



Rapid perception survey on

COVID19 Awareness and Economic Impact

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Executive summary

In early April of 2020, BRAC published a rapid assessment report on the impact of economic lockdown in the more impoverished communities across Bangladesh. The present report is a follow-up to assess how the economic stress on those communities has evolved.

BRAC staff collected data from 2,317 households of different socioeconomic backgrounds through both phone interviews (79%) and face-to-face (21%) interviews using a structured questionnaire. Given the lockdown, the survey could not strictly maintain a representative sampling procedure. Nor could we re-interview the same respondents covered in the survey of April 2020. Findings of both surveys, however, reflect a countrywide general picture of the people's awareness of COVID-19 and the economic hardship induced by the lockdown. Hence, some comparisons have been made between the findings of the two surveys.

While interpreting this report, the reader should keep in mind that the report presents the findings of a perception survey. Like any perception survey, the reported data may represent systematic and unsystematic biases and varied interpretations of the respondents, including self-serving bias, confirmation bias, etc. People tend to respond based on their social norms or dominated perceptions constructed in society or based on what a person feels desirable for him/her. Especially during the time of a conflict or economic stress, people tend to under-report gains and over-report losses. Despite these limitations, since such perceptions drive actions and determine behaviour, it pays to know the accurate picture of perception and feelings of a constituency. Additionally, such surveys can be conducted quickly and portray the big picture required for policy making. Hence, perception surveys become a popular tool for development policymaking.

Fifty-nine percent of the survey respondents are either economically poor or vulnerable¹ based on their income in February 2020. Hence, the survey result represents the situation at the lower financial echelon of the society more accurately and cannot be interpreted as a depiction of the national context.

The present perception survey found that most of the respondents are aware of how the Novel Coronavirus spreads (fully aware 59%, partially aware 38%). There is some gender-based variation noticed—67% men are fully aware compared to 55% women. Similarly, the urban population (64%) are slightly more fully aware than rural people (58%).

¹ The population identified as vulnerable in the sample are defined as the households who reported having monthly per capita income (pre-COVID) below twice the national upper poverty line income. Therefore, the vulnerable group includes those who were already poor before COVID-19 hit, and those who were not living in poverty but living marginally above the poverty line and hence were vulnerable to this economic shock.



More than three-fourth (76%) of the respondents always follow the general hygiene practices recommended to protect oneself from Coronavirus (such as washing hands with soap, maintaining social distancing, covering cough/sneeze, etc.). However, the rest of the 24% of respondents, as they are irregular in maintaining hygiene practices, are not only vulnerable themselves, but can also help spread the virus in their communities.

Interestingly, more than three-fourth (78%) of respondents felt that they have no or very little chance of getting infected with the Coronavirus. These self-assured respondents, however, follow fairly good hygiene practices (60% of the respondents always maintain, and 18% maintain very often). When asked about the chances of the Rohingya community getting infected, 79% of the respondents rated it as high chance or some chance. In this case, the responses seem to be driven by the logic that the Rohingya camps are congested and overcrowded.

The confusion about treatment options seems to linger among the respondents. **Eleven percent of the respondents selected ‘getting tested immediately’ as the right thing to do after having COVID-19 symptoms, and less than half of the respondents (43%) chose ‘home quarantine/isolation’.** More than one-fourth (26%) respondents believe that there is no treatment of coronavirus disease. Such belief is more prevalent among men (32%) and people in rural areas (30%) than women (23%) and urbanites (21%). Thirty-seven percent of the respondents think that the district-level government hospitals do not treat COVID-19 patients. However, 23% of respondents (27% in rural areas compared to 14% in urban areas) do not even know about the availability of coronavirus treatment in government hospitals. This uncertainty is higher among women (27%) than men (16%).

The COVID-19 Pandemic caused around 36% of the respondents to lose their job or work opportunities. In comparison, 12% lost their earning opportunity as businesses/shops were closed during the lockdown, and another 3% of the respondents did not get salaries despite having jobs. The percentage of job (or earning opportunity) loss is alarmingly high (62%) among the low-income population and daily wage earners.

The pandemic has caused a sharp fall in household income of people belonging to a wide range of economic classes. **Overall, 95% of the respondents reported an average monthly household income reduction of 76% (from BDT 24,565 to BDT 7,096). Among the vulnerable group, 97% reported an average monthly household income reduction of 77% (from BDT 14,704 to BDT 3,126).** Among the vulnerable group and based on their per-capita income in May 2020, 95% fell below the poverty line during this pandemic. Notably, according to the Household Income and Expenditure Survey 2016, around 43% Bangladeshi households have monthly household per capita income equal to, or less than the average per capita monthly income (pre-COVID) of these vulnerable people in the sample deflated back to its 2015 value.



It should be further noted that for many of these respondents, poverty will be transient. As the economy reopens, a significant proportion of them will come out of poverty. However, if the situation is prolonged, then the economic stress can force them to sell their productive assets, and they will find it challenging to come out of poverty quickly.

The economic distress has impacted the food security of the worst affected households. **On average, 16% of the respondents reported that they had only 1-3 day's food to survive.** Three percent of the households did not have any food during the survey time. On average, 22% of the respondents said that they had 30 days' or more worth of food in their home.

Approval of public measures to tackle the pandemic remained high among the survey population. **The majority (63%) of the respondents opined that measures taken by the government to handle the situation induced by the pandemic are adequate or somewhat adequate;** only around 30% of respondents felt otherwise. The respondents were happier with the law enforcement agencies (such as Police, Ansar-VDP)—more than 92% of the respondents rated their role as good or very good. This high level of appreciation cuts across urban and rural as well as gender divide.

However, when asked about government support in the form of food distribution or cash transfer, the level of 'approval' dampens significantly. **Thirty-eight percent of the respondents felt that government support was inadequate, while 41% thought that the targeting might be wrong.** Indeed, only 14% of respondents reported that they received food/cash support provided by the government, while 69% did not receive any, though they needed some assistance. **This percentage is higher in rural areas (72%), compared to urban areas (62%).**

If the crisis continues for an extended period, as it seems more likely now, 19% of the respondents reported that they would not be able to continue to bear their living expenses for more than seven days (17% in rural areas and 21% in urban areas). One-fourth of the responses about coping mechanisms of the respondents show that the respondents will have to withdraw money from savings or sell assets to cope with the financial setback. However, 19% of the total responses express respondents' hope that the government (or other charities) will provide support for them in case the crisis prolongs.

The economic stress has a gender face. **The data shows that income loss due to economic lockdown was higher in women-headed households (80%) than men-headed households (75%).** As a result, the income of 57% of women-headed households reduced to nearly zero compared to 49% of men-headed households. Econometric analysis of food expenditure reveals, **female-headed households in rural areas were more prone to experience greater fluctuations in income;** however, this was not the case for female-headed households in urban areas.



Men respondents experienced a 68% reduction in monthly household income, while women respondents experienced 81% of the same. It is no wonder, hence, that a higher percentage of women (90%) reportedly need food/cash support compared to men (71%). **Still, unfortunately, more women (72%) have not reportedly received government support compared to men (62%).** Overall, 21% of women-headed homes reported their inability to manage their living expenses beyond a week compared to male-headed households (18%). Similarly, 20% of the women-headed households reported having 30+ days of food compared to 22% of male-headed households.

The survey looked into people's perception regarding increased incidences of violence against women (VAW), which is reported globally and in Bangladesh in several studies. Eleven percent of the respondents reported an increase in VAW incidences during this period, while 82% of respondents think it remained unchanged. **The majority (58%) of the responses received from respondents who reported increased VAW incidences reveal that this increase might be due to the poverty intensified by the pandemic.**

As the economy begins to reopen gradually, the next plan of actions should focus on getting the economy back on its feet, maintaining proper health precautions. **The recovery and rehabilitation plans, as well as the already declared stimulus packages or incentives (both cash and in-kind), need to be reviewed and implemented using a 'pro-poor' lens. Delivery mechanisms of food/cash assistance and stimulus packages for different private sectors need to be more transparent.** NGOs and CBOs can support the identification of beneficiaries and in the grievance redress process. A database of the recipients can be developed and made open so that duplication can be avoided. Complaint redress mechanisms should be in place. **Besides, particular focus should be given to households with greater vulnerability, such as women-headed households.**



Introduction

COVID-19 pandemic has started showing its devastating face in Bangladesh, taking more than 1,000 lives and infecting over 75,000 people by the 2nd week of June 2020. The government had imposed lockdown or 'general holiday' for over two months (until 30 May 2020), restricted public gatherings, banned public transportations, and encouraged "staying home". All these restrictive measures, albeit necessary to minimise the spread of the pandemic, have associated costs. The lockdown of over two months has left many people, especially low-income wage earners, economically inactive and without any earning opportunities.

