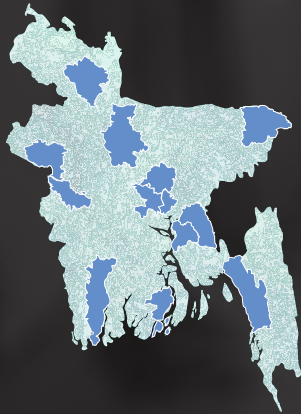


Livelihoods Improvements Of Urban Poor Communities Project (LIUPCP) National Urban Poverty Reduction Programme (NUPRP)

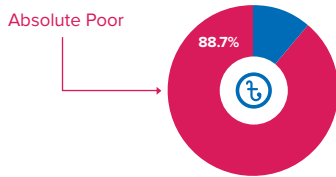
The novel coronavirus has disrupted developed and developing nations alike, impacting the livelihood, health, and basic sustenance of countless communities. In Bangladesh, 490,533 people were infected as of 13 December 2020, according to the Institute of Epidemiology Disease Control And Research (IEDCR) Bangladesh. Around 7,052 have died. Among them, low income urban communities are among the most vulnerable. Unlike in rural areas, the urban poor live in cramped, overcrowded slums with minimal access to water, sanitation and hygiene (WASH) facilities. They are left out of disaster and epidemic preparedness plans. Diseases, therefore, are likely to be transmitted at rapid rates across these communities, resulting in uncontrollable outbreak.

To respond to this crisis, the National Urban Poverty Reduction Programme (NUPRP) implemented a three month Covid-19 Emergency Response in Slums over a period of March to May 2020. The response was coupled with a Socio-Economic Assessment of Covid-19 impact on the urban poor to respond to immediate and long term recovery needs.



IMPACT OF COVID-19 ON URBAN POOR*

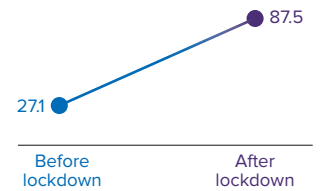
9 out of 10 households are **absolute poor** (9.7 million) after lockdown



2.9 million individuals became **newly poor**



9 out of 10 households are **food deficient**



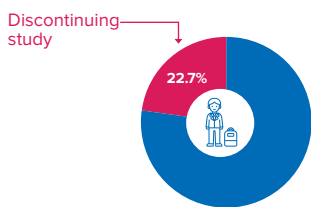
"Many people have sold their homestead in towns and used the money to buy a cheap piece of land in the village. But there are no work opportunities in the villages."

- Residents of Chandpur & Kushtia

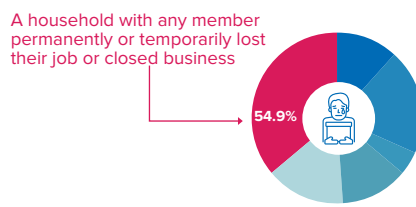
"Whatever little food we can buy, we feed it to our children. We, the adults, are too hungry to sleep at night."

- Resident of Patuakhali

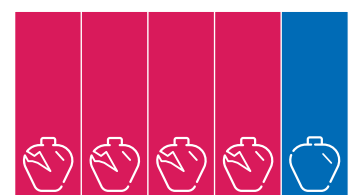
22.7% urban poor households' children (age 5-16 years) are **not continuing their study**



54.9% households **permanently or temporarily lost their job**



Four-fifth of the households had to **spend the saving** to cope with crisis



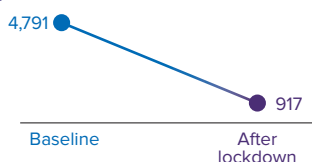
"I've told my children that you no longer need to study. Do something that will help the family. I cannot bear the costs anymore."

- Resident of Dhaka North

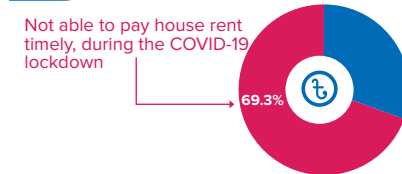
"There were no doctors or transport. Hospitals were closed. Pregnant mothers in labour were refused surgery if they showed any COVID symptoms."

- Residents of Dhaka & Patuakhali

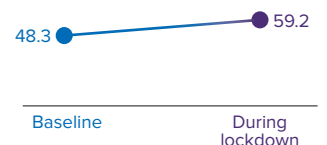
81% reduction in the average amount of savings among the households



69.3% beneficiary households **could not pay house-rent**



59.2% of women and adolescent girls **faced violence** against them



"People with disabilities are being neglected more. Meanwhile, in families, there is unrest and violence over the smallest things when there is no food or income."

