Living with the COVID-19 Pandemic:

Learnings of the Poor and Vulnerable Households to Build Resilience to Health and Economic Shocks

July 2022

Advocacy for Social Change (ASC), BRAC

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EXECUTIVE SUMMARY

Overview

The Covid-19 pandemic has instigated indiscriminate devastation worldwide since March 2020. It has created a multifaceted crisis across the borders. Alongside the health catastrophe, the pandemic has hampered the economy and society because the lockdowns, imposed by governments to control the spread of disease, had halted global economy. The public-health crisis has led to economic disturbances, affecting life and livelihoods of people of different income groups heterogeneously. Bangladesh has been vulnerable to fighting the pandemic because of its weak infrastructure and institutions combined with a high proportion of the economically vulnerable populations having poor hygiene practices.

This study aims to grasp the learning from the first wave of Covid-19 by understanding the shocks in the economic and health sector experienced by the respondents. At this point, it is not possible to evaluate whether the learnings of the respondents will be useful in the longer-term. However, to determine whether the adopted coping mechanisms from the first wave will create any learning and eventually lead to long-term resilience in future, the study attempts to understand to what extent respondents applied learning during the second wave of Covid-19, which they learnt during the first wave. To understand the extent of the learnings among the low-income and vulnerable population, a quantitative study was conducted across 64 districts in Bangladesh. The data were collected from 3,091 respondents through a phone survey.

The analysis of this study was undertaken based on various income levels of the respondents. The Covid-19 pandemic disproportionately affected poor and vulnerable people in the society. The first pandemic wave caused widespread loss of jobs and income-generating opportunities, especially people of low income fell in difficulties. Thus, a comparative analysis was made among the extreme poor, moderate poor, vulnerable non-poor, and non-poor households (HHs) to understand how learning and practice differ based on income categories with regard to health and economic shocks caused by the pandemic.

Key findings

Reduction in income: During the entire reference period of the Covid-19, from March 2020 to April 2021, both the personal and family income of the respondents declined. For 69.5% of the respondents, personal income decreased, while for 85.2%, their total family income dropped. The movement restrictions and lockdowns imposed by the government mainly negatively impacted livelihoods and income of people and economy of the country. Hence, to understand the negative effect and financial shocks of the pandemic, the study compares respondents' pre- and post-lockdown income and expenditure. The income reduction from March 2020 to April 2021 occurred for 73.9% of the extreme poor, the highest across all four groups. On the other hand, in the second wave and the second round of lockdowns, there was a 27.9% decline in income in the surveyed households (HHs) from March 2021 to April 2021 (pre- and post-lockdown).

Various coping strategies were employed to cope with the income loss: top strategies included i) reducing expenditure (71.1%), ii) taking loans (67.7%), iii) spending from savings (34.7%), iv) pausing or stopping the previous savings (14.6%) and v) selling or mortgaging assets or jewellery (11.1%).

- For all five strategies except for the strategy of spending savings, the percentage of the cases of the extreme poor was the highest, and non-poor was the lowest when compared within the four income categories. 76.8% of the extreme poor reduced their expenditure, which was the most adopted strategy to cope with the situation.
- Taking loans was the second most adapted strategy, and the amount differed based on income categories. The non-poor respondents took loan, on an average, twice of the amount compared to those of lower income category. More than half of the respondents (52.8%) took loan from microcredit organisations.
- In the case of the savings-oriented strategies, for example, spending or pausing savings, the non-poor was highest compared to the low-income respondents.
- 25.5% of the respondents sold or mortgaged their assets to cope with the financial crisis caused by the pandemic. Though the extreme poor lacked assets to sell compared to the respondents of the non-poor category (30.9% vs 9%), the possibility of selling assets was still higher among lower-income respondents (extreme poor, poor and vulnerable), compared to non-poor.

Economic learnings from 2020 and applied in 2021: The study found that the learning among the respondents and the learning used had similar sequences. The top five learnings by the respondents were i) reducing usual expenditure, ii) saving more than before, iii) storing food and other daily necessities, iv) acquiring new skills, and v) choosing alternate occupations. The study inquires to what extent respondents did apply learning from the first wave of the pandemic to the second wave. The study found significant gaps between the learning and practices of the respondents. While more than half of the respondents learned to reduce expenditure during the crisis, only 5.8% of them could apply that during the second wave in 2021. The gap between learning and application was highest in the case of savings tendency (19.2%) (among those who learned to apply this mechanism). The inability to apply this learning with regard to savings was highest among the vulnerable group (21.9%).

Preparation for another shock: Taking preparation utilising learning, translating it into practice towards resilience for future crises is essential. However, the majority of the respondents (84.8%) did not anticipate the second wave of Covid-19. Among the 15.2% respondents, who did anticipate, the proportion of the non-poor was higher capering other categories. Thus, only a small proportion of the respondents could prepare themselves for another shock. Among them, only 30.8% of the respondents could prepare for a future shock; it was lowest among the extreme poor (18%) and highest among the non-poor (52%). In addition, 'preparation for the future shock' was lower among the vulnerable non-poor compared to the non-poor.

The most common cause behind the absence of preparation 'for the future shock' is the lack of capacity to do so. The study finds that 81.7% of the respondents did not have any preparation. The inability to take precaution was the highest among the moderate poor (93.1%) and lowest among the non-poor (65.6%). 20.5% of the respondents did not prepare because of not having understanding that Covid-19 would return as a second wave, which was highest among the non-poor respondents (24.6%) across all four income categories. 9.1% of the respondents were unable to make preparation because they did not receive timely warning about the second wave or lockdown that would lead to further economic setback.

Risk perception, anxiety, and feeling of control: The study employed a range of questions to understand the attitude of the respondents towards the Covid-19 by analysing coping status, learning, and building resilience to health shocks. More than half of the respondents (51.7%) did not feel any risk of infection by the deadly virus, and 55.5% of the extreme poor respondents felt similarly. The absence of feeling any threat was higher among rural respondents than urban ones (55.4% vs 48.2%) and females than males (55.2% vs 47.7%).

20.1% of the respondents always felt Covid-induced excessive mental pressure while 18.7% never felt any mental stress. The percentage of respondents, who never felt any pressure, was higher among the non-poor (22.8%) than those with lower income groups. 17.4% of the extreme poor, 18.5% of the poor and 17.6% of the vulnerable respondents never felt any pressure.

Since the actions taken to cope with the crises depend on the level of concern, an essential indication of taking up adequate measures in addition to risk perception and anxiety is the level of problem respondents have for themselves and their families. Almost 36% of the respondents never remained worried that Covid-19 might afflict them or their family members.

The majority of the respondents (98.4%) felt that it was their responsibility to take control of the situation. Conversely, a high proportion of the respondents also reported a feeling of loss of control. A significant portion of the respondents (72.7%) opined that it is beyond their capacity to control Covid-19. It is the highest among the extreme poor (80.2%) and lowest among the non-poor (63.7%). Rural respondents felt the same way; however, their percentage was more than the urban respondents (76.1% vs 69.6%).

Coping mechanisms to absorb the health shock: 73.9% of the respondents maintained a high level of basic preventive measures[1]. However, when accounting for additional preventive measures which could indicate towards more preventive practices[2], maintaining a good quality of such measures fell to 38.1%.

Health-oriented learnings: Transition towards a healthier life or at a standstill?

A majority of the respondents (80.8%) reported that they wear masks for themselves and their family members. The practice was highest among the non-poor respondents (86.1%) and lowest among the extreme poor (76.9%). Among the survey respondents, 71.3% established handwashing practices, 51.1% actively reduced their tendency to go outside, and 10% vaccinated their eligible members (40+) of families. However, these are the Covid-specific learning which might not endure for a long duration.

The proportion of respondents reporting general learning conducive to a healthier life is relatively low. 7.2% of the respondents developed a habit of saving money for sudden health crises, 6% performed online transactions for shopping or bill payments, and 3.9% developed healthy eating habits.

Sources of assistance: A majority of the respondents (71.8%) reported not receiving any government assistance such as food or cash, which was highest among the extreme poor (72.7%). Only 20.9% of the respondents

[1] Wearing masks, washing hands regularly, covering while coughing or sneezing, maintaining social distancing, and going out as little as possible

[2] Re-utilisation of masks, avoiding public transports and public spaces, including religious ones, conducting online shopping, avoiding social gatherings and physical contact for greeting purposes

received either food, cash, or both as assistance. On the other hand, 15% of the respondents received assistance from their social circles, such as friends and neighbours, 12.9% from local political leaders, and 8.2% from NGOs or voluntary organisations. More than half of the respondents did not receive any help from outside sources despite necessity (56%).

Compliance with the regulations: Self-motivated or enforced?

Most of the respondents (85.8%) were motivated to comply with the imposed rules and regulations due to an increased awareness of health safety. Own survival instincts (61.9%) were also major motivating factors, and these were the highest reported by the vulnerable non-poor respondents. On the other hand, government regulations (19.2%) and fear of law enforcement authorities (5.7%) were reported as a motivating factors by only a tiny proportion of the respondents.

Recommendations

- Take the COVID-19 pandemic as a long-term disaster and prepare short-, medium- and long-term plans to mitigate the health and economic shocks if brought in by new waves.
- Provide social safety net support to the poor to help them recover from economic shocks. Ensure protective security that includes social and economic safety nets such as unemployment benefits, emergency relief needs, etc.
- Readjust social safety net allocation in accordance with inflation so that the purchasing power parity is not reduced. Control the food inflation rate and ensure food distribution among those who need it during the pandemic.
- Provide microfinance, other institutional loans, financial literacy, entrepreneurial skill to the poor and vulnerable non-poor households to help them initiate economic activities required for recovering from economic shocks.
- Access to financial instruments for the poor and vulnerable to meet emergency situation, including a health crisis.
- Establish an early warning system for preparedness against the waves caused by Covid-19 pandemic.
- Continue providing awareness messages on COVID-19 preventive measures.
- Raise awareness about health, nutrition, eating habits and life styles to increase immunity.
- Recognise the need for mental health and counselling support during the pandemic.

CHAPTER 1
INTRODUCTION

1.1 Background

Beginning in December 2019 in Wuhan, China, the Covid-19 pandemic continues ravaging the world. Until 12 September 2021, the disease has taken the lives of 4,627,540 people worldwide and 26,931 people in Bangladesh (1). The pandemic has indiscriminately affected the entire world. However, developing countries like Bangladesh have been especially vulnerable due to their weak infrastructural and institutional setting and the limited provisions for social support. In addition, the lack of health awareness, hygiene practices and the high population density in such countries make the people more vulnerable to the disease. Out-of-pocket expenditures due to the illness and a decrease in income caused by economic slowdowns and lockdowns have made the lives of the citizens unbearable.

The Covid-19 pandemic has brought about multidimensional crises in the context of Bangladesh. While on the one hand, it poses significant health shocks., The economic consequences of the pandemic are devastating in the lives of poor, vulnerable, and even middle-class people. On the other hand, the health shocks are also becoming economic shocks hampering income, trade, businesses and the overall economy.

Following the peak of two waves of Covid-19 infection cases, the government of Bangladesh imposed two rounds of lockdown. The first wave started in March 2020 and continued till the end of May 2020. The second wave began with general restrictions on 29 March 2021 and continued as a complete lockdown until 30 May 2021. The two rounds of lockdowns profoundly impacted the country's economy. These two lockdown periods were frequently mentioned as the first and second waves. People were barely beginning to cope with the shocks due to the first lockdown and the overall movement restrictions. So, when another lockdown was imposed, very few were prepared to embrace another economic shock.

The pandemic has disproportionately affected the marginalised population in the lowest income quintiles. This group primarily consists of those engaged in agricultural works, RMG sector, informal income-generating activities such as rickshaw pulling, construction work, daily labour, small business, and so on. According to the Labour Force Survey 2017, 85.1% of employed people are engaged in the informal sector (2). Due to lockdowns, the informal sector has faced the heat of the pandemic. Within the low-income cohort, many have lost either their jobs or their means of livelihood due to the economic downturn and the restrictions imposed due to the Covid-19 pandemic.

To begin with, they did not have much -- their lives were defined by hand-to-mouth income resulting in low savings and low investment. The economic and health shocks imposed by the pandemic have created devastating effects on their lives and livelihoods. In addition, from 1 April to 31 December 2020, 408,408 international migrants returned to Bangladesh (3). In the case of urban migrants, employability and income opportunities declined significantly due to the Covid-19 pandemic (4).

Living with the Covid-19 pandemic for an unknown period of time became a "new normal" phenomenon. The lifestyle and practices of people have been shifted both in terms of health and economic behaviour. For example, people were being forced to wear masks, wash their hands regularly, and maintain some hygiene practices in daily

life. On the other hand, the pandemic has created 26.38 million "new poor" (5). People coped with the economic shock by employing various strategies based on their socio-demographic and economic characteristics. This change must have occurred for people from all walks of life to build resilience against Covid-19. The situation of altered practices might have either brought a permanent shift in people's behaviour in a positive way or shift back to the old practices. Hence, change in attitude and practice depends on the level of learning, diffusion of the learning among mass population and enabling the environment to practice.

1.2 Research questions

The following broad research questions served as the guiding framework of the study:

1. What was the nature of the major health and economic shocks that the poor and vulnerable population encountered during the first and second waves of the Covid-19 pandemic?
2. What were the major learnings of the poor and vulnerable during the first wave, and which of those learnings were applied during the second wave of the Covid-19 pandemic to build resilience to further health and economic shocks?
3. Which factors enabled or failed the poor and vulnerable to build resilience to health and economic shocks?

1.3 Rationale of the study

The scientific community has not yet projected the end of the Covid-19 pandemic. Pandemic similar to the Covid-19 may occur more frequently and be further intensified. Therefore, it is necessary to sustainably develop community-based learning to become resilient to health and economic shocks. The practices of hygiene measures need to be ingrained in the mindset of the people. Learning will occur when they these measures are practised not because of regulation but when they become the behaviour of people in their regular lifestyles.

Similarly, saving and spending behaviour and human and social capital utilisation are essential indicators of learning from an economic shock. Without such learning, obtaining long-term resilience will not be possible. The people of Bangladesh have historically been resilient to economic shocks caused by natural disasters. Now, it is necessary to determine the status and level of multidimensional learning from Covid-19, especially among people with low income or the hardest hit by the pandemic. It is also necessary to develop targeted programmes and policies to ensure the level of learning begins the journey towards long-term resilience.

CHAPTER 2
METHODOLOGY

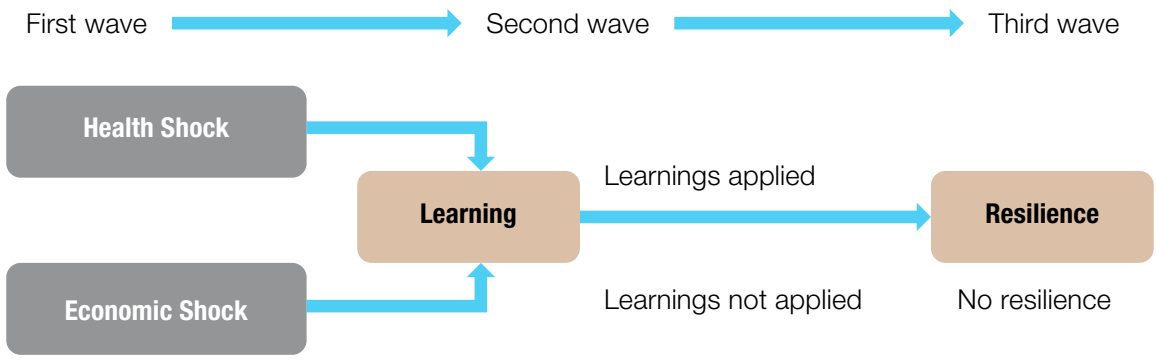
2.1 Theoretical framework

The Covid-19 pandemic has created an unprecedented situation. The unique consequences and experiences caused by the pandemic have created opportunities for new learning and changing our lifestyles. Learning can occur by employing further information and new experiences (6). This learning process can be individual and collective, but both types of learning create outcomes for the individual. Such learnings can bring about behavioural change in two ways. First, it might create instrumental compliance, where changes occur due to rules and regulations that are not sustainable in the long run. Second, it might make normative compliance, which might create a long-term change and is thus more sustainable (7).

In the face of any disaster or crisis, the ability of the communities to cope depends on their resilience. Resilience can be defined as "the ability of the communities to withstand external shocks to their social infrastructure" (8). Resilience is dependent on three capacities. Firstly, coping capacities indicate actors' ability to manage and overcome adverse situations. Second, adaptive capacities – the ability to learn from previous experiences and applications of the said learnings. Third, transformative capabilities – the power of societies to transform their institutions according to present and future requirements (9). Such a definition of resilience encompasses resilient behaviour at personal, community and national levels.

Learning from shocks thus can be applied to develop resilience, which could improve the situation. The path to resilience to economic and health shock differs. Various coping strategies are applied to adapt to economic shocks. There is a clearly defined sequence of such techniques. Frankenbereger (1992) suggests that the first strategy employed is aimed to ensure minimal sustenance and minimise risks (10). The second strategy consists of divestment. This is done in several phases – the first sets of assets to be disposed of are liquid ones, while the productive assets are sold last. Finally, when all such strategies fail, households migrate. The coping strategy thus depends on the duration of the crisis.

Figure 1: Theoretical framework of the study



2.2 Operational definitions of the concepts

For this study, extreme poor, poor and vulnerable are defined based on the poverty lines used in the Household Income and Expenditure Survey (HIES) 2016 conducted by the Bangladesh Bureau of Statistics (BBS) and the Cost of Basic Needs (CBN) method used in BBS. The CBN method calculates the cost of obtaining a consumption bundle considered to be adequate to satisfy basic consumption needs. If a person cannot afford the cost of this bundle, then this person is considered to be poor. Therefore, poverty lines under the CBN method represent the minimum per capita expenditure needed to meet his basic needs (11). After adjusting for inflation, this is shown in Table 1.

Table 1: Poverty line categories by location

Poverty line category	Rural	Urban
Inflation-adjusted LPL (2021)	BDT 2,406	BDT 2,600
Inflation-adjusted UPL (2021)	BDT 2,807	BDT 3,343
Double of Inflation adjusted UPL (2021)	BDT 5,613	BDT 6,686

Per capita income of the household (HH) members lower or equal to the inflation-adjusted lower poverty line (LPL) were defined as extreme poor; per capita income higher than the inflation-adjusted LPL and lower or equal to the inflation-adjusted upper poverty line (UPL) were defined as poor; per capita income higher than the inflation-adjusted UPL and lower or equal to the double of inflation-adjusted UPL were defined as vulnerable and per capita income upper than this limit was considered as a non-poor category. The first three were combinedly considered as poor and vulnerable HHs. The limit was different for the rural and urban areas. The limit for each type is shown in Table 2.

