

Rapid Perception Survey
On
COVID19 Awareness
and
Economic Impact

(Final Draft)



BRAC, Bangladesh

April 9, 2020

Executive Summary

BRAC conducted this rapid perception survey to get an overall sense of the general awareness level among the less-economically fortunate section of the population and to get a snapshot of their economic distress. BRAC staff from Microfinance, Urban Development Programme, and Partnership Strengthening Unit have collected over 3,000 filled in questioners purely based on convenience. After cleaning, we took 2675 responses for this analysis. Though all districts of Bangladesh were covered, no strict sampling frame was followed.

Almost all respondents (99.6%) said that they are aware of the disease, and two-thirds (66%) first learned about the virus through television. The level of understanding varied - more than half (56%) of the respondents in urban areas said they had no idea about how to prevent the spread of the disease. Two-thirds (65%) of respondents in rural areas, and some of the respondents in urban areas, had doubts about treatment options.

Decentralisation of testing and treatment may reduce such concerns in rural areas, while awareness campaigns for urban inhabitants should be strengthened. Awareness campaigns should focus more on treatment and management, rather than the disease itself, dispelling misconceptions and misgivings about treatment options.

The economic impact seems to have affected almost all respondents (92%). Wage labourers in the non-agricultural sector reported the most significant loss (77%) compared to those in the agricultural sector (65%). 14% of total respondents reported having no food in their homes. In urban areas, the rate was 18%. Overall, 29% reported having 1-3 days worth of food in their homes.

It is critical to start food assistance as quickly as possible to avoid a humanitarian disaster that could potentially force people to ignore health advice and exacerbate the outbreak. People who have returned to their villages are not enrolled in any social safety net programmes, and may be missed through traditional distribution mechanisms.

The net income loss of those who are living in urban areas is less (69%) than those now in rural areas (80%). The mass migration of people from urban to rural areas because of sudden unemployment partially explains the higher impact in rural areas. The excess supply of returnee labourers has significantly lowered the wage rates. Prices of agricultural products, mostly milk and dairy products, vegetables and fruits, have plummeted. Additionally, closure of rural businesses, weekly *haats* (open marketplaces) and big bazaars have also had a negative impact on rural communities.

Special attention is required to keep the agricultural value chain from stalling. The harvest of *Boro* rice (a special type of rice cultivation on residual or stored water in low-lying areas) will start in two weeks in some parts of Bangladesh and continue till the end of May. An injection of

liquidity may be required to stabilise demand. Rural businesses, which are mostly unbanked, need to have access to finance to restart their businesses. The Honourable Prime Minister has assured subsidised bank credit for these businesses, but we may have to think of out-of-the-box solutions to bridge the gap between the banks and micro-enterprises.

About two-thirds (68%) of the respondents generally support the declaration of a public holiday. A slightly lesser proportion (64%) are satisfied with the government's overall response so far to contain the spread of the disease. Less than one in 20 respondents (4%) have received the emergency relief needed to survive the shock. Around half of the respondents (47%) think food rations would be better than cash-based support from the government.

It is encouraging to see that there is general appreciation for government measures, which will help the government to ensure the control which will be crucial in tackling the crisis.

There is general awareness that the pandemic may be prolonged by as many as 22 days. More than a third (36%) of the respondents do not have a specific plan on how to cope.

There is a general expectation among one-fourth of the respondents (23%) that public relief will be available. Approximately one-fifth of respondents plan to rely on credit facilities.

It is encouraging to see that people are generally ready to obey measures and stay inside for a longer period. If we can quickly ensure supply of food and essentials during 'lockdown', communities may be willing to identify and put peer pressure on violators.

Introduction

The rapid perception survey was conducted by BRAC staff in 64 districts between March 31 to April 5, 2020, among mostly low-income population. The total number of responses used for this report is 2,675. The survey followed a convenience sampling method as our staff interviewed random people on the streets and houses. Hence, the survey is not strictly representative but does reflect a general picture of the economic hardship of common men/women. Please see the demographic characteristics of the respondents in the annexure - A.

It should be noted here that, the respondents from the rural areas include people who have recently returned to their villages after the government declared a public holiday—so represent a mixture of people who usually reside in the town and the locals.

