



**World Vision**

BANGLADESH

**COVID 19**

Rapid Impact Assessment Report

**May 2020**



## BACKGROUND

Bangladesh is facing an unprecedented crisis as COVID-19 infections and deaths continue to rise exponentially. The pandemic has crippled the economy after the lockdown and has thrown millions of its population into poverty and food insecurity, further amplifying the existing inequalities for the most vulnerable children and adolescents. Household stressors invoked by economic hardship have only increased long-standing domestic abuse of women and children, with limited systems or programs in place to dampen this surge of violence.

Pre-existing challenges inherent to a limited health system, gaps in service provision, coordination across various actors, and having one of the highest population densities in the world have made countrywide initiatives to curb the spread and impact of COVID-19 an unsurmountable endeavor. The inability of the public health system to effectively identify COVID-19 cases, isolate, and effectively promote physical distancing and personal hygiene to prevent transmission in the population at large has been an astronomical task, especially considering the level of capacity, resources, and the sheer population size and population density of the country.

Throughout May 2020, a survey of nearly 2,700 adults and 1,600 children conducted in 24 districts across the country by World Vision, the key findings only confirmed that households across the country are struggling. The rapid assessment also covered one of World Vision Operational Areas in the Rohingya host community in Cox's Bazaar.

# KEY ASSESSMENT OBJECTIVES

- 1. To identify the impacts that have made people more vulnerable;
- 2. To assess the capacity of the affected population to meet its early recovery needs;
- 3. To identify sector-specific gaps that may require external intervention;
- 4. To ascertain the way forward in developing a context-appropriate Country Strategy and programs which will help in targeted, evidence-based resource allocation and acquisition for the impacted population.

The objective of the Rapid Recovery Assessment is to understand the impact the COVID-19 pandemic on the most vulnerable children, their families and communities across Bangladesh. Findings of the rapid assessment will inform WV's programming decisions moving forward in light of the COVID-19 context. The findings are also intended to support other important stakeholders (e.g. Government of Bangladesh, various multilateral entities, donors, local partners, private sector entities and faith-based organisations) with community-level insight as they too are seeking to better focus their efforts and serve the most vulnerable communities in such unprecedented times.

## Sectors Covered

Health, Nutrition and WASH  
Livelihoods  
Education  
Child protection

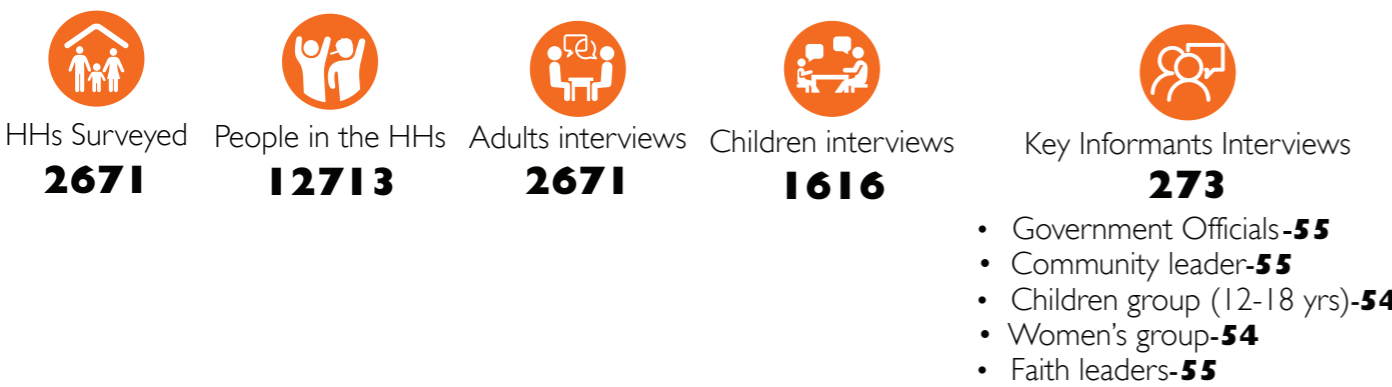
## Assessment Geographic Coverage

24 Districts  
8 Divisions  
52 Upazilas

# METHODOLOGY

The Rapid Recovery Assessment used a mixed method approach -quantitative and qualitative- to collect data that integrated household (HH) surveys, focus group discussion and KIs with community leaders, children groups, government representatives and faith leaders.

## Data Collection Information



\* Total adult and children number may vary in different table due to the response of individual questions.

\*\*Each WV operational area conducted 1 KI/category.

# Demographic Information

Total population of surveyed household, Including percentage of adults and children	12,713 people Adults (53.2%) Children (46.8%)
Gender Ratio	Male (48.4% ) Female (51.6%)
Households with pregnant women and lactating mothers	Pregnant women (15.4%) Lactating mothers (5.6%)
Households persons with disability	9.4%
Respondents from Urban vs Rural population	Urban (20.3%) Rural (79.7%)
Respondents from Sponsored Family (families with children registered under WV's child sponsorship program)	74.1%

## Study limitations

- The time for data collection was very short making it difficult to undertake detailed responses against all issues.
- The study did not include respondents from the high socio-economic bracket as it only focused on the most vulnerable households in WV operational areas.

# KEY FINDINGS AND PRIORITIES IDENTIFIED BY HOUSEHOLDS SURVEYED

- i. Households identified livelihoods as being the top priority issue during this pandemic crisis situation:
  - Livelihoods including food, income opportunities, cover the debt (98.2%)
  - Health Nutrition and WASH (65.8%)
  - Education for children (30.9%)
  - Child Protection (21.6%)
- ii. 95% of Household incomes were disrupted, including 79.7% of those incomes fully or severely affected
- iii. 48.6% of Households would not be able to afford treatment if they had fallen sick
- iv. Only 15% of Households could survive more than 30 days on savings
- v. 94.7% reported food scarcity during the survey, and 66% indicated that they had no food stock in the home
- vi. 34% households are not able to use safe and clean water for drinking, cooking and cleaning purpose because most of the poor households have no safe drinking water sources of their own, and 26.1% HHs report it takes longer to access water than before COVID-19 onset
- vii. 86% of respondents reported they received updated information on a regular basis, with 83.3% adults and 87.9% children indicating television as they main source of information
- viii. Up to 41% of respondents reported a decrease in access to institutional health services, particularly government services



## FINDINGS BY SECTOR

## LIVELIHOODS

FINDINGS BY SECTOR: LIVELIHOODS

- The findings indicate that all aspects of life in the community were affected due to change of income sources caused by COVID 19. However, they ranked- Livelihoods including food and income opportunities, Health Nutrition and WASH, Education for children, Child Protection are the urgent and important issues that need to address immediately
- Around 95% household's income have been impacted and it impacted in daily food intake of children, pregnant & lactating mothers and the household members for most of the households especially the most vulnerable households
- The poorest communities are being stretched as they seek remedial measures to mitigate daily income challenges. With no social safety nets, families are reaching out to their communities and family structures for support even though they are under-going similar challenges. A significant number of respondents reported borrowing money from relatives, friends or Mahajan (money lender) as a coping mechanism
- For many vulnerable households in the rural and urban, seeking health services has become unaffordable against the backdrop of dwindled incomes. About 49% of HHs reported that they were unable to afford treatment in cases of sickness due to reduced incomes while another 32% reported engaging in high risk jobs
- In Bangladesh, the informal sector is the largest employer of the most disadvantaged group such as women who constitute 85.5% and depend daily incomes for their up-keep with usual no alternative trade. The advent of COVID 19 and subsequent lockdown has exacerbated living conditions of these workers who depend on every day economic activities for survival. The assessment confirms that the pandemic has expanded income inequalities among people in the lower social-economic bracket, further weakening their vulnerable status

