 5: Non-food Expenditure Status

501 Please let us know about your household on non-food expenditure.

Expense head		Monthly non-food expenditure (in taka)	
		Before lockdown (February 2020)	After the lockdown (June 2020)
<b>Housing and living related</b>			
1	Rent (Home/Land)		
2	Gas		
3	Electricity		
4	Water, sewerage		
5	Waste management		
6	Maintenance of homestead		
7	Cooking fuel		
<b>Clothing</b>			
8	For adults (18+ years)		
9	For children (0-17 years)		
10	Towel/Gamcha		
11	Shoe		
12	Bed related/bedding (Winter cover/quilts, Bedsheet, Foam/cushion/Zazim/Toshok/pillow, Mosquito net, etc.)		
<b>Hygiene related</b>			
13	Soap, liquid hand wash		
14	Hand sanitiser		
15	Mask, gloves, PPE		
16	Bleaching powder, a liquid antiseptic for surface cleaning		
17	Toothpaste, toothbrush, tooth powder		
18	Shampoo		
19	Toilet cleaning materials		
20	Sanitary napkin		
21	Snow, powder, cream		
<b>Health Expenditure</b>			
22	Expenditure due to illness (medication, doctor's fee, diagnosis, hospital charges)		
23	Contraceptives		
<b>Education Expenditure</b>			
24	School fee, Tuition fee, on line tuition fee, books, and stationary, etc.		
<b>Others</b>			
25	Mobile, internet		
26	Cable television charge		
27	Transport cost		
28	Money sent to any other place		

**Section 6: Housing Condition**

601	Did you change your room or house due to the COVID-19 lockdown?	Yes=1; No= 2
602	What is the floor material? (Observe and write)	Cement=1; Palm/bamboo= 2; Wood Planks =3; Earthen= 4; Bricks= 5; Others (please specify.....) =97
603	What is the roof material? (Observe and write)	Leaf/Straw/Jute stick= 1; Mud/Earth =2; Bamboo = 3; Tin/CI Sheet = 4; Cement Sheet = 5; Concrete/Brick = 6; Mud/Earth Tiles = 7; Soil Tail= 8; Wood = 9; Brick/Solid Foundation= 10; Others (please specify.....) =97
604	What is the wall material? (Observe and write)	Leaves/Straw/Jute stick= 1; Mud/Earth =2; Bamboo = 3; Tin/CI Sheet = 4; Corogated/Cement Sheet =5; Concrete/Brick = 6; Mud/Earth Tiles = 7; Wood = 8; Brick/Solid Foundation = 9; Others (please specify.....) =97
605	Who is the owner of the land/place/room/house where does your household located? (Use code) <i>Own homestead on government land = 1; Rented house/room on government land=2; Own house/room on land belonged to other individuals = 3; Rented house/room on land belonged to different individuals = 4; Own homestead on land belonged to themselves = 5; Others (please specify.....) =97</i>	
606	If you live in a rented house (code 2 & 4 in Q 605), did you able to pay rent timely during COVID-19 lockdown?	Yes=1; No= 2
607	Did you face any threat of eviction from your house/settlement during COVID-19 lockdown?	Yes=1; No=2
608	What is the main source of electricity?	No electricity=1; National Grid=2; Solar Energy= 3; Others (please specify.....)=97

609	What type of fuel is mainly used mainly in the household for cooking?	Electricity=1; Liquid Petroleum Gas (LPG)=2; Natural gas=3; Biogas=4; Kerosene=5; Coal / Lignite=6; Charcoal=7; Wood=8; Straw/shrubs/grass=9; Agricultural crop=10; Animal dung=11; No Food Cooked in Household=12; Others (please specify.....)=97
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610	Do you have/had any of the following assets?		
Sl.	Asset	Number of assets	
		Before lockdown	After the lockdown (June 2020)
1.	Radio		
2.	Television		
3.	Telephone/Mobile phone		
4.	Bicycle		
5.	Motorbike		
6.	Refrigerator		
7.	Rickshaw/Van		
8.	Auto rickshaw/Easy Bike		
9.	Boat		
10.	Car		
11.	Truck		

611	Did you sell any of the following during the COVID-19 lockdown?
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Sl.	Asset type	Distress selling (If "no" go to next row)	Value of asset (in taka)	
			Before lockdown	Actual selling price
1.	Land	Yes=1; No=2		
2.	Furniture	Yes=1; No=2		
3.	Kitchen appliances	Yes=1; No=2		
4.	Television	Yes=1; No=2		
5.	Radio	Yes=1; No=2		
6.	Mobile phone/tablet	Yes=1; No=2		
7.	Computer/laptop	Yes=1; No=2		
8.	Refrigerator	Yes=1; No=2		
9.	Other electric and electronic goods	Yes=1; No=2		
10.	Bicycle	Yes=1; No=2		
11.	Motorbike	Yes=1; No=2		
12.	Rickshaw/Van (tricycle van)/ Pushcart	Yes=1; No=2		
13.	Car	Yes=1; No=2		
14.	Truck	Yes=1; No=2		
15.	Sewing machine	Yes=1; No=2		
16.	Livestock	Yes=1; No=2		
17.	Poultry/Birds	Yes=1; No=2		
18.	Jewellery	Yes=1; No=2		
19.	Others (please specify.....)	Yes=1; No=2		

## Section 7: WASH

701	What is the main source of drinking water? (The original source of water from where the water came to the point of collection)	Piped into the yard or plot=1; Public tap/standpipe=2; Tubewell/borehole=3; Protected well=4; Unprotected well=5; Protected spring=6; Unprotected spring=7; Rainwater=8; Tanker-truck=9; Cart with small tank/drum=10; Surface water (river, stream, dam, lake, pond, canal, irrigation channel) =11; Bottled Water=12; Others (please specify.....)=97
702	If the source of drinking water is tube-well, standpipe, tap or protected well ( <i>codes "1", "2", "3" or "4" in 701</i> ), are there any cracks in the cement platform? [ask and observe]	No cement platform = 1; Has crack in platform= 2; Have crack in pipeline =3; Wall or cover of protected well/spring is broken=4; No crack = 5; Not sure =66; Not applicable=99
703	How much time is required to collect water for each turn? (in minutes) [Time=Going +Waiting+ Filling-up Water+ Time of Coming back]	_____minutes
704	How many times in a day, drinking water is collected?	_____
705	Is drinking water available in that source round the year?	Yes=1; No= 2
706	Is daily water supply uninterrupted during COVID 19 crisis?	Yes=1; No= 2
707	What kind of toilet do you use? [ask and observe]	Pit latrine with ventilator =1; Pit latrine with slab =2; Composting toilet =3; Pit latrine without slab =4; Bucket toilet =5; Hanging latrine =6; Sanitary latrine with septic tank=7; No facility/Bush/Field/Open defecation =8; ( <i>skip to 712</i> ) Others (please specify.....)=97 ( <i>If " no facility/bush/field/open defecation" skip to 712</i> )
708	Where is the excreta disposed off?	Pond/ditch=1; Closed pit=2; Open pit=3; Sewer=4; Safety/septic tank=5; Don't know/not sure=66
709	Does your household share the latrine with other households?	Yes =1; No= 2
710	How often is the latrine cleaned?	Never = 1; Sometimes = 2; Daily=3; Once in a week = 4; Twice in a week = 5; Thrice in a week = 6; Others (please specify.....)=97
711	Do you have a handwashing facility (water and soap) in the latrine or close to the latrine?	Yes =1; No= 2
712	Is there any specific place/ arrangement for hand washing in your household?	Yes =1; No= 2
713	Is there any specific place/ handwashing point installed in the community during COVID-19?	Yes =1; No= 2 ( <i>If "no" skip to 716</i> )
714	Did you use the handwashing point installed in the community during COVID-19?	Yes =1; No= 2



715	Who installed the handwashing point(s)? (multiple responses possible)	NUPRP = 1; NGO=2; GoB=3; Individual=4; Other project in the area=5; Community=6; Others (please specify.....)=97
716	What type of handwashing materials available in the handwashing place? (multiple responses possible)	None = 1; Soap = 2; Detergent/soap dust = 3; Liquid soap = 4; Ash = 5; Mud/sand = 6; Others (please specify.....)=97; Not applicable=99
717	Is water supply at handwashing place available 24 hours in a day?	Yes=1; No= 2; Not applicable=99
718	Do you know the appropriate method (considering the COVID-19 pandemic) of handwashing?	Yes=1; No= 2 (If "no" skip to 720)
719	Can you please demonstrate how you wash your hand?	Washed appropriately (rubbing hands with soap and water properly for at least 20 seconds)=1; Did not wash appropriately=2
720	Do you know how long is suggested to wash hands?	_____ seconds
721	Did you receive soap or handwashing material during COVID-19 lockdown?	Yes=1; No= 2 (If "no" skip to 801)
722	Who provided the soap or handwashing material (multiple responses possible)	NUPRP = 1; NGO=2; GoB=3; Individual=4; Other project in the area=5; Community=6; Others (please specify.....)=97

### Section 8: Savings and Credit Status

		Response	
		Before lockdown	After the lockdown ( June 2020)
801	Does any member of your household practice savings?	Yes=1; No=2	Yes=1; No=2
802	Can you specify the amount of savings? (in taka)	_____Tk (Put "0" of "no" to savings practice before lockdown)	_____Tk (Put "0" of "no" to savings practice during/after lockdown)
803	Did you spend the savings to cope up with COVID-19 lockdown?		Yes=1; No=2; Not applicable=99
804	Was your SCG (NUPRP) savings interrupted during COVID-19 lockdown?		Yes=1; No=2; Not applicable=99
805	Does your household have any outstanding loans?	Yes=1; No=2	Yes=1; No=2
806	Can you specify the amount of loans? (in taka)	_____Tk (Put "0" of "no" to any outstanding loan before lockdown)	_____Tk (Put "0" of "no" to any outstanding loan during/after lockdown)
807	Did any member of your household fail to pay any loan instalment during COVID-19 lockdown?		Yes=1; No=2 (skip to 809) ; Not applicable=99 (skip to 809) (If "no" or "not applicable" skip to 809)
808	Reason for failure in depositing loan instalments on due time? (multiple responses possible)		Lost work=1; Due to illness=2; Due to Price Hike= 3; Less income =4; No income=5; Instalment collection was closed=6; Death of household income earner=7;

			Others (please specify.....)=97
809	Did any household member take a loan to cope up with COVID-19 lockdown?		Yes=1; No=2 (If "no" skip to 901)
810	From where the loan was taken? (multiple responses possible)		Samiti=1; Savings Credit Group (NUPRP)=2; Bank=3; NGO=4; Mahajan (with interest)=5; Relatives/friends (without interest)=6; Others (please specify.....)=97
811	For what purpose the loan was used?		To buy food=1; For treatment purpose=2; To pay house rent=3; To fulfil other daily essentials=4; Run existing business=5; Start new business=6; Others (please specify.....)=97

### Section 9: Socio-Economic Status

		Before lockdown	After lockdown
901	How do you define your household socio-economic status?	Extreme poor=1; Poor=2; Lower middle class=3; Middle middle class =4; Upper middle class=5; Rich=6	Extreme poor=1; Poor=2; Lower middle class=3; Middle middle class =4; Upper middle class=5; Rich=6
<i>If Socio-Economic Status (901) changes negatively ask 902 and if changes positively ask 903</i>			
902	What, according to you, could be the main reasons for the negative change in the socio-economic class structure?  (multiple responses possible)	Cessation of income due to job loss/lack of work opportunity=1; A decrease in/cessation of income due to close down of business-trade=2; Facing difficulties to meet the daily cost/expenditure of household=3; Decrease in food consumption of the household=4; Selling assets to cover household expenditure=5; Spending the savings to meet household expenditure=6; No savings remain at hand=7; Reducing other necessary expenditures to meet the medical expenses of any member of the household=8; Running into debt for maintaining household expenditure=9; Expenditure has gone up due to a sudden increase in the number of members in the household=10; Household expenditure has increased due to rising commodity prices=11; Not able to sell business products=12; Even if can sell business products; did not get the expected price=13; Reducing-necessary expenditure for taking preparation for business again=14; Becoming debt-ridden while preparing to start business again=15; Reducing food consumption for taking preparation to re-start own small business=16; Giving money to daughter-son-in-law in this difficult time=17; Becoming compelled to repay past debts=18; No scope to get new loan because financial organisations were closed=19; Others (please specify.....)=97	

