

*Final Draft*

Rapid Perception Survey on

## **COVID-19 Awareness and Economic Impact**



**May 2020**

## Executive summary

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

BRAC staff collected data from 2,317 households of different socioeconomic backgrounds through both phone interviews (79%) and face to face (21%) interviews using a structured questionnaire. Given the lockdown situation, the survey could not strictly maintain a representative sampling procedure. However, the findings do reflect a country-wide general picture of the people's awareness of COVID-19 and the economic hardship induced by the lockdown declared to minimise the health risk of the Pandemic.

While interpreting this report, the reader should keep in mind that the report presents the findings of a perception survey. Like any perception survey, the reported data represent systematic and unsystematic biases and different interpretation of the respondent, including self-serving bias, confirmation bias, etc. For example, people tend to respond based on their social norms or based on what s/he feels desirable for him/her. Especially during the time of a conflict or economic stress, gains are under-reported, and losses are over-reported. However, since perceptions often drive actions and determine behaviour, besides the speed, such survey offers a big picture of how a large group of people are interpreting their reality and hence, very useful for policymaking.

Most respondents are aware of how the Novel Coronavirus spreads (fully aware 59%, partially 38%). There is some gender-based variation noticed—67% men are fully aware compared to 55% women. Similarly, urban population (64%) are slightly more fully aware than rural (58%). **More than three fourth (76%) respondents always follow the general hygiene practices recommended to protect oneself from Coronavirus** (such as washing hands with soap, social distancing, covering cough/sneeze, etc.). However, the rest 24% is not only vulnerable themselves, but they can also help spread the virus in the community.

**The study reveals a general air of nonchalance among the respondents, more than three fourth (78%) of who feel that they have no or very little chance of getting infected with the Covid19.** Women (81%) are more sanguine than Man (72%) about the possibility of infection. Similarly, people living in rural areas (81%) feel more assured than urbanites (71%). Interestingly, when asked about the chances of Rohingya community of getting infected, 49% and 30% of the respondents rated it as high chance and some chance.

The confusion about treatment options seems to linger among the respondents. **11% of the respondents selected 'getting tested immediately' as the right thing to do after having COVID19 symptoms, and less than half of the respondents (42.6%) chose 'home quarantine/isolation'.** More than one fourth (26%) respondent believe that there is no treatment. Such belief is more prevalent among men (32%) and people in rural areas (30%) than women (23%) and urbanites (21%). **37% of the respondents think that the district-level government**

**hospitals do not treat COVID 19 patients.** 23% (27% in rural areas compared to 14% in urban areas) respondents are uncertain about the availability of Coronavirus treatment in the government hospitals. This uncertainty is higher among women (27%) than men (16%).

**The economic impact of COVID-19 is pervasive among low-income groups as 95% of the households reported a loss of income amounting to, on an average, 76% compared to their household income in February.** Urban households seem to have lost more (79%) compared to their rural counterparts (75%). **The percentage of job (or earning opportunity) loss is alarmingly high (62%) among the low-income population and daily wage earners.**

**The COVID-19 Pandemic rendered around 28% of the respondents economically inactive. On a separate question, 51% of the respondents reported that their household income reduced to almost zero.** That is, around 23% of those who have a profession is not earning any money, either they are not getting their salaries or their shops/business is closed, or could not sell their products during the lockdown.

On average, **16% of the respondents reported that they had only 1-3 day's food to survive, while 3% of the households did not have any food during the survey time.** On average, **21.6% of the respondents said that they have 30 days or more worth of food in their home.** It is a marked improvement from what they have reported in early April.

**The majority (63%) of the respondents feel that measures taken by the government to handle the situation induced by the Pandemic are adequate or somewhat adequate;** only around 30% of respondents felt otherwise. **The respondents were happier with the law enforcing agencies (Police, Ansar, VDP)—more than 91% of the respondents rated their role as good or very good.** This high level of appreciation cuts across urban and rural as well as gender divide.

However, when asked about food distribution/cash transfer, the level of ‘approval’ dampens significantly. **38% of the respondents felt that government support was inadequate, while 41% thought that the targeting might be wrong.** Indeed, only 14% of respondents reported that they received food/cash support provided by the government, while 69% did not receive any. **This percentage is also higher in rural areas (72%), compared to urban areas (62%).**

If the crisis continues for a longer period, as it seems more likely now, **19% of the respondents reported that they would not be able to continue to bear their living expenses for more than seven days (17% in rural areas and 21% in urban areas).** **26% of the respondents have no plan to cope with the situation.** One-fourth of the respondents will have to withdraw from savings or sell assets to cope with the financial setback. However, 19% of the total respondents expressed their hope that the government (or other charities) will provide support for them in case the crisis is prolonged.

**Most of the respondents (66%) hoped that the government would continue food distribution for the households that are in need.** Respondents also suggested the continuation

of cash transfer, the extension of ‘lockdown’, and the establishment of corona testing and treatment facilities in each district.

The economic stress has a gender face. **The data shows that income loss due to economic lockdown was higher in women-headed households (80%) than men headed households (75%).** As a result, the income of 57% of women-headed households reduced to zero compared to 49% of men headed households. Econometric analysis on food expenditure reveals, **female headed households in rural areas were more prone to experiencing fluctuations in income;** this was not the case for female headed households in urban areas. This is consistent with evidence from Bangladesh that suggests that female headed households are disproportionately poorer relative to their male counterparts. It is no wonder, hence, that a higher percentage of women (90%) reportedly need food/cash support compared to men (71%), **but unfortunately, more women (72%) have not received government support compared to men (62%).** Overall, 21% of women-headed homes reported their inability to manage their living expenses beyond a week compared to male-headed households (18%). Similarly, **19.76% of the women-headed homes reported having 30+ days of food compared to 22.07% of male-headed households.** Women headed families are facing higher uncertainty as 30% of women-headed households do not know how to come out of the crisis in future, compared to 25% of men headed households who feel the same.

