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Addressing COVID-19's uneven impacts on vulnerable populations in Bangladesh: The case for shock-responsive social protection

by Sarah Sabin Khan and Sarah Amena Khan¹

As in many countries worldwide, the ongoing COVID-19 pandemic and its containment measures aggravated poverty in Bangladesh. Poor and vulnerable population groups were among the hardest hit. This brief draws on key findings from a UNDP Bangladesh survey on COVID-19 impacts during the pandemic's first wave in early 2020. It covered 2,500 UNDP beneficiary households (HHs) across the country. In addition to severe income shocks, analysis reveals that the crisis amplified existing multidimensional vulnerabilities among HHs. Existing social safety net (SSN) programmes were inadequate to address different vulnerabilities. Against this backdrop, this brief underscores the need for Bangladesh's continued attention on reforming its social protection system to make it more employment-focused, shock-responsive and universal in line with national priorities and for COVID recovery.

The context

During the pandemic's onset in March 2020, Bangladesh stood at a critical development juncture. Building on strong economic growth and human development, the country was ready to

embark on its vision of becoming a developed nation by 2041, with prospective graduation out of least developed country status by 2026.² Achieving this vision would also entail attaining

the Sustainable Development Goals (SDGs) by 2030 and achieving upper-middle-income country status by 2031. However, Bangladesh was already grappling with tackling key challenges: rising inequality, inadequate decent job opportunities, underutilized youth population, low domestic resource mobilization and private investment, and risks due to climate change, among others.

On another front, the country prioritized reforming its fragmented social protection system in line with national aspirations. Bangladesh's 2015 National Social Security Strategy (NSSS) outlined an inclusive and coherent system covering the poor and vulnerable, consolidating around a life cycle approach, shifting toward targeted universality, responsiveness to and resilience against shocks and improved implementation efficiency using information and communication technology.³ However, findings from a mid-term review in 2019 revealed modest progress on the strategy's implementation. Among other considerable challenges, the review suggested that the SSN programmes were still 'ad hoc'.⁴ Targeting challenges were significant with high exclusion and inclusion errors of 71 percent and 46.5 percent, respectively.⁵

Within this context, the pandemic risk setting back Bangladesh's progress towards key development milestones. After Bangladesh reported its first case on 8 March 2020, the Government of Bangladesh (GoB) declared a general holiday from 26 March to 31 May 2020 to contain the spread. This shut down businesses and domestic economic activities nationwide, resulting in temporary and permanent job loss. Early rapid assessments suggest that poorer cohorts across socio-demographic categories fared worst. Many fell into poverty, given the absence of effective SSNs. An early assessment suggests that most of the newly impoverished were vulnerable non-poor HHs that subsisted just above the poverty line.⁶

The urban poor were disproportionately affected. Between March and April 2020, slum residents experienced a 75 percent drop in pre-COVID incomes, compared to a 62 percent drop of income in rural HHs. The fall was sharper among the

extreme and moderate poor and those employed in the informal sector.⁷ Unofficial estimates placed the number of COVID-19-induced 'new poor' at between 16 and 42 million people, which could bring the poverty rate up to 44 percent from the pre-COVID level of 20 percent.⁸

The income loss escalated a myriad of other socio-economic challenges that further aggravated poverty. These included food insecurity, limited access to healthcare, escalating debt and savings depletion. For example, extremely poor HHs with minimal savings, assets and access to credit cut down on food consumption to cope with substantial loss of livelihoods. Measures ranged from curbing nutrition (usually protein) to reducing the number of meals. In many cases, it also meant compromising on children's food and nutrition.^{9,10,11} Other immediate impacts included an increased school drop-out rate, limited access to essential healthcare, especially for non-COVID patients, child labour, child marriage and violence against women and children.

As an immediate response to the crisis, the GoB announced various stimulus packages amounting to about US\$8 billion (or 2.5 percent of national GDP) during March and April 2020.¹² This included liquidity support for affected and priority sectors, fiscal stimulus through cash transfers and expansion of existing SSN programmes including the Vulnerable Group Feeding (VGF) and Vulnerable Group Development (VGD) programmes and open market sales of rice at lower prices, among others. While these were good efforts, existing challenges deterred timely and adequate support and, in turn, limited the effectiveness of SSNs for poor and vulnerable populations to cope with the shocks. Such issues raised serious concerns.¹³

The discussions so far provided a snapshot of very-early stage-estimates and findings underscoring how COVID-19 has impacted vulnerable population groups through and beyond income loss. However, it is difficult to gauge the true extent of the multi-layered impacts of the crisis. Nonetheless, it helps set the context to understand the survey results discussed below.

