

COVID-19 IMPACTS IN BANGLADESH

NATIONWIDE SURVEY ON LIVELIHOODS, NUTRITION, EDUCATION AND HEALTH



USAID
FROM THE AMERICAN PEOPLE



Better Data
Better Decisions
Better Outcomes

Table of Contents

1. INTRODUCTION	3
2. METHODOLOGY	3
2.1 Limitation of the survey	3
3. DEMOGRAPHY	3
4. SURVEY FINDINGS & RESULTS	4
4.1 Livelihoods	4
4.2 Health	8
4.3 Nutrition	11
4.4 Education	12
5. ABOUT THE REPORT	13

1. INTRODUCTION

Since March 2020, Bangladesh has been experiencing multiple stages of COVID-19 pandemic not only impacting the health sector with the infections & fatalities. The COVID-19 induced containment measures, especially lockdowns, have intensified the needs of vulnerable groups especially in informal sectors in terms of their livelihood. Many people have lost their jobs and income sources, resulting an increase in unemployment and poverty in both urban and rural areas throughout the country. Those who have less/no access to social protection, smaller savings or limited alternative sources of income both in urban and rural settings are the most affected ones. This study tries to identify some of the impacts that COVID-19 has imposed on different sectors especially livelihood and access to health including the vaccine hesitancy among the population.

2. METHODOLOGY

This product contains the analysis and visualization of primary data collected in collaboration with RIWI Corp., to assess impacts of COVID-19 on the livelihoods and health of Bangladeshi population. IMMAP partnered with RIWI Corp. to conduct a web survey in Bangladesh between 20 July and 1 August 2021. The questions were designed based on key issues identified in other Bangladesh Situational Analysis products, as conducive to collection of primary data. The Data was collected using a method developed and patented by RIWI Corp. by which web users encounter random anonymous opt-in surveys when they encounter lapsed or dormant website destinations (e.g., phonyurl.com) into the URL bar. All Internet users over the age of 18 throughout Bangladesh had a random probability of inadvertently landing on the web page where the survey is posted.

The survey was conducted in English & Bangla and contained 37 questions, although a respondent never answered more than 20 questions owing to conditional display. Wherever the survey was not completed, the incomplete responses were still collected, so the level of response to each question varies. The first question collected demographic information, such as gender, age group, displacement situation, department of origin in Bangladesh, disability status, and educational level. Data was then weighted by RIWI for age and gender, based on US (United States) Census Bureau projections and methodology, to aid better representation of the population of Bangladesh. However, one limitation of the methodology is that the sample is only among people in Bangladesh who use the Internet, so certain demographic groups are underrepresented. Findings can be taken only as indicative. The analysis was conducted by iMMAP country team in Bangladesh.

2.1 Limitation of the survey

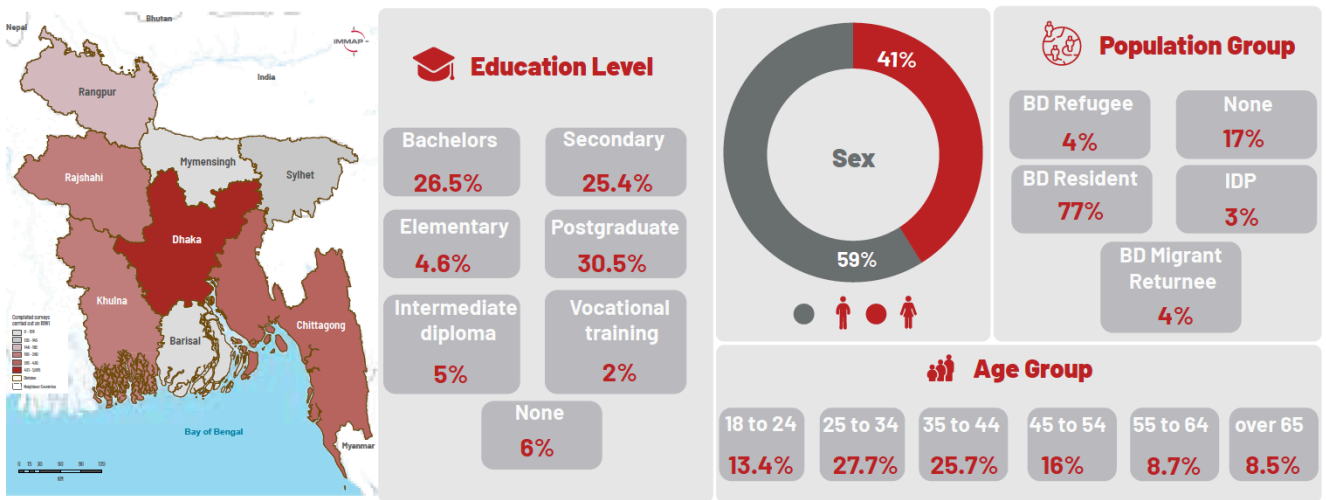
The sample is only among people in Bangladesh who use the Internet. So, considering country specific context, certain demographic groups especially females, non-binary people, low-income community like daily wage earners & small business owners, slum dwellers and people from informal settlements might being underrepresented. As a result, findings can be taken only as indicative.

3. DEMOGRAPHY

Demographic characteristics of the respondents:

The respondents of the survey represent the demographic composition of the 2,529 persons (Those who had answered all the questions from the 10,257 respondents) with an equal ratio of female (41.2%) and male (58.8%) respondents, polled from all the eight divisions of Bangladesh. The largest number of respondents were from Dhaka (58%), while Chattogram and Rangpur had 7% and 3% respondents, respectively. The dominant group of respondents were Bangladeshi residents (76.7%), followed by

refugees (4%) and migrant returnees (3.7%). Persons aged between 25-44 years comprised 53.4% of all respondents, while persons aged 45-64 made up about 25% of the respondents.