We attempted to capture perception about increased incidences of violence against women (VAW), which is reported globally and in Bangladesh in several studies. However, only 11% of the respondents reported a higher incidence of VAW during this period. Interestingly though 12% of men compared to 10% of women observed the same. Similarly, nearly 13.5% of urbanites responded in affirmative compared to 9.65% of rural inhabitants. **The majority (58%) of the respondents who reported increased VAW incidence think that this increase is due to the poverty intensified by the Pandemic.**

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

## **Introduction**

COVID-19 Pandemic has started showing its devastating face in Bangladesh, taking more than 800 lives and infecting over 60 thousand people already. The country has expanded its testing centers and facilities, increased numbers of isolation beds and treatment facilities to combat the Pandemic. Besides holding nationwide massive awareness campaigns, the government had imposed lockdown or general holiday for over two months, restricted public gatherings, banned public transportations, and encouraged “staying home”. All these restrictive measures, albeit necessary to minimise the spread of the Pandemic, have associated costs. The lockdown of over two months’ has left many people, especially low income wage earners, economically inactive and without any earning opportunities. The Government of Bangladesh announced financial stimulus packages worth Tk. 72,750 crore to shield the economy and also initiated food assistance for the affected poor and already vulnerable people.

BRAC conducted a nationwide rapid perception survey on COVID-19 awareness and impact in early-April 2020 (on 2,675 sample respondents), when Bangladesh started experiencing COVID-19 Pandemic. The findings suggested that almost all respondents (99.6%) were aware of the disease, although two-thirds (65%) of respondents in rural areas, and some of the respondents in urban areas, had doubts about treatment options. 93% respondents suffered loss of income since public holiday was declared. 14% of total respondents reported having no food in their homes. There was a general awareness among the respondents that the Pandemic may prolong by as many as 22 days (average response). More than a third (36%) of the respondents said they did not have a specific plan on how to cope.

This survey was conducted as a follow-up study after a month of the first rapid survey with the aim of understanding people’s awareness about the Coronavirus as well as to learn the severity of adverse impact of COVID-19 and vulnerabilities of people caused by the Pandemic and resulting lockdown. The study also tries to understand people’s perception about the effectiveness of the government’s different initiatives to fight the crisis, and prescribes some much needed initiatives to overcome the challenges.

## **Methodology**

This rapid perception survey was conducted by BRAC Microfinance staff in 64 districts from May 9 to May 13, 2020, just a month after the first survey. The total number of responses used for this report is 2,317 (68% from rural areas, and 32% from urban areas). Two upazilla from each district have been selected randomly and at least 18 interviews have been conducted in each upazilla. At least 2 out of 18 respondents from each upazilla are from women-headed households to ensure reflection of the impact of COVID-19 on such households. The data have been collected through both phone interviews (79%) and face to face (21%) interviews using a short and structured questionnaire. Hence, the survey is not strictly representative but does reflect a general picture of the people’s awareness about COVID-19 and the economic hardship caused by it.

37.5% of the survey respondents are men, and 63.5% are women. Mean age of respondents is 37 years (40 years for men, 36 years for women). Average family size is 5. 19% of the respondents belong to women-headed households. Please see the demographic characteristics of the respondents in *Annexure - A*.

### **Note on the perception survey methodology**

Perception survey, as the name suggests, is based on respondents' perception and not based on empirical evidence. Hence, the data collected in a perception-based study can be subjected to systematic and unsystematic biases and different interpretation of the respondent, including self-serving bias, confirmation bias, etc. So, there is a chance of exaggeration and may not always align with ground reality. The respondent can, especially during the war, conflict, economic stress or in a political crisis, tends to tow the official line. In other cases, especially when the respondents feel secured, respondents may under-report gains and over-report losses, to attract sympathy or support. However, perception surveys provide a useful way of gathering data about citizen views on issues, as opposed to the expert view. Since these views and interpretation drive behaviour, not the scientific analysis of the reality, for policymaking, there is hardly any alternative to perception survey.

## **Major findings**

### **Awareness of the disease and its treatment**

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

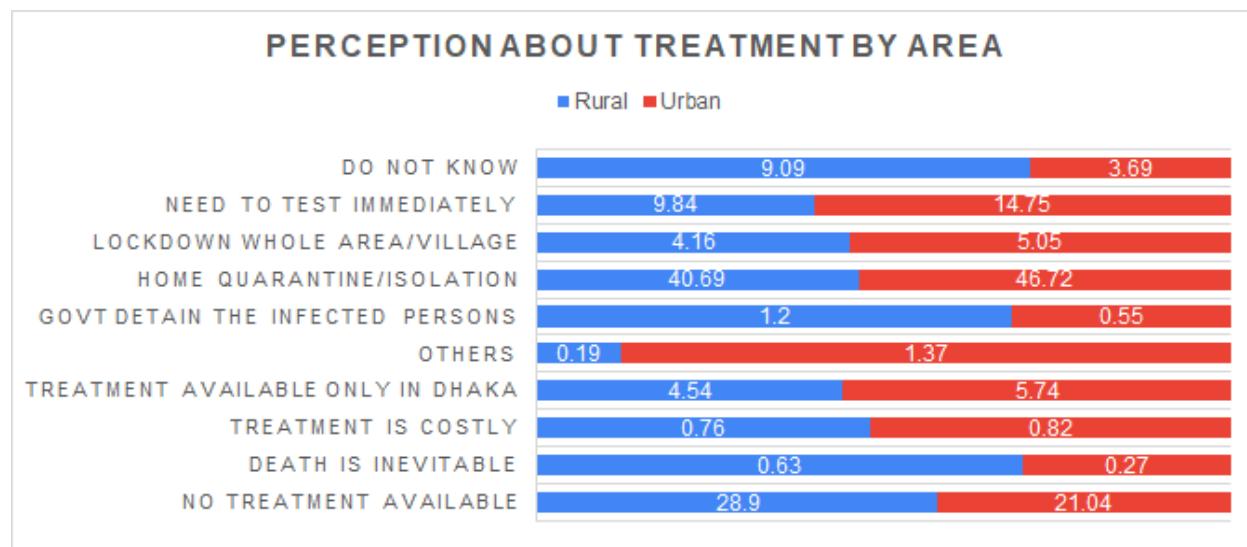
The previous perception study conducted a month ago found that 64% of respondents were aware about the corona preventive measures. The awareness level has seemingly increased as this study finds that more than three fourth (76%) respondents (both men and women) always practice coronavirus preventive behaviors (such as washing hands with soap for 20 seconds, social distancing, covering cough/sneeze etc.) and the remaining one fourth practices them irregularly. More people in urban areas (78%) are found to these hygiene practices regularly compared to rural areas (75%).