903	What, according to you, could be the main reasons for the positive change in the socio-economic class structure? (multiple responses possible)	New work opportunities=1; Extra profit in business=2; Expenditure reduced=3; Others (please specify.....)=97
904	What immediate supports do you require to overcome this COVID-19 crisis? (multiple responses possible)	A loan with easy terms and conditions=1; A small grant=2; Ration card (food subsidy)=3; Extend coverage of Open Market Sales by GoB=4; Create work opportunities=5; Subsidy in utilities (electricity, water, etc.)=6; Capacity building training on new business skill and market promotion=7; Others (please specify.....)=97
905	How will you regain your household loss due to COVID-19 impact?	Loan with easy terms=1; A small grant=2; Search for new work=3; Restarting business=4; Using savings=5; Others (please specify.....)=97

### Section 10: Food Security and Nutritional Status

		Before lockdown	After lockdown
1001	Did your household face food deficiency compare to demand?	Yes=1; No=2	Yes=1; No=2
1002	Are you concerned about having three full meals all year-round?	Yes =1; No=2	Yes =1; No=2

#### 1003. Food Consumption in the last 24 hours

Less than ten years old		Ten years and older	
No. of boys		No. of men	
No. girls		No. of women	

Item	Unit	Quantity consumed
<b>Carbs</b>		
1. Rice – Fine	gm.	
2. Rice – Medium	gm.	
3. Rice– Coarse	gm.	
4. Beaten rice	gm.	
5. Pop rice	gm.	
6. Puffed rice	gm.	
7. Wheat (Atta)	gm.	
8. Flour	gm.	
9. Vermicelli/ Suji	gm.	
10. Bread/ Bonroti	gm.	

Item	Unit	Quantity consumed
11. Biscuits	gm.	
12. Cake	gm.	
13. Other (please specify.....)	gm.	
<b>Dal</b>		
14. Lentil (musur)	gm.	
15. Chickling-Vetch (mug)	gm.	
16. Green gram (boot)	gm.	
17. Pea gram (khesari)	gm.	
18. Mashkalai	gm.	
19. Other (please specify.....)	gm.	
<b>Fish</b>		
20. Hilsa	gm.	
21. Rhui/ Katla/Mrigel/Kal baush	gm.	
22. Pangash/ Boal/ Air	gm.	
23. Kai/ Magur/ Shinghi/ Khalisha	gm.	
24. Silver carp/ Grass carp/ Mirror carp	gm.	
25. Shoal/ Gajar/ Taki	gm.	
26. Puti/ Big Puti/ Telapia/ Nilotica	gm.	
27. Mala-kachi/ Chala-chapila	gm.	
28. Shrimp	gm.	
29. Dried fish	gm.	
30. Tangra/ Eelfish	gm.	
31. sea fish	gm.	
32. Baila/ Tapashi	gm.	
33. Other (please specify.....)	gm.	
<b>Eggs</b>		
34. Hen egg	No	
35. Duck egg	No	
36. Other (please specify.....)	No	
<b>Meat</b>		
37. Beef	gm.	
38. Buffalo	gm.	
39. Mutton	gm.	
40. Sheep	gm.	
41. Hen	gm.	
42. Duck	gm.	
43. Other (please specify.....)	gm.	
<b>Vegetables</b>		
44. Potato	gm.	
45. Brinjal	gm.	
46. White gourd/ Pumpkin	gm.	
47. Water gourd	gm.	
48. Balsam apple	gm.	
49. Perbol (Patal)	gm.	
50. Snake gourd/ Ribbed gourd	gm.	
51. Green banana/ Green papaya	gm.	
52. Arum/ Ol-kachu/ Kachur-mukhi	gm.	
53. Cauliflower/ Cabbage	gm.	
54. Bean/ Lobey	gm.	
55. Tomato	gm.	
56. Radish	gm.	
57. Ladies' finger	gm.	
58. All types of leafy vegetables	gm.	

Item	Unit	Quantity consumed
59. Other (please specify.....)	gm.	
<b>Milk &amp; Dairy</b>		
60. Liquid milk	ml	
61. Powder milk	gm.	
62. Curd	gm.	
63. Casein (ponir)/ Butter	gm.	
64. Milk drinks	ml	
65. Other (please specify.....)		
<b>Sweetmeat</b>		
66. Rasogolla/Chamcham/Shandash	gm.	
67. Jilapi/ Bundia/ Amriti	gm.	
68. Halua/ Batasha/ Kadma	gm.	
69. Other (please specify.....)	gm.	
<b>Oil and Fats</b>		
70. Mustard oil	gm.	
71. Soybean oil	gm.	
72. Dalda/ Vanashpati	gm.	
73. Ghee	gm.	
74. Other (please specify.....)	gm.	
<b>Fruits</b>		
75. Ripe banana	gm.	
76. Mango	gm.	
77. Melon/ Bangi	gm.	
78. Jack fruit	gm.	
79. Leeches	gm.	
80. Ripe papaya	gm.	
81. Guava	gm.	
82. Pineapple	gm.	
83. Safeda	gm.	
84. Palm	gm.	
85. Bedana	gm.	
86. Apple	gm.	
87. Orange	gm.	
88. Grape	gm.	
89. Blackberry	gm.	
90. Amra/Kamranga	gm.	
91. Other (please specify.....)	gm.	
<b>Drinks</b>		
92. Soft drinks(Pepsi/RC/Mojo/Coke, Sherbat, etc.	ml	
93. Ovaltine/ Horlicks	gm	
94. Tea/ Coffee leaf	gm	
95. Liquid (Ros) of Sugarcane/ Date/Palm	ml	
96. Green coconut water	ml	
97. Other (please specify.....)		
<b>Sugar &amp; molasses</b>		
98. Sugar/ Misri	gm	
99. Molasses (Sugarcane/Date/Palm)	gm	
100. Khaja/ Logenze/ Toffee	No	
101. Chocolate	No	
102. Ice-cream	No	
103. Other (please specify.....)		
<b>Miscellaneous Food</b>		
104. Pickles	gm	

Item	Unit	Quantity consumed
105.Jelly/ Jam	gm	
106.Amshatta	gm	
107.Sauce/Sirka	gm	
108.Other (please specify.....)		
<b>Dining out (Food outside)</b>		
109.Meals(Rice/Biriani)	gm	
110.Fish	gm	
111.Meat	gm	
112.Patties/Cake	gm	
113.Sandwich	gm	
114.Burger	gm	
115.Hotdog	gm	
116.Pizza	gm	
117.Samucha/Singara/Puri/Cake	gm	
118.Tea	cup	
119.Coffee	cup	
120.Soft drinks/bottle water	ml	
121.Other (please specify.....)		
<b>Tobacco and tobacco products</b>		
122.Cigarette	no	
123.Tobacco leaf	gm	
124.Bidi	no	
125.Gul and Other (please specify .....		
<b>Spices</b>		
126.Dried chilli	gm	
127.Green chilli	gm	
128.Onion	gm	
129.Garlic	gm	
130.Turmeric	gm	
131.Salt	gm	
132.Ginger	gm	
133.Cummins	gm	
134.Coriander-seed	gm	
135.Aromatic-seed	gm	
136.Clove/ Black pepper/ Cassia-leaf	gm	
137.Other (please specify.....)	gm	
<b>Betel leaf &amp; Chewgoods</b>		
138.Betel leaf	gm	
139.Betel nut	gm	
140.Zorda/ tobacco leaf	gm	
141.Lime	gm	
142.Khoer	gm	
143.Rolled betel leaf	gm	
144.Other (please specify.....)	gm	

1004	Please tell us about your food security status (during June 2020)	
		Rarely (once or twice in past four weeks) = 1; Sometimes (3-10 times in past four weeks) = 2; Often (more than ten times in past four weeks) =3; Never =4
<b>In June 2020</b>		
1.	In the last four weeks, did you worry that your household would not have enough food?	1      2      3      4

1004	Please tell us about your food security status (during June 2020)			
		Rarely (once or twice in past four weeks) = 1; Sometimes (3-10 times in past four weeks) = 2; Often (more than ten times in past four weeks) =3; Never =4		
<b>In June 2020</b>				
2.	In the last four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	1	2	3 4
3.	In the last four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources	1	2	3 4
4.	In the last four weeks, did you or any household members have to eat some foods that you did not want to eat because of a lack of resources to obtain other kinds of food?	1	2	3 4
5.	In the last four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	1	2	3 4
6.	In the last four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?	1	2	3 4
7.	In the last four weeks, was there ever no food of any kind to eat because of a lack of resources to get food?	1	2	3 4
8.	In the last four weeks, did you or any household member go to sleep hungry because there was not enough food?	1	2	3 4
9.	In the last four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	1	2	3 4

1005	Please tell us about the food expenditure of your household		
Food item		Monthly food expenditure (in taka)	
		Before lockdown	During/After the lockdown (June 2020)
1.	Rice		
2.	Flour		
3.	Potatoes		
4.	Vegetable		
5.	Fruits		
6.	Chicken/birds		
7.	Meat (Beef, mutton, etc.)		
8.	Egg		
9.	Fish		
10.	Bean, pulse		
11.	Milk		
12.	Edible oil		
13.	Sugar		
14.	Salt		
15.	Ghee/butter oil		
16.	Gur/Molasses		
17.	Spice (onion, garlic, ginger, chilli)		
18.	Tea, coffee		
19.	Biryani, Tehari, Chicken Polao, Chinese Food, Kabab, Moghlai		
20.	Baby food (Lactogen, Cerelac etc.)		

1005	Please tell us about the food expenditure of your household		
Food item	Monthly food expenditure (in taka)		
	Before lockdown	During/After the lockdown (June 2020)	
21.	Snacks: Biscuits, cakes, sweetmeats, chips, fast food, Rice Flaked, Puffed Rice, Chotpoti, Fuchka, Nut, Ice-cream, Puri-Piaji, etc.		