- Resident of Narayanganj & Chandpur

*Source: Socio-Economic Assessment of COVID-19 under National Urban Poverty Reduction Programme, Human Development Research Centre (HDRC), 2020

COVID-19 EMERGENCY RESPONSE



COMMUNICATIONS AND OUTREACH



3 million urban poor reached through **Awareness Campaign**



CAPACITY BUILDING OF HEALTH OFFICIALS



385 health personnel have accessed **Training on Covid-19 Management**



605 **Personal Protective Equipment (PPE)** distributed among health officials and workers



STRENGTHENING COORDINATION FUNCTION



439 **Covid-19 Response Task Force** established by the urban Local Government



FOOD ASSISTANCE FOR URBAN POOR



77,560 households received **Food Assistance**. Among them:



69,660 Households received **BDT 1,500** through **Digital Cash Transfer**



7,900 Households in Dhaka received **Food Baskets**



HANDWASHING FACILITIES AND HYGIENE PACKAGE



3,256 **Common Handwashing Corners** installed



2,341 **Tippy Taps** installed by the households



62,423 **Hygiene Kits** distributed

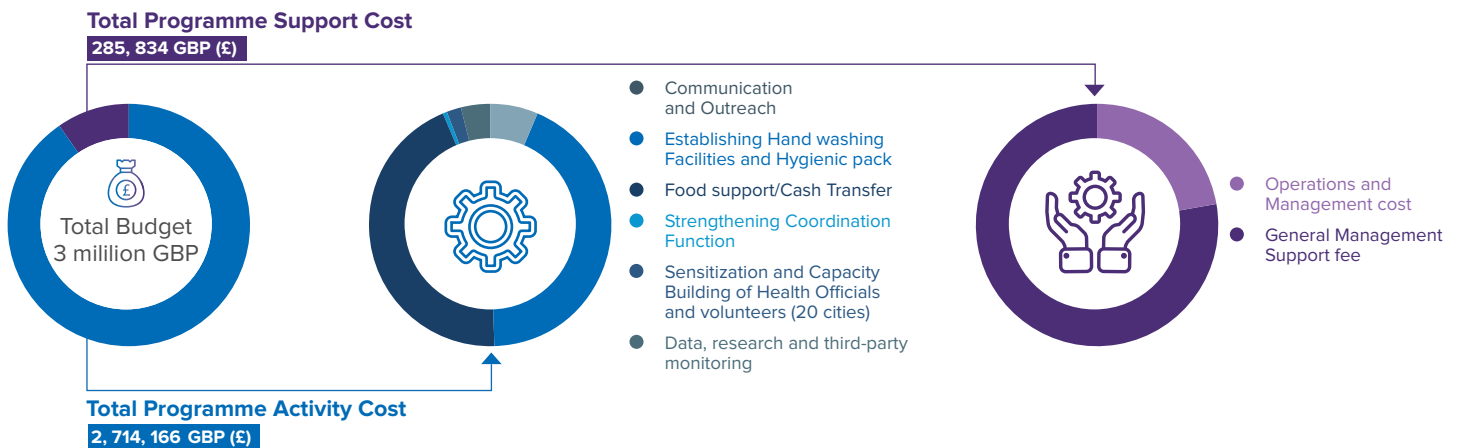


42,265 **Masks** distributed



519,045 households received **Soaps**

BUDGET & EXPENDITURE (IN GBP £)



“

The challenges of our time, including the current pandemic, go beyond borders. COVID-19 has made the achievement of the 2030 Agenda more challenging. We commend the UN Secretary-General for keeping the flag of multilateralism high. I also pay tribute to all frontline UN staff and agencies for their tireless efforts and dedication.

- Sheikh Hasina, Honourable Prime Minister, People's Republic of Bangladesh

“

Reaching the urban poor and vulnerable very rapidly is always challenging in a global crisis such as COVID-19. I am very pleased that FCDO, in partnership with the Government of Bangladesh and UNDP, was able to respond so quickly.