UNDP survey results

It is evident that the crisis has affected some people disproportionately. In the absence of sufficient coverage by effective social protection programmes, pre-existing inequalities have

persisted and are likely to evolve in multifaceted dimensions. This message has come out from a rapid survey of 2,500 respondents selected randomly from UNDP Bangladesh's 350,000-plus

programme beneficiaries, most of whom belong to poor HHs with intersecting vulnerabilities (see Box 1 for more details on the sampling methodology).

This survey was conducted when COVID-19's first wave peaked in Bangladesh during May and June 2020, right after the lockdown. The findings thus corroborate the early-stage effects of the crisis. Moreover, the survey had to be conducted over the telephone, which came with caveats related to representativeness, time crunch, inability to observe body language or use visual aids to facilitate answers and impediments in building rapport to discuss sensitive topics. As such, the data should be interpreted with caution, with less emphasis on literal numbers in favor of a focus on the picture emanating from the comparative analysis.

Box 1: Background note on UNDP COVID Living Survey methodology

The first-round COVID Living survey was conducted from 27 May to 8 June 2020 to collect real data on COVID-19's socio-economic impacts. The sample population is drawn from 350,000 beneficiaries of UNDP projects in 64 districts. The majority of the beneficiaries, including disadvantaged women, belong to poor HHs with overlapping deprivations. Each beneficiary is considered a representative of the household. Based on random sampling, beneficiaries were selected proportionally to the number of beneficiaries in each district.

Real data collection was done over the phone and fed and processed into a digital data collection platform.

The sample size was calculated using the following standard formula:

$$n = \frac{z^2 \cdot p \cdot (1 - p)}{c^2}$$

Here, z = Z value (confidence level), p = percentage picking a choice, c = confidence interval, maximum margin of error. Using 95% confidence level, .5 as percentage picking a choice, and confidence interval of 2, the formula yielded 2,385 as a sufficient sample size. The final sample size of the survey was 2,500 UNDP beneficiaries. Finally, the proportion of beneficiaries per district was used to finalize the district-level sample size.

The respondents surveyed represent marginalized HHs in Bangladesh, particularly in their poverty status and overrepresentation of certain vulnerable categories (see Table 1).¹⁴ More than half of the sample population lived below the national poverty line (\$192.25 per month) even before COVID-19 hit, which is a much higher proportion than the national average of around 24 percent.¹⁵ Around 40 percent of surveyed HHs could be regarded as vulnerable non-poor who lived above the poverty line but below income levels double the poverty line. The average pre-COVID monthly income of all sample HHs was also around \$27 below the national average. About 64 percent of all HH heads were engaged in temporary employment, mostly in the informal economy, prior to the pandemic. The share of temporary workers was even higher (around 71percent) for poor HHs. A large share of the temporary occupations held by the household heads consisted of daily wage labour, farming, low-paid private services and self-employed trading.

The survey respondents also comprised higher shares of religious and ethnic minority groups and HHs with people with disabilities (PwDs) compared to the national averages for the same groups. Last, a mere 13 percent of the overall surveyed HHs, 13.3 percent of poor HHs and 12.7 percent of the vulnerable non-poor HHs were registered under some form of government SSN programme to cushion against negative shocks. Nationally, the share of people receiving social protection stands at 28.7 percent; coverage among poor HHs is 32.5 percent.¹⁶

Table 1: Comparison of surveyed household characteristics with national averages

	Sample Average	National Average
Pre-COVID poverty head count (income)	52%	24.3%
Pre-COVID average monthly income	\$161	\$188
Share of temporary employment	64% of employed HH heads	37.79% of employed labour force
Share of HHs from religious minority groups	15.6%	8%
Share of HHs from ethnic minority groups	7.2%	2%
Share of HHs with PwDs	8%	6.9%
Share of poor HHs registered under SSNs	13.27%	32.5%

Source: COVID Living Survey 2020, Census 2011, HIES 2016 and estimations based on data from HIES 2016