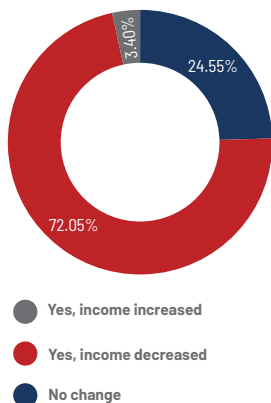
4. SURVEY FINDINGS & RESULTS

4.1 Livelihoods

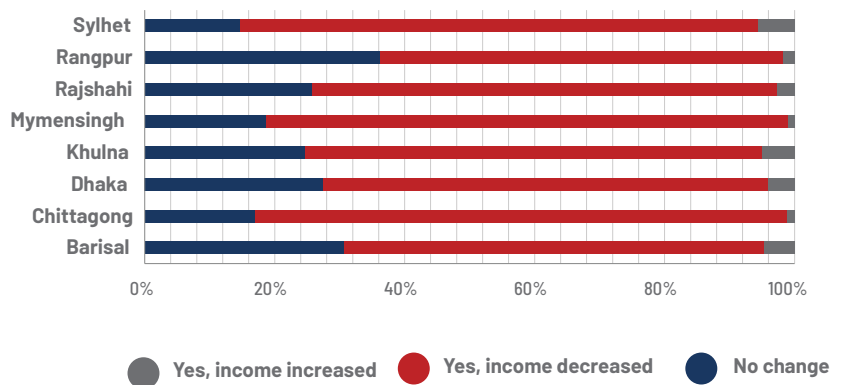
Decreased household income being triggered by Job loss and lack of informal works significantly evident irrespective of location, age and population groups

COVID-19 has significantly impacted the livelihood of the marginalized population in Bangladesh. Survey results show that almost 72% of the respondents experienced a decrease in household income during the COVID-19 pandemic. Although according to the responses, of all the eight divisions, Chittagong has experienced the largest income reduction (82%) followed by Mymensingh (80%), Sylhet (80%) & Rajshahi (72%), the income reduction scenario is almost the same throughout the urban and rural context.

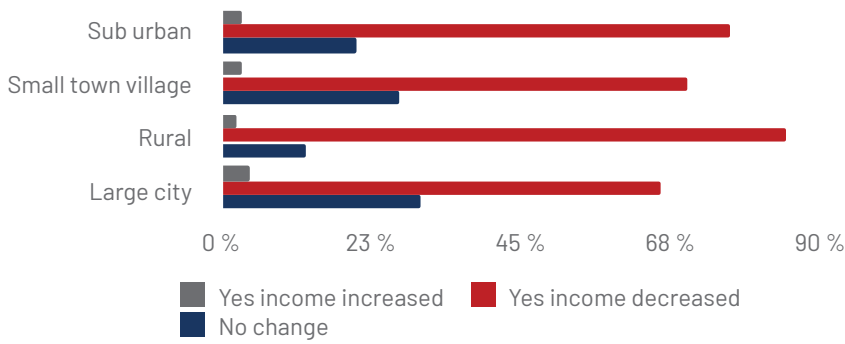
COVID - 19 impact on household income



Impact of COVID19 on household income by divisions

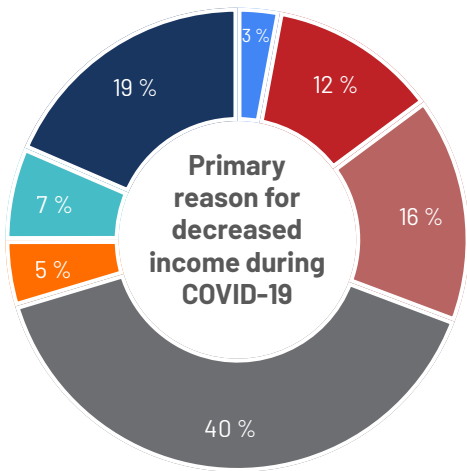


Impact of COVID19 on household income by location context

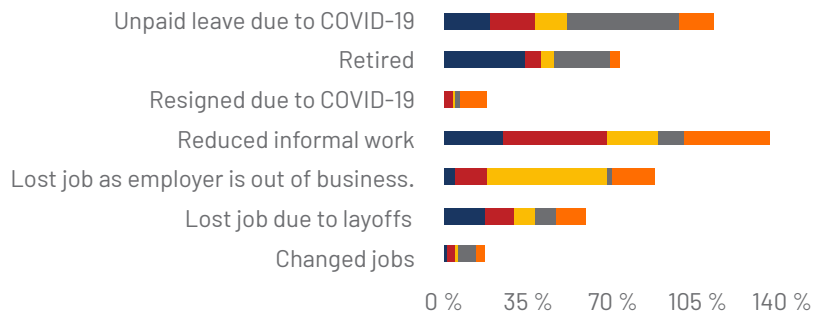


The most quoted reasons for a decrease in income were reduction in informal work due to pandemic (40%), the loss of their job as their employers were out of business (16%), and income reduction due to unpaid leave resulting from COVID-19 (19%). Irrespective of location context, the responses were almost identical. Among the respondents, the returnee migrant group has been most affected by the loss of

employment (50%), while other groups are being affected by the reduced informal work (42%). Both males (42%) and females (37%) equally mentioned the reduced informal work as the reason behind the decreased income.



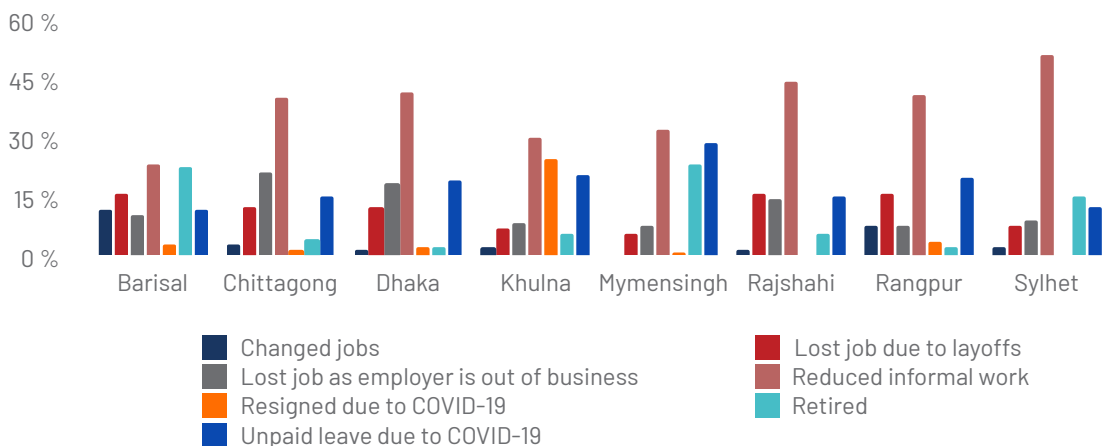
Impact of COVID19 on household income by population group