Awareness of the disease

99.6% of the respondents have heard about the disease, and most (66%) have first heard about it from television. (*Annex-B, Table 2*)

However, overall 36% of the respondents (16% in rural areas and 56% in urban) have no idea about how to prevent getting infected with the virus. Men (68%) are more aware than women (49%). (*Annex-B, Table 3*)

Only 40% of the respondents (35% in Rural) mentioned isolation/quarantine as a possible treatment option. Rest had various degrees of misinformation including 5.2% (3.8% in Rural, 6.6% in Urban) thought that infection means certain death and 2.1% (1.7% in Rural; 2.5% in Urban) believed that the government detains the infected. (*Annex-B, Table 4*)

Nationwide 55% of the respondents have an idea about where to go or whom to contact if the virus infected them. The number of respondents who had no idea are mostly residing in the urban areas (61% urban areas vs 28% in rural areas). Men are more informed (60%) about whom to contact or where to do if one gets infected by coronavirus compared to women (38%). (*Annex-B, Table 5*)

48% of the respondents (50% in Rural areas) think that government hospitals do not treat COVID19 patients. When asked, what would they suggest to his/her neighbour who shows COVID19 symptoms (fever, cough, breathing problem) 53% respondent said that they would recommend them to go to a city hospital/local public hospital. 29% respondent (second highest) would suggest their neighbour to call the COVID19 helpline, while 9% had no idea what to suggest. (*Annex-B, Table 6&7*)

Please see the detailed tables on awareness of the disease in annexure-B.

Impact on Income and food security

The average household income of the 2,675 respondents was Tk.14,599 before the COVID19 epidemic. Of them, 93% of the respondents reported a decline in income due to the outbreak. During March 2020, their average income stood at Tk. 3,742, which represents an average 75% decline from their family income of last month. (Annexure C, Table 1)

People in Chattagram (84%), Rangpur (81%) and Sylhet (80%) division reported higher decline in income. Among the districts, Madaripur (100%), Bandarban (100%), Jamalpur (94%), Sherpur (92%), Kharachori (90%), Brahmanbaria (82%), and Chottogram (81%) reported higher loss of income. Average income reduction in top 5 extreme poor districts is 84%, whereas the bottom five districts (with lowest rates of extreme poverty) had 67% income reduction on average. (Annexure C, Table 2&3)

Due to the public holiday/blockades and reduced economic activities, around three-quarter (72%) of the respondents (79.5% Rural) reported job-loss or reduced work opportunities. 8% of the respondents, who are still employed, have not received their payment. (Annexure C, Table 4)

Those who were engaged in non-agricultural activities experienced 77% loss of income, while people involved in agriculture experienced a loss of 65%. 54% of respondents reported their income has reduced to zero in the current month. This percentage is even higher among rural people (66%). 51% of rickshaw pullers, 58% factory workers, 66% hotel/restaurant workers, and 62% day labourers in non-agricultural sectors reported their incomes reduced to zero in the current month. (Annexure C, Table 5& 6)

The net income loss of those who are living in urban areas are less (69%) than those who are now in rural areas (80%) (Annexure C, Table 1a). The mass migration of jobless urbanites to the rural regions partially explains the higher impact in rural areas. The excess supply of returnees labourers also pushed the wage rate down significantly. Prices of agricultural products, mostly milk and milk products, vegetables and fruits, have plummeted. Besides, closure of rural business, weekly haats and big bazaars also caused woes to the rural people.

The net impact of this reduction of income is catastrophic for the community surveyed. Before the pandemic started, the per capita income of 24% of the respondents were below the national lower poverty line, and 35% were below the national upper poverty line. Following the loss of income, the same share has increased to 84% and 89% respectively. That is, the incidence of extreme poverty has risen by 60 percentage points and poverty by 54 percentage points among the respondents. (Annexure C, Table 7)

On an average, people have eight days' food stored at home. 14% have no food reserved at home, while 29% have 1-3 days' food reserved (21% rural, 37% urban). Comparatively, a higher percentage of people (18%) living in urban areas have no food items stored. (Annexure C, Table 8)

Reaction on the public response

68% of the people supported the government measure, that is, declaration of the public holiday to prevent the spread of COVID19. Only about 7% disagreed. There is a general agreement among the respondents that the government may increase the public holiday by on an average of 22 days. Though there are differences of opinion but the majority (64%) respondents believed that the holiday might increase by more than 14 days. (Annexure D, Table 1&2)

Majority (64%) of the respondents felt that the government is doing enough to tackle the epidemic, though 31% in rural areas and 40% of respondents in urban areas disagreed. However, only 4% of the respondents, almost exclusively in urban areas, have received any emergency relief support as of 5 April 2020. (Annexure D, Table 3&4)

When asked what the best way the government can support the people in need is, 47% of the respondents preferred food, while 20% (19% in Rural, 20% in Urban) wanted cash support. Rural respondents are more interested in receiving food (50% in Rural, 44% in Urban) support. (Annexure D, Table 5)

Coping Mechanism

The majority of the respondents (36%) do not know how they may cope with the impending economic crisis and loss of jobs/income.