Impact on livelihood and poverty rates

Key findings aligned with other similar COVID-19 impact assessments. There was an astounding drop in average monthly income from a pre-COVID level of around 66 percent, which increased the share of HHs living under the poverty line from 46 percent before the pandemic to 90 percent at the time of the survey. This means around 44 percent of the HHs became newly poor, most likely moving from a previous status of vulnerable non-poor. In fact, the rate of income drop was highest among people subsisting just above the poverty line, compared to those who were already poor and those who were comfortably non-poor before the pandemic (see Figure 1a). The vulnerable non-poor HHs also decreased their share of pre-COVID monthly household expenditure by a rate close to that by which the poor HHs decreased their consumption (see Figure 1b). Interestingly, the 10 percent of HHs that remained above the poverty line increased their monthly expenditures by 1.6 percent.

The rates of drop in income and poverty headcount ratios were also higher among HHs with temporary

workers, those belonging to ethnic minority groups, and those with PwDs (see Figures 1c–h). Female-headed HHs had a lower average income level and a higher poverty headcount ratio compared to male-headed HHs both before and after COVID-19 (see Figure 1i–j).

The health shocks imposed by COVID-19 were not the most daunting impact: a little over two in 100 respondents reported symptoms in the first three months of the pandemic. Rather, containment measures induced substantive economic hardships. The majority of HHs identified the shutdown of economic activities as the leading cause of the hardships. Dhaka, the most densely populated urban poor area in the country, faced strict enforcement of lockdowns. HHs residing in the Dhaka division exhibited the highest drop in average monthly income in absolute monetary terms (around \$10 higher than the average across the country). While Dhaka also had a greater average pre-COVID monthly income in line with its high living expenses, the change in poverty incidence (a rise by 52.2 percentage points) superseded that of other divisions with fewer urban areas across the country.

Figure 1: Impact on income and poverty headcount ratios for different vulnerable categories



Source: Based on UNDP's COVID Living Survey (2020)

The drop in income affected consumption unvaryingly across different household groups. Almost 87 percent of the HHs claimed to have reduced their consumption, particularly food intake, as a way to cope with the pandemic. This phenomenon resonated in many other studies as well.^{17,18} Indeed, consumption poverty rose from 62 percent in pre-COVID times (higher than pre-COVID income poverty) to 77 percent during COVID-19 (lower than income poverty during COVID-19). The comparatively lower drop than income could have been because HHs had savings to fall back on, had easier access to credit and received food and cash support as a relief measure after the first wave of COVID-19 infections. Depleting savings was among the top three coping mechanisms used by the HHs, followed by borrowing and help received from relatives.

Beyond economic impact

In addition to the severe economic impacts discussed above, HHs experienced numerous other difficulties. Although poorer HHs did not perceive COVID-19 as a significant health concern, the situation impeded access to critical healthcare for non-COVID patients. Challenges included non-availability of doctors and nurses, shutdown of hospitals and higher cost of treatment and medication (monthly average increase equivalent to 22 percent of pre-COVID and 65 percent of post-COVID average monthly income). The pandemic also limited the availability of sexual and reproductive health facilities, exacerbating the vulnerabilities of women.

About 80 percent of surveyed HHs had one or more school-going members. School closures affected education and access to nutrition (school meal programmes) and created uncertainties about the future. For example, distance learning activities have excluded children from poor HHs without access to the required smart devices and Internet bandwidth, as well as those with disabilities. Moreover, as children and adolescents stay out of school for prolonged periods, their cognitive development is hampered, drop-out rates increase and, consequently, long-term human capital development is undermined. The odds will also be particularly against girls and children from socio-economically marginalized HHs. As lockdowns limit the action taken by authorities, increased incidences of child marriage and child labour are already evident, and these trends may endure.¹⁹

Moreover, spending extended periods of time at home often subjected respondents to mental

and physical violence. Approximately 15 percent of respondents reported experiencing abuse; 8 percent reported facing gender-based violence in the community and 3 percent reported facing it at home. Around 7 percent of respondents highlighted that their human rights were violated. These figures were likely to be underreported, given the sensitivity around the issues. Such violence against women and children is also one of the worst impacts of lockdowns. Bangladesh already had a high incidence of domestic violence against women: a 2015 nationwide study revealed that nearly 80 percent of women in the country face some form of domestic violence.²⁰ Similar studies have suggested alarming surges in physical, sexual and emotional abuse during the COVID-19-induced shutdown period. A study revealed over a quarter of surveyed victims/survivors of abuse experienced violence for the first time during the pandemic.²¹

