





NOBO JATRA - NEW BEGINNING

USAID's Development Food Security Activity



COVID-19 and cyclone Amphan Impact Assessments
August 2020







COVID-19 IMPACT ASSESSMENT

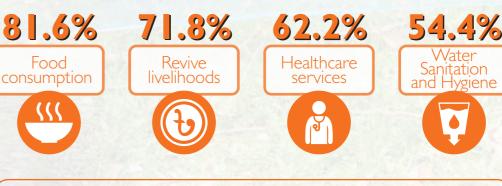


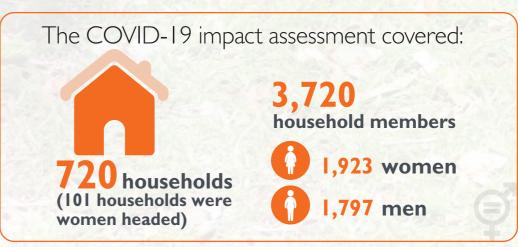
Background

The COVID-19 crisis is having macro level impacts on health systems, economies and social dynamics that will take much longer to recover from. In March 2020, the Government of Bangladesh first initiated general holidays¹ to contain the pandemic. Whilst these measures were critical to curb transmission of COVID-19, they also had implications on livelihoods, food security, nutrition and health. This assessment highlights the impact of COVID-19 on poor and extreme poor households covered by **USAID's Development Food Security Activity 'Nobo Jatra-New Beginning,'** implemented by **World Vision Bangladesh** in partnership with the Ministry of Disaster Management and Relief in Dacope, Koyra, Shyamnagar and Kaliganj sub districts in southwest Bangladesh. World Vision Bangladesh, together with the World Food Programme and Winrock International, implement the project, integrating interventions in Maternal Child Health and Nutrition, Water Sanitation and Hygiene, agriculture and alternative livelihoods, disaster risk Reduction, good governance and social accountability and gender. The COVID-19 impact assessment is a cross sectional study that covers a representative sample of Nobo Jatra participants.

The southwest coastal region is characterized by frequent cyclones – the most recent being cyclone Amphan which made landfall on 20th May 2020 causing damages to agriculture and livelihoods, homes and water sources at a time when communities are already weakened from the impacts of COVID-19. Findings from the cyclone Amphan impact assessment are also shared later in this report.

The Nobo Jatra COVID-19 impact assessment took place from 21 June – 25 June and highlights the extent to which Nobo Jatra's direct participant households are affected. As found through the COVID-19 assessment, the top priorities for households during the pandemic are:





¹ Starting from 26 March 2020, the Government of Bangladesh announced general holidays for a period of two weeks. The general holiday was extended seven times till 30 May. During this time all Government offices, education institutions and private companies remained closed. Since I June Government offices and other offices have partially opened and movement restrictions have been relaxed.

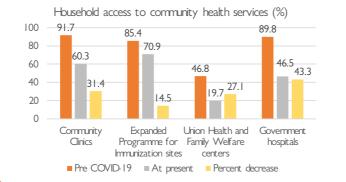
The impact of COVID-19 is evident in the following areas:

Health and Nutrition

i) Since the COVID-19 lockdown in March 2020, there has been a sharp decrease in the number of people accessing basic primary health services through community health structures such as community clinics,

expanded programme for immunization sites and Union Health and Family Welfare centers.

ii) The Nobo Jatra assessment found a 31.4 percent decrease in households accessing services at community clinics - 91.7% accessed services pre COVID-19 (before general holidays started on 26 March) in comparison to 60.3% at present. A 14.5 percent decline was seen for access to services through expanded programme for immunization sites - 85.4% pre COVID-19 and 70.9% now. A drop of 27.1 percent was also seen in accessing services from



Union Health and Family Welfare Centers (46.8% pre COVID-19 and 19.7% now). These structures are all community level health service delivery points and are typically used by poor and extreme poor households in rural Bangladesh.

Whilst health services at these structures were scaled back in March, one of the main deterrents for communities has been fear of exposure to COVID-19 at clinics and centers. Heavy rainfall, flooding due to cyclone Amphan and the rainy season and limited public transport options have also been constraints in accessing services. Reduced access to basic health care is one of the most critical secondary impacts of COVID-19 – and one that increases health and malnutrition risks for pregnant and lactating women and children under 2.

- iii) An overwhelming 92% of respondents, both from female and male headed households, said they were facing mental stress as a result of the COVID-19 pandemic.
- iv) Of the households with children under 2, more than **50% said they were unable to provide a diverse, nutritious diet to the child** due to lack of incomes and access to markets as a result of COVID-19.