- Judith Herbertson, Development Director, Foreign, Commonwealth & Development Office (FCDO), Bangladesh

“

“What we are trying under this initiative, is to make things easier for the people to follow the public order – which is to stay home when asked and prevent the virus from spreading and therefore, this partnership has delivered food at the doorsteps of the poor households. In addition, we are exploring other ways to help affected communities, especially those under our watch to resume some level of normalcy in their lives. We are targeting 2.16 million urban poor people to keep them safe from Coronavirus. I thank FCDO for their timely support.

- Sudipto Mukerjee, Resident Representative, UNDP Bangladesh

Bablu Akhter

Transgender, 52, Narayanganj City Corporation

Bablu Akhter's family asked her leave their home because she is a transgender. Since then, she has been surviving on the earnings from singing and dancing on the streets in Narayanganj Municipality, one of the worst-hit districts in Bangladesh in terms of deaths and infections. When the pandemic hit, Bablu was afraid to go outside and seek financial help.

It was in April 2020 when Bablu noticed the NUPRP posters and stickers glued onto her residence. She learned about the symptoms of the COVID-19 virus. She received 5 bars of soap from the NUPRP emergency response team, and started using the hand-washing corners installed in the area by the NUPRP team with support from Community Leaders. Now, Bablu regularly wears a mask, washes her hands, and follows guidelines to prevent the transmission of the disease.

Mohura Begum

Grandmother, 70, Korail Slum, Dhaka North City Corporation

At 70, Mohura Begum is still responsible for earning half the income for a family of 7. She lives off of temporary jobs and her daughter works as a domestic worker. Both of them lost their jobs when the pandemic began. Mohura failed to pay rent and rarely managed 3 meals a day. It was a relieved grandmother, grateful to be able to feed her 4 grandchildren, who thanked the Korail slum CDC in Mohakhali for bringing them a food basket. Community Volunteers also equipped them with soap and advised them on how to prevent infection.



Shimmi

Pregnant woman, 20, Rajshahi City Corporation

Shimmi studies at a madrasa, happily married to a construction worker in Rajshahi. When the COVID-19 hit, however, her husband lost his job. The loss of income forced Shimmi to starve, depriving her of the nutritious food critical for the growth of the baby in her womb.

Soon, she was contacted by the Gouhali Community Development Committee, where she is a member. They briefed Shimmi about the COVID-19 symptoms and prevention methods. She received BDT 1,500 from the NUPRP team, which enabled the family to survive for another 15 days.

Swapna

Flower seller & Person with Disability, 20, Dhaka North City Corporation

Swapna has a hump on her back and her husband has one hand. Yet the couple are financially independent: Swapna sells flowers and her husband is an auto-rickshaw driver. As the coronavirus hit, Swapna went out of business. Their family survived on around BDT 250 per day. On most days, they ate rice, lentil, and fried potato. They hardly ate meat.

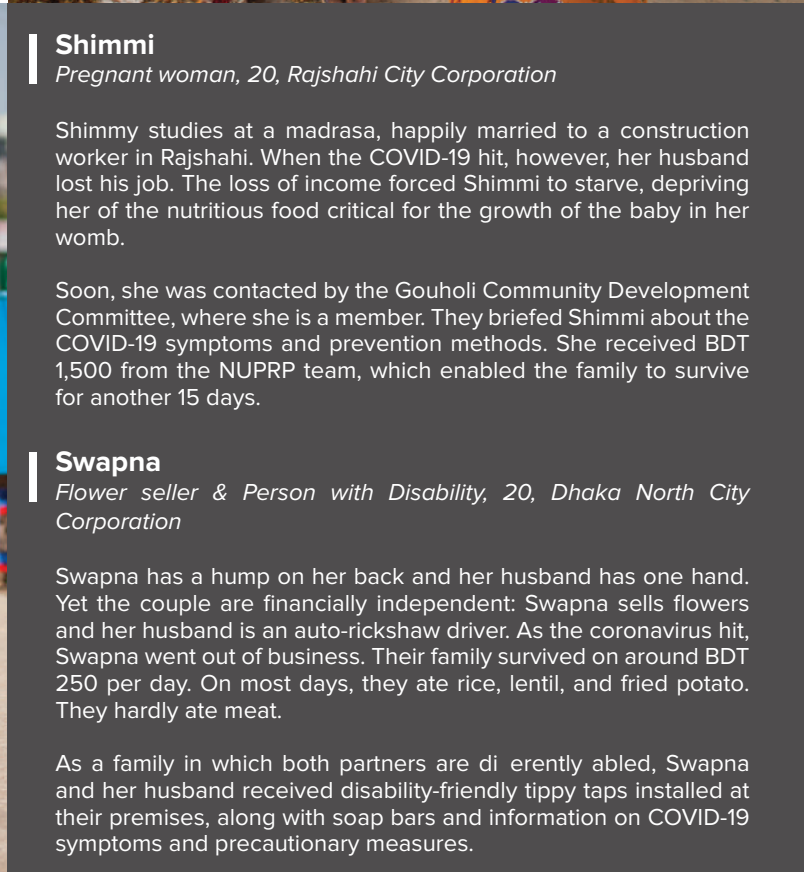
As a family in which both partners are differently abled, Swapna and her husband received disability-friendly tippy taps installed at their premises, along with soap bars and information on COVID-19 symptoms and precautionary measures.