More than three fourth of the respondents (78%) feel confident that there is no chance or only a little chance of them getting infected by the virus. The study finds that women (81%) compared to men (72%) and the respondents from rural areas (81%) compared to urban areas (71%) express more confidence about not getting infected (*Annexure-B*). These findings suggest there is a casual nonchalance among the respondents about the coronavirus pandemic. In contrast, almost half of the respondents (49%) think that there is a high chance or at least some chance (30%) of

widespread coronavirus infection among the Rohingyas in refugee camps, understandably because the camps are congested and overcrowded.

Despite high awareness among respondents about how the virus spreads or the preventive hygiene practices, there are several misconceptions about the treatment of the disease. Less than half (43%) of the respondents (both men and women) mentioned isolation/quarantine as a possible treatment option (47% in urban and 41% in rural areas), and only 11% mentioned one needs to get tested immediately if symptoms show (15% in urban and 10% in rural areas). More than one fourth (26%) respondents believe there is no treatment of the disease. This belief is greater among men (32%) and respondents from rural areas (30%) than women (23%) and the respondents from urban areas (21%). An additional 8% have other misconceptions (including that the government detains the infected persons, death is inevitable if one gets infected, treatment is available only in Dhaka etc.) about the treatment of the disease. Just as awareness is higher among urban people, they are found to have clearer knowledge about treatment options. 7% respondents answered they did not know any treatment option- this percentage is higher among women (8.5%) than men (5%).

Figure 1: Perception about treatment of the disease by area



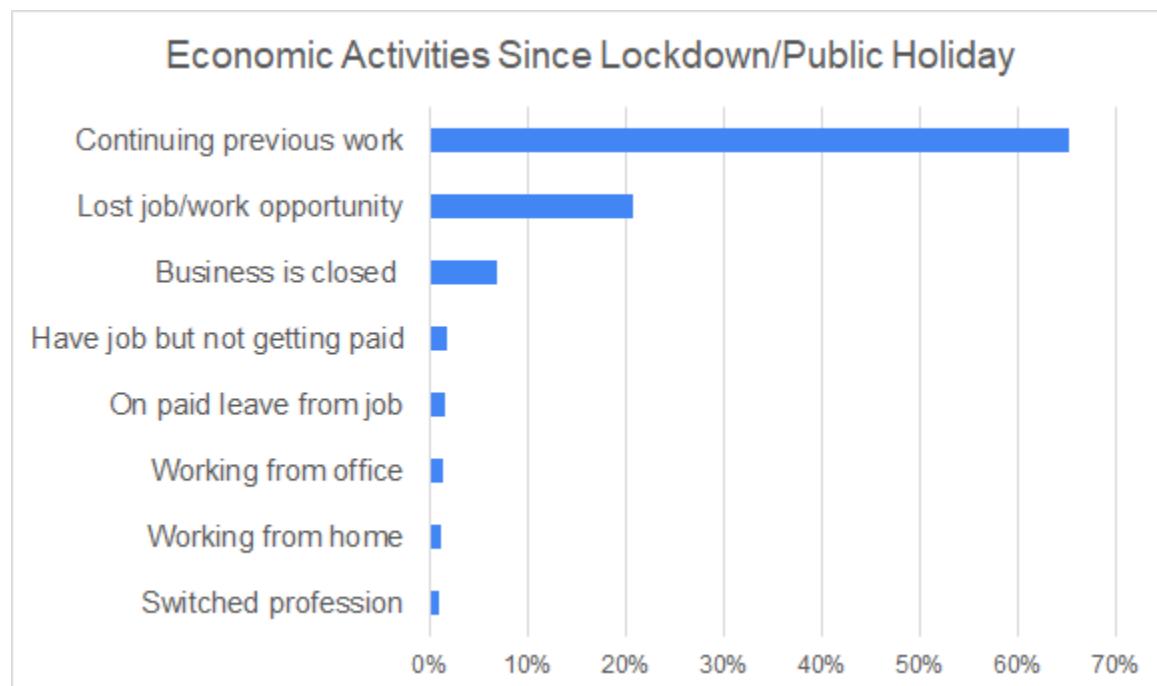
37% of the respondents think that their districts' government hospitals do not treat COVID-19 patients while 23% (27% in rural areas compared to 14% in urban areas) respondents are uncertain about the availability of Coronavirus treatment in the government hospital. This uncertainty is higher among women (27%) than men (16%).

When asked, what would they suggest to his/her neighbour who shows COVID 19 symptoms, 44% of the respondents said that they would recommend them to go to local public hospital or a large hospital in the nearest city. 31% (39% in urban areas and 27% in rural areas; 36% men and 27% women) respondents said that they would suggest them to call Corona helpline.

## **Impact on livelihood and food security**

The COVID-19 Pandemic rendered around 27.5% of the respondents economically inactive (21% reported job loss or reduced work opportunities, and 7% had their businesses or shops closed). Another 3% are either not getting paid or had to switch professions to earn livelihood. Percentage of job loss or loss of work is twice among men (30%) compared to women (15%), and in urban areas (26%) compared to rural areas (18%).

Figure 2: Economic activities of the respondents since the government declared public holiday/lockdown/social distancing.



The percentage of respondents losing job/work opportunities is alarmingly high among the low income population and daily wage earners. 62% of the CNG/auto/maxi drivers, day laborers in agricultural and non-agricultural sectors, skilled labour such as carpenters, blacksmith, goldsmith, bus/truck drivers, factory workers, hosue helps, and hotel and restaurant workers on average reported job loss or reduced work opportunities since government declared public holiday/lockdown since March 27, 2020.