1006	Please tell us what kind of food you consumed in your household in the last seven days? (Information of the previous seven days before the day of the interview)				
How many days taken in the last seven days? (between 0 and 7)					
Food Group		By any household member	Currently pregnant woman  (If "Not Applicable" use code "99")	Currently lactating woman  (If "Not Applicable" code use 99)	Child (6-23 months)  (If "Not Applicable" code use 99)
1		2	3	4	5
1) Maize, Bread, Rice, Ruti/Parata/Pitha, Muri, Khichuri, Noodles, Jaubhat, Bhater Mar, or any other food made from grains					
2) Potatoes, Sweet Potatoes, ShakAloo, or any food made from roots and potatoes					
3) Any coloured and green vegetables, such as - Carrots, Okra, Gourd, Squash, Bitter Gourd, Bottle Gourd, Mushrooms, Radish, Tomato, Cucumber, Cabbage, Cauliflower, Beans, Brinjals/Eggplants, Green Peas					
4) Any leafy vegetables					
5) Any fruits, such as – Banana, Guava, Mango, Pineapple, Berry, Watermelon, Jackfruit, Starfruit/Carambola, Jujube, Wood Apple, Sugar-apple, Apple, Orange					
6) Any meat, such as- Lamb, Goat, Chicken, Buffalo/Beef (If it is a Hindu household, beef should NOT be said), Pig(If it is a Muslim household, the pig should NOT be said), Duck, Rabbit, other Birds, or the meat of their organs like Liver, Kidney, and Heart					
7) Any eggs from Chicken, Duck, or Quail					
8) Any fresh or dried Fish, Crabs, Turtles					
9) Beans, pulse-Kalai, pulse-orohor, Nut, Peanut, Cashew Nut, Soybean, Chickpea					
10) Any Cheese, Yogurt, Milk, Sour Milk, or other Dairy Products					
11) Oil/any food made using Oil, Fat, Butter, Clarified Butter, Soybean					
12) Any Sugar or Honey, Granular Sugar or Sugarcane, Jiggery, Molasses, Talmichri, Sweets, other foods made using sugar					
13) Any other food, such as –Pickles, Spice, Coffee, or Tea					



## Section 11: Health Status

## Immunisation

1101	Does your household have any children less than 24 months?	Yes = 1; No=2 (If "no" Skip to 1105)
1102	Did any of the children need to vaccinate during the COVID-19 pandemic?	Yes = 1; No= 2 (If "no" Skip to 1105)
1103	If "yes," were you able to give the required vaccination to the children?	Yes = 1(If "yes" Skip to 1105); No = 2
1104	If "no," why?  (Multiple Response Possible)	Hospital/clinic/vaccine centre did not provide service=1; Non-availability of a health worker at hospital/clinic/vaccine centre =2; Refused to provide vaccine=3; Did not go out considering health risk due to COVID-19=4; Vaccination centre did not have a supply of the vaccine=5; Communication (transport scarcity and roadblock) barrier due to the Red zone, lockdown situation=6; Did not feel necessary=7; Others (specify.....)=97

## Physical Health

		Before Lockdown	After the lockdown (June 2020)
1105	What is your health status?	Good=1; Average=2; Poor=3; Very poor=4	Good=1; Average=2; Poor=3; Very poor=4

1106	Please provide us with information about the sickness/illness of your household members during COVID-19 lockdown <i>(for multiple diseases of one person, use one row for each disease).</i>					
Sl. <i>(Use sl. no. from 203)</i>	Disease <i>(Use code)</i>	How many days did s/he suffer from illness?	Did s/he receive any treatment? Yes=1; No=2 <i>(If "no" skip to column 7)</i>	From where did s/he receive treatment? (Multiple Response Possible) <i>(Use code)</i>	Was the service satisfactory? Satisfactory=1; Somewhat satisfactory=2; Not Satisfactory=3 <i>(skip to next row)</i>	Reasons for not receiving treatment (Multiple Response Possible) <i>(Use code)</i>
1	2	3	4	5	6	7
<b>(Column 2) Code for sickness/disease:</b> COVID-19=1; Cold and Cough=2; Tuberculosis=3; Asthma=4; Pneumonia=5; Fever of unknown origin (PUO)=6; Sore throat=7; Heart Disease=8; High blood pressure=9; Diabetes=10; Kidney disease = 11; Cancer = 12; Diarrhoea=13; Dysentery (Bloody diarrhoea)=14; Worm (Helminthiasis)=15; Jaundice=16; Anaemia=17; Malnutrition=18; Gastric=19; Traumatic Injury=20; Arthritis=21; Swelling of hands and legs=22; Female Diseases/Obs and Gynea=23; Skin diseases=24; Eye Infection/Eye diseases=25; Sexually Transmitted Diseases (STDs)=26; Dental diseases=27; Others (please specify.....) =97						

**(Column 5) Code for place of receiving service:** Self/family treatment=1; Local pharmacy=2; Local traditional healer (also Kabiraj/Hekim)=3; Homeopath/Ayurveda=4; NGO clinic=5; Private clinic=6; Government health centres/hospital=7; Chamber of MBBS doctor=8; Telemedicine=9; Others (please specify.....)=97

**(Column 7) Code for reasons of not receiving service:** Hospital/clinic did not provide service=1; Non-availability of doctors at hospital/clinic =2; Refused to provide treatment=3; Out of fear of COVID-19 spread=4; Could not bear cost=5; Did not feel necessary=6; Doctor's chamber closed = 7; Demanded higher price for required services=8; Outpatient services closed=9; Communication (transport scarcity and road block) barrier due to Red zone, lockdown situation=10; Others (specify.....)=97

1107	Please tell us about your access to health services during COVID-19? *			
Sl.	Type of health facility	Did you or your household member approach for health services?  Yes=1; No=2; Do not know = 3 (If code "2" or "3" skip to next row)	Did you or your household member get the services during COVID-19?  Yes=1; No=2 (If "yes" skip to next row)	Why did you not get the service?  (multiple responses possible)
	1	2	3	4
a.	Public hospital/clinic	1 2		
b.	Private hospital/clinic	1 2		
c.	NGO hospital/clinic	1 2		
d.	Doctors chamber (MBBS and above)	1 2		
e.	Diagnostic centre	1 2		
f.	COVID-19 hotline	1 2 3		
<b>(Column 4) Code for not receiving services:</b> The authority asked for COVID-19 test result=1; The authority did not allow outpatient services= 2; Unavailability of doctor= 3; Facility closed due to COVID-19=4; Refused services without explanation= 5; The authority demanded a higher price for required services=6; Hotline number busy=7; Service provider did not show up as promised by the COVID-19 hotline=8; Others (please specify.....) =97 <i>*if the household attempted multiple health services during COVID-19, please record the response form most recent attempt)</i>				

1108	Had the adult head of the family ever gave birth to a son or daughter who was born alive but later died?	Yes =1; No = 2
1109	Are you and your household members aware of COVID-19 symptoms?	Yes=1; No= 2
1110	Did you notice COVID-19 symptoms among any of your household members?	Yes=1; No= 2 (skip to 1115) (If "no" skip to 1115)
1111	Was the household member with COVID-19 symptoms isolated for 14 days?	Yes=1 (skip to 1113); No= 2 (If "yes" skip to 1113)
1112	If "no", what are the reasons? (multiple responses possible)	Did not know about isolation = 1; Did not feel the necessity = 2; Did not know how to maintain isolation = 3; Do not have enough space/room for isolation = 4; Was not possible to stop working as s/he was the main income earner= 5; Afraid of social stigma =6; Others (please specify.....) =97

1113	Did the household member with COVID-19 symptoms go through the COVID-19 test?	Yes=1 ( <i>skip to 1115</i> ); No= 2 ( <i>If "yes" skip to 1115</i> )
1114	If "no," what are the reasons? (multiple responses possible)	Did not feel the necessity =1; Did not know how to get tested =2; The hotline could not be accessed =3; Could not get serial for the test =4; Afraid of social stigma =5; Others (please specify.....) =97
1115	Was any of your household members got in contact with a COVID-19 patient?	Yes=1; No= 2; Do not know=66 ( <i>skip to 1118</i> ) ( <i>If "no" or "do not know" skip to 1118</i> )
1116	If "yes," did that household member(s) went into quarantine?	Yes=1 ( <i>skip to 1118</i> ); No= 2 ( <i>If "yes" skip to 1118</i> )
1117	If "no", what are the reasons? (multiple responses possible)	Did not know about quarantine = 1; Did not feel the necessity = 2; Did not know how to maintain quarantine = 3; Do not have enough space/room for quarantine = 4; Was not possible to stop working as s/he was the main income earner= 5; Afraid of social stigma =6; Others (please specify...) =97
1118	Was there any pregnant woman in the household during the COVID-19 lockdown?	Yes=1; No= 2 ( <i>skip to 1121</i> ) ( <i>If "no" skip to 1121</i> )
1119	Did you get healthcare services from any health facility for the pregnant woman during the COVID-19 lockdown?	Yes=1 ( <i>skip to 1121</i> ); No=2; Did not seek service =3 ( <i>skip to 1121</i> ) ( <i>If code "1" or "3" skip to 1121</i> )
1120	If "no", what are the reasons? (multiple responses possible)	Authority asked for COVID-19 test result=1; Authority did not allow outpatient services= 2; Unavailability of doctor= 3; Facility closed due to COVID-19=4; Refused services without explanation= 5; Authority demanded a higher price for required services=6; Others (please specify...) =97
1121	Was there any birth incidence in the household?	Yes=1; No=2 ( <i>skip to 1124</i> ) ( <i>If "no" skip to 1124</i> )
1122	If "yes," was it a facility delivery?	Yes=1 ( <i>skip to 1124</i> ); No=2 ( <i>If "yes" skip to 1124</i> )
1123	If "no", what are the reasons? (multiple responses possible)	Preferred delivery at home = 1; Authority asked for COVID-19 test result=2; Authority did not allow services= 3; Unavailability of doctor= 4; Facility closed due to COVID-19=5; Authority demanded a higher price for required services=6; Others (please specify...) =97
1124	Did any of your household members die during the COVID-19 pandemic?	Yes=1; No= 2 ( <i>skip to 1126</i> ) ( <i>If "no" skip to 1126</i> )
1125	Among deceased household members, was there any income earner?	Main income earner=1; Income earner, but not the main=2; No=3

**Mental Health (Ask the main respondent)**

1126	In the last two weeks till today, have you (the respondent) felt the following? If yes, how often?	Not at all	Several Days	More than half the days	Nearly Every day
a.	Were you feeling down, depressed, irritable, or hopeless?	0	1	2	3
b.	Little interest or pleasure in doing things?	0	1	2	3
c.	Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
d.	Poor appetite, weight loss, or overeating?	0	1	2	3
e.	Feeling tired or having little energy?	0	1	2	3
f.	Feeling bad about yourself – or feeling that you are a failure?	0	1	2	3
g.	Trouble concentrating on usual activities?	0	1	2	3
h.	Feel as if you have become more silent or restless?	0	1	2	3
i.	Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3

**Knowledge and practice on COVID-19**

1127	Please tell us your knowledge and practice on Coronavirus Disease-19 (COVID-19).  <i>(Dear enumerator, do not prompt the answers or option; let the respondent answer freely. Before selecting a code against the response, be sure that you have accurately understood respondent's reply)</i>	
Sl.	Issue/Question	Codes
1)	From where you have learned about COVID-19, its transmissions, and preventive measures? (multiple responses possible)	TV=1; Mobile (announcement/message)=2; Internet/Website/facebook=3; Radio/FM=4; Newspaper=5; Poster/Leaflet=6; Miking=7; From relatives/neighbours/friends=8; I did not hear anything about it=66; Others (please specify.....)=97
2)	What are the symptoms of COVID-19? (multiple responses possible)	I do not know =66; Fever= 1; Dry cough= 2; Tiredness= 3; Aches and pains=4; Sore throat= 5; Diarrhoea= 6; Conjunctivitis=7; Headache= 8; Loss of taste or smell=9; Rash on the skin, or discolouration of fingers or toes=10; Difficulty breathing or Shortness of breath=11; Chest pain or pressure= 12; Loss of speech or movement=13; May have no symptom=14; Others (please specify.....)=97
3)	What are the possible preventive measures for COVID-19?	Frequently handwashing with soap and water or use alcohol-based hand sanitiser=1; Keep social distance from people with flu-like symptom=2;