Shila Akter

CDC Leader, 24, Khulna City Corporation

Young and vital with her leadership skills, Shila Akter works as the secretary of the Mohanonda CDC in Doulatpur thana. From a young age, she has been earning for her family while studying for the Higher Secondary Certificate (HSC). She used to earn BDT 600 from working at a local kindergarten school until it closed down due to the pandemic. They did not have much money and survived on potato, lentil, and rice. On many days, Shila felt weak and dizzy. Yet she did not borrow money, unsure of how she would repay the loan.

Despite her struggles, Shila has been a very active member of the Mohanonda CDC for the last 4 years and was appointed to a leadership role. She hung up banners, distributed soap bars, and visited from door to door to raise awareness about social distancing.





Nayan

Transgender, 40, Mymensingh City Corporation

Nayan has built her own poultry farm and provides for her basic needs despite having no education—one of the very few from the transgender community who actively take part in CDC activities in Kalabari, Ward 9 under Mymensingh City Corporation.

When the COVID-19 hit, Nayan started participating in the loudspeaker public announcements, in the distribution of posters and banners, and the installation of hand washing corners in her community. Every day, she ensures there is enough soap and water supply at the hand washing stations.

Aduri Rani

Agricultural Labourer, 40, Rangpur City Corporation

Aduri Rani lives with her husband and 2 daughters, who are 15 and 5 respectively. Her husband is a rickshaw puller. Their family sustains on both their income.

When the coronavirus spread, Aduri lost work and her husband's earnings were drastically reduced. Providing food for 4 mouths became difficult. Each day, they also had to pay back a loan they had taken out from the rickshaw's owner a long time back. Aduri's husband grew increasingly irritated and disagreeable. Life became unbearable for them.

The NUPRP selected them for BDT 1, 500 cash assistance, with which they bought 5 kg rice, lentil, oil, and vegetables for their children.

Rasheda Begum

Mother of children under 5, Sylhet City Corporation

Rasheda Begum used to earn BDT 5,000 a month as a cook to provide for her 4 children, 2 of whom are younger than 5. Her husband, a CNG auto-rickshaw driver, earned BDT 9,000. Their income paid for their food, rent, school fees for 2 daughters, and other basic necessities. Both parents lost their income when the pandemic spread.

Like many living under the poverty line, their food choices and nutritional intake were compromised. It posed serious health implications for her children. As a member of the Ambur thana CDC, Rasheda received cash assistance to buy food and repay her previous food loans. They also received a hygiene package containing 5 soap bars. A hand washing corner was set up at the entrance to her colony, and posters and banners containing COVID-19 awareness information were put up across her locality.

Taiyfa Begum

Domestic maid, 42, Chattogram City Corporation

Taiyfa Begum is a Primary Group member of the Bihari colony CDC. Since her husband passed away in 2008, Taiyfa has been earning for her five sons and daughters by working as a house maid. This was stalled when the pandemic hit. CDC leaders took the initiative to help those who had become jobless, but it was not enough to pull Taiyfa out of her misery. Eventually, she received BDT 1,500 which helped minimise her struggles.



Emergency response carried out by the Local Government and NUPRP was successful in supporting some of the most vulnerable populations in Bangladesh — daily wage earners, single women and minority households, families with children and the aged, persons with disabilities, third gender individuals, and ethnic and religious minorities. Beyond the shortcomings, challenges, and the potential for growth revealed, the NUPRP drive highlights how the pandemic has indeed blurred the boundaries between sectors; the interdependencies are now more pronounced than ever. The government, development partners, and communities must -- and can -- work together to help tackle this unbidden epidemic through united, coordinated efforts.

CONTACT

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