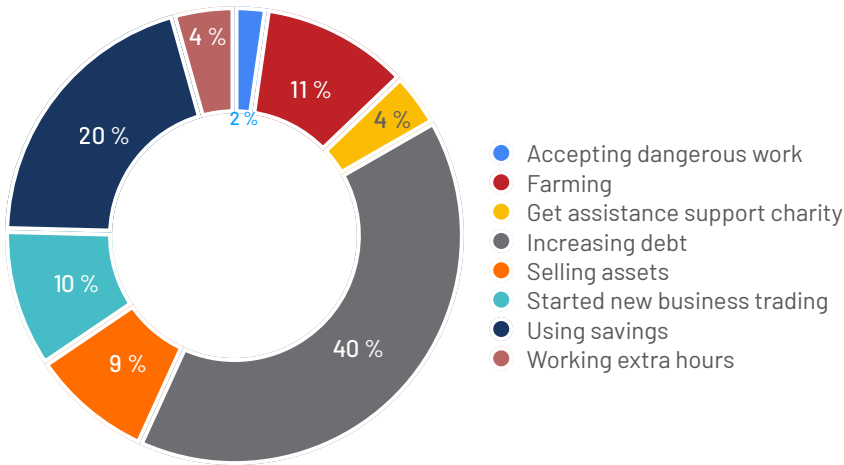
- Changed jobs
- Lost job due to layoffs
- Lost job as employer is out of busin
- Reduced informal work
- Resigned due to COVID-19
- Retired
- Unpaid leave due to COVID-19

- Internally displaced person
- Bangladeshi resident
- Migrant returnee
- Refugee
- None of above

Primary reason for decreased income during COVID-19 by divisions



Coping Mechanism during COVID-19

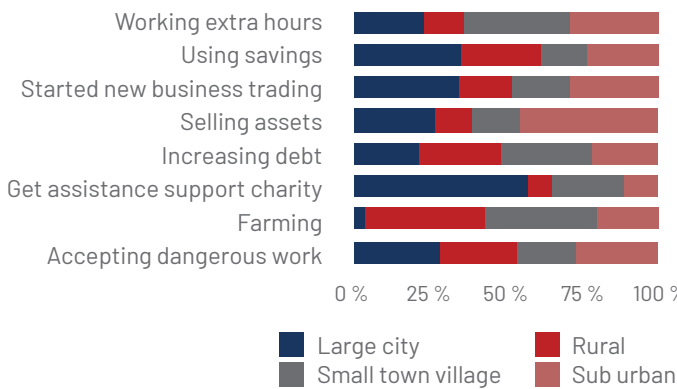


Negative coping as increased debt has become the point of refuge and increasing long term vulnerability

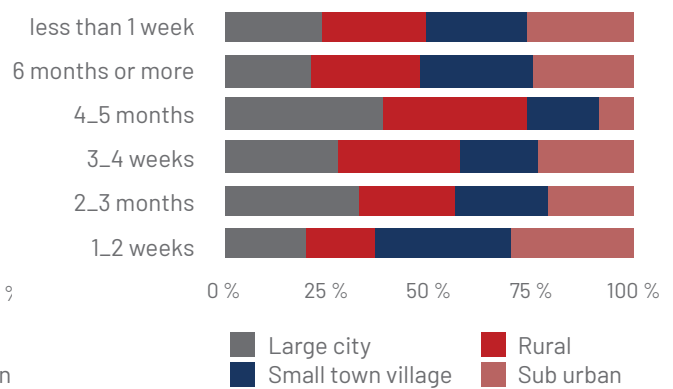
With declining or no income opportunities, people adopted different livelihood-based coping mechanisms to survive the pandemic situation. The majority of those are negative coping mechanisms such as debts and loans. More than 40% said they started living off debt, increasing their burden of loans as well as uncertainty. Among others, 20% said they had to use their savings, while only 10.6% of the respondents turned to agricultural works or

farming. The survey also indicated that 44% of the respondents have been using their coping mechanism for over a year, while the rest of the respondents were using coping mechanisms on monthly basis (40%) and daily basis (37.6%) respectively. The survey results indicate that without assistance, the income source of most respondents (32%) could last less than a week.