Food Security

- i) The COVID-19 impact assessment found that **56.4% of households had to borrow food or relied on help from relatives or neighbors in the previous week.** Similarly, 51.7% of households at less preferred, cheaper food impacting daily nutritional intake leading to poor nutritional status for children and mothers.
- ii) Household food security also has intersections with gender as the ability of women headed households to access safe, nutritious and diverse diets is at greater risk as seen through the extent of coping mechanisms used. For example, 33% of female headed households reduced portion sizes of meals in comparison to 24.7% of male headed households.
- iii) Access to a diverse, balanced range of foods is affected due to COVID-19. 67.6% of households did not have access to milk products and 46.9% did not have access to protein rich foods.

56.4% borrow food

rely on less nutritious, cheaper food

50% with children under 2 are unable to provide a diverse, nutritious diet to the child due to lack of incomes and access to markets as a result of COVID-19



Water, Sanitation and Hygiene

- i) Access to water for cooking and drinking has decreased from 80.1% to 67.1% since the start of the general holidays in March 2020. Also, 74.3% of households reported that since COVID-19 it takes longer to collect water due to lengthy queues and limited transportation options.
- ii) In terms of hygiene practices, **82.5% of respondents said they were wearing masks when going outside their home** and 49.7% said they keep their homes and latrines clean.

decrease in access to safe water (80% pre COVID-19, 67% now)

74.3% of respondents confirmed it takes longer to collect water due to long queues, limited transportation options and greater pressure on water resources.



Gender

i) Since COVID-19, closure of schools, disrupted or no livelihoods and reverse migration back to rural areas has resulted in entire families staying at home which has further exacerbated the burden of unpaid care work on women, who now must absorb the additional work of constant family care duties. The impact assessment found 57.7% of households reported increased time spent on childcare and 51% of households are spending more time cooking (unpaid work). Key to note, 84.7% of households reported that husbands or other male caregivers were helping with childcare and housework.

ii) 28% of households reported that risks of child marriage and other forms of Gender Based Violence have increased during COVID-19. The current lockdown and loss of livelihood may inevitably work as a trigger of domestic violence against women and girls. The impact assessment also found that 60% of respondents felt that the safety and security of women and girls was a concern in the context of COVID-19.



86.9% reported increased time on cleaning.

84.7% said husbands or other male caregivers were helping with child care and housework.

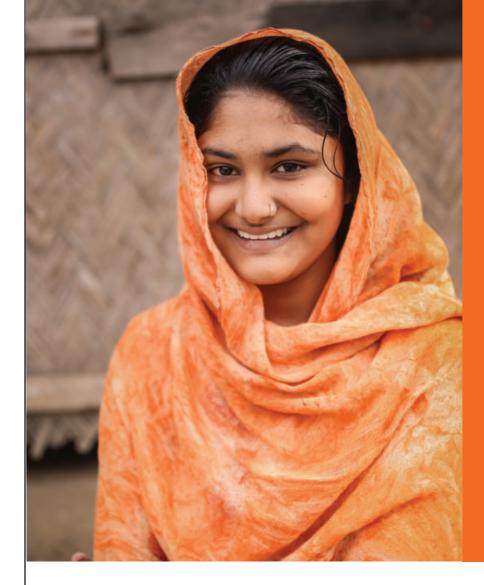
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Livelihoods

i) As a result of COVID-19, household incomes are adversely affected. A decrease in incomes since the previous month was reported by **55.3%** of households. Critically, **6.9%** of households also reported that they had **no incomes** in the previous month. There are **important gender differentials** in reduced incomes. For example, the number of female headed households reporting no incomes was 14.7% in comparison to 5.6% male headed households reporting no incomes. This indicates a marked gendered difference of the impact of COVID-19 on female headed households bearing in mind that in rural areas 93.3 % of women typically work in the informal sector² which is hard hit by the COVID-19 pandemic due to lockdown measures.

ii) Reduced incomes are also affecting the health, safety and social wellbeing of families. Falling sick and being unable to afford treatment was cited by 36.2% of households as one of the main spillover effects of reduced incomes.

iii) Reduced incomes are also having an adverse effect on children's health, safety and wellbeing; 13.7% of respondents said they were sending children out to work, 11.7% of respondents said they had to send their children to live with a relative, 5% had to send children to religious residential institutions ('madrassa's') and 3.9% had to marry their children off early (before the age of 18).