Main Income Source of Before and After onset of COVID-19

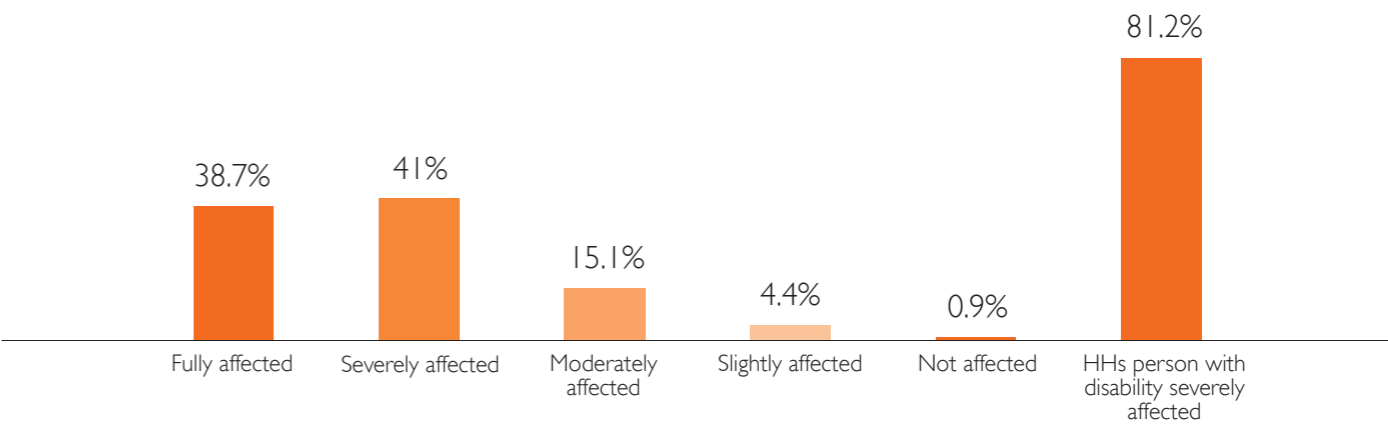
Major source of income	Before COVID 19 (%)	After COVID19 (%)
Salary	5.0	3.3
Petty trade on street	9.6	5.8
Daily/ Casual laborer	79.7	61.6
Agriculture/livestock	19.5	17.7
Support from family/friends	2.7	13.1
Own business	2.6	1.7
Social safety-net	2.8	8.5
No income	0	6.5

Most Vulnerable Districts in terms of Major Income Sources Being Affected

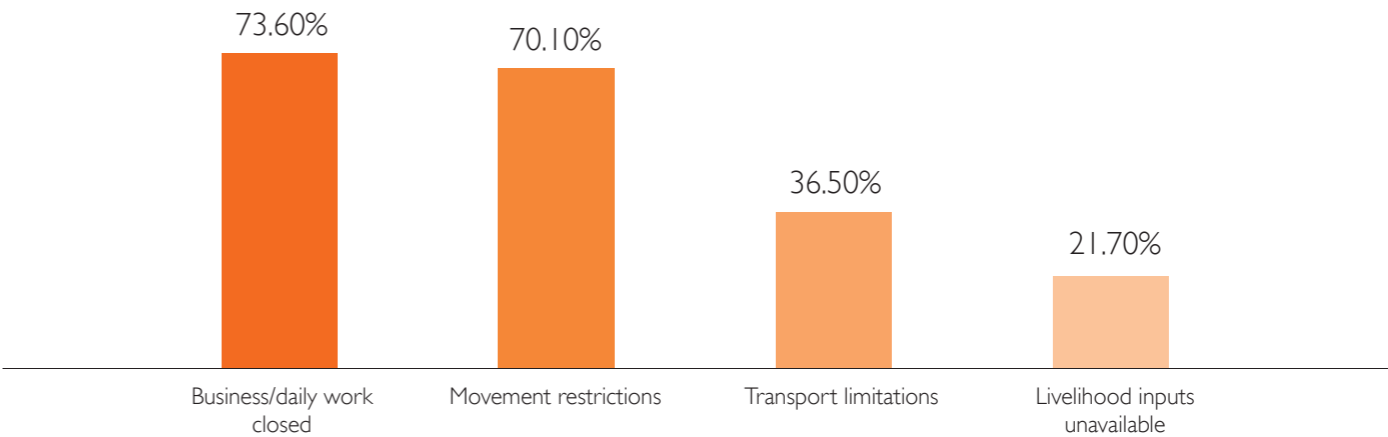
Highest affected districts in relation to Three Major Household Income Categories

Division	Daily/casual labourer	Petty trade/selling on street	No work since COVID 19
Dhaka	Gazipur	Gopalganj	Gazipur
Mymensingh	Mymensingh	Netrakona	Mymensingh
Sylhet	Sylhet	Sunamganj	Sylhet
Chattagram	Cumilla	Bandarban	Cox Bazar
Barishal	Pirojpur	Barishal	Barguna
Khulna	Satkhira	Bagerhat	Bagerhat
Rajshahi	Naogaon	Naogaon	Rajshahi
Rangpur	Thakurgaon	Thakurgaon	Thakurgaon