*The Government of Bangladesh announced financial stimulus packages worth **BDT 72,750 crore** (BDT 727.5 billion), in the 1st week of April 2020, to shield the economy and also initiated food assistance for the affected poor and already vulnerable people.*

At the start of the lockdown, BRAC conducted a nationwide rapid perception survey on COVID-19 awareness and impact in early-April 2020 (on 2,675 sample respondents). The findings suggested that almost all respondents (99.6%) heard about the disease. However, two-thirds (65%) of respondents in rural areas and some of the respondents in urban areas had doubts about treatment options. Ninety-three percent of the respondents suffered the loss of income since the public holiday was declared in the last week of March 2020. Fourteen percent of the total respondents reported having no food in their homes. There was a general awareness among the respondents that the pandemic may prolong by as many as 22 days (average response). More than one-third (36%) of the respondents said they did not have a specific plan on how to cope.

This survey was conducted as a follow-up study after a month of the first rapid survey to understand the change in both awareness and economic stress level observed during the first study. The study also tries to understand people's perception about the effectiveness of the government's initiatives to fight the crisis, and of their prescriptions about some much-needed initiatives to overcome the challenges.



Methodology

This rapid perception survey was conducted by BRAC staff in 64 districts from 9-13 May 2020, just a month after the first survey. The total number of respondents interviewed for this report is 2,317 (68% from rural areas, and 32% from urban areas). Two subdistricts from each district were selected randomly, and at least 18 interviews were conducted in each subdistrict. At least two out of 18 respondents from each subdistrict is from women-headed households². The data were collected through both phone interviews (79%) and face-to-face (21%) interviews using a structured questionnaire. Given the lockdown, the survey could not strictly maintain a representative sampling procedure, and ‘phone interview’ was chosen as a most convenient and useful option. Nor did this follow-up survey re-interview the same respondents covered in the April survey. However, both the surveys present an overall country-wide picture of COVID-19 awareness and lockdown related economic stress. Hence, comparisons between the two survey findings are made.

One key objective of the survey was to capture the economic impact of the COVID-19 pandemic and the resulting lockdown on the respondents. Hence, respondents were asked about their monthly household income during the month of the survey, and monthly household income before the pandemic began in Bangladesh (February 2020). Hence the income-related observations might have some self-reporting biases. Moreover, the income poverty analysis has been carried out based on the incomes of the responding households at a certain point of time, and the analysis has not taken into account their annual income. Besides, based on the survey data, Khan and Mahapatro (2020)³ carried out regression analyses under various specification to determine the causal links between various dependent and independent variables that have policy relevance, particularly for gender issues and rural-urban dualism.

The preliminary findings of the survey were presented to a panel of discussants through a webinar. Comments received from the panellists have been incorporated in the report, and analyses have been revised accordingly. Moreover, the findings reveal some interesting insights from people’s perception regarding COVID-19 and its impact, which pave the way for further investigation into these issues.

² Women-headed households are defined in this study as households where women are main income earners and key financial decision-makers.

³ Khan, Haider A. and Mahapatro, M, “BRAC Rapid Perception Survey for Bangladesh, May 2020: Some observations, preliminary results and analyses”, June 2020.

<https://mpr.ub.uni-muenchen.de/id/eprint/101312>



Note on the perception survey methodology

As the name suggests, perception surveys are based on the respondents' perception and not based on empirical evidence. Hence, the reported data can be subject to systematic and unsystematic biases and interpretations of the respondents, including self-serving bias, confirmation bias, etc. For example, people tend to respond based on their social norms or dominated perceptions constructed in society or based on what a person feels desirable for him/her. Especially during the time of a conflict or economic stress, the general tendency is that gains are under-reported, and losses are over-reported. So, in any perception survey, there is a chance of exaggeration, and a perception survey may not always align with ground reality. However, perception surveys provide a useful way of gathering data about citizen views on issues, as opposed to expert views. Since these views and interpretations drive behaviour, despite may not be supported by the scientific analysis or micro reality, perception surveys are quite useful for policymaking in emergencies.

Basic demographic characteristics

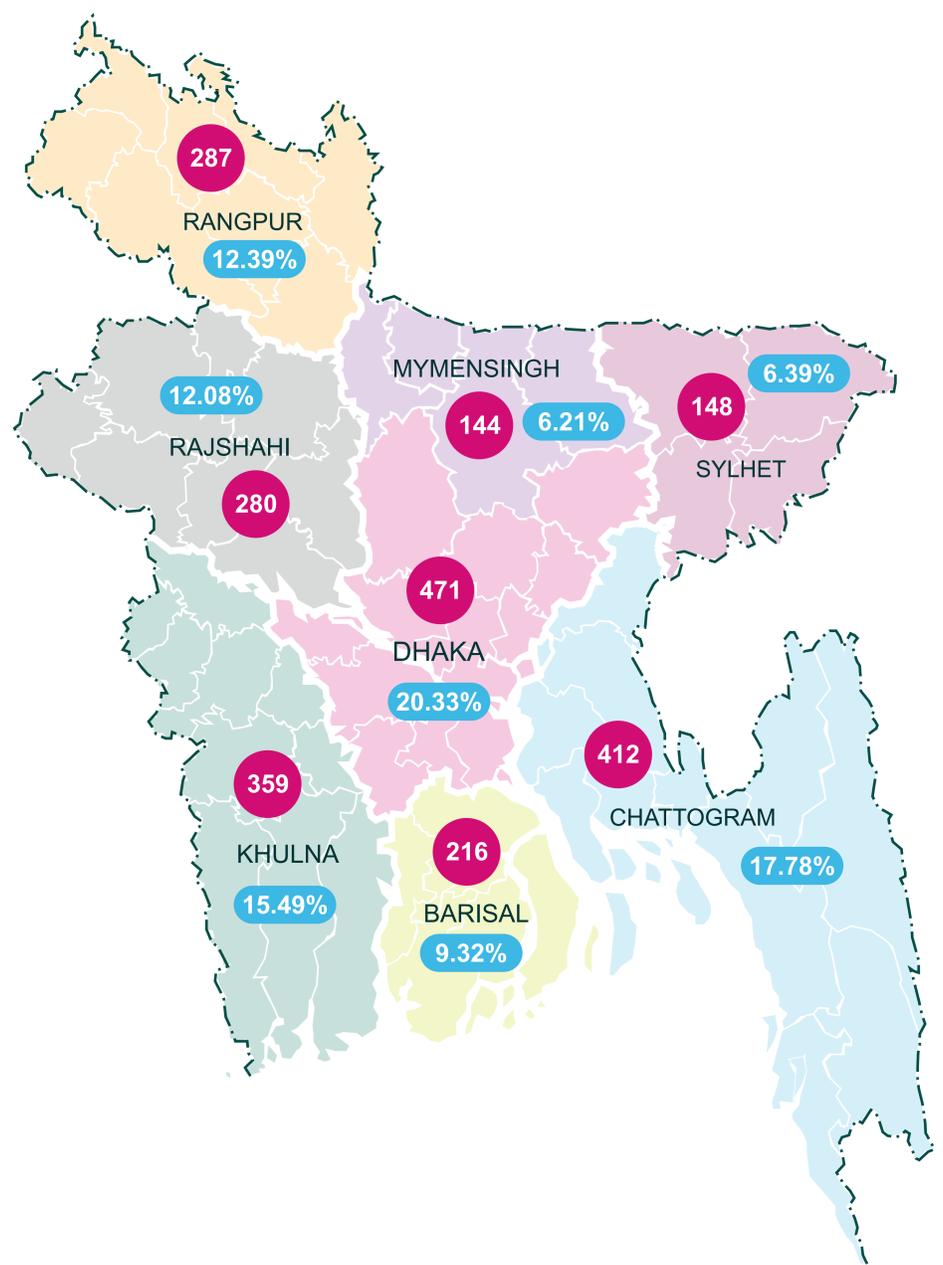
Among the survey respondents, 36.5% are male, and 63.5% are female. Mean age of the respondents is 37 years (40 years for male, 36 years for female). Average family size is 5.3, 19% of the respondents belong to female-headed households.

Based on the per capita income of February, 17% of the respondents were below the national upper poverty line, and another 42% of the respondents were below twice the national upper poverty line.