36.2% of households are unable to afford healthcare 13.7% of respondents said they were sending children out to work and 3.9% had to marry their children off early

Savings

i) The COVID-19 impact assessment found that 80.5% of households had no savings.

ii) To cope with reduced incomes, 12.5% households took loans in the previous month – and the average monthly interest rate for these loans is an alarming 10.9%. The majority of loans were taken from Micro Finance Institutions, followed by NGOs, family and local money lenders. This highlights the urgency to restart and ramp up Village Savings Lending Associations (community based savings groups) so that the most vulnerable families have access to equitable finances, without exorbitant and unrealistic interest rates that perpetuate a chronic cycle of poverty.



80.5% households had no savings 12.5% households took loans from MFIs and local money lenders in the previous month – and the average interest rate for these loans is 10.9%.

² Bangladesh Bureau of Statistics Labor Force Survey 2016-2017



Conclusion

The resilience capacities of Nobo Jatra's direct participant households are weakened from the impacts of COVID-19. General holidays and other measures to prevent disease transmission have taken a heavy toll on local economies in southwest Bangladesh - directly affecting livelihoods and incomes which poses a severe risk to the purchasing power of households and their ability to buy food to survive. In addition to livelihoods, COVID-19 has affected households' access to healthcare and health seeking behaviors, heightened food insecurity and reduced access to safe drinking water. Critically, Nobo Jatra's direct participant households are struggling with the effects of COVID-19 and the damages caused by cyclone Amphan which is slowing down their abilities to recover. Negative coping mechanisms are being used by households such as sending children out to work, marrying children off before the age of 18, taking loans at high interest rates and selling productive and household assets. Both in the short and long term, these coping mechanisms will exacerbate poverty, increase the risks of chronic malnutrition especially for pregnant and lactating women and children and Gender Based Violence - including child marriage.



CYCLONE AMPHAN IMPACT ASSESSMENT



Background

Cyclone Amphan, made landfall on 20th May 2020 with gale force winds and heavy rains affecting people in Shyamnagar, Kaliganj, Koyra and Dacope sub districts in southwest Bangladesh. Koyra and Shyamnagar sub districts were most critically affected by cyclone Amphan. High tides broke the embankments leading to water from the sea flooding inland in four unions in Koyra and four unions in Shyamnagar causing damages to homes, water points, assets and agricultural lands.

The cyclone Amphan impact assessment highlights the extent to which Nobo Jatra's direct participant households are affected in 98 villages in the 8 worst affected unions in Koyra (Dokkhin Bedkashi, Uttar Bedkashi, Koyra and Moheswaripur unions) and Shyamnagar (Burigoalini, Gabura, Kashimari and Padmapukur unions).

The assessment shows that access to safe water and sanitation has been compromised, livelihoods lost or disrupted and access to finance through Village Savings and Lending Associations reduced. Ultra-poor graduation participants, who are categorized as extreme poor living below the poverty line of \$1.90 a day, have been disproportionally affected. Combined losses will impact the overall food security, nutrition and economic status of Nobo Jatra's direct participant households.

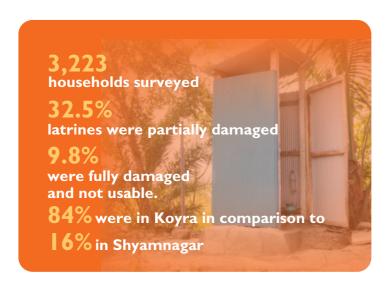
The assessment also shows that 75% of community health service delivery points such as community clinics, Union Health and Family Welfare Centers and Expanded Programme for Immunization sites in Koyra and Shyamnagar are not providing regular services such as Growth Monitoring and Promotion due to flooding. In Koyra, health services in 10 community clinics, 2 Union Health and Family Welfare Centers and 84 expanded programme for immunization sites are affected. Similarly, in Shyamnagar, 3 community clinics, I Union Health and Family Welfare Center and 49 expanded programme for immunization sites have been unable to provide services. As a result, **16,237 people** (3,402 women, 3,118 men and 9,717 children) **do not have access to basic health services from community health structures** in the 8 unions in Koyra and Shyamanager.

Water, Sanitation and Hygiene

Access to sanitation:

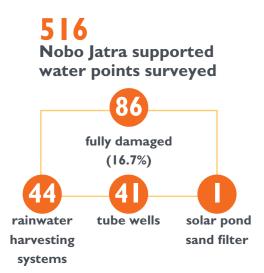
Of a total of 3,223 households surveyed, 1,048 (32.5%) latrines were partially damaged and 316 (9.8%) were fully damaged and not usable.