Extent of Impact on Households' livelihoods activities due to COVID 19



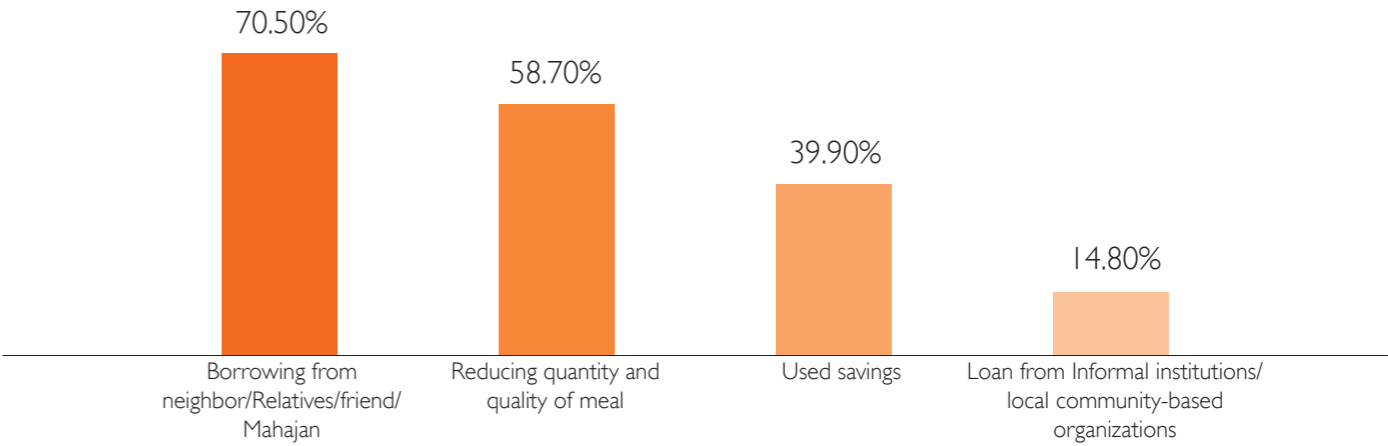
Reasons for income disruption



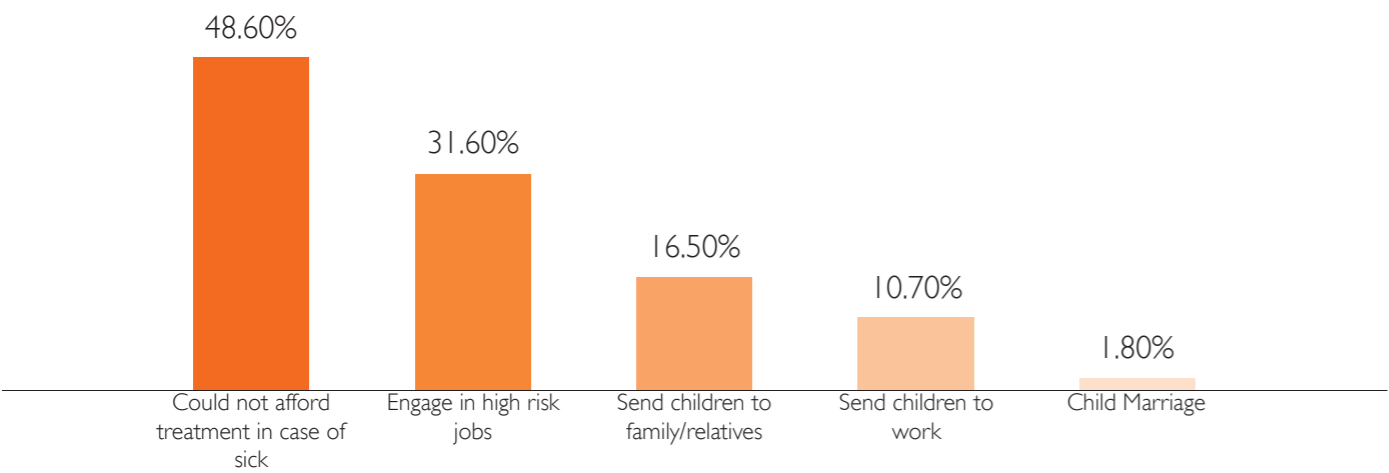
Income changed in the past two weeks

95% of household's income were affected; among them 78.3% households' income decreased due to close of business/daily work, 11.3% households job has lost or reduce salaries/revenues and 5.4% households have restored to secondary alternative source of income.

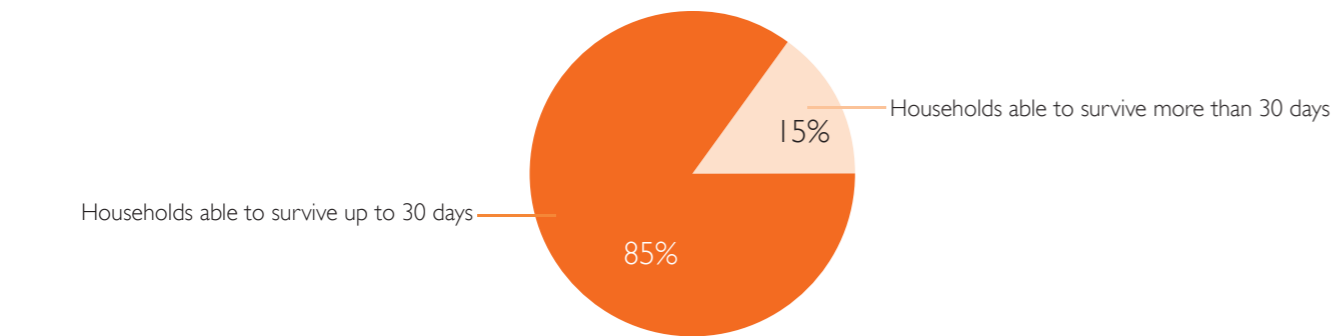
How Households Are Coping with the Income Disruption



Extent of Impact on Households' livelihoods activities due to COVID 19



Extent of Impact on Households' livelihoods activities due to COVID 19

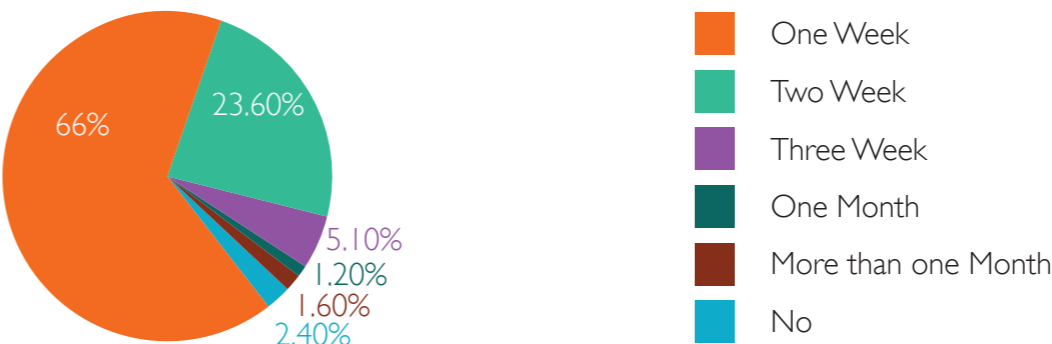


Food Intake

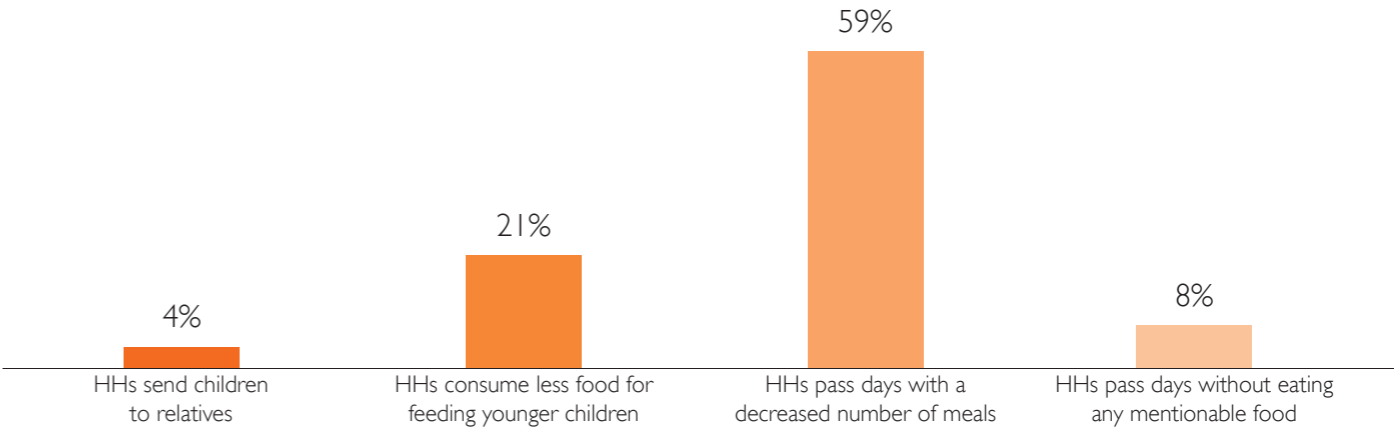
Due to COVID 19, HHs reduced the number of meals in day with 38.5% children and 58.9% adults reporting having a maximum two meals a day with about. Only 39.3% adults and 60.7% children reported having three meals daily.

Under five children, lactating and pregnant mothers are among the most vulnerable groups to be greatly affected by reduced food stocks in homes as families adopt mitigation measures to cope with reduced incomes in households.