Table 2: Categories of poor and non-poor

Category	Rural (Range)	Urban (Range)
Extreme Poor	≤BDT 2,406	≤BDT 2,600
Poor	>BDT 2,406 and ≤BDT 2,807	>BDT 2,600 and ≤BDT 3,343
Vulnerable non-poor	>BDT 2,807 and ≤BDT 5,613	>BDT 3,343 and ≤BDT 6,686
Non-poor	>BDT 5,613	>BDT 6,686

2.3 Study locations and sampling

The data were collected from 64 districts. From each division, a proportional sample based on the population size was determined (Table 3). A list of potential interviewees was prepared based on two previous studies of BRAC conducted in 2020. The studies were conducted with informal sector workers and people living at the bottom of the pyramids. The phone numbers of interviewees were collected through different sources, including field-level staff of BRAC. The urban-rural and male-female ratios of ordered phone numbers were 50:50. From the collected numbers, i.e., the list of interviewees, 3,091 persons were interviewed. Table 3 shows the breakdown of the final sample size based on divisions.

Table 3: Sample size from each division

Division	Sample size	Percentage
Barishal	208	6.7
Chattogram	593	19.2
Dhaka	783	25.3
Khulna	209	6.8
Mymensingh	361	11.7
Rajshahi	390	12.6
Rangpur	359	11.6
Sylhet	188	6.1
Total	**3,091**	**100.0**

2.4 Data collection and analysis

The study was conducted using a quantitative research method. A sample survey using a structured questionnaire was carried out for primary data collection. The data was collected through telephone surveys using Kobo Toolbox. Thirty-five experienced data collectors conducted the telephonic interviews from 19 June to 8 July 2021. The enumerators were provided with a two-day orientation on the questionnaire and data collection process through Kobo Toolbox. A field test was also conducted before finalising the questionnaire. BRAC research team supervised the data collection process and checked with the respondents on a random basis to ensure data accuracy and reliability. After the completion of data collection, rigorous cleaning of data was carried out. Then, the survey data were analysed using SPSS (version 21).

2.5 Ethical Considerations

The ethical codes of research were strictly followed during the telephone surveys. The data were collected with the informed consent of the respondents. The complete confidentiality and anonymity of the information and respondents have been maintained. Since this was a telephonic survey, the calls often had to be transferred to a time convenient for the respondents to ensure that participating in the survey would not inconvenience the respondents in any way.

2.6 Limitations of the study

Conducting the quantitative survey by telephone created many scopes of limitations. The non-response rate was almost 50%. In addition, collecting new phone numbers of the respondents appropriate to the study was not possible, given the pandemic situation. Also, many respondents did not answer the complete questionnaire, and while cleaning the data, several observations needed to be deleted. As a result, it was impossible to ensure a proportional sample size for Mymensingh and Sylhet divisions.

CHAPTER 3
FINDINGS OF THE STUDY

3.1 Socio-demographic characteristics

A total of 3,091 individuals were randomly interviewed for the sample survey. Within the sample, the male-female ratio was 46.2:53.8, and the rural-urban ratio was 49.0:51.0. The average age of the respondents was 38.2 years. Among the respondents, more than one-fourth (28.4%) did not complete secondary education. The average family size was five. The majority of the respondents, 63%, lived in single-earner HHs.

32.2% of the respondents' income fell within the extremely poor category, while 10.1% were poor, and more than one-third of the respondents (36.7%) were vulnerable. The majority of the respondents were found to be homemakers, whereas 16.9% were involved in small businesses.

Table 4: Background characteristics of the respondents

Background characteristic	Number (n)	Percentage (%)
Division		
Barishal	208	6.7
Chattogram	593	19.2
Dhaka	783	25.3
Khulna	209	6.8
Mymensingh	361	11.7
Rajshahi	390	12.6
Rangpur	359	11.6
Sylhet	188	6.1
Area type		
Rural	1516	49.0
Urban	1575	51.0
Sex		
Male	1427	46.2
Female	1664	53.8
Age		
Mean ± SD	38.2 ± 10.4	
18 to 25 years	291	9.4
26 to 39 years	1478	47.8
40 to 59 years	1184	38.3
Above 60 years	138	4.5
Occupation		

Background characteristic	Number (n)	Percentage (%)
Service	270	8.7
Business (Medium)	225	7.3
Business (Small)	523	16.9
Farmer	152	4.9
Unskilled labour	399	12.9
Skilled labour	488	15.8
Homemaker	921	29.8
Others	113	3.7
Poverty category		
Extreme Poor	998	32.3
Poor	313	10.1
Vulnerable	1134	36.7
Non-poor	636	20.6
Education level		
No formal education	485	15.7
Primary incomplete	334	10.8
Primary complete	417	13.5
Secondary incomplete	878	28.4
Secondary complete	427	13.8
Higher Secondary complete	303	9.8
Graduate or above	240	7.8
Marital status		
Married	2680	86.7
Unmarried	150	4.9
Widowed	202	6.5
Divorced	32	1.0
Separated	27	.9
Total HH earning member		
Mean ± SD	1.4 ± .73	
No earning member	52	1.7
Single earning member	1947	63.0
Double earning members	873	28.2

Background characteristic	Number (n)	Percentage (%)
Three or more earning members	219	7.1
Total HH member		
Mean ± SD	5.0 ± 1.96	
1 to 4	1400	45.3
5 to 8	1533	49.6
More than 8	158	5.1

3.2 Economic situation of the poor and vulnerable and their learning

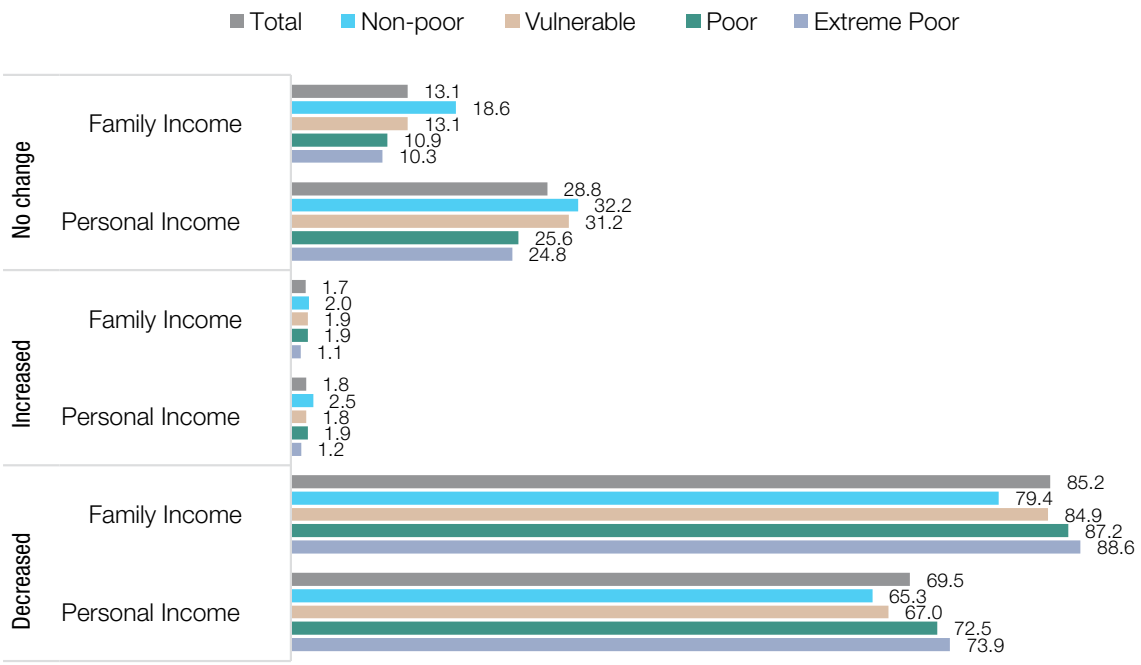
3.2.1 Economic situation of the surveyed HHs

The reference period of the study for obtaining the change in income and expenditure was March and April 2021. March 2021 was the month when the second wave of the Covid-19 pandemic did not start. The lockdown and other measures to tackle the second wave were taken in April 2021. The average monthly income of the respondents in March 2021 was BDT 23,361 (median= BDT 17,000), which declined to BDT 15,392 (median=BDT 12,000) in April, leading to a 27.9% decline in income. On the other hand, the average monthly expenditure of the respondents was BDT 17,785 (median= BDT 15,000) during March 2021, and it went down to BDT 16,560 (median= BDT 15,000) in April 2021. The average monthly expenditure declined by 6.9%.

Decreasing personal and family income

During the entire reference period of the Covid-19 pandemic in Bangladesh, from March 2020 to April 2021, the respondents' personal and family income declined. For 69.5% of the respondents, personal income decreased, while for 85.2%, their total family income dropped. Among the extreme poor respondents, the individual income declined for 73.9% of respondents. The cases of income reduction were highest among this group. As expected, the percentage of the cases whose income dropped was lowest among the non-poor respondents (for 65.3% of those who were non-poor). Similarly, in the case of family income, the incidence of income reduction was highest among the extreme poor income group (88.6% of the cases) and lowest among the non-poor (79.4%).

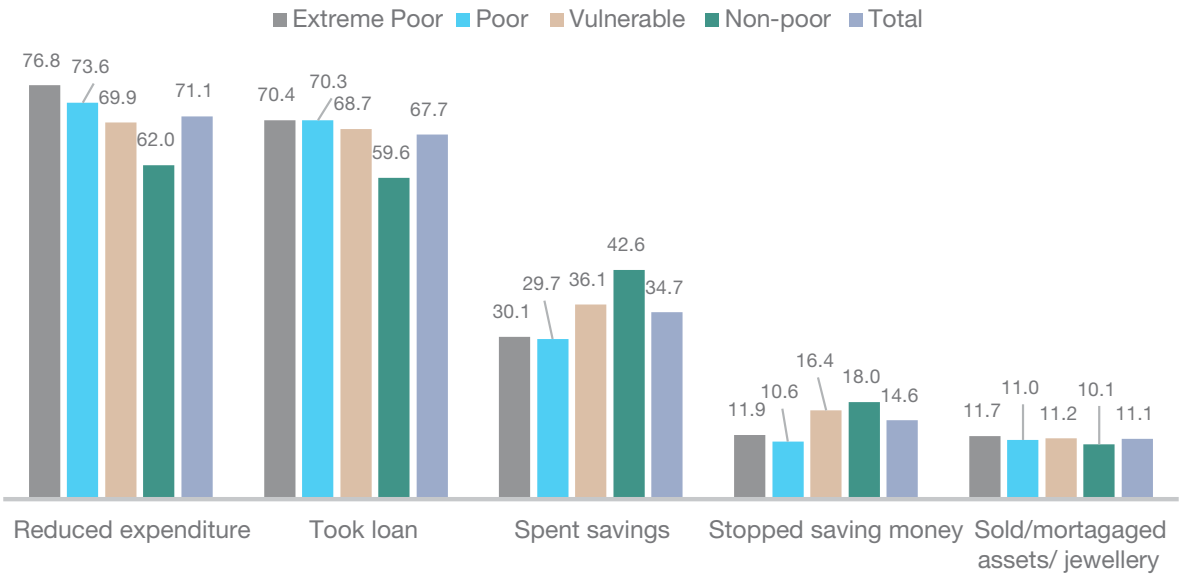
Figure 2: Change in personal and family income (n=3081)



3.2.2 Coping strategies of people to absorb the economic shock

The surveyed HHs adopted various strategies to cope with the reduced income throughout the Covid-19 pandemic. The top strategies were found to be reducing expenditure (71.1%), taking loans (67.7%), spending from savings (34.7%), pausing or stopping the previous savings (14.6%), and selling/ mortgaging assets or ornaments (11.1%). For all five strategies except for the strategy of spending savings, the percentage of the cases of the extreme poor was the highest, and non-poor was the lowest when compared within the four income categories.

Figure 3: Top five coping strategies to absorb the income reduction (n= 2626, multiple answers)



Strategies were adopted based on the HHs' economic conditions, and it was found that expenditure was reduced at the highest rate for all four income categories. More than three-fourths (76.8%) of the extreme poor respondents reduced their expenses, whereas, among non-poor respondents, it was 62%. The second most common strategy was to take loans, which

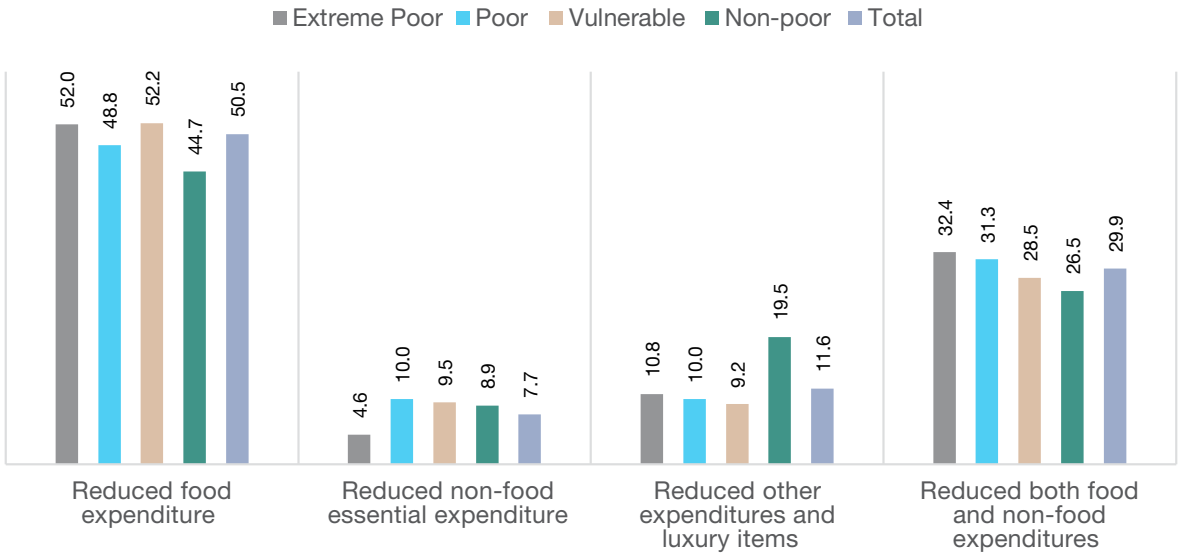
was adopted by 70.4% of the extreme poor and 59.6% of the non-poor. Again, the extreme poor was the highest percentage among the four categories. A different finding where a strategy was applied less by poor HHs and more by non-poor HHs was spending the savings and pausing in saving money. The study found that the proportion of the expenditure from savings was more than 10% higher among the non-poor compared to the extreme-poor HHs (42.6% vs 30.1%), and the percentage of pausing money-saving was higher among the non-poor HHs (18%) than the extreme poor HHs (11.9%). The vulnerable HHs employed spending strategies from savings or pausing savings more than the other HHs. More than one-third of the vulnerable respondents (36.1%) spent savings, and 16.4% stopped saving any money. The rural HHs had to reduce expenditure (72.4%) and/or take loans (69.1%) as their coping strategy was more than their urban counterparts.

Coping strategy 1: Reduction in expenditure

Among the HHs whose income decreased during the Covid-19 pandemic, 71.1% reduced their expenditure. This was carried out for various areas of expenditure, and the distribution of the reduction of different types of expenditure varies based on income categories. It was found that the food expenditure was the most affected irrespective of the economic condition of the respondents. Half of the respondents (50.5%) who reduced their expenditure to cope with the decreased income minimised their food expenditure. Reducing food expenditure was undertaken by 52% of the extreme poor respondents and 44.7% of the non-poor respondents. Reducing food expenditure was the highest among the vulnerable respondents (52.2%), compared to the rest of the income categories. Almost 30% of the respondents who reduced their expenditure had lessened both their food and non-food expenditure. This strategy was adopted by 32.4% of extreme poor and 26.5% of non-poor respondents.

Furthermore, reducing expenditure on luxury items was highest among non-poor respondents (19.5%). Expenditure in non-food essentials was least affected across all income groups (7.7%). Among all four types of respondents, extreme poor, poor, vulnerable and non-poor, the most common expenditure reduction was food expenditure.

Figure 4: Measures undertaken to reduce the expenditure (n= 1866, multiple answers)



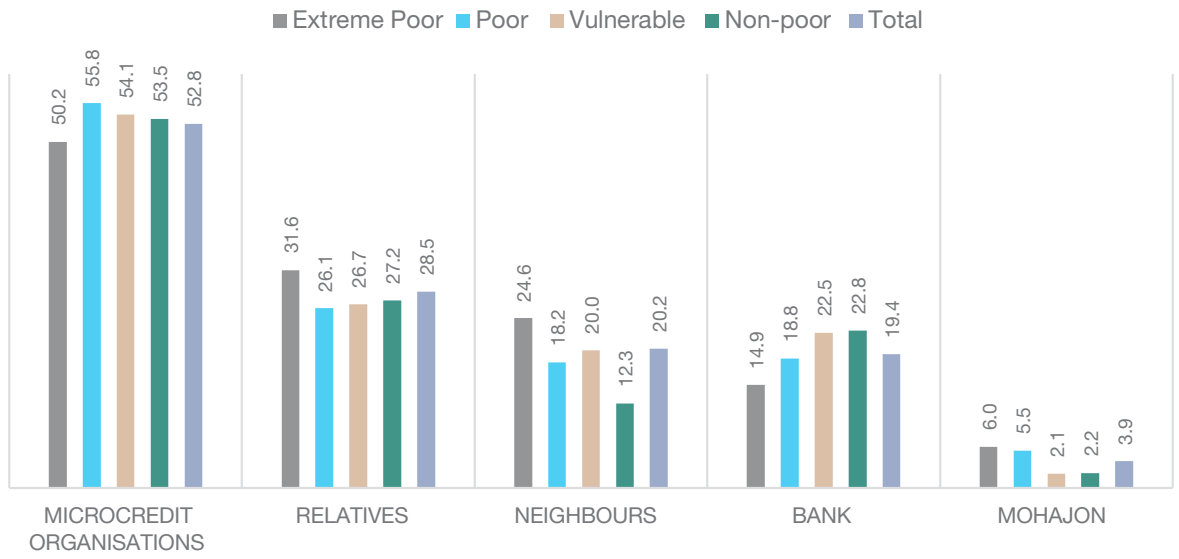
Coping strategy 2: Taking loans

The median loan size was BDT 50,000 at a median interest rate of 12% for the respondents who took a loan. The median of the loan size and the interest rate were the same for the poor and vulnerable respondents. For non-poor respondents, the median loan was BDT 100,000 at a median interest rate of 13%.