1127	Please tell us your knowledge and practice on Coronavirus Disease-19 (COVID-19).  <i>(Dear enumerator, do not prompt the answers or option; let the respondent answer freely. Before selecting a code against the response, be sure that you have accurately understood respondent's reply)</i>	
Sl.	Issue/Question	Codes
	(Multiple Response Possible)	Use Mask=3; Do not touch the face, nose, eyes with hands=4; Use a tissue or cover the face with an elbow while sneezing or coughing=5; Do not go outside if feeling sick=6; Take advice from a doctor if there is a cough, fever and shortness of breath=7; None of above=8
4)	Do you feel that physical distancing is necessary to prevent COVID-19 transmission?	I think it's very much necessary=1; It's necessary, but not mandatory=2; I am not sure about it=3; It's not necessary at all=4
5)	Do you intend to maintain physical distancing?	No, I do not maintain physical distancing=1; I try to keep, but it's difficult considering our living place=2; I try to keep, but as I need to go outside for work, it becomes difficult to maintain=3; I try, but it's impossible to maintain=4; I tried at first, but failed=5; I maintain physical distancing=6
6)	Do you feel that using a face mask is necessary to prevent COVID-19 transmission?	I think it's very much necessary=1; It's necessary, but not mandatory=2; I am not sure about it=3; It's not necessary at all=4
7)	Do you wear a face mask?	Yes, I use regularly=1; I use, but not regularly=2; No, I don't use=3 <i>(If "no" skip to 09)</i>
8)	What type of face mask do you wear? (multiple responses possible)	Fabric mask (bought from market) =1; Home-made fabric mask (three-layers)= 2; Home-made fabric mask (not three-layer)= 3; Surgical mask= 4; KN95/N95 mask=5; I do not know the type=6; Others (please specify.....)=97
9)	Do you know that the government has established some hotline number from where you are supposed to get COVID-19-related information/ support?	Yes, I know=1; No, I don't know=2; <i>(skip to 1201)</i> I have heard something like it, but not sure of it=3 <i>(skip to 1201)</i>  <i>(If code "2" or "3" skip to 1201)</i>
10)	If "yes," did you ever try to call to the COVID-19 hotline number?	Yes, I called=1; I thought for calling, but I heard that they do not receive calls, so I did not call=2; <i>(skip to 1201)</i> No, I did not feel any necessity to call=3; <i>(skip to 1201)</i> No, I did not call=4 <i>(skip to 1201)</i> <i>(If code "2", "3" or "4" skip to 1201)</i>
11)	If you attempted calling at the hotline number <i>(If "yes" in 9)</i> , what was the outcome?	I got the information/support easily=1; I got the information/support, but it required several calling and long waits=2; I did not get the required information/support=3; None responded to my calls=4

### Section 12: Domestic Violence

1201	Please let us know about the <b>domestic violence in 10 households around your household</b> during COVID-19 lockdown. (Enumerator: Please ensure that the respondent is comfortable and her privacy is guaranteed; use techniques learned in the training session)			
	Type of violence	Occurrence Occurred=1; Did not occur=2; Don't know/not sure=66 (If code "2" or "66", go to the next row)	Occurred in how many households (In number: 1 to 10)	Frequency of occurrence Occurred almost daily=1; Occurred frequently=2; Occurred rarely=3; Occurred very rarely=4
1	2	3	4	5
<b>Women and Adolescent</b>				
1.	Verbal abuse			
2.	Beating			
3.	Sexual harassment			
4.	Acid throwing			
5.	Trafficking			
6.	Forced prostitution			
7.	Murder			
8.	Compelled to suicide			
9.	Throw out from home			
<b>Children (0-14 years)</b>				
10.	Verbal abuse			
11.	Beating			
12.	Sexual harassment			
13.	Acid throwing			
14.	Trafficking			
15.	Forced prostitution			
16.	Murder			
17.	Compelled to suicide			
18.	Throw out from home			
<b>Older people (60+)</b>				
19.	Verbal abuse			
20.	Beating			
21.	Murder			
22.	Compelled to suicide			
23.	Throw out from home			

### Section 13: Market Vulnerability

		Before lockdown	After the lockdown (June 2020)
1301	Did you experience any shortage of necessary products in the local market?	Yes=1; No=2	Yes=1; No=2
1302	Did you experience any price hike in food items?	Yes=1; No=2 (skip to 1304)	Yes=1; No=2 (skip to 1304)

		Before lockdown	After the lockdown (June 2020)
1303	If "yes" in 1302, how did you adjust with the increased price?  (multiple responses possible)	Decrease in food consumption of the household = 1; Selling assets to cover household expenditure=2; Spending the savings to meet household expenditure=3; Reducing other necessary expenditures to meet the food expenses=4; Credit for maintaining household expenditure=5; Household member migrated out = 6; Sharing household rent (sub-let)=7; Moved to lower rented place = 8; Seek support from the community-based organisation of NUPRP = 9; Purchase goods from open Market Sales by GoB=10; Govt. aid=11; Non-govt. aid=12; Individual Grant=13; Others (please specify...)=97	Decrease in food consumption of the household = 1; Selling assets to cover household expenditure=2; Spending the savings to meet household expenditure=3; Reducing other necessary expenditures to meet the food expenses=4; Credit for maintaining household expenditure=5; Household member migrated out = 6; Sharing household rent (sub-let)=7; Moved to lower rented place = 8; Seek support from the community-based organisation of NUPRP = 9; Purchase goods from open Market Sales by GoB=10; Govt. aid=11; Non-govt. aid=12 ; Individual Grant=13; Ration card (food subsidy)=14; Others (please specify.....)=97
1304	If involved in a business, did COVID-19 impact your business?		Yes=1; No=2; Not Applicable=99 (If code "2" and "99" skip to 1401)
1305	What are the impacts? (multiple responses possible)		Not able to sell business products=1; Even if it can sell business products, did not get the expected price=2; Reducing-necessary expenditure for taking preparation to business again=3; Becoming debt-ridden while preparing to start business again=4; Debt instalment, rent utilities bill is accumulating due to business suspended=5; Reducing food consumption for taking preparation to re-start own small business=6; Business closed=7; Others (please specify.....)=97
1306	What immediate supports do you require to reinstate your business? (multiple responses possible)	A loan with easy terms=1; A small grant=2; Receive support (training, plan, etc.) in starting a new IGA=3; Others (specify)=97	

### Section 14: Access to Institution

1401. Please tell us about your (or any other household members) trust and confidence in various institutions and community leadership for various services and times of your needs?			
Type of institutions and leadership	Did you or your household member get any help or services during COVID-19?  Yes=1; No=2 (If "no" go to the next row)	What kind of help or service did you receive?  (Use code) (multiple response possible)	Satisfaction on the help or service received?  Highly satisfactory=1; Somewhat satisfactory=2; Not Satisfactory=3
1	2	3	4
a. Ward Councilor of City Corporation/Paurashava			
b. City Corporation/Paurashava Officials			
c. Police Station and other law enforcing authority			
d. WASA			
e. Voluntary Organisations			
f. NGOs			
g. Religious institution/leaders			
h. Political party leader			
i. Community leader (except NUPRP)			
j. NUPRP supported savings and credit group			
k. NUPRP supported CDC leader			
l. NUPRP supported CDC cluster leader			
m. NUPRP supported Town Federation leader			
<b>Code (column 3):</b> Food =1; Handwashing materials=2; Cash support=3; Loan=4; Information=5; Hand washing facility installation=6; Management support in physical distancing/movement restriction=7; Others (specify.....)=97			

### Section 15: Transportation

1501	What mode of transportation was used during COVID-19 lockdown? (multiple responses possible)	Walking=1; Rickshaw/auto rickshaw (Tomtom)=2; Bicycle=3; Tempo/Maxi/Leguna=4; Bus=5; CNG=6; Car=7; Ambulance=8; Truck=9; Did not move=10 (skip to 1503); Others (specify.....)=97 (If code "10" skip to 1503)
1502	What type of challenges faced in getting transport? (multiple responses possible)	Lack of public transportation =1; Fare is higher=2; Alternate carrier with higher cost=3; Have to wait a long time for transport=4; No challenges faced=5; Others (specify .....)=97



		Before Lockdown	During lockdown (26 March – 31 May)
1503.	How many times did you go to the market or shop in a week?		
<b>Section 16: Aspiration</b>			
		Before lockdown	After the lockdown (June 2020)
1601.	Do you think the COVID-19 situation will be improved soon?		Yes =1; No=2; Do not know=66
1602.	How optimistic are/were you about your future?	Not at all optimistic=1; Slightly optimistic=2; Optimistic=3; Very optimistic=4	Not at all optimistic=1; Slightly optimistic =2; Optimistic=3; Very optimistic=4
1603.	How optimistic are/were you about your children's future(s)?	Not at all optimistic=1; Slightly optimistic=2; Optimistic=3; Very optimistic=4; Not applicable=99	Not at all optimistic=1; Slightly optimistic=2; Optimistic=3; Very optimistic=4; Not applicable=99
1604.	Overall, how satisfied are/were you with your life?	Highly satisfied =1; satisfied =2; Moderate =3; Dissatisfied =4; Extremely Dissatisfied=5	Highly satisfied =1; satisfied =2; Moderate =3; Dissatisfied =4; Extremely Dissatisfied=5
1605	Please share with us your perception about how long it may take to get things or life back to normal (as it was before COVID-19 pandemic)?	The human being is endowed with strong inherent power, so very soon they will return to the earlier (class) position=1; It will take six months to 1year to return to the earlier position=2; It will take one year to 2 years to return to the earlier position=3; It will take two to three years to return to the earlier position=4; It will take three to five years to return to the earlier position=5; It will take five to ten years to return to the earlier position=6; It is not possible to return to the previous class structure in the next ten years=7; Once go down, it is never possible to go up again=8; Only God Knows, human beings are not in a position to predict=9	

We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. The data will be of immense help in formulating relevant policies and programmes aiming at poverty reduction and the development of Bangladesh in this COVID-19 crisis.

Many thanks for your precious time and cooperation.  
 We wish safe and sound health to all of your household members.  
 We believe you will cope up with the ongoing challenges.  
 We pray for your wellbeing and prosperity.

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 2: Key Informant Interview-01  
KII with Community Development Committee (CDC)/CDC-Cluster Leader**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown." We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this program, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to know about the situation of urban poor living in the low-income settlement/area in this municipality (City Corporation/ Paurashava). We cordially invite you to participate in this interview as you have been selected as one of the key informants and answer some questions related to UNDP-NUPRP and COVID-19 pandemic.

Your thoughtful views, insights, opinions, and recommendations under this interview will not only be highly useful for the successful administration of this program but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purposes. The interview will require around one hour.

Are you willing to participate in this interview and like to respond to some questions about the state of the poor urban community in the COVID-19 pandemic?

Yes = 1,    No = 2

[Interviewer: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]

**Conducted for**



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Phone: (+88 02) 8116972, 58157621, Fax: (+88 02) 58157620; Email: [info@hdrc-bd.com](mailto:info@hdrc-bd.com); [hdrc.bd@gmail.com](mailto:hdrc.bd@gmail.com)  
Web: [www.hdrc-bd.com](http://www.hdrc-bd.com)

July 2020

Key Informant's Information										
A.	Name of the key-informant:									
B.	Occupation:									
C.	Designation/position:	CDC				CDC-Cluster				
D.	Name of CDC and CDC Cluster:									
E.	Name of slum/settlement:									
F.	Mahalla/ Ward:									
G.	City Corporation/ Paurashava:									
H.	Contact Phone/mobile:									
	0	1								

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of the interviewer			
Signature			
Name of the note taker			
Signature			

Key Informant Interview Issues		
1.	<b>COVID-19 Impact</b>	
	1.1	How will you assess the overall COVID-19 pandemic situation (immediate effect) of this low-income settlement/area? (Guiding points for the interviewer: panic, social unrest, economic crisis, migration)
	1.2	What are the possible long-term effects of COVID-19 on urban poor living in this low-income settlement/area?
2.	<b>Education</b> (In the context of crisis due to COVID-19 pandemic)	
	2.1	How this long study breaks affected school-going children? (Guiding points for the interviewer: discontinuation/drop-out, forced child labour)
	2.2	How this long study breaks affected school-going adolescent girls? (Guiding points for the interviewer: discontinuation/drop-out, early marriage, forced labour, domestic violence)
	2.3	Do you think caregivers/parents of this community can facilitate home-based learning? If not, what could be the alternative solution?
3.	<b>Livelihood and Socio-Economic Status</b> (In the context of crisis due to COVID-19 pandemic)	
	3.1	Please briefly tell us about the livelihood situation of the community? (Guiding points for the interviewer: Job/business loss, change of job/business, income decline, accommodation change)
	3.2	How would you assess changes in the socio-economic status of urban poor (new poor- poor become poorer) due to the COVID-19 pandemic affect?
	3.3	Could you suggest possible income-generating activities (IGA) and/or business enterprise opportunities for the urban poor? What types of skill-based training will be necessary in this regard?
	3.4	Would you like to suggest any change to reprogram the business development grant and skill-building grant/apprenticeship grant of UNDP-NUPRP?