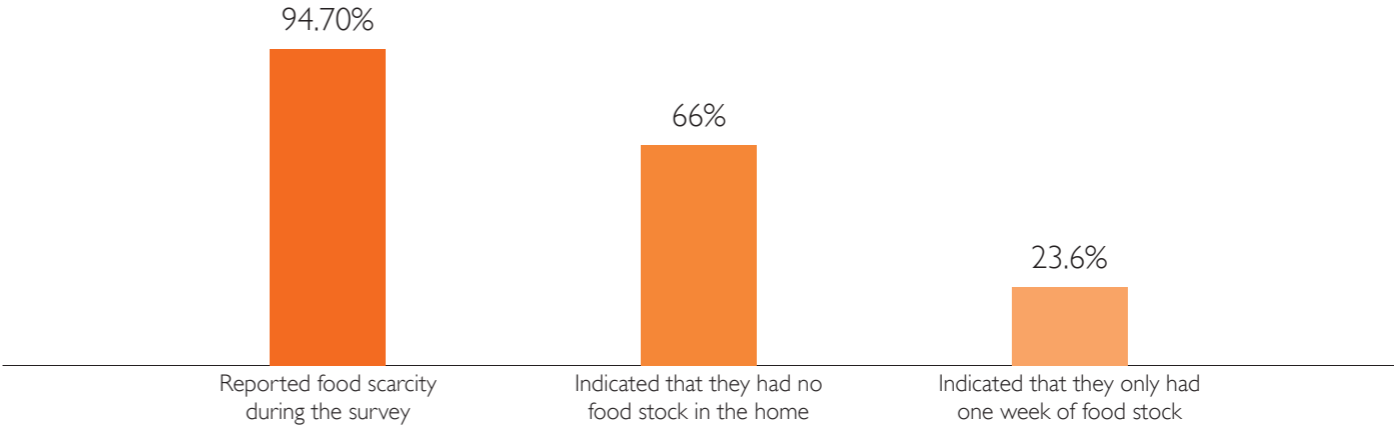
Household food stock



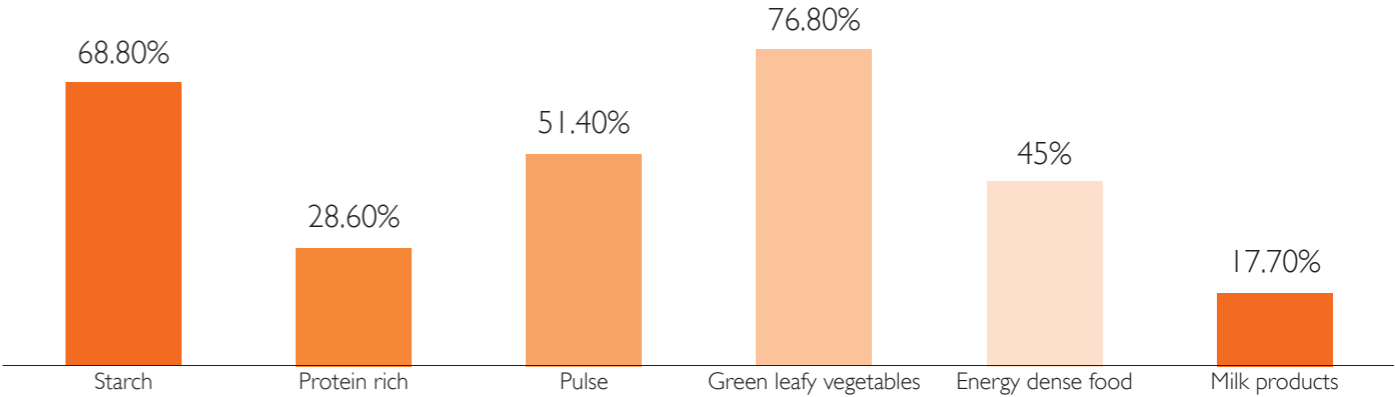
Coping Strategies for Food Intake



Food Scarcity and Low Food Stock Reported



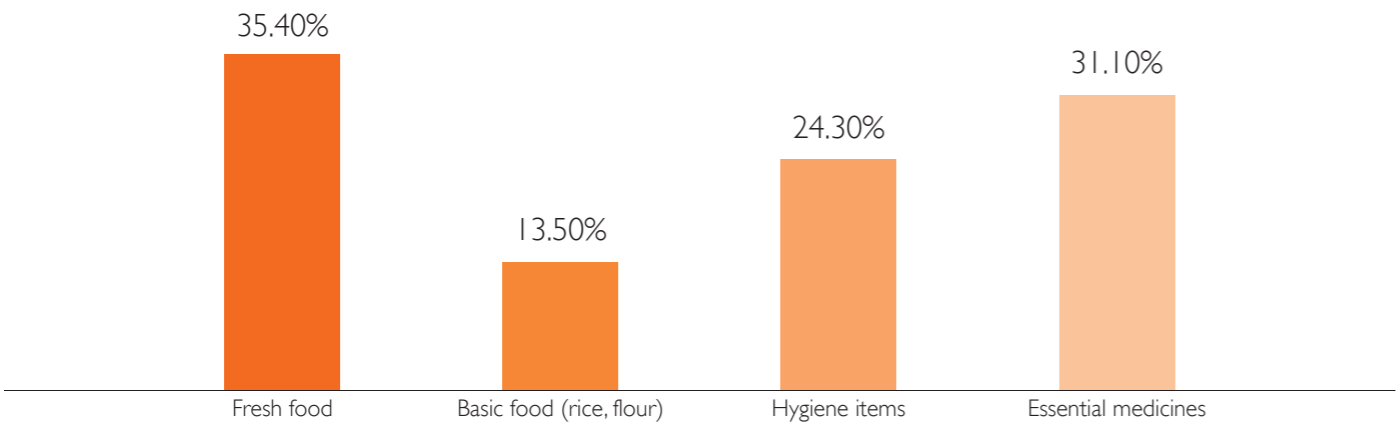
Food Availability in family



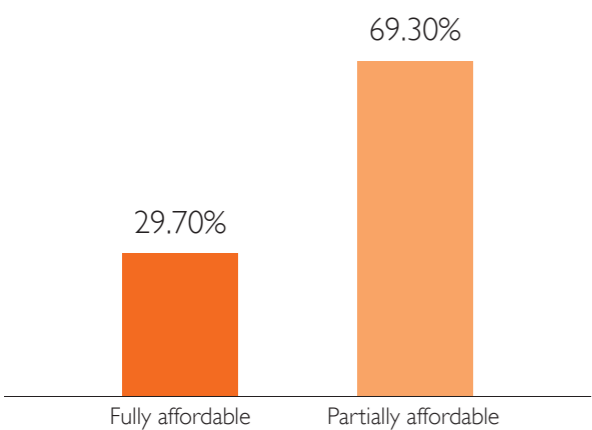
"COVID 19 has mostly affected daily workers who no-longer have income to buy food and are unable to access nutritious foods. Most of the small business owners in my community have also been affected as they no customers to buy their goods and services on a regular basis."