Coping mechanism during COVID-19 by location context

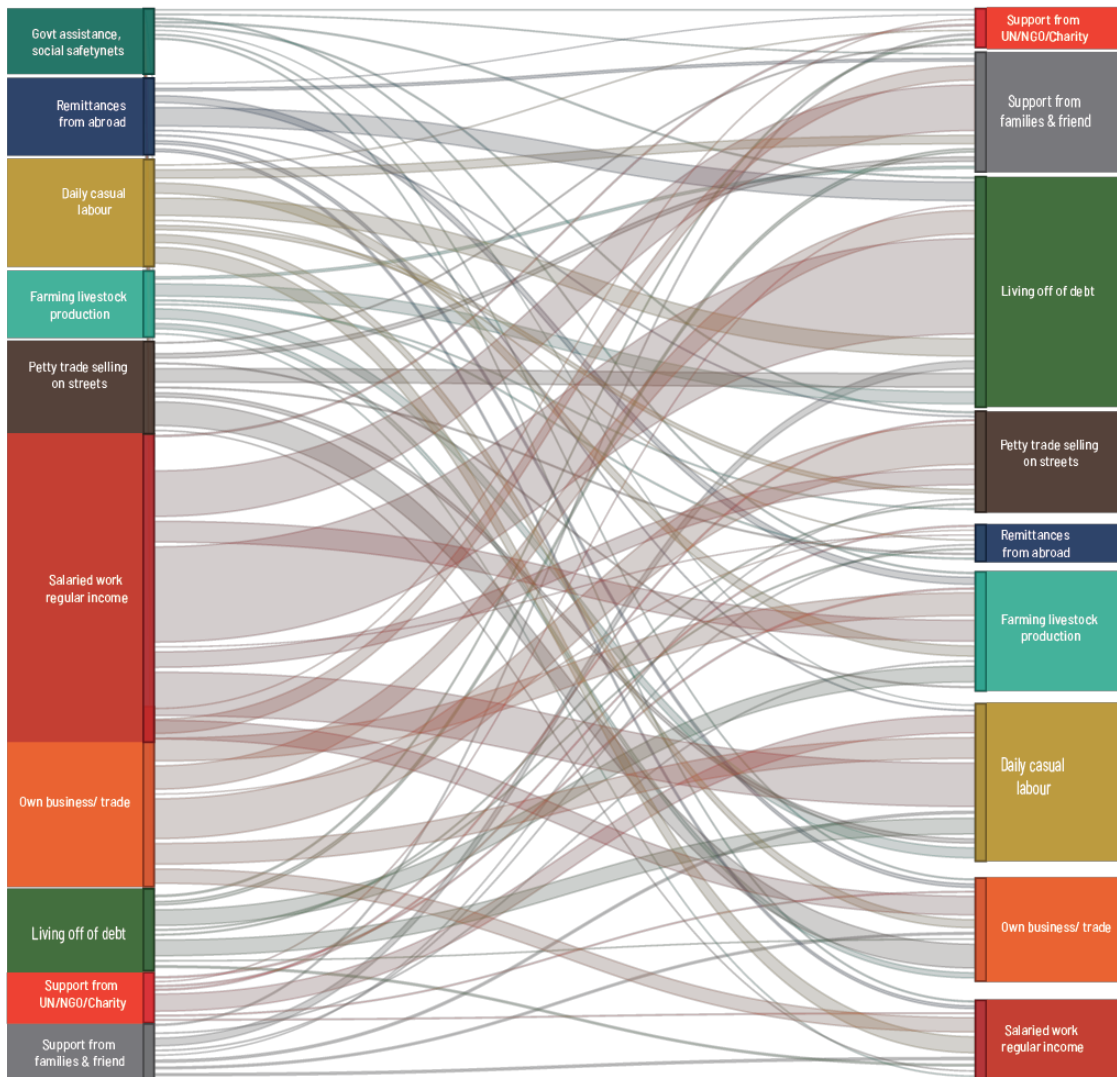


Without assistance, duration to survive economically by location context

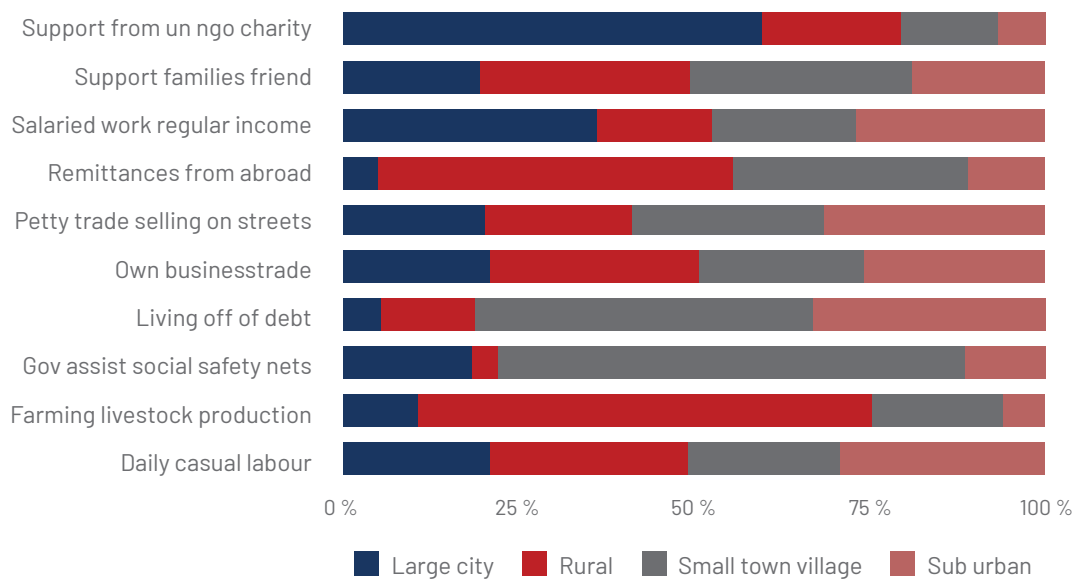


Before the pandemic, salaried jobs, business, and daily casual labors were the main sources of income for about 73% of the respondents. With the decline in salaried job & business incomes during the pandemic, there has been a significant increase in debt (23%) and relying on supports from family & friends (8.41%), while daily casual labors and farming/livestock production experienced a leap compared to the pre-pandemic period.

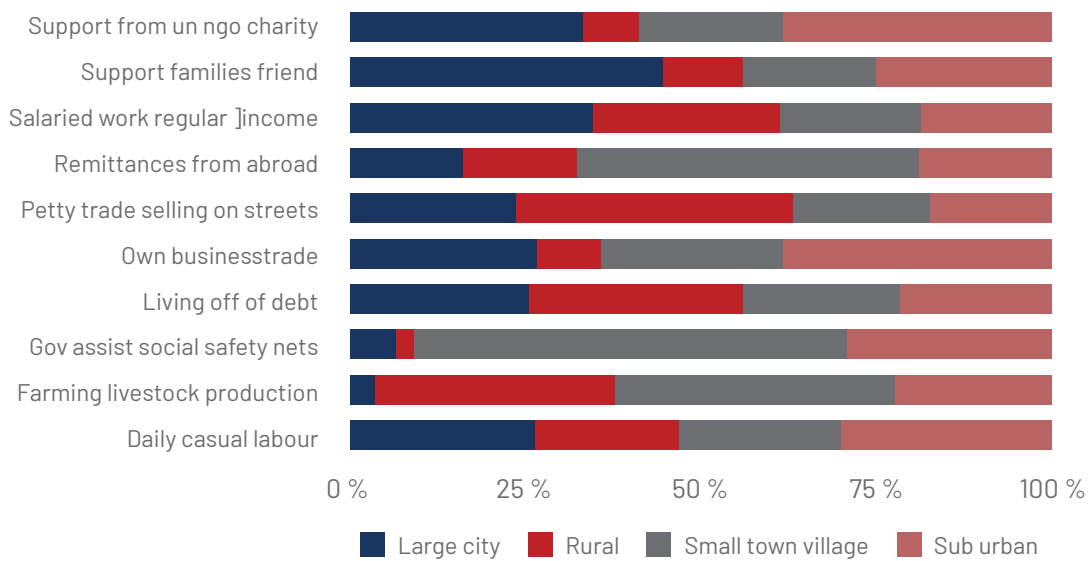
Income sources in pre-pandemic and during pandemic



Main source of income before COVID-19 by location context



Main source of income during COVID-19 by location context



More women (6.17%) than men (3.68%) began new start-ups, thanks to booming e-commerce & social media-based entrepreneurial environment that emerged during lockdown.