The sources of loans comprised both formal and informal institutions and social networks. More than half of the respondents (52.8%) who took a loan took it from microcredit organisations. The percentage was almost similar for all four types of HHs. However, it was higher among rural HHs than urban HHs (56.1% vs 49.1%).

The second and third most common loan sources were relatives (28%) and neighbours (20.2%). Both of these sources were lower for the non-poor respondents within the said categories. The tendency to take loans from banks increased proportionately as the income level increased.

Figure 5: Top five sources of the loan (n= 1434, multiple answers)

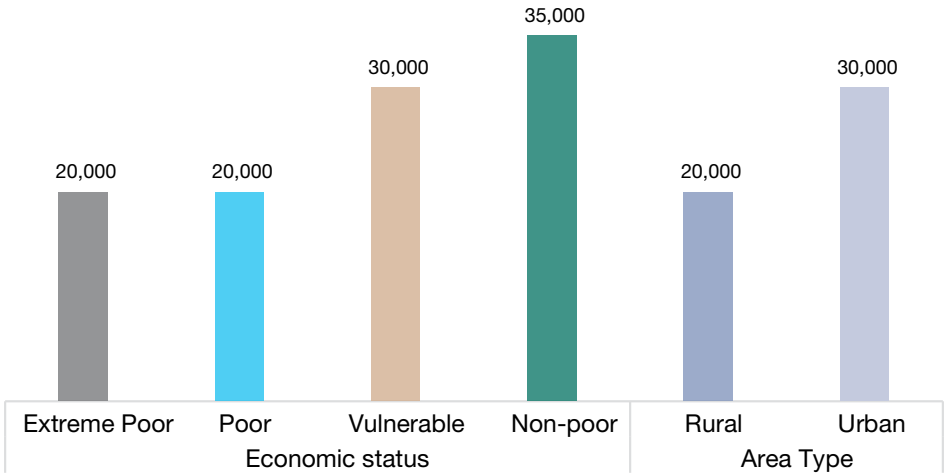


Coping Strategy 3: Spending the savings

On average, from the period of April 2020 to the present (the study was conducted from late July to early June 2021), respondents spent BDT 25,000 from their savings. Among them, the extreme poor households spent Tk. 20,000, poor households spent Tk.10,000 less than the vulnerable households spent Tk. 15,000 less than the non-poor HHs.

The tendency to spend from savings was higher in urban areas than in rural areas. On average, the respondents from the urban areas spent Tk. 30,000 from their savings. On the other hand, the respondents living in the rural areas had spent Tk. 20,000 from their savings.

Figure 6: Amount of savings spent during the pandemic (n= 910, median)

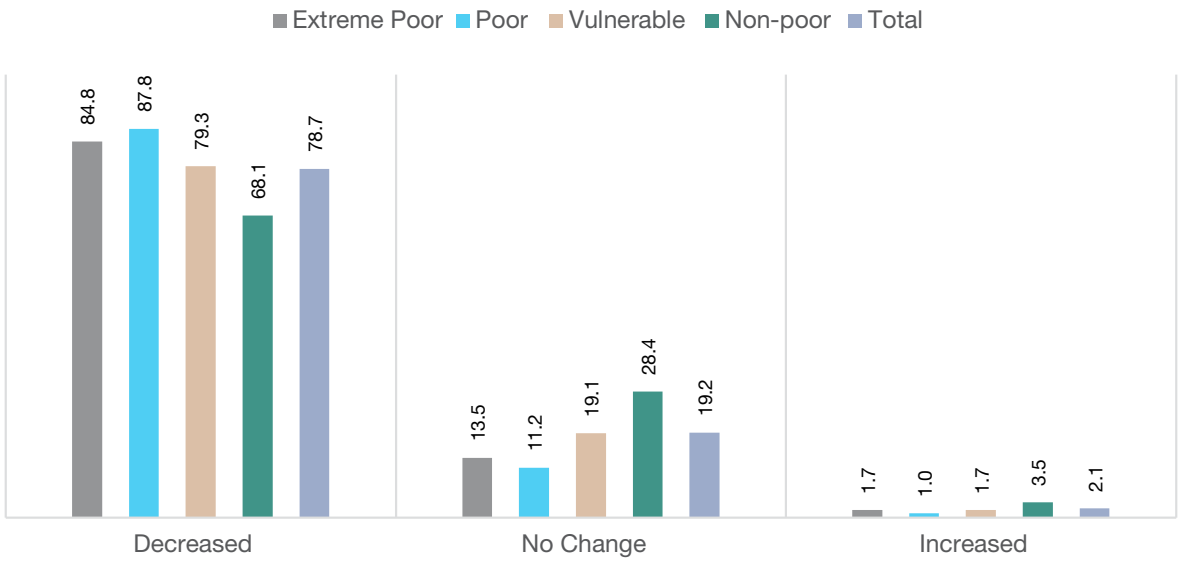


Those who utilised their savings to cope with the economic shocks, caused by Covid-19, spent an average of 85.3% of their savings. However, most of them spent 100% of their savings (considering the median).

Coping Strategy 4: Reducing or taking a pause in saving money

One important coping strategy during economic shock is to pause in saving money. The savings decreased from April 2020 to May 2021 in 78.7% of the Households (HHs). The reduction in savings was highest among the poor HHs (87.8%) and was the lowest among the non-poor HHs (68.1%). Based on the area, it was higher for rural HHs (82.2% vs 75.5%).

Figure 7: Difference in savings between April 2020 and May 2021 (n= 2035)

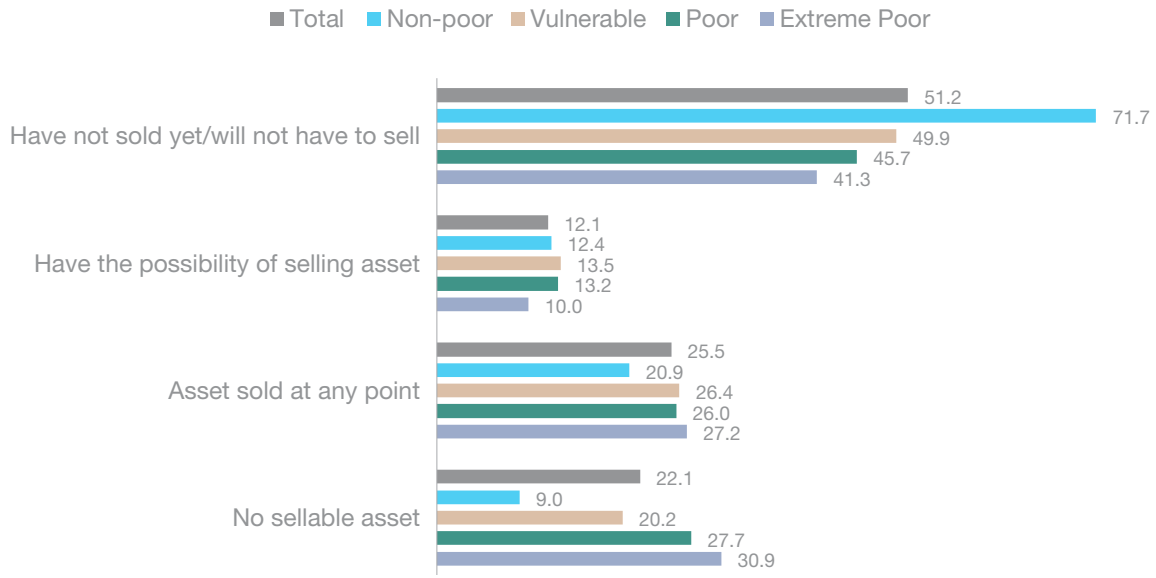


Coping Strategy 5: Asset selling or mortgaging

Asset selling is one of the strategies adopted to cope with any economic shock. When asked if the respondents sold any assets to cope with the economic shock brought about by Covid-19, 25.5% of the respondents' responses were affirmative. Among the extreme poor HHs, 27.2%, and among non-poor HHs, 20.9% adopted this strategy. However, around one-third (30.9%) of the extreme poor HHs had no saleable assets.

As expected, the possibility of not selling or having already sold assets was highest among the non-poor section (71.7%) and lowest among the extreme poor (41.3%).

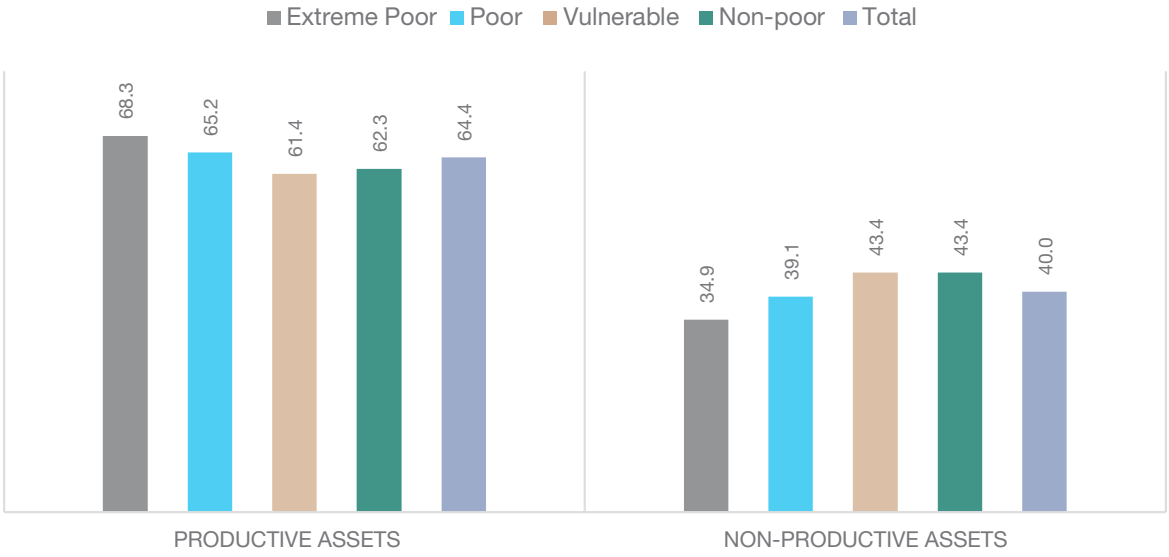
Figure 8: Asset selling or mortgage status during the pandemic period (n= 3069, multiple answers)



There were area-based differences in asset selling. Among the rural HHs, 26.9% sold their assets, and among urban HHs, it was 24.0%. Being unable to sell any assets was higher among the rural population as well. One-fourth (24.9%) of the rural respondents said that they had no saleable assets, while the same was reported by 19.5% of the urban respondents. 12.9% of rural HHs felt that they might need to sell assets in future, whereas 11.4% of urban HHs felt this way.

The respondents had sold different types of assets as a coping mechanism[3]. Among the respondents who sold or mortgaged any asset, 64.4% had sold productive assets, while 40% had sold non-productive assets. Among the extreme poor HHs, 68.3% sold their productive assets, while 62.3% of non-poor HHs sold productive ones. Non-poor HHs had a higher tendency (43.4%) to sell non-productive assets than the poor HHs. In addition, the selling of non-productive assets was higher among the poor HHs (39.1%) than the extreme poor HHs (34.9%).

Figure 9: Types of assets sold or mortgaged during the pandemic period (n= 707, multiple answers)



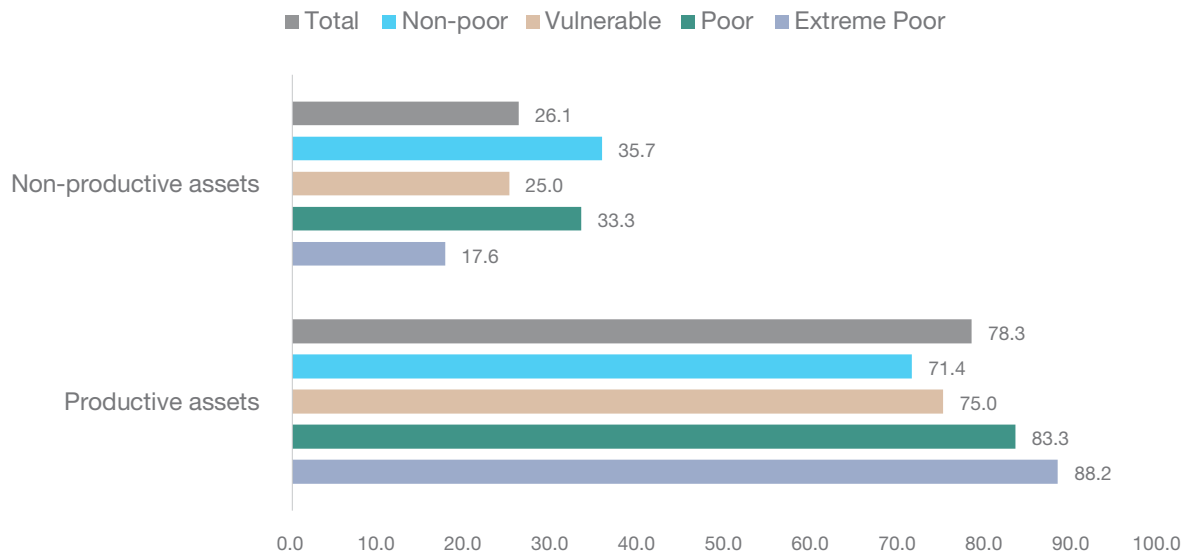
[3] Assets have been classified as productive and unproductive assets. Productive assets include assets that can be utilised for further income generation, such as land, cattle, rickshaw, vans, bonds etc. Non-productive assets include liquid assets such as jewellery.

There are differences in the type of assets sold based on the area. HHs in rural areas sold productive assets more than the HHs in urban areas. 74.7% of the HHs from rural areas sold productive assets, while 53.4% for the urban HHs. On the other hand, selling non-productive assets was higher for the urban HHs than for rural HHs. Only 28.8% of rural HHs reported selling non-productive assets, while it was 51.9% for those in urban areas.

The possibility of selling or mortgaging productive assets, in general, was reported to be higher than non-productive assets across all income categories. Those who expressed the case of selling/mortgaging assets, among them 78.3% and 26.1% of the respondents, reported that they might have to sell productive and non-productive assets, respectively. The possibility of selling productive assets was the highest among the extreme poor HHs (88.2%), and selling non-productive assets was the highest among the non-poor HHs (35.7%).

While comparing between areas, the study found that 90.6% of rural HHs might have to sell assets in future, while 67.6% of urban HHs might have to do the same. On the other hand, the possibility of selling non-productive assets was expressed by 12.5% and 37.8% of the HHs in rural and urban HHs, respectively.

Figure 10: Types of assets that might be sold or mortgaged in future (n= 707, multiple answers)



Coping strategy 6: Additional work to cope with economic shocks

Respondents who claimed to have done additional work to cope with the decreased income due to the Covid-19 pandemic undertook different kinds of occupations, including agricultural work, working as non-agricultural day labourers, driving CNGs, tailoring, working as mobile vendors (selling flowers, food items, books, toys etc.), doing private jobs, working overtime, working as private tutors, making items at home. Many had also overcome the shock by taking help from relatives.

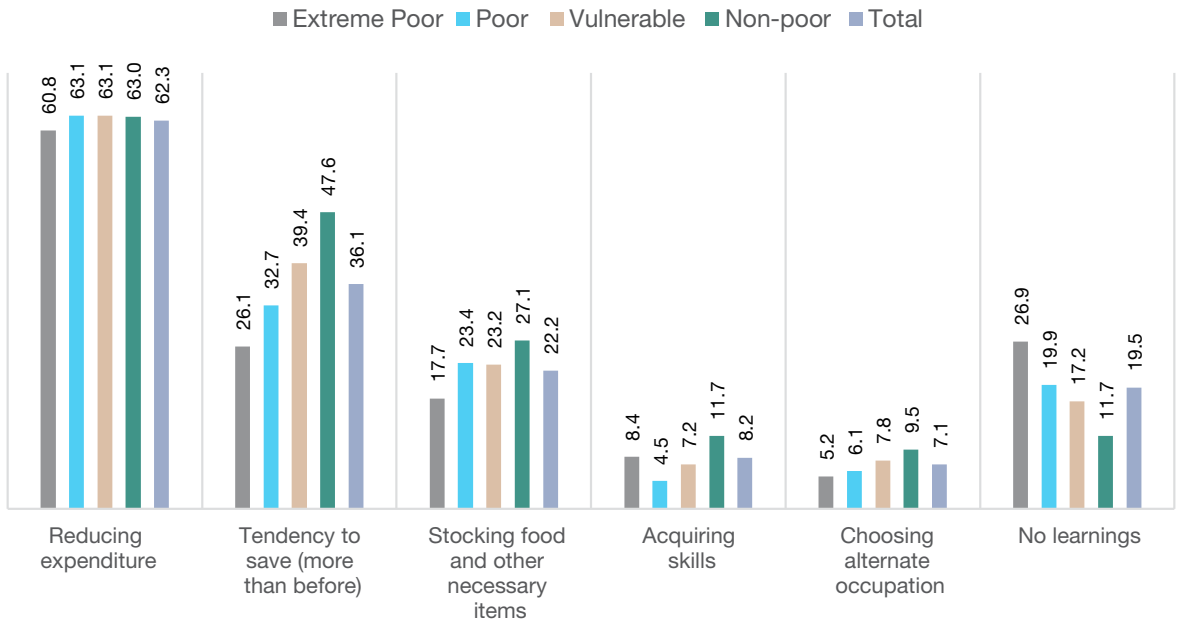
Coping strategy 7: Migration

One of the main strategies to cope with economic crises was migration. However, most of the respondents (96.2%) did not shift after the lockdown had begun. Among the respondents who migrated during the second wave, the most common causes for migration include searching for work, job loss or financial problems, fear of Covid-19, lack of ability to pay rent, being unable to return to the host country due to Covid-19 and so on.

3.2.3 Learnings from the economic shock and their application

The most common learning from the lockdown in 2020 was that people from different income group have reduced expenditure followed by the increased tendency to save (compared to the pre-Covid situation). A high proportion of the total respondents (62.3%) reported that they have learnt to reduce expenditure. Urban and female respondents mentioned it as "learning" more than their respective counterparts. More than one-third (36.1%) of the respondents said they learnt to save more, which was highest among the non-poor respondents (47.6%), compared to those with lower income. The saving tendency as a learning, similar to the previous sections, increased proportionately with the level of income of the respondents increased. More than one-fourth (26.1%) of the extreme poor and almost half of the non-poor (47.6%) respondents said they learnt to save more than before. Urban and male respondents learnt to save more. The third most common learning was stocking food and other necessary items. 8.2% of the respondents acquired new skills, and 7.1% learnt to choose an alternate occupation in response to the first lockdown. One-fifth of the respondents (19.5%) were unable to mention any specific learning from the pandemic. The percentage of this absence of learning grew higher as the income level dropped, given that the proportion was highest among the extreme poor and lowest among the non-poor. It was also found to be higher among rural and female respondents, compared to the urban and male respondents, respectively.