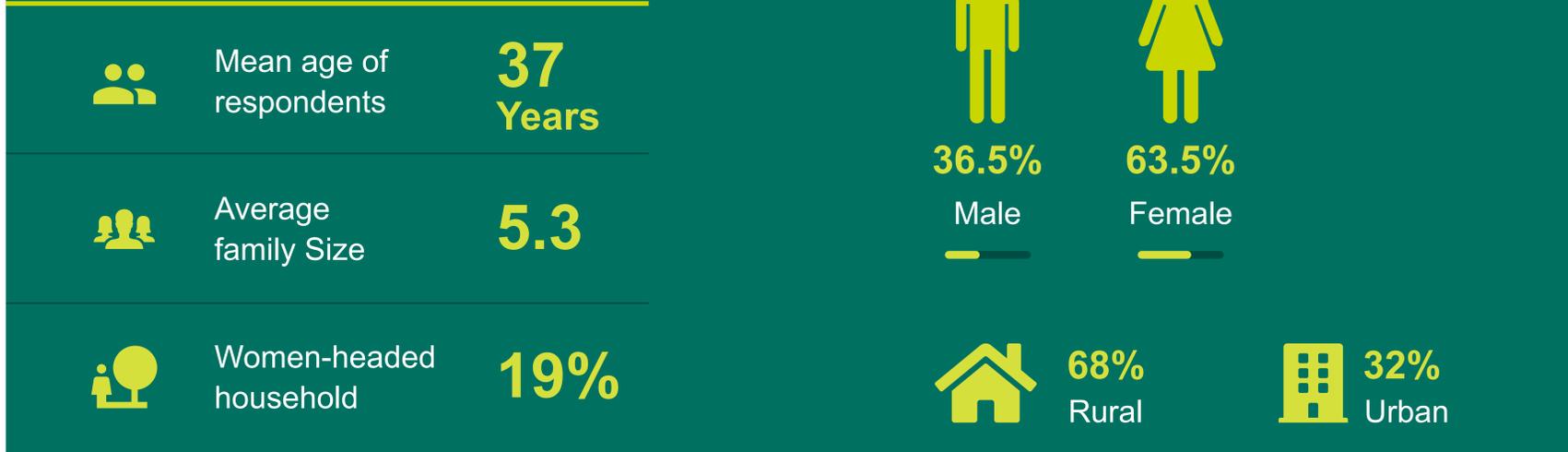
Respondents by Division

- Share of Respondents (%)
- No of Respondents total 2,317



Demographic characteristics

2,317 Respondents



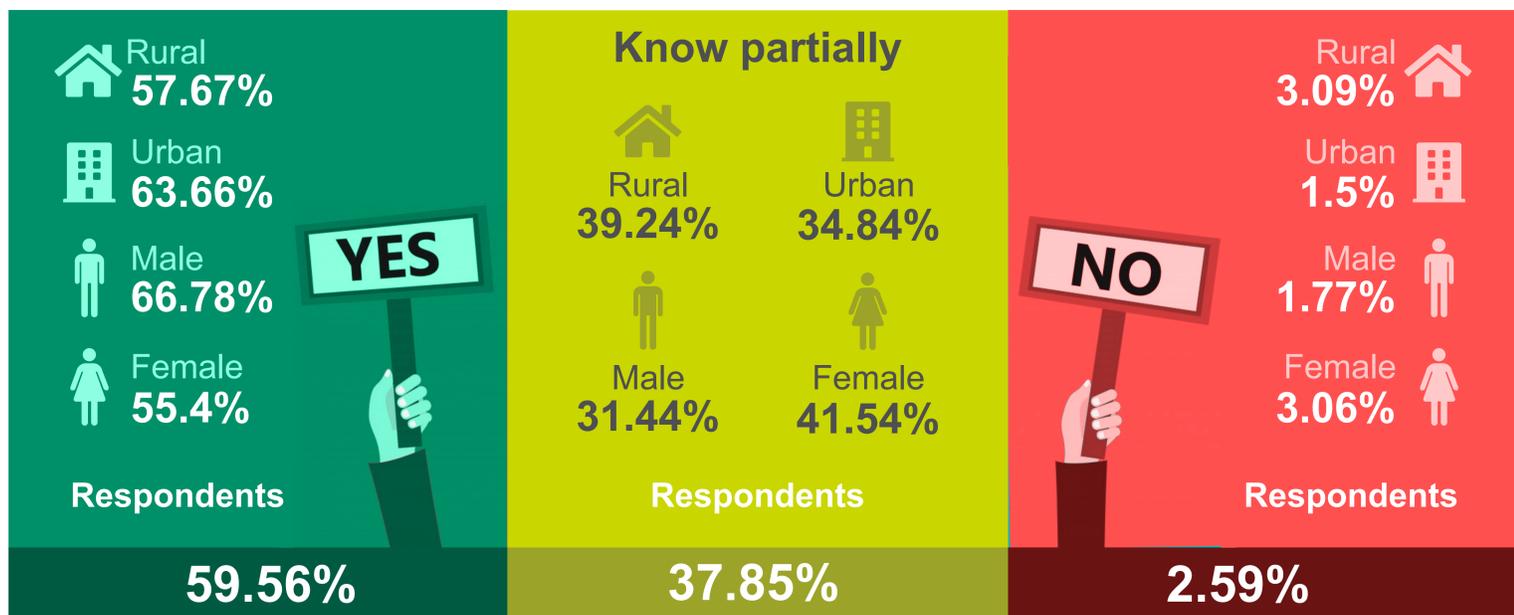
Occupation groups



Awareness of the disease and its treatment

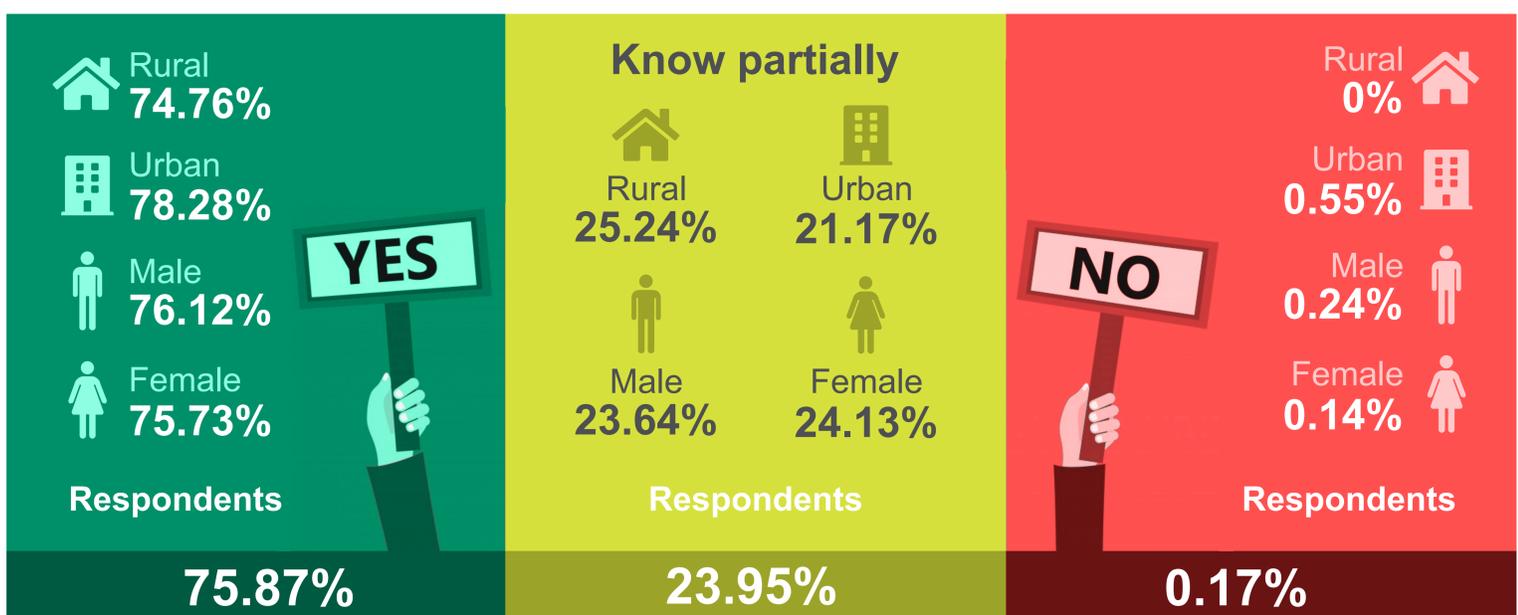
As mass awareness campaigns on COVID-19 continue through different media, the study finds, most of the respondents have full (59%) or at least partial (38%) knowledge about how the Coronavirus spreads. However, men (67%) are found to be more aware than women (55%). Also, awareness is higher in urban areas (64%), than the rural areas (58%).