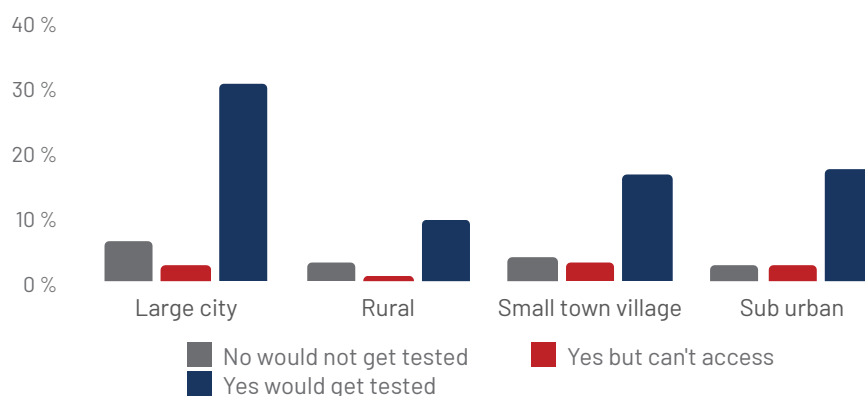
4.2 Health

Bangladesh had experienced multiple waves of COVID-19 since the beginning of the pandemic in March 2020. Health experts suggested poor adherence to health safety rules and health care seeking behavior are the root cause of the surge in the virus infection rate in the country (iMMAP COVID 19 SitAn Report). The survey explored a bit of depth to this, especially the health care seeking behavior as well as the causes.

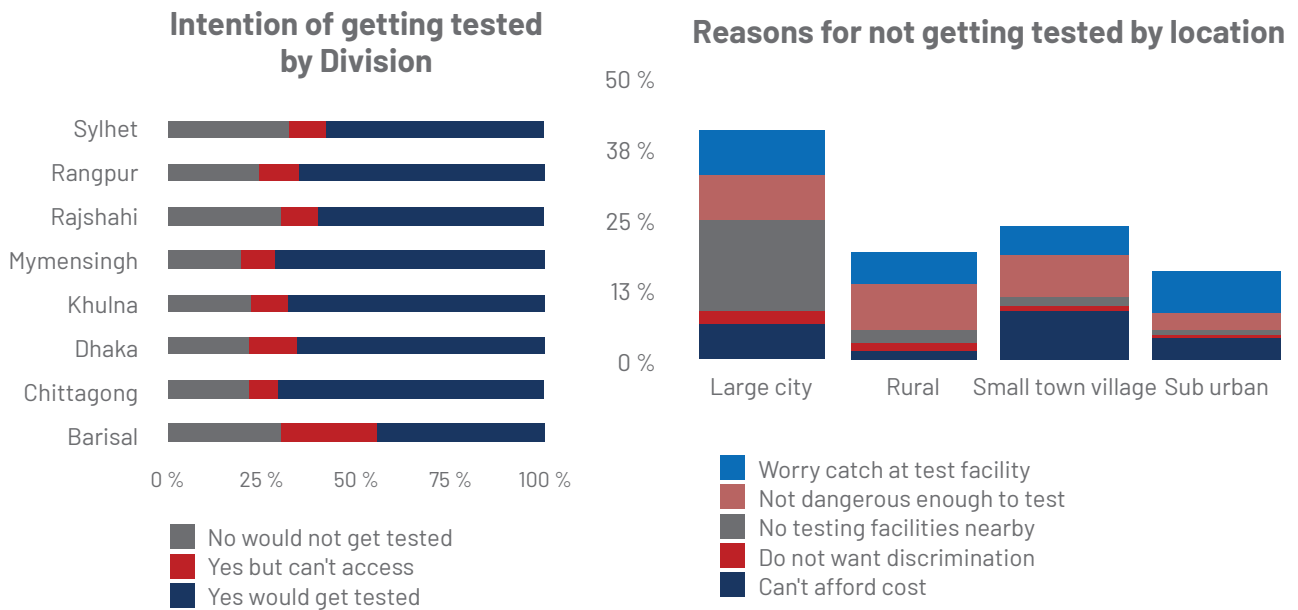
COVID-19 Testing

Significant portion of the respondents (more than 25%) either responded negatively on willingness to get tested for COVID19 or indicated accessibility issue irrespective to their location context (urban/suburb/rural). While asked about reasons behind not getting tested, respondents indicated affordability (21%), lack of nearby testing facilities (21%) and fear of getting infected (26%) as major

Willingness to get tested for COVID-19 by location context



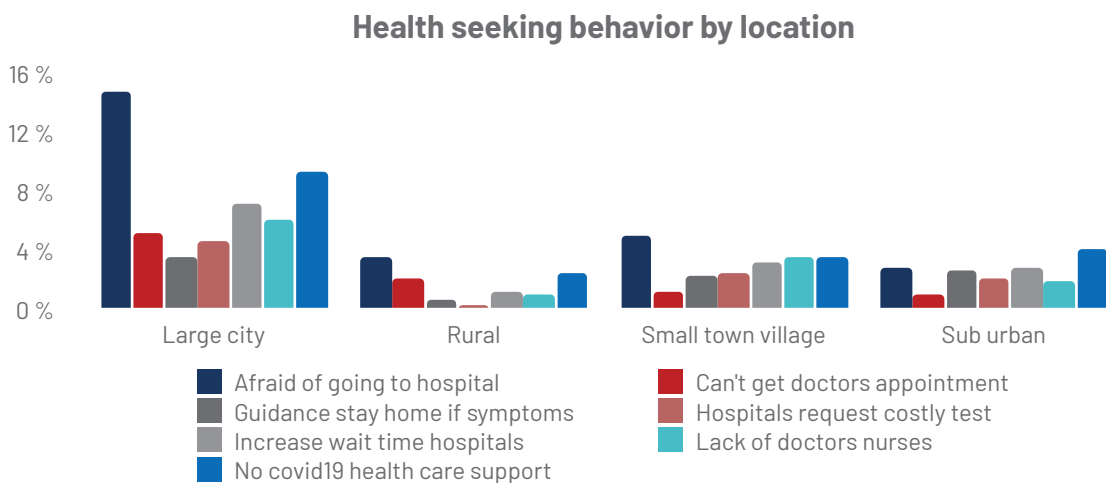
factors. Almost 27% of respondents took COVID19 lightly and said it is not dangerous enough to get tested for.