23% of the total respondents (38% among women) hope that the government will support them in case the disaster is prolonged. Urban residents are more hopeful about government support than the rural inhabitants (27% vs 20%). 19% of respondents are planning to take some credit to support the prolonged crisis. (Annexure E, Table 1)

Recommendations

It is vital that the awareness campaigns now focus more on disease management and treatment options. TV and social media campaigns and informative shows can increase awareness about how to prevent the spread and help reduce misgivings about the treatment options.

We need to be able to address the debate over prioritising live and livelihood comprehensively. If the livelihood needs are not addressed, it will be impossible to restrain people in their homes; which in turn will defeat the live-saving strategy. Hence, to enforce the social distancing regime, the system should be in place quickly to ensure that the people have alternative access to food and other necessities. Notably, the food relief should be expanded immediately to all affected people.

People who have returned to village areas are not enrolled in any social safety net programmes. Hence, traditional distribution mechanism may miss these people. New lists and preferably new delivery mechanisms should be in place for all people.

Special attention is needed to keep the agricultural value chain from stalling. Plummeting prices of agricultural products and costly transportation cost can increase rural poverty and create social unrest.

The harvesting of 'Boro' rice will start in 2 weeks in some parts of Bangladesh and will continue till the end of May. Injection of liquidity to stabilise demand may be required. Advance purchase of crops by the government can ensure the required money for the farmers to start the harvesting.

Already, local administration of some districts has banned agricultural labours from outside. While the excess labour who have returned from the urban area can compensate for the supply shortage created by the ban, the issue need close attention.

After the crisis is over, rural businesses, which are mostly unbanked, need to have access to finance a reboot. While the honourable Prime Minister assured subsidised bank credit for these businesses, we might have to think of out of the box ways to bridge between these micro-enterprises and banks.

Annexure-A

Demographic Characteristics:

- Mean age of respondents- 37 years (for both men and women).
- Average family size 4.9.
- 37% of households have family members aged above 60.
- Rural respondents- 50%, Urban respondents- 50%

Table 1: Gender distribution

No. of Respondents	2675	% of Respondents
Female	559	21%
Male	2111	79%
Others	5	0.2%

Table 2: Occupation Groups

Wage Earners	892	33%
Service	1070	40%
Self Employed	399	15%
Unemployed	21	1%
Student	13	0%
Others	210	8%
Homemaker	70	3%

Annexure-B

Table 1: Knowledge about the disease

Do you Know about Corona	No. of Respondents	%
Yes	2664	99.6%
No.	11	0.4%

Table 2: Where did you first hear about it?

Source	No. of respondents	%
Television	1754	66%
NGO	212	8%
Announcement	154	6%
Social Media	205	8%
Others	350	12%

Table 3 Knowledge on how to prevent the disease (% of Respondents)

Response	Total	Rural	Urban	Men	Women
Know	64%	87%	45%	68%	49%
Do not know	36%	16%	56%	32%	51%

Table 4: Perception regarding treatment

Response	Total		Urban		Rural	
	Freq.	%	Freq.	%	Freq.	%
Gov't detains infected person	57	2.13	34	2.53	23	1.73
Self isolation/ home quarantine	1,071	40.04	603	44.87	468	35.16
Inevitable death	139	5.2	89	6.62	50	3.76
Lockdown whole area/village	63	2.36	31	2.31	32	2.4
No treatment available	881	32.93	372	27.68	509	38.24
Treatment available only in Dhaka	350	13.08	152	11.31	198	14.88
Treatment is costly	103	3.85	52	3.87	51	3.83
Don't know	11	0.41	11	0.82	-	-
Total	2,675	100	1,344	100	1,331	100

Annexure-C

Table 1: Change in Income

Particulars	Unit
Average Income (Previous Month)	Tk.14599
Average Income (Present)	Tk. 3742
Avg. Reduction in Income (%)	75%

Table 1a: Change in income in different income groups

Income Group (Tk.)	Average reduction in Income	No. of sample households	
Below 10000	68%	Rural	76%
		Urban	66%
10000- 24999	78%	Rural	82%
		Urban	72%
25000 and above	70%	Rural	73%
		Urban	61%
Total	75%	Rural	80%
		Urban	69%

Table 2: Division-wise Income Change:

Division	Average Reduction in Income	HCR (Lower Poverty Line)*
Dhaka	71%	7.19%
Rajshahi	76%	14.23%
Khulna	65%	12.4%
Barisal	77%	14.5%
Mymensingh	70%	17.6%
Chattogram	84%	8.7%
Sylhet	80%	11.5%
Rangpur	81%	30.6%

*Source: HIES 2016

Table 3a: District-wise Income Change (Top 10 extreme poor districts)

District	Average reduction in income	HCR (Lower Poverty Line)*	No. of sample household
Kurigram	80%	54%	17
Bandarban	100%	50%	2
Magura	67%	38%	25
Jamalpur	94%	35%	22
Kishoreganj	79%	34%	48
Khagrachari	90%	33%	8
Gaibandha	12%	29%	13
Rangpur	82%	27%	55
Patuakhali	41%	24%	30
Sherpur	92%	24%	27

*Source: HIES 2016

Table 3b: District-wise Income Change (Bottom 10 extreme poor districts):

District	Average reduction in income	HCR (Lower Poverty Line)*	No. of sample household
Narayanganj	53%	0	98
Madaripur	100%	0.9%	44
Munshiganj	55%	1.2%	25
Dhaka	68%	1.7%	172
Gazipur	57%	1.9%	147
Faridpur	66%	3.2%	78
Feni	75%	3.4%	44
Chattogram	81%	3.5%	127
Brahmanbaria	82%	4.6%	45
Narsingdi	76%	4.7%	31

*Source: HIES 2016

Table 4: What have you been doing since the public holiday?

	No. of respondents	%
Became Unemployed	1907	72%
Have a job but not getting paid	218	8%
Changed Profession	58	2%
Shop/ Market closed	97	4%
Leave with pay	115	4%
Going to office	5	0.2%
Doing Old Job	213	8%
Working from home	19	1%

Table 5: Change in Income by Occupation

Occupation	Average Reduction in Income
CNG/ Auto Driver	80%
Day labourer (agri)	70%
Day labourer (non-agri)	82%
Farmers/ fishermen	58%
Maid	68%
Hotel/Restaurant Worker	81%
Factory Worker	79%
Rickshaw-puller	78%
Private Service	58%

Table 6: Respondents income reduced to zero

Occupation	No. of Respondents	%
CNG/Auto Driver	70	68%
Day Labourer (Agri)	32	50%
Hotel/Restaurant Worker	115	66%
Private Service Holder	142	47%
Factory Worker	222	58%
Farmers/ Fishermen	8	35%
Maid	52	45%
Rickshaw puller	187	51%
Small Business/Shop owners	174	46%
Transport Workers	73	811%
Day Labourer (Non-Agri)	222	62%

Table 7: Incidence of poverty

Per capita income of respondents	Based on the income of the previous month		Based on the income of the current month (March 2020)	
	Freq.	%	Freq.	%
Below lower poverty line	633	24%	2251	84%
Below upper poverty line	946	35%	2368	89%

Table 8: How many days' food do you have reserved at home

Days	Total	Urban	Rural
0 days	14%	18%	10%
1-3 days	29%	37%	21%

Annexure-D

Table 1: Perception of Government's Decision of Public Holiday

	No. of Respondents	%
Completely Agree	1819	68.0%
Do not fully agree	164	6.1%
Do not Know	169	6.3%
Somewhat Agree	491	18.4%
Wrong Decision	253	1.0%

Table 2: Perception on extension of the Public Holidays

Days	No. of Respondents	%
0- 14 days	965	36%
15- 30 days	1457	54.47
More than 30 days	253	9%

Table 3: If Government Measures are adequate

Response	Total	Rural	Urban
Yes	64%	69%	60%
No	36%	31%	40%

Table 4: Receiving any support from the government

	No. of Respondents	% of Respondents
Yes	111	4%
No	2564	96%

Table 5: Required Support from Government

What support can the Government provide for the people in need?	Total		Rural		Urban	
	Freq.	%	Freq.	%	Freq.	%
Food support	1641	47%	860	50%	781	44%
Cash support	685	20%	325	19%	360	20%
Provide commodities at fair price	456	13%	183	11%	273	15%
Ensure sufficient medical treatment facilities	537	15%	265	15%	272	15%
Hold campaign to clear misconceptions of people	172	5%	77	5%	95	5%

Annexure-E

Table 1 Future Plan if the crisis persists

Response	Freq	%
Drawing from Savings	133	5%
Selling Assets	126	4%
Taking Credit	561	19%
No Plan	1036	36%
Getting Support from Govt. or Donors	676	23%
Change Profession	345	12%