	3.5	Please suggest possible interventions/actions required to help urban poor to revert from greater poverty?
4.	<b>WASH</b> (In the context of crisis due to COVID-19 pandemic)	
	4.1	How will you assess overall WASH facilities (including handwashing points, hygiene of toilet, social distancing during water collection, waste disposal) available for the community people living in this settlement/area? What are the required WASH supports for the community?
	4.2	Would you tell us the role of CDC/CDC-Cluster in facilitating WASH support to prevent the outbreak of COVID-19?
5.	<b>Housing and Accommodation</b> (In the context of crisis due to COVID-19 pandemic)	
	Would you kindly explain the overall accommodation condition of this settlement/area?	
	5.1	Are room/land tenants facing any challenge to pay rent due to COVID-19? Please describe.
	5.2	How are such challenges addressed? Please share your experience with the community.
6.	<b>Savings and Credit</b> (In the context of crisis due to COVID-19 pandemic)	
	6.1	Briefly tell us about the changes in modalities and activities of UNDP-NUPRP supported Savings and Credit Group (SCG), including the role of SCG members?
	6.2	What are the needs of UNDP-NUPRP supported SCG (including mentoring, guidance)?
7.	<b>Healthcare</b> (In the context of crisis due to COVID-19 pandemic)	
	7.1	What differences did you notice regarding services at health facilities during COVID-19 pandemic (Guiding points for the interviewer: unavailability of the doctor, medicine, diagnosis, service refusal without explanation/invalid explanation)?
	7.2	Would you tell us what kinds of COVID-19 related health care services (test, quarantine, medicare, telemedicine, psychological counselling, immunisation, maternal healthcare) are available for this community? What are the requirements of this community?
	7.3	Please suggest possible ways to prepare safe-site for quarantine or isolation facilities? (Guiding points for the interviewer: setting up camp in open ground, transform community centre or as such)
	7.4	Please tell us about stress and/or depression among the community people due to this pandemic?
8.	<b>Domestic Violence</b> (In the context of crisis due to COVID-19 pandemic)	
	8.1	Would you share incidences of stigma and discrimination due to the COVID-19 pandemic against adult women, adolescent girls, older people, the persons with a disability, third gender, and ethnic minority?
	8.2	Would you tell us about the overall situation of domestic violence against children (including child rights violation: verbal abuse, physical abuse, psychological abuse, negligence, forced labour) as a result of the COVID-19 pandemic?
	8.3	In your opinion, what kind of support is required (including medical assistance, legal assistance, counselling, rehabilitation) for the domestic violence-related incidents? What could be the role of the CDC/CDC-Cluster in this regard?
9.	<b>Market Vulnerability</b> (In the context of crisis due to COVID-19 pandemic)	
	9.1	How are businesses of local street vendors and small entrepreneurs affected by the disruption in the market linkages? (Guiding points for the interviewer: lockdown, price instability, interrupted supplies, transportation problems, fear/rumour)
	9.2	In your opinion, what are the possible solutions to ensure price stability, uninterrupted supplies, particularly daily needs, and how market linkage disruptions could be resolved and establish an uninterrupted supply chain?
10.	<b>Community Mobility</b> (In the context of crisis due to COVID-19 pandemic)	
	10.1	Please tell us about the changes enforced to control movement (i.e., road/lane, shop, market, mosque) of the community people to prevent the outbreak of the COVID-19 pandemic?
	10.2	Would you tell us challenges to control the movement of the community people? Would you suggest ways to address those challenges?
11.	<b>Access to Institution</b> (In the context of crisis due to COVID-19 pandemic)	
	Would you tell us from your experience about the inclusion of community voice and participation in the beneficiary selection and distribution of aid from the local government during COVID-19?	
12.	<b>Conclusion</b>	

12.1	As a CDC/CDC-Cluster leader, please share your expectation from UNDP-NUPRP to address the COVID-19 crisis?
12.2	Are there any other recommendations/suggestions/comments from your side, which could be important for the urban poor community and stakeholders to address the COVID-19 crisis?

**Note for Interviewer/Notetaker**

We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. Insights, opinions, suggestions from you will be of immense help in formulating relevant policies and programs aiming at poverty reduction and development of Bangladesh in this COVID-19 crisis.

Many thanks for your precious time and cooperation.  
 We wish safe and sound health to all of your household members.  
 We believe you will cope up with the ongoing challenges.  
 We pray for your wellbeing and prosperity.

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 3: Key Informant Interview-02  
KII with Town Federation President**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown." We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this program, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to know about the situation of urban poor living in the low-income settlement/area in this municipality (City Corporation/ Paurashava). We cordially invite you to participate in this interview as you have been selected as one of the key informants and answer some questions related to UNDP-NUPRP and COVID-19 pandemic.

Your thoughtful views, insights, opinions, and recommendations under this interview will not only be highly useful for the successful administration of this programme but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purposes. The interview will require around one hour.

Are you willing to participate in this interview and like to respond to some questions about the state of the poor urban community in the COVID-19 pandemic?

Yes = 1,      No = 2

[Interviewer: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]

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Web: [www.hdrc-bd.com](http://www.hdrc-bd.com)

July 2020

Key Informant's Information										
A.	Name of the key-informant:									
B.	Occupation:									
C.	City Corporation/ Paurashava									
D.	Duration of involvement with Town Federation (month):									
E.	Contact Phone/mobile:									
	0	1								

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of the interviewer			
Signature			
Name of the note taker			
Signature			

Key Informant Interview Issues		
1.	<b>COVID-19 Impact</b>	
	1.1	How will you assess the overall COVID-19 pandemic situation (immediate effect) of this City Corporation/ Paurashava? (Guiding points for the interviewer: panic, social unrest, economic crisis, migration)
	1.2	What are the possible long-term effects of COVID-19 on urban poor living in this City Corporation/ Paurashava?
	1.3	Would you please tell us about NUPRP and alike other programmes related to community activities in the poor urban settlement focusing on the COVID-19 pandemic?
2.	<b>Education</b> (In the context of crisis due to COVID-19 pandemic)	
	2.1	In your opinion, what could be the ultimate effect of study break school-going children and adolescent girls? (Guiding points for the interviewer: discontinuation/drop-out, early marriage, stress/depression, forced child labour)
	2.2	Would you like to suggest any changes required to reprogramme the education component of UNDP-NUPRP to address the educational need of urban poor children?
3.	<b>Livelihood</b> (In the context of crisis due to COVID-19 pandemic)	
	3.1	Would you briefly tell us about the livelihood situation of the poor urban community? (including job/business loss, change of job/business, income decline)
	3.2	What changes required to reprogramme the business development grant and skill-building grant/apprenticeship grant?
4.	<b>WASH</b> (In the context of crisis due to COVID-19 pandemic)	
	How will you assess overall WASH facilities (including handwashing point, mobile toilet, drainage, waste management) available for the urban poor living in the low-income settlements of this City Corporation/ Paurashava? If inadequate, what kind of WASH facilities required to set up at the community level?	
5.	<b>Savings and Credit</b> (In the context of crisis due to COVID-19 pandemic)	
	What are the needs of UNDP-NUPRP supported Savings and Credit Group activities like mentoring/guidance?	
6.	<b>Socio-Economic Status</b> (In the context of crisis due to COVID-19 pandemic)	
	Please suggest possible interventions to help urban poor to revert from greater poverty?	

7.	<b>Healthcare</b> (In the context of crisis due to COVID-19 pandemic)	
	7.1	In your opinion, what are the needs and ways to expand actions/activities to improve the healthcare services (including COVID-19 test, quarantine, telemedicine, psychological counselling, basic health care, immunisation, and maternal healthcare) focusing COVID-19?
	7.2	Please suggest how to prepare safe-site to use as quarantine or isolation facilities (including setting up camp in open ground, transform community centre or as such)?
8.	<b>Domestic Violence</b> (In the context of crisis due to COVID-19 pandemic)	
	In your opinion, what are the necessary support (including medical assistance, legal assistance, counselling, rehabilitation) to address domestic violence?	
9.	<b>Market Vulnerability</b> (In the context of crisis due to COVID-19 pandemic)	
	In your opinion, what are the possible solutions to ensure price stability, uninterrupted supplies (particularly daily needs)?	
10.	<b>Community Mobility</b> (In the context of crisis due to COVID-19 pandemic)	
	Would you suggest how to manage community peoples' movement to prevent the outbreak of the COVID-19 pandemic? What could be the role of the Town Federation in this regard?	
11.	<b>Aid/Relief/Grant</b> (In the context of crisis due to COVID-19 pandemic)	
	11.1	We came to know that various stakeholders provided different types of aid/support (in cash or kind) to the urban poor people of this municipality during the COVID-19 pandemic, please describe the aid/support provided and the process followed.
	11.2	Would you tell us from your experience about the inclusion of community voice and participation in relief/support activities (including beneficiary selection, distribution) from local government?
	11.3	What else aid/support were necessary apart from the mentioned ones?
12.	<b>Coordination</b> (In the context of crisis due to COVID-19 pandemic)	
	12.1	Please describe the role of the Town Federation in coordinating aid/support activities during the COVID-19 pandemic?
	12.2	How could the role of the Town Federation be strengthened to address challenges regarding coordination of aid/support activities?
13	<b>Conclusion</b>	
	13.1	Finally, as a Town Federation President/leader, please share your expectation from UNDP-NUPRP?
	13.2	Are there any other recommendations/suggestions/comments from your side, which could be important for the urban poor community and stakeholders to address the COVID-19 crisis?

**Note for Interviewer/Notetaker**

We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. Insights, opinions, suggestions from you will be of immense help in formulating relevant policies and programs aiming at poverty reduction and development of Bangladesh in this COVID-19 crisis.

Many thanks for your precious time and cooperation.  
We wish safe and sound health to all of your household members.  
We believe you will cope up with the ongoing challenges.  
We pray for your wellbeing and prosperity.



**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 4: Key Informant Interview-03  
KII with UNDP-NUPRP's Town Manager**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown". We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities living in this municipality.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this programme, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to know about the situation of urban poor living in the low-income settlement/area in this municipality (City Corporation/ Paurashava). We cordially invite you to participate in this interview as you have been selected as one of the key informants and answer some questions related to UNDP-NUPRP and COVID-19 pandemic.

Your thoughtful views, insights, opinions and recommendations under this interview will not only be highly useful for the successful administration of this programme but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purpose. The interview will require around one hour.

Are you willing to participate in this interview and like to respond to some questions about the state of the poor urban community in the COVID-19 pandemic?

Yes = 1,      No = 2

[Interviewer: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]

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**Conducted by**



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Web: [www.hdrc-bd.com](http://www.hdrc-bd.com)

July 2020

Key Informant's Information											
A)	Name:										
B)	Length of service as a Town Manager (in the month):										
C)	City Corporation/Paurashava:										
D)	Contact Phone/mobile:										
	0	1									
E)	Email ID (if any):										

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of the interviewer			
Signature			
Name of the note taker			
Signature			

### Key Informant Interview Issues

Livelihood Development (In the context of crisis due to COVID-19 pandemic)		
1.	1.1.	How the overall socio-economic status of people living in poor urban settlement has changed due to the COVID-19 effect?
	1.2.	What could be the possible interventions to create employment opportunities for urban poor people, who have lost their jobs/business due to COVID-19?
	1.3.	What are the actions/activities from UNDP-NUPRP to create employment opportunities?
	1.4.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to create employment opportunities?
WASH (In the context of crisis due to COVID-19 pandemic)		
2.	2.1.	What measures have been taken by UNDP-NUPRP to improve WASH facilities in the poor urban settlement during COVID-19? How was the necessity of such measures assessed? Please describe.
	2.2.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to improve the overall WASH facilities (including handwashing point, mobile toilet, drainage, waste management) focusing the COVID-19?
Food Security (In the context of crisis due to COVID-19 pandemic)		
3.	3.1.	Would you please explain the measures are/were taken from UNDP-NUPRP to ensure the food security of urban poor people during COVID-19?
	3.2.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to improve the food security focusing the COVID-19?
Healthcare (In the context of crisis due to COVID-19 pandemic)		
4.	4.1.	Has UNDP-NUPRP taken any initiatives to improve healthcare services for urban poor people, especially for women and children during the COVID-19? Please describe.
	4.2.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to improve the healthcare services (including COVID-19 testing, basic healthcare, immunisation, and maternal healthcare) focusing the COVID-19?
Education (In the context of crisis due to COVID-19 pandemic)		
5.	5.1.	Would you please explain the measures are/were taken by UNDP-NUPRP to reduce the ill effects (including dropout, child labour, early marriage) of interruption of educational activities during the COVID-19?
	5.2.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to prevent such ill effects?