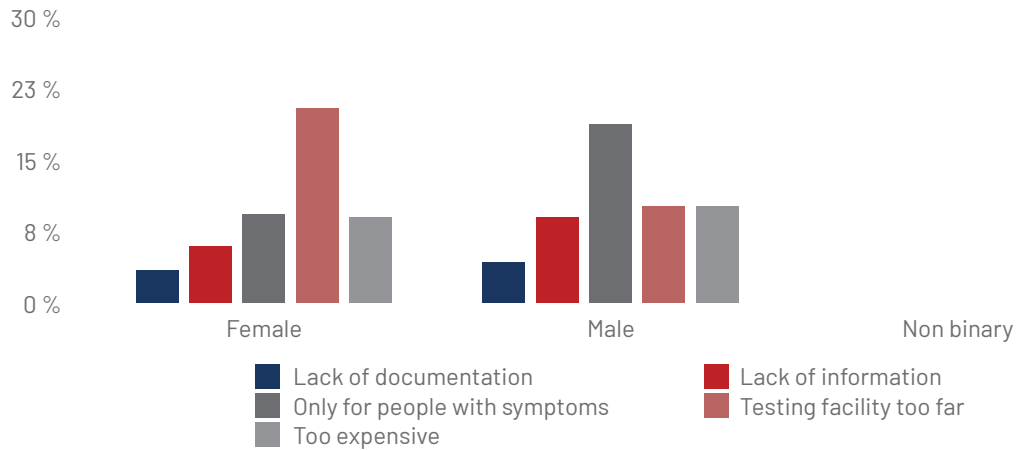
Respondents from 18-54 age groups have shown positive intention to get tested, while 55 and above age groups have negative intention for that. For the negative intentions towards getting tested, the major concerns from 18-54 age groups were affordability (19%), taking COVID19 lightly (21%) and fear of getting infected at the testing facilities (20%), whereas for the 55 and above groups lack of nearby testing facilities (12%) was indicated as major concerns.

COVID-19 Health care seeking behavior:

Both Male (10%) and Female (9%) respondents cited COVID health care to be too expensive, while 10% male with 20% female said the health care facilities are too far. These impacted negatively on their health care seeking behavior. More than 25% of the respondents irrespective of location context expressed fear of going to hospitals to receive the health care services, 13% mentioned unavailability of service providers (doctors & nurses) and around 10% cited the hospitals are requesting costly tests.



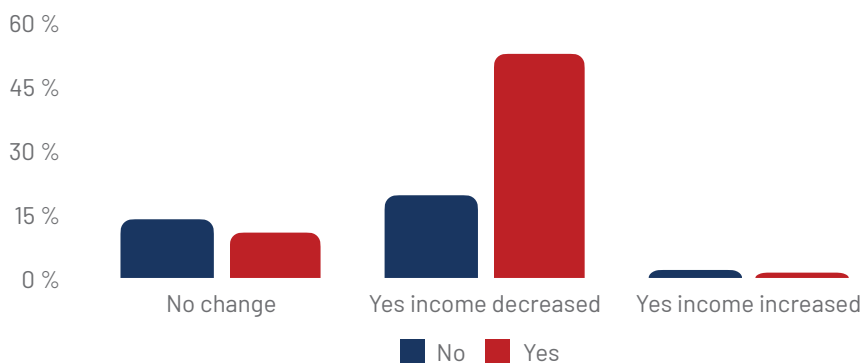
Reason behind not seeking COVID-19 health care by gender



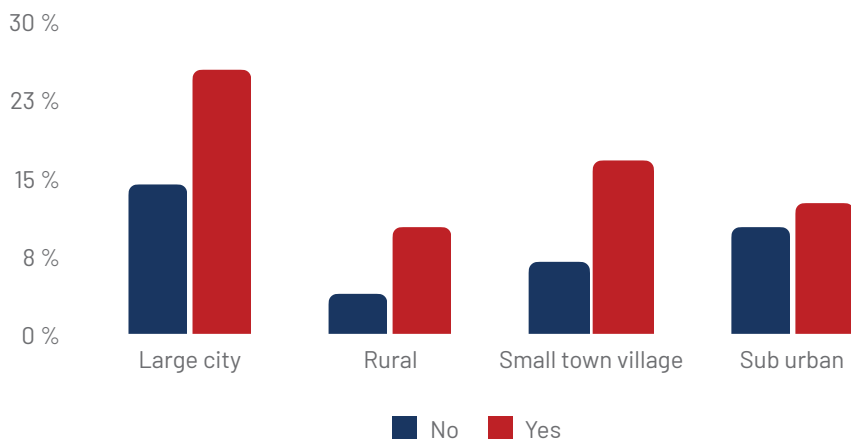
Impact on general health care costs & access

Around 65% of the respondents from both urban and rural areas indicated that COVID 19 has impacted the general health care costs & access. Income change during the pandemic played a significant role in affordability and access to the health care services. According to the response 53% people with decreased income indicated their affordability and access has been affected.

Household income impact by general health care cost and access



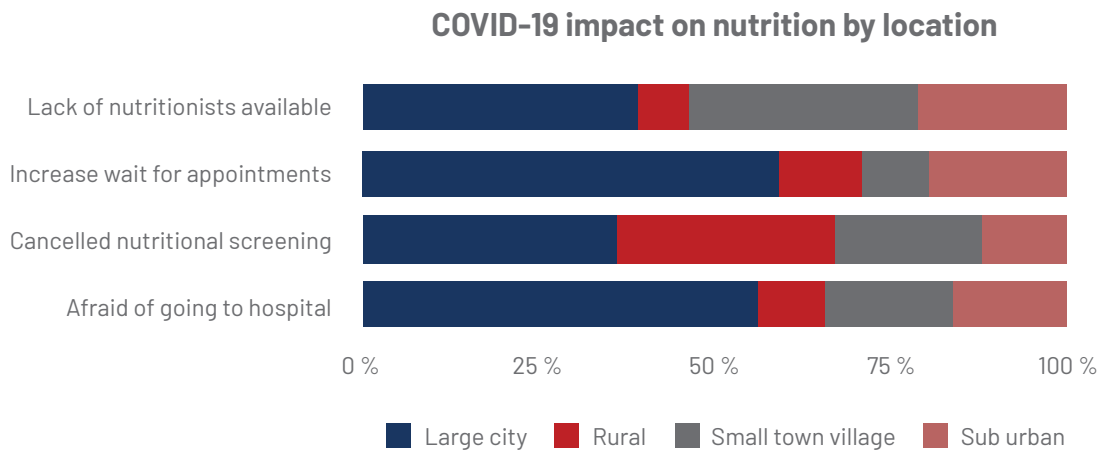
General health care cost and access by location