Figure 11: Learning from the first lockdown (n= 3069, multiple answers)

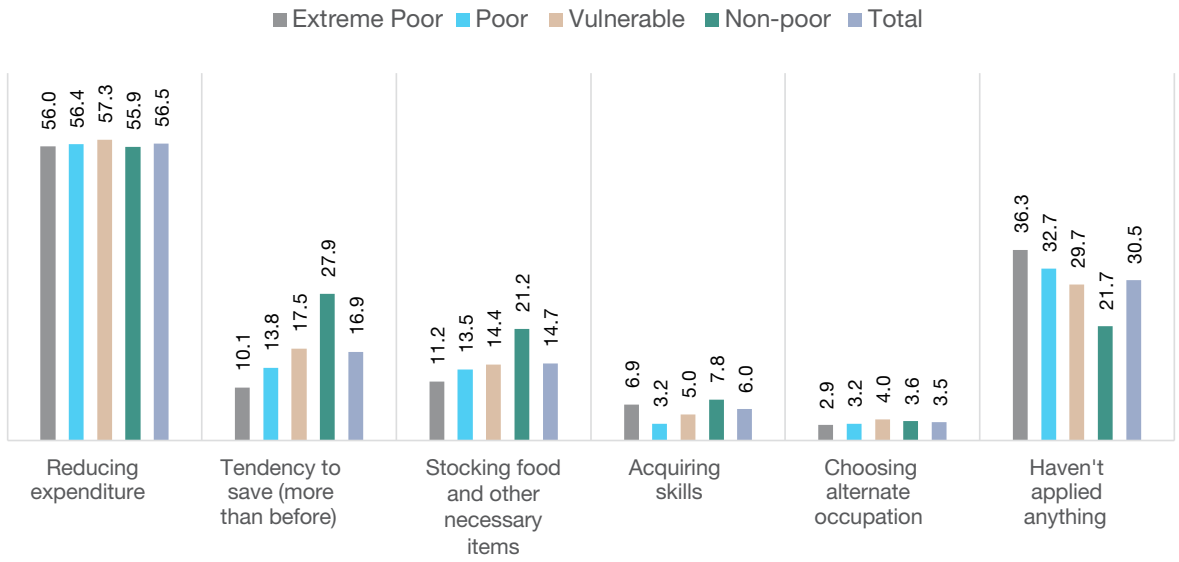


Application of the learnings from the first wave in 2020 to solve the economic crises of 2021

The most common learnings from the experience of 2020 applied in 2021 by the households were reducing expenditure, saving more than the pre-Covid period, stocking food and necessary items, acquiring new skills and choosing alternate occupations. The application of the learning mentioned above from last year helped the respondents cope with the economic crisis in 2021. It was found that more than half of the total respondents (56.5%) utilised the strategy of reducing expenditure, which was almost similar across all four income categories. Urban and female respondents could reduce expenditure more than their respective counterparts. The second most common learning applied by the respondents was to save money (16.9% of the respondents). This was only 10.1% for the poor respondents, much lower than the non-poor

respondents (27.9%). Urban and male respondents said they could save more. Around 6% of the respondents applied their newly acquired skills, which was higher among the non-poor respondents than the poor and vulnerable ones. 3.5% of the respondents chose alternate occupations to cope with the economic shocks. This percentage was almost similar for all income groups, but it was the highest among the vulnerable respondents (4%). This indicates a higher tendency among the vulnerable respondents to switch jobs or take up additional work. 30.5% of the respondents mentioned that they did not apply any learning in their lives, which was higher among the poorest, rural and female respondents.

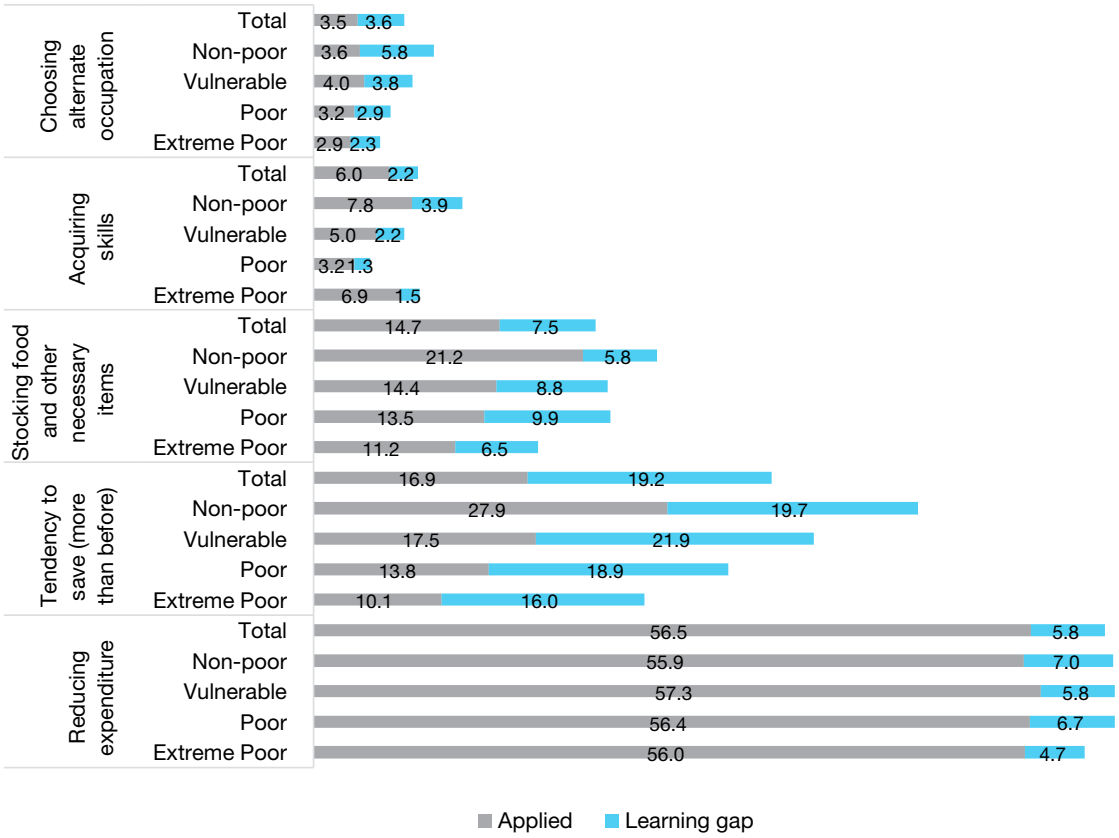
Figure 12: Learnings applied in the second lockdown (n= 3066, multiple answers)



Learnings and their application

The study found that the learning claimed by the respondents and the learning applied by them have similar sequences. The top five learning claimed, and applied by the respondents include reducing expenditure, saving more than before, stocking food and other daily necessities, acquiring new skills, and choosing alternate occupations. However, in the case of all learnings, there is a difference between the learnings claimed by the respondents and the learnings applied by them have been defined as the “learning gap”. The learning gap has been found to vary across different areas of learning. For example, in the case of learning to reduce expenditure, more than half of the respondents (56.5%) reduced their expenditure as a coping mechanism, and only 5.8% of those who learnt it were unable to translate the learning into practice. The learning gap in the case of expenditure reduction was lowest for the extreme poor (4.7%) and highest for the non-poor (7%). The gap between learning and application was highest in the case of savings tendency (19.2%) (among those who learnt to apply this mechanism). The inability to use the said learning was highest among the vulnerable group (21.9%). 6% of the respondents acquired new skills to help cope with the economic shock, while 2.2% of the respondents who learned it could not apply it to their own lives. The fifth most common application of learning was choosing alternative occupations, which was used by 3.5% of those who learnt the mechanism.

Figure 13: Top five learnings during the first lockdown and application of that learning in the second lockdown

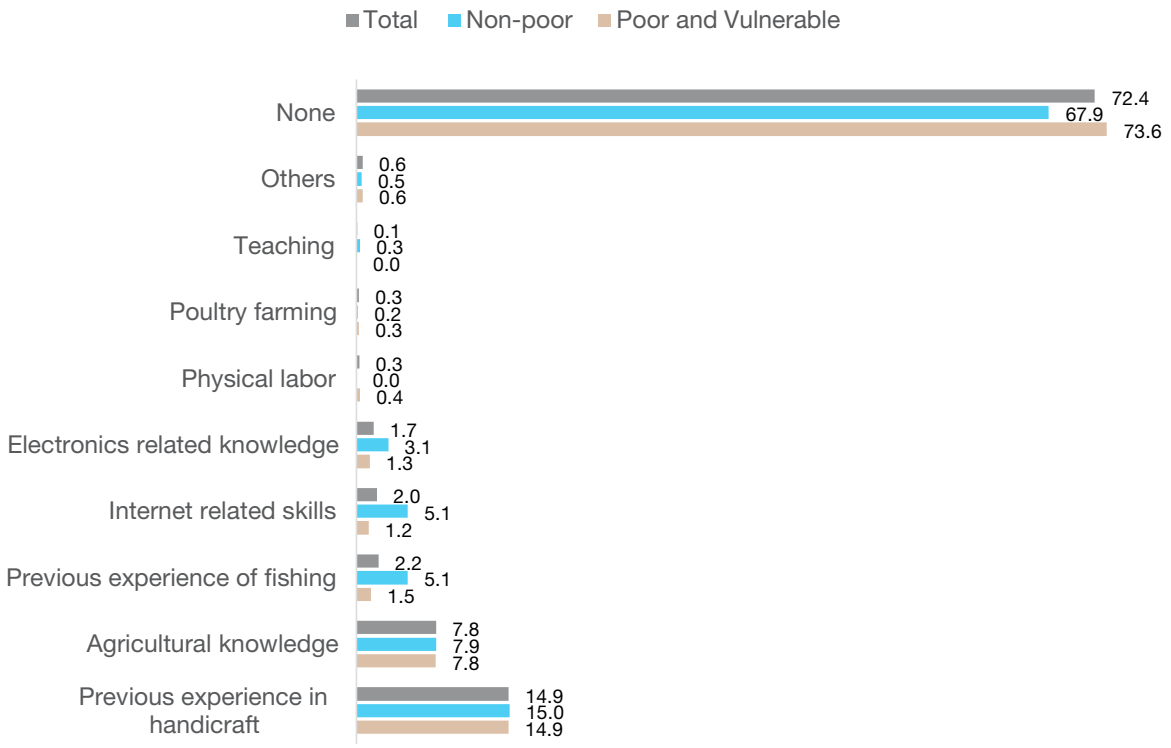


3.2.4 Preparations to reduce the future shock

Individual abilities and capacities for coping with future shock

Individual expertise and qualities assist citizens in recovering from the shocks posed by crises. The respondents applied their characteristics to cope with the economic shock brought about by Covid-19. A total of 14.9% of the respondents used their previous experiences in handicrafts (sewing/making bamboo-based products and so on). The distribution of utilising this skill is almost similar among the poor and vulnerable, and non-poor income categories. 7.8% of the total respondents utilised their previous knowledge and experience regarding agriculture to cope with the present economic crisis. The previous fishing experience was utilised by 2.2% of the respondents, which was higher among non-poor respondents. Only 2% and 1.7% of the respondents used their internet-related and electronics-related skills, respectively. Using the internet and computer-related skills was more common among the non-poor respondents than among the poor and vulnerable ones.

Figure 14: Types of personal technical knowledge applied (n=2764, multiple answers)



Perception of the return of the wave of the Covid-19 pandemic

The majority of the respondents (84.8%) did not anticipate a return of the Covid-19 of such intensity when the infection rates declined in 2020. This lack of anticipation was the highest among the extreme poor (87.8%). On the other hand, only a tiny portion of the respondents could anticipate the return (15.2%). The percentage of non-poor respondents, in this case, was the highest compared to the rest of the income categories (20%). The rate of those who could anticipate rose with the educational levels.

Preparation to cope with the economic downturn in the second wave

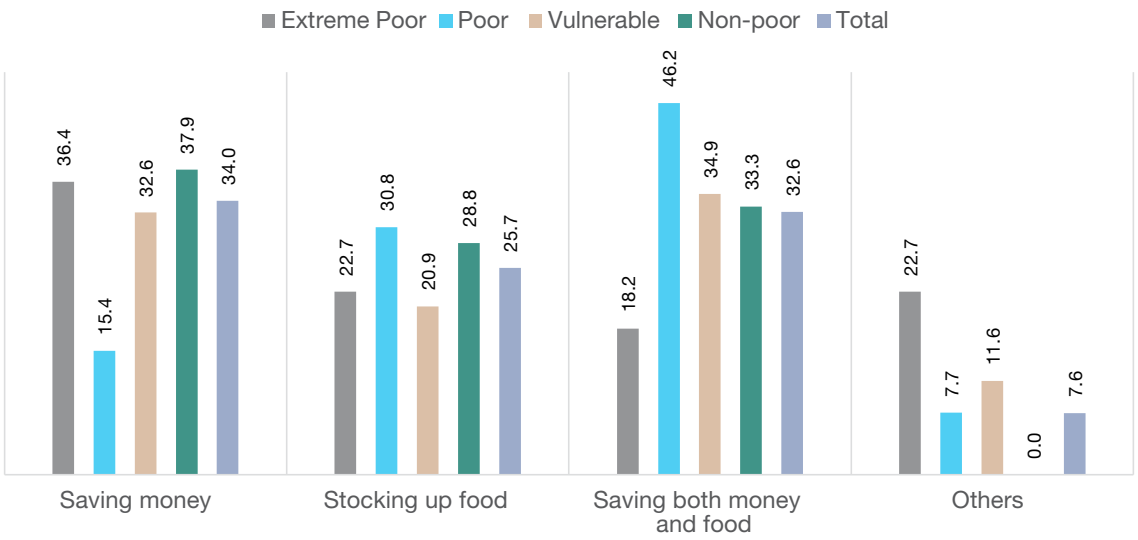
Among the respondents, who thought Corona infection might rise again, a total of 30.8% of HHs took preparations to cope with a possible economic downturn. The incidence of taking preparation was the lowest among the extreme poor (18%) and highest among the non-poor (52%). Interestingly, the vulnerable non-poor took these preparations less than the poor HHs (24.7% vs 29.5%). Similarly, the percentage of the vulnerable non-poor HHs who did not take any preparations was higher (75.3%) than the percentage of poor HHs in the same situation (70.5%). Overall, 69.2% of HHs did not make any preparations. The lack of preparation was present among 82% of the extreme poor, although among the non-poor, it was 48%.

The preparations taken for the second wave

The most common preparatory measure was saving money, which was applied by more than one-third of the respondents (34%). Non-poor respondents saved more money (37.9%) than the extreme poor (36.4%). The incidence of saving money was lowest among the poor respondents. Almost one-fourth of respondents (25.7%) stocked food to prepare for a possible shock. In this case, the percentage was highest among the poor (30.8%) and lowest among the vulnerable

non-poor (20.9%). Less than one-third (32.6%) of the total respondents saved both money and food. Urban and female respondents talked about saving money more, while rural and male respondents talked about stocking food.

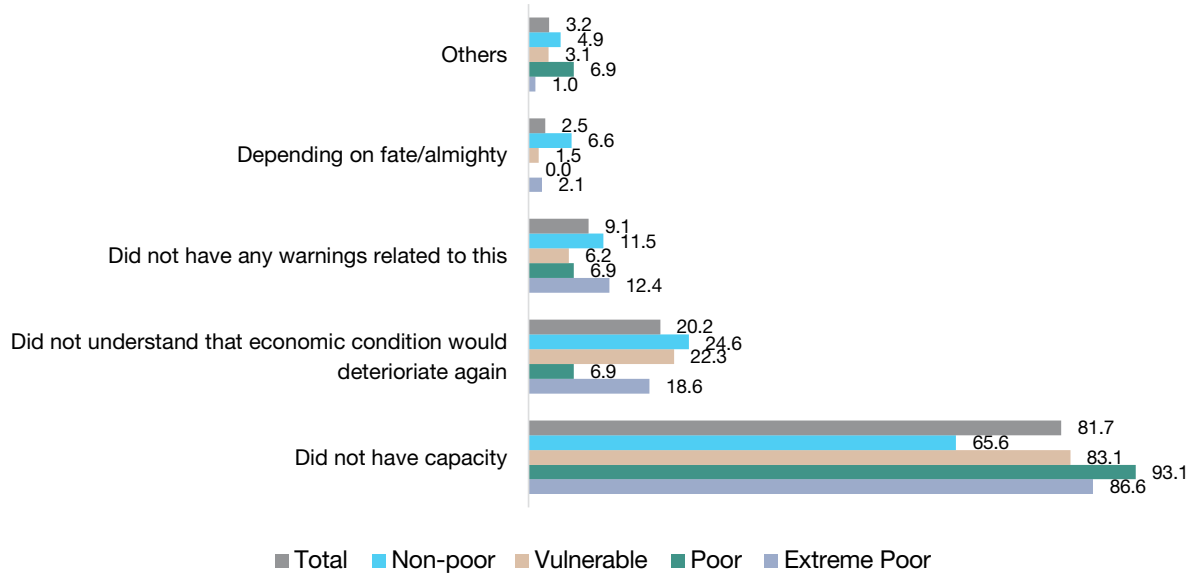
Figure 15: Preparations taken for the second wave (n=144)



Reasons behind the inability to take preparations

Various reasons have been found among the respondents who did not make any preparations for a future economic shock. The most common cause behind the inability to take preparations was lack of capacity. Among those who did not make any preparations, the majority (81.7%) could not take any preparatory measure because they could not do so. This was highest among the poor (93.1%) and lowest among the non-poor (65.6%). 20.2% of the respondents did not perceive a repeated deterioration of the economic condition, which was the reason for their lack of preparation. This was reported as the highest cause by the non-poor (24.6%) compared to the other income categories. 9.1% of the respondents were unable to make any preparations because they did not receive timely warnings of any factors that could lead to further economic deterioration, such as the second lockdown in 2021. Not taking preparations due to total reliance on fate or the almighty was more common among the respondents who were non-poor compared to those who were extreme poor, poor or vulnerable. It is apparent that the cause associated with the economic condition, such as lack of capacity, was more prevalent among the low-income HHs, while other non-economic reasons were more significant for the non-poor HHs for their lack of self-preparation.