Do you know how Coronavirus spreads?



The previous perception study conducted a month ago found that 64% of respondents were aware of the corona preventive measures. The awareness level has seemingly increased as this study finds that more than three-fourth (76%) respondents (men and women alike) maintain good hygiene practices to prevent coronavirus infection⁴. However, the rest of the 24% of respondents who are irregular in maintaining hygiene practices are not only vulnerable themselves, but they can also help spread the virus in their communities. More people in urban areas (78%) are found to maintain these hygiene practices regularly compared to rural areas (75%).

Do you practice the health-safety rules?



⁴ Such as washing hands with soap for at least 20 seconds, maintaining social distancing, covering cough/sneeze etc.



More than three-fourth of the respondents (78%) feel confident that there is no chance or only a little chance of them getting infected by the Coronavirus. The study finds that women (81%) compared to men (72%) and the respondents from rural areas (81%) compared to urban areas (71%) express more confidence about not getting infected (Annexure-B). These self-assured respondents may have a good reason to be confident. It is found that among these respondents, 60% always maintain good hygiene and rest 16% maintain it often.

However, when asked about the chances of the Rohingya community getting infected, 79% of the respondents rated it as high chance or some chance. In this case, most of the respondents might have applied their logic that the Rohingya camps are congested and overcrowded and thus prone to the spread of Coronavirus.

Despite high awareness among the respondents about how Coronavirus spreads or what are the preventive hygiene practices, there are several misconceptions about the treatment of the disease. Less than half (43%) of the respondents (both men and women) mentioned isolation/quarantine as a possible treatment option (47% in urban and 41% in rural areas) and only 11% mentioned one needs to get 'tested immediately' if symptoms show (15% in urban and 10% in rural areas). More than one fourth (26%) of respondents believe that there is no treatment of the disease. This rate is higher among men (32%) and respondents from rural areas (30%) than women (23%) and respondents from urban areas (21%).

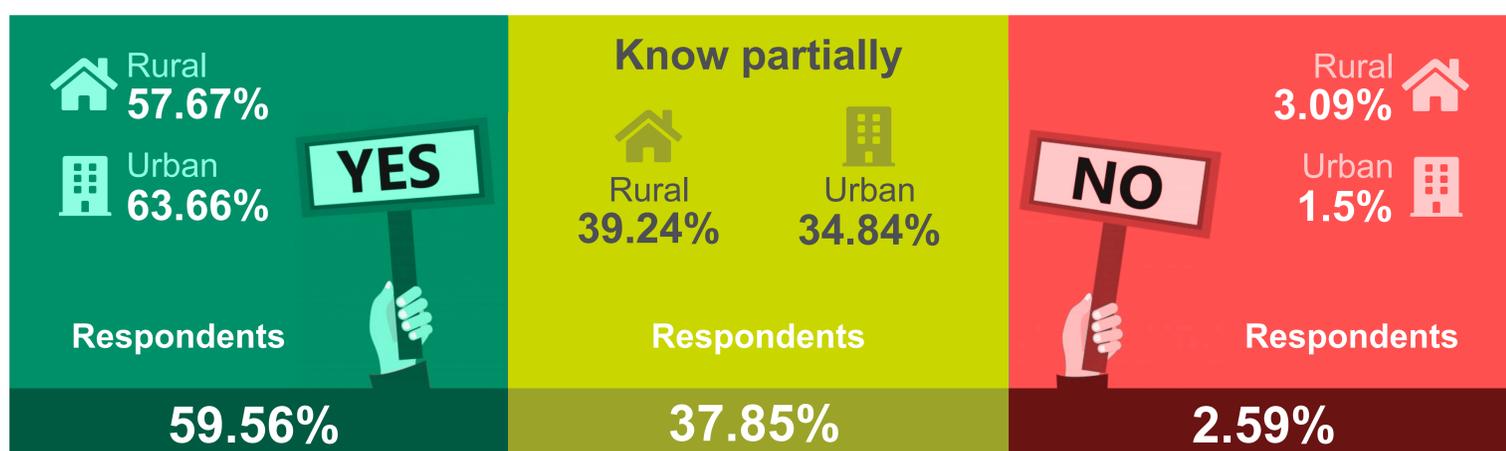
| Perception regarding treatment (%) | | |
|------------------------------------|-----------------------------------|-------|
| Urban | | Rural |
| 15 | Need to test immediately | 10 |
| 47 | Self isolation / home quarantine | 41 |
| 5 | Lockdown whole area/village | 4 |
| 21 | No treatment available | 29 |
| 6 | Treatment available only in Dhaka | 5 |
| 3 | Others | 3 |
| 4 | Don't know | 9 |



An additional 8% have other misconceptions (including that the government detains the infected persons, death is inevitable if one gets infected, treatment is available only in Dhaka, etc) about the treatment of the disease. Just as awareness is higher among urban people, they are found to have better knowledge about the treatment options. Seven percent of the respondents answered that they did not know any treatment option, and this percentage is higher among women (9%) than men (5%).

Thirty-seven percent of the respondents think that their district-level government hospitals do not treat COVID-19 patients. However, 23% of respondents (27% in rural areas compared to 14% in urban areas) do not even know about the availability of coronavirus treatment in government hospitals. This uncertainty is higher among women (27%) than men (16%).

Do you think treatment is available in your district's public hospital?