4.3 Nutrition

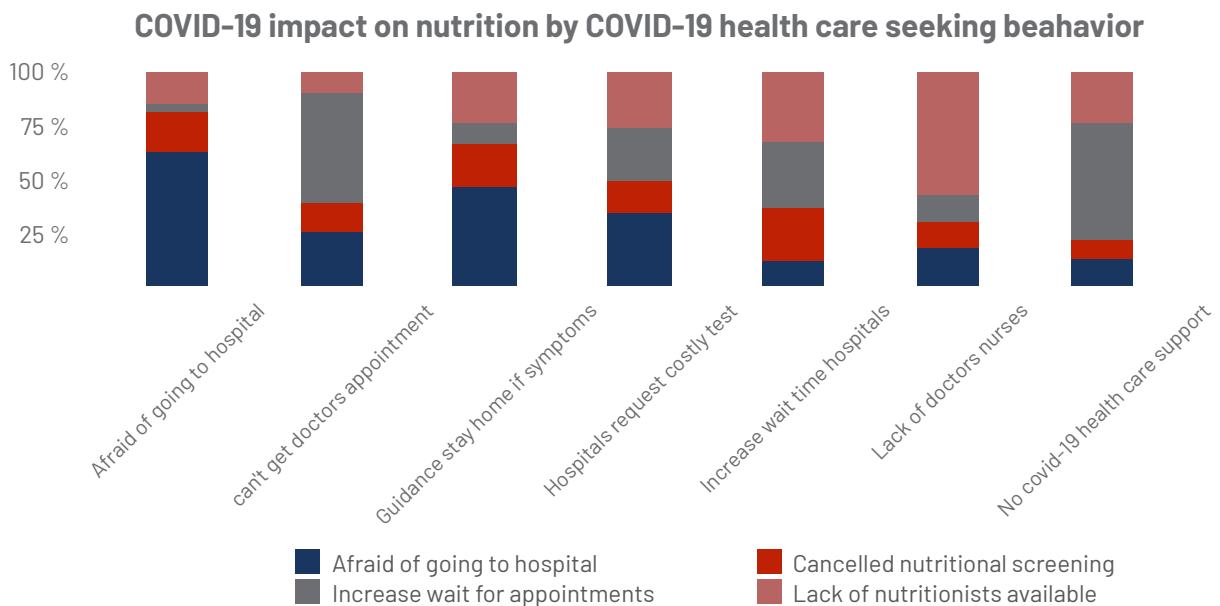
As COVID-19 and the implemented containment measures continue to impact the health and livelihood sectors, while also having ripple effect on the nutrition situation in Bangladesh. Survey responses indicate how the nutritional service delivery has been impacted during COVID19 pandemic. According to the survey responses, cancelling nutritional screening, fear of going to hospitals, unavailability of nutritionists and increased waiting time for appointments were the main factors affecting the nutritional situation for people living in both urban and rural locations of Bangladesh. Majority of the respondents were from Dhaka (52%) and Chittagong (15%), followed by other divisions. Among the respondents, almost 49% were from large cities, whilst more than 13% were from rural areas. Around 64% were male and 36% female responded to the nutrition related questionnaires during the survey.

Cancelled nutritional screening and unavailability of nutritionists compounding the service delivery

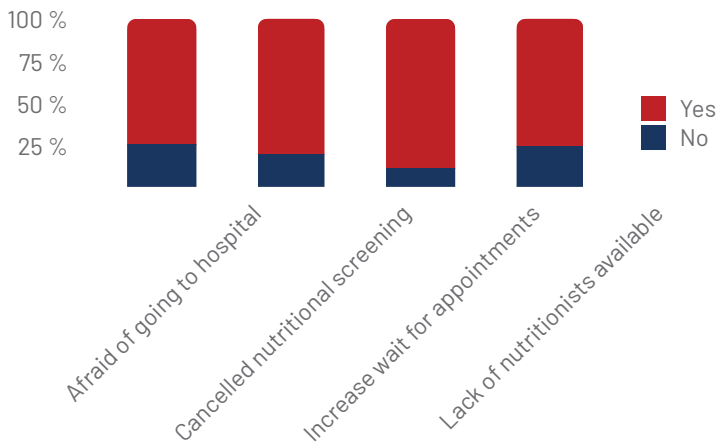


In large cities fear of going to hospitals (17%) and increased waiting time for appointments (15%), whilst in rural areas cancelled nutritional screening (5.7%) are the most cited causes by the respondents for not accessing nutritional services. Around 44% respondents mentioned cancelled nutritional screening and unavailability of nutritionists, indicating a formidable impact of COVID19 on nutritional service delivery provisions throughout the country.

Impact on health service access & delivery affecting the nutritional service seeking behavior



General health care cost & access by COVID-19 impact on nutrition

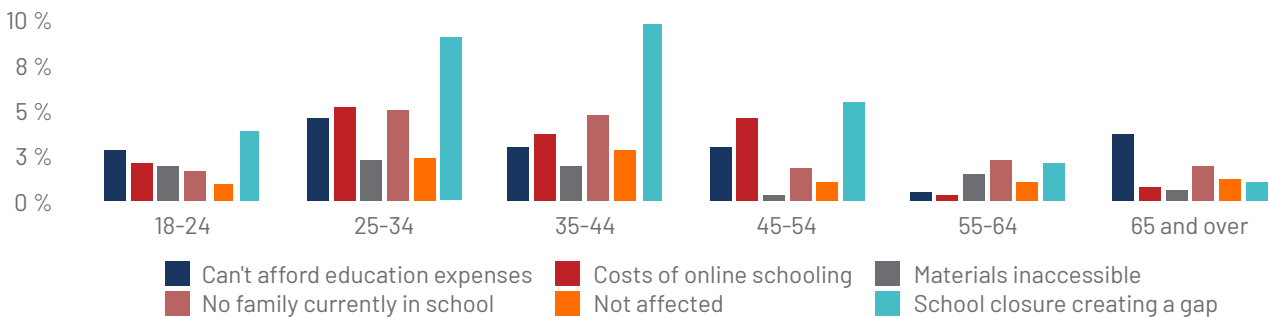


The responses indicate, lack of doctors and nurses (14%), increased waiting times (14%), and not getting doctor's appointments (10%), all these limitations in health care systems aggravated due to COVID 19 have also affected the nutritional service deliveries. Around 80% of the responders who marked out different causes affecting nutrition services seeking behavior due to COVID19 indicated health care costs & access to be one of the factors compounding the impact.