- Upazila Health Inspector  
Mukttagacha Upazila

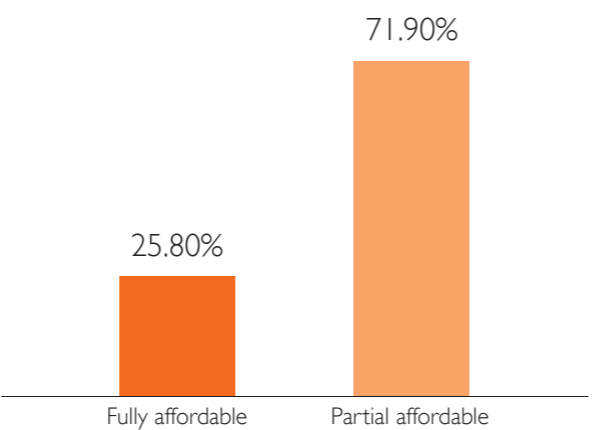
Households Reporting Market Availability and Access to Food and Other Essentials



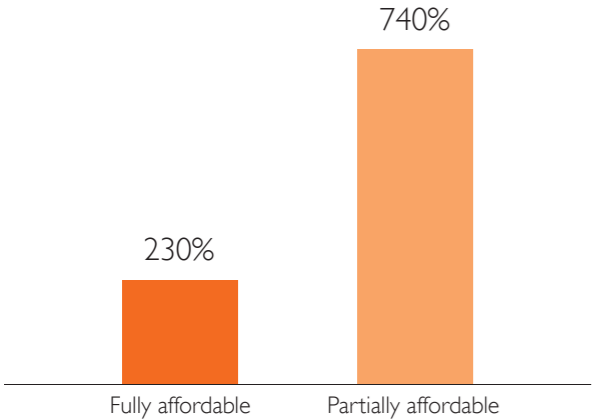
Food affordability



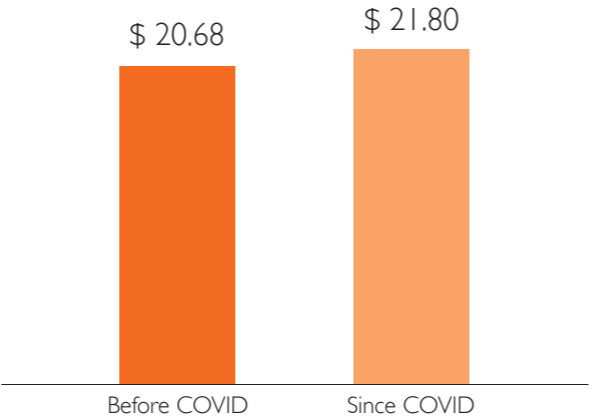
Health care/medicine affordability



Personal hygiene and sanitation products



HH food consumption expenditure for one week



"Before lock down, my 3 year old son was a bouncy baby boy with so much energy. But now, my baby has become pale and inactive as my husband can no longer afford to buy nutritious food for the family after he lost his job following the lock down. We are not even sure how we will pay our rentals for the single room we live in."

**- Surmi, 20**  
mother of 3 and half years old boy child, Mashrafi, a sponsored child of World Vision



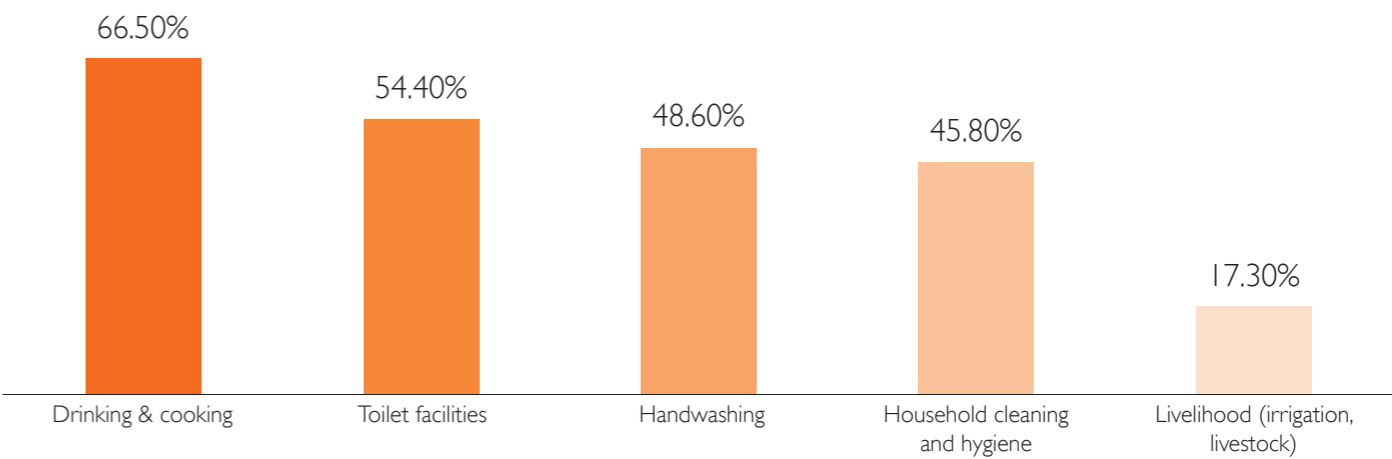
# FINDINGS BY SECTOR

## WATER, SANITATION & HYGIENE

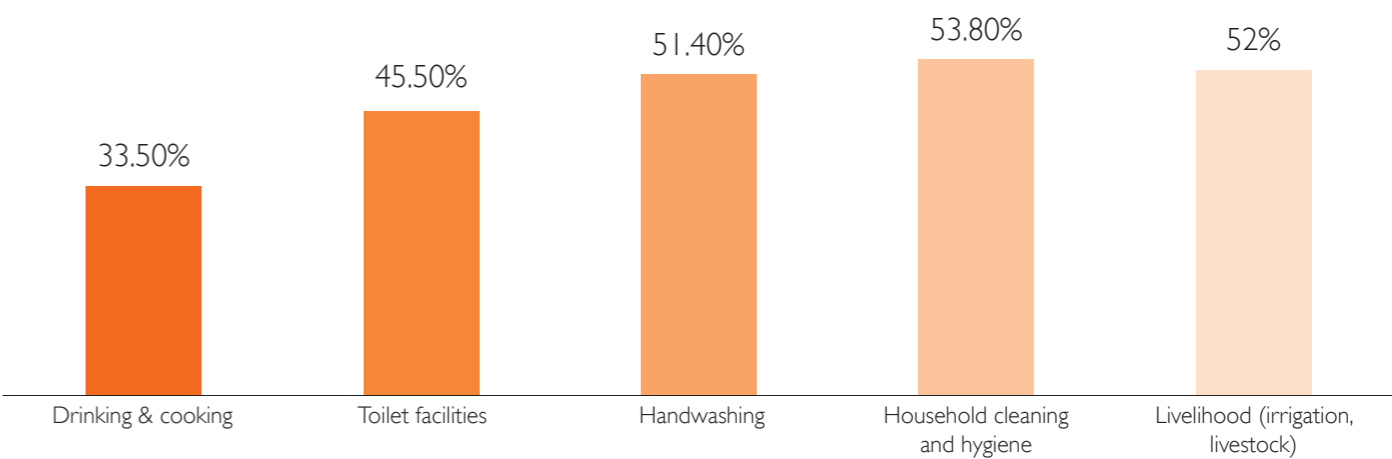
### FINDINGS BY SECTOR: WATER, SANITATION & HYGIENE

Families are at risk of waterborne diseases due to lack of access to clean and safe water for use in their homes. The findings show that about 34% households are not able to use safe and clean water for drinking, cooking and cleaning purpose because most of the poor households have no safe drinking water sources of their own. 26.1% HHs report it takes longer to access water than before COVID-19 onset. The correlation between the prevention and control COVID 19 pandemic and access of clean and safe water is undeniable.