Figure 16: Reasons for not taking any preparations (n=317, multiple answers)



3.2.5 Preparations for another deteriorating situation

An essential indicator of learnings from the previous and present waves of Covid-19 is the preparation for further similar crises, such as if the Covid-19 infection lengthens or intensifies in the form of a third wave or another lockdown is imposed. More than one-fourth of the respondents (25.8%) claimed to take preparatory measures in the case of the third wave of Covid-19 or if it persisted for a longer duration. This was highest as reported by the non-poor respondents (49.8%) and lowest by the extreme poor (13.1%).

Possible measures for the third wave

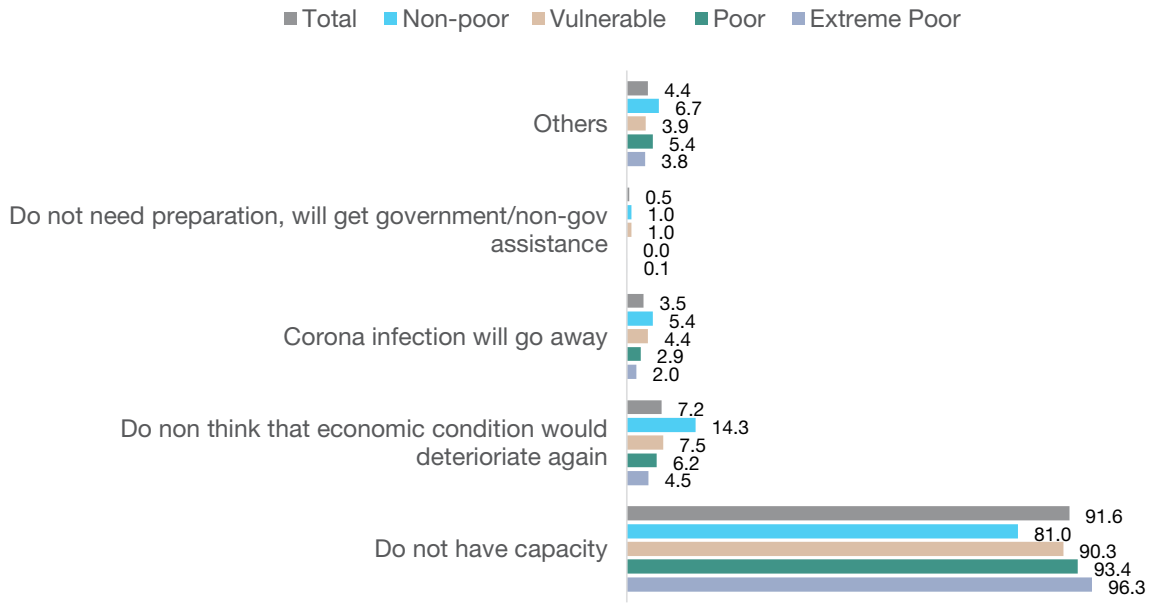
Among the respondents who claimed to have taken preparatory measures in anticipation of an intensified recurrence or lengthening of Covid-19, 27% had saved money, 31.3% had stocked food, and 38.5% had saved both money and food. The preparations differed among respondents based on their income levels. Among the respondents, the lower-income respondents emphasised stocking food, whereas the non-poor emphasised saving money or saving both money and food. Additionally, the strategy of saving money was highest, as reported by the poor respondents (37.3%). Stocking food was also a more common answer among the rural respondents.

Figure 17: Preparations that people have for another wave (n=767)

Reasons behind the lack of preparation

Various causes have been found behind not taking preparatory measures for the future. Among the respondents who said they would not take any preparations in case of a worsening situation, almost 91.6% would not do so because they lacked the capacity. This was found to be the cause among 96.3% of the extreme poor and 81% of the non-poor. 7.2% of the respondents do not anticipate any further deterioration of the economic condition. 3.5% of the respondents felt that the infection would soon disappear altogether, which was higher among the non-poor than the poor respondents.

Figure 18: Reasons for not taking any preparations for a future lockdown (n=2238, multiple answers)



3.3 Health conditions during the pandemic and learning

The perception of disease, the actions based on the perceptions, and the permanency of the actions taken are significant factors in building resilience to any health shocks. Moreover, since the health shocks are linked with economic shocks, handling all types of diseases, including coronavirus infection, was also crucial.

3.3.1 Covid-19 infection rate and other disease prevalence: Did health shocks turn into economic shocks?

Health shock influences economic vulnerability. Only a tiny proportion of the sample, 49 respondents (1.6%), reported being infected with the coronavirus. The infected respondents' average number of sick days was 2.73 days [Range: 1 to 5 days]. However, 3.3% of respondents replied that at least one of their family members got infected with the coronavirus. The family members of only four of the respondents died from coronavirus.

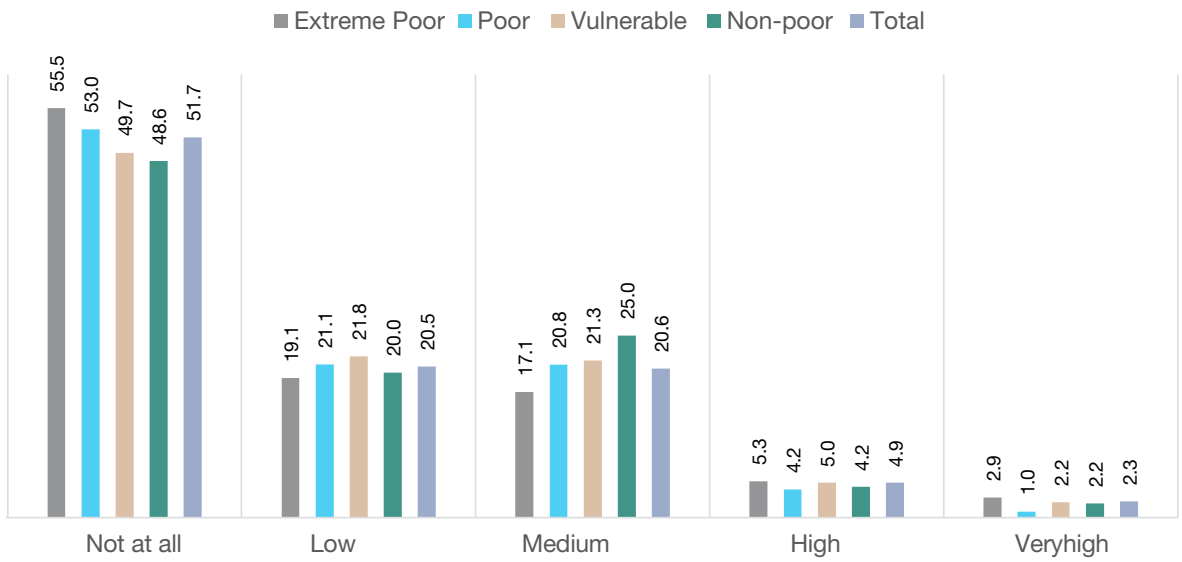
On the other hand, from March 2020, more than one-fourth (28%) of the respondents reported that their family members suffered from different diseases other than Covid-19.

The infected families (or family members who died from the coronavirus) did not need to spend any extra financial costs. However, for other diseases, the median expenditure of the affected families was BDT 5,000.

3.3.2 Risk perception among the respondents

The perception of risk influences adopting the recommended protective behaviour (12) and plays a vital role in taking necessary coping strategies, and in turn, in building resilience to a shock. Unfortunately, more than half of the respondents (51.7%) felt that they didn't have any risks of getting infected by the Covid-19 virus. More than half of the extreme poor respondents (55.5%) felt that way. This lack of risk perception was lowest among the non-poor respondents (48.6%). Feeling that there is zero threat of having Covid-19 was higher among rural respondents than urban ones (55.4% vs 48.2%) and females than males (55.2% vs 47.7%).

Figure 20: Risk perception about being infected by Covid-19 (n=3081)

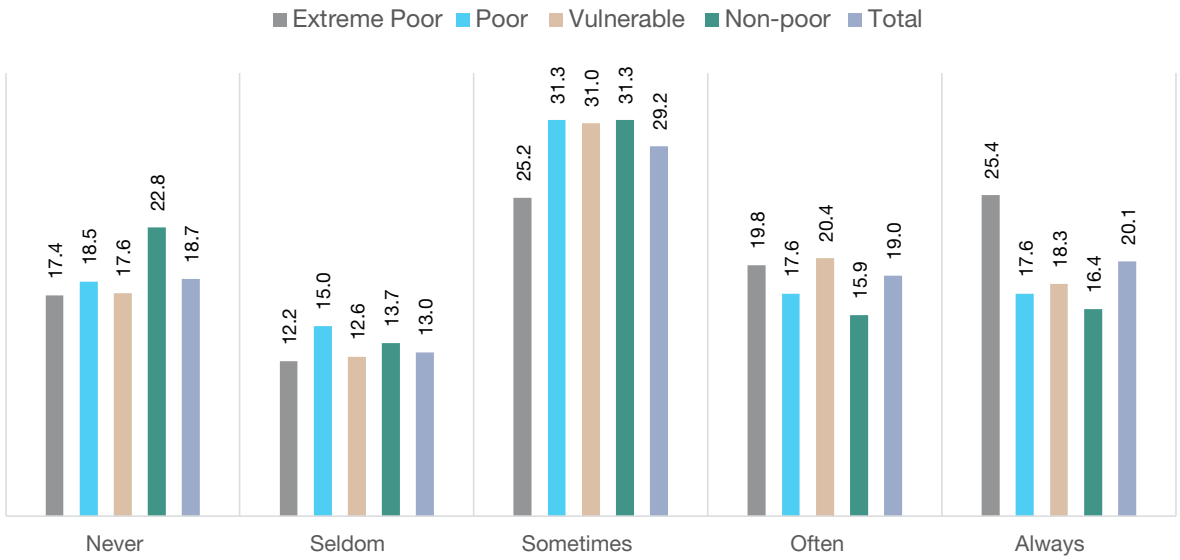


3.3.3 Health anxiety due to the risk perception

The presence of a shock or crisis, in general, results in elevated mental pressure. Analysing the mental state of the respondents is essential because it is a significant factor in the determination of future actions. Moreover, worry or anxiety might be associated with compliance with the recommendations, leading to positive coping behaviour to alleviate anxiety (13). On average, 20.1% of the respondents always felt Covid-induced excessive mental pressure, while 18.7% never felt any mental stress on the other extreme.

The mental pressure felt by the respondents differed from income groups. The percentage of respondents who never felt any pressure was higher among the non-poor (22.8%) than those with lower income groups, given that 17.4% of the extreme poor, 18.5% of the poor and 17.6% of the vulnerable respondents never felt any pressure. The proportion of never feeling any pressure was also slightly higher among rural (20.1% vs 17.3%) and male (21.60% vs 16.20%) respondents.

Figure 21: Frequency of feeling extra mental pressure after the pandemic (n=3081)



Concern for self and family

The measures taken against the pandemic largely depend on the level of concern people feel for their safety and that of their family members. Almost 36% of the respondents never remained worried that they or their family members might be infected with the virus within the sample. While on the other end of the spectrum, one in five respondents often or always remained worried. A higher percentage of poor and vulnerable respondents than the non-poor said they never remained concerned (36.9% vs 32.4%).

3.3.4 Taking the action

Based on the risk perception and level of concern over a risk, people take action in response. There can be two types of responses to the anxiety they feel. First, the person might feel the responsibility of changing the situation and actively participate in making a change (Internal Locus of Control). Second, the person might deny the whole case or feel they have nothing to do (External Locus of Control) (14).

Almost all of the respondents (98.4%) felt that it was their responsibility to take control of the situation to abide by the rules and regulations imposed by the government to prevent Covid-19 and thus keep their families and themselves safe from the pandemic. This perception was distributed equally among the extreme poor (97.6%) and non-poor (98.7%) income groups.

During crises, to take appropriate actions, it is necessary to believe that the problems can be averted in some way or the other. The majority of the respondents reported a feeling of loss of control. A significant portion of the respondents (72.7%) felt that controlling Covid-19 is beyond capacity, and they have left the situation to the hands of fate. It is the highest among the extreme poor (80.2%) and lowest among the non-poor (63.7%). Rural respondents felt the same way more than urban respondents (76.1% vs 69.6%).

3.3.5 Coping strategies to absorb the health shock

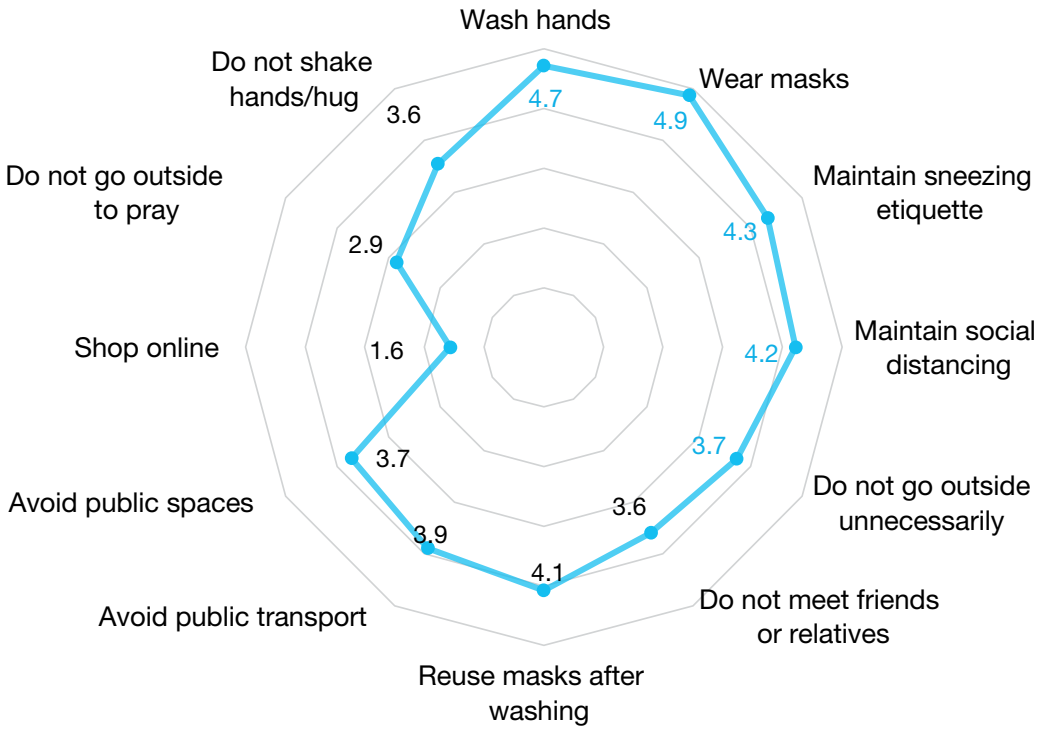
Coping Strategy 1: Preventive measures based on the health shock

The nature of learning and thus building resilience, in the long run, depends on the frequency and intensity of conformity to the provided guidelines at present. World Health Organization (WHO), and in turn, the Government of Bangladesh, has provided various safety guidelines to be maintained during the pandemic. This study has implemented two indexes to understand the level of practices adopted by the respondents, which would, in turn, reflect their awareness and scope of future resilience.

The basic preventive measure index includes five basic preventive measures, i.e., wearing masks, washing hands regularly, covering while coughing or sneezing, maintaining social distancing, and going out as little as possible. Whereas the combined preventive measure index includes a total of twelve indicators – five basic and seven additional practices. The intensity of the individual's concern over their safety can be judged by the extra measures taken to alter the lifestyle that requires minimal physical interaction. These additional measures reflect the change in a person's behaviour, thus learning from the crisis. These measures covered specific areas such as the re-utilisation of masks, avoiding public transport and public spaces, including religious ones, conducting online shopping, avoiding social gatherings and physical contact for greeting purposes and the basic five questions. A five-point Likert scale, i.e., never, seldom, sometimes, often and always, was used for each question and scored from one to five.

Except for 'going outside', the other four basic measures were reportedly followed almost always or often (average score >4 out of 5). People seldom refrained from going outside to pray (average score: 2.9) and rarely did online shopping (score: 1.6). In the case of other measures, people followed those from "sometimes" to "often" (score: >3).

Figure 21: Average score in each indicator (n=3081)

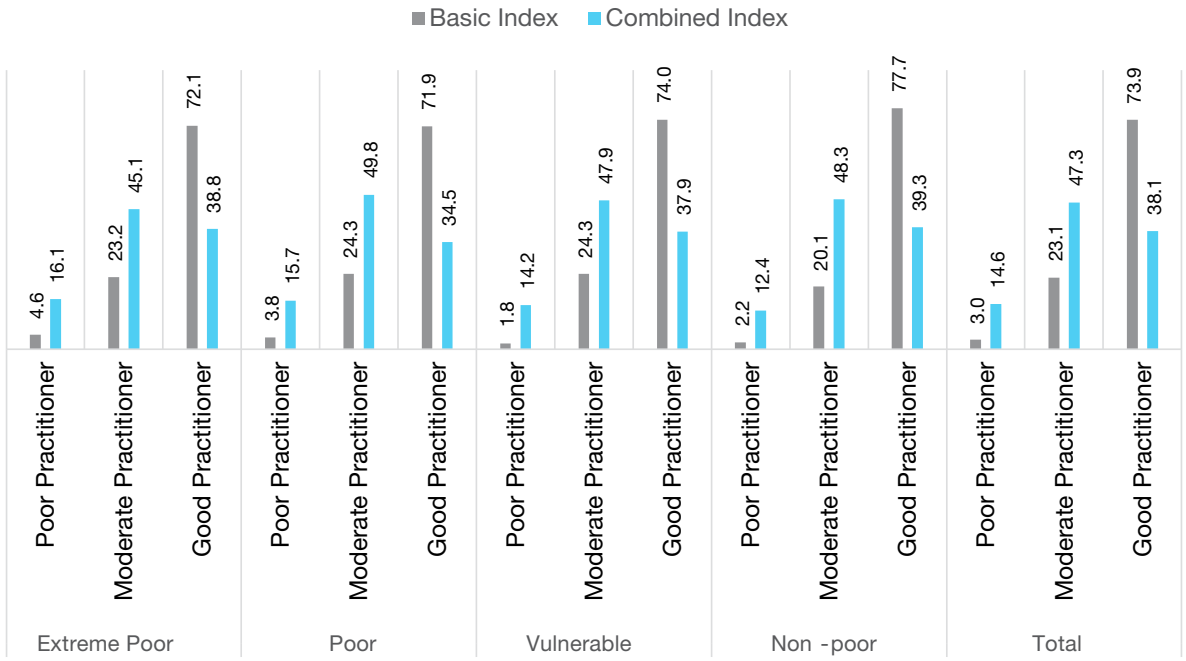


For the basic index, the score for each question was summed up, and the total score of 5-15 indicates poor, 16-20 indicates moderate, and 21-25 indicates a good level of overall preventive measure practitioner. For the combined index, a score of 12-36 indicates poor, 37-48 indicates moderate, and 49-60 indicates a good level of overall preventive measure.