Household latrines in Koyra were worst affected by cyclone Amphan. Of the 316 latrines fully damaged, 265 (84%) were in Koyra in comparison to 50 (16%) in Shyamnagar. A similar trend was seen for the latrines that were partially damaged – out of a total of 1,048 latrines, 754 (72%) are in Koyra.



Access to water:

516 Nobo Jatra supported water points (Rain Water Harvesting Systems 265, tube wells 242, solar pond sand filters 9) were surveyed in total across Koyra and Shyamnagar sub districts. Of the 516 water options, 86 (16.7%) are fully damaged (44 in Shyamnagar and 42 in Koyra). This includes 44 rainwater harvesting systems, 41 tube wells and 1 solar pond sand filter. As a result, 5,100 (m- 2,586, f-2,514) of Nobo Jatra's direct participants are not accessing safe water from the 86 fully damaged water points.



5,100
of Nobo Jatra's direct
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fully damaged water points



2,586 men

VALUE CHAINS

Under Agriculture and Alternative Livelihoods programming, Nobo Jatra supports 4 value chains including bottle gourd, bitter gourd, water melon and Genetically Improved Farmed Tilapia (GIFT) tilapia. As part of the assessment, 713 value chain producers (m-39, f-674) were surveyed.

Bottle gourd value chain:

119 (63.98%) bottle gourd producers suffered partial losses and 24 (12.9%) suffered total loss of crops. On average, producers harvested 96 kilograms of crops per decimal before cyclone Amphan and 60% of crops were damaged in the field.

Bitter gourd value chain:

117 (65.73%) bitter gourd producers suffered partial losses and 10 (5.62%) suffered total loss of crops. On average, producers harvested 27 kilograms of crops per decimal before cyclone Amphan and 30% of crops were damaged in the field.

Watermelon value chain:

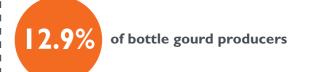
Watermelon producers were comparatively less affected as the harvests from the first cycle of production was completed before the cyclone. However, 25 watermelon producers suffered partial losses to their second cycle of production. Before the cyclone, watermelon producers harvested 142 kilograms on average and reported that 11% of crops were damaged in the field.

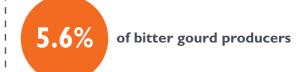
GIFT tilapia value chain:

GIFT tilapia producers bore the brunt of damages with 143 (76.47%) producers reporting total loss of harvests. Ponds were washed away including fingerlings preserved for the next round of cultivation.

Additionally, 162 (22.72%) households (out of a total 713 surveyed) reported total loss of poultry (ducks and chickens that died).

Total loss of harvests reported by:

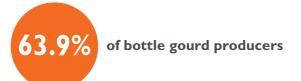








Partial losses to harvests reported by:

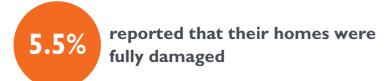




Ultra-Poor Graduation

Nobo Jatra targets 21,000 women with the goal to graduate the households from extreme poverty to sustainable diverse livelihoods. These 21,000 households are categorized as extreme poor living below the poverty line of \$1.90 a day and comprise the destitute, widows and female headed households. The assessment found that the resilience of ultra-poor graduation participants has been affected due to the damages caused by cyclone Amphan. Of a total of 7,099 ultra-poor graduation participants in the 8 unions covered by the assessment, 396 (5.5%) reported that their homes were fully damaged and 1,328 (18.7%) reported that homes were partially damaged. Key to note, 2,576 households reported total loss of their homestead vegetable gardens. This has attendant implications on the food security of households who depend on the produce from homestead gardens for a diverse, nutritious diet and also sell surplus at local markets.

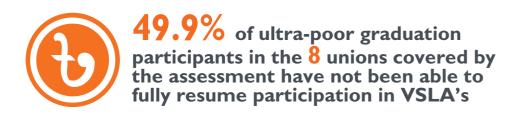
7,099 ultra-poor graduation participants surveyed in the 8 unions





Access to finance:

Village Savings and Lending Associations (VSLAs) have also been affected. A condition of the ultra-poor graduation program is participation in VSLA's to strengthen access to finances to diversify livelihoods and deal with unforeseen shocks. However, general holidays (starting in March 2020) to control the spread of COVID-19 affected VSLA's - as movement was restricted and community gatherings scaled back. In May, just as VSLA's were gearing up to restart, cyclone Amphan hit communities already weakened from the impacts of COVID-19 in Koyra and Shyamnagar. 3,544 (49.9%) of ultra-poor graduation participants in the 8 unions covered by the assessment have not been able to fully resume participation in VSLA's. Challenges include water logging and flooding which limit movement and as well as reduced local public transport options.