#### Full access to Clean and Safe Water for Essential Purposes



#### Partial access to Clean and Safe Water for Essential Purposes



*“I’ve observed an increase in cases of physical and mental abuse in my community lately. Sadly, as members of the Child Forum, our support is limited due to the lock down.*

**- Samia Akter**  
Child Forum Leader



# FINDINGS BY SECTOR

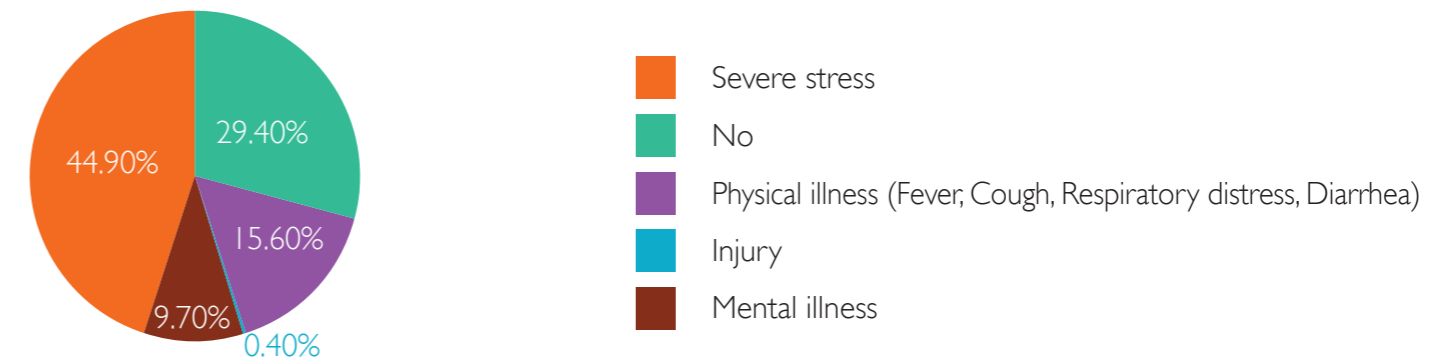
## HEALTH

### FINDINGS BY SECTOR: HEALTH

#### Access to essential health services

The findings indicate that there is a drastic reduction to access of basic health services with 43% of HHs reporting that they had no access at all.

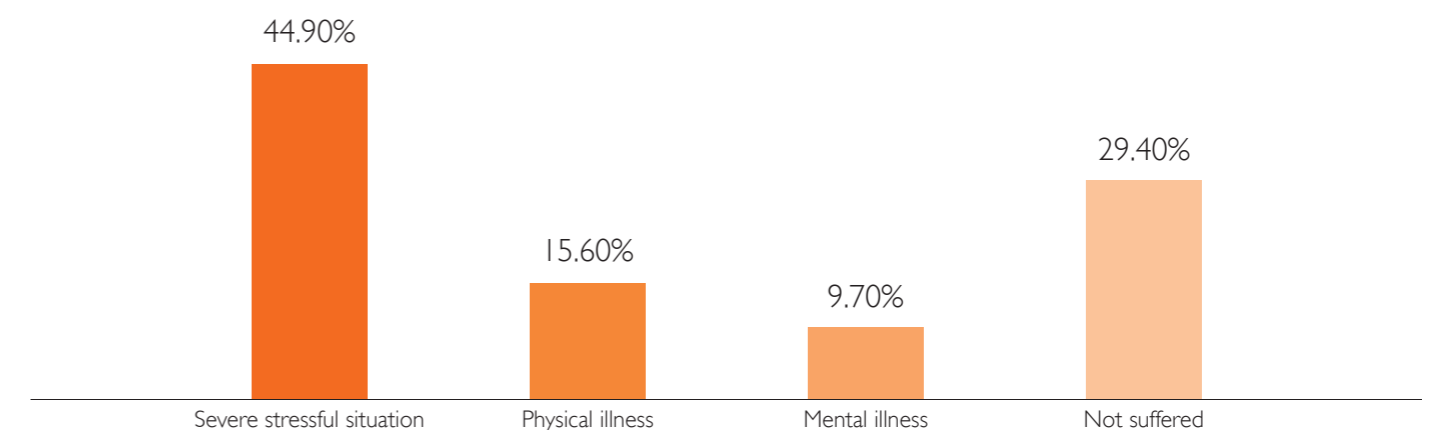
#### HHs experienced health issue during COVID-19



#### Access to health institution

Health Institution	Before	During May 2020 Survey	Percentage Decrease
Government Hospital	90.40%	49.0%	-41.40%
Private Hospital	65.20%	21.40%	-43.80%
Community Health Centres/Clinics	79.10%	45.30%	-33.80%
Maternal Centers	55.70%	22.80%	-32.90%
Outreach or Mobile Health Teams/Clinics	38.70%	18.50%	-20.20%
Traditional Medicine Center	46.10%	26.10%	-20.0%

#### Proportion of families experiencing a health issue



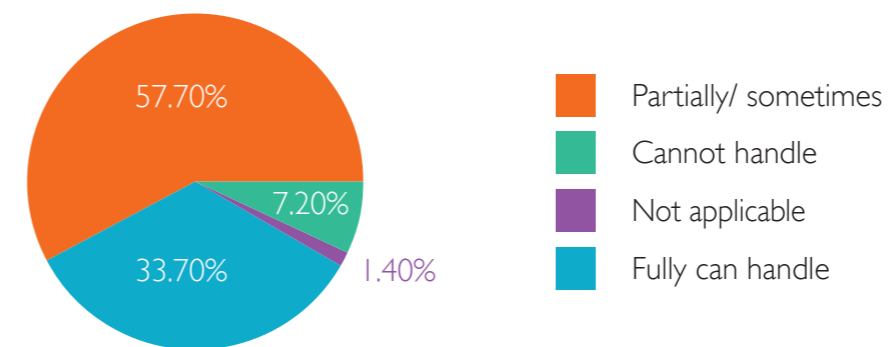
# FINDINGS BY SECTOR

## PROTECTION & EDUCATION

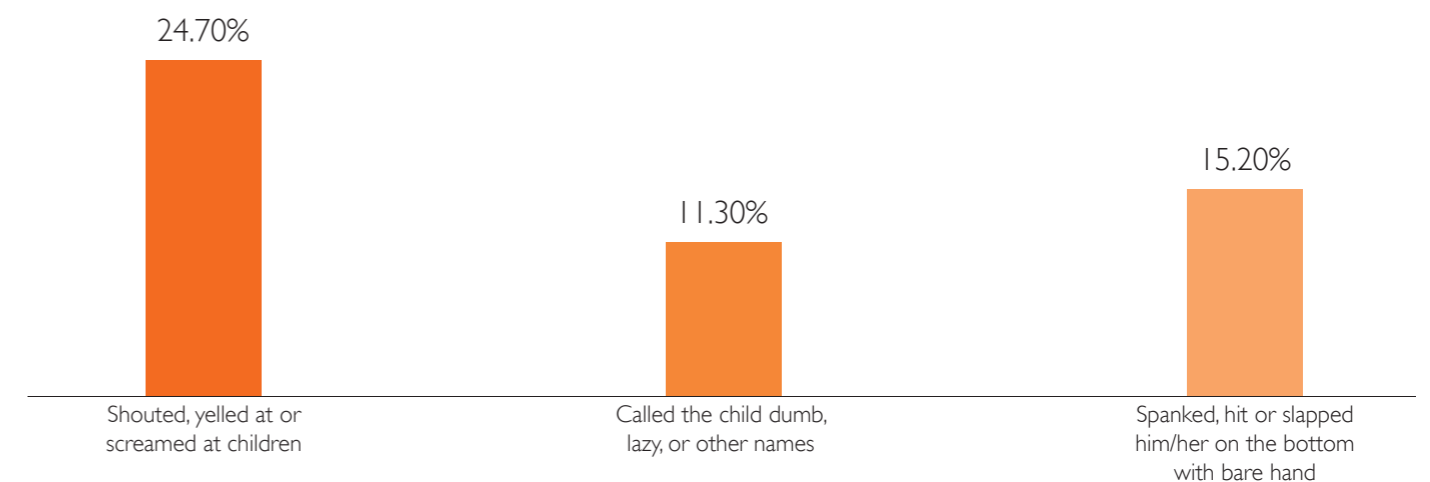
### FINDINGS BY SECTOR: PROTECTION & EDUCATION

Loss of incomes among households has triggered stress among parents and caregivers who are now engaging in desperate negative behaviours towards their children with about 35% applying physical punishment or psychological aggression. More than half of the respondent (58%) indicating that they were to partially able, with one-third (33.7%) indicating capability while 7.2% respondent expressed that they cannot handle the situation.