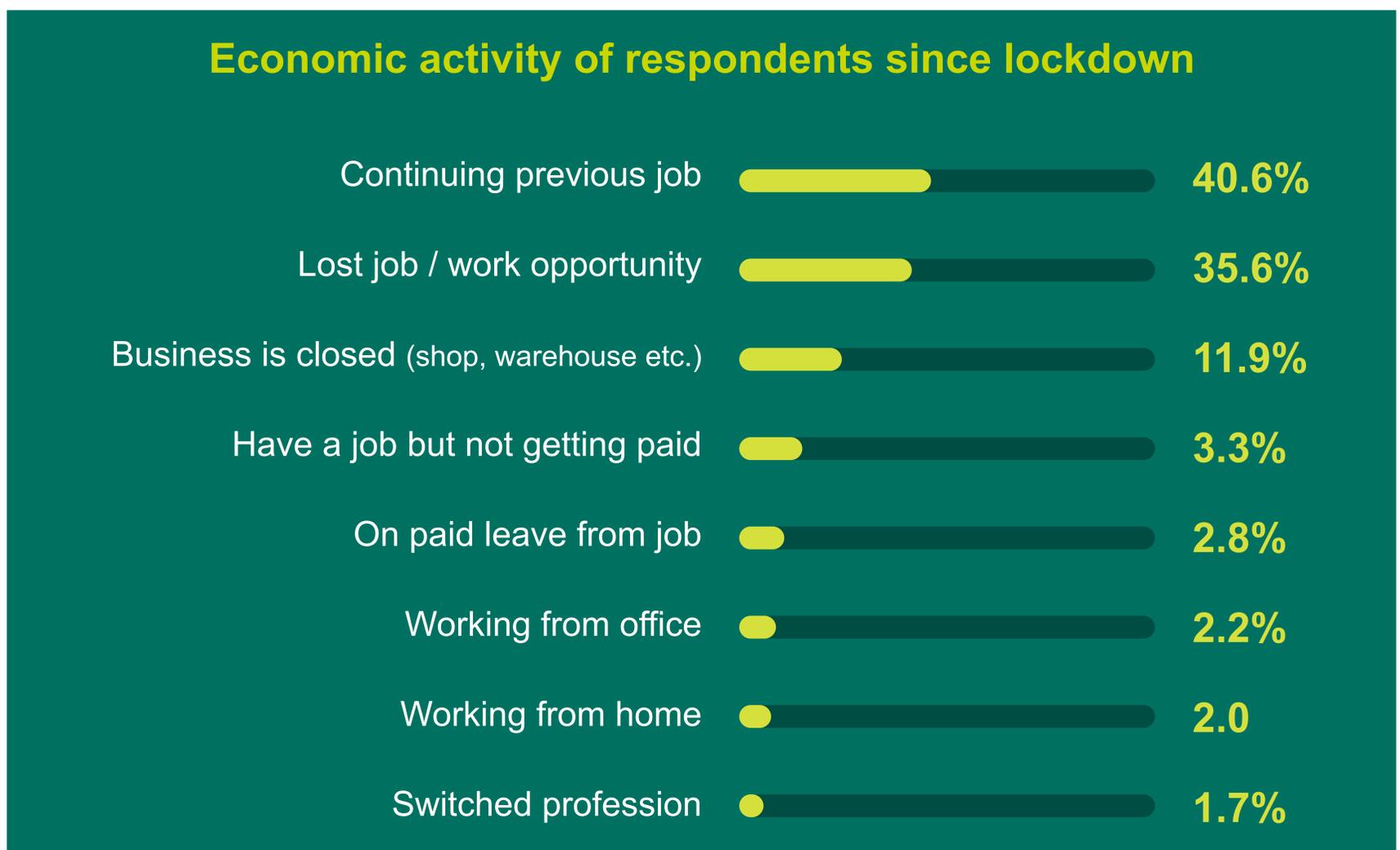


When asked, what would they suggest to their neighbour who shows COVID-19 symptoms, 44% of the respondents said that they would recommend them to go to a local public hospital or a large hospital in the nearest city. Thirty-one percent respondents (39% in urban areas and 27% in rural areas; 36% men and 27% women) said that they would suggest them to call the Corona helpline.



Impact on livelihood and food security

The COVID-19 Pandemic caused around 36% of the respondents to lose their job or work opportunities. In comparison, 12% lost their earning opportunity as businesses / shops were closed during the lockdown, and another 3% of respondents did not get salaries despite having jobs. The percentage of job (or earning opportunity) loss is alarmingly high among the women (50%) and those living in urban areas (55%).



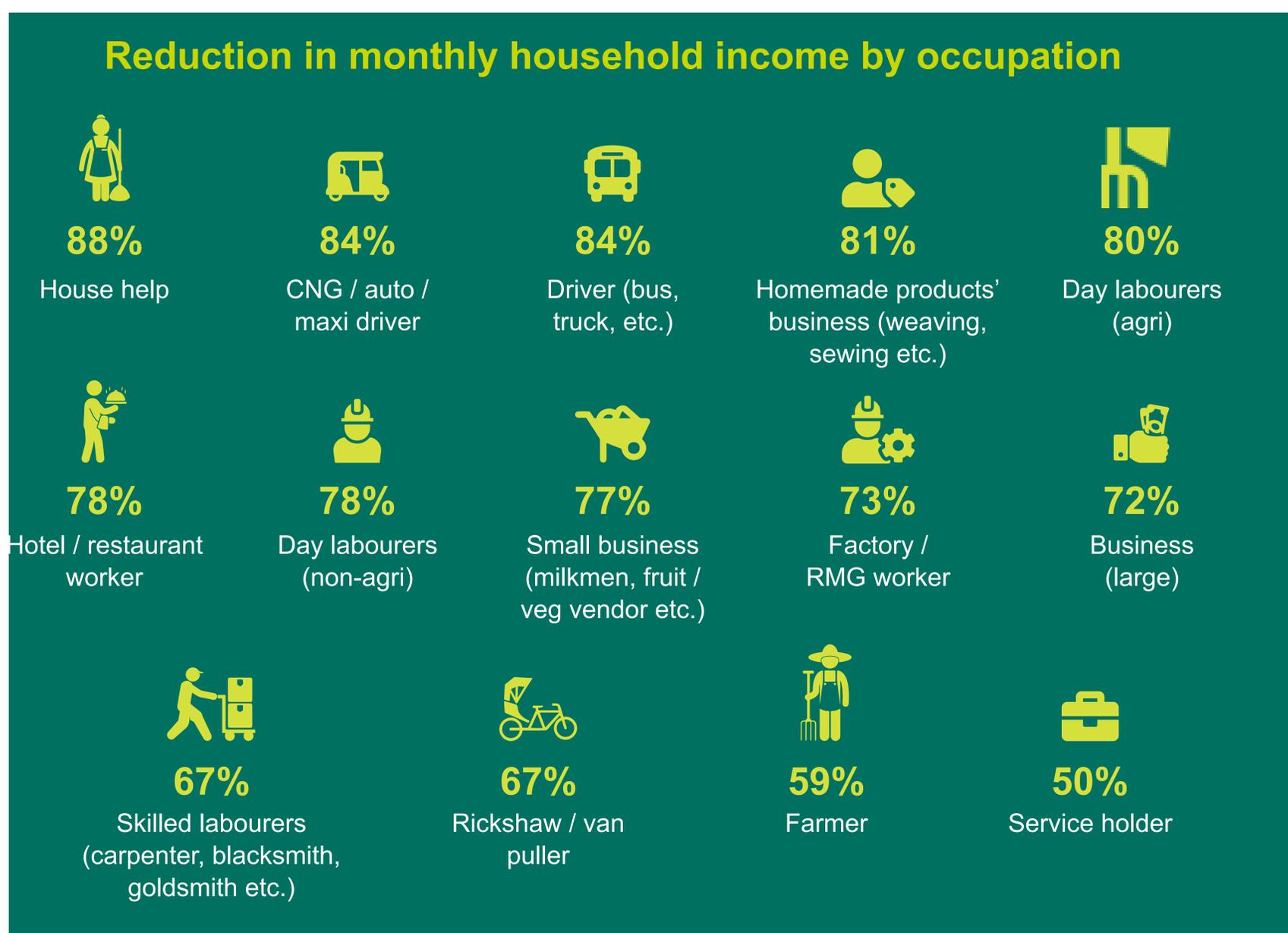
*excluding respondents working as homemakers

The percentage of respondents losing a job or work opportunities is alarmingly high among the low-income population and daily wage earners. 62% of the CNG/auto/maxi drivers, day labourers in agricultural and non-agricultural sectors, skilled labour such as carpenters, blacksmith, goldsmith, bus/truck drivers, factory workers, house helps, and hotel and restaurant workers on average reported job loss or reduced work opportunities since the government declared public holiday/lockdown since 26 March 2020.

The impact of this pandemic induced economic crisis was catastrophic on the income of the responding households. Ninety-five percent of the respondents had their household income reduced, close to the findings of the previous survey conducted in early-April, which suggested 93% of respondents had a reduction in income. Average monthly household income of the respondents was BDT 24,565 before the lockdown/public holidays, which declined to BDT 7,096 in the current month, registering a 76% decline in household income (79% in urban and 75% in rural areas) on an average. Almost all respondents reported they did not migrate from urban to rural areas as the lockdown was declared.



Moreover, 51% of respondents had reportedly had their monthly household income reduced to zero from an average BDT 24,203 (monthly household income before the lockdown). The income loss is higher than average among the low-income population, and daily wage earners such as household help, drivers, day labourers, home-based producers, restaurant workers, street vendors and so on. Among all occupations, household helps, transport workers (bus and truck drivers) and CNG/auto/'maxi' drivers had the highest reduction in their income, 88%, 84% and 84% respectively. Agriculture and non-agricultural wage labourers reported 80% and 78% reduction in their incomes. For the rickshaw pullers, though the income dropped by 67% on average, for the urban rickshaw/van pullers, the reduction was as high as 97%.



Compared to the status of people of these occupations one-and-a-half months back, the average income reduction of people providing household services as household helps have further reduced from 68% to 88%. This reduction can be explained by reduced demand for such services following the social-distancing and stay-home regulations as well as the reduced affordability induced by the reduction in household income. 64% of the household-helps have reported their income became zero.

The women-headed households are found to be more economically vulnerable compared to men headed households. The average income of women-headed households reduced more (80%) than men headed households (75%). Moreover, 57% of women-headed households reportedly had their monthly income reduced to zero during the lockdown, whereas 49% of men headed households reported the same.



Against an average 76% drop in income, the monthly household expenditures fell by a mere 30%, in urban and rural areas alike. The average reduction in monthly expenditure is higher for women-headed households (32%), compared to men headed ones (29%).