In the basic preventive measure index, the average score was 21.89, and 73.9% of the respondents fall under the category of a good practitioner. The study found that maintaining a good quality of basic preventive measures was high across all income categories (it increased with the income level, given that 72.1% of the extreme poor and 77.7% of the non-poor maintained such a level of prevention). The percentage of the respondents who maintained inadequate basic preventive measures was found to be negligible (3.0%).

In the combined preventive measure index, the average score was 45.13; here, maintaining a good level of preventive measures was 38.1%. In comparison, the basic measures were adopted by almost three-quarters of the respondents (73.9%). On the other hand, maintaining the preventive strategies became poor for 14.6% of the respondents, while adopting insufficient basic measures was only 3%. This indicates that most of the respondents are maintaining basic preventive strategies. But when accounting for the additional measures, the practice declined for all categories of respondents.

Figure 22: Status of following the basic and combined preventive measures (n=3081)



Coping Strategy 2: Vaccination

Until July 2021, the study period, only a tiny percentage of the members (whose age was above 40 years) of the respondent HHs (16.5%) had received vaccines. Only 11.1% of the extreme poor HHs reported receiving vaccines, while almost one-fourth (24.5%) of the non-poor respondent HHs did so[4]. A hopeful picture was found with respect to the percentage of the respondents interested in receiving vaccines. Among the respondent HHs who did not yet receive vaccines, more than half of them (64.3%) were interested in doing so. Among the extreme poor respondent HHs, the percentage not interested in vaccines (39%) was higher than that of non-poor (32.9%).

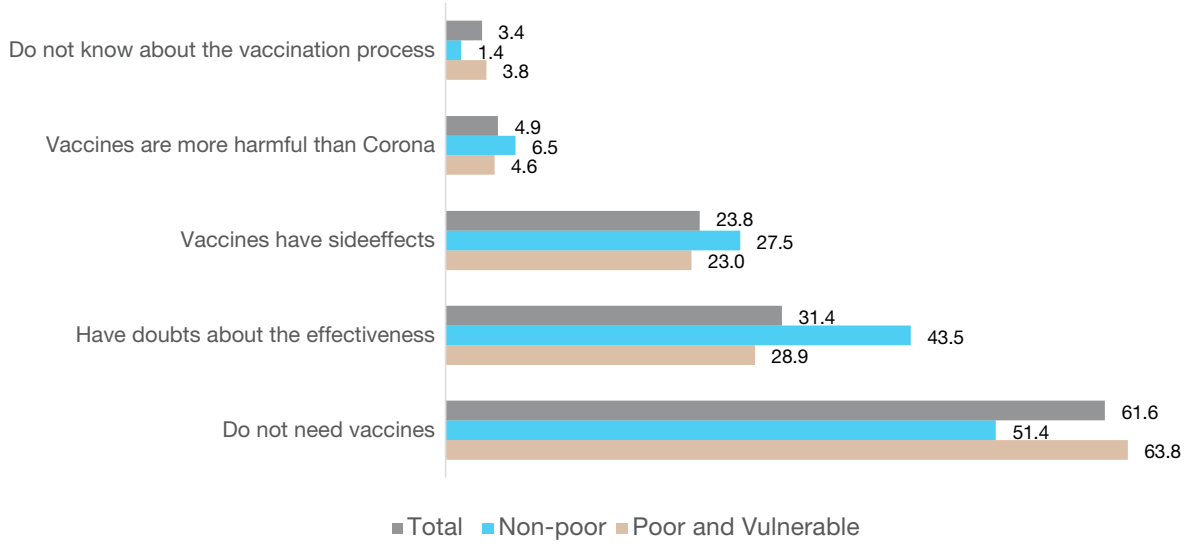
Reasons behind the lack of interest in vaccines

Various reasons behind the disinterest in taking vaccines in the future were found. The majority of the respondents who had not yet taken vaccines opined that they would not receive them in future because they did not require vaccines (61.6%). This perception was higher among the

[4] The members of family who were more than 40 during the survey were considered as the people aged 40 and above were eligible for COVID vaccination at that time.

poor and vulnerable income group (63.8%) than the non-poor group (51.4%). 31.4% of the total respondents showed doubt regarding the effectiveness of vaccines, which they attributed to their disinterest in the process. Interestingly, this doubt was higher among the non-poor group (43.5%) than in the poor and vulnerable income group (28.9%). For less than one-fourth (23.8%) of the respondents, the side effects of the vaccines worked as a disincentive. Around 5% of the respondents perceived vaccines as more harmful than Covid-19. A very few respondents (3.4%) were unaware of the vaccination process, which worked as a disincentivising factor.

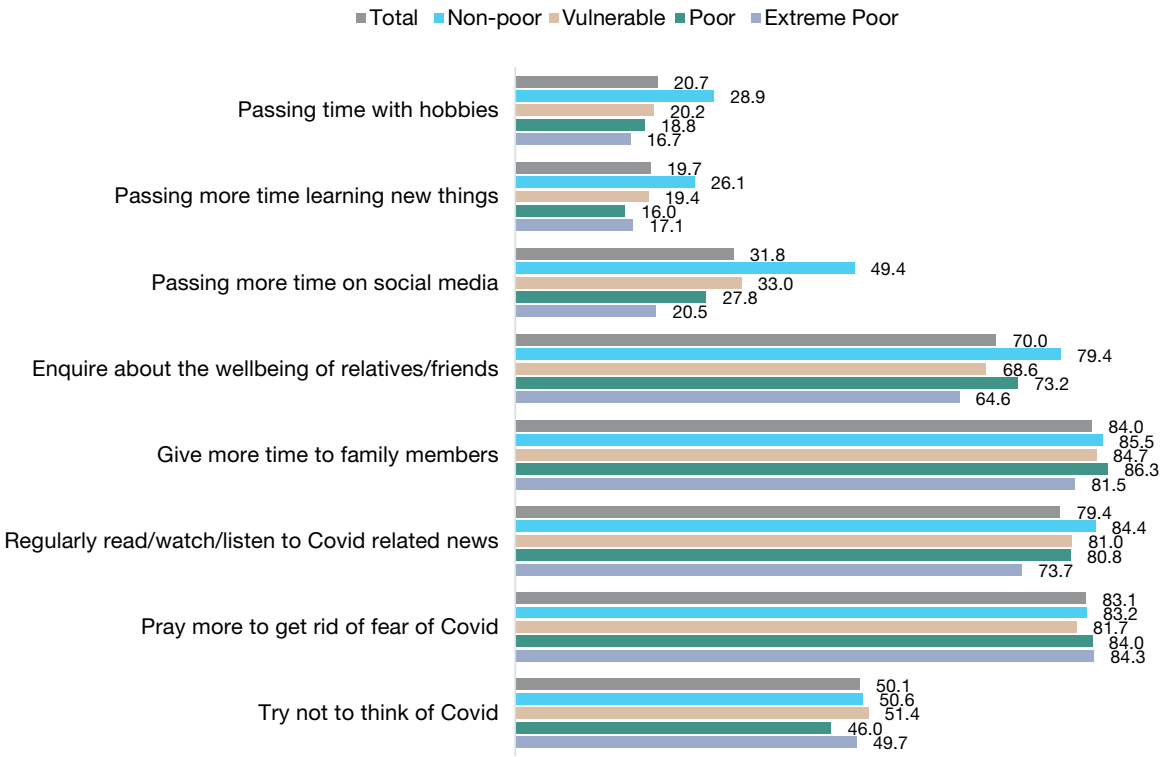
Figure 23: Top five reasons for being not interested in vaccination (n=795, multiple answers)



Coping Strategy 3: Psychological well-being to have mental peace

The respondents applied various strategies to cope with the psychological effects of the pandemic to achieve mental peace. Eight indicators were taken to capture the psychological well-being, on a five-point Likert scale, from fully disagree to fully agree. Only agreed and fully agreed were considered positive answers. As a psychological coping mechanism, half of the respondents tried not to think about Covid. The pandemic was found to have enhanced the bonding with families and friends. Most of the respondents (84%) gave more time to their family members, 70% spent more time inquiring about how to increase the well-being of their family and friends, and 79.4% of the respondents reported they stayed updated with Covid-19-related news through various media to cope with the psychological effects of Covid-19. A significant percentage of the sample, 31.8%, revealed that they spent more time on social media. 20.7% and 19.6% of the respondents spend time on hobbies and learning new things, respectively. The percentage was higher among the non-poor income group and urban respondents than the poorer and rural respondents in all sections.

Figure 24: Status of psychological coping (n=3081)

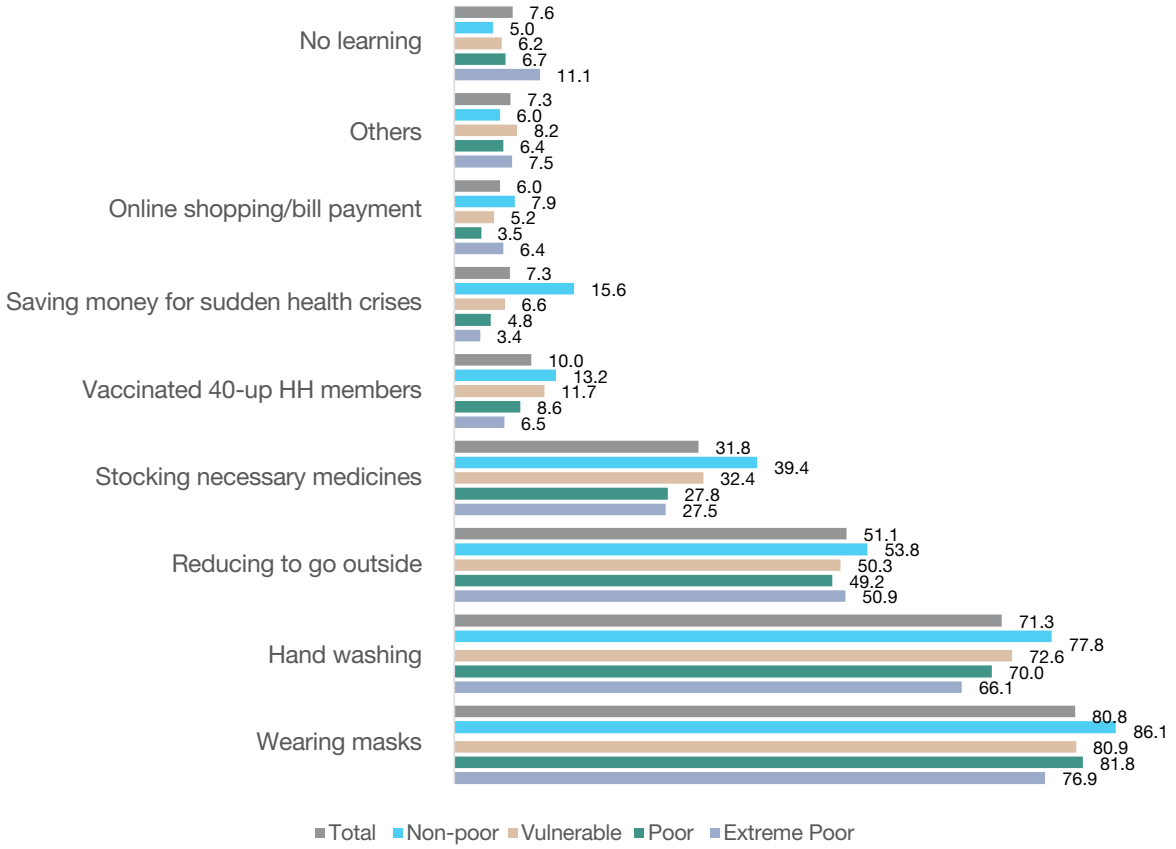


3.3.6 Learnings from the health shock

The most common learning among the respondents was Covid-19 specific. A majority of the respondents (80.8%) reported that they built up a practice of wearing masks for themselves and their families. The practice was the highest among the non-poor respondents (86.1%) and lowest among the extreme poor (76.9%). Among the survey respondents, 71.3% established handwashing practices, 51.1% actively reduced their tendency to go outside, and 10.0% vaccinated their eligible (40+) family members.

Several general learnings were found to occur, which can be applied to building resilience for future crises. 7.2% of the respondents developed a habit of saving money for sudden health crises, 6% performed online transactions for shopping or bill payments, and 3.9% developed healthy eating habits. However, 7.6% of the respondents did not mention any learning. Overall, in the case of almost all the learnings, the proportion was higher for the non-poor respondents than the respondents with lower income.

Figure 25: Learnings related to health (n=3075, multiple answers)

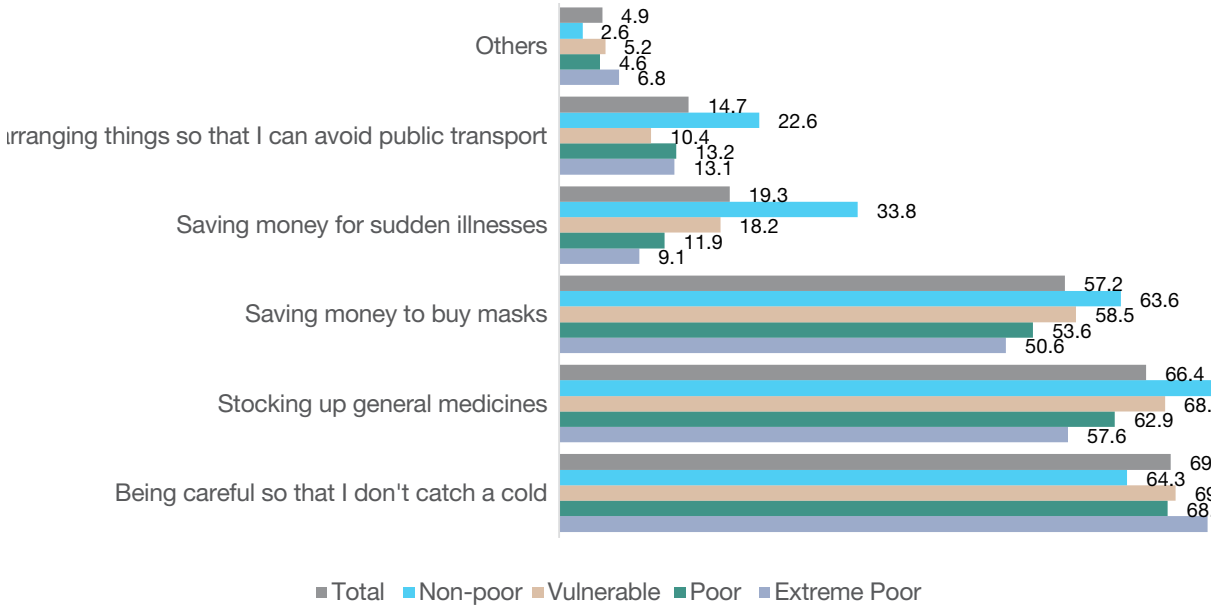


3.3.7 Preparation to reduce the future shock

More than half (51.2%) of the respondents reported that they took health safety measures as preparation if the Covid-19 situation worsens. Only 43% of the extreme poor respondents were prepared for a possible shock, far less than the non-poor group (66%).

The most common practice was being careful to avoid catching a cold (69.2%). This practice was higher among the extreme poor income group (73.4%) than the non-poor group (64.3%). The second most common preparatory measure was stocking general medicines at home (66.4%), and the third was saving money to buy masks (57.2%). Significant insights emerge from the income-based analysis. The practice of stocking general medicines (73.8%) and saving money for masks (63.6%) was the most common preparations among non-poor respondents. 19.3% of the respondents who prepared for a future health shock saved money for sudden illnesses, and 14.7% prearranged their businesses to avoid using public transport. These two practices were also higher among the non-poor income group (33.8% and 22.6%) than in the extreme poor (9.1% and 13.1%). These findings indicate an awareness among the non-poor income group. In addition, the analysis of the income groups reveals that respondents with higher income more commonly adopt practices that require money. In comparison, those with lower income adopted what their income status allowed.

Figure 26: Preparations if pandemic situations worsen (n=1576, multiple answers)



3.4 Support/Enabling environment

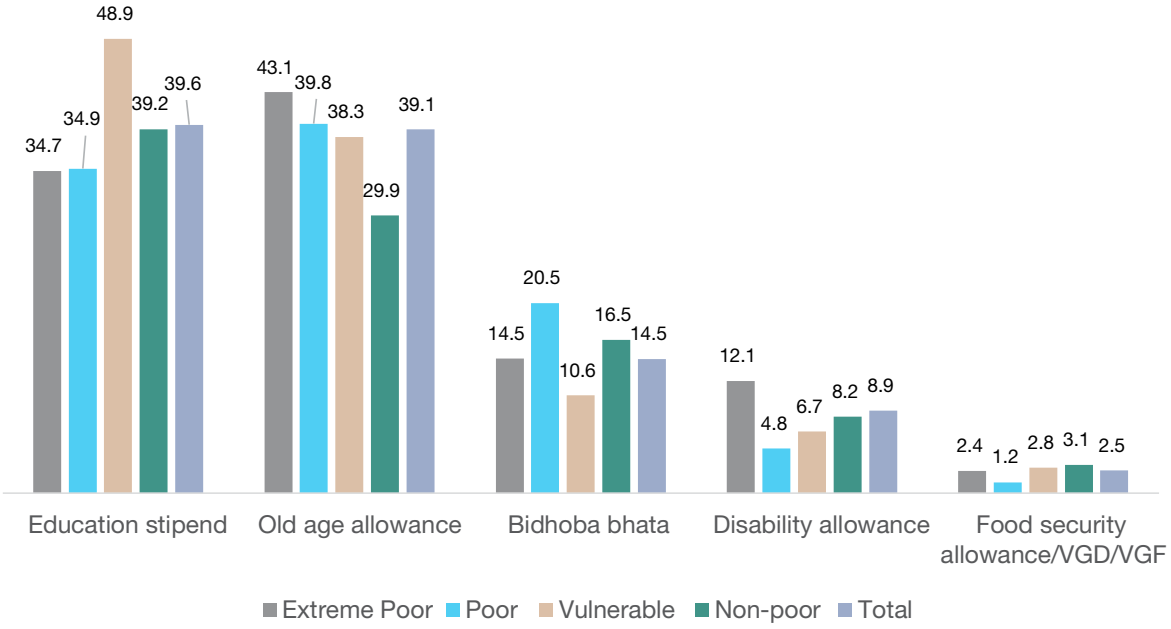
In any disaster, the system and institutes need to be supportive and create an enabling environment to build resilience. Social safety net, relief fund and social capital, e.g., friends, relatives or volunteer organisations, might support vulnerable people to survive and build up resilience to future shocks.