<b>Domestic Violence</b> (In the context of crisis due to COVID-19 pandemic)		
6.	6.1.	Did you notice that the COVID-19 pandemic has instigated an increase in domestic violence in the poor urban settlement? If yes, how is the scenario compared to the before COVID-19 crisis?
	6.2.	Have there been any initiatives by UNDP-NUPRP to prevent domestic violence during the COVID-19 crisis? If yes, please describe the UNDP-NUPRP initiatives.
	6.3.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to prevent domestic violence during the COVID-19?
<b>Issues related Persons with 'Disability', Older people and Children</b> (In the context of crisis due to COVID-19 pandemic)		
7.	7.1.	Would you please tell us about the difficulties/challenges faced by the following groups of people due to the COVID-19 pandemic? i. Persons with disability ii. Older people iii. Children
	7.2.	Has UNDP-NUPRP taken any initiatives to overcome the difficulties/challenges of the following groups? Please describe. i. Persons with disability ii. Older people iii. Children
	7.3.	In your opinion, what are the needs and ways to expand actions/activities of UNDP-NUPRP to overcome the difficulties/challenges of the following groups? i. Persons with disability ii. Older people iii. Children
<b>Aid/support by UNDP-NUPRP</b> (In the context of crisis due to COVID-19 pandemic)		
8.	We came to know about the aid/support (in cash or kind) provided by UNDP-NUPRP during COVID-19 pandemic. Please describe the aid/support provided, and the process followed.	
<b>Reprogramming needs</b> (In the context of crisis due to COVID-19 pandemic)		
9.	Do you think reprogramming of the interventions of the UNDP-NUPRP needed considering COVID-19 effect? Please share reprogramming ideas regarding the following interventions? a) SEF (Socio-Economic Fund): i. Business grant ii. Skills-development/Apprenticeship grant iii. Education grant iv. Nutrition assistance b) SIF (Settlement Improvement Fund) c) CRMIF (Climate Resilient Municipal Infrastructure Fund) d) CHDF (Community Housing Development Fund)	
<b>Coordination</b> (In the context of crisis due to COVID-19 pandemic)		
10.	10.1.	Please describe the coordination mechanism among the key stakeholders focusing on poor urban communities during COVID-19 pandemic?
	10.2.	In this regard, what were the challenges and how to address such challenges?
<b>Conclusion</b>		
11.	Are there any other recommendations/suggestions/comments from your side, which could be important for the poor urban community to address the COVID-19 crisis?	
<p align="center"><b><u>Note for Interviewer/Notetaker</u></b></p> <p>We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. Insights, opinions, suggestions from you will be of immense help in formulating relevant policies and programmes aiming at poverty reduction and development of Bangladesh, in this COVID-19 crisis.</p> <p align="center">Many thanks for your precious time and cooperation.</p> <p align="center">We wish safe and sound health to all of your household members.</p> <p align="center">We believe you will cope up with the ongoing challenges.</p> <p align="center">We pray for your wellbeing and prosperity.</p>		

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 5: Key Informant Interview-04  
KII with Slum Development Officer**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown." We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities living in this municipality.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this programme, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to know about the situation of urban poor living in the low-income settlement/area in this municipality (City Corporation/ Paurashava). We cordially invite you to participate in this interview as you have been selected as one of the key informants and answer some questions related to UNDP-NUPRP and COVID-19 pandemic.

Your thoughtful views, insights, opinions, and recommendations under this interview will not only be highly useful for the successful administration of this programme but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purposes. The interview will require around one hour.

Are you willing to participate in this interview and like to respond to some questions about the state of the poor urban community in the COVID-19 pandemic?

Yes = 1,      No = 2

[Interviewer: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]

**Conducted for**



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Web: [www.hdrc-bd.com](http://www.hdrc-bd.com)

July 2020

Key Informant's Information											
A)	Name:										
B)	Length of service as a Slum Development Officer (month):										
C)	City Corporation/Paurashava:										
D)	Contact Phone/mobile:										
	0	1									
E)	Email ID (if any):										

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of the interviewer			
Signature			
Name of the note taker			
Signature			

### Key Informant Interview Issues

Livelihood Development (In the context of crisis due to COVID-19 pandemic)		
1.	1.1.	How the overall socio-economic status of people living in poor urban settlement has changed due to the COVID-19 effect?
	1.2.	What could be the possible interventions to create employment opportunities for urban poor people who have lost their jobs/businesses due to the COVID-19?
	1.3.	What are the actions/activities from different stakeholders to create employment opportunities?
	1.4.	In your opinion, what are the needs and ways to expand current actions/activities to create employment opportunities?
WASH (In the context of crisis due to COVID-19 pandemic)		
2.	2.1.	What measures have been taken to improve WASH facilities in the poor urban settlement during the COVID-19? How was the necessity of such measures assessed? Please describe.
	2.2.	In your opinion, what are the needs and ways to expand actions/activities to improve overall WASH facilities (including handwashing point, mobile toilet, drainage, waste management) focusing the COVID-19?
Food Security (In the context of crisis due to COVID-19 pandemic)		
3.	3.1.	Would you please explain the measures are/were taken by different stakeholders to ensure the food security of urban poor people during the COVID-19?
	3.2.	In your opinion, what are the needs and ways to expand actions/activities to improve the food security focusing the COVID-19?
Healthcare (In the context of crisis due to COVID-19 pandemic)		
4.	4.1.	What initiatives have been taken to improve the healthcare services for urban poor people, especially for women and children during the COVID-19? Please describe.
	4.2.	In your opinion, what are the needs and ways to expand actions/activities to improve the healthcare services (i.e., COVID-19 testing, basic healthcare, immunisation, and maternal healthcare) focusing the COVID-19?
Education (In the context of crisis due to COVID-19 pandemic)		
5.	5.1.	Would you please explain the measures are/were taken by different stakeholders to reduce the ill effects (i.e., dropout, child labour, early marriage) of interruption of educational activities during the COVID-19?

	5.2.	In your opinion, what are the needs and ways to expand the actions/activities of different stakeholders to prevent such ill effects?
<b>Community Mobility</b> (In the context of crisis due to COVID-19 pandemic)		
6.	6.1.	Would you please tell us about the initiatives taken to ensure movement-management/physical distancing in the poor urban settlement of your working area?
	6.2.	What were the challenges of implementing it? How were such challenges managed?
	6.3.	In this regard, what are your suggestions considering the COVID-19 pandemic?
<b>Domestic Violence</b> (In the context of crisis due to COVID-19 pandemic)		
7.	7.1.	Do you think the COVID-19 pandemic instigated an increase in domestic violence in the poor urban settlement? If Yes, how is the scenario compared to the before COVID-19 crisis?
	7.2.	Have there been any initiatives to prevent increased domestic violence during the COVID-19 crisis? If yes, please detail out the actions.
	7.3.	In this regard, what are your suggestions during the COVID-19 pandemic?
<b>Issues related persons with 'Disability,' Older people and Children</b> (In the context of crisis due to COVID-19 pandemic)		
8.	8.1.	Would you please tell us about the difficulties/challenges faced by the following groups of people due to the COVID-19 pandemic? iv. Persons with disability v. Older people vi. Children
	8.2.	Have any stakeholders taken any initiatives to overcome the difficulties/challenges of the following groups? Please describe. iv. Persons with disability v. Older people vi. Children
	8.3.	In your opinion, what are the needs and ways to expand actions/activities to overcome the difficulties/challenges of the following groups? iv. Persons with disability v. Older people vi. Children
<b>Aid/Relief/Grant</b> (In the context of crisis due to COVID-19 pandemic)		
9.	9.1.	We came to know that various stakeholders provided different types of aid/support (in cash or kind) to the urban poor people of your working area during the COVID-19 pandemic, please describe the aid/support provided and the process followed.
	9.2.	How did you select/target the recipients for the Government/non-government support/relief? In this regard, what were the challenges? How did you overcome/manage?
	9.3.	What else aid/support were necessary apart from the mentioned ones?
<b>Coordination</b> (In the context of crisis due to COVID-19 pandemic)		
10.	10.1.	Please describe the role of the municipality office in coordinating aid and support activities of stakeholders focusing on poor urban communities during the COVID-19 pandemic?
	10.2.	In this regard, what were the challenges and how to address such challenges?
<b>Conclusion</b>		
11.		Are there any other recommendations/suggestions/comments from your side, which could be important for the poor urban community to address the COVID-19 crisis?

**Note for Interviewer/Notetaker**

We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. Insights, opinions, suggestions from you will be of immense help in formulating relevant policies and programmes aiming at poverty reduction and development of Bangladesh, in this COVID-19 crisis.

Many thanks for your precious time and cooperation.  
We wish safe and sound health to all of your household members.  
We believe you will cope up with the ongoing challenges.  
We pray for your wellbeing and prosperity.

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 6: Key Informant Interview-05  
KII with Mayor/Councillor**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown." We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities living in this municipality.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this programme, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to know about the situation of urban poor living in the low-income settlement/area in this municipality (City Corporation/ Paurashava). We cordially invite you to participate in this interview as you have been selected as one of the key informants and answer some questions related to UNDP-NUPRP and COVID-19 pandemic.

Your thoughtful views, insights, opinions, and recommendations under this interview will not only be highly useful for the successful administration of this programme but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purposes. The interview will require around one hour.

Are you willing to participate in this interview and like to respond to some questions about the state of the poor urban community in the COVID-19 pandemic?

Yes = 1,      No = 2

[Interviewer: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]

**Conducted for**



**Conducted by**



**Human Development Research Centre**

*humane development through research and action*

Road 8, House 5, Mohammadia Housing Society, Mohammadpur, Dhaka - 1207, Bangladesh  
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Web: [www.hdrc-bd.com](http://www.hdrc-bd.com)

July 2020

Key Informant's Information										
A)	Name:									
B)	Designation/position:									
C)	Length of service (in years) in current position:									
D)	Ward:									
E)	City Corporation/Paurashava:									
F)	Contact Phone/mobile:									
	0	1								
G)	Email ID (if any):									

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of the interviewer			
Signature			
Name of the note taker			
Signature			

### Key Informant Interview Issues

1. Would you kindly describe the overall COVID-19 pandemic situation in your ward/municipality?
2. What type of following support/assistance did you arrange for urban poor people of your area:
  - i) Food assistance
  - ii) Cash grant
  - iii) WASH support
  - iv) Healthcare support
  - v) Others
3. Were such initiatives (i.e., food assistance, WASH support, cash grant, and healthcare support) able to prevent exclusion of urban poor most affected by COVID-19 pandemic? What was your role in such initiatives?
4. What were the additional community demands regarding WASH (including handwashing point, drainage, and Wastage Management) and healthcare (including testing, quarantine, and counselling)? What types of support did you receive/promise from the government agencies?
5. Would you please tell us about the initiatives taken to ensure movement-management/physical distancing in the poor urban settlements? What were the challenges/problems? How were those managed?
6. Would you please tell us about the contribution of NUPRP and alike programmes for the urban poor focusing the COVID-19 pandemic (Guiding points for the interviewer: food assistance, WASH support, cash grant, and healthcare support)?
7. What is your expectation from UNDP-NUPRP to support poor urban needs focusing on the COVID-19 pandemic?