Coverage by policy support

As noted earlier, the GoB announced several stimulus packages, including support for vulnerable populations. According to the survey, around one third of the support received by the respondents came from the GoB, making it the largest provider. The rest was provided by local government representatives, non-government and development organizations, community-based organizations and personal connections. However, a little over half of the surveyed HHs actually received COVID-19-related assistance from different sources. Given that the respondent pool largely represented vulnerable HHs, this finding refers to insufficient coverage of relief efforts. Moreover, relief efforts covered only around 57 percent of poor HHs and 51 percent of vulnerable non-poor HHs. On the other hand, 39 percent of HHs that continued to be above the poverty line benefited from some form of support measure. Insufficient coverage is often due to mistargeting.²² Nationally, only a quarter of the poorest quartile received food and cash assistance under the government's relief measures.²³

The survey results also exhibited serious concerns regarding social protection programmes leaving out the poorest. Around 87 percent of surveyed HHs were outside the purview of any SSN schemes, which is higher than the national average. Only about 13.3 percent of the poor HHs and 12.7 percent of vulnerable non-poor HHs were already SSN registered when COVID-19 occurred. On the other hand, around 11 percent of HHs that remained above the poverty line were registered under some SSN.²⁴ Among other vulnerable

categories, the incidence of no coverage was greatest among female-headed HHs, followed by ethnic minority HHs and HHs with heads employed in temporary work. Moreover, only one fifth of HHs with PwDs were covered by an SSN. The patterns indicate that the cushioning effects of social protection went more towards the HHs that had coverage. For example, SSN-registered HHs faced a lower drop in average monthly income of about 61 percent compared to a 65 percent income drop

Policy messages

The findings above underscore that COVID-19 and its containment measures resulted in severe income shocks that exacerbated vulnerabilities for not only the poor but also those subsisting just above the poverty line before the pandemic hit, i.e., vulnerable non-poor HHs. The economic impacts were also disproportionate for those employed in temporary work. The socio-economic repercussions of the crisis were also more prominent among the HHs that included traditionally marginalized population groups, e.g., female heads, ethnic minorities and PwDs. The ramifications of the crisis could not be addressed adequately by the existing SSNs. The pandemic distinctly exposed the fragility and weaknesses of the country's existing social protection system. The analysis also underscores why Bangladesh must continue to prioritize its social protection reform agenda. The following policy intervention areas are recommended based on the results of the survey and review of literature, including observations on the response of the national social protection system toward COVID recovery.

i. Focus on building a shock-responsive social protection system

One of the key lessons from the pandemic response pattern of the country's social protection system was its insufficient capacity to absorb the shock in its delivery and adapt according to the needs of the most vulnerable. As a result, those most affected and most needing support were relatively less covered, including the new poor, most of whom lost their incomes and employment in urban areas. With NSSS reforms still under way, well-intentioned efforts often fell short as the existing system was inadequately prepared to respond to the large-scale shock.²⁵ Notwithstanding the substantive challenges related to targeting, existing emergency SSNs such as food and cash transfers under Gratuitous Relief and the prime minister's (PM's) cash transfer were

among unregistered HHs. The rate of increase in poverty headcount was also five percentage points higher among unregistered HHs compared to registered HHs.

Also apparent from these trends, the vulnerable non-poor HHs were not only among the worst affected but also missed out on receiving policy support before and after COVID-19.

directed toward the extreme poor by design. But the vulnerable non-poor groups were left behind.

The current social protection system is based on a *life-cycle approach*. Employment generation, which is supposed to be an important component of this approach, is inadequately covered by the current SSNs. As such, the system was less than capable of addressing the shock. COVID-19 has shown the urgency of having SSNs in place that create employment opportunities during temporary loss of work as a result of covariate shocks. Indeed, the UNDP survey results found that not only the poor but also the vulnerable non-poor population needed the social protection system to include more sustainable employment opportunities and livelihood support.