Impact on livelihoods:

The livelihoods of ultra-poor graduation participants have also been adversely affected. Participants reported that 131 goats, 292 sheep, 639 ducks and 1,208 chickens died. Fish producers reported that 1,419 decimals of ponds were damaged and fish harvests lost. Off farm businesses were affected; 445 participants (45.9% of 969 women) lost their grocery businesses and 156 participants (38.6% of 404 women) lost handicrafts businesses.



Access to sanitation:

Ultra-poor graduation households have suffered huge damages to latrines; 1,290 households reported total damages to their latrines making them unusable and 1,988 reported that latrines were partially damaged.





RECOMMENDATIONS
TO ADDRESS IMPACT
OF COVID-19 AND
CYCLONE AMPHAN

I. Address immediate urgent needs and strengthen resilience capacities

- Cash Grants targeted to the most vulnerable households, including those with pregnant and lactating women and children are essential to meet immediate consumption and other critical household needs. Cash transfers will increase household purchasing power helping to recover from loss of livelihoods and incomes. Digital cash grants through e-wallets linked to mobile phones would work well within the COVID-19 context as this would reduce the need for gatherings at cash distribution sites.
- Repair of community water points to enhance access to safe drinking water. Support Water
 and Sanitation committees and Water Management Committees (aligned to each Nobo Jatra
 supported community water option) to use existing funds generated through tariff collections (if
 available) or to strengthen tariff collection mechanisms to finance repair of water points damaged.
 Support and mentor Government Water and Sanitation ('WatSan') committees at sub district and
 district level and Water Management Committees to advocate for funds for repair or rebuilding of
 water points through the Union Parishad and ensure technical service provision from the
 Department of Public Health Engineering.
- Repair or rebuild latrines. Support households to repair or rebuild latrines damaged by the cyclone. Ramp up Social Behavior Change sessions and household visits to emphasize the importance of safe sanitation and motivate households to invest in repair or rebuilding of latrines.

2. Prioritize economic development, access to financial services and market based approaches

- Accelerate income generating opportunities that reduce the risk of transmission of
 the virus and are market driven even during the crisis. This could include supporting producers
 to transition into making cloth face masks through cost share mechansims, incentivizing local
 entrepreneurs to sell drinking water at household level and scaling up health and nutrition business
 models through partnerships with private sector.
- Adapt and revive Village Savings Lending Associations to provide much needed access to financial services for the poor and extreme poor. This will help households to access loans to revive or start new livelihoods and also meet other household needs such as food consumption, medical and education expenses or repair of homes damaged by cyclone Amphan.
- Strengthen business management and market outreach skills of water management committees to increase water sales by tapping into local entrepreneurs who will deliver water to households and businesses and strengthen business management skills to withstand the crisis.

3. Strengthen productive capacities of vulnerable households

• Increase production of saline tolerant, nutritious vegetables to support small holder farmers and improve household nutrition. Galvanize demand for small holder and homestead farmers through vouchers to access saline tolerant, nutrient rich vegetable inputs. Promote regular availability of quality seeds through credit supply guarantees to seed companies and market outreach campaigns. Support farmers to organize practical demonstration and learning sessions on improved production and Climate Smart Agriculture technologies focusing on saline, drought and water merged areas. In partnership with the private sector, promote crops like orange flesh sweet potatoes to improve household nutrition.

4. Intensify and expand Social Behavior Change for nutrition, health, hygiene and Gender Based Violence

- Expand Social Behavior Change to include awareness and messaging through local radio and cable TV networks as these are the preferred medium for 59.2% of households surveyed. Intensify messaging on health and hygiene including accessing primary health care for pregnant and lactating women and children, dispelling myths around COVID-19 transmission at health service delivery points and highlighting the risks of Gender Based Violence including where to report cases and Government referral systems. Target messaging to men, women, children, grandparents and partner with faith leaders to disseminate messages on disease prevention and to discourage child marriage and other forms of Gender Based Violence.
- Capacity building on referral systems for Sexual and Gender Based Violence for male and female health staff in community clinics, Union Health and Family Welfare Centers and sub district health complexes to respond to Sexual and Gender Based Violence including training in psycho-social support and the confidentiality, respect, safety, referral and the non-discrimination of victims.





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