The impact of this Pandemic induced economic crisis of more than one and half months was catastrophic on income of the responding households. 95% of the respondents had their household income reduced, close to the findings of the previous survey conducted in early-April, which suggested 93% respondents had a reduction in income. Average monthly household income of the respondents was Tk. 24,565 before the lockdown/public holidays, which declined to Tk. 7,096 in the current month, registering a 76% decline in household income (79% in urban,

75% in rural) on an average. Moreover, 51% respondents had reportedly had their monthly household income reduced to zero from an average Tk. 24,203 (monthly household income before public holiday). Most of these respondents are from the informal sector (Maid, drivers (bus, truck) and CNG/auto/maxi drivers were on top, reporting income reduced to zero).

Against an average 76% drop in income, the monthly household expenditures fell by a mere 30%, in urban and rural areas alike. The average reduction in monthly expenditure is higher for women headed households (32%), compared to men headed ones (29%). We explored<sup>1</sup> change in aggregate food expenditure as another indicator of vulnerability. Monthly food expenditure was extrapolated using aggregate household expenditure as a proxy for consumption. HIES (2016) reports estimates that food expenditure is 50.49% of total household consumption in rural households; in urban areas the corresponding percentage is 42.5%. The analysis suggests that female headed households in rural areas were more prone to experiencing fluctuations in income; this was not the case for female headed households in urban areas. This is consistent with evidence from Bangladesh that suggests that female headed households are disproportionately poorer relative to their male counterparts. However, it is also important to recognize the heterogeneity of female headed households (Annexure I).

Among all occupations, house helps, transport workers (bus and uruck drivers) and CNG/auto/maxi drivers had the highest reduction in their income, 88%, 84% and 84% respectively (Annexure F, Table 2). Lowest reduction was reported by the job holders (43%) and farmers (59%). Agriculture and non-agriculture wage labourers reported 80% and 78% reduction in their incomes. For the rickshaw pullers, though the income dropped by 67% on average, for the urban rickshaw/van pullers, the reduction was as high as 97%.

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

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

Respondents from Pirojpur (96%), Cox's Bazar (95%), Rangamati (95%), Gaibandha (94%), and Brahmanbaria (93%) reported higher reduction in income. Among the districts with lowest reduction in income are Joypurhat (44%), Lalmonirhat (56%), Dinajpur (56%), Magura (59%), and

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<sup>1</sup> BRAC study team is grateful to **Haider A. Khan** (John Evans Distinguished University Professor, Josef Korbel School of International Studies, University of Denver, Co. USA), and **Mausumi Mahapatro** (Assistant Professor of Economics, Regis University, Denver, Co. USA) for their contribution in advanced analysis and input in the report.

Dhaka (60%). Average income loss in ten districts with highest reduction in income is 93%, while those with lowest reduction in income reported 58% income loss (*Annexure F, Table 3&4*)

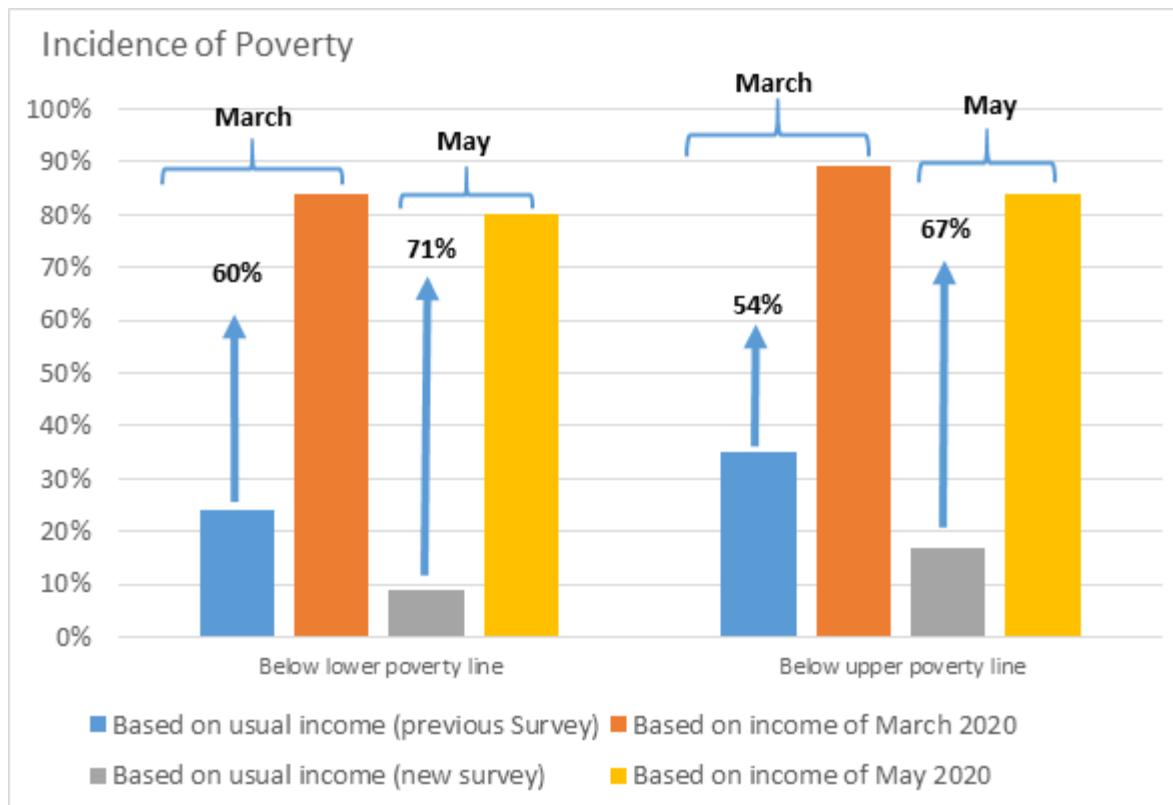
The Pandemic, translated into an economic shock, has set the country decades back in terms of poverty alleviation. The drastic fall in income has resulted in a rise in both extreme poverty and poverty rates. Before the pandemic crisis began, the per capita income of 17% of the respondents were below the national upper poverty line, and 9% were below the national lower poverty line. Following the loss of income during the beginning of lockdown (as suggested by findings of the previous survey conducted in early-April), 84% respondents were left with per capita income below national lower poverty line, and 89% had per capita income below national upper poverty line. Now, one and a half months into the lockdown, the same share is found to be 80% and 84% respectively. That is, the incidence of extreme poverty has risen by 71 percentage points and poverty by 67 percentage points among the respondents during the almost one and a half months of lockdown.