While the NSSS had made modest progress in strengthening workfare programmes in a pre-COVID context, it now requires a strong push to help move towards a more shock-responsive social protection system with an increased focus on employment generation. The GoB's *Employment Generation Programme for the Ultra Poor*, for instance, could be expanded to provide temporary incomes to vulnerable non-poor HHs to adapt to the pandemic's long-term implications. The envisaged NSSS reforms that focused on introducing unemployment insurance in Bangladesh could be another policy priority along similar lines.

ii. Give more attention to urban social protection

As noted earlier, the pandemic has disproportionately affected the urban poor. Urban areas were already emerging as Bangladesh's new poverty frontier in a pre-pandemic context. Poverty fell faster in rural than in urban areas, while Bangladesh had made tremendous progress nationally between 2010 and 2016.²⁶ The suffering of vulnerable groups with lost income residing in

urban areas during the pandemic was compounded given the super-monetized nature of the urban economy. It is difficult for the urban poor to get support when they are exposed to a shock. Many slum residents in urban Bangladesh are climate migrants who do not have an option to reverse-migrate to rural areas to evade the economic implications of lockdowns due to COVID-19. These circumstances perpetuate vulnerabilities, especially in the absence of proper insurance, which is still an alien concept among most of these vulnerable groups.

Despite the more pronounced impact of COVID on urban low-income groups, the existing social protection framework still leans towards rural development. Only 11 percent of urban HHs were enrolled in SSN programmes compared to 36 percent in rural areas at the time of the crisis.²⁷ As such, there is an urgent requirement for considering COVID lessons and assessing the strengths and weaknesses of existing social protection programmes in meeting the needs of poor and vulnerable urban HHs.

iii. Prioritize the needs of vulnerable groups

The differential impacts of COVID-19 on HHs falling into one or more vulnerable categories also warrant that the GoB's social protection reform agenda prioritize the coverage of these HHs on an urgent basis.

The survey results, for instance, clearly demonstrated the uneven impacts of the ongoing pandemic on HH with PwDs. However, a substantial portion of such households are not only unprotected by SSNs but also suffer from high poverty incidence. The GoB, in its national five-year plan, notes that the establishment of a comprehensive social protection programme for PwDs remains an unfinished agenda. The coverage

of PwD HHs needs to be significantly expanded across different SSNs related to education access and employment possibilities.

On another level, the brunt of the socio-economic impact of the pandemic will clearly be borne by children in poor and vulnerable HHs. The implications may flow to many areas, including nutrition, physical and mental health, education and future employment. The strengthened and expanded role of SSNs like the *School Feeding Programme* and *Reaching Out of School Children* will be essential to ensure an inclusive COVID recovery. The underlying implications of the pandemic on the mental health of adolescents need to be addressed, potentially through the existing sector programmes that are targeted toward *Maternal, Child and Adolescent Health*. Finally, mitigating the impact of unequal access to education on digital platforms during the school closure for children from poorer HHs and those with a disability should be prioritized in delivering existing and future SSNs.

iv. Continue to progressively move towards categorically universal social protection.

The COVID experience has reinforced that in the absence of an *efficient* system in Bangladesh, existing targeting challenges were compounded. Among others, the vulnerable non-poor category has been poorly covered by SSNs. Noting these faults, Bangladesh needs to continue to move towards universal social protection. However, it must take a progressive approach, as appropriate, considering that the country operates under a constrained fiscal space that has further tightened during the pandemic.²⁸ Within this tight space, SSNs are primarily tax-financed. As such, the government must reinforce its commitment to shifting towards targeted universality, as envisaged in the NSSS.

Endnotes

- 1 Sarah Sabin Khan is a research officer, UNDP Bangladesh Research Facility, UNDP Bangladesh: sabin.khan@undp.org; Sarah Amena Khan is the team lead, UNDP Bangladesh Research Facility, UNDP Bangladesh: sarah.khan@undp.org. The authors acknowledge the valuable guidance from Dr. Nazneen Ahmed, country economist, UNDP Bangladesh, and data analysis support from Sangita Paul, research officer, UNDP Bangladesh Research Facility that were received in the development of the brief.
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- 14 Although, demographic characteristics of the respondents closely matched national representations, e.g., for average household size (4.9), male-to-female ratio (.94) and share of female-headed households (13.76 percent). Other vulnerable categories comprised 28 percent of the surveyed households with senior citizens, 61 percent with at least one child under the age of five, 47 percent with adolescents, and almost 72 percent with one or more school-going children. Geographically, the respondents were dispersed across the six divisions of the country.
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