#### Ability to handle changes in children's behavior



#### Major Physical and Mental Aggression used as a Means of Correcting Children's Behaviour



"Before the lockdown, I worked as a maid in several homes. But now, no one allows me in their homes. To survive, I beg for food from family and friends but they are now tired of supporting. I've have now been forced to borrow and I don't even know how I will pay back."

- Kohinur Begum



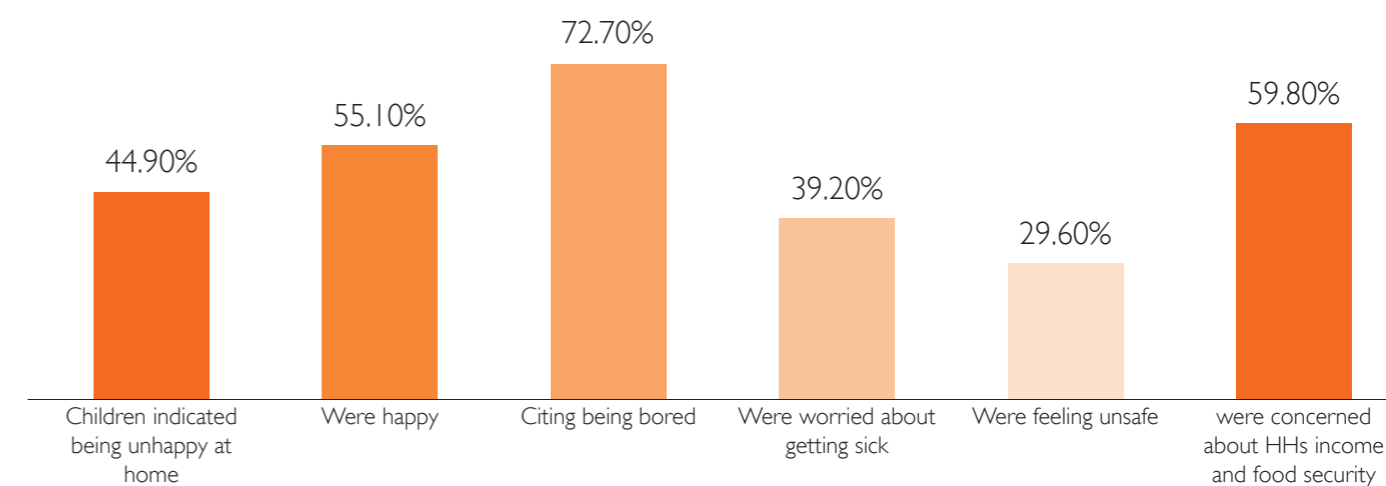


# FINDINGS FROM SURVEY WITH CHILDREN & ACCESS TO INFORMATION

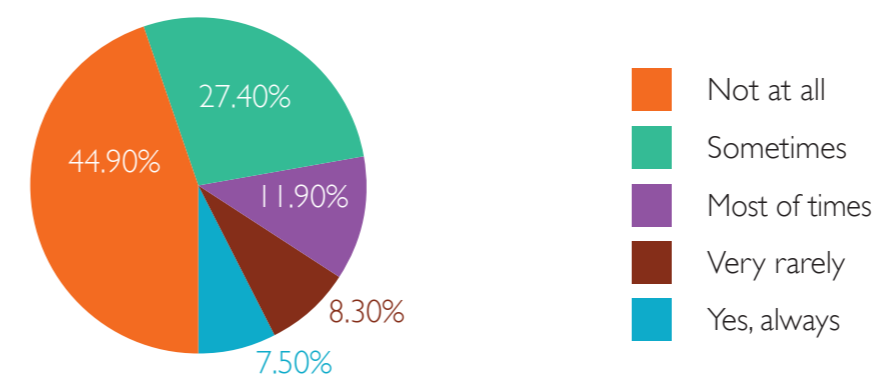
KOICA  
Korea International  
Cooperation Agency

## FINDINGS FROM SURVEY WITH CHILDREN

During the COVID 19 period, Children had concerns while staying at home



Children's feeling in staying at home



Children felt isolated, distressed or worried during COVID, as 87% children reported feeling isolated while another 91.5% were worried about COVID 19.

*"It's hard to look into the eyes of my three children and tell them that will only be having two meal due to COVID-19. My husband and I sometimes skip meals so that our children can have something to eat."*