3.4.1 Government allowances

Within the sample, a total of 19.7% of the respondents revealed that they received any kind of government assistance. As expected, the proportion of extreme poor respondents who received government allowances (24.8%) was found to be higher than the proportion of non-poor respondents (15.3%).

Among the different types of government assistance, the three highest reported sources were found to be education stipend, old age allowance and allowance for widows, received by 39.6%, 39.1% and 14.5% of the respondents, respectively. The distribution of the education stipend across the extreme poor, poor and non-poor income groups was found to be almost similar, but it was the highest among the vulnerable respondents (48.9%). However, among the old age allowance recipients, the proportion of extreme poor respondents (43.1%) was found to be highest across all income categories, while it was lowest for the non-poor groups (29.9%). The proportion of widow allowance recipients was slightly higher for non-poor respondents (16.5%) than for the extreme poor (14.1%). It was highest among the poor respondents (20.5%). The other two mentionable allowances are disability allowance (received by 8.9% of the respondents) and food and security allowance (received by 2.5% of the respondents).

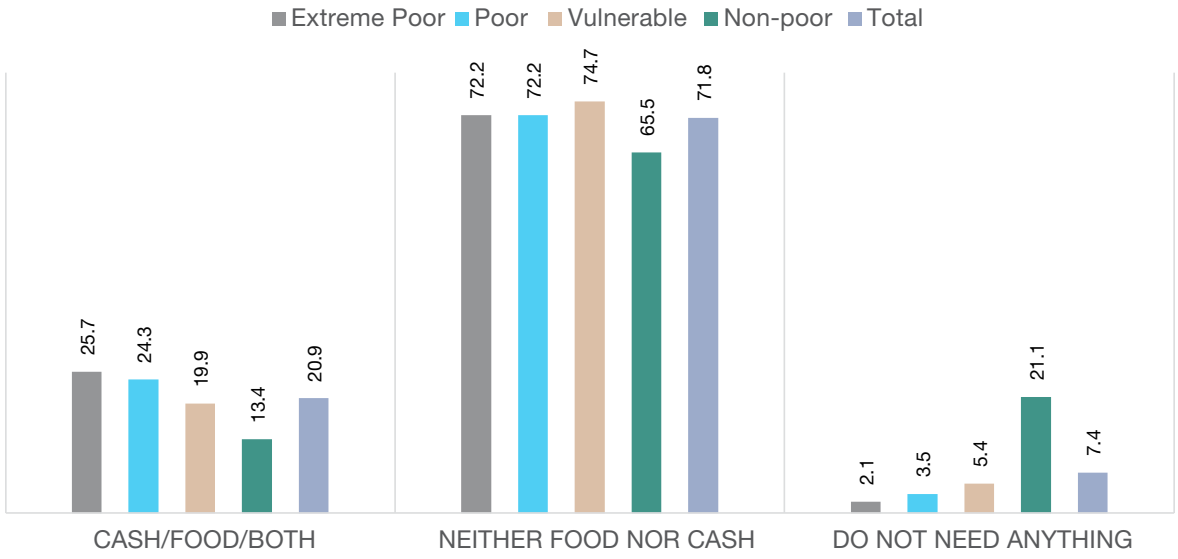
Figure 27: Top five types of allowance the HHs receives (n= 608, multiple answers)



3.4.2 Government assistance, except for the social safety net allowances

The government announced cash and food incentive programmes during Covid-19 for those in need. A majority of the respondents, 71.8%, revealed that they received neither food nor cash assistance. The proportion of no aid was higher among the extreme poor (72.7%) and lowest among the non-poor group (65.5%). Only 20.9% of the respondents received either food, cash or both as assistance. Comparing the four income categories, the proportion of extreme poor who received any type of assistance was the highest (25.7%), and it fell with the increase in income, where 13.4% of the extreme poor received the said grant.

Figure 28: Types of assistance the HHs receive except the regular allowance (n= 3074)



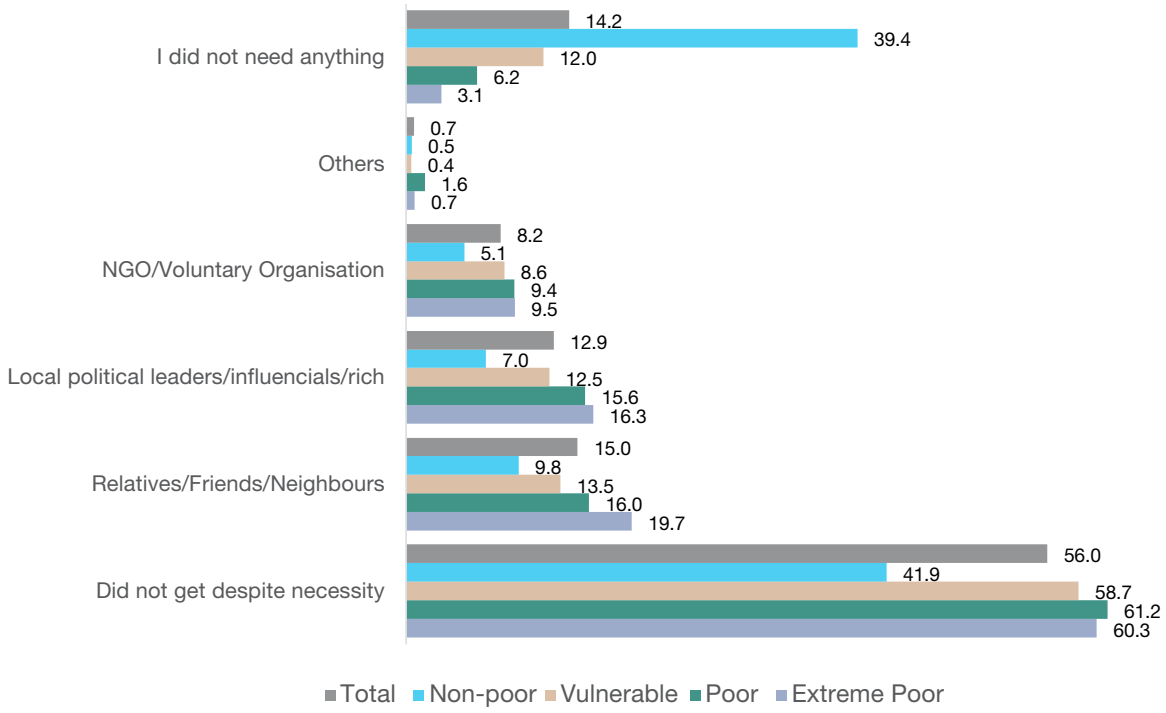
3.4.3 Non-government sources of cash/food assistance

Most often, sources outside the government need to be relied on for help in a crisis. In such cases, social networks, various formal and informal institutions are utilised. The multiple sources

include their social networks- relatives, friends, or neighbours. A total of 15% of the respondents received help from this category. Among them, 19.7% were extreme poor, and 9.8% were non-poor. 12.9% received help from local political leaders and/or influential persons in society, and 8.2% from NGOs or voluntary organisations. Within the three primary sources, the proportion of the extreme poor was the highest.

On the other hand, more than half of the respondents did not receive any help from outside sources despite necessity (56%). In this case, the proportion of poor respondents was the highest (61.2%) and the non-poor the lowest (41.9%). However, as expected, the proportion of extreme poor respondents not requiring any help was significantly low (3.1%).

Figure 29: Source of economic assistance (n= 3040, multiple answers)

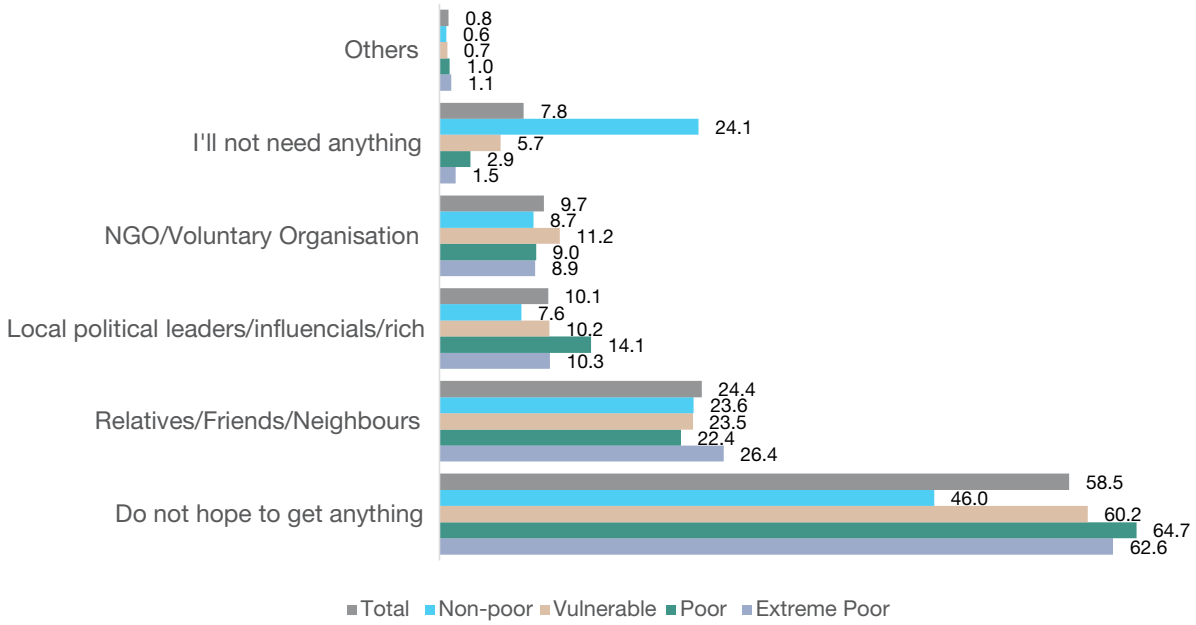


3.4.4 Possible sources of economic assistance

In case of a lengthening or worsening of the present situation of Covid-19, there might be a need for extensive and prolonged support from sources other than the government. The respondents revealed these sources to be their social networks (24.4%), such as relatives, friends, neighbours, local political leaders and/or influential and/or wealthy persons of the society (10.1%); and NGO or voluntary organisations (9.7%). In the case of receiving assistance from their social network, the proportion of the extreme poor was the highest (26.4%). Among those who received assistance from political sources or other wealthy persons of the society, the proportion of poor respondents was the highest (14.1%). 11.2% of the vulnerable respondents revealed that they would receive assistance from NGOs/voluntary organisations, and this proportion was the highest compared to all other income categories.

On the other hand, more than half of the respondents (58.5%) expressed pessimistic opinions about receiving assistance. Among them, the proportion of poor respondents (64.7%) was found to be the highest, while it was the lowest among the non-poor (46%). In parallel, among those who did not require assistance, the proportion of the non-poor group (24.1%) was the highest, while it was reported to be the lowest among the extreme poor (1.5%).

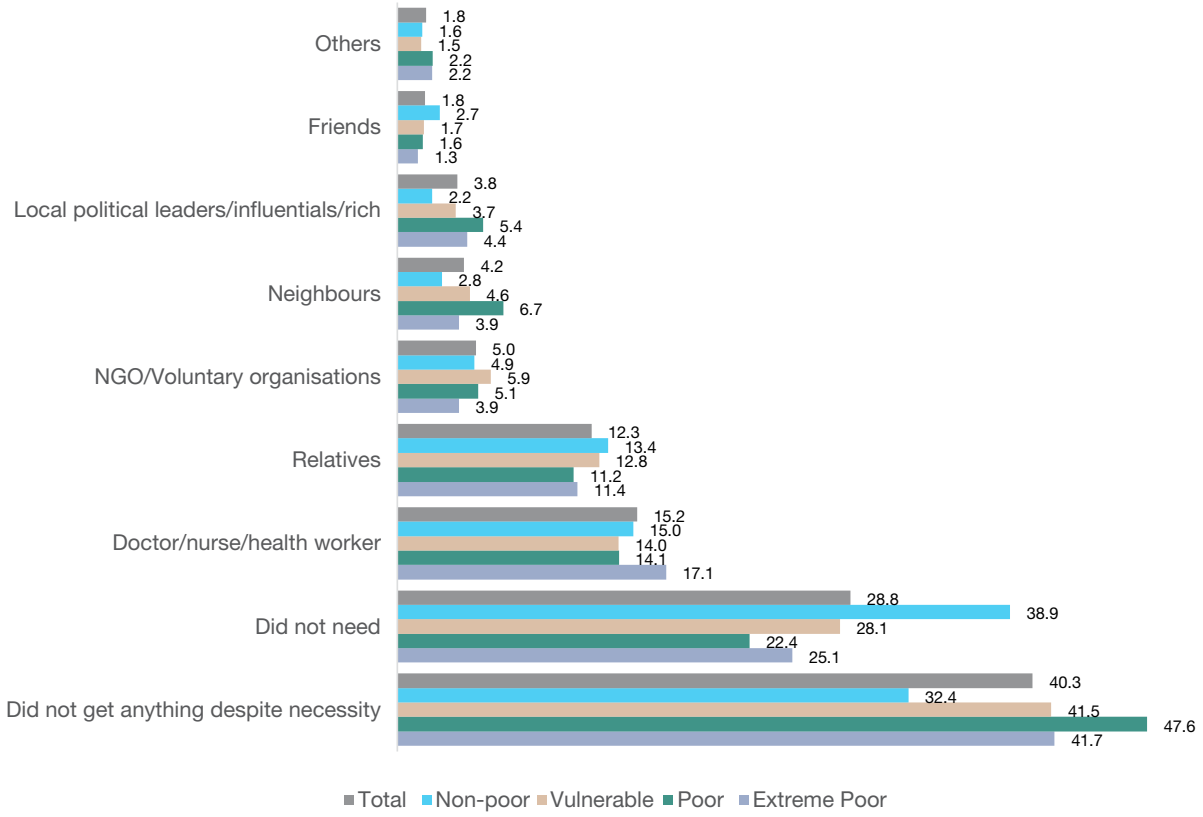
Figure 30: Source of economic assistance in future (n= 3061, multiple answers)



3.4.5 Support in case of health shock

Similar to economic crises, it is necessary to receive external support to recover from the health shocks posed by the pandemic. Since the health shocks transcended in the form of both financial and physical crises, the sources of support varied. The most common source, as reported by the respondents, was healthcare professionals. 15.2% of the respondents received assistance from this source. 12.3% of the respondents were assisted by their relatives, which indicates social cohesion remains among them. 5% of the sample population reported receiving assistance from NGOs/local non-government/voluntary organisations. 3.8% of the respondents said they were helped by local political leaders/ influential/affluent sections of the society. The incidences of not receiving help despite necessity were much higher among the lower-income population (extreme poor, poor and vulnerable) than the non-poor (32.4%).

Figure 31: Source of assistance in case of health (n= 3077, multiple answers)

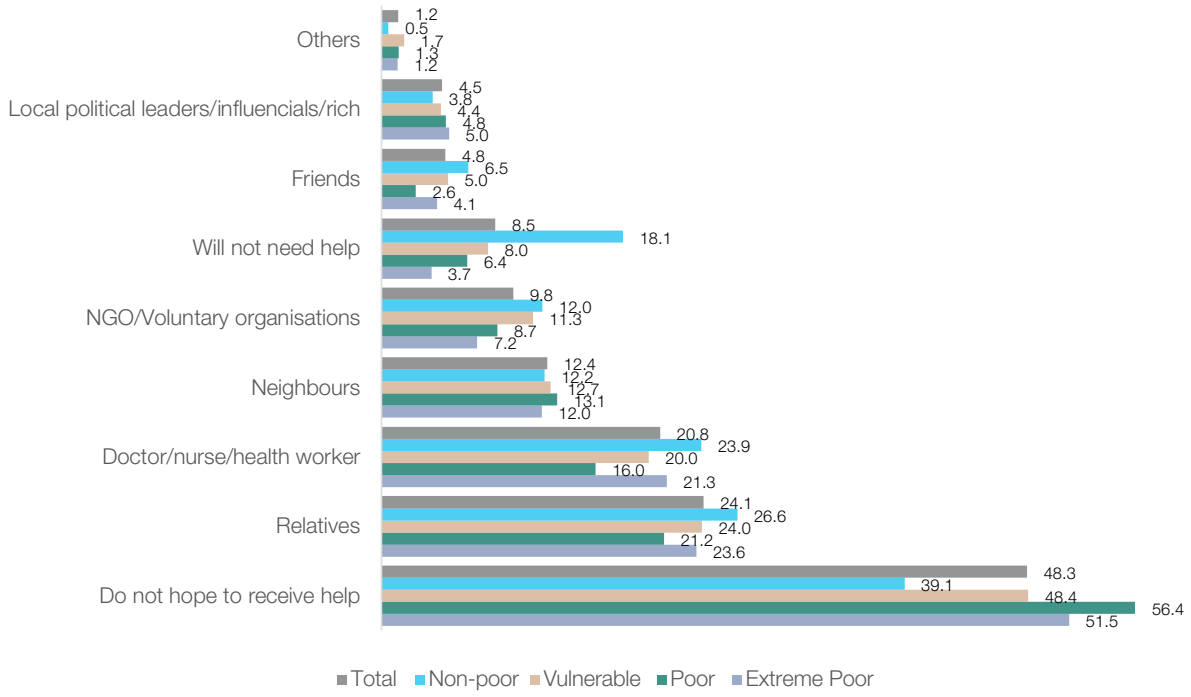


3.4.6 Possible sources of aid in case of a worsening situation

In case of a longer duration of Covid-19, the respondents hoped to receive assistance if any health problem occurs from various sources- from their social circle, from external sources such as NGOs, different institutions, and local political leaders. 24.1% of the respondents hoped to receive future assistance from relatives, 12.4% from neighbours, and 4.8% from friends. On the other hand, 15.3% hoped to receive it from different healthcare professionals, and 4.5% from local political leaders. Thus, it is apparent that respondents hoped to utilise their social networks to mitigate possible future implications of the pandemic. 9.8% of the respondents hoped to receive assistance from NGOs and voluntary organisations, indicating their moderate reliance on such institutions.