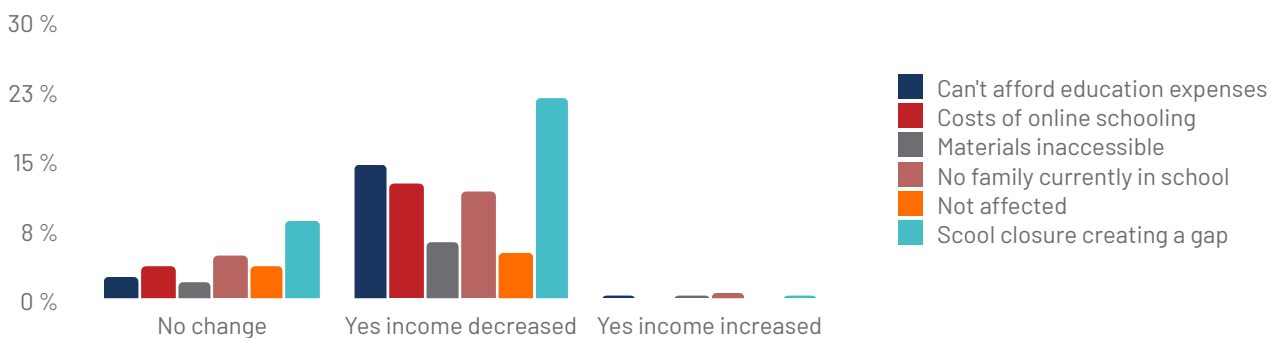
4.4 Education

Since the COVID-19 outbreak in March 2020, like many critical sectors, the access to education has hugely impacted in Bangladesh. Primary, secondary, and higher secondary educational institutions reopened on September 12, 2021, after about 1 and a half years long closure. Hence, majority of surveyed Bangladeshi population were concerned about the school closure impact on their children, especially for 30% respondent who believe that COVID-19-related school closure is creating gaps in children's education, the 18% respondent who cannot afford education expenses due to COVID-19 associated reasons, and 15% respondents who are concerned about the costs of accessing online schooling. Respondents belonging to the age-groups of 25-34 years (8.93%), and 35-44 years (9.71%) are most worried about the repercussions of the learning gap and how children would catch up as well as the high costs that could be associated with online learning for school/college going children amid the pandemic income reduction and income losses.

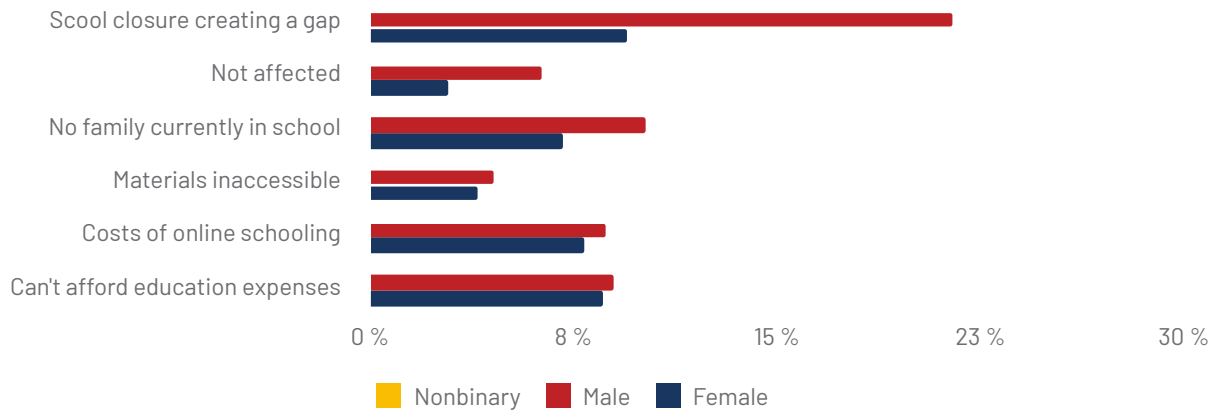
Accessibility of Education affected due to COVID-19 pandemic



COVID-19 impact on Income & Education



Accessibility of Education affected due to COVID-19 pandemic



Income and Education Access

Access to income is a major determinant of the level of education access challenges experienced by the respondents. Seventy two percent (72%) of respondents showed that their income decreased since the start of the pandemic in Bangladesh. In the category of respondent with reduced income, 22% of them were most concerned about school closure creating gaps in education, while 15% believe they cannot afford education expenses due to COVID-19 related income fall, and 13% of the respondents in this group were most concerned about the cost of providing online learning. The responses were similar for respondents who experienced no change in their income (25%), and in this group, the most pronounced concern is the school closure creating gaps in education (8%), and the cost of providing online learning (4%). Respondent with income increase were 3% and showed negligible concerns about COVID-19 impact on education, except less the 1% who expressed some concerns about school closure creating gaps in education of school/college students.

The largest group of respondents (14.52 %) reports reduction in income amid the pandemic. As a result, they could not afford the education expenses of their children/family members. A good population of 12.59% struggled to afford the online schooling costs with reduced income amid the pandemic.

5. ABOUT THE REPORT

This product is part of a series of analyzes that iMMAP has been carrying out within the framework of a global project that involves 6 countries, including Bangladesh, where this survey was carried out. Due to COVID-19, humanitarian access to vulnerable communities has been limited to essential movements, interrupting some of the essential services, as well as assessments and monitoring of the situation. To overcome these limitations and allow the humanitarian community to obtain latest information on the spread of the COVID-19 Pandemic, iMMAP initiated the COVID-19 Situation Analysis project with the support of the USAID (United States Agency for International Development) / BHA (Bureau of Humanitarian Assistance).



USAID
FROM THE AMERICAN PEOPLE

Disclaimer:

The views expressed herein are the result of primary data collection undertaken by iMAP and RIWI. The data does not necessarily reflect the views of USAID, the United States Government, national Governments or the humanitarian organizations operating in the countries in question.

THANK YOU.



Contact

Bangladesh Focal Point

Alex Nwoko

Email: anwoko@immap.org

Global Project Manager

Benjamin Gaudin

Email: bgaudin@immap.org

Website

Direct Link : <https://immap.org/>



Scan to access the website