We explored⁵ change in aggregate food expenditure as another indicator of vulnerability. Monthly food expenditure was extrapolated using aggregate household expenditure as a proxy for consumption. HIES (2016) reports estimates that food expenditure is 50.49% of total household consumption in rural households; in urban areas, the corresponding percentage is 42.5%. The analysis suggests that female-headed households in rural areas were more prone to experience greater fluctuations in income; this was not the case for female-headed households in urban areas. It is consistent with the findings of many other contemporary studies that suggest that female-headed households are disproportionately poorer relative to their male counterparts. However, it is also essential to recognise the heterogeneity of female-headed households⁶. **(see Annex)**

The district-wise analysis of the economic impact of lockdown induced by the coronavirus pandemic shows that a few districts were worst economically affected. Respondents from Pirojpur (96%), Cox's Bazar (95%), Rangamati (95%), Gaibandha (94%), and Brahmanbaria (93%) reported a higher reduction in income. The reasons behind the crisis in these districts are many. For example, Cox's Bazar and Rangamati districts are prominent areas of tourism, and many low-income families depend on tourism-related economic activities, which were closed due to the lockdown situation. Similarly, low-income people of Gaibandha, who generally temporarily migrate as agricultural labour to the Haor region during the harvesting season could not move freely due to the lockdown. Hence, their income suffered disproportionately. Among the districts with the lowest reduction in income are Joypurhat (44%), Lalmonirhat (56%), Dinajpur (56%), Magura (59%), and Dhaka (60%). Most of these areas were less poverty prone to start with and also shown better resilience. Average income loss in ten districts with the highest reduction in income is 93%, while those with the lowest reduction in income reported 58% income loss.

The pandemic, translated into an economic shock, has set the country decades back in terms of poverty alleviation. The drastic fall in income⁷ has resulted in a rise in poverty rates among the respondents⁸.

⁵ BRAC study team is grateful to Haider A Khan (John Evans Distinguished University Professor, Josef Korbel School of International Studies, University of Denver, Co USA), and Mausumi Mahapatro (Assistant Professor of Economics, Regis University, Denver, Co USA) for their contribution in advanced analysis and input in the report.

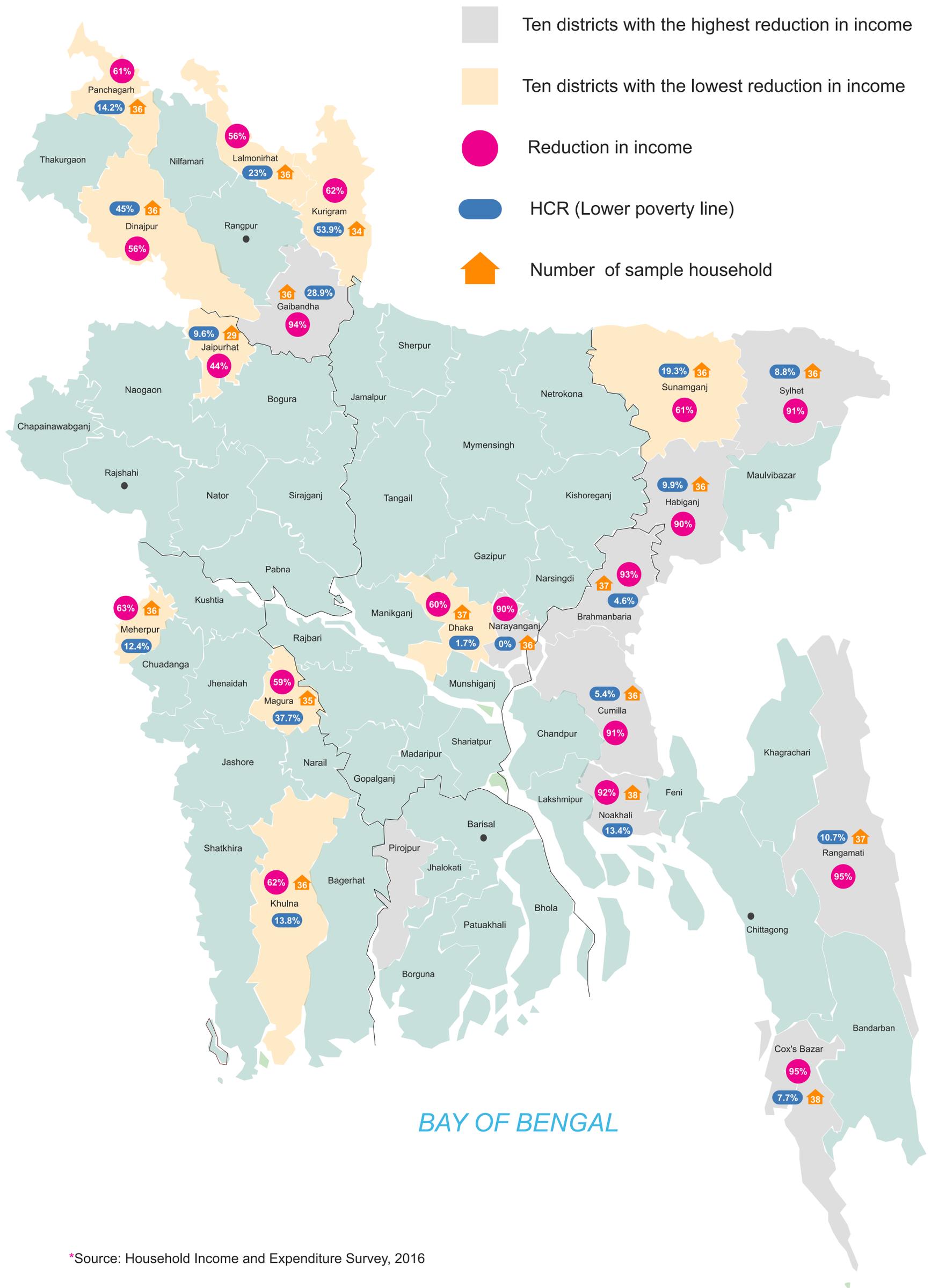
⁶ This heterogeneity is discussed in Chant, Sylvia. "Women-Headed Households: Poorest of the Poor?: Perspectives from Mexico, Costa Rica and the Philippines 1." IDS bulletin 28, no. 3 (1997): 26-48.

⁷ The income of survey month has been considered in the analysis, and not annual income of the respondents. Hence, the income and estimated poverty incidence refer to at a certain point of time.

⁸ The poverty estimates are based on national monthly per capita upper poverty line income reported in HIES 2016 (poverty line income was not adjusted for inflation).



Change in income by districts



*Source: Household Income and Expenditure Survey, 2016

Based on the pre-COVID income reported by the respondents, 17% of the respondents were below national upper poverty line (UPL). However, as many countries do, Bangladesh also uses a comparatively low national poverty line, which leaves many people who are just above the poverty line but are vulnerable to economic shocks nonetheless. To obtain an estimate of the respondents who were non-poor but vulnerable even before the pandemic, we multiplied the UPL by two. Accordingly, we found around 59% of the respondents in the sample in the vulnerable group. A closer look at the May 2020 income reported by this vulnerable population reveals that 95% of them have fallen below the poverty line due to the lockdown. With an average monthly household per capita income of BDT 2,824 (pre-COVID), these responding households in the sample reflect the bottom 43% of households⁹.

Findings from several studies have highlighted the catastrophic impact of the pandemic on the economy, especially the informal sector. The key reason behind this economic fall-out appears to be the loss of work or, earning opportunity due to the lockdown among the low income, daily wage earners mostly engaged in the informal sectors. As the economy begins to reopen, many of the daily wage earners and informal sector workers will regain their livelihood to some extent. However, those who suffered any structural change caused by this economic distress or shock of over three months (eg those who had to sell their income-generating asset to survive the shock), will continue to be in poverty even after economy resumes as usual. Therefore, immediate support is needed for these vulnerable groups in the short term, in forms of both food and cash, to prevent such structural change or permanent loss of income earning capacity. Government assistance will be needed for the ones who suffer such loss in the months following the reopening of the economy as well to help them recover from the setback.

Three percent of the households revealed that they do not have any food at home during the survey time (3% of households in rural areas and 4% of households in urban areas). During the previous survey conducted in early April, 14% of respondents were found to have no food at home. Sixteen percent of households have only 1-3 days' food (the most basic food items) to survive (15% of households in rural areas and 17% of households in urban areas). Around 21.6% of households have 30 or more days' food (20% among women-headed households compared to 22% of male-headed households).