There are differences among the income groups regarding the possible sources of assistance. The expectation of receiving assistance from relatives was lower for the extreme poor respondents (23.6%) than the non-poor (26.6%). On the other hand, 21.3% of extreme poor and 23.9% of the non-poor respondents hoped to receive help from medical professionals. In the case of neighbours, the distribution is almost similar across the four groups. The proportion of the non-poor respondents is highest (18.1%) among those who reported they would not require any assistance and lowest for the extreme poor (3.7%). The most common response was the lack of any hope for aid. Half (51.57%) of the extreme poor respondents held this perception even though the need for assistance is highest for this income group.

Figure 32: Source of future assistance in case of health (n= 3066, multiple answers)



3.4.7 The role of institutions

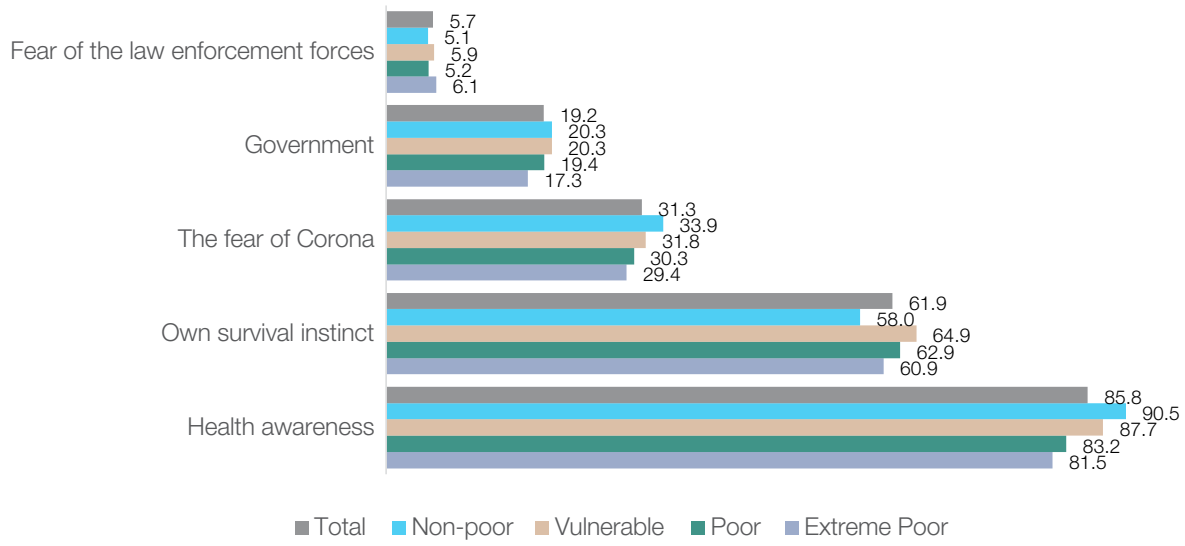
Among the respondents who had fixed workplaces, 77.4% revealed that their workplaces held adequate measures against the pandemic. Among them, the proportion of the extreme poor respondents (73.8%) was lower than the non-poor (86.8%).

A critical indicator of measures against the pandemic is the availability of water for handwashing purposes. A hopeful picture emerged in this case. A high proportion of the respondents (84.1%), 84.1% among the extreme poor and 86.6% among the non-poor respondents reported that water was always available in their workplace for handwashing purposes. Only 1% rarely had water for such purposes, among whom the proportion of the lower-income respondents was found to be higher.

3.4.8 Determining factors behind compliance with regulations

Both instrumental and normative factors were found to influence the behaviour of the respondents. A hopeful finding was that normative factors are more common than instrumental ones. For 85.8% of respondents, awareness of health safety was a determining factor behind their compliance with the existing health guidelines. However, even though the proportion of the extreme poor (81.5%) and poor (83.2%) was relatively high, it was found to be lower than the non-poor group (90.5%). For 61.9% of the respondents, their survival instinct motivated them to abide by the regulations. Among them, a higher proportion of the extreme poor respondents (60.9%) was influenced by this, compared to the non-poor (58%). The proportion of the respondents falling within the vulnerable income category was the highest (64.9%) in this determining factor. The fear of Covid-19 compelled around one-third (31.3%) of the respondents to comply with the measures taken, among whom 29.4% were extreme poor, and 33.9% were non-poor. The instrumental factors found to influence the respondents' behaviours were government (influencing 19.2% of the respondents) and fear of law enforcement forces (influencing 5.7% of the respondents). Among the categories, the government drove a higher proportion of non-poor respondents (20.3%) than the extreme poor (17.3%) to abide by the imposed safety measures.

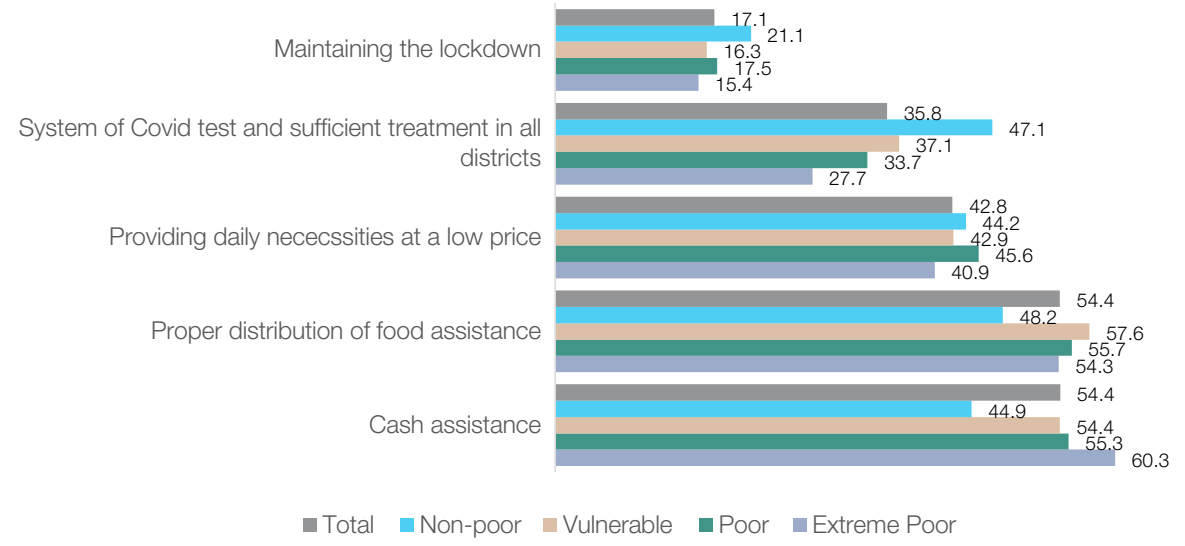
Figure 33: Top five factors influencing compliance with the regulations (n= 3051, multiple answers)



3.4.9 Recommendation for further government intervention by the respondents

The respondents were asked what they proposed the government could do to make the existing situation easier for the citizens. The top five recommendations made by the respondents regarding further steps were cash assistance (54.4%), proper distribution of food assistance (54.4%), providing daily necessities at a low price (42.8%), ensuring extensive tests for identifying Covid-19 and Covid treatment in all districts (35.8%), and maintaining the lockdown (17.1%). The suggestion for providing cash assistance by a higher proportion of the extreme poor respondents than the other income categories. 57.6% of the vulnerable respondents, on the other hand, suggested the proper distribution of food assistance, which was the highest among the categories. On the other hand, among those who recommended the system of Covid-tests and treatment be made more available, the proportion of non-poor respondents (47.1%) was the highest compared to the other income categories. Similarly, among the respondents who proposed that the lockdown be maintained, the proportion of non-poor (21.1%) was also the highest.

Figure 34: Top five recommendations for further government intervention by the respondents (n= 3040, multiple answers)



CHAPTER 4
DISCUSSION

4.1 Existing possibilities of building resilience

Covid-19 has been afflicting the world for almost two years. To conceptualise the extent of resilience and find out the foundation on which the resilience for the future is being built, it is necessary to analyse the change in the citizens' economic, social and health conditions, practices, and awareness. A previous survey conducted by BRAC in May 2020 registered that in response to the first lockdown in 2020, there was a 76% decline (from BDT 24,565 to BDT 7,096) in income among the respondents (15). In comparison, in the current survey, we found that the income decrease was only around 28% (from BDT 23,361.2 to BDT 15,391.8). This indicates an increased ability of the citizens to cope with the economic shock posed by Covid-19. Since the effect on the income level is lowering, it is hopeful that the respondents may be building up an increasing level of resilience to the pandemic. However, other factors influencing learning, such as awareness level, knowledge, regulations and so on, are also necessary to build resilience.

4.2 Lack of preparedness for the second wave

A majority of the respondents were unprepared for the second wave of Covid-19. About 84.8% did not anticipate the second pandemic wave, and the proportion was higher for the lower-income respondents than the non-poor.

Among the respondents who could not make any preparations, the majority blamed their lack of capacity for doing so. This incapacity, too, was high among those with lower incomes. This is natural, given that the economic impact of the pandemic has led to income reduction across all income levels. A BRAC survey conducted in May 2020 found that around 36% of the respondents had lost their jobs or working opportunities, which was significantly high (62%) among the low-income respondents (15). In addition, a lower level of vulnerable respondents had taken preparatory measures compared to the moderate poor. All combined, this reflects a possible higher level of vulnerability of the poor to cope with the second wave of Covid-19.

4.3 People had minimum preparations for a worsening Covid situation

Although more than half of the respondents reported they took some measures to prepare for a future health shock, the preparations were very minimal and un-sustaining in the case of a long-run disaster. The most common response was adopting caution to avoid catching colds. However, the fact that this precaution in the fight against Covid-19 is a misconception. The second most commonly reported measure was stocking medicine, a reactive behaviour that could cause market imbalance if adopted by a large proportion. Even if it was a good practice, saving money to buy masks does not lead to a sustained behaviour change. The top three responses are related to short-term and context-specific practices.

On the other hand, saving money for future illnesses indicates a positive behaviour, but the number of respondents who applied was very minimal. This implies only minimal preparation in case of a worsening Covid situation. This lack of preparation can be attributed to the fact that many respondents believed coping with the disease was beyond their capacity. The majority of the respondents who lacked a sense of control were extremely poor. This may explain the bare minimum preparations of the respondents.

4.4 People do not have the financial capacity to face another economic shock

Only 25.8% of the respondents were financially capable of coping with the economic shock if another wave of Covid-19 occurred in the country. This ability declines with the decline in income level. The reason behind the lack of preparation among the unprepared respondents, the majority revealed a capacity to do so. This lack of ability was higher for the poor respondents. Among the small portion of the respondents who could take preparations, most revealed the measure of stocking both food and cash, the share of the poor respondents among all was lower than the non-poor. The findings indicate that the present economic condition would not prepare for another economic shock, especially for poor and vulnerable respondents. According to the second round of the survey titled "Livelihoods, Coping and Recovery during Covid-19 Crisis" carried out by BIGD-PPRC in June 2020, 86% of the rural extreme poor and 81% of the extreme urban poor expressed uncertainty over their short-run income and livelihood prospects (16). Given the pessimistic feelings about the future and persisting low income, the incapacity to cope with further economic shocks will be affected.

4.5 A mismatch of learnings and application

There is a clear difference between respondents' claimed percentage of learning and their application. For example, though 62.3% claimed to have learned expenditure reduction, and only 56.5% practised it in real life. The difference is higher for the increased saving tendencies. Additionally, only a few respondents learned the significance of acquiring skills to cope with economic shocks, and even a lower number of them applied it. This is reflected by the low level of skills or experiences employed by the respondents for coping financially. Among the personal attributes to be utilised, the highest percentages were handicraft experiences, agricultural knowledge, and fishing experiences. These all indicate traditional skills. The technological skill sets to be used to cope with the economic shocks were found to be negligible.

4.6 People are yet in the coping stage, not in the sustainable learning stage

The learnings by a majority of the respondents were specific to Covid-19. The two most reported learning were the practice of wearing masks and hand washing. A BRAC survey conducted in May 2020 found that 76% of the respondents followed basic hygiene measures (15). This high level of basic practices was found at the initial point of the pandemic outbreak. The current study also found that a high proportion of the respondents practice the essential practices irrespective of their income level. However, the effectiveness of wearing masks may not be applicable once the preponderance of the pandemic wears off. If the handwashing practices remain, they may bring health benefits in the long run. The reduction in going out is also Covid-19-specific learning. The mentioned points are mainly utilised as coping measures rather than learning to be used later. The proportion of portraying behaviours that can be counted as learning was relatively low. Learning the significance of saving money for future crises, shopping online, maintaining cleanliness, and developing healthy eating habits can bring

about positive changes in society in the long run, but the proportion of respondents who learnt these was very low, and the share of the extreme poor, poor, and vulnerable among these categories is even lower. 7.6% of the respondents reported that no health-related learning occurred. Therefore, an overall lack of learning was found until the second wave, especially among the poor groups.

4.7 Concerns over vaccines

During the study period, 83.5% of the 40+ respondent HHs did not receive vaccines, the proportion of which was higher among the extreme poor. Among those who did not receive vaccines, more than one-third were not even interested. The reasons behind the lack of interest in vaccination differed across income categories. The two most common responses were a general belief regarding the lack of necessity of vaccines and doubts about their effectiveness. The former was reported more by the poor and vulnerable income categories. This finding was supported by their lack of belief in having external control over the situation. A recent study conducted by BIGD after the Government of Bangladesh began the mass vaccination programme revealed similar patterns of influencing conceptions as the reasons for not taking vaccines (17). It also found the lack of necessity as the highest influencing factor. We found concerns over the effectiveness of vaccines to be a more predominant factor among the non-poor.

This finding can be validated since this group has more access to conspiracy theories via different media but cannot identify the authenticity.

4.8 Some health-related behavioural changes might be long lasting

Learnings are of importance due to their influence on behaviours. Based on the theories used in the research, learnings generate behavioural change in two ways, one where the learner alters their behaviour due to possible repercussions, which is instrumental learning. The second path is when the learner absorbs the learning into their behaviour, and the change occurs spontaneously, which is normative learning. In response to being asked about the motivating factor behind compliance with the existing rules, the majority of the respondents reported that the behaviour change had been motivated by normative causes. 85.8% of the total respondents attributed an increased health awareness to their compliance with the provided health guidelines. On the other hand, 19.2% and 5.7% of the respondents replied that they were motivated to abide by the rules by the government's messages and measures and the fear of law enforcement agencies, respectively. This is an example of instrumental learning. Given the abundance of normative learning and relatively low instrumental learning, it can be expected that the learnings among the respondents will be sustainable in the long run.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The study findings show that people are yet in the coping stage, not in the learning stage. Those who claimed to have learned from the economic and health shock at least a little, many of them could not even implement the learning as they lacked financial capacity. Moreover, the institutions failed to forecast the upcoming wave, give appropriate information to the people in time and provide proper direction about the preparation. To build back better, people need to be resilient to this kind of health disaster, and for that, people need to learn from this situation, and the learning needs to sustain in the long run. Therefore, the government and other stakeholders need to work so that sustainable learning can be ensured and there is enough support system to ensure the learning.

5.2 Recommendations

- Take the COVID-19 pandemic as a long-term disaster and prepare short-, medium- and long-term plans to mitigate the health and economic shocks if brought in by new waves. The study findings showed that people suffered from both health and economic shocks during the second wave as most of them did not anticipate that the COVID-19 pandemic might revert to another deadlier wave. As a result, it became challenging for the poor and vulnerable non-poor people to cope with the new waves.

Social safety net support

- Provide social safety net support to the poor to help them recover from economic shocks. The study found that people, especially the poor and vulnerable non-poor HHs, experienced some economic shocks due to the first wave. On recovering from the first wave, they further met the second wave as they did not have much preparedness to cope. Thus, the two waves humpbacked their economic condition, which requires external support to come back from the government as a form of assistance.
- Readjust social safety net allocation in accordance with inflation so that the purchasing power parity is not reduced. On the one side, the amount people get from the social safety net programmes is low; on the other side, the price of essential items is increasing every day, so the amount they get cannot fulfil their needs. The government should readjust the amount with the inflation rate. However, the government should also control the food inflation rate and ensure food distribution among those who need it during the pandemic.
- Expand social safety net supports horizontally to ensure greater coverage. The pandemic hit hard many people and pushed them under the poverty line. The coverage of the social safety net should be increased to target this newly poor population.
- Ensure protective security, including social and economic safety nets such as unemployment benefits, emergency relief needs, etc. The government might consider introducing unemployment benefits so that the unemployed people can fulfil their basic needs.

Access to finance

- Provide microfinance and other institutional loans to the poor and vulnerable non-poor HHs to help them initiate economic activities required for recovering from economic shocks. People, especially the poor households, experienced another wave when they could not even get much scope to mitigate the shock of the first wave. They need loans at lower interest rates and conditions to initiate economic activities, reduce the shocks, and build resilience to face future waves of the COVID-19 pandemic.
- Provide financial literacy to the poor. Besides providing loans, people also need support in financial management, i.e., how to take financial decisions on saving, investing or debt. The NGOs

working in the relevant sector might take some initiative to improve financial literacy among the poor and vulnerable.

- Introduce financial instruments for the poor and vulnerable in an emergency, including a health crisis.

Disaster management

- Establish an early warning system to keep people prepared before any strict measure is taken to contain the COVID-19 pandemic. Early warning is crucial to provide to people before any new wave of the COVID-19 pandemic appears so that people get time to prepare themselves to tackle any crisis. The study findings indicated that people did not anticipate a deadlier wave of the COVID-19 pandemic as they had been observing that the infection and death rate due to coronavirus was decreasing, and they were recovering from economic losses. Moreover, the people did not receive any early warning from the government as they used to receive during other disasters, especially cyclones and floods. Therefore, it is crucial to establish an early warning system to project any potential upcoming new waves of the COVID-19 pandemic. The government should make the people aware of the necessary preparedness to cope with the new waves and their subsequence based on the projection.

Health

- Continue providing awareness messages on COVID-19 preventive measures to maintain health and hygiene measures to contain potential health shocks induced by the pandemic. Study findings show that people have been habituated to the basic protective measures to a great extent. However, they need to abide by other preventive measures to remain safe while living with the pandemic. Government should keep continuing to provide awareness messages to the people. Besides, the government, as well as public health organisations, should work on raising awareness about healthy eating habits to increase immunity.

- Recognise the need for mental health support during the pandemic. The study findings suggested that people had a greater need for mental health support, especially during the pandemic. However, Bangladesh is yet too far behind in building a proper mental health support system, even to recognise mental health needs as an important health issue. So, it's high time to acknowledge mental health as an important public health issue and work accordingly.

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