Table 1: Changes in income during lockdown/public holiday.

	Before social distancing/public holiday/lockdown (before March 27)*	During the first survey (conducted in early April)	During the second survey (conducted in mid May)*
Average monthly household income (Tk.)	24,565	3,742	7,096
Reduction in income reported by respondents (%)	-	75%	76%
Respondents below per capita national upper poverty line (%)	17%	35%	89%
Respondents below per capita national lower poverty line (%)	9%	24%	84%

\*Calculated from the responses given during the May 2020 survey

Figure 3: Impact of the Pandemic induced disruptions on poverty.



On an average, 3.15% respondents do have any food at home (2.78% in Rural, 3.96% in Urban). During the previous survey conducted in early April, 14% respondents were found to have no food at home. 16% households have only 1-3 days' food (the most basic food item) to survive (15% in rural, 17% in urban). The percentages of food reserve among men headed and women headed households are similar, with no significant difference.

## **Violence against women during COVID 19 pandemic**

To get a closer look at the impact of the COVID-19 Pandemic and the resulting lockdown on women, we asked our respondents whether the violence against women (VAW) incidences in their locality increased during the lockdown. 81% respondent said that violence against women has not increased during this period. However, 11% respondents opined that there is an increase in violence against women in this coronavirus pandemic situation. Majority (58%) of the respondents who said the incidence of VAW has increased, think that the increase in poverty is the reason. 23% respondents think that incidence of VAW has increased as male family members (husband, father, brother) do not have work due to lockdown. Another 17% of them think the reason behind this increase in VAW incidences is being cooped up in a small space for a longer period than usual (*Annexure-C*).

## **Measures taken by the government**

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

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

Although the government has taken several initiatives to support the people through this crisis, only 14% respondents received humanitarian assistance from the government in the forms of food (14%) and cash (0.3%). While 17% mentioned they do not require such assistance. A higher percentage of women (90%) reportedly need food/cash support compared to men (71%). 69% respondents in need of assistance did not receive any from the government. More women (72%) reported that they are not getting any food/cash support from the government, compared to men (62%). This percentage is also higher in rural areas (72%), compared to urban areas (62%), and in women headed households (70%) compared to men headed households (68%). Only 11% rural respondents received food or cash support from the government, compared to 21% urban respondents. The household with third gender household head also did not receive any government support. Moreover, only 8% of the respondents are covered by regular safety net programmes of the government, and 78% of them are still getting the safety net allowances during the pandemic crisis, 22% reported they are yet to receive their regular safety net allowance.

When asked, what else the government can do to combat the crisis, respondents suggested various initiatives. 51% respondents suggested to continue food distribution/cash transfer properly. Continuation of 'lockdown' was suggested by 13% respondents and establishing corona testing and treatment facility in every district was suggested by another 13% respondents.

## **Coping mechanism**

If the crisis is prolonged for a longer period, the low income people will have difficulty surviving. 19% respondents will not be able to bear living expenses for more than 7 days (17% in Rural areas, 21% in Urban areas). The situation will be harder on women headed households (21% reporting they cannot manage living expenses beyond a week at most) compared to men headed households (18% cannot manage living expenses beyond 7 days). Moreover, the 51% responding households (49% men headed households and 57% women headed households) with monthly income reduced to zero in the current month will also find it difficult to manage family expenses.

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

## **Policy recommendations**

Although COVID-19 Pandemic is far from over and we are yet to pass the peak of the curve, a general impatience can be observed among the people, especially low income wage earners. A large portion of the economy cannot stay at home any longer, despite great life risks. Moreover, a general air of nonchalance is observed among the people about following the COVID19 preventive health measures. These people are not only threat for themselves, but increases the chance of infection spreading in the community. Therefore, measures are needed to ensure greater awareness and compliance.

Findings from several studies have highlighted the catastrophic impact of the Pandemic on the economy, especially the informal sector. The key reason behind this economic fall-out is the loss of work or earning opportunity due to the lockdown among the low income, daily wage earners mostly engaged in the informal sectors. As the economy begins to reopen, the daily wage earners will regain their livelihood to some extent. However, many of them will still need support for at least three more months to recover from the setback.

The next plan of actions should focus on gradually reopening the economy as well as getting the economy back on its feet. The recovery and rehabilitation plans as well as the already declared stimulus packages or incentives (both cash and in kind) need to be formed or reviewed using a 'pro-poor' lens. In addition, special focus should be given to the households with greater vulnerability, such as women headed households.

Delivery mechanisms of food/cash assistance and stimulus packages for different private sectors need to be more transparent. As the stimulus packages or financial incentives in the form of low-interest subsidised loans will be disbursed through banking channels based on bank-client relationship, a more transparent mechanism is needed to ensure those who are most affected can benefit from these packages. The necessity of a reform of the food distribution/cash transfer system becomes apparent from the study findings as well. Although the government has already provided food assistance to over 50 million people, many of the people who need humanitarian assistance are yet to receive any food/cash support. There has been much discussion about the targeting failure and leakages of social safety net programmes. In this context, using public private partnership (PPP) can yield better results in this regard than solely using local government institutions. Monitoring of listing of beneficiaries can be done by engaging NGOs and CBOs. Public private partnership (PPP), such as cash transfer through

mobile banking, can be utilised for distribution. A database of the beneficiaries can be developed and made open so that duplication can be avoided. Complaint redressal mechanisms should be in place. A hotline number can be circulated among the people so that they can report any irregularities in listing and distribution. Moreover, it is time to introduce more aggressive cash transfer schemes and provide incentives using blanket coverage for people under a threshold level of income. With a comfortably low debt-GDP ratio, Bangladesh can afford to introduce aggressive cash transfer programmes.