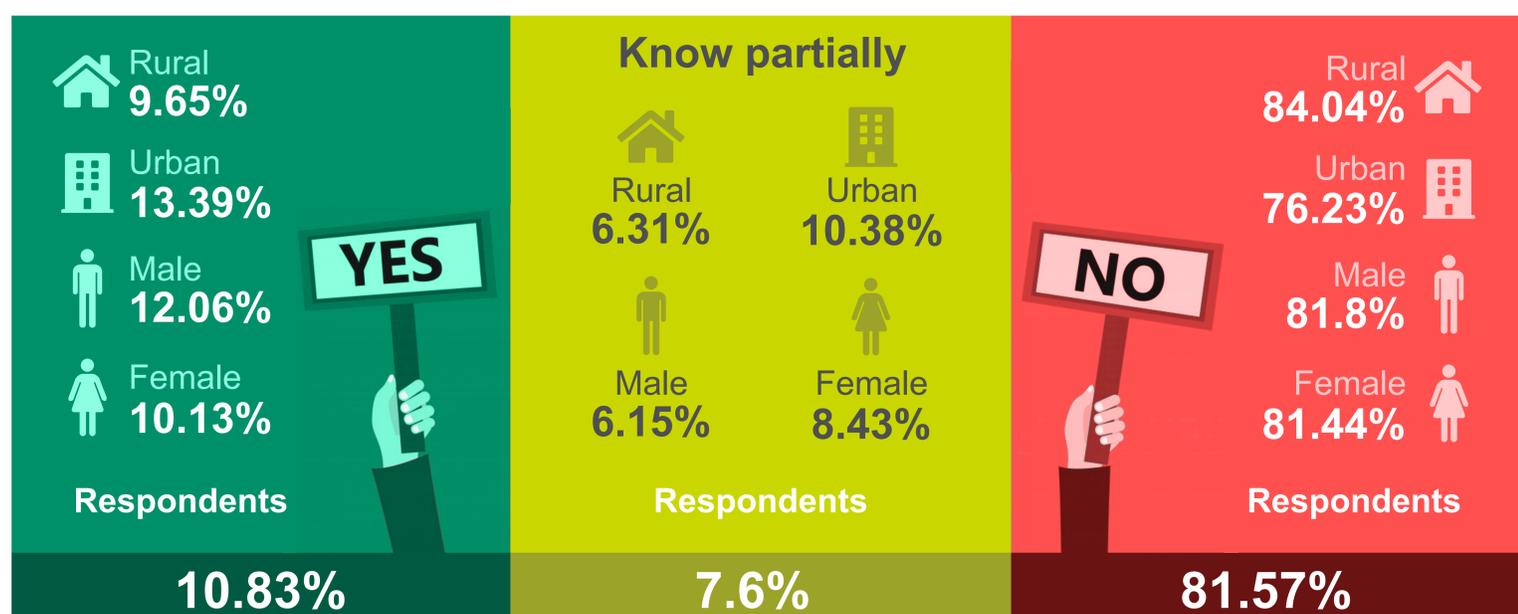
⁹ The average monthly household per capita income of the 59% respondents found to be vulnerable in the sample is Tk. 2,824, which deflated to its 2015 value becomes Tk. 2,106. According to HIES 2016, around 43% of Bangladeshi households have monthly household per capita income equal to or less than this amount.



Violence against women during COVID-19 pandemic

To get a closer look at the impact of the COVID-19 pandemic and the resulting lockdown on women, we asked our respondents whether the violence against women (VAW) incidences in their locality increased during the lockdown. Out of them, 81.6% respondents said that violence against women remained unchanged during this period. However, 11% of respondents opined that there is an increase in violence against women in this coronavirus pandemic situation. Interestingly, more men (12%) said there is an increase in VAW during lockdown compared to women (10%). However, in our society, women most often tend to hide the incidents of violence committed against them if committed by their family members. Moreover, since the survey was carried out mostly through the phone interview, the women were not comfortable to express their perception or experience of VAW incidents and thus there might have been an underreporting made by the women respondents. Also, the percentage of respondents who are positive about an increase in VAW during Pandemic is higher in urban areas (13%) than in rural areas (9%). The majority (58%) of the responses given by the respondents who said the incidence of VAW has increased indicate that the respondents think the increase in poverty is the main reason behind this increase. Twenty-three percent responses indicate that the incidence of VAW has increased as male family members (husband, father, brother) do not have work at home or outside due to lockdown. Another 17% of the responses felt that it is the stress associated with living in a confined place for too long might have contributed to the rise in violence.

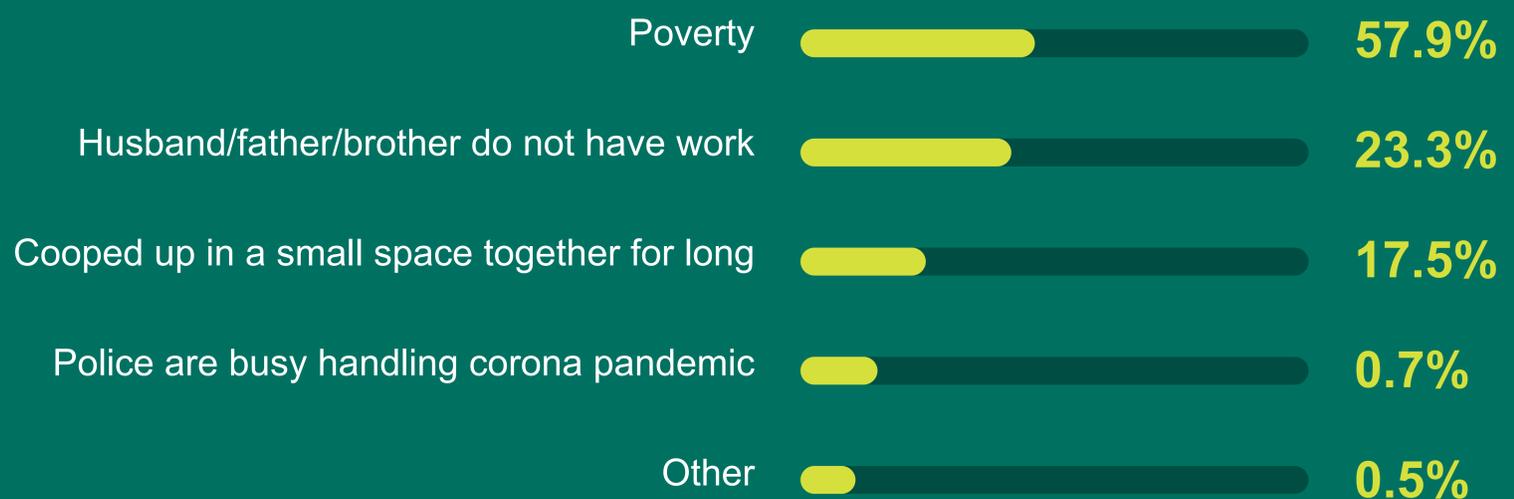
Do you think the incidence of violence against women (VAW) has increased in your locality in recent time?



The low percentage of respondents reporting an increase in violence may be a reflection of the fact that VAW incidences are highly underreported in any situation. The respondent may also have misconstrued violence that resulted in this low number. Rural women, who have experienced valance during economic stress in the past, may also consider any increase as 'normal' and hence, refrain from mentioning such increase.



Reasons behind increased VAW incidence (multiple responses)



Government Measures

Majority of the respondents (63%) find the measures taken by the government (food distribution/cash transfer, announcing lockdown, corona testing and treatment facilities, stimulus package etc.) to handle the pandemic induced crisis to be adequate or somewhat adequate. Only around 30% respondents (32% in Rural, 26.5% in Urban) feel these measures are not fully adequate. Also, most (92%) of the respondents think that the role of law enforcement forces is competent in handling situations induced by the coronavirus pandemic.

However, a general lack of satisfaction about the food distribution/cash transfer is observed among the respondents. 38% respondents (37% in rural and 41% in urban areas) said that food/cash assistance is inadequate and 41% respondents (42% in rural and 38% in urban areas) said that food/cash assistance is not reaching the persons who need it most.

Although the government has taken several initiatives to support the people through this crisis, only 14% respondents received humanitarian assistance from the government in the forms of food (14%) and cash (0.3%). While 17% mentioned, they do not require such assistance. A higher percentage of women (90%) reportedly need food/cash support compared to men (71%). Of them, 69% of respondents in need of assistance reported that they did not receive any form of assistance from the government. More women (72%) reported that they did not get any food/cash support from the government, compared to men (62%). This percentage is also higher in rural areas (72%), compared to urban areas (62%), and in women-headed households (70%) compared to men headed households (68%). Only 11% of rural respondents received food or cash support from the government, compared to 21% of urban respondents. The households with a third gender household head also did not receive any government support. Moreover, among all respondents, only 8% of them are covered by regular social safety net programmes of the government, and 22% of them reported that they faced disruption in receiving their regular social safety net allowances.