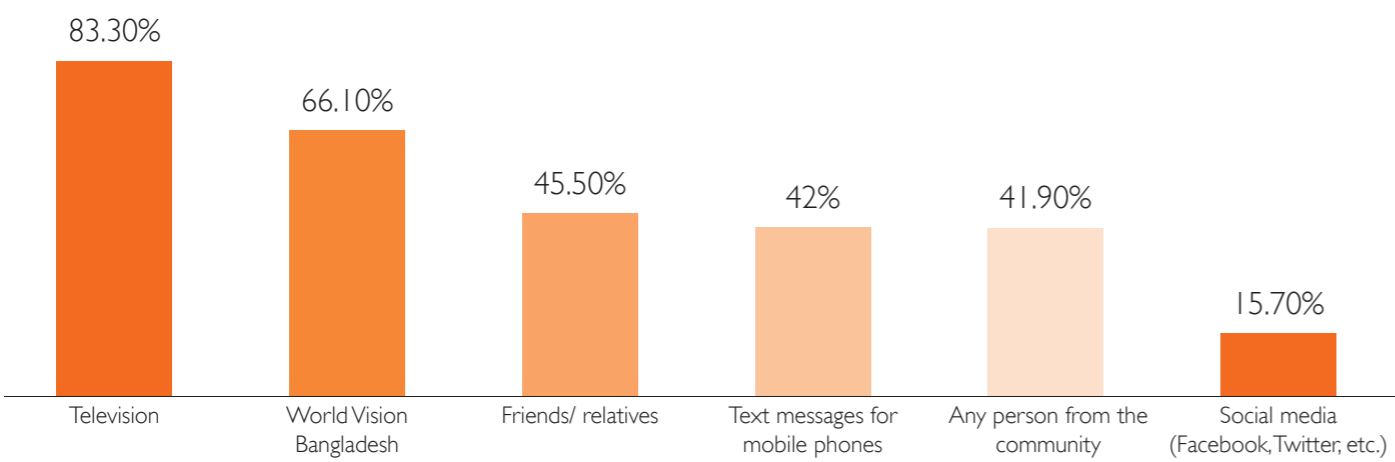
**- Shilpi**  
a 35 years old mother



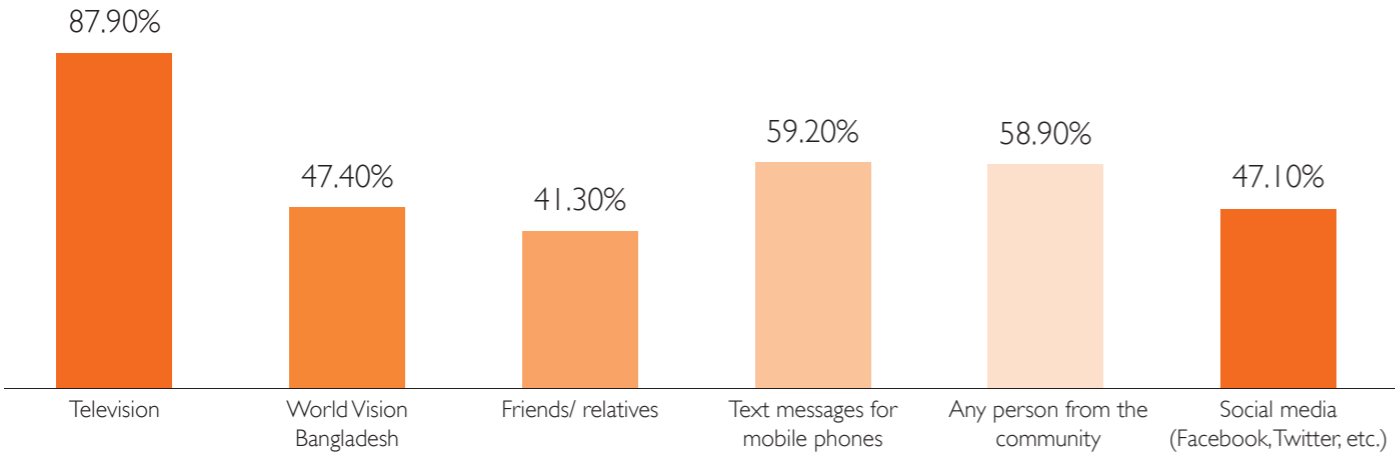
# FINDINGS ABOUT ACCESS TO INFORMATION

86% of respondents reported they received updated information on a regular basis, with 83.3% adults and 87.9% children indicating television as they main source of information.

Key Sources of Information for adult Respondents on COVID-19



Key Sources of Information for child Respondents on COVID-19



# KEY RECOMMENDATIONS

“My father beats us when we ask for more food. Ever since he stopped going for work, he has become moody and is angry most times.”

- Kobita



## KEY RECOMMENDATIONS

- Recommendation #1 Strengthen the productive capacity of vulnerable households.** For example, it is critical to support smallholder farmers, agriculture workers, and informal traders to access finance, purchase agri-inputs, and sell their crops in markets – particularly perishable fruit and vegetables. As part of this effort, it will be important to adapt programming to the dynamics of urban-rural migration where possible intermittent lockdowns may disrupt value chains and linked livelihoods activities. Partners should further assess how particularly the urban-rural migration during the pandemic is affecting livelihood opportunities.
- Recommendation #2 Build resilience of marginalised and most vulnerable children and adolescent boys and girls, including children with disabilities by extending education and life skills:** As children and adolescents constitute a significant proportion of the population in Bangladesh (40% children; 20% adolescents), empowering this significant cohort of the population can play a strong role in building back better after the crisis. Children and adolescents can be equipped with life skills, including leadership, the ability to powerfully advocate to decision makers, to lead community service projects that serve the needs of those directly around them. Learning opportunities must be made available and in an accessible format, address barriers to access, and also empower parents and caregivers to enhance their children's learning outcomes. Through life skills training, adapted to movement restrictions and physical distancing rules, children and young people can be sensitized on different child protection risks and solutions including child marriage, trafficking and job offers, domestic labour, massage/dancing jobs, agriculture and food processing roles, and online sexual exploitation. Children and adolescents – future leaders of tomorrow – can learn today how to become agents of change, promote child-led protection mechanisms that tackle child abuse, violence, exploitation, and to contribute positively to their community in ways that serve the needs of those directly around them.
- Recommendation #3 Expedite Linkages between Food Security, Economic Development and Nutrition to Help Households Recover:** By supporting vulnerable poor households to have immediate financial support and access to emerging livelihoods and employment opportunities. By tackling the key pillars of food security, nutrition and livelihoods by ensuring vulnerable families and especially children have access to, and can prepare/consume a healthy diet, while increasing economic opportunities of households to contribute to expanding the local market for nutritious foods.
- Recommendation #4 Extend Community Health Systems to Ensure Prevention, Treatment and Management of Infectious Diseases among the Most Vulnerable:** The Government should expand access to essential health services, especially for the most vulnerable people across the country in both rural and urban communities. This includes children and communities in the Rohingya Camp who are at great risk of infections during lockdown. The Government should also open up additional COVID-19 centres accessible to communities that are well-stocked with appropriate equipment to test and effectively treat patients including case surveillance and monitoring among vulnerable communities in both rural and hard to reach areas.
- Recommendation #5 Government, community groups, faith communities, NGOs and other local stakeholder groups must become more unified in their COVID-19 efforts, and collaborate effectively, in order to scale up and leverage its joint footprint across the country.** This will be critical to be able to orchestrate the rapid diminishment of COVID-19 transmission at the community level; leveraging efforts by NGOs and other actors ensure that social protection reaches those in the hard to reach areas where the most vulnerable live. This means closing gaps in communication, sharing plans and learning across organizations, eliminating silos, and working together in a more unified way toward the prevention, monitoring, surveillance, contact tracing, case management, resourcing critical supplies (e.g. testing kits, PPEs, hospital equipment) and driving comprehensive hygiene and nutrition behavior change.
- Recommendation #6 Increase engagement with faith leaders.** Engaging faith leaders in responding to the pandemic is critical to protecting communities and building their resilience. In Bangladesh, faith leaders have been important partners in creating and disseminating messages on disease prevention and delivering messages of hope during this pandemic. Relationships that WV established with faith leaders prior to the pandemic through development programmes proved to be vital channels of communication and trust to provide reliable information on the pandemic in a context of much misinformation. This helped address unwarranted fears and enabled communities to have access to accurate and critical information to protect themselves and children.
- Recommendation #7 Government should make child protection, mental health and psychosocial support core components of their COVID-19 response:** This support should address fear, stigma, negative coping strategies, and other needs identified through assessments and, whenever possible, build on positive, community-proposed coping strategies, promoting close collaboration between communities and health, education, and social welfare services. Government, UN agencies and CSOs should ensure adherence to child protection minimum standards and child safeguarding measures for children who are quarantined or isolated at medical facilities. National preparedness and response plans should include provisions for the protection and care of children.
- Recommendations #8 Response and recovery efforts must be responsive to the specific needs of women, children and adolescent girls and boys, including the disabled:** Government must ensure child & adolescent friendly (girls & boys) quarantine, self-isolations and ventilation services across the country. Also Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases. The preventive messages to stop/slow the spread of COVID-19 are mostly in inaccessible format for people living with disabilities with different impairments (physical, sight, hearing etc.). There are some people with a disability who frequently need human assistance in their daily life. This can be a potential challenge in case of quarantine or isolation. Any programming must ensure that the special needs of people with a disability are addressed; including ensuring all information is presented in a manner that is accessible and actionable for people with visual, hearing, or cognitive impairments.
- Recommendation #9 Strengthening Resilience Mechanisms with Infectious Disease Preventative Measures:** The compounding effect of seasonal natural hazards (e.g. floods, cyclones) on the COVID-19 pandemic is largely a foreseeable problem and plans developed ahead of time could prevent some of the worst potential impacts from occurring. With the recognition of the increased challenges faced by a double burden of any natural disaster combined with COVID, World Vision is seeking to ensure that disaster management protocols take precautionary and preventative measures to minimize risk of COVID-19 spread during a in a humanitarian emergency situation. For example, physical distancing protocols for distribution, spacing in shelters enable physical distancing, increasing number of emergency shelter locations, and large-scale availability of personal protective equipment (PPE) to first responders as minimum standards.



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