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

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

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

## Annexure A: Demographics

- Total number of respondents 2,317; 37.5% men and 63.5% women.
- 68% of the respondents are from rural areas, and 32% from urban areas.
- Mean age of respondents is 37 years (Men 40 years, Women 36 years).
- Average family size is 5.
- Women-headed household 19%.

Table 1: Respondents by Division

Division	No. of Respondents	Share of Respondents (%)
Khulna	359	15.49
Chattogram	412	17.78
Dhaka	471	20.33
Barishal	216	9.32
Mymensingh	144	6.21
Rangpur	287	12.39
Rajshahi	280	12.08
Sylhet	148	6.39
Total	2,317	100

Table 2: Respondents by Occupation

Occupation	No. of Respondents	Share of Respondents (%)
Farmer	80	3.45
Job holder	143	6.17
Business (large)	159	6.86
Small Business (Milkmens, fruit/veg vendor etc)	370	15.97
CNG/Auto/Maxi driver	25	1.08
Day laborer (agri)	50	2.16
Day laborer (non-agri)	72	3.11
Skilled labor (carpenter, blacksmith, goldsmith etc)	55	2.37
Rickshaw/van puller	25	1.08
Driver (Bus, truck etc)	18	0.78
Factory/RMG worker	37	1.6
Housewife	978	42.21
Homemade products' business (weaving, sewing etc.)	97	4.19

Maid	45	1.94
Others	65	2.81
Hotel/restaurant workers	26	1.12
Private service holder	44	1.9
unemployed	14	0.6
Student	14	0.6
Total	2,317	100

Table 3: Household Heads

	No (%)	Yes (%)
Men	20.59	79.41
Women	25.45	74.55

## Annexure B: Awareness on COVID-19

Table 1: Do you know about Coronavirus

	<b>Men (%)</b>	<b>Women (%)</b>	<b>Rural (%)</b>	<b>Urban (%)</b>
Do not know	1.77	3.06	3.09	1.5
Know partially	31.44	41.54	39.24	34.84
Know well	66.78	55.4	57.67	63.66

Table 2: Practice the health-safety rules

Frequency	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
Never	0.17	0.24	0.14	0	0.55
Sometimes	23.95	23.64	24.13	25.24	21.17
Always	75.87	76.12	75.73	74.76	78.28

Table 3: Perception about Treatment

Response	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
No treatment available	26.41	31.56	23.45	28.9	21.04
Death is inevitable	0.52	0.47	0.54	0.63	0.27
Treatment is costly	0.78	0.35	1.02	0.76	0.82
Treatment is available only in Dhaka	4.54	5.74	4.92	4.54	5.74
Others	0.56	0.12	0.82	0.19	1.37
Govt detains the infected person	0.99	0.83	1.09	1.2	0.55
Home quarantine/isolation	42.6	42.79	42.49	40.69	46.72
Lockdown whole area/village	4.45	3.9	4.76	4.16	5.05
Need to test immediately	11.39	11.11	11.56	9.84	14.75
Do not know	7.38	5.44	8.5	9.09	3.69

Table 4: If treatment is available in the local public hospital

Response		Total (%)	Rural (%)	Urban (%)
Yes		40.01	35.77	49.18
No		36.86	37.1	36.34
Do not know		23.13	27.13	14.48

Table 5: Measures to be taken if a neighbour or someone you know shows symptoms

What would you suggest if your neighbour shows symptoms of coronavirus infection?	Total	Men	Women	Rural	Urban
Call corona helpline	30.6	36.4	27.3	26.9	38.5
Go to local public hospital	38.89	36.6	40.2	38.4	39.9
Stay at home	13.51	13.7	13.4	15	10
Go to pharmacy	0.73	0.35	0.95	0.63	0.96
Consult a known doctor	7.42	4.8	8.9	8	5.87
Go to local govt Representative	0.86	1.8	0.34	0.88	0.82
Go to large hospital in the city	4.88	4.1	5.3	5.9	2.6
Will stop communicating with him/her	0.69	0.35	0.88	0.95	0.14
Do not know	2.42	1.8	2.8	3	1
Total	100	100	100	100	100

Table 6: Chances of getting infected

	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
No chance at all	34.1	29.55	36.71	35.52	31.01
A little chance	43.94	42.79	44.6	45.55	40.44
Some chance	14.07	17.97	11.83	12.62	17.21
High chance	4.19	6.03	3.13	3.72	5.19
Very High chance	3.71	3.66	3.74	2.59	6.15

## Annexure C: Violence Against Women

Table 1: If incidence of violence against women (VAW) have increased in the area in the recent time

Response	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
Yes	10.83	12.06	10.13	9.65	13.39
No	81.57	81.8	81.44	84.04	76.23
Do Not Know	7.6	6.15	8.43	6.31	10.38

Table 2: Reason behind increased VAW incidence

Reason	No. of respondents	Share of Respondents (%)
Poverty	241	57.9%
Cooped up in a small space together for long	73	17.5%
Husband/father/brother do not have work	97	23.3%
Police are busy handling corona situation	3	0.7%
Others	2	0.5%

## Annexure D: Governments' support and services

Table 1: role of law enforcement agencies in handling the Pandemic

Response	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
Very bad	0.09	0.24	0	0.13	0
Bad	1.64	2.01	1.43	1.96	0.96
Neither good nor bad/do not know	6.47	5.91	6.8	5.87	7.79
Good	76.48	74.47	77.63	77.67	73.91
Very Good	15.32	17.38	14.14	14.38	17.35
Total	100	100	100	100	100