8. In your opinion, what are the possible long-term effects of COVID-19 on urban poor living in the low-income settlement of your area?
9. Are there any other recommendations/suggestions/comments from your side, which could be important for the poor urban community to address the COVID-19 crisis?

**Note for Interviewer/Notetaker**

We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. Insights, opinions, suggestions from you will be of immense help in formulating relevant policies and programmes aiming at poverty reduction and development of Bangladesh in this COVID-19 crisis.

Many thanks for your precious time and cooperation.  
We wish safe and sound health to all of your household members.  
We believe you will cope up with the ongoing challenges.  
We pray for your wellbeing and prosperity.

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 7: Focus Group Discussion  
FGD with Primary Group Members**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown." We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this program, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to discuss the situation of urban poor living in the low-income settlement/area in this municipality (City Corporation/ Paurashava). We would be grateful if you kindly participate in this discussion as you have been selected as one of the participants to share insights, opinions, and suggestions related to NUPRP and COVID-19 pandemic.

Your shared thoughtful views, insights, opinions, and recommendations in this discussion will not only be highly useful for the successful administration of this program but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purposes. The discussion will require around two hours.

Are you willing to participate in this discussion and like to provide information about your community and municipality?

Yes = 1,      No = 2

[Facilitator: After all the participant agrees, proceed with collect participants information and start discussion session following discussion points]

**Conducted for**



**Conducted by**



**Human Development Research Centre**

*humane development through research and action*

Road 8, House 5, Mohammadia Housing Society, Mohammadpur, Dhaka - 1207, Bangladesh  
Phone: (+88 02) 8116972, 58157621, Fax: (+88 02) 58157620; Email: [info@hdc-bd.com](mailto:info@hdc-bd.com); [hdc-bd@gmail.com](mailto:hdc-bd@gmail.com)  
Web: [www.hdc-bd.com](http://www.hdc-bd.com)

July 2020

FGD Information						
FGD number		Number of participants				
Place of FGD						
Mahalla		Paurashava				
Ward		City Corporation				
Name of slum/ settlement						
Name of PG (if any)						
Name of CDC						
FGD Facilitator	Name		Signature			
FGD Recorder/ Notetaker 1	Name		Signature			
FGD Recorder/ Notetaker 2	Name		Signature			
Date and duration	Date		Start time		End time	

Participants' Information						
Sl.	Name	Age (year)	Education (Highest class passed)	Occupation	Duration of membership in PG/CDC (Month)	Mobile number (if any)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

### General Instructions

- ➔ Find a private space reasonably large enough for all the participants to sit in a circle.
- ➔ Try to ensure well-articulated ventilation in the room and a single line entry-exit point (one person enter or exit at a time).
- ➔ Ensure thermal checked entry (with thermal-meter)
- ➔ Politely discourage older people from participating in the discussion. Ensure that anyone physically unwell (including has the fever, dry cough, or sore throat) does not participate.
- ➔ Politely approach any sick person to leave the discussion for the betterment of all.
- ➔ Provide safety materials (face mask, hand gloves, hand sanitiser) to all the participants, and request them to wear face-mask and hand gloves during the discussion.
- ➔ Strictly ensure physical distancing (keep a distance of at least 1 meter or 3 feet from each other) in the seating arrangement.
- ➔ Request all the participants not to remove their face-mask during the discussion. If required, ask them to talk louder and take time while talking.
- ➔ Considering social distancing might challenge listening, use very careful play-pause-play-rewind without making the participants annoyed.
- ➔ Arrange water and perhaps some refreshments for everyone. Ensure that all the participants maintain hygiene while taking food.
- ➔ Arrive in the spot early and be prepared for the conversation.
- ➔ With permission from the respondents, set the recorders outside the circular arrangement.
- ➔ Ask everyone to turn off their mobile phones.
- ➔ Check on keeping track of time.
- ➔ After ice-breaking, take control of the discussion, keep eye contact with the participants, and discourage them from making noise from shutting doors, windows, or lighting.

### Important points for the facilitation of FGDs

- Ask each participant to say the name they would like to be called by in the group and a positive 'ice-breaker' question, e.g., what do you enjoy about living here?'
- Do not speak too much or give away their own opinions/judgments.
- Request all the participants not to interrupt when someone is sharing something.
- Try not to interrupt unless it is unlistenable at any point of discussion. Gently, request the participant to repeat mentioning her statement is very important, and unfortunately, you missed it.
- Move gently between immediate experiences and more abstract generalisations.
- Make sure everyone speaks and do not get involved in one on one conversations – use body language to shift the discussion towards people showing signs they have something to say or ask carefully what people think about what has just been saying.
- Keep body language open and hands neutral. Do not fold arms or point fingers. Share encouraging, gentle eye contact with everyone present to encourage confidence.
- Mentally note anyone who seems very shy as a people you need to encourage to speak.
- Ensure there are positive moments, especially at the end of the session, but make no 'promises' that cannot be delivered.
- Assure people that the duration of the session is going to be not more than an hour and a half (or perhaps an hour) and stick to that time limit.

## FGD Discussion Issues

### 1. Livelihoods and/or Employment Opportunities

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 1.1. Effect of price volatility, supply crisis, and market instability on the households, entrepreneurs (i.e., vendors, local suppliers).
- 1.2. Livelihoods and/or employment situation of the community/settlement (Guiding points for the facilitator: loss of job/business, change of job/business, salary cut/profit loss).
- 1.3. Needs of income-generating activities (IGA) opportunities.
- 1.4. The needs of business grants and skill development grants/ apprenticeship grants (including mentoring, by UNDP-NUPRP-appointed mentor)
- 1.5. Access and Effectiveness of relief and other supports (Guiding points for the facilitator: from GOB-LGED and other agencies, NGOs, CSOs, Business Enterprises, Individual).
- 1.6. The shift in living place/house/room due to economic vulnerability.
- 1.7. The forced migration of household-members/community people from low-income settlement/area (urban to rural).

### 2. Savings and Credit

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 2.1. Concerns on savings and credits group modalities and activities.
- 2.2. Effects of UNDP-NUPRP supported savings and credit group (SCG).
- 2.3. Expectations from UNDP-NUPRP for further assistance for women's savings and credit groups.

### 3. Education for Children

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 3.1. The consequence of a long break from the formal study at school (Guiding points for the facilitator: discontinuing education, dropout, early marriage, mental depression, or stress).
- 3.2. Plan and practice of parents and children to cope up with this unexpected challenge for education (Guiding points for the facilitator: online class, broadcast of class lectures in TV/Radio, toll-free phone-based education).
- 3.3. Required support to continue education.

### 4. Health Care and Nutrition

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 4.1. Status and challenges of health care support (i.e., urban health care facilities- government, non-government, private).
- 4.2. Status and challenges regarding COVID-19-related and basic healthcare issues (Guiding points for the facilitator: discontinuing education, dropout, early marriage, mental depression or stress COVID-19 test, quarantine, isolation, medicare, psychological counselling, basic healthcare, maternal healthcare, immunisation).
- 4.3. Needs for food and nutrition support, including training (i.e., hygiene).

### 5. Domestic Violence

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 5.1. Concerns on domestic violence against adult women, adolescents, older people, children, and persons with disabilities.
- 5.2. Needs for rapid response (including treatment, legal support, counselling, rehabilitation) to domestic violence (Guiding Points for the facilitator: the role of City Corporation/Paurashava office, elected LGED officials, UNDP-NUPRP, law enforcement agencies, NGOs, CSOs)

### 6. Persons with 'Disability' issues

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 6.1. Challenges for persons with disability to access support (Guiding points for the facilitator: livelihood, relief, WASH, mobility, healthcare).
- 6.2. Needs of the persons with disability to cope up with the challenges.

#### 7. Community Mobility issues

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 7.1. Control of the entry-exit (i.e., community lockdown) points of the settlement/area, including local market to prevent the outbreak of the COVID-19 pandemic.
- 7.2. Challenges of community movement control, practicing social distancing (physical distancing-1 meter or 3 feet).

#### 8. Basic Infrastructure Services and Climate Resilience

In the context of COVID-19 pandemic and concerning the crisis, probe for:

- 8.1. Access, availability, and challenges regarding water, sanitation, and hygiene services—in particular, handwashing, footpath/road cleaning/repairing, drainage/waste management.
- 8.2. Needs for further assistance for basic infrastructure services (Guiding points for the facilitator: GOB-LGED, UNDP-NUPRP, NGOs, CSOs, Business Enterprises).
- 8.3. Community people's participation in the low-income settlement/slum development plan.

#### 9. COVID-19 related Personal Safety Measures

- 9.1. Use of facial mask, gloves, cap, and spectacles for personal safety and hygiene (Guiding points for the facilitator: practice, challenge, solution)
- 9.2. Handwashing practice (Guiding points for the facilitator: practice, challenge, solution)

#### 10. COVID-19 Aftermath

- 10.1. People's perception of their future and future of the community.

#### ***Note for Facilitator/Recorder/Notetaker***

We humbly express our deep sense of gratitude for your willing participation in the discussion. Your valuable insights, comments, and suggestions will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. The information will be of immense help in formulating relevant policies and programmes aiming at poverty reduction and the development of Bangladesh in this COVID-19 crisis.

Many thanks for your precious time and cooperation.  
We wish safe and sound health to all of your household members.  
We believe you will cope up with the ongoing challenges.  
We pray for your wellbeing and prosperity.

**Socio-Economic Assessment of COVID-19 under  
National Urban Poverty Reduction Programme (NUPRP)**

**Data Collection Instrument 8: Key Informant Interview-06  
Chief Medical Officer/ COVID-19 Designated Hospital's Spokesperson**

**Consent Form**

Please, accept our warm greetings in this coronavirus-infected unpredictable and difficult times. We are experiencing many Coronavirus Disease-19 (i.e., COVID-19) infections and deaths around us. There were a Government-announced 66-days long general holidays (26 March–31 May 2020) with restriction-guidelines: popularly known as "lockdown". We would like to understand what changes COVID-19 has brought in the socio-economic situation of the poor urban communities living in this municipality.

The National Urban Poverty Reduction Programme (NUPRP) has initiated this survey. Bangladesh Government and the United Nations Development Programme (UNDP) are jointly implementing this programme, with support from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Government. The UNDP has assigned the Human Development Research Centre (HDRC) – a leading research organisation of Bangladesh– to conduct this assessment.

In this respect, today, we have come from HDRC to know about the situation of coronavirus/COVID-19 related Medicare and healthcare facilities in this municipality (City Corporation/ Paurashava). We cordially invite you to participate in this interview as you have been selected as one of the key informants and answer some questions related to UNDP-NUPRP and COVID-19 pandemic.

Your thoughtful views, insights, opinions, and recommendations under this interview will not only be highly useful for the successful administration of this programme but also will help similar design interventions aiming at poverty reduction and development of Bangladesh. We shall never use the information provided by you separately; rather, we shall use it only for study purposes. The interview will require around one hour.

Are you willing to participate in this interview and like to respond to some questions about the coronavirus/COVID-19 related Medicare and healthcare facilities?

Yes = 1,    No = 2

[Interviewer: After the respondent agrees, proceed with the questionnaire interview; set convenient date and time, if additional time is required.]