When asked, what else the government can do to combat the crisis, respondents suggested various initiatives. Half the responses given by respondents emphasise on continuing food distribution or cash transfer properly. Continuation of 'lockdown' was suggested by 13% responses and establishing corona testing and treatment facility in every district was suggested by another 13% responses.



Coping mechanism

If the crisis prolongs for a more extended period, low-income people will have difficulty to survive. Of them, 19% of the respondents reported that they would not be able to bear living expenses for more than a week (17% in rural areas, 21% in urban areas). This rate is 18% and 21% among men headed and women-headed households respectively. 51% responding households (49% of men headed households and 57% of women-headed households) with monthly income reduced to zero in the current month will also find it challenging to manage their family expenses.

A high percentage of the responses (26%) indicate that the respondents do not know how to cope with the pandemic and the resulting economic crisis. Women headed households are facing higher uncertainty as 30% responses from women-headed households indicate they do not know how to come out of the crisis in future, compared to 25% responses from men headed households which indicate the same. One-fourth responses (25%) reveal the respondents will have to withdraw money from savings or sell assets to cope with the economic setback. 23% of the responses suggest that they will need to take a loan if the crisis prolongs, while 19% of the responses reveal the respondents' hope that the government (or other charities) will provide support to them.

Future Plans (multiple responses)

| Plan | Share of Respons | Share of responses among Men headed | Share of responses among Women headed |
|------------------------------|------------------|-------------------------------------|---------------------------------------|
| Withdraw from savings | 17% | 17% | 15% |
| Sell asset | 8% | 8% | 9% |
| Take loan | 23% | 23% | 21% |
| Assistance from govt/charity | 19% | 20% | 19% |
| Switch job | 5% | 5% | 3% |
| No plan | 26% | 25% | 30% |
| Other | 2% | 2% | 3% |



Policy recommendations

Although the COVID-19 pandemic is far from over and we are yet to pass the peak of the curve, a general impatience can be observed among the people, especially low-income wage earners. A large portion of the economy cannot stay at home any longer, despite significant life risks. Moreover, a general air of nonchalance is observed among a portion of people about following the COVID-19 preventive health measures. These people are not only a threat for themselves but increases the chance of the infection spreading in the community. Therefore, measures are needed to ensure greater awareness and compliance.

The next plan of actions should focus on gradually reopening the economy as well as getting the economy back on its feet, while not compromising with the health safety aspects. The recovery and rehabilitation plans, as well as the already declared stimulus packages or incentives (both cash and in-kind), need to be formed or reviewed using a 'pro-poor' lens. Besides, particular focus should be given to households with greater vulnerability, such as women-headed households.

Delivery mechanisms of food/cash assistance and stimulus packages for different private sectors need to be more transparent. As the stimulus packages or financial incentives in the form of low-interest subsidised loans will be disbursed through banking channels based on bank-client relationship, a more transparent mechanism is needed to ensure those who are most affected can benefit from these packages.

The necessity of a reform of the food distribution/cash transfer system becomes apparent from the study findings as well. Although the government has already provided food assistance to over 60 million people, many of the people who need humanitarian assistance are yet to receive any food/cash support. Moreover, the government has also initiated to provide six-month cash support to 50,000 families. There has been much discussion about the targeting failure and leakages of social safety net programmes. In this context, using Public-Private-Partnership (PPP) modality can yield better results than solely using local government institutions. NGOs and CBOs can be engaged to monitor the listing of beneficiaries. PPP-based projects, such as cash transfer through mobile banking, can be utilised for distribution.

A database of the beneficiaries can be developed and made open so that duplication can be avoided. Complaint redress mechanisms should be in place. A hotline number can be circulated among the people so that they can report any irregularities in listing and distribution.



Moreover, it is time to introduce more aggressive cash transfer schemes and provide incentives using blanket coverage for people under a threshold level of income. With a comfortably low debt-GDP ratio, Bangladesh can afford to introduce aggressive cash transfer programmes in this time of great need.

Loss of jobs or earning opportunity leaves low-income people more vulnerable to a prolonged crisis. The government can undertake new job-creation schemes by engaging unemployed persons in food distribution/cash transfer and management during and post-COVID recovery phase. Incentives can be provided for online service providing agencies or online shops, especially to those who will purchase products directly from farmers and small scale producers. New entrepreneurship support can be provided to promote an online marketplace to help maintain social distance and minimise the health risk of the pandemic.

The risk of widespread coronavirus infection is higher in places with higher population density, such as urban slums, Bihari camps, Rohingya camps etc. Medium-term measures (3-6 months) can be taken to relocate people living in these areas.

A COVID-responsive revenue model should also be introduced in the national budget of FY2020-21. Income tax cuts for all the businesses affected by COVID-19 induced economic disruptions can help the businesses recover some of the losses incurred. Again, blanket coverage can be used to avoid existing loopholes, inefficiencies, and weak governance. Moreover, reducing trade barriers and temporary adjustments of para-tariffs on goods consumed by the low-income population can improve their affordability of essential commodities. Similar adjustments can also be thought of for other indirect taxes.



Annex: Analysis based on food expenditure

Table 1: Factors that influence change in food expenditure for rural households

| Coefficients | | | | | |
|---------------------------------------|-------------------------------|-----------|---------------------------|---------|-------|
| Model | Non standardised Coefficients | | Standardised Coefficients | t | Sig |
| | B | Std Error | Beta | | |
| (Constant) | 49.003 | 1.834 | | 26.713 | 0.000 |
| Extreme poor based on previous income | -33.719 | 3.201 | -0.260 | -10.534 | 0.000 |
| Upper poor based on previous income | -11.005 | 3.235 | -0.083 | -3.402 | 0.001 |
| Transport | 1.974 | 4.338 | 0.011 | 0.455 | 0.649 |
| Khulna | -2.200 | 3.063 | -0.017 | -0.718 | 0.473 |
| Chattogram | -2.146 | 2.660 | -0.024 | -0.807 | 0.420 |
| Barishal | 4.417 | 2.604 | 0.050 | 1.696 | 0.090 |
| Mymensingh | 9.677 | 3.305 | 0.080 | 2.928 | 0.003 |
| Rangpur | -3.377 | 3.575 | -0.025 | -0.945 | 0.345 |
| Rangpur | 5.048 | 2.817 | 0.052 | 1.792 | 0.073 |
| Rajshahi | 3.126 | 2.783 | 0.033 | 1.123 | 0.261 |
| Sylhet | -13.617 | 3.513 | -0.104 | -3.877 | 0.000 |
| Female headed rural | 7.936 | 1.998 | 0.097 | 3.972 | 0.000 |

a. Dependent Variable: change in food expenditure, rural

Source: Khan and Mahapatro (2020), working paper, Page 8-9



Table 2: Factors that influence fluctuation in food expenditure for urban households

| Coefficients | | | | | |
|---|-------------------------------|-----------|---------------------------|--------|-------|
| Model | Non standardised Coefficients | | Standardised Coefficients | t | Sig |
| | B | Std Error | Beta | | |
| (Constant) | 28.590 | 1.652 | | 17.304 | 0.000 |
| Extreme poor based on previous income | -5.970 | 3.929 | -0.057 | -1.520 | 0.129 |
| Upper poor based on previous income | -1.678 | 3.847 | -0.016 | -0.436 | 0.663 |
| Transport | 7.931 | 5.570 | 0.052 | 1.424 | 0.155 |
| Khulna | 8.859 | 5.144 | 0.064 | 1.722 | 0.085 |
| Chattogram | -3.551 | 2.487 | -0.062 | -1.427 | 0.154 |
| Barishal | 10.169 | 2.621 | 0.166 | 3.880 | 0.000 |
| Mymensingh | 1.121 | 3.392 | 0.013 | 0.331 | 0.741 |
| Rangpur | 5.280 | 2.794 | 0.079 | 1.890 | 0.059 |
| Rangpur | 6.396 | 3.026 | 0.087 | 2.114 | 0.035 |
| Rajshahi | -10.763 | 3.460 | -0.123 | -3.111 | 0.002 |
| Sylhet | -2.340 | 2.269 | -0.047 | -1.031 | 0.303 |
| Female headed urban | 2.604 | 1.998 | 0.048 | 1.303 | 0.193 |
| a. Dependent Variable: change in food expenditure, urban | | | | | |

Source: Khan and Mahapatro (2020), working paper, Page 8-9

~ The End ~