Table 2: Perception of the food distribution/cash transfer system

Perception	Total (%)	Rural (%)	Urban (%)
All people in poverty are receiving food/cash assistance	11.96	11.61	12.7
Food/cash assistance is inadequate	38.11	36.97	40.57
Food/cash assistance is not reaching to the right person who needs it	40.96	42.4	37.84
Food/cash assistance is not distributed at the right time	6.39	7.19	4.64
Food distribution/cash transfer is compromising social distancing	1.42	0.82	2.73
It takes a lot of time to collect food/cash assistance	0.52	0.38	0.82
Other	0.65	0.63	0.68

Table 3: Perception of the adequacy of government measures to contain the spread of Coronavirus

Adequacy	Total (%)	Rural (%)	Urban (%)
Inadequate	17.74	18.11	16.94
Somewhat inadequate	12.6	14.01	9.56
Neither adequate not inadequate	6.78	6.37	7.65
Somewhat adequate	44.5	44.04	45.49
Adequate	18.39	17.48	20.36
Total	100	100	100

Table 4: What else can the government do

Initiative	Share of Respondents (%)
Continue proper distribution of food	31
Continue cash transfer	20
Facilitate corona testing and treatment in every district	13
Ensure fair price of daily commodities	11
Impose curfew	0
Reduce fear/misconception among people	2
Continue lockdown	13
Withdraw lockdown partially	5
Withdraw lockdown completely	2
No need to do anything else	1
Other	0
Do not know	1

## Annexure E: Activity since the public holiday

Table 1a: Occupational Change since lockdown/public holiday

	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
Lost job/work opportunity	20.72	29.91	15.43	18.49	25.55
Switched profession	0.99	2.25	0.27	1.32	0.27
Working from home	1.29	2.25	0.75	0.82	2.32
On paid leave from job	1.64	2.25	1.29	1.77	1.37
Have job but not getting paid	1.9	1.89	1.9	1.89	1.91
Working from office	1.34	1.65	1.16	0.63	2.87
Business is closed (shop, warehouse etc)	6.86	16.08	1.56	5.8	9.15
Continuing previous work	65.26	43.74	77.63	69.27	56.56

Table 1b: Occupational Change by profession

	Lost job/work opportunity (%)	Switched profession (%)	Working from home (%)	On paid leave from job (%)	Have job but not getting paid (%)	Working from office (%)	Business is closed (shop, warehouse etc) (%)	Continuing previous work (%)
Farmer	18.75	3.75	0	0	0	0	0	77.5
Job holder	16.78	0.7	16.78	21.68	17.48	14.69	0	11.89
Business (large)	20.75	0	0	0	0	0	32.08	47.17
Small Business	27.03	1.35	0	0	0	0.27	25.14	46.22
CNG/Auto/M taxi driver	64	4	0	0	0	0	0	32
Day labourer (agri)	50	2	0	0	0	0	0	48
Day labourer (non-agri)	65.28	5.56	1.39	0	0	0	1.39	26.39
Skilled labour	61.82	5.45	0	0	1.82	0	3.64	27.27
Rickshaw /van puller	24	4	0	0	0	0	0	72
Driver	88.89	0	0	0	0	0	0	11.11
Factory/RM G worker	51.35	0	0	0	8.11	18.92	0	21.62
Housewife	0.41	0	0.1	0	0	0	0	99.49
Homemade producers (weaving, sewing)	51.55	1.03	0	0	0	0	3.09	44.33
Maid	60	0	0	0	0	0	0	40
Others	46.15	1.54	0	0	0	0	6.15	46.15
Hotel/restaurant worker.	38.46	3.85	3.85	0	3.85	3.85	19.23	26.92
Private service	20.45	2.27	6.82	15.91	31.82	2.27	0	20.45
Unemployed	78.57	0	0	0	0	0	0	21.43
Student	28.57	0	0	0	0	0	0	71.43

Table 2a: Rural Urban Migration since public holiday declaration

Response	Total (%)	Men (%)	Women(%)	Rural(%)	Urban(%)
No	98.66	97.52	99.32	98.42	99.18
Yes	1.34	2.48	0.68	1.58	0.82

Table 2b: Rural-Urban Migration by Occupation

Occupation	No (%)	Yes (%)
Farmer	100	0
Job holder	94.41	5.59
Business (large)	99.37	0.63
Small Business	99.46	0.54
CNG/Auto/Maxi driver	100	0
Day laborer (agri)	100	0
Day laborer (non-agri)	94.44	5.56
Skilled labor	98.18	1.82
Rickshaw/van puller	100	0
Driver	83.33	16.67
Factory/RMG worker	97.3	2.7
Housewife	99.69	0.31
Homemade producers (weaving, sweing)	98.97	1.03
Maid	97.78	2.22
Others	100	0
Hotel/restaurant worker	100	0
Private service	90.91	9.09
unemployed	100	0
Student	85.71	14.29

## Annexure F: Impact on livelihood and Food Security

Table 1: Change in Income

		Amount (BDT)	% reduction
<b>Income</b>	The average income of the current month	7096	-76%
	Average income two months ago	24565	
	The average reduction in income	17465	
<b>Expenditure</b>	The average expenditure of current month	11676	-30%
	Average expenditure two months ago	16764	
	The average reduction in expenditure	5088	

Table 2: Reduction of income by occupation

Occupation	Reduction in Income (%)
Maid	88
Driver (Bus, Truck etc.)	84
CNG/Maxi/Autorickshaw driver	84
Homemade Products' Business (Weaving, Sewing)	81
Day labourer (Agri)	80
Day labourer (non-Agri)	78
Hotel Restaurant Workers	78
Small Business (Milkmens, fruit vendor, vegetable vendor, grocery store etc)	77
Private Service	73
Factory/RMG Workers	73
Business (Large)	72
Rickshaw/ Van Puller	67
Skilled Labour (carpenter, blacksmith, goldsmith, construction worker etc)	67
Farmer	59
Job holder	43

Table 3: Ten districts with the highest reduction in income

District	No. or sample household	Reduction in income (%)	HCR (Lower Poverty Line)* (%)
Pirojpur	36	96	17.6
Cox's Bazar	38	95	7.7
Rangamati	37	95	10.7
Gaibandha	36	94	28.9
Brahmanbaria	37	93	4.6
Noakhali	38	92	13.4
Cumilla	36	91	5.4
Sylhet	36	91	8.8
Habiganj	36	90	9.9
Narayanganj	36	90	0

\*Source: Household Income and Expenditure Survey, 2016

Table 4: Ten districts with the lowest reduction in income.