**Conducted for**



**Conducted by**



**Human Development Research Centre**  
humane development through research and action

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Web: [www.hdrc-bd.com](http://www.hdrc-bd.com)

July 2020

Key Informant's Information										
A)	Name:									
B)	Designation/position:									
C)	Length of service (in years) in current position:									
E)	City Corporation/Paurashava:									
F)	Contact Phone/mobile:									
	0	1								
G)	Email ID (if any):									

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of the interviewer			
Signature			
Name of the note taker			
Signature			

### Key Informant Interview Issues

1. Your hospital as a designated hospital for coronavirus/COVID-19 related Medicare is trying to give all kind of required medical support to those who are corona affected or COVID-19 positive among people living in the hospital area and adjacent areas. How to expand and strengthen coronavirus/COVID-19 related Medicare of your hospital?
2. Many poor and low-income people are living in the nearby area of your designated hospital. Do you think there is any initiative taken or necessary to take for giving prioritise Medicare to these poor and low-income people?
3. In your opinion, could development partners undertake any Medicare or Healthcare initiatives to counter and prevent coronavirus/COVID-19? Your thoughtful any suggestion/recommendation/guidance will help development partners to undertake relevant initiatives and programme implementation.
4. How could development partners be partnered with your designated hospital to expand and strengthen (i.e., temporary/make-shift Medicare centre, isolation/quarantine, COVID-19 test and sample collection, ICU facilities, the supply of oxygen) it's Medicare considering coronavirus/COVID-19 pandemic as a national security threat? As a stakeholder/partner, what could be the role of development partners?

<b><u>Note for Interviewer/Notetaker</u></b>
<p>We humbly express our deep sense of gratitude for providing us with the necessary information through this interview. These will certainly enrich our knowledge-base about the socio-economic impacts of the COVID-19 pandemic. Insights, opinions, suggestions from you will be of immense help in formulating relevant policies and programmes aiming at poverty reduction and development of Bangladesh in this COVID-19 crisis.</p> <p style="text-align: center;">Many thanks for your precious time and cooperation. We wish safe and sound health to all of your household members. We believe you will cope up with the ongoing challenges. We pray for your wellbeing and prosperity.</p>



## **Annexe 3: List of Surveyed Locations**

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**List of Surveyed Locations (Alphabetically)**

City Corporation/Paurashava	Ward no.	Name of slum/low-income settlement
Chandpur Paurashava	1	Juli Bagan; Kulir Bagan; Meghna Biri Factory; Merkatiz Road; Merkatiz Road Dokkhin; Mijan Mizi Area; Mom Factory; Nitayganj Suruj Mohol; Suruj Mohol Manik Mizi; Suruf Mohol Usuf Mizi.
	2	Aliar Bil, Dash Para; Dewan Bari; Ghosh Para; Miajan Gazi Bari Area; Mizi Bari; Maddham Sree Ramdi; Munshi Bari; Pashchim Jafrabad.
	3	Pashchim Sree Ramdi; Patowary Bari.
	5	Koila Ghat.
	6	Koila Ghat.
	7	Club Road; Meghna Nodir Par, Railway Bangla Pilot House; Railway Colony; Railway Sromik Colony.
Chattogram City Corporation	1	Foteyanad Durgabari; Mahmudabad Dokhinpara; Poler ghora hatia colony; Polergora hatia coloni; Poschim Aman Bazar Shanti colony; Sekandar colony; Uttar sondip colony.
	5	Analet Ali Sowdagor Bari; Dhokin Jalapara; Kumarpapa; Hamid Char
	13	Ambagan School Colony; Ambagan Chinomul Colony; 3/4 Banglo Purba.
	18	Bolir Mosjid Para; Bolir Hat Uttor Para; Bolir Hat Para; Oyaijapara Uttar.
	24	Anondopur; Ashkarabad; Dokhin Mistri Para; Mistripara; Panwala Para; Poschim Mistri para; Rongopara
Cumilla City Corporation	5	Raj Bari Compound; Rishi Potti Gang Chor
	6	Purbo Chanpur; Suvopur Gang Par
	11	Kandirpar; Monohorpur.
	16	Songrash; Tikkarchor.
Dhaka North City Corporation	1	Chairman Market Bosti; Abdullapur
	2	Beguntala Bosti; Brindaban bosti; Hindu Para; Muktizodha Complex; New kurmitola camp; Puraton Bosti.
	3	Beguntala Bosti
	5	Bauniabad; Madrasha b; Rabita Camp; Rahmat Camp; Shonali Camp
	6	7 No. Zhilpar; Cholontik.
	15	14 No. Tinsed Bosti, Begunbari Bosti.
	19	Jamaibazar Poschim; Jamaibazzar Modhopara; Korail 1No. Unit Bottola; Korail 1No. Unit Lake par; Korail 1No Unit Moddhopara; Korail Bou Bazar; Korail T&T Coloni.
	20	Korail beltola pashim; Sattola Bottola; Sattola Mastarpara; Sattola Stuff Quarter
	28	Agarga BNP Bosti; Agargoan Lake Par; Agargoan Police Fari; Agragoan Tarer Bera.
Dhaka South City Corporation	14	Hazaribagh Boubazzar
	55	Hasan Nagor; Hajaribag Balur Char; Hazaribag Balurmath; Kalu Nagor; Paschim Rosulpur.
	56	Paschim Rosulpur.
	59	Dhaka Match Colony
Faridpur Paurashava	1	Pranto Khodabox Road
	2	Mohair Colony

City Corporation/Paurashava	Ward no.	Name of slum/low-income settlement
	3	Poshchim Kabashpur Majhipara
	6	Bodorpur; Domrakandi
	7	Alipur Bandobi Polli
	8	Santinagar Railway
	9	2 No. Kuthibari; Adarsho Nagor
	11	Alipur Beribadh
Gazipur City Corporation	26	East Bilashpur; Kolabagan; Lalmath; Munshipara
	30	Baluchakuli; Bangalgache; Nilerpara Dakkhin; Nilerpara dakkhin; Nilerpara Paschim; Nilerpra Purbo.
	40	Joynagar Sapurapara
	41	Pubail Nayanipara
	42	Khalla Para
	46	Amtoli; Keranirtek; Nowagaon
	47	Morkun Poschim-1
	55	Kolabagan Dokkhin; Zinnat Textile purbo
Khulna City Corporation	10	Chitralee Bazar; Kashipur; Thana Abashik Area.
	11	T&T Colony
	15	Alam Nagar Rail Site; Pal Para.
	16	Hamidnagar; Jora Gate Rail Line; Kolabagan; Mitali Colony; Shorok Bhaban.
	17	Hafiznagar; Khan Para; Nurani Moholla; Sordar Para; Suanddane. Main. Road.
	19	Bismillah Moholla; Shah Bari.
	21	Greenland; Jora Gate Rail Line.
	22	Notun Bazar; Rupsha Char.
	24	Iqbal Nagar
	25	North Khala Bank Road
	26	Kashemabad O Sahntibag lane; North Khala Bank Road
Kushtia paurashava	10	Charbadh Para
	13	Hazi More Uttar Para
	14	Jugia Pashchim Madrasha Para
	15	Jugia Bhatapara
	16	Baradi Khalpara
	17	Minapara
	19	Jagoti Shah Para
	21	Lahini Kormoker Para; Mollha Teguriya Bridge Para
Mymensingh City Corporation	2	Refugee Patti
	13	Bash Bari;
	14	Charpara Bow Bazar
	15	Maskanda Dokkhinpara; Maskanda Pulpar; Maskanda Purbopara.
	17	Baghmar
	18	Atani Pukurpar; Islambagh; J.C. Guho Road; Krishotpur Adarsho;
	19	Bin Potti; Muktijoddha Abashon Prokolpo Purbo; Patgudam Duldul Camp; Vatikhashor.
	20	Refugee Patti; Keoutkhali Pashchimpara
Narayanganj City Corporation	2	Chowdhury Para
	6	Shimulpara

City Corporation/Paurashava	Ward no.	Name of slum/low-income settlement
	8	Mollah Bari
	10	Arambag; Bagpara; Hazaribag Jelepura; Panir Kol.
	11	Khanpur Shordarpara
	12	Bank Colony; Khanpur Bowbazar
	13	Kumudini Bagan
	14	Deavog Panir Tanki; New Palpara
	15	New Jimkhana; Uttor Relly Bagan
	17	Namapara
	18	Dakkhin Nalua; Deyara; Rishipara; Shohid Nagor
Patuakhali Paurashava	1	Town Bohalgachi Pachim
	2	College Road; Katpotti
	3	Chalk Bazar; Fishing Potti; Kormoker Potti; Shimulbag.
	4	Arambag; Chalk Bazar; Dasbari; Howladarbari; Politechnic; Sabuzbag Payadabari; Sahapara Arambag; Sahapara Ramgonj
	5	Sishupark Moddho; Sishupark Pashschim; Sishupark Purbo
	6	Akm College Bishawas Patti; Charpara Shanirvor Road; Feri Ghat Bridge; Shanirvor Road Pashchim.
	7	Chawkidar Bari; Chaprashai Bari; Mira Bari.
	9	Feri Ghat Bridge; Hawladar Bari; Majhagram; Masjid Sarok; Muktijoddha Sarok; Puran Ferigat; Simpirkalbat.
Rajshahi city corporation	7	Sree Rampur Vanga Para
	17	Bharali Para
	18	Gang Para O Paba Natun Para; Paba Gang Para; Paba Sawtalpara; Paba Natun Para
	19	Chandrima-1; Choto Bongram (South); Vodra Laker Dhar.
	26	Chalkpara
	27	Upur Bhadra O Baliapukur
	29	Dasmari Moddho Para
Rangpur City Corporation	12	Moddho Gopinathpur
	19	Pashchim Nilkantha
	20	Guratipara
	23	Hunumantola; New Jummapara
	24	Tatipara
	25	Pashchim Mistripara; Shalbon Mistripara; Shikkhangon
	32	Dhormodash Dulapara; Dhormodash Pathanpara.
Sylhet City Corporation	1	Razar Goli; Dariapara
	4	Ambarkhana
	5	Dilu Miar Bosti; Juber Khaner Bosti; Salem Bosti
	6	Badam Bagicha; Pir Moholla
	10	Ghasitola
	11	Lal Dighir Par; Vatalia
	12	Forest Colony; Sheikh Ghat; Vangatikor
	13	Khulia Para
	19	Chardighir Par; Tatipara
	17	Insan Shahr Goli
	19	Doptoripara
	20	Gopaltila; Mojumdarpara

City Corporation/Paurashava	Ward no.	Name of slum/low-income settlement
	23	Masimpur Borobari; Masimpur Kuriapara; Mustak Miar Colony
	24	Golapbag; Gotatukor; Lamapara; Purbo Sada Tikor; Sahjahan Miar Bosoti; Tultikor
	27	Jogi Shoshan

## **Annexe 4: Study Team**

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**RESEARCH TEAM****Team Leader**

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**MANAGEMENT TEAM****Financial Management**

Abu Taleb

**Administrative Management**

Sabed Ali

Md Arif Miah

**Survey Management**

Md. Kabiruzzaman

**Support Services**

Syed Junnun Hasan

Md Moin

Md Aslam

Prasenjit Tangchangya

## FIELD DATA COLLECTION TEAM

### Field Supervisor

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Md Mahabubur Rahman	Md Mamun Hossain
Syed Zafur Sadak	Md Golam Jakaria
Md Golam Mostafa	Mamun or Rashid
Tania Tazrin	Mafizur Rahman
Md Shafiqul Islam	Md Awlia Hasan
Mst China Khatun	Sharmin Sultana
Syed Azharul Islam	

### Field Investigator

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Sonia	Md Anamul Hasan
Aysha Khatun	Mst Maksuda Khatun
Jesmin Akter	Mst Sumi Khautun
Mira Baroi	Annam Khan
Aleya Parven	Romana Akter
Sadia Khanom	Zesmin Nahar
Sali Akter	Md Salim Sheikh
Rujina Akter	Amena Akter Urmi
Md Abu Sayed Mia	Mousumi
Sonya Akter	Kamrul Islam
Mohammad Monir Hossain	Lutfun Nessa
Salma Akter Keya	Akhi Akter Bristy