District	No. of sample household	Reduction in income (%)	HCR (Lower Poverty Line)* (%)
Meherpur	36	63	12.4
Khulna	36	62	13.8
Kurigram	34	62	53.9
Panchagarh	36	61	14.2
Sunamganj	36	61	19.3
Dhaka	37	60	1.7
Magura	35	59	37.7
Dinajpur	36	56	45.0
Lalmonirhat	36	56	23.0
Joypurhat	29	44	9.6

Source: Household Income and Expenditure Survey, 2016

Table 5: Reserve of Food

No. of Days	Total (%)	Area		Sex of Household Head	
		Rural(%)	Urban(%)	Men (%)	Women (%)
0 days	3.15	2.78	3.96	3.26	2.7
1-3 days'	15.75	15.08	17.22	15.98	14.61
0-7 days'	31.77	29.65	36.35	32.44	28.77
7 or more days'	68.23	70.35	63.68	67.56	71.2
14 or more days'	40.29	42.96	34.58	39.97	41.7
30 or more days'	21.6	23.15	18.3	22.07	19.76

Table 6: No. of days they can survive if the situation continues

No. of Days	Total (%)	Area		Sex of Household Head	
		Rural(%)	Urban (%)	Men(%)	Women (%)
0 days	1.81	1.39	2.73	1.76	2.02
1-3 days'	3.28	3.21	3.41	3.26	3.37
7 or more days	90.13	91.16	88	90.14	90.29
14 or more days	70.63	71.79	68.18	71.06	68.95

Table 7: Support Received

Support	Total (%)	Sex of Household Head			Area	
		Men (%)	Women (%)	Third gender (%)	Rural (%)	Urban (%)
Food	13.94	13.58	15.51	0	10.66	21.04
Cash	0.3	0.21	0.67	0	0.38	0.14
Food and cash	0.09	0.11	0	0	0	0.27
Not getting any	69	68	70	100	71.86	61.75
I do not need any	17	17.8	13.71	0	17.1	16.8

Table 8: Future Plans

Plan	Share of Respondents (%)	Share of respondents (%) among Men headed households	Share of respondents (%) among Women headed households
Withdraw from savings	17%	17%	15%
Sell asset	8%	8%	9%
Take loan	23%	23%	21%
Switch job	5%	5%	3%
Assistance from govt./charity	19%	20%	19%
No plan	26%	25%	30%
Other	2%	2%	3%

## Annexure G: Social Safety Net

Table 1: If the household is a recipient of any Social Safety net benefit

Response	No. of respondents	Share of respondents (%)
Yes	191	8.24
No	1,899	81.96
Do not need	227	9.8

Table 2: If benefits were received in the current situation

Response	No. of respondents	Share of respondents (%)
Yes	149	78.01
No	42	21.99

## Annexure H: Perception of Rohingya

Table 1: If Rohingyas have higher chances of getting infected by Corona

Response	Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)
Not at all	0.09	0.12	0.07	0.1	0.1
A little chance	2.89	3.9	2.31	2.8	3.0
Do not know	17.87	10.76	21.96	19.4	14.6
Some chance	30.38	28.13	31.68	31.0	29.1
High chance	48.77	57.09	43.98	46.8	53.1

## Annexure I: Analysis based on food expenditure

Table 3: FACTORS THAT INFLUENCE CHANGE IN FOOD EXPENDITURE FOR RURAL HOUSEHOLDS

Model	Coefficients <sup>a</sup>				
	B	Std. Error	Standardized Coefficients	t	Sig.
(Constant)	49.003	1.834		26.713	.000
Extreme poor based on previous income	-33.719	3.201	-.260	-10.534	.000
Upper poor based on previous income	-11.005	3.235	-.083	-3.402	.001
Transport	1.974	4.338	.011	.455	.649
Farm	-2.200	3.063	-.017	-.718	.473
Khulna	-2.146	2.660	-.024	-.807	.420
Chattogram	4.417	2.604	.050	1.696	.090
Barishal	9.677	3.305	.080	2.928	.003
Mymensingh	-3.377	3.575	-.025	-.945	.345
Rangpur	5.048	2.817	.052	1.792	.073
Rajshahi	3.126	2.783	.033	1.123	.261
Sylhet	-13.617	3.513	-.104	-3.877	.000
Female headed rural	7.936	1.998	.097	3.972	.000

a. Dependent Variable: change in food expenditure, rural

Table 4: FACTORS THAT INFLUENCE FLUCTUATION IN FOOD EXPENDITURE FOR URBAN HOUSEHOLDS

Model	Coefficients <sup>a</sup>				
	B	Std. Error	Standardized Coefficients	t	Sig.
		Beta			
(Constant)	28.590	1.652		17.304	.000
Extreme poor based on previous income	-5.970	3.929	-.057	-1.520	.129
Upper poor based on previous income	-1.678	3.847	-.016	-.436	.663
Transport	7.931	5.570	.052	1.424	.155
Farm	8.859	5.144	.064	1.722	.085
Khulna	-3.551	2.487	-.062	-1.427	.154
Barishal	10.169	2.621	.166	3.880	.000
Mymensingh	1.121	3.392	.013	.331	.741
Rangpur	5.280	2.794	.079	1.890	.059
Rajshahi	6.396	3.026	.087	2.114	.035
Sylhet	-10.763	3.460	-.123	-3.111	.002
Dhaka1	-2.340	2.269	-.047	-1.031	.303
Female headed urban	2.604	1.998	.048	1.303	.193

a. Dependent Variable: change in food expenditure, urban